Stockton-on-Tees BOROUGH COUNCIL

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Adult Social Care and Health Select Committee

Agenda

Date:
Tuesday 21 October 2025 at 4.30pm

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

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

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

Agenda

1. Evacuation Procedure (Pages 7 - 10)

2. Apologies for Absence

3. Declarations of Interest

4. Minutes (Pages 11 - 20)

To approve the minutes of the last meeting held on 23 September 2025.

5. Scrutiny Review of Stockton–on–Tees Adult Carers Support Service (Pages 21 - 42)

To consider information in relation to this scrutiny topic from:
- NHS North East and North Cumbria Integrated Care Board
- North Tees and Hartlepool NHS Foundation Trust

6. Scrutiny Review of Reablement Service (Pages 43 - 100)

To consider and agree the draft final report.

7. SBC Adult Social Care Strategy 2026-2030 (Pages 101 - 110)

To consider the draft strategy document.

8. Care and Health Winter Planning 2025-2026 (Pages 111 - 130)

9. Chair's Update and Select Committee Work Programme 2025-2026 (Pages 131 - 134)

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.

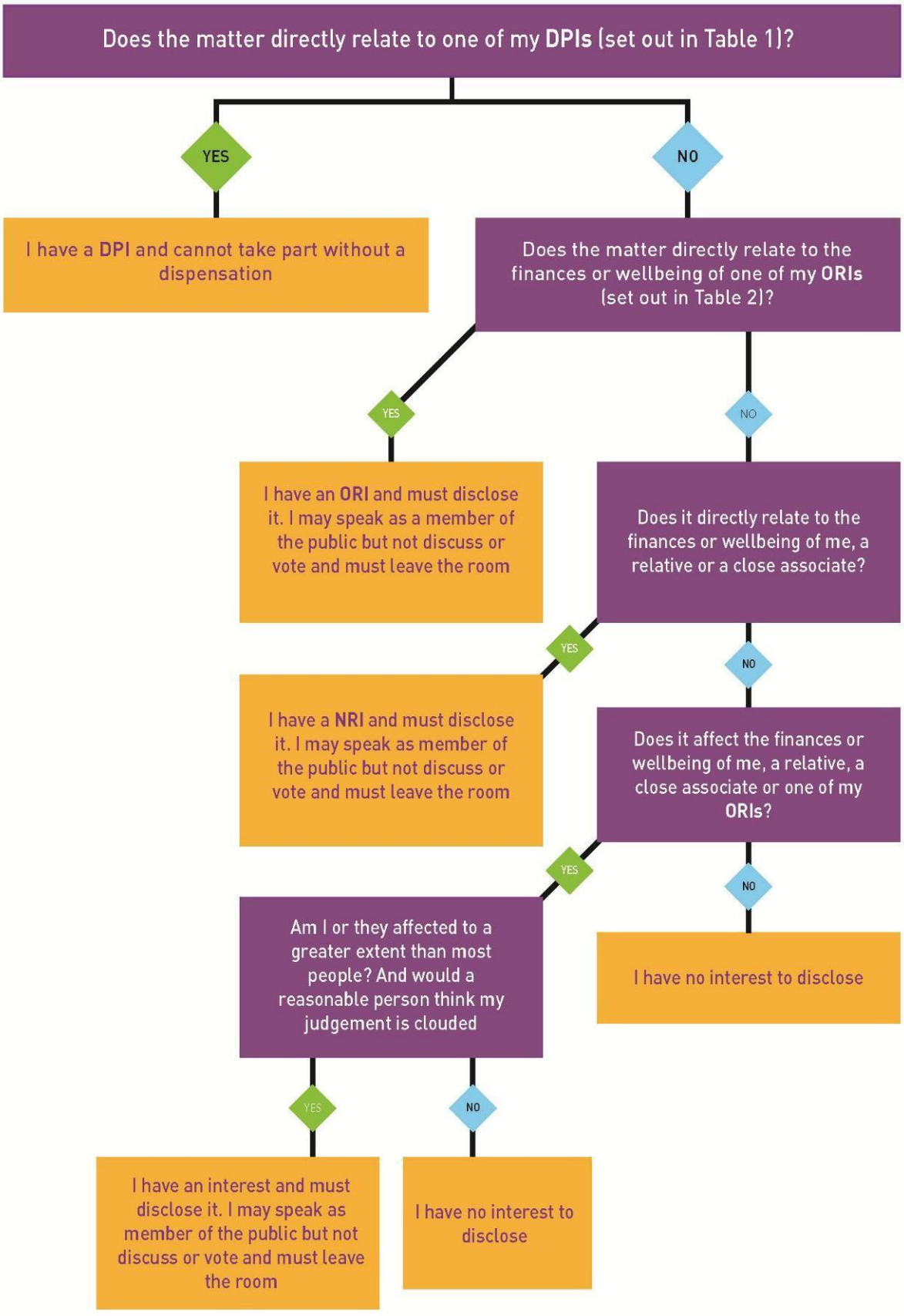
Contact: Senior Scrutiny Officer, Gary Woods on email gary.woods@stockton.gov.uk

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

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Council Chamber, Dunedin House
Evacuation Procedure & Housekeeping

Entry

Entry to the Council Chamber is via the South Entrance, indicated on the map below.

In the event of an emergency alarm activation, everyone should immediately start to leave their workspace by the nearest available signed Exit route.

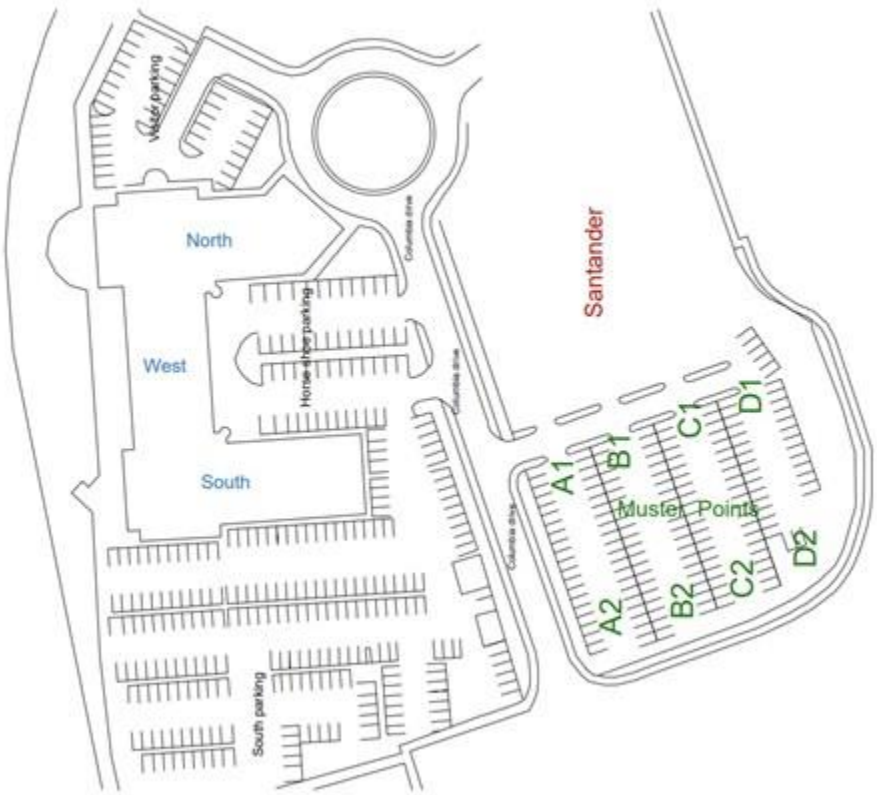
The emergency exits are located via the doors on either side of the raised seating area at the front of the Council Chamber.

Fires, explosions, and bomb threats are among the occurrences that may require the emergency evacuation of Dunedin House. Continuous sounding and flashing of the Fire Alarm is the signal to evacuate the building or upon instruction from a Fire Warden or a Manager.

The Emergency Evacuation Assembly Point is in the overflow car park located across the road from Dunedin House.

The allocated assembly point for the Council Chamber is: D2

Map of the Emergency Evacuation Assembly Point - the overflow car park:



All occupants must respond to the alarm signal by immediately initiating the evacuation procedure.

When the Alarm sounds:

1. **stop all activities immediately**. Even if you believe it is a false alarm or practice drill, you MUST follow procedures to evacuate the building fully.

2. **follow directional EXIT signs** to evacuate via the nearest safe exit in a calm and orderly manner.

    - do not stop to collect your belongings
    - close all doors as you leave

3. **steer clear of hazards**. If evacuation becomes difficult via a chosen route because of smoke, flames or a blockage, re-enter the Chamber (if safe to do so). Continue the evacuation via the nearest safe exit route.

4. **proceed to the Evacuation Assembly Point.** Move away from the building. Once you have exited the building, proceed to the main Evacuation Assembly Point immediately - located in the **East Overflow Car Park**.

    - do not assemble directly outside the building or on any main roadway, to ensure access for Emergency Services.

5. **await further instructions.**

    - **do not re-enter the building under any circumstances without an "all clear"** which should only be given by the Incident Control Officer/Chief Fire Warden, Fire Warden or Manager.
    - do not leave the area without permission.
    - ensure all colleagues and visitors are accounted for. Notify a Fire Warden or Manager immediately if you have any concerns

Toilets

Toilets are located immediately outside the Council Chamber, accessed via the door at the back of the Chamber.

Water Cooler

A water cooler is available at the rear of the Council Chamber.

Microphones

During the meeting, members of the Committee, and officers in attendance, will have access to a microphone. Please use the microphones, when invited to speak by the Chair, to ensure you can be heard by the Committee and those in attendance at the meeting.

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Adult Social Care and Health Select Committee

A meeting of Adult Social Care and Health Select Committee was held on Tuesday 23 September 2025.

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

Officers: Sarah Bowman-Abouna, Angela Connor, Rebecca Gray, Graham Lyons (A,H&W); Darren Boyd, Lisa Mussett, Gary Woods (CS)

Also in attendance: Natasha Douglas (Healthwatch Stockton-on-Tees); Emma Joyeux, Rebecca Warden (NHS North East and North Cumbria Integrated Care Board)

Apologies: Cllr Nathan Gale (Vice-Chair), Cllr Stefan Barnes

ASCH/30/25 Evacuation Procedure

The evacuation procedure was noted.

ASCH/31/25 Declarations of Interest

There were no interests declared.

ASCH/32/25 Minutes

Consideration was given to the minutes from the Committee meeting held on 22 July 2025. Attention was drawn to the following:

- Tees Valley Care and Health Innovation Zone: As requested by Members, information on the membership (and respective Chairs) for each of the new working groups associated with this initiative was circulated to the Committee in August 2025.

- SBC Adult Social Care Strategy Refresh: Confirmation of future engagement with the Committee around this strategy was still awaited from senior SBC officers. Members felt that a draft of the proposed strategy should be presented to the next Committee meeting in October 2025 prior to the previously stated publication of the new strategy in November 2025.

- Chair's Update and Select Committee Work Programme 2025-2026: Members were reminded that the slides from the Committee's visit to the North Tees and Hartlepool NHS Foundation Trust (NTHFT) discharge and command centre at the University Hospital of North Tees, Stockton in late-July 2025 were subsequently shared electronically for information.

AGREED that the minutes of the meeting on 22 July 2025 be approved as a correct record and signed by the Chair.

ASCH/33/25 Healthwatch Stockton-on-Tees - Annual Report 2024-2025

The Committee considered the Healthwatch Stockton-on-Tees Annual Report covering the 2024-2025 period. Local Healthwatch organisations were required to produce an Annual Report setting out their aims and achievements, and this latest document, an overview of which was given by the Healthwatch Stockton-on-Tees Manager, covered the following:

- A message from our Chair
- About us
- Your Voice, Our Impact; A year in numbers
- A year of making a difference
- Working together for change
- Making a difference in our community
- Listening to your experiences
- Hearing from all communities
- Information and signposting
- Showcasing volunteer impact
- Finance and future priorities
- Statutory statements

Employing four staff (with its work supported by 13 volunteers and 33 Health and Care Ambassadors), Healthwatch Stockton-on-Tees had helped more than 18,500 people to have their say and get advice and information about their care during 2024-2025. Seven reports highlighting the changes people wanted to see were published covering areas like pharmacy services, women's health, and drug and alcohol support.

A snapshot of the work undertaken throughout the year was highlighted, including visits to local pharmacies, mystery shopping to identify problems local people were facing when trying to access dental care services, and public engagement over the closer partnership-working between North Tees and Hartlepool NHS Foundation Trust (NTHFT) and South Tees Hospitals NHS Foundation Trust (STHFT). Attention was also focused upon migrant health (strengthening connections with local communities to understand their challenges in accessing health and care services), establishing what mattered most to young people (mental health emerging as the top concern), and the launch of the Health and Care Ambassador Programme (to make it easier for people to access services and information). Building influence at a 'system' level was another key element, with efforts made to further relationships with the North East and North Cumbria Integrated Care Board (NENC ICB) and contribute to overarching strategies.

Looking ahead, four priorities had been agreed for 2025-2026 – tackling health inequalities, hearing from under-represented voices, ensuring patient feedback shapes real change to mental health and social care services, and growing the Health and Care Ambassador Programme.

The Committee commended Healthwatch Stockton-on-Tees for one of the best reports it had produced which evidenced increased engagement / communication with more diverse groups. Noting the references to GPs, Members drew attention to people receiving appointment letters for dates which had already passed, as well as continuing issues around missed appointments (including the impact parking limitations / charges can have on these statistics). It was confirmed that Healthwatch

Stockton-on-Tees would be looking into how accessible NTHFT / STHFT services were in terms of transport.

Regarding the financial information contained within the report, the Committee asked why Healthwatch Stockton-on-Tees had received 0.8% less funding from Stockton-on-Tees Borough Council (SBC) for 2024-2025 compared to the previous year. Whilst the reason for this was unknown, the additional Integrated Care System (ICS) income to support new areas of collaborative work was a key contributor towards last year's overall achievements, and Members were assured that there appeared to be enough SBC / ICS funding for Healthwatch Stockton-on-Tees to continue its operations until 2027. Welcoming this security, the Committee did, however, point to the nearly £20,000 overspend – something which could not be sustained. In response, it was noted that an underspend in the previous year (which included non-recruitment to a vacant role) was used to backfill this year's overspend.

Comments concluded with the Committee highlighting the essence of Healthwatch Stockton-on-Tees' role in local provision ('*Your voices are helping shape real change*') and expressing interest in future exploration of issues around digital exclusion. Members were informed that work would begin with the NENC ICB in October 2025 on digital access, with alternatives for those not wanting / able to use apps being one particular focus.

AGREED that the Healthwatch Stockton-on-Tees – Annual Report 2024-2025 be noted.

ASCH/34/25 Monitoring the Impact of Previously Agreed Recommendations - Access to GPs and Primary Medical Care

Consideration was given to the assessments of progress on the implementation of the recommendations from the Committee's previously completed review of Access to GPs and Primary Medical Care. This was the first progress update following the Committee's agreement of the Action Plan in July 2024, and a supplementary data pack detailing existing general practice across the Borough (opening hours, latest Care Quality Commission (CQC) rating, staffing levels, appointment data, GP patient survey results, and Friends and Family Test outcomes) was also provided for information.

Presented by the North East and North Cumbria Integrated Care Board (NENC ICB) Strategic Head of Primary Care (Tees Valley), and supported by the NENC ICB Head of Primary Care (Tees Valley) and the Stockton-on-Tees Borough Council (SBC) Director of Public Health, the Committee was informed that all approved actions for recommendations 4, 5, 7, 8, 9 and 10 were deemed 'fully achieved'. For recommendations 1, 2, 3, 6 and 11, only some agreed actions were 'fully achieved', with other elements yet to be completed (though 'on-track'). Key developments were summarised as follows:

- The NENC ICB had undertaken a significant communications drive around primary care, with vaccinations being the present focus.
- There had been good progress made around the Modern General Practice Access (MGPA) initiative.
- Roles employed or engaged via the Additional Role Reimbursement Scheme (ARRS) continued to expand during 2024-2025 and into 2025-2026, with a

significant increase (58%) in whole-time equivalent (WTE) ARRS roles in Stockton-on-Tees since March 2023.
- Increases in both booked and used enhanced access appointments.
- All the Borough's Primary Care Networks (PCNs) were on board with the recently announced neighbourhood health model.
- Feedback processes had changed as a result of the new GP contract going live on 1 October 2025 (You and Your General Practice Charter) – this would provide more opportunities for patients to provide feedback to their practice, the ICB, or Healthwatch regarding their experience.
- Those actions concerning planning considerations required further work – this was being pursued with the Council's planning officers.

Thanking officers for their submission of a very comprehensive update, the Committee asked if the minutes of Local Clinical Interface Group (LCIG) were accessible – in response, it was explained that the LCIG was more of a partnership of clinicians for discussing clinical pathways rather than a formal, public-facing entity.

With reference to the '*Top Tips for Accessing your GP Practice*' resource originally developed by Healthwatch South Tees, Members noted that this was becoming dated and did not reflect the value of social prescribing. NENC ICB officers highlighted a national toolkit around this approach that connects people to activities, groups, and services in their community to meet needs, and confirmed that social prescribers were embedded within local practices.

Regarding previously stated difficulties in placing resources within libraries, the Committee suggested utilising Stockton News to relay important messaging / developments around this scrutiny topic. SBC officers agreed to follow this up with internal colleagues.

AGREED that the Access to GPs and Primary Medical Care progress update be noted and the assessments for progress be confirmed as stated.

ASCH/35/25 CQC / PAMMS Inspection Results - Quarterly Summary (Q1 2025-2026)

Consideration was given to the latest quarterly summary regarding Care Quality Commission (CQC) inspections for services operating within the Borough (Appendix 1). Six inspection reports were published during this period (April to June 2025 (inclusive)), with attention drawn to the following Stockton-on-Tees Borough Council (SBC) contracted providers:

Providers rated 'Good' overall (5)

- Churchview Nursing and Residential Home was upgraded to 'Good' overall, reflecting an upturn in the 'Safe', 'Effective' and 'Well-Led' domains which had previously been rated as 'Requires Improvement'. Similarly, Beechwood House was deemed 'Good' overall (and across all five domains) which represented progress on its previous inspection in 2022 when issues within the 'Effective' and 'Well-Led' domains led to it being rated 'Requires Improvement'. Piper Court was also upgraded to 'Good' overall (with all five domains judged 'Good') following 'Safe' and 'Well-Led' shortfalls identified during its last assessment (published in March 2023).

- Wellburn House had maintained its overall 'Good' rating (all five domains deemed 'Good', with 'Well-Led' improving from 'Requires Improvement').

- Tees Grange received a ‘Good’ overall judgement (with all five domains found to be ‘Good’) following its first rated CQC assessment.

The remaining report was in relation to a non-contracted provider. Primary medical care service, The Densham Surgery had maintained its ‘Good’ overall rating, with all domains retaining this status apart from ‘Well-Led’ which was downgraded to ‘Requires Improvement’ (there were gaps in the overview of assurance and some processes were not always effective – one breach of regulation linked to governance was identified, with the CQC requesting an Action Plan in response to the concerns found at this assessment).

Although not part of this latest quarterly report, the Committee referenced recently released CQC reports on services overseen by T.L. Care Limited (Mandale Care Home and Ingleby Care Home) which had led to the regulator identifying a number of concerns. Assurance was given that relevant SBC officers met with the management of these services on a bi-monthly basis, and pointed to a very recent CQC inspection of The Beeches Care Home (also overseen by T.L. Care Limited) which had been positive (though was yet to be published), as well as discussions regarding investment in the décor of the homes under the provider’s umbrella. Confidence was expressed that the right people were in place, though it was acknowledged that assurances had been received in the past which had not then been actioned. Responding to further Member queries on any common issues being identified across T.L. Care Limited settings, SBC officers noted challenges around recruitment and retention of good management (along with the support given to them from above) – however, development plans were in place with the three existing managers (who did feel supported), one of whom had enrolled onto the SBC Well-Led Programme (of the other two managers, one had already completed this, with the other already having a management qualification and a wealth of experience). SBC officers had received assurance from the providers’ Area Manager that individual service managers were not being swapped around in an effort to improve a failing setting at the expense of another.

Focus turned to the section on Provider Assessment and Market Management Solutions (PAMMS) inspections (Appendix 2), of which there was one report published during this period (April to June 2025 (inclusive)):

- Park House Rest Home maintained an overall rating of ‘Excellent’, with all five PAMMS domains being deemed as such (‘Quality of Management’ upgraded from ‘Good’).

Referring to the last CQC report on Park House Rest Home (published in August 2018), the Committee queried if it was common for the regulator not to inspect a provider for over seven years. SBC officers stated that, in recent years, the CQC had not tended to prioritise those services with a previous ‘Good’ or above rating (though telephone checks did take place) – in contrast, PAMMS inspections were undertaken on an annual basis. In response, Members asked if CQC guidelines remained effective, with SBC officers noting the ongoing restructuring of the health and social care regulator and its inspection regime. From a PAMMS perspective, inspections were geared towards the Council’s contract expectations.

In more general matters, the Committee questioned if there was a staff-to-resident ratio guide that services should be following. SBC officers drew attention to the

dependency tool which was used to ensure the appropriate level of resource was in place to meet the needs of those within a particular setting.

Finally, a query was raised around the scheduling of PAMMS inspections, with a much smaller number of reports published during the first half of the year (April to September) compared to the second half (October to March). SBC officers stated that the inspection cycle had evolved over time and that visits had to be scheduled outside of traditional periods of annual leave. It was also noted that initial findings were shared with providers who had two weeks to comment before a report was finalised and shared more widely.

AGREED that the CQC / PAMMS Inspection Results – Quarterly Summary (Q1 2025-2026) report be noted.

ASCH/36/25 Scrutiny Review of Stockton-on-Tees Adult Carers Support Service

The first evidence-gathering session for the Committee's review of Stockton-on-Tees Adult Carers Support Service considered initial information from the Stockton-on-Tees Borough Council (SBC) Adults, Health and Wellbeing directorate. Presented by relevant SBC Service Managers, information included:

- The Local Landscape
- Identifying Carers
- Current Staffing Structure
- Referrals (2018-2024)
- Cumulative Number of Carers Open to the Service (2018-2024)
- Budget
- Services Provided
- Statutory Assessment and Personal Budgets
- Carers Emergency Card
- Time Out Support Service
- Mobilise
- Promotion and Engaging with the Community
- Issues faced by carers
- What do carers tell us they want?
- Working Carers
- Staff Carers Network
- How do we involve carers?
- What do carers tell us?

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

The existing local Adult Carers Support Service was brought in-house by SBC in 2018, had close links with adult social care and other support services, and provided employment and training opportunities for the Borough's carers. Referrals to the service totalled around 450 in 2018, dipped to below 300 during 2020 (COVID-

impacted), but then continually escalated to nearly 700 in 2024. The cumulative number of carers open to the service, meanwhile, had continually increased from almost 500 in 2018 to 3,500 in 2024 (those accessing it remained open to the service and could come back at any time).

In terms of finance, the service budget increased from £319,109 in 2022-2023 to £394,207 in 2023-2024 following the introduction of the 'Shared Lives' element – this rose to £396,522 for 2024-2025. An associated Carers Personal Budget fund had increased from £479,716 in 2022-2023 to £495,490 in 2024-2025.

A wide range of support was provided by the service including statutory carers assessments, person-centred support planning, one-to-one support, carers education sessions, welfare calls, a hospital-based carers advisor, and support for external organisations to increase their support for adult carers. Other communication and engagement mechanisms existed via online services, newsletter and email bulletins, social media presence, drop-in sessions, weekly / monthly peer support groups, and the Carers Connect service.

Further detail was given on several of the service's key aspects, including statutory assessment (carers had a legal right to an assessment of need, support to meet that need, and access to information and advice) and personal budgets (it was noted that the previous use of pre-payment cards had created issues – SBC was now looking at direct payments into individual accounts). The Carers Emergency Card (helping to prepare / plan for emergencies) was also highlighted, as was the Time Out offer, which gave carers up to eight hours of ad-hoc support per month free-of-charge, allowing them a break from their caring role.

Attention was drawn to the Council's work with Mobilise, the UKs digital platform for unpaid carers. This partnership was in to its second year and helped to provide a range of free online services, as well as identify hidden carers. Thus far, carers had engaged over 2,000 times through Mobilise's actions or tools (such as its e-support subscription), been supported over 1,000 times with deeper actions like its Personalised Guide to Caring, and been enabled to apply for over £363,550 in eligible carers allowance support. Developments in relation to a mapping exercise of carers across the Borough (potential aiding targeted support) were ongoing.

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

Continuing the theme of working carers, it was noted that, nationally, one in five employees was a carer, 90% of whom were over the age of 30. One in six people would leave their employment due to the pressure of the caring role, resulting in a knock-on annual cost to the UK economy of £5.3 billion. In light of this, SBC had a Staff Carers Network which met online bi-monthly, provided peer support, advice and

signposting, and played a role in steering the plans / objectives of the local Adult Carers Support Service.

The presentation concluded with an overview of how the Council involved carers themselves in shaping future service delivery, emphasising the importance of a warm and open culture which encouraged engagement and listening. Several subsequent quotes demonstrated very positive carer views on the existing offer.

Thanking SBC officers for the uplifting submission which outlined the support available to those undertaking a very difficult role, the Committee emphasised the importance of enabling carers to have some occasional time to themselves, including the facilitation of access to community groups (where desired). Members felt it would be useful for the Council to seek the views of carers on the benefits of providing this relief from their caring duties.

Regarding the help given to external organisations to increase their support for adult carers, the Committee was informed that this was happening across all locations within the Borough, and that raising awareness of carers and the caring role was a key part of the local service.

Returning to the theme of respite, Members praised the ad-hoc nature of the Time Out support and asked about take-up. It was confirmed that around 120 people accessed this offer, though there were only nine support workers (providing up to 75 hours per week) to facilitate demand. Positive feedback had been received from those using this element of the overall service, with the Council having success in employing current and ex-carers to deliver it in the home and community (it was noted that this was not domiciliary support, though).

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

AGREED that information provided by the SBC Adults, Health and Wellbeing directorate for the Committee's Scrutiny Review of Stockton-on-Tees Adult Carers Support Service be noted.

ASCH/37/25 Chair's Update and Select Committee Work Programme 2025-2026

CHAIR'S UPDATE

The Chair had no further updates.

WORK PROGRAMME 2025-2026

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 21 October 2025 and would feature the latest SBC Director of Public Health Annual Report, as well as the next evidence-gathering

session for the ongoing Scrutiny Review of Adult Carers Support Service. As discussed at last week's (19 September 2025) informal session, it was also the intention to present for approval the amended draft final report in relation to the Committee's review of Reablement Service. In addition, a request had been made for clarity around the annual Care and Health Winter Planning update which was anticipated at a forthcoming meeting.

The Committee was reminded about a number of email correspondences which had recently been shared, including:

- University Hospitals Tees: Annual Members' Meeting Video (2024-2025 highlights and key metrics)
- Local Government and Social Care Ombudsman: Annual Review of Adult Social Care Complaints 2024-2025
- Care Quality Commission (CQC): Response to the Committee's letter expressing concerns about the regulator's output and its engagement with scrutiny functions (September 2025)

With regard to the correspondence recently received from the CQC, the Committee noted the lack of reference to scrutiny in its response and proposed that the Chair considers an appropriate reply.

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

Chair: …….

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Agenda Item 5

Adult Social Care and Health Select Committee

21 October 2025

SCRUTINY REVIEW OF STOCKTON-ON-TEES ADULT CARERS SUPPORT SERVICE

Summary

The second evidence-gathering session for the Committee's review of Stockton-on-Tees Adult Carers Support Service will consider information from the NHS North East and North Cumbria Integrated Care Board (NENC ICB) and North Tees and Hartlepool NHS Foundation Trust (NTHFT).

Detail

1. Previously identified as a key contributor towards this piece of work, the **NENC ICB** was asked to provide responses to the following:

   - *What roles / responsibilities do ICBs have in relation to adult carers?*
   - *What strategic oversight does the NENC ICB have on support for adult carers; what does this involve?*
   - *Does the NENC ICB highlight / raise awareness of support for adult carers? If so, how / how often (include examples)?*
   - *Examples / knowledge of good practice within the NENC ICB footprint around adult carers support.*
   - *What are the implications for the NENC ICB / health partners of the new 10-Year Health Plan for England in relation to support for carers? What plans are / will have to be in place to fulfil any obligations?*
   - *Any views on key areas of future focus relating to this scrutiny topic (e.g. existing challenges that need to be addressed)?*

   A report has been prepared and is included within these meeting papers. The NENC Head of Commissioning, Community & UEC is scheduled to be in attendance to provide an overview of the submission and respond to any comments / questions.

2. **NTHFT** was also approached for its views on this scrutiny topic, with a request made for a response to the following lines of enquiry:

   - *What roles / responsibilities does NTHFT have in relation to adult carers?*
   - *How does the Trust identify carers?*
   - *How aware are Trust staff of the local Adult Carers Support Service offer and is this promoted to those patients (and staff) who have been identified as an adult carer?*
   - *Has any feedback on the local Adult Carers Support Service been received by the Trust or raised / discussed at the Trust's Patient and Carer Experience Council (PCEC)?*
   - *Working with SBC with regards the local carers support offer – how does this operate; is this effective; is there anything that could strengthen current arrangements?*
   - *What are the implications for NTHFT of the new 10-Year Health Plan for England in relation to support for carers? What plans are / will have to be in place to fulfil any obligations?*
   - *Any views on key areas of future focus relating to this scrutiny topic (e.g. existing challenges that need to be addressed)?*

   A presentation has been prepared and is included within these meeting papers. The NTHFT Head of Patient Flow and the NTHFT Associate Director of Nursing Experience & Involvement are scheduled to be in attendance to provide an overview of the submission and respond to any comments / questions.

3. Ahead of this latest evidence session, Members may wish to familiarise themselves with:

   - **Carers UK**: Unpaid carers gain new rights as Health and Care Act 2022 introduced (Jul 22) https://www.carersuk.org/press-releases/unpaid-carers-gain-new-rights-as-health-and-care-act-2022-introduced/

   - **NENC ICB**: New strategy launches vision to improve lives of Gateshead caregivers (May 24) https://northeastnorthcumbria.nhs.uk/news/new-strategy-launches-vision-to-improve-lives-of-gateshead-caregivers/

   - **Carers UK**: Understanding ICBs, ICPs, ICSs and unpaid carers (Jan 25) https://www.carersuk.org/media/svrpgxuo/carers-uk-policy-explainer-on-icps-icbs-and-icss-and-unpaid-carers.pdf

   - **Carers Partnership**: Identifying and supporting unpaid carers in England to improve integrated system working – A resource for health and social care professionals (Feb 25) https://www.carersuk.org/media/q1klnif4/identifying-and-supporting-unpaid-carers-in-england-to-improve-integrated-system-working.pdf

   - **We Care You Care**: Newlands Medical Centre Becomes First in Middlesbrough to Achieve Carer Friendly Status (Jun 25) https://wecareyoucare.info/articles/newlands-medical-centre-becomes-first-in-middlesbrough-to-achieve-carer-friendly-status

   - **Carers UK**: A fresh new approach to supporting unpaid carers: Our vision for delivering the NHS 10 Year Health Plan in England (Sep 25) https://www.carersuk.org/reports/a-fresh-new-approach-to-supporting-unpaid-carers-our-vision-for-delivering-the-nhs-10-year-health-plan-in-england/

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

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

NHS North East and North Cumbria Integrated Care Board

Committee lines of enquiry:

- What roles / responsibilities do ICBs have in relation to adult carers?
- What strategic oversight does the NENC ICB have on support for adult carers; what does this involve?
- Does the NENC ICB highlight / raise awareness of support for adult carers? If so, how / how often (include examples)?
- Examples / knowledge of good practice within the NENC ICB footprint around adult carers support.
- What are the implications for the NENC ICB / health partners of the new 10-Year Health Plan for England in relation to support for carers? What plans are / will have to be in place to fulfil any obligations?
- Any views on key areas of future focus relating to this scrutiny topic (e.g. existing challenges that need to be addressed)?

NENC ICB does not have any direct responsibilities in this area however we can demonstrate that we work collaboratively at a local level with local authority and system partners to support the adult carers agenda. There is no ICB strategy as such as we do not have direct responsibility for the commissioning of services. The ICB Local Delivery Teams work in collaboration with our LAs in the development of BCF plans, which specifically include reflections on, and services for, carers. These plans are developed based on local need across each LA and the ICB collaborates to support the design of these plans. The ICB is a member of each Health and Well Being Board plus holds Place Sub Committees where there is the ability to discuss health and social care challenges and opportunities and is a forum for partnership working.

The NHS under the Health and Care Act 2022, legally required to involve unpaid carers in decisions about the care and treatment of the individuals they support. This includes participation in the planning and delivery of care, as well as in discharge planning from hospital settings.

The current NHS long term plan highlights best practice in identifying carers and providing them with appropriate support, including breaks NHS providers are encouraged to record whether someone is a carer in their GP record. Primary Care (General Practice) as part of their CQC inspection look at how effectively carers are supported including involving people in decisions about their care and that is personalised and responsive and personalised to their needs .

Locally, the NENC ICB / ICP Joint Strategy specifies a key programme aim of 'working to identify and support more people who are providing unpaid care within the region': https://northeastnorthcumbria.nhs.uk/media/ifgjdfjx/integrated-care-strategy-better-health-and-wellbeing.pdf

Carers, and their role across health will be picked up in emerging Neighbourhood Health Plans which are being led by Local Authorities. The ICB will again collaborate and contribute towards these plans and which has requirement to pull together a population health improvement plan, which will reflect local Neighbourhood Health priorities amongst a range of other ICB priority areas.

NENC ICB
October 2025

Victoria Cardona
Head of Patient Flow

Mel Cambage
Associate Director Of Nursing Experience & Involvement

North Tees and Hartlepool
NHS Foundation Trust

Adult Social Care and Health Select Committee

Review of Stockton-on-Tees Adult Carers Support Service

21.10.25

Caring
Better
Together

What roles / responsibilities in relation to adult carers?

Under the **Care Act 2014 (England)**, North Tees and Hartlepool NHS Trust who are providing short-term treatment to patients have **specific responsibilities in supporting the identification of adult carers** — i.e. people who provide unpaid care to someone with identified care needs

What roles / responsibilities in relation to adult carers?

- Communication and Involvement of carers at every stage of the journey
- Recognising carers as **partners in care**
- Education and Training
- Discharge Planning
- Support for Carers in hospital as well as signposting / referring for support
- Legal and Ethical Duties

Caring Better Together

Carers Charter

NHS
University Hospitals Tees

Carers Charter

The Carers Charter is our commitment to you for carers of all ages.

We want to work with you to provide the best possible care to the person you care for.

We have worked with carers and carer organisations to help us see how we can work effectively with carers.

Our commitment to you

- We will make sure you have a named nurse on duty to contact. This will be someone who is caring for the person you care for.
- We will listen and value your expert knowledge about the person you care for.
- We will work with you to provide individual care for the person you care for.
- We will include you in any decisions about the person you care for. If this is not possible, we will explain why.
- We will keep personal information about yourself and the person you care for safe.
- We will train staff about your vital role in the person's care and recovery.
- We will listen to your feedback about our services and take actions.
- We will give you information for a carer support group. They can give you advice, guidance and support.
- We will include you when discharging the person you care for.

Carers Together · Hartlepool Carers · Stockton-on-Tees Borough Council · We Care You Care

healthwatch Hartlepool · healthwatch Middlesbrough · healthwatch North Yorkshire · healthwatch Redcar and Cleveland · healthwatch Stockton-on-Tees

Caring Better Together

Caring Better Together

How does the Trust identify carers?

- Nursing Admission process
- Involvement /discussion in discharge planning
- During inpatient care episodes

How aware are Trust staff of the local Adult Carers Support Service offer

- Staff in in our elderly care wards
- The frailty front of house service
- Integrated Discharge team

Feedback regarding Stockton Carers service

Home First Team

The Adult Carers Support Service in Stockton. This has been well received in the front of house frailty home first Teams. It is easy to refer into the service and Debbie is very responsive. Debbie links in with the team well, promoting what can be offered, and sharing outcomes once her assessment is complete . It has been good to talk through cases face to face.'

Frailty coordinator

'I was recently involved in delivering care of the elderly training, and Debbie and the service were spoken in high regard by the MDT.'

Caring Better Together

Feedback regarding Stockton Carers service

Discharge Clinical Care Coordinator

‘Great resource all the discharge team understand where to go should further advise and carer support be required’

Frailty Coordinator

‘This has been a really useful service as there is a number of patient's who are a main carer or a family member is their main carer and they are struggling at home with potential for carer stress, not coping and at risk of needing more significant help if left unsupported i.e. care packages and placements. This pathway has been well received by family and patients to know that somebody will come and talk to them about how they are managing, and signposting to services that might be useful now or in the future. This pathway has been sufficient at times to enable D/C without additional carers being required.‘

Working with SBC with regards the local carers support offer – how does this operate

- Carer Identification and Liaison
- Information, Advice, and Guidance
- Education and Training for Hospital Teams
- Transition and Discharge Support

Is this effective; is there anything that could strengthen current arrangements?

- Strengthen
- Continuous education required
- Demand

What are the implications for NTHFT of the new 10-Year Health Plan for England in relation to support for carers? What plans are / will have to be in place to fulfil any obligations?

Strategic Context & Policy Imperative

- The new **“Fit for the Future: 10-Year Health Plan for England”** advocates stronger NHS support for unpaid carers although there are no specific targets

Any views on key areas of future focus relating to this scrutiny topic (e.g. existing challenges that need to be addressed)?

Continued promotion across all health and care services including primary care to promote the identification of carers and signpost to available support

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Adult Social Care and Health Select Committee

Review of Stockton-on-Tees Adult Carers Support Service

Outline Scope

Scrutiny Chair (Project Director): Cllr Marc Besford	**Contact details:** marc.besford@stockton.gov.uk
Scrutiny Officer (Project Manager): Gary Woods	**Contact details:** gary.woods@stockton.gov.uk 01642 526187
Departmental Link Officer: Graham Lyons (SBC Service Manager)	**Contact details:** graham.lyons2@stockton.gov.uk
Programme Management Office Link: Francesca Magog (SBC Project Manager)	**Contact details:** francesca.magog@stockton.gov.uk

Which of our strategic corporate objectives does this topic address?

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

- *Priority 2: Healthy & Resilient Communities*: We recognise the invaluable role that carers play to support their loved ones in communities, and we will ensure they receive the support they need to maintain their own independence and wellbeing.

The Carers Support Service has also had some initial involvement with the transitions programme as part of the Stockton-on-Tees Borough Council (SBC) *Powering Our Future* (POF) initiative.

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

The Care Act 2014 gave carers the same legal right to assessment and support as the person they care for. The most recent Census 2021 found that there were 5.8 million unpaid carers in the UK (an estimate of over 20,000 of those living within Stockton-on-Tees), with 1.7 million of these people providing 50 or more hours of care per week.

In 2019, Carers UK revealed that one in seven people within employment were also in a significant caring role, and that 2.6 million had quit their job to care. This created a significant cost to the UK economy from both the loss to the labour market, the cost of recruiting and training, and the impact on benefits claims. Elsewhere, it has been reported that carers were more than twice as likely to suffer from poor physical and mental health (as well as financial hardship) than their non-caring counterparts, with one third of people in a caring role report feeling often or always lonely (Carers UK: State of Caring 2024).

Carers play a substantial and vital role in meeting social care needs. The cost of replacement care locally for Stockton-on-Tees has previously been estimated to be around £464 million annually (Stockton JSNA: Carers). From an early intervention and prevention perspective,

addressing the needs of carers enables SBC to delay or possibly avert the need for complex and costly social care interventions, and by sustaining carers within their caring role, the stability of local adult health and social care services is supported. Identifying and providing support to these individuals is not just mandated by the Care Act 2014 but a sound economic and socially responsible decision (which may also prevent carers themselves needing services in their own right). By providing information, advice and support to carers we are able to ensure they promote their own wellbeing, prevent carer breakdown, and establish resilient communities.

The local Adult Carers Support Service was brought in-house to SBC in January 2018 and works with adults who are providing informal care and support for adults across the Borough. Since then, the service has developed significantly, with over 5,000 referrals during this time. As of June 2025, it was working with 3,200 unpaid carers within Stockton-on-Tees, offering ongoing advice, information and support alongside statutory carers assessments, support planning, carers personal budgets, and time-out support. SBC are also supporting nearly 2,000 carers with a direct payment which amounts to a projected spend of £550,000 for this provision in this financial year.

Whilst this offer is considered to be effective, it would be of benefit for the service to be scrutinised to provide assurance around its current delivery. It is also hoped that this review will help highlight any gaps in the service and, in turn, help shape future developments for local provision.

The Committee will undertake the following key lines of enquiry:

What support does the local Adult Carers Support Service offer / provide? How is it resourced (funded and staffed) and what does it cost per annum (including changes over time)? How did the pre-2018 arrangements differ from the current offer (what prompted it being brought in-house)?

How is the service promoted and how do individuals access it? Are there any restrictions (e.g. is it time-limited) and have there been any reports of barriers in receiving help?

How many individuals does the service support and what types of support do individuals receive? How has this changed over time, and what are the predicted future demands on the service (i.e. is it sustainable)?

How does the 'Time Out' service work?

How does the Council and its partners identify individuals who may be eligible for support? Is this effective / consistent?

Is feedback on the service sought from carers – if so, how / how often? What are those receiving support saying about their experience of the service and what plans are in place to develop the offer further?

What are the benefits to being a registered carer? How are these being promoted across the Borough?

What considerations are given to young carers transitioning into the adult carers service? How is this managed, communicated and promoted?

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

Council, Cabinet, carers (existing and potentially new) and service-users.

Expected duration of review and key milestones:

5 months (report to Cabinet in February 2026)

What information do we need?

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

- SBC Adults, Health & Wellbeing: Self-Assessment (for CQC inspection undertaken in 2024)
- SBC Support for Carers: https://www.stockton.gov.uk/support-for-carers
- SBC Adult Carers Service – Specification
- SBC Adult Carers Service – Team Structure

Who can provide us with further relevant evidence? (Cabinet Member, officer, service user, general public, expert witness, etc.)	*What specific areas do we want them to cover when they give evidence?*
SBC Adults, Health & Wellbeing	➢ Overview of existing support service offer and how this has changed over time (inc. costs) ➢ Promotion of service (inc. Carers' Hub) ➢ Service capacity / usage; feedback received ➢ Young carers transitioning into adult service
NHS North East and North Cumbria Integrated Care Board	➢ Strategic oversight of support for adult carers
North Tees and Hartlepool NHS Foundation Trust	➢ Identifying carers and signposting to support ➢ Patient and Carer Experience Council (PCEC)
Carers consultation and feedback mechanisms	➢ Views on current offer / areas for improvement
Eastern Ravens	➢ Young carers transitioning into adult services
Care Quality Commission (CQC)	➢ Final report following inspection of SBC adult social care services
Mobilise	➢ Identifying carers from hard-to-reach areas
Other Local Authorities	➢ Initiatives to support carers

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

Committee meetings, reports, research, case studies, site visits (TBC).

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

Committee meetings, information submissions.

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

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

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

Stockton Joint Strategic Needs Assessment (JSNA): *Carers*: Recognising carers and the contribution they make to society is important for raising their profile and identifying better ways of helping them to help others. Historically the needs of carers have been overlooked. Whilst this situation is improving, many carers remain socially excluded, suffer from caring-related ill-health and, once they have ceased caring, find themselves in a difficult economic position, often with little or no pension provision. This can lead to the carers needing to access health and social care services for themselves and may impair their ability to continue providing care to the cared for person.

Note: Carers will be acknowledged within the refreshed SBC Adult Social Care Strategy.

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

- Primary: To understand the impact of the carers service on promoting the wellbeing and needs of unpaid carers. Identifying where the service is reaching its objective and where future focus needs to be concentrated to improve service delivery and satisfaction for carers

- Secondary: To understand and identify where partnership working can be improved to promote the rights and needs of carers, ensuring they are being treated as expert partners and identified for support when required.

Project Plan

Key Task	Details/Activities	Date	Responsibility
Scoping of Review	Information gathering	**May 2025**	Scrutiny Officer Link Officer
Tri-Partite Meeting	Meeting to discuss aims and objectives of review	**01.07.25**	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Agree Project Plan	Scope and Project Plan agreed by Committee	**22.07.25**	Select Committee
Publicity of Review	Determine whether Communications Plan needed	**TBC**	Link Officer, Scrutiny Officer
Obtaining Evidence	SBC Adults, Health & Wellbeing NENC ICB NTHFT Eastern Ravens Consultation Feedback Mobilise	**23.09.25** **21.10.25** **18.11.25**	Select Committee
Members decide recommendations and findings	Review summary of findings and formulate draft recommendations	**16.12.25**	Select Committee
Circulate Draft Report to Stakeholders	Circulation of Report	**January 2026**	Scrutiny Officer
Tri-Partite Meeting	Meeting to discuss findings of review and draft recommendations	**TBC**	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Final Agreement of Report	Approval of final report by Committee	**20.01.26**	Select Committee, Cabinet Member, Director
Consideration of Report by Executive Scrutiny Committee	Consideration of report	**[17.03.26]**	Executive Scrutiny Committee
Report to Cabinet / Approving Body	Presentation of final report with recommendations for approval to Cabinet	**12.02.26**	Cabinet / Approving Body

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Scrutiny Review of Reablement Service

Adult Social Care and Health Select Committee

(DRAFT) Final Report

October 2025

DRAFT

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

Councillor Marc Besford (Chair)
Councillor Nathan Gale (Vice-Chair)
Councillor Stefan Barnes
Councillor Carol Clark
Councillor John Coulson
Councillor Ray Godwin
Councillor Lynn Hall
Councillor Jack Miller
Councillor Vanessa Sewell

Acknowledgements

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

- Councillor Pauline Beall (Cabinet Member for Health and Adult Social Care) – Stockton-on-Tees Borough Council (SBC)
- Rob Papworth (Strategic Development Manager, Adults & Health) – SBC
- Angela Connor (Assistant Director, Adult Social Care / Principal Social Worker) – SBC
- Gavin Swankie (Service Manager, Integrated Early Intervention & Prevention) – SBC
- Susan Dixon (Integrated Interim Care Team Lead, CQC) – SBC
- Jem Bagdatlioglu (Consultation Officer) – SBC
- Kathryn Warnock (Head of Commissioning and Strategy) – NHS North East and North Cumbria Integrated Care Board (NENC ICB)
- Jill Foreman (Head of Community Services) – North Tees and Hartlepool NHS Foundation Trust (NTHFT)
- Matt Wynne (Care Group Director, Healthy Lives) – NTHFT
- Selinda Chouhan – Peopletoo
- Jasmine Tamer – Peopletoo
- Lucy Owens (Chief Executive) – Catalyst
- Megan Stevens (Project Co-ordinator) – Catalyst
- SBC Reablement Service staff who responded to the Committee's survey

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Foreword

TBC

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Cllr Marc Besford

Chair
Adult Social Care and Health Select Committee

Cllr Nathan Gale

Vice-Chair
Adult Social Care and Health Select Committee

Original Brief

Which of our strategic corporate objectives does this topic address?

The review will contribute to the following Council Plan 2023-2026 key objectives (and associated 2023-2024 priorities):

A place where people are healthy, safe and protected from harm

- Support people to remain safely and independently in their homes for as long as possible and offer help to people who are feeling lonely.
- Engage with individuals, families, carers and communities when developing adult social care support and continue to collaborate with the NHS to ensure health and care services work effectively together.

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

'Reablement' is a short period of rehabilitation which usually takes place in a person's own home.

National evidence suggests that supporting early and safe discharge from hospital into a reablement-type service delivers better outcomes for individuals when compared to longer periods of hospitalisation or immediate transfer into care at home. It is also cost-effective for health and adult social care services, both reducing pressure on bed-capacity in hospitals and the need for large packages of ongoing community or residential or nursing care. Research has continued to evidence that most people prefer to remain in their own homes and communities.

Locally, the Reablement Service provides support for people with poor physical or mental health to help them manage their illness / condition by learning or re-learning the skills necessary for daily living (so that they can remain in the community). The service seeks to ensure that people can maximise their independence when they need it – this can include both 'step-up' care (escalation of need for people already supported to live independently) as well as 'step-down' (to avoid hospital admission or ensure safe discharges). It also promotes and supports people to be more independent and reduce the need for long-term service provision for as long as possible.

The offer is provided free (as mandated by the Care Act 2014) for the person receiving support for up to a maximum of six weeks. A person with ongoing care and support needs following this six weeks will be financially assessed for their ongoing contribution to their care.

There are a number of Stockton-on-Tees Borough Council (SBC) *Powering Our Future* (POF) projects that link to this review; 'Supporting People to Live Independently' and 'Early Intervention and Prevention'. The final report produced by the Adult Social Care and Health Select Committee will be submitted to these workstreams for their awareness.

The aim of the review is to identify whether the Reablement Service offered by the Council is:

1) maximising independence for people being discharged from hospital and living in the community.
2) reducing the need for ongoing, more intensive support in people's own homes and reducing the need for admission into 24-hour care.
3) working effectively with NHS provision that supports people on a reablement pathway.
4) using technology as effectively as possible.

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The Committee will undertake the following key lines of enquiry:

- Which organisations are involved in the planning and delivery of the existing local Reablement Service and what role do they play?
- How much does the service cost the Council and its partners, and how is it funded? Is current funding sufficient for future projected provision?
- What is the previous / current / anticipated capacity and subsequent demand for use of the service?
- How is the service promoted and how do people access it / how are they identified as potentially benefitting from it?
- How does the Council and the NHS monitor the impact and effectiveness of the service?
- What technology is used within current service provision? What options are there to incorporate technology in future service provision?
- Is there an opportunity to involve the VCSE more in the reablement pathway.
- Feedback from service-users and their families / carers – how easy was it to access; did the service help an individual's independence; was Council and NHS provision provided in a seamless way?

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

- Maximising independence and reduced need for more intensive support at home or within 24-hour care provision.
- The use of technology is an effective enabler for people's independence and supports people to live their lives as independently as possible.

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1.0 Executive Summary

1.1. This report outlines the findings and recommendations following the Adult Social Care and Health Select Committee's scrutiny review of Reablement Service.

1.2. 'Reablement' is a short period of rehabilitation which usually takes place in a person's own home.

1.3. National evidence suggests that supporting early and safe discharge from hospital into a reablement-type service delivers better outcomes for individuals when compared to longer periods of hospitalisation or immediate transfer into care at home. It is also cost-effective for health and adult social care services, both reducing pressure on bed-capacity in hospitals and the need for large packages of ongoing community or residential or nursing care. Research has continued to evidence that most people prefer to remain in their own homes and communities.

1.4. Locally, the Reablement Service provides support for people with poor physical or mental health to help them manage their illness / condition by learning or re-learning the skills necessary for daily living (so that they can remain in the community). The service seeks to ensure that people can maximise their independence when they need it – this can include both 'step-up' care (escalation of need for people already supported to live independently) as well as 'step-down' (to avoid hospital admission or ensure safe discharges). It also promotes and supports people to be more independent and reduce the need for long-term service provision for as long as possible.

1.5. The offer is provided free (as mandated by the Care Act 2014) for the person receiving support for up to a maximum of six weeks. A person with ongoing care and support needs following this six weeks will be financially assessed for their ongoing contribution to their care.

1.6. There are a number of Stockton-on-Tees Borough Council (SBC) *Powering Our Future* (POF) projects that link to this review; 'Supporting People to Live Independently' and 'Early Intervention and Prevention'. The final report produced by the Adult Social Care and Health Select Committee will be submitted to these workstreams for their awareness.

1.7. The aim for this review was to identify whether the Reablement Service offered by SBC was:

a) maximising independence for people being discharged from hospital and living in the community.
b) reducing the need for ongoing, more intensive support in people's own homes and reducing the need for admission into 24-hour care.
c) working effectively with NHS provision that supports people on a reablement pathway.
d) using technology as effectively as possible.

1.8. The Committee found that, rooted within legislation (Care Act 2014 s2) which requires Local Authorities to prevent, reduce or delay needs for care and support for all adults (including carers), 'reablement' was one of several short-term offers involving NHS and social care services (alongside home-based, bed-based, and crisis response care) which come under the wider umbrella of 'intermediate care'. The Care Act regulations compel Councils to provide reablement support free-of-charge for a period of up to six weeks (this was for all adults, irrespective of whether they had eligible needs for ongoing care and support).

DRAFT

1.9. Reablement involves the provision of assistance within a person's own home. This assessment and support service helps an individual to do tasks (e.g. washing, getting dressed) for themselves rather than relying on others, with support workers operating alongside the person while they regain skills and confidence. The aim was to maximise independence (doing tasks 'with' them, not 'for' them), and the service can be used to support discharge from hospital, prevent re-admission, or enable an individual to remain living at home.

1.10. The SBC Reablement Team was expanded in October 2024 as the Council continues its focus on early intervention and prevention as part of its ongoing *Powering Our Future* (POF) initiative. Visits to service-users occur up to four times per day, with Senior Support Workers holding regular weekly reviews with individuals to ensure they were on track to achieve their goals and adjust their support plan accordingly (they were also able to assess and order low level equipment to aid independence).

1.11. Other relevant stakeholders include the NHS North East and North Cumbria Integrated Care Board (NENC ICB), which has a key role in overseeing the health and care 'system' to plan, design and deliver intermediate care services (including reablement) following hospital discharge, with the local priority on people gaining and maintaining independence for as long as possible. The North Tees and Hartlepool NHS Foundation Trust (NTHFT) was another key partner within local integrated services, working alongside SBC to provide an Integrated Single Point of Access (ISPA). There was also a well-established Integrated Discharge Team (contributing to the Trust having one of the top performing Emergency Departments in England – a reflection of the strength of pathways in place to get people home), as well as a Community Integrated Assessment Team (CIAT) which worked in collaboration with the SBC Reablement Service.

1.12. A significant majority of referrals into the SBC Reablement Service came directly from hospital (with the rest from the community). The service may be accessible if an individual has a temporary illness / accident, a crisis, a change in their (or their carers') circumstance, or to avoid unnecessary admission to hospital. Where a 'need' (not a 'want') had been identified, individuals would be referred following an assessment via a health or social care professional – any subsequent support could be tailored to the individual, and its duration was dependent upon their progress (i.e. this free service could be less than the maximum six-week period). For those not in hospital, it was not clear how the Council or its partners identified individuals who may benefit from the service.

1.13. In terms of public awareness and promotion of this type of provision, there were several references over the course of the review to the vagaries around the term 'reablement' itself. The Committee recognise that this is accepted health terminology, but there is clearly a need to fully explain and promote what reablement actually entails so the public have a better understanding of how these services can help them or a loved one. In addition, published NHS survey data suggests local Trusts have work to do in providing clarity around available options following discharge – this was reinforced by customer feedback presented to the Committee, as well as the Reablement Service staff who reported that the people they support were often unaware of local provision. Furthermore, Adult Social Care Outcomes Framework (ASCOF) data showed that the proportion of older people (aged 65 or over) offered reablement services following discharge from hospital (measure 2D2) was consistently lower in the Borough compared to regional and national scores for every year since 2019-2020 – this is perhaps surprising given NTHFTs stated recognition that the Borough's reablement provision played a key role in the ongoing strong local performance around hospital discharge, much of which reflected the established partnership between NTHFT and SBC.

1.14. The Better Care Fund (BCF) was used as a mechanism to bring NHS services and Local Authorities together to tackle strains faced across the health and social care system, and to drive better outcomes for people. Reablement services were one of the Stockton-on-Tees BCF schemes to meet one of the two BCF core objectives, namely 'to enable people to stay well, safe and independent at home for longer'. The existing local offer was fully funded via the BCF, with the budget for 2024-2025 (£1.2m) increasing by around 20% (principally due to anticipated changes with the previous Discharge to Assess (D2A) arrangements) compared to the allocated funds for 2023-2024 – the vast majority of these financial resources covering staff salaries. Future funding levels (still to be clarified) will need to reflect the desired ambition to support a greater number of people leaving hospital or to prevent them from having to be admitted in the first place.

1.15. 591 individuals were supported by the SBC Reablement Team between April 2023 and March 2024 (with no waiting list as of January 2025). The recent expansion of the local offer, with SBCs move to bring this fully in-house from autumn 2024 endorsed by the NENC ICB, meant that existing structures were deemed sufficient to deal with the Council's projections on the numbers requiring support (though issues would inevitably follow should these projections be exceeded, as would staff absences as a result of sickness / COVID). However, the expected 20%+ increase of those aged over 65 in the next 10 years will inevitably challenge the status quo.

1.16. Regarding impact and effectiveness, the Committee heard that just over 75% of the 591 people supported during 2023-2024 were independent on leaving the service. Local reablement performance had been consistently better than the regional and national averages over the past four years, with the 2023-2024 data ranking Stockton-on-Tees eighth in the country (top in the region) – this was reinforced by the numerous positive comments from service-users about their own experiences. In addition, the service had been shortlisted for the regional (North East and Scotland) Great British Care Awards in the categories of 'Team Award', 'Newcomer to Care', 'Co-ordinator', and 'Care Manager', and the CQCs last inspection in mid-2021 rated the service 'Good' overall (though this was now quite dated).

1.17. An understanding around the types of technology used as part of current reablement provision was not established, though the reported focus on increasing its use (e.g. pilot assessment of activity monitoring technology, implementation of OPTICA, etc.) demonstrates a recognition of the potential benefits and the continuing evolution of the existing offer. Examples of technology-related opportunities were highlighted to the Committee which should be further explored by SBC and its partners alongside the front-door proposals being considered by the Council in March 2025.

1.18. The Committee was informed that there were no specific reablement services currently being delivered by VCSE organisations, nor was there a large quantity of reablement-related activity happening across the Borough within this sector – this suggests there is an opportunity for greater utilisation of the VCSE sector in local reablement provision. The former Five Lamps 'Home from Hospital' service (which ended in March 2024) was a relevant offer in relation to this scrutiny topic, with Catalyst relaying the opinion from some that its cessation had meant there was now a gap within the community for such provision. SBC has made the decision to expand its own reablement offer, but to meet projected future need, a role for the VCSE sector seems prudent and potentially necessary.

1.19. Information was received in relation to customer feedback and there appeared broad satisfaction with the level of service. As previously highlighted, an issue was frequently raised around a lack of awareness of the local offer and the lack of information provided about it within the hospital setting.

1.20. Views of SBC Reablement Service staff about existing provision were sought as part of the Committee's review. There was high praise for the current arrangements, working in conjunction with other professionals (physio, therapy team), communication (in-house and with clients / families), and support from management and office staff. In terms of improvements, suggestions included better provision of information about the service (within, and upon discharge from, hospital), more detailed information about an individual when a referral is received, the retention of input from physios / therapy team, ensuring continuity of care (as far as possible), and improved out-of-hours provision / staffing. It was also highlighted that individuals were sometimes willing to pay so they could continue to receive support beyond the six-week limit.

1.21. Reflecting upon the timing of this review, the Committee notes the challenges that have arisen when trying to examine a service which is rapidly evolving, with decisions on its future direction being made throughout the Committee's evidence-gathering phase. The Council's use of an external consultant (Peopletoo) to also review local provision during this time has identified a host of additional findings and potential options for future delivery. ~~The Committee look forward to receiving the consultant's full report so any further learning beyond its own review can be reflected upon and, where necessary, built into plans moving forward.~~ The Executive Summary of the report detailing the work undertaken by Peopletoo highlights the intention to improve performance monitoring as part of a phased enhancement of reablement and preventative services – the Committee welcomes this, particularly in light of the ongoing delays around SBC performance information being made available to the scrutiny function. Reference is also made on the Peopletoo website (see https://peopletoo.co.uk/case-studies/adult-social-care/enhancing-independence-through-reablement-and-enablement/) to significant financial benefits as a result of their work / proposals – the Committee look forward to seeing the extent to which this claim is borne out.

1.22. Continuing national coverage regarding pressures on hospitals, well-established benefits of people being at home, and the anticipated rise in the number of people aged 65 and over (the main demographic for reablement support) are all elements which emphasise the importance of services like reablement. Managing the flow of those leaving hospitals can be challenging enough given resource limitations, and widening this type of support to help avoid admittance to hospital in the first place will inevitably provide a further stress on the existing service. Whilst the true value of social care is clearly reflected in provision such as reablement, the ambition to widen access (potentially to a 24/7 model and including those with a mental health need, autism or learning disability) will require a significant commitment in terms of funding, and indeed staffing, to make the maximum amount of difference to the wider system and, even more importantly, the individuals and their families / carers whose lives are clearly enhanced by drawing on such services.

Recommendations

The Committee recommend that:

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

a) provides a summary on the gap analysis of the NHS England good practice guidance for ICBs (commissioners and providers) titled '*Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge*' (2023), along with assurance on how it and its partners will be addressing any identified issues (e.g. a self-assessment by all relevant organisations within the health and care 'system').

b) more explicitly outlines the role and importance of reablement services (within the context of the overall health and care 'system') in future iterations of its overarching integrated care strategy.

(continued overleaf…)

Recommendations (continued)

The Committee recommend that:

2) North Tees and Hartlepool NHS Foundation Trust (NTHFT) reviews its discharge processes to ensure that eligible individuals who are ready to leave hospital are made fully aware of local reablement provision and are referred to it upon discharge from hospital.

3) Principal links / contacts for Stockton-on-Tees Borough Council (SBC), NTHFT and the voluntary, community and social enterprise (VCSE) sector in relation to local reablement provision are identified / confirmed and shared in order to improve communication between key partners.

4) SBC and NTHFT establish required person-centred information on an individual when a referral is made into the SBC Reablement Service.

5) Regarding the future local reablement offer, SBC:

- **a) provides a summary of any differences in the findings of the Peopletoo review and reablement-related commentary from the Care Quality Commission (CQC) following its late-2024 inspection of SBC adult social care services.**
- **b) confirms further planned changes to existing service delivery (structures, workforce) and the funding required to support this.**
- **c) explores whether any of its existing social care workforce outside the current SBC Reablement Service structure (e.g. Community Support Workers) can be utilised to increase staffing capacity for reablement provision.**

6) SBC considers cost-effective options (and the communication of these) for individuals leaving the SBC Reablement Service to ensure a smooth transition from this initial support.

7) To increase public understanding of the Borough's reablement offer:

- **a) SBC and its partners assure themselves that they are adhering to the Social Care Institute for Excellence (SCIE) '*Supporting client and family engagement with reablement*' (2024) guidance, utilising this resource to effectively raise awareness and promote the Borough's reablement offer.**
- **b) SBC undertakes a joint communications campaign (repeated on a periodic basis) with NTHFT and the VCSE sector around local reablement services, making it clear what they involve, how they are accessed (including contact details), and the principal benefits.**

8) Healthwatch Stockton-on-Tees be asked to consider facilitating a public survey in 2026 to establish the availability of information on the local reablement offer for those who had spent time in hospital and the experiences of those who had received support from the service.

2.0 Introduction

2.1. This report outlines the findings and recommendations following the Adult Social Care and Health Select Committee's scrutiny review of Reablement Service.

2.2. The aim for this review was to identify whether the Reablement Service offered by Stockton-on-Tees Borough Council (SBC) was:

a) maximising independence for people being discharged from hospital and living in the community.
b) reducing the need for ongoing, more intensive support in people's own homes and reducing the need for admission into 24-hour care.
c) working effectively with NHS provision that supports people on a reablement pathway.
d) using technology as effectively as possible.

2.3. The Committee identified the following key lines of enquiry:

- Which organisations are involved in the planning and delivery of the existing local Reablement Service and what role do they play?
- How much does the service cost the Council and its partners, and how is it funded? Is current funding sufficient for future projected provision?
- What is the previous / current / anticipated capacity and subsequent demand for use of the service?
- How is the service promoted and how do people access it / how are they identified as potentially benefitting from it?
- How does the Council and the NHS monitor the impact and effectiveness of the service?
- What technology is used within current service provision? What options are there to incorporate technology in future service provision?
- Is there an opportunity to involve the VCSE more in the reablement pathway.
- Feedback from service-users and their families / carers – how easy was it to access; did the service help an individual's independence; was Council and NHS provision provided in a seamless way?

2.4. The Committee took evidence from key personnel from within the SBC Adults, Health and Wellbeing directorate, North East and North Cumbria Integrated Care Board (NENC ICB), North Tees and Hartlepool NHS Foundation Trust (NTHFT), and the voluntary, community and social enterprise (VCSE) sector (via Catalyst). Peopletoo, commissioned by SBC to assist in assessing the impact of current ways of working and analyse the best model for continuing to support people to maximise their independence, provided feedback on its own review of local services. The Committee also issued a survey to SBC Reablement Service staff, and other approaches in relation to this scrutiny topic was considered.

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3.0 Background

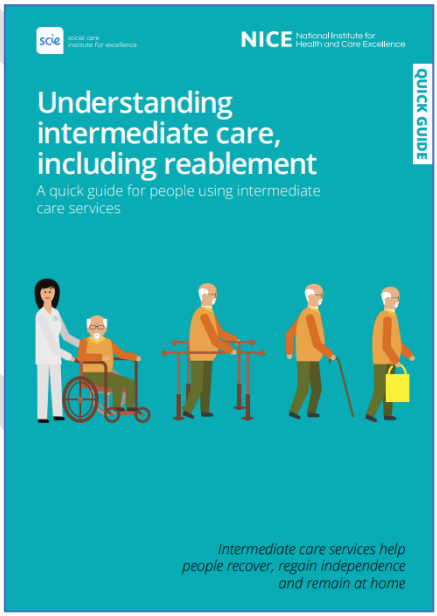
3.1 'Reablement' is a short period of rehabilitation which usually takes place in a person's own home.

3.2 National evidence suggests that supporting early and safe discharge from hospital into a reablement-type service delivers better outcomes for individuals when compared to longer periods of hospitalisation or immediate transfer into care at home. It is also cost-effective for health and adult social care services, both reducing pressure on bed-capacity in hospitals and the need for large packages of ongoing community or residential or nursing care. Research has continued to evidence that most people prefer to remain in their own homes and communities.

3.3 A wealth of information is available in relation to reablement provision. Examples include:

National Institute for Health and Care Excellence (NICE)

- Understanding intermediate care, including reablement https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/understanding-intermediate-care



National Health Service (NHS)

- Care after illness or hospital discharge (reablement) https://www.nhs.uk/conditions/social-care-and-support-guide/care-after-a-hospital-stay/care-after-illness-or-hospital-discharge-reablement/

Social Care Institute for Excellence (SCIE)

- Role and principles of reablement (Feb 20) https://www.scie.org.uk/integrated-care/intermediate-care-reablement/role-and-principles-of-reablement/

- Reablement: a guide for carers and family (Sep 20) https://www.scie.org.uk/integrated-care/intermediate-care-reablement/reablement-guide/

3.4 Locally, the Reablement Service provides support for people with poor physical or mental health to help them manage their illness / condition by learning or re-learning the skills necessary for daily living (so that they can remain in the community). The service seeks to ensure that people can maximise their independence when they need it – this can include both 'step-up' care (escalation of need for people already supported to live independently) as well as 'step-down' (to avoid hospital admission or ensure safe discharges). It also promotes and supports people to be more independent and reduce the need for long-term service provision for as long as possible.

3.5 The offer is provided free (as mandated by the Care Act 2014) for the person receiving support for up to a maximum of six weeks. A person with ongoing care and support needs following this six weeks will be financially assessed for their ongoing contribution to their care.

3.6 There are a number of Stockton-on-Tees Borough Council (SBC) *Powering Our Future* (POF) projects that link to this review; 'Supporting People to Live Independently' and 'Early Intervention and Prevention'. The final report produced by the Adult Social Care and Health Select Committee will be submitted to these workstreams for their awareness.

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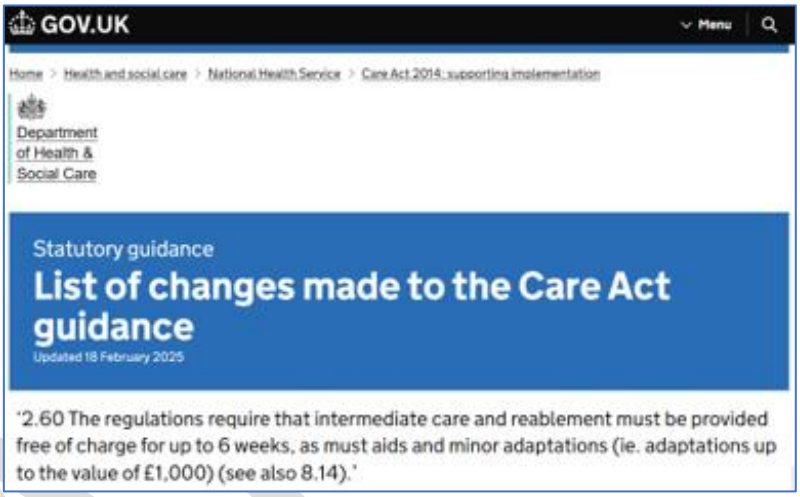
4.0 Findings

Legislative Requirements & National Policy Drivers

4.1. From a legislative perspective, Stockton-on-Tees Borough Council (SBC) had a duty to prevent, reduce or delay needs for care and support for all adults (18 years-old or over), including carers (see Care Act 2014 - Section 2).

4.2. In practice, this meant early intervention to prevent deterioration and reduce dependency on support from others, and reablement was one of the ways the Council could fulfil this duty. The Care Act regulations required the Council to provide reablement support free-of-charge for a period of up to six weeks – this was for all adults, irrespective of whether they had eligible needs for ongoing care and support.



4.3. National Hospital discharge and community support policy had placed increased demand / pressure on 'step-down' intermediate care services, with significant national and regional focus on 'Discharge to Assess' (rather than assessments in hospital) and early discharge (once a patient did not meet the criteria to reside) to support acute hospital pressures.

4.4. To support this approach, the Better Care Fund (BCF) was used as a mechanism to bring NHS services and Local Authorities together to tackle strains faced across the health and social care system and drive better outcomes for people. This was underpinned by two core objectives:

1) to enable people to stay well, safe and independent at home for longer
2) provide people with the right care, at the right place, at the right time

Reablement services were one of the Stockton-on-Tees BCF schemes to meet this first objective, a metric of which was '*the proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services*' (see paragraph 4.46).

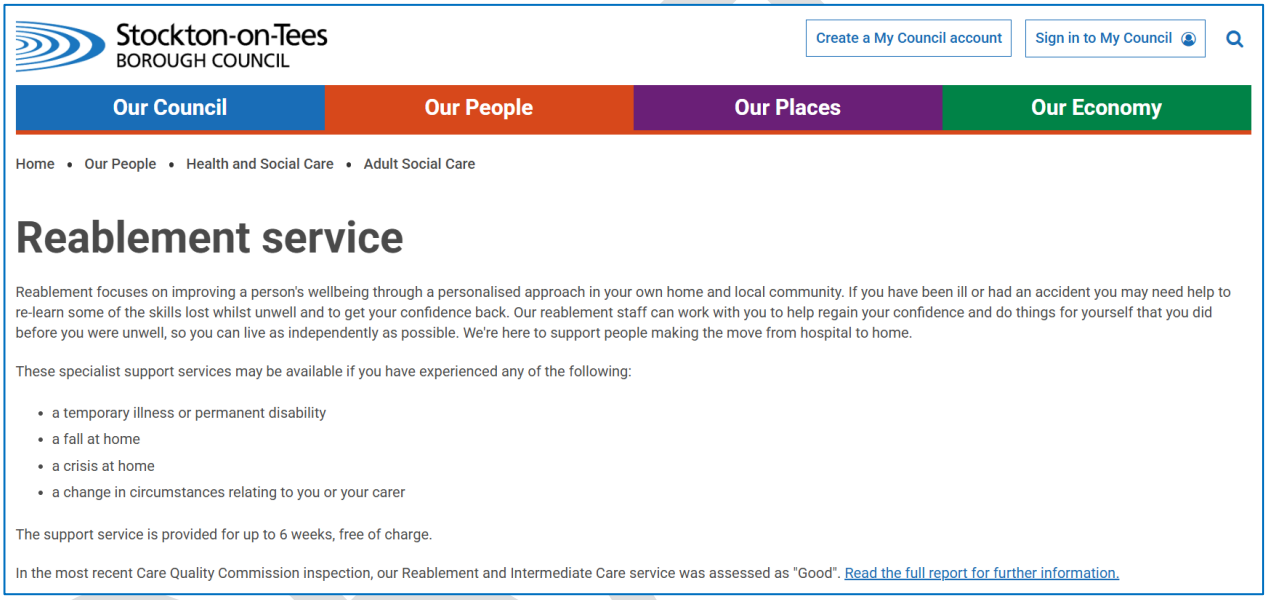
4.5. The BCF framework required Integrated Care Boards (ICBs) and Local Authorities to formulate a joint plan (owned by the Health and Wellbeing Board) which was governed by an agreement under section 75 of the NHS Act (2006). A BCF Delivery Group, in conjunction with a Pooled Budget Partnership Board (PBPB), had oversight of the delivery and monitoring of this plan, reviewing current schemes and agreeing future proposals / business cases – this involved several operational working groups / forums to support transformation (including the ongoing partnership around SBCs *Powering Our Future*-related reablement developments).

4.6. The wider NHS England FRAIL Strategy included a pathway to receiving reablement in the community (see graphic below). This may or may not follow a period of care within a hospital setting, and the delivery of the strategy would require the support of a range of partners, including primary care services and the voluntary sector.

Service Offer & Involved Organisations

Stockton-on-Tees Borough Council (SBC)

4.7. Coming under the wider umbrella of 'intermediate care', reablement was one of several short-term support offers involving NHS and social care services (alongside home-based, bed-based, and crisis response care). Providing assistance within a person's own home, this assessment and support service helped an individual to do tasks (e.g. washing, getting dressed) for themselves rather than relying on others, with support workers working alongside the person while they regained skills and confidence. The aim was to maximise independence (doing tasks 'with' them, not 'for' them), and the service could be used to support discharge from hospital, prevent re-admission, or enable an individual to remain living at home. It was most commonly delivered by social care practitioners.



4.8. In terms of delivery, the SBC Reablement Service consisted of a Manager, a Deputy Manager, four Co-ordinators, an Assistant Co-ordinator, three Senior Support Workers, and 37 Support Workers (courtesy of an expansion in October 2024) who were all dedicated and worked alongside individuals to promote independence. The workforce had a mix of experience, and the service benefitted from good staff retention, with those in post for a number of years able and willing to share their knowledge and expertise with newer recruits.

4.9. With a focus on making every contact count, visits to service-users occurred up to four times per day, with Senior Support Workers holding regular weekly reviews with individuals to ensure they were on track to achieve their goals and adjust their support plan accordingly (they were also able to assess and order low-level equipment to aid independence). Discharge plans and end dates were agreed with individuals, and throughout the duration of their assistance, staff could signpost to other services such as welfare rights, community groups and befriending initiatives so an individual had a support network to help them remain at home and not feel isolated when leaving the reablement offer. Help was also provided with applications for entitled benefits.

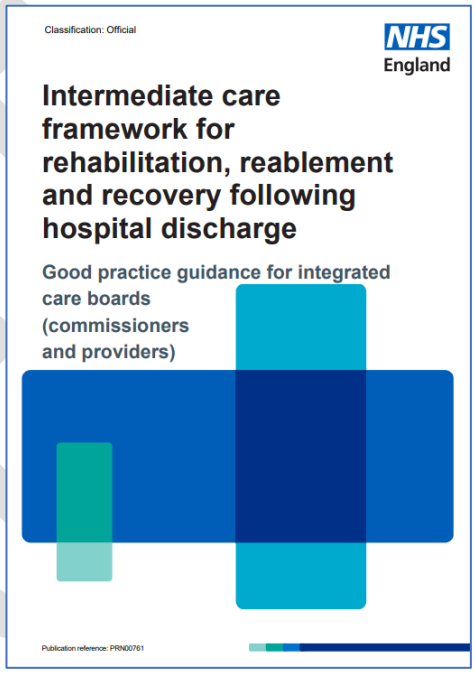
4.10. The Committee asked if the service had any dealings with the North Tees and Hartlepool NHS Foundation Trust (NTHFT) Frailty Ward and, if it did, whether the relationship was working well. SBC officers stated that referrals were received from the Frailty Ward and that the service worked alongside colleagues within that particular NHS function which carried out more healthcare-

related tasks and offered overnight provision (something the SBC Reablement Service did not). Most of those receiving reablement support were aged over 65 years old.

4.11. Reflecting on the number of staff employed within reablement and the number of individuals supported during 2023-2024 (see paragraph 4.37), the Committee praised the hard work and dedication of those providing the service. It was subsequently highlighted that there were only 28 support staff during the 2023-2024 year, a total which had since risen. It was also noted that a robust training offer was in place to support / strengthen the workforce.

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

4.12. The NHS England good practice guidance for Integrated Care Boards (ICBs) (commissioners and providers) titled '*Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge*' (https://www.england.nhs.uk/wp-content/uploads/2023/09/PRN00761-intermediate-care-framework-rehabilitation-reablement-recovery-following-hospital-discharge.pdf) was highlighted to the Committee in November 2024 which included recommended actions for up to March 2025 (see pages 31-33). This document outlined what ICBs needed to do jointly as a health and care system to plan, design and deliver services, with considerations around demand, capacity and expectations.



4.13. The 'community rehabilitation and reablement model' (see **Appendix 1**) demonstrated an individual's journey from admission to an acute inpatient / virtual ward, admission for rehabilitation in the community, delivery of rehabilitation interventions and, where required, transition for long-term / ongoing needs. Further NHS England good practice guidance for ICBs in relation to this model (published in 2024) was available at https://www.england.nhs.uk/wp-content/uploads/2023/09/A-community-rehabilitation-model-September-2024.pdf.

4.14. The Committee sought clarity on priority area 4 (improve data quality and prepare for a national standard – see graphic overleaf) of the NHS England good practice guidance for ICBs. In response, Members heard that the development of a standardised dataset would aid the identification and evaluation of the best ways in which individuals can achieve independence. The intermediate care offer could vary across different locations, though the local priority was very much on people gaining and maintaining independence for as long as possible.

4.15. Referencing the recent expansion of the Borough's reablement offer, the Committee questioned whether the ICB supported this development. Assurance was subsequently given that the ICB supported SBCs proposal to bring the service in-house.

4.16. Returning to the NHS England good practice guidance, the Committee asked how the NENC ICB was addressing the recommended actions (up to March 2025) stated within this document. Members heard that a gap analysis had been undertaken against the intermediate care framework as part of the SBC *Powering Our Future* work, and that monitoring of developments relating to intermediate care services was conducted at the ICB place sub-committee, with the local Health and Wellbeing Board having oversight as part of BCF-related updates (the regional Integrated Care Partnership (ICP) also existed to check and challenge the status quo).

Further information was subsequently sought, and provided, around this query, with the NENC ICB stressing that the recommended actions (some of which were difficult to attribute specifically to reablement) required a response and involvement from all partners across the system. Examples of how the four priority areas identified within the good practice guidance were being considered included:

Priority area 1: Improve demand and capacity planning	Priority area 2: Improve workforce utilisation through a new community rehabilitation and reablement model
• Gathering data to plan and commission services • Increasing productivity • Agreeing actions and determining system impact	• Implementing the new model through workforce approaches • Changing behaviours and culture
Priority area 3: Implement effective care transfer hubs	**Priority area 4: Improve data quality and prepare for a national standard**
• What is a care transfer hub's role in intermediate • care? • Developing care transfer hub capability • Priority actions for systems • Medium-term actions for systems	• Preparing for a national standard • Embedding real-time data into day-to-day operational working • Evaluation and ongoing monitoring of the impact of interventions • Developing the data

Progress against priority areas…

1) Part of BCF planning
2) The shift in the reablement services in-house by SBC was an example of this
3) Linked to discharge processes – ongoing
4) Implementation of OPTICA (see paragraph 4.76) and other digital solutions

The Committee emphasised the important role of scrutiny in holding services to account.

4.17. In related matters, the Committee noted that the existing NENC ICB integrated care strategy, 'Better health and wellbeing for all' (December 2022) appeared not to make any explicit reference to 'reablement' (though page 47 did acknowledge that adult social care was experiencing significant pressure '*supporting people being discharged from hospital to access the support they need in a timely manner*').

North Tees and Hartlepool NHS Foundation Trust (NTHFT)

4.18. With a focus on 'Home First' principles, NTHFTs priority was to get patients home from hospital as soon as it was clinically safe to do so. Avoiding hospital admittance in the first place was also central to its thinking. To facilitate this approach, NTHFT was a key partner within local integrated services, working alongside SBC to provide an Integrated Single Point of Access (ISPA). There was also a well-established Integrated Discharge Team (contributing to the Trust having one of the top performing Emergency Departments in England – a reflection of the strength of pathways in place to get people home), as well as a Community Integrated Assessment Team (CIAT) which worked in collaboration with the SBC Reablement Service (30 clients on average per month, involving 80 contacts).

4.19. A change in delivery of local reablement provision from autumn 2024 had seen SBC bring the offer in-house. From a NTHFT perspective, late-2024 operational challenges had led to patients staying in hospital longer, though the Trust had worked with SBC for additional support to get individuals home for Christmas.

Voluntary, Community and Social Enterprise (VCSE) Sector (via Catalyst)

4.20. There were no specific reablement services currently being delivered by VCSE organisations, nor was there a large quantity of reablement-related activity happening across the Borough within this sector. When asked, Catalyst recommended services such as Age UK, Mind, and Heart Support (exercise classes), and also had a good relationship with those leading the NTHFT '*Home But Not Alone*' initiative (a volunteer service offering time-limited support following discharge from hospital).

4.21. The former Five Lamps '*Home from Hospital*' service was another relevant offer in relation to this scrutiny topic, though this ended in March 2024. This initiative previously supported people in their own homes following a discharge from hospital and provided financial savings to the NHS due to lower re-admissions. Trusted relationships were built as a result of the same staff member visiting a particular individual, and the service was believed to be the only one which assisted in facilitating access to group activities. A significant amount of positive feedback was received about this offer, with a sense that its cessation had meant there was now a gap within the community for such provision.

The Committee pointed to the recent expansion of the SBC Reablement Service following the cessation of the Five Lamps *Home from Hospital* contract.

Promotion & Accessibility

Stockton-on-Tees Borough Council (SBC)

4.22. The service may be accessible if an individual had a temporary illness / accident, a crisis, a change in their (or their carers') circumstance, or to avoid unnecessary admission to hospital. Where a 'need' (not a 'want') had been identified, individuals would be referred following an assessment via a health or social care professional. Any subsequent support could be tailored to the individual, and its duration was dependent upon their progress (i.e. this free service could be less than the maximum six-week period).

4.23. In February 2025, the Committee was informed of the recent production of a new leaflet which gave details of the Reablement Service (see **Appendix 2**). The Committee expressed some concern on the layout / content, emphasising the need for the maximum period of support (six weeks) to be made clearer.

North Tees and Hartlepool NHS Foundation Trust (NTHFT)

4.24. As an example of the rising demand for this type of care, NTHFT provided a case study resulting in a referral to the Reablement Service (see graphic overleaf). Increasing frailty and complexity of cases across the general population was leading to greater challenges in providing support for those needing these services. This example also involved a referral to the Virtual Frailty Ward (also known as the 'hospital at home' service) for further clinical assessments, treatment and observation.

NTHFT Case Study: Support in the Community

- An urgent referral was received via NEAS Bleep into Community Integrated Assessment Team (CIAT).
- A gentleman fell when trying to walk to the toilet at home with no obvious injuries. He lives with his wife and was independent prior to the fall.
- CIAT arrived within 30 minutes. He was laid on the bathroom floor. A full body screening and clinical observations were taken. He presented with acute confusion. Staff used a slide sheet to move him to the corridor so he could be safely raised from the floor using a Raiser.
- Assessment identified that he required assistance of one with a wheeled zimmer-frame for mobility and his wife was unable to provide support for personal care.
- Referred to Virtual Frailty Ward for further clinical assessments, treatment and observation.
- Referred to Reablement Service for further support.

4.25. In response to a Committee question on the numbers being cared for as part of the 'hospital at home' (Virtual Frailty Ward) initiative, NTHFT confirmed that it currently provided 110 beds across a range of pathways, 30 of which were offered for frailty (as of today, these were all full). In related matters, it was stated that any required assessments of an individual potentially in need of care should be done as early in the day as possible so requirements could be put in place on the same day.

4.26. The Committee queried if there were any established links between reablement provision and end-of-life care. NTHFT noted its work with both Butterwick Hospice (Stockton-on-Tees) and Alice House (Hartlepool) and that individuals can be admitted into these settings from the community.

4.27. In addition to the information provided by NTHFT, the Committee was made aware of recently published NHS surveys which included feedback on the experiences of patients leaving NTHFT hospital facilities:

- Adult inpatient survey 2023 (published in August 2024)
  https://www.cqc.org.uk/provider/RVW/surveys/52

Leaving hospital	Patient Response 6.9 / 10	Compared with other trusts About the same
Involvement in decisions being involved in decisions about their discharge from hospital, if they wanted to be	6.7 / 10	About the same
Family and carer involvement hospital staff involving family and carers when discussing their discharge, if this was necessary	5.4 / 10	About the same

(*continued overleaf…*)

Equipment and adaptions in the home hospital staff discussing if any equipment or home adaptions were needed when leaving hospital	7.8 / 10	About the same
Notice of discharge being given enough notice about when they were going to be discharged	6.9 / 10	About the same
Advice at discharge being given information about what they should or should not do after leaving hospital	7.3 / 10	About the same
Understanding advice understanding the information given about what they should or should not do after leaving hospital	9.0 / 10	About the same
Medicines being given information on medicines to take at home	4.1 / 10	About the same
Care after discharge knowing what would happen next with their care when leaving hospital	6.5 / 10	About the same
Contact being told who to contact if worried about their condition or treatment after leaving hospital	7.6 / 10	About the same
Health and social care services hospital staff discussing if any further health or social care services were needed when leaving hospital	8.0 / 10	About the same
Care available after discharge expected care and support being available when needed after leaving hospital	6.5 / 10	About the same

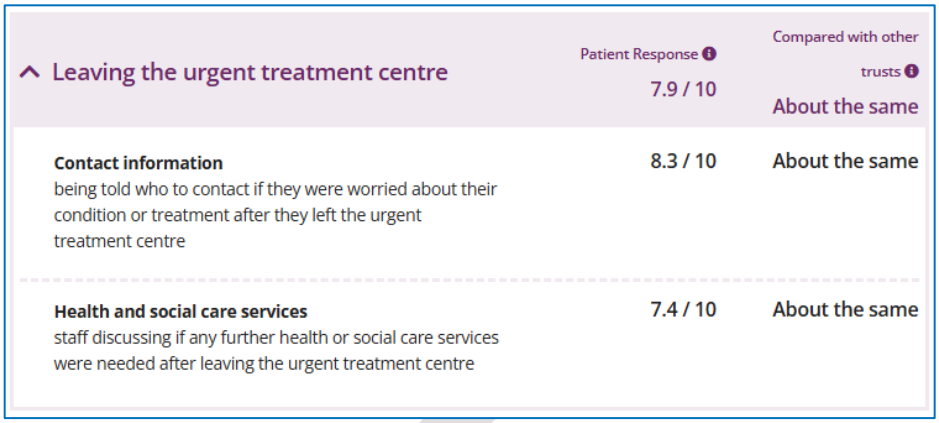
- Urgent and emergency care survey 2024 - type 1 services (A&E) (published in November 2024) (see graphic right)

  https://www.cqc.org.uk/provider/RVW/surveys/55

Leaving A&E	Patient Response 7.6 / 10	Compared with other trusts About the same
Contact information being told who to contact if they were worried about their condition or treatment after they left A&E	8.3 / 10	About the same
Health and social care services hospital staff discussing if any further health or social care services were needed after leaving A&E	6.9 / 10	About the same

- Urgent and emergency care survey 2024 - type 3 services (UTC) (published in November 2024) (see graphic right)

  https://www.cqc.org.uk/provider/RVW/surveys/56



Voluntary, Community and Social Enterprise (VCSE) Sector (via Catalyst)

4.28. Regarding knowledge of this type of provision, Catalyst highlighted those who may be unaware / uncertain about what the term 'reablement' was / meant, as well as the general lack of awareness / information-sharing on the services available (or, indeed, what was no longer on offer).

4.29. Agreeing that the term 'reablement' was not helpful in providing clarity of purpose, the Committee asked if information on VCSE services was available within public places (e.g. GP surgeries, libraries, etc.). Catalyst confirmed that there was some literature / publicity out in the community and also noted previous discussions on directing everything through the Stockton Information Directory (SID) – however, gaps existed, and there was work to do on the public's ability to find relevant information in an efficient way.

4.30. The Committee drew attention to the issue of leaflets becoming dated and not being replaced, as well as the fact that people requiring reablement-related services were more likely to be elderly and may not be as digitally literate. SBC officers acknowledged the need to be more creative in targeting the promotion of existing offers (something which was being addressed by the SBC *Powering Our Future* 'Communities' workstream). Catalyst also noted previous reluctance for some settings (including libraries) to put up posters due to perceived 'clutter'.

Service Costs

4.31. In January 2025, budget and expenditure statistics for the SBC Reablement Service were shared with the Committee – this covered the complete 2023-2024 year, and the current 2024-2025 (up to 31 December 2024) period. The service was fully financed via the Better Care Fund (BCF), with the headline data showing:

	2023-2024	2024-2025*
Budget	£1,016,157.00	£1,206,626.00
Expenditure	£954,537.43	£836,665.31
Variance	- £61,619.57	

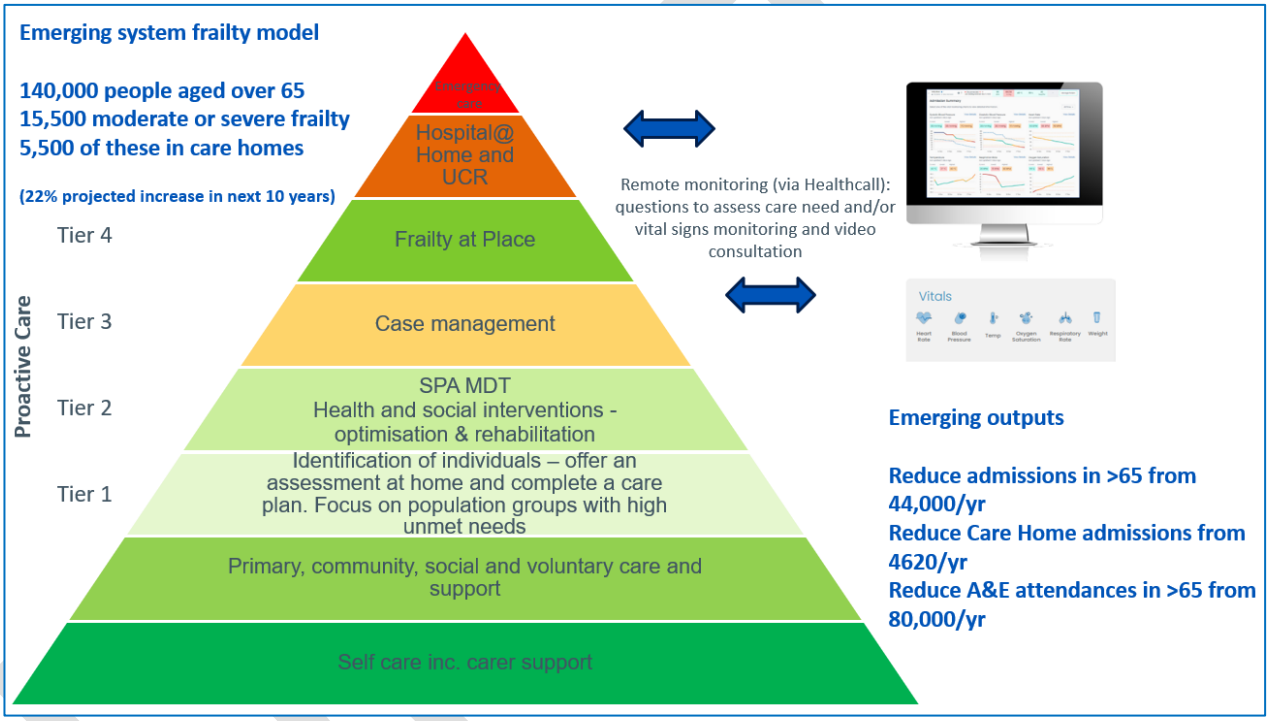
(* up to 31 December 2024)

4.32. The Committee queried if the potential impact on costs of the proposed future service models identified through the work undertaken by Peopletoo would be factored into financial planning. SBC officers stated that 2025-2026 funding requirements were already being considered.

Capacity & Demand

4.33. North Tees and Hartlepool NHS Foundation Trust (NTHFT) highlighted that, whilst there was estimated to be around 140,000 people aged over 65 within the Tees Valley footprint (15,500 of which had moderate or severe frailty and 5,500 of whom were residing in care homes), these numbers were expected to increase by over 20% in the next 10 years.

4.34. In order to meet this rising demand, NTHFT was developing a system frailty model (see graphic below) which involved interventions ranging from emergency care within the hospital environment to self-care (including carer support). Its aim was to help reduce hospital admissions and Accident and Emergency (A&E) attendance for those over 65 years-old, as well as reduce care home admissions. The final model still needed to be approved by the Trust's governance structure.



4.35. From a Stockton-on-Tees Borough Council (SBC) perspective, officers assured the Committee in September 2024 that existing reablement structures were sufficient to deal with the Council's projections on the numbers requiring support, but issues would inevitably follow should these projections be exceeded, as would staff absences as a result of sickness / COVID. Resilience was built into plans to counter potential surges in demand, though much was fundamentally down to having enough staff available.

Impact & Effectiveness

Stockton-on-Tees Borough Council (SBC)

4.36. Performance: The SBC Reablement Service was last inspected by the Care Quality Commission (CQC) in May 2021 where it was subsequently given an overall rating of 'Good' (the published report can be viewed at: https://api.cqc.org.uk/public/v1/reports/40ab9f3d-8d99-463f-a538-6e615a29fb73?20210521120000).

4.37. 591 individuals were supported between April 2023 and March 2024, with just over 75% of this number independent on leaving the service (those who needed further care required less intensive support due to the work undertaken by staff). Local performance was consistently better than the regional and national averages over the past four years, with SBC officers noting that the 2023-2024 data ranked Stockton-on-Tees eighth in the country (top in the region). In addition, the service had been shortlisted for the regional (North East and Scotland) Great British Care Awards 2024 in the categories of 'Team Award' (which it subsequently won – see graphic below), 'Newcomer to Care', 'Co-ordinator', and 'Care Manager'.

4.38. In March 2025, the Committee received a further update on performance since the expansion of the SBC Reablement Service (to assist people who were being supported under the Discharge to Assess (D2A) contract through its commissioned Care at Home (CAH) providers once this contract ended on 7 October 2024). Presented data showed that, between 7 October 2024 and 31 December 2024, 203 people were admitted to the SBC Reablement Service. Following support:

- 140 were independent (69.0%)*
- 29 went back into hospital (14.3%)
- 3 went to Rosedale (1.5%)
- 1 deceased (0.5%)
- 24 left with CAH (11.8%)**
- 6 left to be supported by family (3.0%)

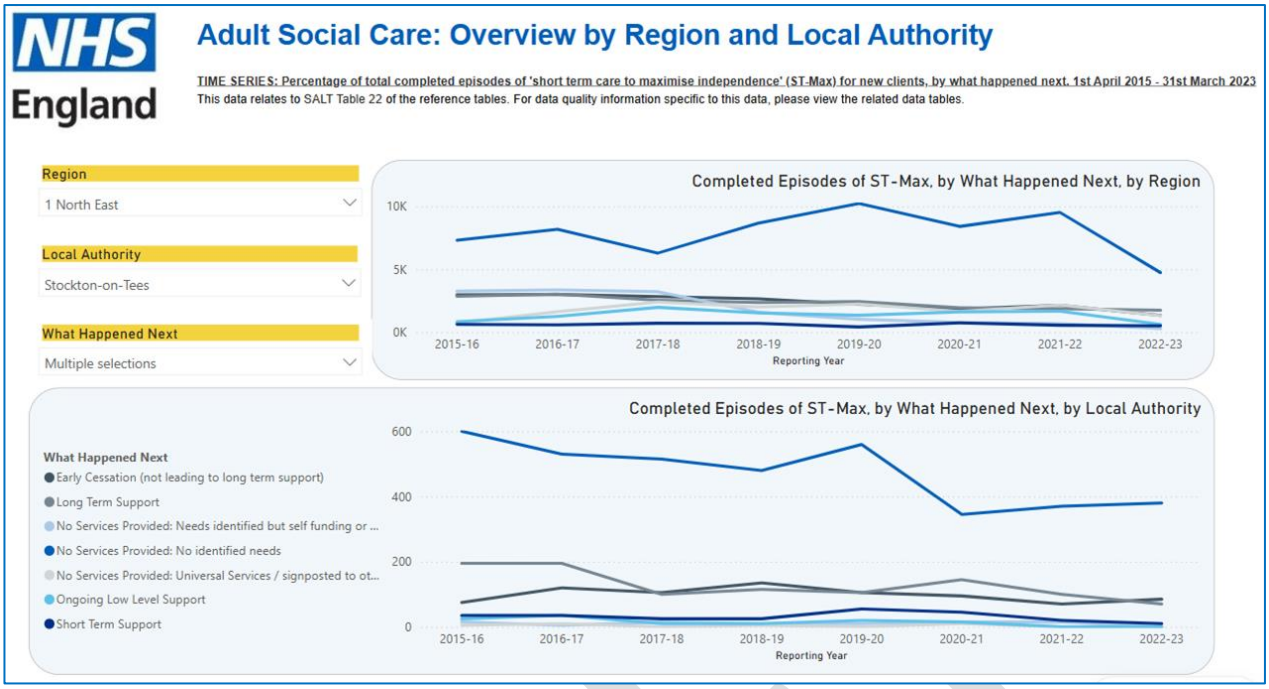
(* *People who left reablement with no care package have been classed as independent. However, 8 of these people were back in services within a month of going home independently*.)

(** *Of the 24 people who left with CAH, 10 were self-funders and 14 were funded by the Local Authority. The average level of support of the packages funded by the Local Authority was 6.4 hours per week*.)

The data (covering what period of time?) from the D2A commissioned service before the contract expired showed that 382 people were admitted, of which 113 left with CAH (29.6%), six came into D2A with existing CAH and left with increased hours (1.6%), and 263 were independent (68.8%). Therefore, the data demonstrated that the percentage of people leaving reablement with a CAH package was lower than it was through the D2A service (reducing from 29.6% to 11.8%), and the hours of CAH required were lower for people going through reablement than it was for those going through D2A (reducing from 8.4 hours per week to 6.4 hours per week).

4.39. Nationally collected Stockton-on-Tees performance information was made available to the Committee in the form of NHS England Adult Social Care data (see graphic overleaf). Further NHS England statistics (comparing Stockton-on-Tees against the regional and national averages, and its peer neighbours) were provided in relation to *Measures from the Adult Social Care Outcomes Framework (ASCOF), England* data (see **Appendix 3** and the following link: https://app.powerbi.com/view?r=eyJrIjoiYjI3YjdhZjYtMmVjMi00ZGJiLTk5NGEtZDY3ODUwZjBhZjNlIiwidCI6IjM3YzM1NGIyLTg1YjAtNDdmNS1iMjIyLTA3YjQ4ZDc3NGVlMyJ9):

- 2A: Outcome of short-term services: sequel to service
- 2D1: Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation
- 2D2: Proportion of older people (aged 65 and over) offered reablement services following discharge from hospital



4.40. Customer Feedback: The SBC Adults, Health and Wellbeing directorate was asked to collate views from service-users / families / carers and provide this for the Committee. The following was presented in February 2025:

- How, When and Who?: Reablement had a standard survey that included several set questions and free text boxes to solicit feedback on the service they had received. Guided by the Care Quality Commission (CQC) Assurance Framework, SBC Adult Social Care had updated the questionnaire for 2024-2025 (only two questions from 2023-2024 remained the same). Surveys were issued to all people who had accessed support (from the Reablement Service team and the provision at Rosedale) once the intervention was complete.

- Q3 23/24 & 24/25 Comparator: Noting that around 80-90% of referrals came directly from hospitals (with the rest from the community), data indicated that there had been a large increase in the number of people who had not received (or could not remember receiving) any written information about the SBC Reablement Service before they accessed this support when comparing the same Q3 period from 2023-2024 to 2024-2025. There had, however, been a bigger rise in the number of people who felt 'very or quite satisfied' with the level of support they received from reablement staff between the same period.

- Q3 2024/25 Performance: The majority of survey respondents felt they had been 'very much' involved in, and had had enough chance to influence, the way in which their care was organised (a small minority had answered 'not at all / cannot remember'). Almost all felt the support they received had contributed to making them feel safe, were 'happy' that the outcome of the support they received had met their expectations, and that their overall wellbeing had 'improved a lot' because of the support they had received.

- Commendations and comments: In Q3 (2024-2025), reablement had received 56 compliments from people accessing the service. There were no known formal complaints being considered at present.

4.41. The Committee highlighted the apparent lack of awareness of the local reablement offer (a theme emerging during the course of this review) and emphasised the need for a more understandable term which gave clarity over what this type of service sought to achieve. SBC officers noted that

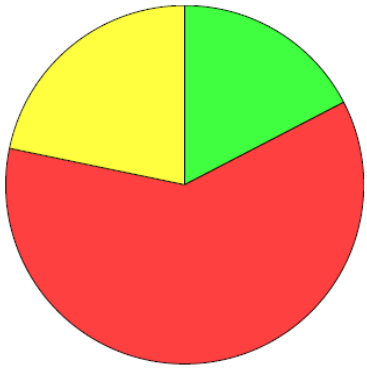
statutory guidance restricted the language used in relation to this form of support, though the possibility of adapting terminology for the general public (which may differ from that used between reablement staff and other professionals) was raised. As referenced earlier in the report (see paragraph 4.23), to address a gap in public knowledge, new leaflets had recently been produced, and the Council could reflect on the Committee's recommendations in relation to this review for future productions. It was also stated that the SBC 'reablement' webpage did have an explainer on it which described what the service involved and what it aimed to do (see https://www.stockton.gov.uk/reablement-service).

4.42. With reference to the provision at Rosedale, the Committee drew attention to the worries of those leaving that setting about going into a care home. There was a need to reassure the public on what support was available within their own home – partnership-working was key in this regard.

4.43. The Committee was informed that the service also received a monthly report (via the SBC 'MyViews' platform) which provided feedback on a host of questions covering matters such as origin of referral, awareness of service, and impact of the support received. Responses to the December 2024 survey included the following:

Before receiving support from the Reablement Service, did you receive any written information about the Service?

Question responses: **23 (100.00%)**



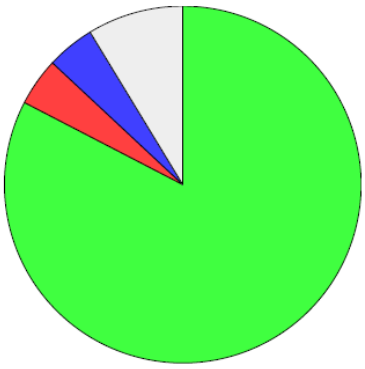
	% Total	% Answer	Count
Yes	17.39%	17.39%	4
No	60.87%	60.87%	14
Not Sure	21.74%	21.74%	5
Total	100.00%	100.00%	23

Table .2

Did the outcome of the support you received from Reablement meet your expectations?

Question responses: **21 (91.30%)**

Did the outcome of the support you received from Reablement meet your expectations?



	% Total	% Answer	Count
I was happy with the outcomes and my expectations were met	82.61%	90.48%	19
I was happy with the outcomes and some of my expectations were met	4.35%	4.76%	1
I was not happy with the outcomes and none of my expectations were not met	0.00%	0.00%	0
Not answered	4.35%	4.76%	1
[No Response]	8.70%	--	2
Total	100.00%	100.00%	23

Comments and / or suggestions in relation to the SBC Reablement Service was also requested and received – observations submitted included:

4.44. Staff Feedback: In order to gain staff views on the current offer, the Committee issued a survey to the existing SBC Reablement Service workforce in January 2025. 26 responses (out of a total of 47) were received, with themes identified for the following questions:

- *Regarding the existing Reablement Service, what aspects work well?*
  - Working in conjunction with other professionals (physio, therapy team)
  - Good communication (in-house and with clients / families)
  - Supportive office staff
  - Record-keeping
  - Signposting to other services
  - Aiding client loneliness
  - Provision of equipment to support independence
- *Are there any parts of the current service which could be improved?*
  - Clients unaware of service
  - Retaining input of physios / therapy team
  - Continuity of care
  - Provision of information about service within, and upon discharge from, hospital
  - Lack of information on individual when referral received
  - Assignment of social worker to team
  - Improved out-of-hours provision / staffing
- *Do you have an opportunity to provide feedback on your experiences as a member of staff and do you feel listened to?*
  - Almost unanimous positivity, with multiple two-way communication mechanisms
  - Open door culture within the team
- *Do you feel adequately supported by your line manager (please explain)?*
  - Very positive expressions of support from management.

DRAFT

- *What are those individuals who you are supporting telling you about the service (e.g. accessing the service / impact of support received / thoughts on leaving the service)?*

  - Grateful for the service – making a real difference to their lives
  - Lack of awareness of service
  - Many want to continue beyond the six-week period and offer to pay to allow this to happen
  - Sad / anxious when leaving the service

4.45. The Committee was also made aware of another in-house survey which SBC Reablement Service staff had responded to in August 2024 (prior to the expansion of the local offer). 15 responses (out of a total of 28 forms issued) were received which indicated:

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Answered
Statement 1: I feel supported at work and know who to turn to for support					
87%	13%				
Statement 2: I feel appreciated and valued for the work I do					
73%	27%				
Statement 3: I feel I am kept informed of changes being made to the service					
53%	40%	7%			
Statement 4: I am satisfied with the work pattern and have a good home-life / work balance					
47%	27%	13%	7%	7%	
Statement 5: To help me to progress and meet the demands of my job, I feel that I have access to appropriate training, professional development support, supervision and appraisal					
67%	27%			7%	
Statement 6 : I have good relationships with my colleagues					
73%	27%				
Statement 7: Reablement works well with other professional					
33%	60%	7%			
Statement 8: Reablement staff make a positive difference to the health and wellbeing of people using the service					
87%	13%				
Statement 9: Do you feel like you suffer stress at work? Do you feel able to ask for help if you need it?					
27%	47%	13%	7%	7%	
Statement 10: Do you have an understanding of the mental health resources available to you if you want it?					
60%	33%	7%			
Statement 11: I have no difficulty in reporting any mistakes, incidents or near misses					
80%	13%		7%		
Statement 12. I know that if I make any mistakes or complaints are made about my work, I will be fairly treated.					
67%	33%				

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

4.46. The Committee asked the NENC ICB if there was any flexibility in the duration of the existing six-week reablement offer and to what extent the 91-day metric (see paragraph 4.4) was being met locally. The NENC ICB representative confirmed that the reablement service was available up to a maximum of six weeks but that, in some cases, an individual required support for a lesser amount of time. As far as the national metric was concerned, around 86% of people were still at home 91 days after discharge from hospital into local reablement or rehabilitation services (this placed Stockton-on-Tees as the third best performer in the North East and second only to Middlesbrough within the sub-region).

4.47. A query was raised as to whether the NENC ICB received any feedback on the local reablement service from partners or the public – the Committee was informed that it did not as this was delivered through SBC (it was noted that the ICB was not permitted to hold patient-level data). Discussion ensued around the importance of the relationship between services and those accessing them, a crucial link which can ensure any issues were raised and addressed in a timely manner. The Committee fully endorsed engagement with service-users and those with lived experience in terms of shaping the present and future offer.

North Tees and Hartlepool NHS Foundation Trust (NTHFT)

4.48. Regarding the questions put to NTHFT in advance of its submission, Trust representatives added that, in terms of measuring the success of the existing Reablement Service, this was difficult to comment on given NTHFT did not have access to relevant data. However, it was recognised that the Borough's reablement provision played a key role in the ongoing strong local performance around hospital discharge, much of which reflected the established partnership between NTHFT and SBC. It was also noted that the Trust had received no feedback (either positive or negative) from the public about the Reablement Service – any compliments / complaints would likely be submitted to the Council.

4.49. The Committee asked about the virtual ward model and how this was operating across the Borough. The SBC Director of Adults, Health and Wellbeing commented that, whilst local performance was just behind the national average, it compared well against other regional areas. In related matters, it was also confirmed that high-level BCF metrics were considered by the Stockton-on-Tees Health and Wellbeing Board on a quarterly basis.

Other Approaches / Good Practice

4.50. Developments involving the reablement offer in **County Durham** were relayed in January 2025 (https://www.cdcarepartnership.co.uk/application/files/7117/3634/4616/CDCP_Partnership_Newsletter_Winter_25.pdf (see pages 10-11)). This followed an evaluation of the current service by Peopletoo (brought in by SBC to do the same locally – see paragraph 4.56) which had led to the establishment of a new model to be phased in from the start of 2025.

Consisting of eight key elements, the first involved the adoption of a zoned approach to service delivery, focusing on three zoned areas where demand had exceeded the current provider capacity. The aim was to increase capacity by establishing one new provider of reablement per zone with approaches made to existing providers of support and assistance to people in their own homes (domiciliary care) in these zones.

The remaining elements are shown on the graphic overleaf:

Outcome based - the second element of the new model is to move towards outcome-based commissioning rather than time and task and with the ability to flex up and down packages. This means trialling a new approach paying per reablement episode and closely tracking key performance indicators. We have co-produced a 'goal plan' for provider staff to use to track service user progress.

Out of hours support - the third element will introduce a move to the referrals for reablement only in office hours. Generally, the out of hours element of the reablement service sees low levels of activity disproportionate to the costs of running an out of hours service. In the new service model this process has been simplified with the Short Term Assistance Service (STAS) being expanded to cover any non-complex, out of hours care at home. This change in arrangements has now been implemented.

Trusted Assessment - the fourth element will see the introduction of trusted assessment for non-complex equipment requirements, such as a commodes or shower stools, which will help reduce unnecessary handoffs to health and social care professionals for additional assessments. Reablement staff will be able to order simpler pieces of equipment directly from Medequip as a Trusted Assessor.

Greater use of Technology - the new model will see technology enabled care embedded into Reablement. This includes activities of daily living monitoring system that can help social care professionals complete objective and evidence-based assessments. This will help people to receive the right level of care and support at the end of the reablement episode. Work on the tender documentation is underway.

Wraparound therapy support – the new model will include further development of wraparound therapy support for reablement at home. Some early conversations have taken place with CDDFT to look at how best to embed additional therapy support during reablement.

Wider support – work to strengthening support available following reablement support and improved methods for referring into other services. such as VCS, Social prescribing link workers, Wellbeing for Life. Building this resilience help prevent people returning to reablement.

To implement the new reablement model a multi-agency reablement steering group has been set up and a Provider Forum for those providing reablement services will also be established once the services go live.

County Durham: development of new reablement model (January 2025)

4.51. Other examples of reablement-related activity / thinking outside Stockton-on-Tees were highlighted to the Committee in February 2025:

VCSE-related

- **Greater Manchester**: VCSE Home from Hospital Programme https://10gm.org.uk/10gms-work/home-from-hospital/

- **Rocket Science**: Learning from a review into reablement (Jan 24) https://rocketsciencelab.co.uk/2024/01/review-into-reablement/

Scrutiny-related

- **Islington Council**: Scrutiny Review of Adult Social Care Transformation (Jan 23) https://democracy.islington.gov.uk/mgAi.aspx?ID=31147

- **Leicester City Council**: An Overview of the Reablement Service (Mar 24) https://cabinet.leicester.gov.uk/documents/s152094/Reablement%20Service%20Report%2007-03-24.pdf

- **Brent Council**: Reablement Service Update (Apr 24) https://democracy.brent.gov.uk/documents/s141232/8.%20Reablement%20Service%20Update.pdf

Technology-related

- **Access**: Reablement – Everything Care Providers Need to Know (Feb 24) https://www.theaccessgroup.com/en-gb/blog/hsc-reablement-everything-care-providers-need-to-know/ (*note: scroll down for the section on 'How can technology help support community reablement services?)*

- **Totalmobile**: A Complete Care Management Solution for Reablement Services https://www.totalmobile.co.uk/wp-content/uploads/2023/04/A-Complete-Care-Management-Solution-for-Reablement-Services-Providers-Portal.pdf

Other

- **Healthwatch Stoke-on-Trent**: Stoke-on-Trent City Council to review and modernise local reablement services (Jan 24) https://www.healthwatchstokeontrent.co.uk/news/2024-01-25/stoke-trent-city-council-review-and-modernise-local-reablement-services

- **MJ**: 'Time for a new dawn' article (Aug 24) https://www.communitycatalysts.co.uk/wp-content/uploads/2024/08/MJ-article-Time-for-a-new-dawn-090824.pdf

4.52. In addition, the Social Care Institute for Excellence (SCIE) launched a new practical resource (https://www.scie.org.uk/app/uploads/2024/09/Reablement-full-resource.pdf) on 10 September 2024 to support reablement services in delivering better outcomes for people who needed reablement support, their families and social care staff. A **webinar** ('*Helping reablement services boost user engagement and patient outcomes*') was also held on 10 September 2024 which spoke to this resource, the research that underpinned it, and the key recommendations that could help to make a difference (https://www.scie.org.uk/integrated-care/intermediate-care-reablement/reablementwebinar/). Key messages included:

- The need to raise awareness / understanding of reablement provision with health professionals (stressing benefits to them in reducing the likelihood of seeing an individual back in hospital) and family members (who can be as influential as the individual seeking / requiring support).

- Reablement presence in referral settings (e.g. Discharge Hubs).

- Health professionals can be anxious about individuals being exposed to perceived risk (tend to be more risk-averse).

- Local news a good way to promote services, particularly TV which may like a positive story.
- Appears to be a need for a national public education campaign around reablement services.
- Commissioners have a vital role in ensuring consistent messaging / standards of practice (particularly if local provision involves private operators).
- Importance of goal-setting in conjunction with families and recording / visibility of progress (particularly if multiple staff are involved in supporting an individual).

4.53. Department of Health and Social Care (DHSC) '[Hospital discharge and community support guidance]' (July 2022) includes a case study on **Surrey County Council** (page 7) which describes how '*They have increased capacity in these reablement services by setting them up in partnership with home care providers. Staff operate the same way regardless of who employs them, so the difference in providers is not felt by the individual*.'

SBC *Powering Our Future* (POF) Developments

October 2024

4.54. In October 2024, SBC officers provided a summary of the reablement review being undertaken via the Council's *Powering Our Future* (POF) initiative, the project proposal of which was signed off by the POF Board in June 2024. As part of the first phase of this work, the commissioned Discharge 2 Assess (D2A) provision was brought in-house earlier in October 2024, and a pilot assessment of activity monitoring technology would begin (the results of which were due to be reported in December 2024 – see paragraph 4.67). Phase two of the review was looking to establish revised models of reablement to accommodate support for people in the community and greater numbers of people being discharged from hospital, as well as those with a mental health need, autism or learning disability.

4.55. With reference to the first phase of the ongoing POF review of reablement, the Committee enquired about what sort of technology was being considered as part of the intended pilot. SBC officers spoke of the use of sensors (subject to an individual's consent) which fed into a dashboard to give a picture of how a person was managing within their own home – this could help understand patterns of behaviour which could then identify risks (including changes in normal routines which may indicate a problem) and any associated support needs.

January 2025

Peopletoo

4.56. The SBC *Powering Our Future* initiative involved a range of transformation reviews, one of which focused on supporting people to live independently. As part of this work, the Council was exploring what reablement services needed to provide to support a broader range of people from local communities. In 2024, SBC commissioned Peopletoo to assist the Council in assessing the impact of current ways of working and analyse the best model for continuing to support people to maximise their independence. Peopletoo had recently completed its work and provided feedback to the Committee in January 2025:

4.57. Project Scope – Reablement / Enablement / Rehabilitation: With a background in working alongside Local Authorities and a view to looking at 'the art of the possible', Peopletoo's focus areas for its project in Stockton-on-Tees included reablement expansion, covering both people

being discharged from hospital and people in the community. To get from where the service was now to where it needed to be, key lines of enquiry included:

- Who / what was the optimum population the reablement service could expanded to in order to accommodate more hospital discharge / community support (return on investment / impact on people's lives)?
- What was the most efficient model to deliver the new service (not just more staff, but technology / good practice)?
- What size / type of reablement service would be needed to make a positive impact on people with a learning disability / autism / mental health needs through a reablement offer?
- What would be the most effective method of delivering the service to people with a learning disability / autism / mental health needs?

4.58. Peopletoo Review Activity: A range of interactions were undertaken which involved visits and shadowing teams, case reviews with professionals within Stockton-on-Tees, conversations with senior and regional leaders, and the analysis / benchmarking of data. Peopletoo encountered no barriers when conducting its work and found a positive culture across the Borough which reflected the openness and honesty of professionals.

4.59. Overview of key findings from Reablement: Peopletoo was currently working with SBC to validate data – once the full report was finalised, representatives were happy to report back to the Committee if required. Prior to this, some headline findings were relayed in relation to improved independence outcomes, increasing referrals, challenges with declined referrals, staff and workforce development, digital and technological integration, benchmarking and performance, and cost and resource efficiency.

Improved Independence Outcomes	• The percentage of clients leaving the service independent increased from 71% in 2023 to 75% in 2024 • Stockton leads in the region, with 70% of individuals requiring no further services post- reablement, compared to 54% regionally and 45% among CIPFA group averages
Increasing Referrals	• Referrals have grown significantly, with an 85% increase in October 2024 compared to October 2023, aligned to bringing D2A service into Reablement. • The majority of referrals come from hospital discharge (66%) • Population aging and health inequalities are driving higher demand for adult social care services. • Capacity in the service can lead to waiting lists and some missed opportunities for early intervention.
Challenges with Declined Referrals	• Of the referrals declined, 73% were declined primarily due to capacity constraints and lack of availability for double- handed care of evening calls. • Bottlenecks in care transitions, delaying timely support beyond six weeks. • Miscommunication about reablement purpose in and duration by referrers leads can lead to mismatched client expectations.
Staff and Workforce Development	• Staff retention is strong, but there are capacity challenges due to sickness, health leave and retirements • Training gaps exist, particularly for working with clients with learning disabilities, mental health issues or autism
Digital and Technological Integration	• While power BI tools are in use, daily operations still rely on excel spreadsheets indicating a need for further digital transformation • There is potential for increased use of assistive technology to improve outcomes
Benchmarking and Performance	• Stockton demonstrates strong performance in promoting independence and reducing transitions to long- term care compared to its peers
Cost and Resource Efficiency	• Average cost per episode of reablement is estimated at £1600, with an average of 22/23 hours of care per episode • There is the potential to increase community referrals by targeting identified profiles with potential for independence. • There is a potential cost avoidance savings by improving referral pathways and expanding service capacity.

4.60. Overview of key findings from Hospital Discharge: Headline findings regarding reablement uptake, delays in hospital discharge, over-prescription and risk aversion, strain on Rosedale Centre, and Integrated Single Point of Access (ISPA) and multi-disciplinary gaps were noted.

4.61. Also covered was an Overview of Overall Opportunities, How this could be implemented (Reablement), and How this could be implemented (Hospital Discharge) – see paragraph 4.78-4.80.

4.62. The Committee sought clarity on when the final report was likely to be published. Members were informed that data was due to be reviewed this week, with a discussion to then be held with senior Council officers. In terms of timings, there was an attempt to align reporting with both the *Powering Our Future* and Committee reviews.

4.63. Regarding engagement with professionals, the Committee asked if Peopletoo spoke to the local Falls Service – it was subsequently confirmed that this team was indeed included within the case review workshop. Peopletoo noted that it was working with 15 Councils across the UK (details of one such example, Durham, was incorporated within the covering report for this agenda item), and also drew attention to the fact that its work in Stockton-on-Tees coincided with the inspection of SBC adult social care provision – it would therefore be interesting to see how far the regulator's findings (once published) echoed what was encountered by Peopletoo.

4.64. Turning to the key findings, Members wondered if the increasing rate of referrals into reablement provision (up 85% in October 2024 compared to October 2023) was reflective of any increase in the total number of people discharged from hospital over the same period. In terms of delays in hospital discharge, the Committee expressed surprise in the quoted '812 days delayed reported within a 5-month period (June-November)' – this was concerning given that local performance had frequently been heralded and held up as an example to others across the UK. SBC officers suggested that the data could likely be attributed to the period around the transitioning of the previously commissioned Discharge 2 Assess (D2A) provision into reablement, and also provided assurance on additional capacity (Comfort Call) that had been brought in to bolster the offer. There was no current waiting list to access the service.

4.65. The Committee asked if Peopletoo were involved with any other Council departments (e.g. Children's Services). Representatives noted some work which was previously undertaken around transitions in Stockton-on-Tees, though that was not as detailed as this reablement-related project.

4.66. In February 2025, Members expressed their desire to see whether the full findings of Peopletoo were consistent with the results of the CQC inspection of SBC Adult Social Care services which took place in late-2024. SBC officers would seek confirmation after this meeting as to when this information (both Peopletoo and the CQC feedback) was likely to be available.

March 2025

4.67. A further update was given to the Committee in March 2025 which outlined the following:

- Reablement Phase 1 (D2A): The original outcomes were to review the mechanisms and services to support people living at home and avoiding the need for long-term residential care. A proposed solution to part of this objective was the expansion of the Reablement Team to support people who were being supported under the Discharge to Assess (D2A) contract through SBC-commissioned Care at Home (CAH) providers once this contract ended on 7 October 2024. While still in the early stages of the new model, the evidence to date had been positive (see paragraph 4.38).

- Reablement Activity Monitoring: Activity Monitoring was a package of equipment that could be installed in a person's home to track their activity throughout the day, which was then monitored remotely through intuitive software. This monitoring could help ensure the safety, health and wellbeing of the care recipients, and involved observing daily routines, physical movements, social interactions, and other relevant activities. Collected data supported evidence-based decision-making to determine the right person-centred care and support, delivered by the right person at the right time, enabling a more targeted approach and best use of limited resources.

The pilot programme looked at 21 referrals for testing out this technology in people's homes which evidenced delays for the need of long-term care, reduced care packages and improved outcomes for clients and their family. It was recognised that a period of cultural change and support activity was required both within Adult Social Care teams and the public to increase take-up and subsequently increase efficiencies and improved outcomes for this emerging technology. To support this, approval was given by the Board to progress with the proposed recommendations outlined below:

- Training for ASC teams and the introduction of Practitioner Guides to upskill staff in the benefits of Activity Monitoring to clients and their support networks (to be delivered in house). To develop skills in utilising Activity Monitoring as an assessment tool and using the new technology.

- Development of marketing materials that can be shared in the public sphere including as part of the new "front door" pathway, on the SBC website, promotion in Stockton News and social media.

- Introduction of key performance indicators for ASC teams and an introduction of Activity Monitoring to be included into Liquid Logic Adults System (LAS) as an intervention tool.

- Continue to utilise One Call to deliver Activity Monitoring whilst recommendation 2 is achieved and review funding options after 6 months / in line with demand.

- Reablement Phase 2: Based on Peopletoo's assessment of the evidence and experience of other Local Authorities, the recommended option to SBC was a phased enhancement of reablement and preventative services, supported by workforce development, improved performance monitoring, and increased use of assistive technology (see table below).

Objectives	What we would recommend based on evidence collected
Objective 1: Who / what is the optimum population we could expand our reablement service to accommodate more hospital discharge / community support (ROI / impact on people's lives)	Expanding the reablement service to support an additional 195 additional clients that can benefits from reablement per year, made up for 142 existing clients at the point of their review or assessment and 53 clients that have progressed through in-house rehab intervention that have potential to benefit further. Reablement support would support these clients to live independently with less intensive support, greater confidence levels and spending less on their care and support needs.
Objective 2: What is the most efficient model to deliver the new service (not just more staff, but technology, modes of working, good practice, etc.)	To deliver an efficient service, we would recommend actions to be taken forward to enhance the existing service, whilst developing an enablement offer alongside. To enhance the existing service: • Implement technology that will reduce Support Workers time spent on non-direct delivery or non-value add activities • Review rostering systems and identify opportunities to maximise the number of slots available to deliver reablement • Maximise outcomes achieved by improving pathways for specialist input such as OT, therapy staff, Community Stroke team

Objective 3: What size / type of reablement service would be needed to make a positive impact on people with LD, Autism, MH needs through a reablement offer?	Stockton-on-Tees supports 565 clients with learning disability (LD) support needs and 356 clients with mental health (MH) support needs, making up approximately 29% of the clients in receipt of care and support. There has been a rise in demand (60%) since 2022 for clients who require learning disability support.
Objective 4: What would be the most effective method of delivering the service to people with LD, autism or MH needs.	Feedback from practitioners across different services suggests that clients with LD, autism and MH needs are likely to respond to enablement more positively when delivered through a trusted individual that can take the time to develop a relationship with the client. Stockton-on-Tees already has a team of Community Support Workers that deliver 1:1 enablement support to clients, however, there is limited standardised data on outcomes achieved to assess the impact of the service. A focused pilot to deliver intensive goal-focused enablement support through the Community Support Workers will provide evidence on rolling out a wider approach.

- Adult Social Care Front-Door Review: The POF-related review aimed to understand how the Council's front-door could be more effective in signposting people to other forms of support (where a Care Act assessment was not required) – this would be part of the wider solution to manage and reduce the dependence on long term care. It had since been concluded that the most appropriate course of action was for the Council to:

  - Commit to developing a digitally enabled front-door model.
  - Develop a formal proposal regarding team structure for the front-door.
  - Embed activity monitoring within Adult Social Care, with SBC operating an 'opt-out' rather than 'opt-in' model (as agreed in January 2025).
  - Enable digital and change management expertise around the development of the Adult Social Care front-door so that learning can be applied to the review of the SBC Children's Services front-door.

  It was felt that the implementation of the above findings could potentially be delivered in-house (with increased capacity) or in collaboration with a commissioned expert company with experience of digital change management. There were considerations to the costs, timescales and skills in these different options for the POF Board to consider.

September 2025

4.68. Following the Committee's decision in April 2025 to defer approval of its Scrutiny Review of Reablement Service final report until it had received the full findings of Peopletoo's review into local reablement provision (as well as the outcomes from the Care Quality Commission (CQC) inspection of adult social care services in late-2024), an informal session was convened in September 2025 to consider the final Peopletoo report (which had been shared with the Committee in July 2025).

4.69. Broadly reflecting the key elements relayed to the Committee in January 2025 following the rapid six-week review of local services, the report included the project background and methodology, commentary on hospital discharge, a list of constraints and interdependencies, service position / performance, best practice models, financial considerations, key findings, and improvement / change opportunities. A set of recommendations (based on the original Peopletoo brief) also featured, as were some 'secondary' recommendations that could inform improved performance and practice through reablement. It was noted that the report had been considered by the SBC *Powering Our Future* (POF) Board earlier in September 2025.

4.70. Looking at the report as a whole, SBC officers stated that there had been nothing ground-breaking which had been found or that the Council were not already aware of. Work was continuing around the local reablement offer to develop the existing service and build greater capacity.

4.71. Noting that a key objective of the work by Peopletoo was to understand and make recommendations for expanding the reablement service to support those people with learning disability, mental health and autism needs, the Committee drew attention to the comment that '*due to the lack of robust evidence, it was not possible to make definitive recommendations on a model for delivery*'. SBC officers confirmed that more time was required to get a clearer picture around this objective.

4.72. Highlighting Peopletoo's previous reference to staff training gaps (see paragraph 4.59), as well as the report's statement that there was high staff turnover and training gaps (especially for supporting mental health, learning disabilities, and autism), the Committee emphasised the need for the Council to provide assurance around the workforce. SBC officers stressed that training was taking place, with all direct service staff having completed the Oliver McGowan requirements (a mandatory programme on learning disability and autism for health and social care staff), and reablement personnel now involved in daily meetings regarding discharge, weekly meetings around service pressures, and monthly meetings on service performance.

4.73. Discussion turned to the ongoing frustration that decisions around changes to local reablement provision continued to be taken before the Committee had agreed its final report. Assurance was given that there had been no deliberate reason for the delay in sharing the final Peopletoo findings, though it was acknowledged that a lack of awareness and understanding of how the POF Board operated was causing challenges for Members (who subsequently voiced concerns around the limited influence Select Committees / Councillors appeared to have by comparison).

Future Considerations / Options

Stockton-on-Tees Borough Council (SBC)

4.74. Two key areas were identified regarding considerations around the future service offer. The first concerned the issue of 'demographics', with population projections up to 2030 showing that there was an expectation for a consistent increase in the number of people aged 55 and over in the Borough (particularly in the 65 to 69 and 80 to 84 age-brackets). Related to this, a system developed by the Institute for Public Care indicated that 'projected service demand' for both the Borough's residential and nursing care population was expected to grow by 10% over the next five years. Whilst SBCs local market assessment for residential provision anticipated that this growth would be significantly lower, acuity, length of stay, and use of short-term assessment beds to support hospital discharge would impact on the Council's ability to support people to independence.

North Tees and Hartlepool NHS Foundation Trust (NTHFT)

4.75. Reablement provision was a key element in delivering more care in the community, and the Trust (with its partners) was trying to push the boundaries regarding what could be done outside of the hospital environment. Investment in technology to aid in the move from analogue to digital (NTHFT was already working with the existing SBC Reablement Service in relation to telecare) and focusing on preventing people from reaching crisis point (requiring collaboration between partners) were also future considerations.

4.76. From a service structure perspective, a move to facilitating 24/7 access should be central in developing the current offer as it was not appropriate to stop provision at 5.00pm. Continuing with the 'Discharge to Assess' principles so as many assessments as possible were undertaken outside the hospital setting was important, particularly since individuals may be more independent within their own home and not require a significant care package identified whilst in hospital. Developing understanding and management of complex cases, and the use of OPTICA (a secure cloud application, built by North of England Care System Support (NECS) in collaboration with NHS Trusts and Local Authorities, which tracked all admitted patients and the tasks relating to their discharge in real-time through their hospital journey) within the community was also highlighted.

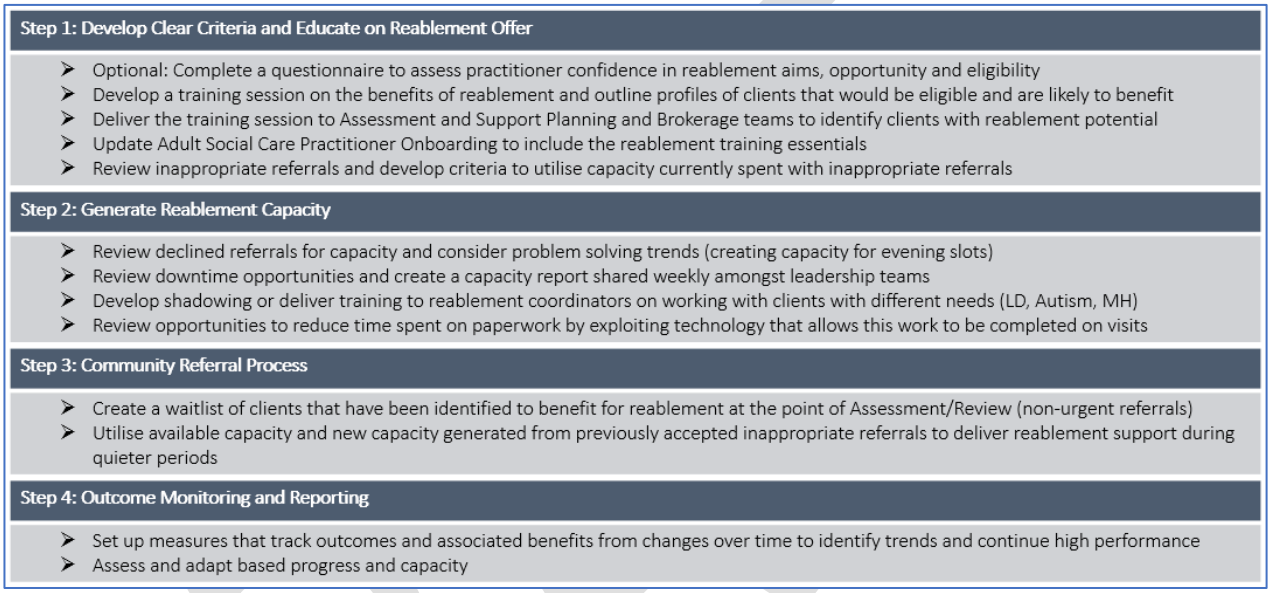
4.77. The Committee asked how the provision of 24/7 reablement care might impact upon the recruitment and retention of staff. The Trust stated that it was aware of pockets of its workforce who would prefer to undertake their duties more flexibly (including nightshifts), though acknowledged that it would need to make specific approaches / adverts to identify interested individuals (whilst not the same type of offer, the ISPA had been operating on a 24/7 basis for around 18 months now). Demand for support within the community would continue to increase, and this would have ramifications for workforce planning.

Peopletoo

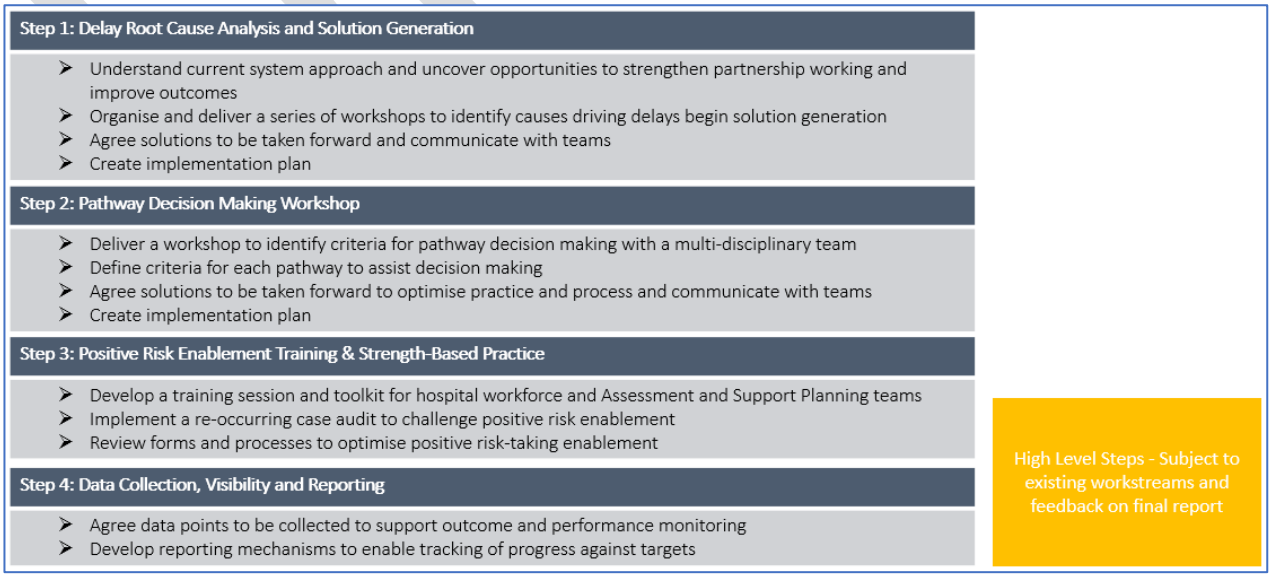
Short Term	Medium Term	Long Term
Pilot Enablement Pathways: - Collate learnings from the enablement support provided at existing Learning Disability Respite and Day Services - Develop a pilot to provide intensive goal-focused enablement to clients currently living at home to support continued independence and progression towards goals - Develop clear KPIs and tracking to monitor and report on progress of Pilot	Enhance Reablement Based Services: - Grow home-based reablement solutions, including home adaptations and technology-enabled care (incl. expansion of One-Call) - Collaborate with local organisations to enhance community support networks - Look at how the capacity for evening and double handed care slots and develop	Embed Reablement as Core Practice: - Transition to a model where all eligible service users undergo a reablement assessment as a standard procedure - Use reablement outcomes as key performance indicators for service evaluation
Enhance Frontline Training: - Equip care practitioners with tools and skills to integrate reablement principles in daily activities - Conduct workshops and refresher courses to embed a culture of enablement and enablement across teams	Optimise Resource Utilisation: - Focus on clients with high potential to benefit such as individuals transitioning from hospital care or those with complex needs	Sustain Financial Savings: - Invest cost savings from reduced long-term care reliance into innovative enablement programs and workforce development - Monitor expenditure trends to ensure sustainability
Streamline Data Collection: - Improve data accuracy and timeliness to support decision-making - Standardise data collection and reporting processes across workstreams	Improve Interdepartmental Coordination: - Integrate PMO insights with operational planning to ensure alignment between strategic goals and frontline execution	Evaluate and Scale Successful Models: - Continuously assess pilot programs to identify best practices - Scale proven enablement models across all relevant service areas

4.78. Overview of Overall Opportunities: Identified activity for the short-term included an enablement pathway pilot, enhancement of frontline training, and the streamlining in the way data was collected. Over the medium-term, reablement-based services could be enhanced, utilisation of resources optimised, and interdepartmental co-ordination improved. Longer-term, actions were proposed to embed reablement as core practice, sustain financial savings, and evaluate and scale successful models (see graphic on previous page).

4.79. How this could be implemented (Reablement): Key steps were outlined focusing on the themes of developing clear criteria and educating on the reablement offer, generating reablement capacity, the community referral process, and outcome monitoring and reporting (see graphic below).



4.80. How this could be implemented (Hospital Discharge): Actions were identified within the themes of delaying root cause analysis and solution generation, a pathway decision-making workshop, positive risk enablement training and strength-based practice, and data collection, visibility and reporting. It was re-iterated that these proposals were high-level steps which were subject to existing workstreams and feedback on the final report (see graphic below).



4.81. With reference to the proposed future opportunities (and how these could be implemented) for local reablement provision within the January 2025 presentation, the Committee queried if these were likely to be replicated in Peopletoo's final report. It was confirmed that a paper was being produced (with costings) for each option – this would be presented to the *Powering Our Future* (POF) Board.

4.82. To create and maintain robust oversight of current and potential future demand within the Borough, the Committee suggested that there may be merit in a single database which relevant organisations could securely access. Members were informed of the existing social care system which recorded reablement-related activity, and that this provided a link between the Council and local hospitals. In addition, a recent decision had been made to introduce the Great North Care Record as a further way of sharing patient information – a dataset had been agreed and would include an opt-out system for individuals. The Committee expressed caution around the well-established challenges associated with making personal data / information accessible.

Voluntary, Community and Social Enterprise (VCSE) Sector (via Catalyst)

4.83. VCSE organisations considering the provision of / supporting such a service needed to have the required capacity to meet demand and full cost-recovery funding (ensuring a good quality and sustainable offer). From a sector perspective, perceptions that VCSE involvement was free or cheap should be addressed (i.e. paid staff were required to recruit volunteers, with incentives for the latter also a factor for consideration).

4.84. Addressing barriers would enable the VCSE sector to be well placed to support SBC with the delivery of local reablement services. VCSE organisations were able to bridge gaps in statutory care (working flexibly without being bogged down with bureaucracy), and there was the potential for a Community Navigator role which linked up the broad range of services that existed to make it easier for families to identify possible support (this had already been discussed with SBC and the NENC ICB – the Wellbeing Hub in Wellington Square, Stockton being a possible base). The sector also had volunteer networks (supported by a Stockton-on-Tees Volunteers website), and Catalyst worked in partnership with SBC (and with input and support of the VCSE sector) to develop a new Volunteering Strategy for Stockton-on-Tees (this needed renewing in 2026). Catalyst was trying to secure funding for strategic oversight of volunteering – this would help nurture a culture of volunteering across the Borough.

4.85. Maintaining their already close partnership across a vast range of issues, SBC and the VCSE sector would continue to help each other in making the Borough a better place. VCSE organisations needed to demonstrate what they could bring to the table, and their support would be aided by the removal of barriers, tackling unrealistic expectations, and the identification of common purposes and mutual outcomes.

4.86. Praising the sector for what it did within the Borough, the Committee asked how volunteers were sourced. Methods highlighted included the Stockton-on-Tees Volunteers website (VCSE organisations were encouraged to upload relevant details), Catalyst attendance at community events (e.g. Eid Fusion), and the Catalyst Project Co-ordinator's role involving engagement with businesses to encourage volunteering. Stressing the benefits of volunteering for both the individual as well as the people they were helping was important, and there was a developing focus on opportunities for young people to offer their time (something which could assist with career development, university applications, etc.).

4.87. Given the Council provided investment towards Catalyst, Members expressed surprise that there seemed to be an absence of strategic oversight between the VCSE sector and SBC when it came to the local reablement offer (prompting the impression that these two entities were working in isolation), and queried whether hospitals and the SBC Reablement Service had a main contact for the sector regarding help at home (and vice-versa). Catalyst gave assurance that it had wide

links with partner organisations within the Borough, as well as an overview of the available support across the VCSE sector (though acknowledged that not all VCSE organisations chose to engage with Catalyst). SBC officers in attendance added that the 'Communities' workstream of the Council's *Powering Our Future* initiative was involved in the refresh of the Volunteering Strategy for Stockton-on-Tees, and the SBC Community Engagement Team had links to VCSE support. The SBC Reablement Service was encouraged to look at the Stockton Information Directory (SID) to identify VCSE organisations which could provide any relevant assistance for individuals – if nothing was available, this would be escalated to SBC Service Managers. The Committee reiterated the need to establish person-to-person links between SBC, local hospitals and Catalyst.

4.88. Welcoming the growth of the SBC Reablement Service, the Committee stated that a number of people required help (often very individualised) beyond the six-week period which the service provided. Whilst funding was always useful, Members felt that support options already existed and could be facilitated via improvements to communication mechanisms between local organisations.

DRAFT

5.0 Conclusion & Recommendations

5.1. Rooted within legislation (Care Act 2014 s2) which requires Local Authorities to prevent, reduce or delay needs for care and support for all adults (including carers), 'reablement' was one of several short-term offers involving NHS and social care services (alongside home-based, bed-based, and crisis response care) which come under the wider umbrella of 'intermediate care'. The Care Act regulations compel Councils to provide reablement support free-of-charge for a period of up to six weeks (this was for all adults, irrespective of whether they had eligible needs for ongoing care and support).

5.2. Reablement involves the provision of assistance within a person's own home. This assessment and support service helps an individual to do tasks (e.g. washing, getting dressed) for themselves rather than relying on others, with support workers operating alongside the person while they regain skills and confidence. The aim was to maximise independence (doing tasks 'with' them, not 'for' them), and the service can be used to support discharge from hospital, prevent re-admission, or enable an individual to remain living at home.

5.3. The Stockton-on-Tees Borough Council (SBC) Reablement Team was expanded in October 2024 as the Council continues its focus on early intervention and prevention as part of its ongoing *Powering Our Future* (POF) initiative. Visits to service-users occur up to four times per day, with Senior Support Workers holding regular weekly reviews with individuals to ensure they were on track to achieve their goals and adjust their support plan accordingly (they were also able to assess and order low level equipment to aid independence).

5.4. Other relevant stakeholders include the NHS North East and North Cumbria Integrated Care Board (NENC ICB), which has a key role in overseeing the health and care 'system' to plan, design and deliver intermediate care services (including reablement) following hospital discharge, with the local priority on people gaining and maintaining independence for as long as possible. The North Tees and Hartlepool NHS Foundation Trust (NTHFT) was another key partner within local integrated services, working alongside SBC to provide an Integrated Single Point of Access (ISPA). There was also a well-established Integrated Discharge Team (contributing to the Trust having one of the top performing Emergency Departments in England – a reflection of the strength of pathways in place to get people home), as well as a Community Integrated Assessment Team (CIAT) which worked in collaboration with the SBC Reablement Service.

5.5. A significant majority of referrals into the SBC Reablement Service came directly from hospital (with the rest from the community). The service may be accessible if an individual has a temporary illness / accident, a crisis, a change in their (or their carers') circumstance, or to avoid unnecessary admission to hospital. Where a 'need' (not a 'want') had been identified, individuals would be referred following an assessment via a health or social care professional – any subsequent support could be tailored to the individual, and its duration was dependent upon their progress (i.e. this free service could be less than the maximum six-week period). For those not in hospital, it was not clear how the Council or its partners identified individuals who may benefit from the service.

5.6. In terms of public awareness and promotion of this type of provision, there were several references over the course of the review to the vagaries around the term 'reablement' itself. The Committee recognise that this is accepted health terminology, but there is clearly a need to fully explain and promote what reablement actually entails so the public have a better understanding of how these services can help them or a loved one. In addition, published NHS survey data suggests local Trusts have work to do in providing clarity around available options following discharge – this was reinforced by customer feedback presented to the Committee, as well as the Reablement Service staff who reported that the people they support were often unaware of local provision. Furthermore, Adult Social Care Outcomes Framework (ASCOF) data showed that the

proportion of older people (aged 65 or over) offered reablement services following discharge from hospital (measure 2D2) was consistently lower in the Borough compared to regional and national scores for every year since 2019-2020 – this is perhaps surprising given NTHFTs stated recognition that the Borough's reablement provision played a key role in the ongoing strong local performance around hospital discharge, much of which reflected the established partnership between NTHFT and SBC.

5.7. The Better Care Fund (BCF) was used as a mechanism to bring NHS services and Local Authorities together to tackle strains faced across the health and social care system, and to drive better outcomes for people. Reablement services were one of the Stockton-on-Tees BCF schemes to meet one of the two BCF core objectives, namely 'to enable people to stay well, safe and independent at home for longer'. The existing local offer was fully funded via the BCF, with the budget for 2024-2025 (£1.2m) increasing by around 20% (principally due to anticipated changes with the previous Discharge to Assess (D2A) arrangements) compared to the allocated funds for 2023-2024 – the vast majority of these financial resources covering staff salaries. Future funding levels (still to be clarified) will need to reflect the desired ambition to support a greater number of people leaving hospital or to prevent them from having to be admitted in the first place.

5.8. 591 individuals were supported by the SBC Reablement Team between April 2023 and March 2024 (with no waiting list as of January 2025). The recent expansion of the local offer, with SBCs move to bring this fully in-house from autumn 2024 endorsed by the NENC ICB, meant that existing structures were deemed sufficient to deal with the Council's projections on the numbers requiring support (though issues would inevitably follow should these projections be exceeded, as would staff absences as a result of sickness / COVID). However, the expected 20%+ increase of those aged over 65 in the next 10 years will inevitably challenge the status quo.

5.9. Regarding impact and effectiveness, the Committee heard that just over 75% of the 591 people supported during 2023-2024 were independent on leaving the service. Local reablement performance had been consistently better than the regional and national averages over the past four years, with the 2023-2024 data ranking Stockton-on-Tees eighth in the country (top in the region) – this was reinforced by the numerous positive comments from service-users about their own experiences. In addition, the service had been shortlisted for the regional (North East and Scotland) Great British Care Awards in the categories of 'Team Award', 'Newcomer to Care', 'Co-ordinator', and 'Care Manager', and the CQCs last inspection in mid-2021 rated the service 'Good' overall (though this was now quite dated).

5.10. An understanding around the types of technology used as part of current reablement provision was not established, though the reported focus on increasing its use (e.g. pilot assessment of activity monitoring technology, implementation of OPTICA, etc.) demonstrates a recognition of the potential benefits and the continuing evolution of the existing offer. Examples of technology-related opportunities were highlighted to the Committee which should be further explored by SBC and its partners alongside the front-door proposals being considered by the Council in March 2025.

5.11. The Committee was informed that there were no specific reablement services currently being delivered by VCSE organisations, nor was there a large quantity of reablement-related activity happening across the Borough within this sector – this suggests there is an opportunity for greater utilisation of the VCSE sector in local reablement provision. The former Five Lamps 'Home from Hospital' service (which ended in March 2024) was a relevant offer in relation to this scrutiny topic, with Catalyst relaying the opinion from some that its cessation had meant there was now a gap within the community for such provision. SBC has made the decision to expand its own reablement offer, but to meet projected future need, a role for the VCSE sector seems prudent and potentially necessary.

5.12. Information was received in relation to customer feedback and there appeared broad satisfaction with the level of service. As previously highlighted, an issue was frequently raised around a lack of awareness of the local offer and the lack of information provided about it within the hospital setting.

5.13. Views of SBC Reablement Service staff about existing provision were sought as part of the Committee's review. There was high praise for the current arrangements, working in conjunction with other professionals (physio, therapy team), communication (in-house and with clients / families), and support from management and office staff. In terms of improvements, suggestions included better provision of information about the service (within, and upon discharge from, hospital), more detailed information about an individual when a referral is received, the retention of input from physios / therapy team, ensuring continuity of care (as far as possible), and improved out-of-hours provision / staffing. It was also highlighted that individuals were sometimes willing to pay so they could continue to receive support beyond the six-week limit.

5.14. Reflecting upon the timing of this review, the Committee notes the challenges that have arisen when trying to examine a service which is rapidly evolving, with decisions on its future direction being made throughout the Committee's evidence-gathering phase. The Council's use of an external consultant (Peopletoo) to also review local provision during this time has identified a host of additional findings and potential options for future delivery. ~~The Committee look forward to receiving the consultant's full report so any further learning beyond its own review can be reflected upon and, where necessary, built into plans moving forward.~~ The Executive Summary of the report detailing the work undertaken by Peopletoo highlights the intention to improve performance monitoring as part of a phased enhancement of reablement and preventative services – the Committee welcomes this, particularly in light of the ongoing delays around SBC performance information being made available to the scrutiny function. Reference is also made on the Peopletoo website (see https://peopletoo.co.uk/case-studies/adult-social-care/enhancing-independence-through-reablement-and-enablement/) to significant financial benefits as a result of their work / proposals – the Committee look forward to seeing the extent to which this claim is borne out.

5.15. Continuing national coverage regarding pressures on hospitals, well-established benefits of people being at home, and the anticipated rise in the number of people aged 65 and over (the main demographic for reablement support) are all elements which emphasise the importance of services like reablement. Managing the flow of those leaving hospitals can be challenging enough given resource limitations, and widening this type of support to help avoid admittance to hospital in the first place will inevitably provide a further stress on the existing service. Whilst the true value of social care is clearly reflected in provision such as reablement, the ambition to widen access (potentially to a 24/7 model and including those with a mental health need, autism or learning disability) will require a significant commitment in terms of funding, and indeed staffing, to make the maximum amount of difference to the wider system and, even more importantly, the individuals and their families / carers whose lives are clearly enhanced by drawing on such services.

Recommendations

The Committee recommend that:

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

a) provides a summary on the gap analysis of the NHS England good practice guidance for ICBs (commissioners and providers) titled '*Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge*' (2023), along with assurance on how it and its partners will be addressing any identified issues (e.g. a self-assessment by all relevant organisations within the health and care 'system').

b) more explicitly outlines the role and importance of reablement services (within the context of the overall health and care 'system') in future iterations of its overarching integrated care strategy.

2) North Tees and Hartlepool NHS Foundation Trust (NTHFT) reviews its discharge processes to ensure that eligible individuals who are ready to leave hospital are made fully aware of local reablement provision and are referred to it upon discharge from hospital.

3) Principal links / contacts for Stockton-on-Tees Borough Council (SBC), NTHFT and the voluntary, community and social enterprise (VCSE) sector in relation to local reablement provision are identified / confirmed and shared in order to improve communication between key partners.

4) SBC and NTHFT establish required person-centred information on an individual when a referral is made into the SBC Reablement Service.

5) Regarding the future local reablement offer, SBC:

a) provides a summary of any differences in the findings of the Peopletoo review and reablement-related commentary from the Care Quality Commission (CQC) following its late-2024 inspection of SBC adult social care services.

b) confirms further planned changes to existing service delivery (structures, workforce) and the funding required to support this.

c) explores whether any of its existing social care workforce outside the current SBC Reablement Service structure (e.g. Community Support Workers) can be utilised to increase staffing capacity for reablement provision.

6) SBC considers cost-effective options (and the communication of these) for individuals leaving the SBC Reablement Service to ensure a smooth transition from this initial support.

(continued overleaf…)

Recommendations (continued)

The Committee recommend that:

7) To increase public understanding of the Borough's reablement offer:

a) SBC and its partners assure themselves that they are adhering to the Social Care Institute for Excellence (SCIE) '*Supporting client and family engagement with reablement*' (2024) guidance, utilising this resource to effectively raise awareness and promote the Borough's reablement offer.

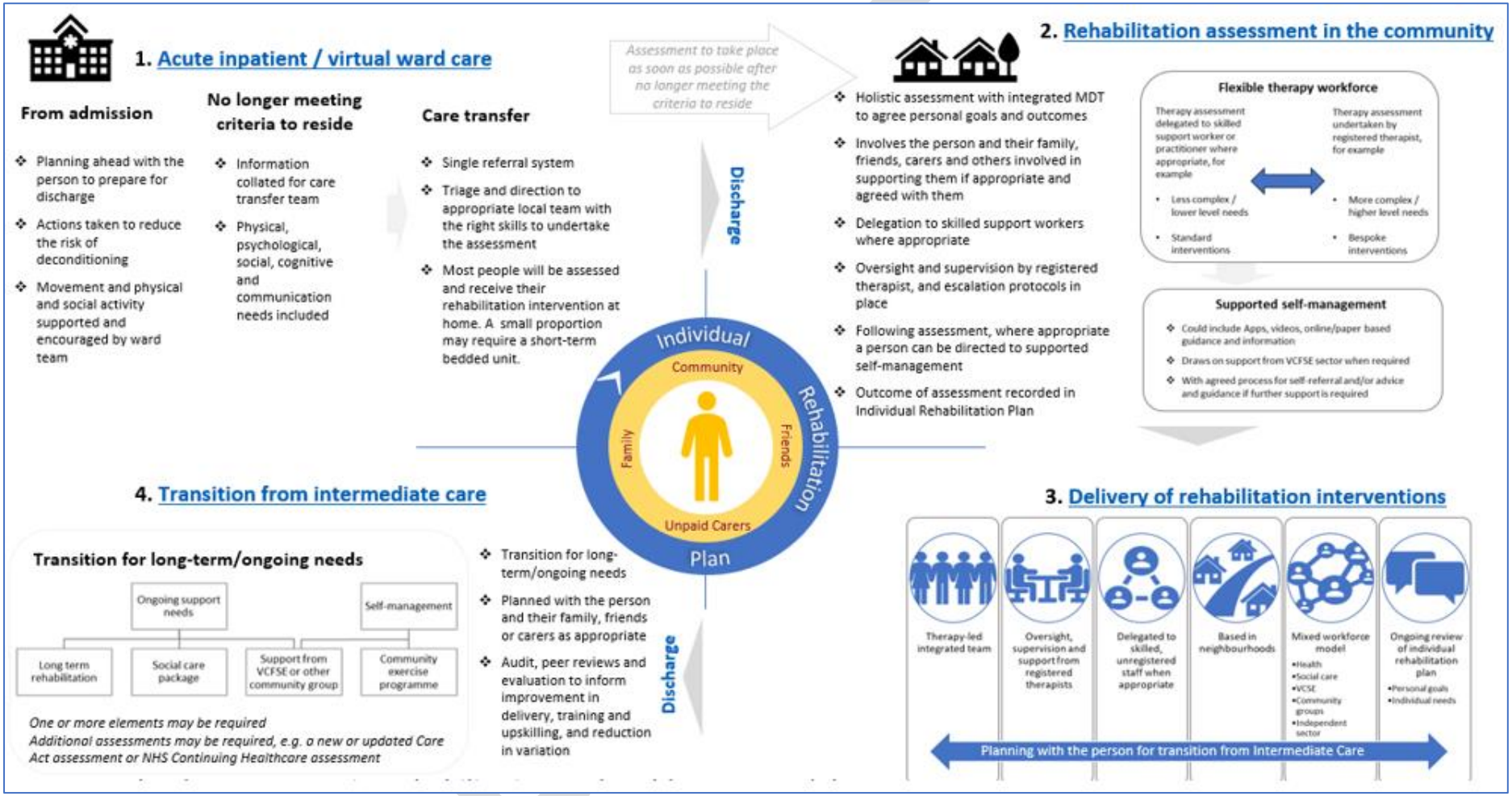
b) SBC undertakes a joint communications campaign (repeated on a periodic basis) with NTHFT and the VCSE sector around local reablement services, making it clear what they involve, how they are accessed (including contact details), and the principal benefits.

8) Healthwatch Stockton-on-Tees be asked to consider facilitating a public survey in 2026 to establish the availability of information on the local reablement offer for those who had spent time in hospital and the experiences of those who had received support from the service.

DRAFT

Appendix 1

Community rehabilitation and reablement model



Appendix 2

SBC Reablement Service Leaflet (February 2025)

What is Reablement?

The Reablement Service offers short-term support to enable you to return or remain at home. Support Workers can help you regain skills and confidence and help you to re-learn everyday tasks such as washing, dressing and meal preparation.

It's all about you

Support Workers work alongside you while you regain skills and confidence so you can get back to doing things for yourself. The aim is to maximise your independence within your own home, supporting you to carry out tasks yourself – doing tasks 'with you' not 'for you'.

Support can be provided free and tailored to you. This could be from a few days or up to a maximum of six weeks and is dependent on your progress. This may be available to avoid unnecessary hospital admission or if you have had:

- a temporary illness/accident
- a crisis
- a change in circumstance relating to you or your carer

Stockton-on-Tees BOROUGH COUNCIL

Appendix 2
(continued)

SBC Reablement Service Leaflet (February 2025)

What we offer

We can support with:

- your personal care needs including washing and dressing
- preparing meals
- supporting you to learn new skills and maximise your independence around the home
- helping you get back on your feet following a stay in hospital
- completing an exercise programme following a therapy assessment
- providing low level equipment following an assessment of needs
- confidence building

Ongoing reviews

You will receive regular reviews with the Senior Support Workers who will visit you at home to look at your progression and adjust your care package to meet your needs.

The reviews look at whether you are likely to become independent or if you may need continuing support at home. If ongoing care and support is needed beyond Reablement, you will be referred to the Social Work Team where you will be re-assessed for a long-term care package which is subject to a financial assessment.

Frequently asked questions

Will I get the service for the full six weeks and keep all my visits?

Every person is reviewed by our Senior Support Workers; your needs are assessed, and visits amended accordingly. Not every person will need the full six weeks; some only need a few days or weeks until they return to independence.

Do I have to pay?

No, this service is provided free by Stockton-on-Tees Borough Council for up to six weeks where there is an identified care and support need.

How do I access the Reablement Service?

Where a need has been identified you will be referred following an assessment via a Health or Social Care professional.

Read the Social Care Institute for Excellence's Reablement Guide:
www.scie.org.uk/integrated-care/intermediate-care-reablement/reablement-guide

www.stockton.gov.uk/reablement-service

07788 566856

Appendix 3

NHS England: Measures from the Adult Social Care Outcomes Framework (ASCOF), England 2023-2024

NHS England

ASCOF time series

Return to contents

Select a measure, council and disaggregation to compare council, region and England values by year.
Note: Time series are not available for all measures. For more details, refer to the comparability over time in the main publication.

Select a disaggregation

18-64 | 65 and over | Total

Select an ASCOF measure

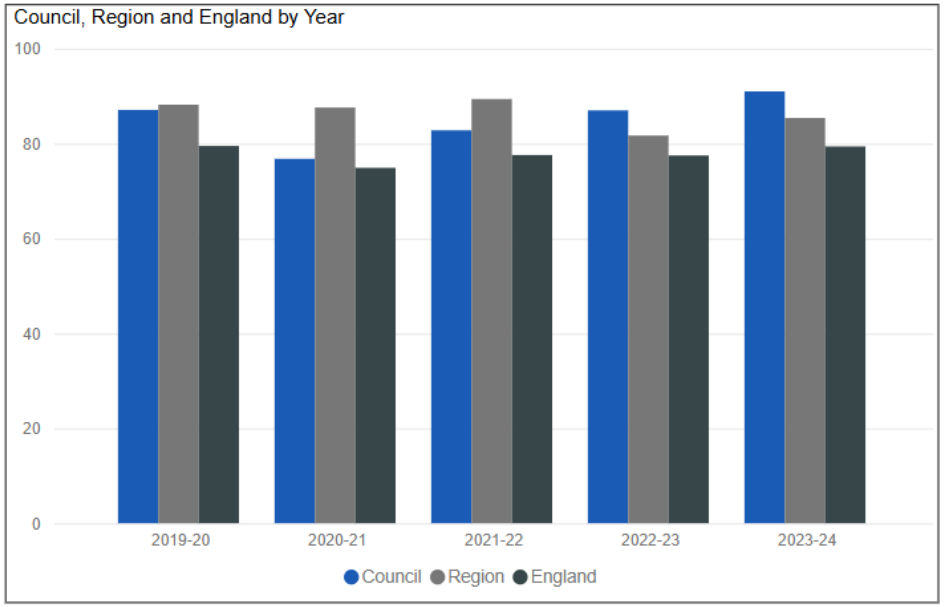
2A: Outcome of short-term services: sequel to service

Select a council

Stockton-on-Tees

Council, Region and England score by year

Year	Council score	Region score	England score
2019-20	87.1	88.2	79.5
2020-21	76.8	87.6	74.9
2021-22	82.8	89.4	77.6
2022-23	87.0	81.7	77.5
2023-24	91.0	85.4	79.4



Appendix 3
(continued)

NHS England: Measures from the Adult Social Care Outcomes Framework (ASCOF), England 2023-2024

Local Authority ASCOF map

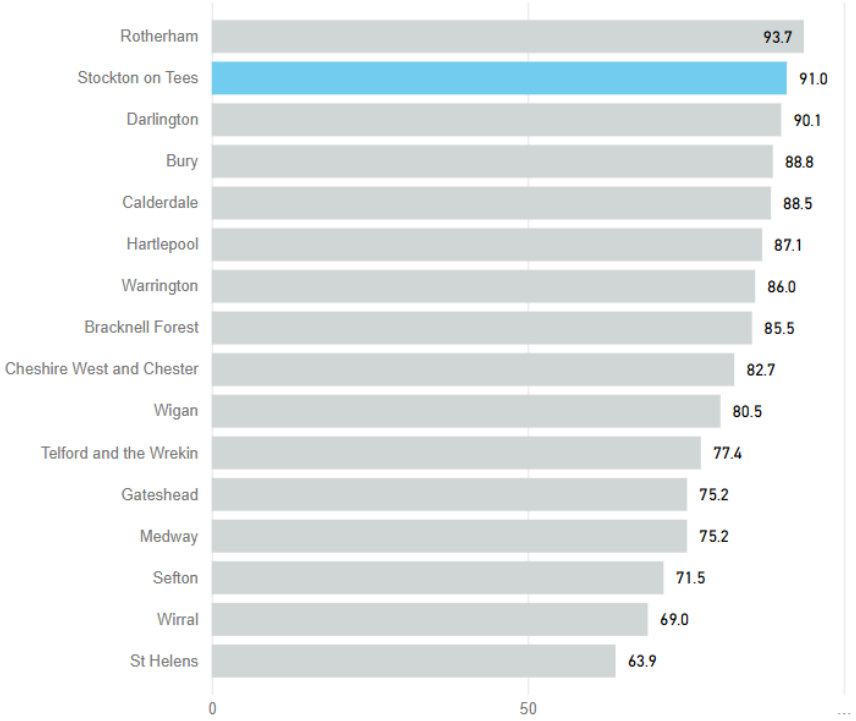
Select a measure, council and grouping to view councils alongside their region or peer group. For more details of peer groups see the Contents page.

Return to contents

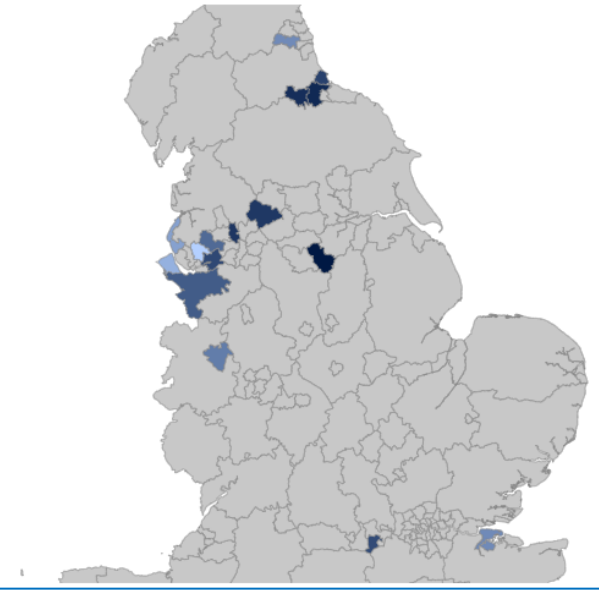
Peer Neighbours

Select an ASCOF measure: 2A: Outcome of short-term services: sequel to service

Select a council: Stockton-on-Tees



Region value	England value
-	79.4



Council name	National rank
Rotherham	16
Stockton on Tees	23
Darlington	26
Bury	34
Calderdale	35
Hartlepool	39
Warrington	44
Bracknell Forest	48
Cheshire West and Chester	60
Wigan	67
Telford and the Wrekin	82
Gateshead	89
Medway	89
Sefton	107
Wirral	117
St Helens	127

Appendix 3
(continued)

NHS England: Measures from the Adult Social Care Outcomes Framework (ASCOF), England 2023-2024

NHS England

ASCOF time series

Return to contents

Select a measure, council and disaggregation to compare council, region and England values by year.
Note: Time series are not available for all measures. For more details, refer to the comparability over time in the main publication.

Select a disaggregation

65-74	85 and over	Male
75-84	Female	Total

Select an ASCOF measure

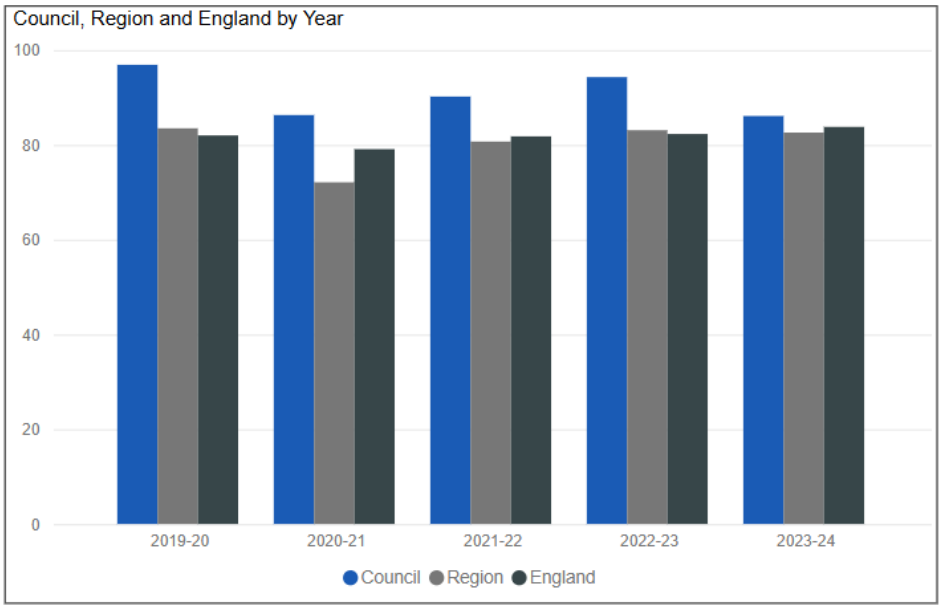
2D1: Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation s...

Select a council

Stockton-on-Tees

Council, Region and England score by year

Year	Council score	Region score	England score
2019-20	96.9	83.5	82.0
2020-21	86.3	72.1	79.1
2021-22	90.2	80.7	81.8
2022-23	94.3	83.1	82.3
2023-24	86.1	82.6	83.8



Appendix 3
(continued)

NHS England: Measures from the Adult Social Care Outcomes Framework (ASCOF), England 2023-2024

Local Authority ASCOF map

Select a measure, council and grouping to view councils alongside their region or peer group. For more details of peer groups see the Contents page.

Return to contents

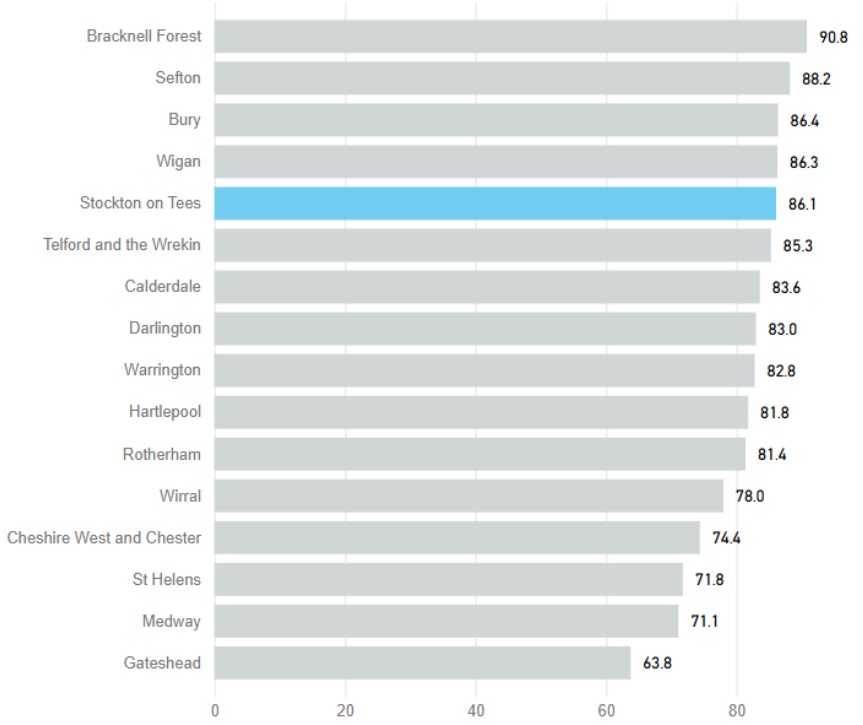
Peer Neighbours

Select an ASCOF measure

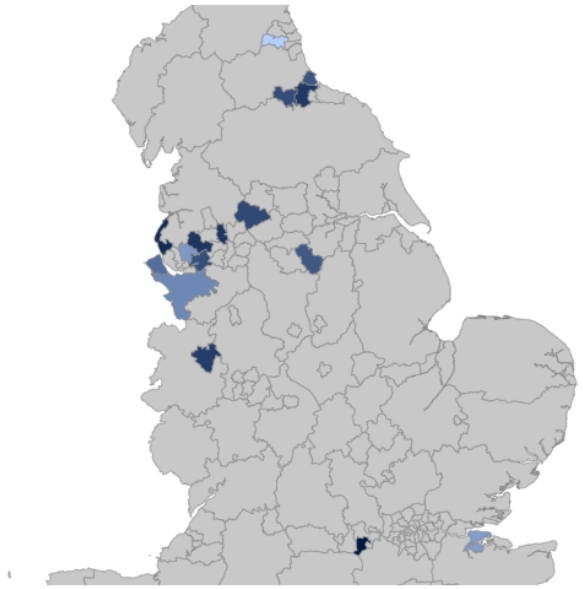
2D1: Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitatio…

Select a council

Stockton-on-Tees



Region value	England value
-	83.8



Council name	National rank
Bracknell Forest	24
Sefton	48
Bury	59
Wigan	62
Stockton on Tees	66
Telford and the Wrekin	73
Calderdale	83
Darlington	87
Warrington	89
Hartlepool	96
Rotherham	102
Wirral	118
Cheshire West and Chester	130
St Helens	138
Medway	140
Gateshead	150

Appendix 3
(continued)

NHS England: Measures from the Adult Social Care Outcomes Framework (ASCOF), England 2023-2024

NHS England

ASCOF time series

Return to contents

Select a measure, council and disaggregation to compare council, region and England values by year.
Note: Time series are not available for all measures. For more details, refer to the comparability over time in the main publication.

Select a disaggregation

65-74	85 and over	Male
75-84	Female	Total

Select an ASCOF measure

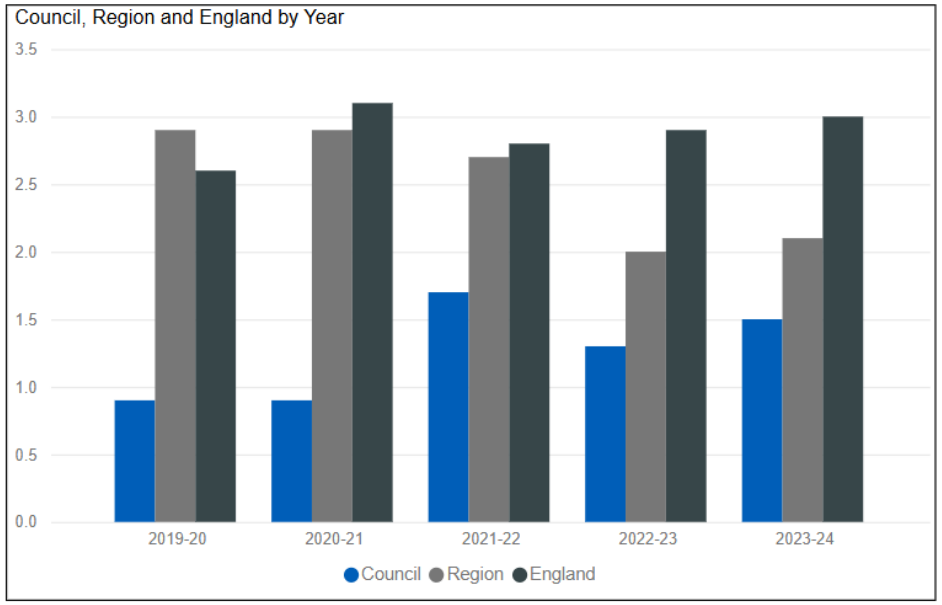
2D2: Proportion of older people (aged 65 and over) offered reablement services following discharge from hospital

Select a council

Stockton-on-Tees

Council, Region and England score by year

Year	Council score	Region score	England score
2019-20	0.9	2.9	2.6
2020-21	0.9	2.9	3.1
2021-22	1.7	2.7	2.8
2022-23	1.3	2.0	2.9
2023-24	1.5	2.1	3.0



Appendix 3
(continued)

NHS England: Measures from the Adult Social Care Outcomes Framework (ASCOF), England 2023-2024

Local Authority ASCOF map

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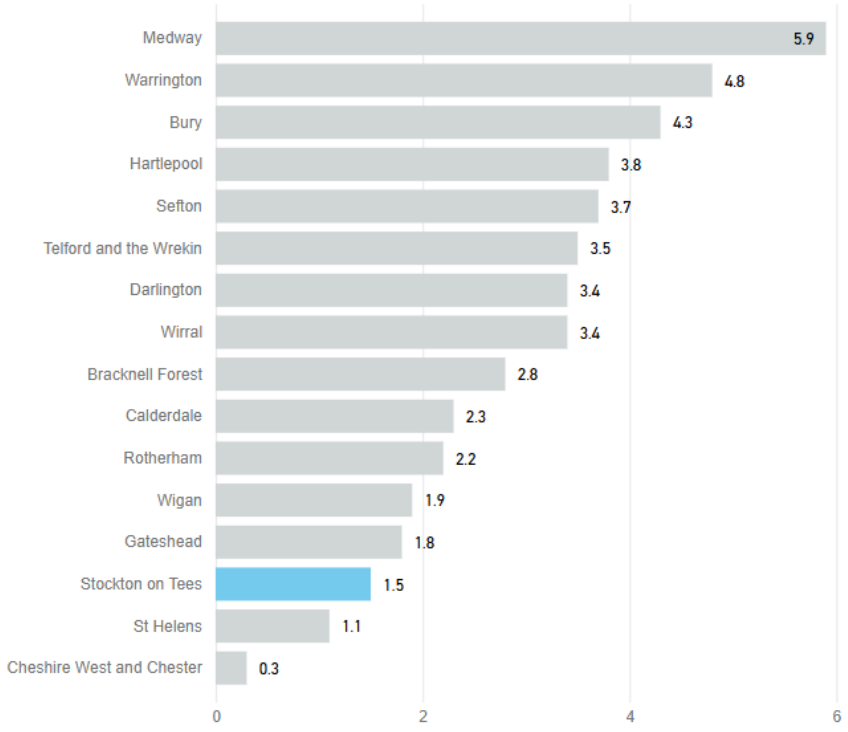
Return to contents

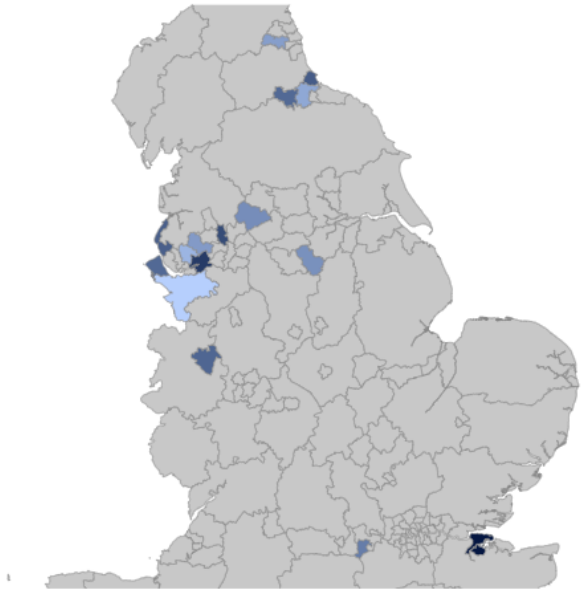
Peer Neighbours

Select an ASCOF measure: 2D2: Proportion of older people (aged 65 and over) offered reablement services following discharge from hospital

Select a council: Stockton-on-Tees



Region value	England value
-	3.0



Council name	National rank
Medway	14
Warrington	20
Bury	29
Hartlepool	40
Sefton	44
Telford and the Wrekin	48
Darlington	53
Wirral	53
Bracknell Forest	75
Calderdale	93
Rotherham	95
Wigan	111
Gateshead	118
Stockton on Tees	129
St Helens	141
Cheshire West and Chester	152

Glossary of Terms

ASCOF	**Adult Social Care Outcomes Framework** (NHS England)
BCF	**Better Care Fund**
CAH	**Care at Home**
CIAT	**Community Integrated Assessment Team** (NTHFT)
CQC	**Care Quality Commission**
D2A	**Discharge to Assess**
DHSC	**Department of Health and Social Care**
ICB	**Integrated Care Board**
ICP	**Integrated Care Partnership**
ISPA	**Integrated Single Point of Access**
NEAS	**North East Ambulance Service NHS Foundation Trust**
NECS	**North of England Care System Support**
NENC ICB	**NHS North East and North Cumbria Integrated Care Board**
NHS	**National Health Service**
NICE	**National Institute for Health and Care Excellence**
NTHFT	**North Tees and Hartlepool NHS Foundation Trust**
OPTICA	**Optimised Patient Tracking & Intelligent Choices Application**
PBPB	**Pooled Budget Partnership Board**
POF	**Powering Our Future** (SBC)
SBC	**Stockton-on-Tees Borough Council**
SCIE	**Social Care Institute for Excellence**
SID	**Stockton Information Directory**
VCSE	**Voluntary, Community and Social Enterprise**

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Agenda Item 7

Adult Social Care and Health Select Committee

21 October 2025

SBC ADULT SOCIAL CARE STRATEGY 2026-2030

Summary

The Committee is asked to consider the proposed content of the Stockton-on-Tees Borough Council (SBC) Adult Social Care Strategy 2026-2030

Detail

1. The current SBC Adult Social Care Strategy 2021-2025 outlines the vision and priorities for adult social care within the Borough.

   https://www.stockton.gov.uk/media/2288/Adult-Social-Care-Strategy-2021-2025/pdf/Adult_Social_Care_Strategy_2021_-_2025_b8a5ta49ec4t.pdf?m=1718711186343

2. Following the engagement exercise with local communities undertaken by the National Development Team for Inclusion (NDTi) to identify what was important to consider in relation to future provision (which was reported to the Committee in July 2025 - see https://moderngov.stockton.gov.uk/mgAi.aspx?ID=5016), and further work through the Making it Real Board (MIRB), the Council has completed a draft of the new strategy for engagement with key stakeholders and partners in October / November 2025.

3. A copy of the draft strategy, containing the main agreed priorities, is included within these meeting papers (note: the language in the final version will be easy to understand and the format will include more visual graphics). The SBC Interim Director of Adult Social Care and the Assurance and Co-Production Manager are scheduled to be in attendance to present the information and address any Member comments / questions.

4. The approved strategy will be shared with the Committee in the New Year.

Contact Officer: Gary Woods
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Tel: 01642 526187
Email: gary.woods@stockton.gov.uk

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Adult Social Care Strategy

2026 - 30

Stockton-on-Tees BOROUGH COUNCIL

Ref	Author	Outcome	Date
1.0	Rob Papworth/ MIRB	Priorities agreed in principle. Need some refining. Context, forward and statistics to be revised and updated. Will need "live" examples to bring it to life. Video version. Re draft and take to ASC for further governance.	02/10/25
1.1	Rob Papworth	Revised based on the above. Copy for DASS / Cabinet member discussion for amendment and engagement with ASH / Place subcommittee.	10/10/25
1.2	Rob Papworth	Updated.	13/10/25

Forward

Pauline Beall, Cabinet Member for Health & Adult Social Care

(draft for review – Not agreed by Cabinet Member)

Carolyn Nice, Director of Adults, Health & Wellbeing

(draft for review – not agreed by DASS)

Draft V1.1 for SBC Review post MIRB

Adult Social Care Context

How the Strategy sits alongside local, regional and national policy

What is Adult Social Care?

Adult Social Care in Stockton on Tees covers a wide range of activities to help people live independently, support wellbeing and help people to stay safe. It can include:

- supporting people within their own homes, also known as care at home or domiciliary care
- supported accommodation, which is housing that has an element of on-site support, such as Housing with Care or Supported Living Schemes
- support in day centres which offer recreational or community activities
- 24-hour care provided in residential and nursing homes
- services that help people to retain or regain their skills and confidence after a period of illness or hospital stay, such as reablement or rehabilitative services
- providing assistive technology, aids and adaptations for people to use in their homes
- providing information and advice and preventative services to help people stay safe and well and independent for longer
- providing support to unpaid carers in our communities
- supporting people to engage in work, training, education or volunteering and to socialise with family and friends
- providing safeguarding services for people with care and support needs who may be at risk of abuse, neglect or harm

Draft V1.1 for SBC Review post MIRB

Context

The Councils Stockton on Tees Adult Social Care Strategy 2026 -30 builds upon the Stockton Council Plan 2024 and the priority "*Healthy and Resilient Communities*" and focuses on what we want to achieve for the people, carers and families we support.

Our areas for focus have been widely influenced by the view of citizens, local priorities and national changes. Evidence from our quality assurance and performance work has highlighted the areas where we need to improve.

Adult Social Care is responsible for carrying out duties under legislation such as the Care Act 2014 and we are inspected by the Care Quality Commission (CQC). Adult Social Care was rated as xxx by the CQC in 2025.

Specific action plans will ensure we deliver the outcomes set out in this document and it is further supported by other strategic plans such as Joint Health and Wellbeing Strategy 2025 - 30, Fairer Stockton Framework, Community Safety Strategy and the Adult Social Care Workforce Development Strategy.

A key ambition in this strategy is to enlist the support of the community, including those we work with, to achieve our vision. Adult Social Care is committed to developing co-production and will continue to work with the Making it Real Board to realise this ambition and will ensure a Local Account is produced annually that provides a clear overview and reflection of the work Stockton on Tees Borough Council's Adult Social Care and Health Directorate has delivered each year.

Draft V1.1 for SBC Review - IRB

Our Borough

What do we know about living in Stockton on Tees for those people who need care and support

To include:
Population demographics and health inequalities data.
ASC stats. Highlight some of the key challenges.
Include some of our key LAIR data set here.

MIRB suggests 6 -10 key statistics. Presentation. Visual.

Corporate to complete. JW reviewing

Draft V1.1 for SBC Review post MIRB

Priority 1: Working with People

Our Ambitions:

- Ensure people receive a timely assessment of their care and support needs
- Continue to develop early intervention services and outreach support, including community-based activities to prevent isolation.
- Help people stay independent and avoid long-term care where possible. Reablement services will be focused on promoting wellbeing, confidence, and independence.
- Provide information and advice that is easy to find and accessible to all
- Continue to invest in valuing and supporting carers in unpaid caring roles and will continue work with them to understand their concerns and priorities.

Priority 2: Providing Support

Our Ambitions:

- Providing suitable housing and accommodation for people with care and support needs.
- Continue to work with the wider market and ensure consistent quality of care being delivered.
- Ensuring the care market has sufficient capacity and is sustainable.
- Ensure that co-production is embedded in all that we do when designing and commissioning services, including policy updates and new strategies.

Draft V1.1 for SBC Review at st MIRB

Priority 3: Keeping people safe

Our Ambitions:

- We will keep adults safe from harm
- Enhance the support and process for young people in their transition into adult services
- Work with people and listen to their feedback on the process and outcomes and continue to improve their experiences around safety.

Priority 4: Leadership

Our Ambitions:

- Capture the voice of the person who uses services to support people who enable them to have an active role in informing the current and future delivery of adult social care
- Delivering person-centred and strengths-based practice.
- Ensure all people who provide care and support are competent and well trained.
- Technology is used to as an enabler to deliver effective and efficient ways of working and people are supported to use it.
- Improve the use of data / intelligence used in commissioning decisions.
- Work with the NHS services to improve care and ensure people get the care they need quickly and easily.

Draft V1.1 for SBC Review post MIPB

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Agenda Item 8

Adult Social Care and Health Select Committee

21 October 2025

CARE AND HEALTH WINTER PLANNING 2025-2026

Summary

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

Detail

1. The Health and Wellbeing Board has responsibility for seeking assurance on health protection, and this report supports the Board in this duty. The Board will consider the report, with a view to ratifying it, at its meeting on 29 October 2025. As in previous years, the report is being presented to the Adult Social Care and Health Select Committee for information and discussion ahead of the Board meeting.

2. For additional context, Members may wish to familiarise themselves with last year's update (and subsequent discussion points) which was considered at the Committee meeting in October 2024: see https://moderngov.stockton.gov.uk/mgAi.aspx?ID=3862.

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Post Title: Senior Scrutiny Officer
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AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

29TH OCTOBER 2025

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 2025 including the ongoing cost-of-living pressures, seasonal illness, the impact of Covid, 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. As in previous years, the Tees Valley Local A&E Delivery Board (LAEDB) has oversight of NHS planning and coordination with partners, feeding into regional (Northeast and North Cumbria) arrangements and has Local Authority representation. 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 and NENC ICB that they have plans in place to manage Winter events (i.e. snow, extreme cold, power outages, etc.).

6. 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. A national desktop emergency planning exercise (Exercise Pegasus) is also underway, to test readiness both nationally and locally, for response to a further pandemic. Local partners including the Council are participating.

7. 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.

8. As part of the review of governance structures reporting to the Health and Wellbeing Board (under its revised Terms of Reference), the local Health Protection Collaborative will be reviewed, in the context of the LRF, local NHS-lead Winter planning infrastructure and regional and Tees health protection infrastructure.

Integration

9. 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. There is also the opportunity to build further on joint working to proactively identify and support those at risk of poor health, through the National Neighbourhood Health Implementation Programme. Stockton-on-Tees was successful in our partnership application to become a wave 1 site for the programme, which initially focuses on 50-64 year olds with existing chronic conditions (3 or more).

Infectious Disease Surveillance

10. 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.

11. As expected for Autumn, North East Influenza A infections (0%) and Influenza B infections (0%) remain low (for week commencing 15th September 2025). National Influenza A positivity was slightly higher (1.3%) whilst national Influenza B positivity was 0% (***Appendix 1***).

12. Similarly, North East RSV infections (0.3%) remain low (for week commencing 15th September 2025). National RSV positivity was slightly higher at 0.4% (***Appendix 1***). Higher RSV and Influenza rates are more common between December and February.

13. COVID-19 continues to have an unpredictable pattern of peaks and troughs of cases and currently does not have a seasonal pattern. As of week commencing 15th September

2025, 9.3% of people in the North East had COVID-19. National COVID-19 positivity was slightly lower at 8.6% (***Appendix 1***).

Covid, flu and vaccinations

14. The Tees Valley Vaccination Board continues to have oversight of the flu and Covid vaccination programmes and reports into the regional ICB immunisation board. Locally, SBC Public Health continues to monitor population vaccination coverage and works with the ICB to identify and plan targeted vaccination clinics for areas with lower vaccination coverage and higher risk groups.

15. National influenza vaccination rates were lower in Winter 2024/5 in comparison to Winter 2023/4 across all age groups and clinical risk groups[1]. Similarly, COVID-19 vaccination rates in recent campaigns have declined compared to uptake in the height of the pandemic.

16. To protect vulnerable groups at greater risk, the national decision was taken to start staggered flu vaccination (commencing for some groups 1st September 2025) and wider flu and COVID-19 rollout on 1st October 2025. ***Appendix 2*** sets out eligible groups. Vaccines are being evolved constantly in response to these viruses.

17. 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 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).

18. 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 3***. Flu and COVID-19 vaccinations can be administered together, where this is available.

19. Public Health and the GP Federation are working together to explore delivery of some bespoke clinics in deprived areas and with vulnerable groups which are typically associated with lowest uptake.

20. The national vaccination programme for RSV (Respiratory Syncytial Virus) continues; it is recommended during pregnancy and for adults aged 75-79yrs. 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.

21. 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. SBC is also supporting messaging on flu, COVID-19 and RSV vaccines through our Community Wellbeing Champions network.

22. 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 i.e., vaccination

uptake data, which supports tailoring targeted campaigns for groups with the lowest vaccine uptake. Other examples of ongoing community engagement include Community Pharmacy representation at a Community Wellbeing Champions network meeting, providing advice on how to access Winter vaccinations. Additionally, the GP Federation has been invited to share information about the importance of, and accessing, Winter vaccinations at a Winter Wellness event on 5th November 2025.

23. Occupational health flu and COVID-19 vaccination programmes have started in NHS trusts and primary care. The NHS is undertaking proactive work to increase vaccinations among staff and among patient groups (e.g. pregnant women, long stay patients, people with a learning disability) with a particular focus on clinicians being a 'trusted voice' (based on evidence).

24. Free flu vaccinations for SBC employees are again provided this year by the Council's Occupational Health team with the aim to vaccinate 600 staff starting in October 2025. To reflect the changes in eligibility in the national flu programme, all SBC staff are eligible, but vaccination of frontline health and social care workers are prioritised. Ongoing promotion of staff vaccination continues through our forums and links with the local care sector.

Health Protection work with key settings

25. 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

26. 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 impact of Winter illness and provide support as required.

27. Key relevant Health protection messages (including infection prevention control and vaccinations for young people) are regularly shared with school settings via the schools' newsletter and also as needed directly with schools.

Local health protection response

28. General health protection principles and measures apply into the Autumn and Winter, regarding the management of Covid-19. Though it is not yest 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.

29. 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 and RSV vaccinations – Get vaccinated; Be Wise, Immunise
    - Keeping warm and getting help with heating
    - Getting advice if unwell (pharmacy, 111, GP)
    - Looking out for others

Adult social care support

30. 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

31. 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 to projected shortfall and a reduction in the waiting times to access care at home.

32. 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.

33. 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.

34. 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.

35. 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 24526 we continued to deliver a full PAMMS schedule for all 30 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 assessment of services which intelligence indicates may be at risk, to ensure we can support proactively. PAMMs aside, All providers are monitoring 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 providers that do not get a PAMMs assessment will receive a contract monitoring visit in 25/26.

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

36. 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.

37. 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

38. 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.

39. 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 form (Channel 3) to map out option for deploying this at scale.

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

40. 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.

41. 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.

42. 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.

Housing

43. The Council's Homelessness Service includes a Rough Sleeper Team 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. Whilst this is an all-year-round service, it is vitally important in the Winter months. In addition, the Council is committed to adopt 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

44. The annual Winter Health Conference was held on 3rd October 2025, attended by over 50 people. The event provided 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 encouraged 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.

45. The draft Anti-Poverty Strategy was co-produced in 2024 in partnership with the Positive Living (lived experience group) to understand how residents can help themselves and where the support of the Council is required. The Fairer Stockton-on-Tees (FSOT) team are working through the action plan with a range of internal and external partners, with many of the objectives relating directly to Winter support (food insecurity, income maximisation, fuel poverty etc.). The Positive Living Forum continues to meet on a six weekly basis where they use their voice to influence and shape Council delivery. Recently, the group have suggested the need for support around school prom affordability and this has led to a large-scale preloved clothing collection and a range of events to support our young people. They have invited Council colleagues such as the HAF team, Warm Homes, Healthy People and the Recycling Team to meetings and continue to feedback their experiences as residents.

46. The third Stockton Health and Wellbeing Festival will take place on Thursday 23rd October 2025 at Thornaby Pavilion. This event is jointly organised by the FSOT and Community Engagement teams, and in partnership with Tees Active. Over 50 organisations will provide health and wellbeing support, advice and activities alongside entertainment from the Globe Community Choir and Arc Ukelele Band. Free refreshments will be available, and attendees will be able to take home free products from the winter essentials and hygiene stall, with products supplied by the Multibank.

47. As part of the Here to Help programme of events, 'Something New for You' was held in Billingham Forum on Tuesday 21 January 2025. The focus of the Something New for You event was 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. 250 residents attended and accessed support via around 40 organisations on topics from mental health to benefit maximisation, energy efficiency to food support.

48. Middlesbrough Rotary Club have provided Winter coats for residents via our Homelessness team over the last two winters. This year, Stockton Rotary Club is doing its own collection and the Fairer Stockton-on-Tees team have supported them to get collection points set up across the Borough in Tees Active venues. The collected coats will be distributed via local Stockton based charities.

49. The third annual Community Christmas Gift will take place during December 2025. 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 2024, 750 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.

50. There are 9 weekly Warm Welcome sessions that take place across the borough to address social isolation and loneliness. These are free and open to all, offering a space to meet and have a 'cuppa and a chat'. Initiatives include a community physiotherapist attending regular sessions, Thornaby and Salters Lane Warm Welcome have secured funding to offer attendees hot soup during the winter months, wellbeing craft sessions with Learning & Skills have been planned, there have been chair-based exercises run by Shape the Play and Tees Active have undertaken health checks. Utilita have also attended some sessions to offer hints and tips on how to stay warm and save money.

51. Since the launch of the Multibank in Nov 2024, the number of items distributed to the LA area to date is 423,752, of which 291,452, 68% are distributed by organisations distributing in this LA area only and so are likely to be local organisations. The number of referral partners who have signed up to distribute in this LA area is 495. Stockton has the second highest number of referral partners signing up to distribute in the area.

52. We also organise an annual event with the homeless community before Christmas to ensure that they are fully vaccinated with any flu/COVID vaccinations, as part of the wider offer of support for this community. As always this is a great opportunity to access this vulnerable group, which helps reduce outbreaks that can spread rapidly in shelters and impact the broader community and help prevent severe illness reducing emergency room visits and hospitalisations. In addition they are also provided with coat, clothes and a wider offer of advice and support.

53. The Warm Homes Healthy People programme in the borough (funded through Public Health) offers support with boiler repairs, emergency heating, energy saving as well as debt and benefits advice: https://www.stockton.gov.uk/Warm-Homes-Healthy-People.

Information and advice

54. 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.

- Regular features in Stockton News promoting cost of living and winter wellbeing support services. This is a screenshot from last November's edition.

A FAIRER STOCKTON-ON-TEES

The Council is working with our partners to make sure our communities are supported as the cost of living continues to have an impact.

Did you know that there are a whole host of activities going on across the Borough that can help you?

Free or low cost food

A range of support is available including food banks, pantries and low cost food.

Find out more at **www.stockton.gov.uk/food-insecurity-and-poverty**

Warm Welcome

Weekly social events are open to anyone in our communities across seven venues to have a cuppa, meet friends, play games and have a friendly chat.

Find a 'Warm Welcome' at **www.stockton.gov.uk/warm-welcome**

Positive Living Forum

A group of residents of different ages and backgrounds meet every six weeks to share their experiences and influence how we tackle poverty.

If you would like to join us, please email **fsot@stockton.gov.uk**

The Positive Living Forum - "a place of hope and belonging"

Community Spaces

More than 60 venues are open to our communities all year round and offer a great way to meet others and get support on a range of issues.

Find a Community Space at **www.stockton.gov.uk/community-spaces-directory**

Fun at Parkfield Community Centre

Parkfield Community Centre

Bizi Studios CIC now run Parkfield Community Centre and are working hard to provide a range of activities and support for local people. A slow cooker course has been held and dance and art workshops take place every Thursday.

If you have some spare time and would like to volunteer, please contact **bizijane@yahoo.co.uk**

The re-opening of Parkfield Community Centre has been made possible because of partnership working between the Council, Bizi Studios, Thirteen and Esh Construction.

Find out more at **www.stockton.gov.uk/a-fairer-stockton-on-tees**

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- FSOT staff have met with the North Tees Discharge and Enhanced Care Teams to provide a range of information and leaflets on cost-of-living support and community activities. This information will be passed on to other staff and patients and staff there have signed up to the Multibank to access the support they offer. The team have also given presentations to various internal teams and forums e.g. Care Homes Providers Forum, Adult Safeguarding Team or Social Work teams, with the aim of sharing vital information to help colleagues support the residents they work with.

- A Winter Wellbeing webpage has also been updated which will supported through a social media campaign.

Food support

55. We have five The Bread-and-Butter Thing hubs which opened between September 2023 and March 2024, with capacity to support up to 400 families per week with this low-cost, nutritious food offer. 14,712 sets of shopping were sold between Sept 2024 and August 2025. Based on an average spend of £8.50 for a three-bag set and an average value of around £25, this makes a saving of £242,748 for our residents. This has led to a continued reduction in foodbank usage, helping people to move away from crisis when it comes to food. Comparing the 6-month period from Jan to June 2023 to the same period in 2025, total food parcels in the Borough have reduced from 10263 to 4641. This equates to a 55% reduction from 2023 to 2025. Working on an average of 8 volunteers per hub, 3 hours each per session, across 5 hubs, the scheme in Stockton operates using approximately 6240 volunteer hours over the year. The scheme has had an impact on residents' diets, providing a wide and varied range of foods with 79% of members nationally saying that since joining the Bread-and-Butter Thing, they now eat more fruit and vegetables. A range of support agencies continue to attend hubs with partners such as Thirteen Housing supporting clients with housing and employability.

56. The Food Aid Fund is an SBC grant that offers financial help to projects that provide food and personal hygiene products to Stockton-on-Tees residents. These include foodbanks, food clubs, food pantries, community cafés, VCSE organisations and churches. For the Food & Hygiene Winter Fund 24/25 we supported 54 organisations with a grant of up to £450 (total of £20k) to be spent by 31st March 2025. The next round of funding for the Food Aid Fund 25/26 opened in August 25 and 43 applications were received.

57. The Community Engagement Team received £2,000 Household Support Funding to undertake 'Cooking in the Community' sessions. These are ran in partnership with Learning & Skills who provide the tutor time and participants take home either an air fryer or slow cooker depending on the course. From October 2024-October 2025, 16 sessions have been held with 120 residents taking part.

Community Transport

58. Since its introduction in April 2024 the Stockton Volunteer Driver Service (SVDS) has completed 2880 journeys for 265 residents; these journeys have been delivered by 26 volunteer drivers. This has ensured many residents are able to access medical appointments, social groups and events for example our Community Spaces /Warm Welcomes. This service removes barriers to travel, and the caring volunteers help people to feel more confident to socialise and connect with others. Drivers build strong relationships, enabling them to offer more holistic support and link service users to other services.

Community Spaces (previously known as Warm Spaces)

59. The Council's network of 78 Community Spaces play a key role in supporting the Council's commitment to addressing inequality and poverty. Each venue offers a non-judgemental 'warm welcome' to residents who may be struggling with the cost of living or social isolation. Community Spaces are a key component of the Powering Our Futures Communities mission, helping to build community capacity and community resilience. The Fairer Stockton-on-Tees Team and Public Health have committed to continue to work collaboratively to support those experiencing social isolation.

60. 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.

61. 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.

62. A draft Terms of Reference for the Working Group will be approved by the Health and Wellbeing Board in October 2025. A deep-dive session on social isolation and loneliness will also be held at the October meeting of the Health and Wellbeing Board.

63. Annual monitoring of the Community Spaces scheme has continued in 2025. 78% of Spaces responded to this year's evaluation. Overall, venues still value the scheme and the support and funding provided by SBC. The key reasons that people attend a Community Space remain loneliness, social isolation, the cost of living (fuel, food etc.) and mental health and addiction issues. The key challenge for venues in 2024-2025 has been sourcing funding. Venues also requested further support with promotion of activities taking place, and the FSOT team will action this request.

64. The following case studies highlight the extent of the support the Community Spaces provide to those accessing them across the Borough:

    - *"I never really left the house but now I try to never miss a session. This session has helped me to find out about other sessions and gets me out even more"*(West End Bowling Club)
    - *"One lady suffers from Arthritis and didn't leave the house for a couple of years, her husband volunteers for The Bread and Butter Thing. He brought her to our group ,and she now attends weekly and said she is so happy as she was a recluse and now feels like she has a new lease of life. Another lady struggles to hold a pen and often misses numbers in bingo. One of her new friends in the group noticed and brought her a dabber. Small acts of kindness like this are displayed weekly in this group."* (Newtown Warm Welcome)
    - *"A mother attends all the children/toddler sessions and was socially isolated but has been able to form friendships and she feels like she has a support network here." (Teesside Vineyard Church)*
    - *"A lady over the age of 65 has early onset dementia and physical disabilities living in supported housing. She cannot access the community without care support but the package of care she receives does not include this. The only place she can access is Norton Grange Community Centre once a week on a Wednesday as the manager of the housing and Kelly have a trusted relationship knowing the lady will be looked after and cared for whilst she attends the venue. This is the only time she leaves her accommodation each week."* (Norton Grange)

65. In recognition that funding is still necessary to support the continuation of the Community Spaces scheme, Public Health has committed an annual fund of £30,000 for the scheme. This will be distributed through a funding panel in November 2025. The FSOT and Community Engagement teams are still committed to support organisations with accessing external funds as opportunities arise. The FSOT team are also working with

the Council's new Social Value Officer to access additional funds via corporate social responsibility for VCSE partners managing Community Spaces.

Consultation and Engagement

66. During March-May 2025 a Warm Welcome survey was conducted with attendees of the Warm Welcome sessions. This survey was to identify the difference that attending the Warm Welcomes has made to residents and the impact it has had on their lives.

Next Steps

67. 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.

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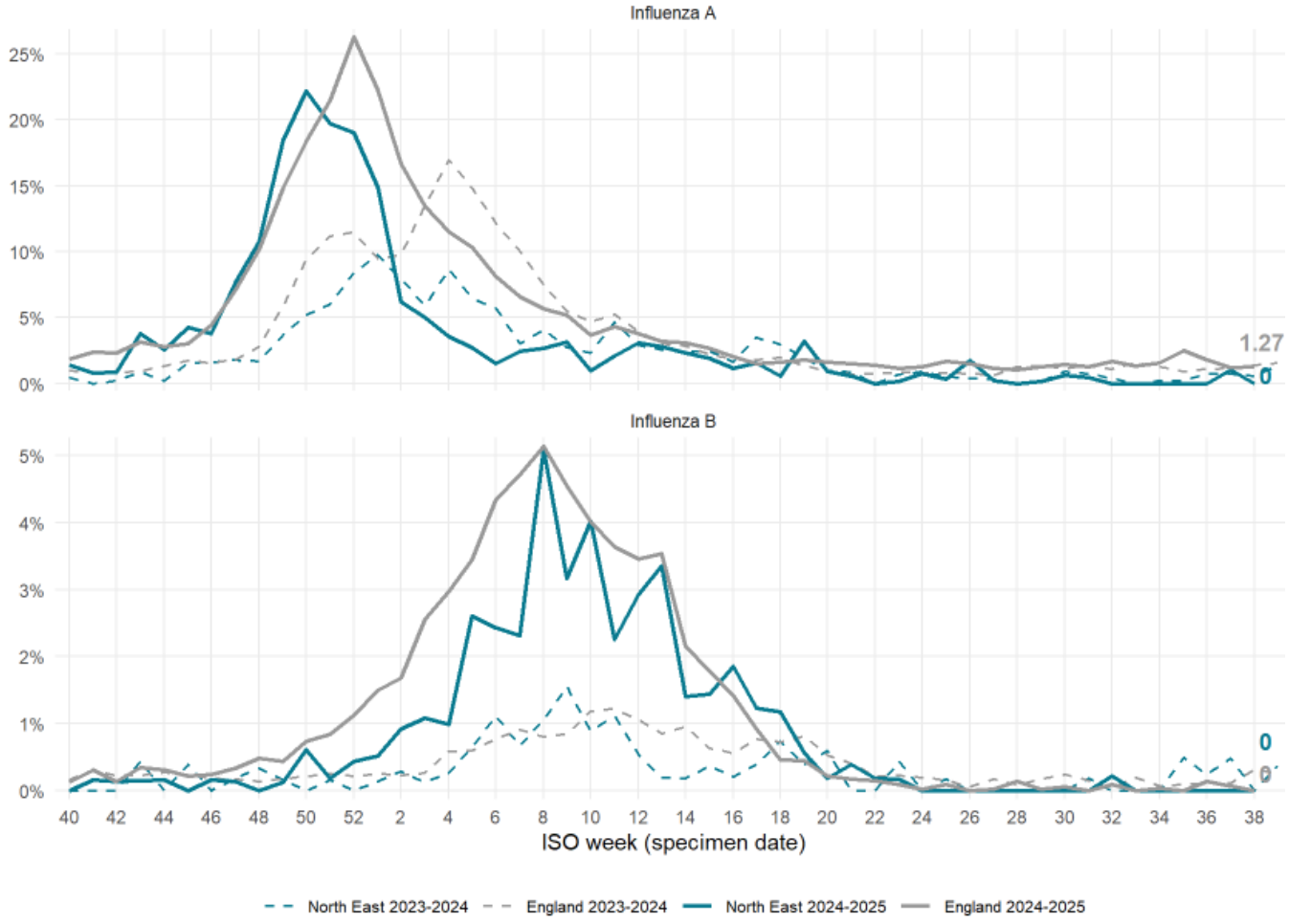
References

1. UKHSA: Seasonal influenza vaccine uptake in GP patients in England: winter season 2024 to 2025 - GOV.UK

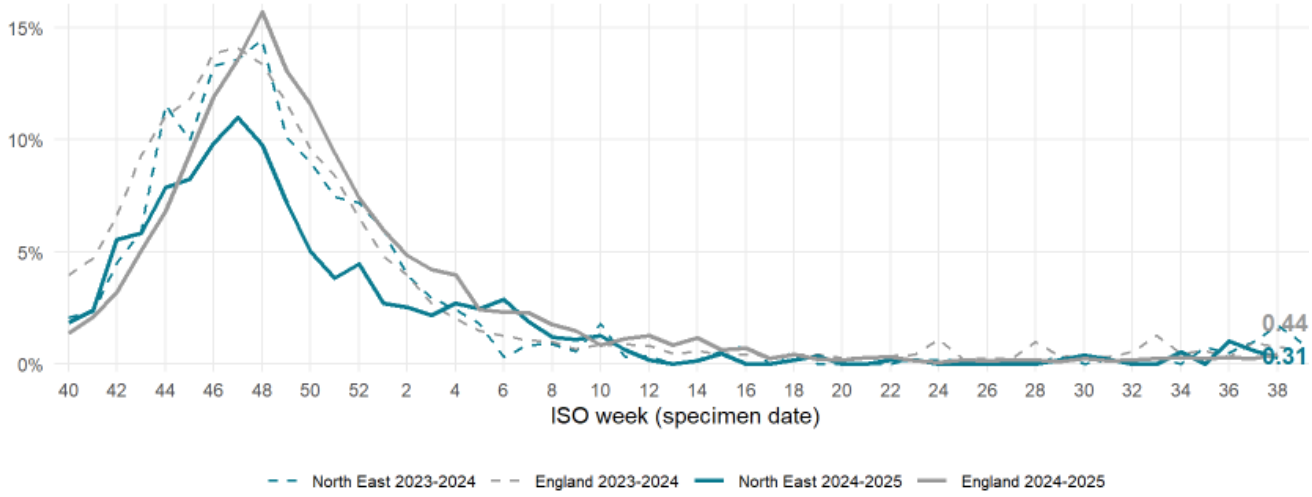
APPENDICES

APPENDIX 1 Communicable disease update (week commencing 15th September 2025)

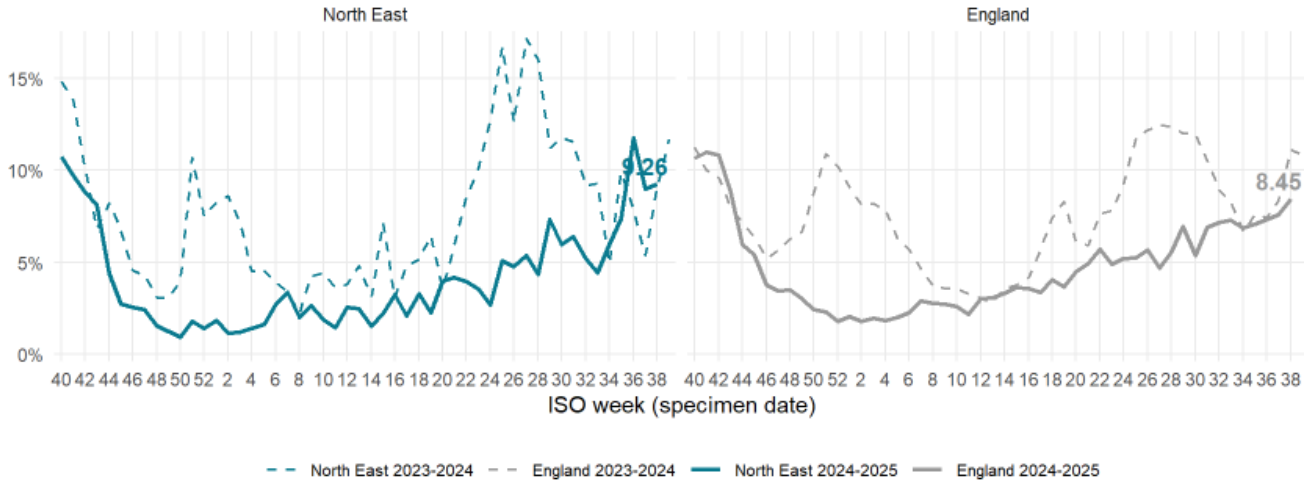
Reported cases of Influenza A and B in the North East and England.



Reported cases of RSV in the North East and England.



Reported cases of COVID-19 in the North East and England.



APPENDIX 2: Flu and COVID-19 vaccination eligible groups Winter 2025/6

Eligible Cohorts (Covid & Flu)

Eligible Cohorts for Vaccinations	Seasonal & Year-Round Covid				Seasonal Flu	
	Spring Apr to Jun-25	*Year-Round (Interseason)*	*Autumn Winter Oct-25 to Jan-26*	*Year-Round (Interseason)*	*Autumn Winter Sep-25*	*Autumn Winter Oct-25 to Mar-26*
Age 80+	✔		✔			✔
Age 75-79	✔		✔			✔
Age 65-74						✔
All Residents in Care Homes which includes Older Adults	✔		✔			✔
All Residents in Other Care Homes						✔
Housebound	✔ Immuno suppressed		✔ Immuno suppressed			✔
People with Severe Weakened Immune System 6 months+	✔	✔ *New Immuno suppressed	✔	✔ *New Immuno suppressed		✔
Clinical Risk 6 months+					✔ under 18 years	✔
Pregnant women	✔ Immuno suppressed		✔ Immuno suppressed		✔	✔
All children aged 2 or 3 years on 31 August					✔	✔
School aged children 4-16 (Reception to Year 11)					✔	✔
Frontline health and social care workers						✔
Staff working in care homes for older adults						✔
Close Contacts of people with immunosupression 12-64						✔
Carers aged 16 to 64 years						✔
Surge Response (Cohorts / Timeframe as determined by NHSE in event of Variant of Concern and Vaccine Rollout to Population)	✔	✔	✔	✔		

Who is eligible this year?

Flu - In line with advice from the Joint Committee on Vaccination and Immunisation, those advised to have a flu vaccine this year include: (1.6m across NENC)	COVID-19 - In line with advice from the Joint Committee on Vaccination and Immunisation, those advised to have a COVID-19 vaccine this year include: (401k across NENC)
From 1 Sept • anyone who is pregnant • all children aged 2 or 3 years on 31 August 2024 • primary school aged children (from Reception to Year 6) • secondary school aged children (from Year 7 to Year 11) • all children in clinical risk groups aged from 6 months to less than 18 years **From 1 October** • people aged 65 years and over • those aged 6 months to under 65 years in clinical risk groups (as defined by the Green Book, chapter 19 (Influenza)) • people in long-stay residential care homes • carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person • close contacts of immunocompromised individuals • frontline health care workers • front line social care workers	• people aged 75 years and over • people aged 18 years to under 75 years in clinical risk groups (as defined by the Green Book, Influenza Chapter 19) • people in long-stay residential care homes • carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person

APPENDIX 3: Community pharmacies offering flu and Covid-19 vaccinations (Winter 2025/6)

Pharmacy	Address	Telephone	Vaccine Offer
Allied Pharmacy Fairfield	26-28 Glenfield Road, TS19 7PQ	01642 587625	Flu & COVID-19
Allied Pharmacy Tennant Street	Tennant St Medical Centre, Tennant Street, TS18 2AT	01642 616123	Flu & COVID-19
Allied Pharmacy Varo Terrace	4 Varo Terrace, Yarm Lane, TS18 1JY	01642 676127	Flu & COVID-19
Allied Pharmacy Yarm Lane	106 Yarm Lane, TS18 1YE	01642 607036	COVID-19 only
Asda Pharmacy	Asda Superstore, Portrack Lane, TS18 2PB	01642 623300	Flu only
Asda Pharmacy	Allensway, Thornaby, TS17 9EN	01642 768410	Flu only
Boots (Billingham)	25 Queensway, Billingham, TS23 2ND	01642 553263	Flu only
Boots (Norton)	12-14 High Street, Norton, TS20 1DN	01642 553101	Flu only
Boots (Norton)	Norton Primary Healthcare Centre, Billingham Road, Norton, TS20 2UZ	01642 553970	Flu only
Boots (Thornaby)	Teesside Retail Park, TS17 7BW	01642 360400	Flu only
Boots (Thornaby)	Thornaby Medical Centre, Trenchard Avenue, TS17 0EE	01642 763803	Flu only
Boots (Yarm)	Unit 1, 44 High Street, Yarm, TS15 9AE	01642 787396	Flu only
Cohens Chemist	Yarm Medical Centre, 1 Worsall Road, Yarm, TS15 9DD	01642 788060	Flu only
Davidson Pharmacy Ltd	3 Station Road, Billingham, TS23 1AG	01642 360145	Flu & COVID-19
Eaglescliffe Pharmacy	Unit 4 Orchard Parade, 18 Durham Lane, TS16 0EH	01642 782676	Flu only
Expert Care Limited	Unit 6, Hanover Parade, Glebe Centre, TS20 1RF	01642 360400	Flu only
Harry Hill Chemists	8 Kenilworth Road, Billingham, TS23 2HZ	01642 553184	Flu only
Hepworth Chemist	20 Greenside, Lowfields, Ingleby Barwick, TS17 0RR	01642 760609	Flu only

Lawson Street Pharmacy	Lawson Street Health Centre, Lawson Street, TS18 1HU	01642 613533	Flu only
Kelly Chemist	32 Myton Road, Ingleby Barwick, TS17 0WG	01642 751110	Flu only
Morrisons Pharmacy	Teesside Retail Park, TS17 7BP	01642 607074	Flu only
Newham Pharmacy	9-10 High Newham Court, Hardwick Estate, TS19 8PD	01642 608838	Flu only
Pharmacy Express	113 Lanehouse Road, Thornaby, TS17 8AB	01642 676842	Flu & COVID-19
Pharmacy Express	Unit 9 Sunningdale Drive, Eaglesciffe, TS16 9EA	01642 787337	Flu only
Pharmacy World	45 Redhill Road, Roseworth, TS19 9BX	01642 677999	Flu only
Rowlands Pharmacy	Billingham Health Centre, Queensway, TS23 2LA	01642 553846	Flu only
Stockton Pharmacy	70 Bishopton Lane, TS18 2AJ	01642 616940	Flu & COVID-19
Synergise Pharmacy	56 Yarm Lane, TS18 1EP	01642 616930	Flu & COVID-19
Tesco Instore Pharmacy	Leeholme Road, Billingham, TS23 3TA	01642 911501	Flu only
Tesco Instore Pharmacy	Durham Road, TS21 3LU	0191 693 4081	Flu only
WELL (High Street)	161-162 High Street, TS18 1PL	01642 633433	Flu & COVID-19
WELL (Farrer Street)	Queens Park Surgery, Farrer Street, TS18 2AW	01642 674300	Flu & COVID-19

Information retrieved from:

Find a pharmacy that offers free flu vaccination - NHS

Find a walk-in COVID-19 vaccination site - NHS

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

Date (4.30pm unless stated)	**Topic**	**Attendance**
22 April 2025	Review of Reablement Service • (Draft) Final Report Monitoring: Progress Update – Care at Home Regional / Tees Valley Health Scrutiny Update Health and Wellbeing Board: Forward Plan & Previous Minutes (Sep, Oct & Nov 24)	 Cllr Pauline Beall / Angela Connor / Rob Papworth Martin Skipsey / Rob Papworth
20 May	North Tees and Hartlepool NHS Foundation Trust (NTHFT): Quality Account 2024-2025 Norton Medical Centre: Response to latest CQC inspection Health and Wellbeing Board: Forward Plan & Previous Minutes (Jan & Feb 25)	Beth Swanson / Deepak Dwarakanath / Diane Palmer Dr Julie Neary / Susan Hood / Karen Hawkins / Rebecca Warden
17 June	PAMMS Annual Report (Care Homes): 2024-2025 CQC / PAMMS Quarterly Update: Q4 2024-2025 Regional / Tees Valley Health Scrutiny Update	Darren Boyd Darren Boyd / Susan Taylor
22 July	Tees Valley Care and Health Innovation Zone SBC Adult Social Care Strategy Refresh Review of Adult Carers Support Service • (Draft) Scope and Project Plan	Geraldine Brown / Chris Renahan Angela Connor / Rob Papworth Graham Lyons
19 September (9.00am) (informal)	Review of Reablement Service • SBC Adults, Health & Wellbeing: Final Report of Peopletoo	 Cllr Pauline Beall / Angela Connor / Rob Papworth
23 September	Healthwatch Stockton-on-Tees: Annual Report 2024-2025 Monitoring: Progress Update – Access to GPs and Primary Medical Care CQC / PAMMS Quarterly Update: Q1 2025-2026 Review of Adult Carers Support Service • SBC Adults, Health & Wellbeing	Natasha Douglas Sarah Bowman-Abouna / Emma Joyeux / Rebecca Warden Darren Boyd / Lisa Mussett Graham Lyons / Rebecca Gray
21 October	Review of Reablement Service • (Draft) Final Report	 Cllr Pauline Beall / Angela Connor / Rob Papworth

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

Date (4.30pm unless stated)	**Topic**	**Attendance**
	(Draft) SBC Adult Social Care Strategy 2026-2030 Care and Health Winter Planning 2025-2026 Review of Adult Carers Support Service • North East and North Cumbria Integrated Care Board (NENC ICB) • North Tees and Hartlepool NHS Foundation Trust (NTHFT)	Cllr Pauline Beall / Angela Connor / Rob Papworth Sarah Bowman-Abouna Paula Swindale Victoria Cardona / Melanie Cambage
18 November	Review of Adult Carers Support Service • TBC SBC Director of Public Health: Annual Report 2024-2025 Making it Real Board – Update (TBC) CQC / PAMMS Quarterly Update: Q2 2025-2026 Regional / Tees Valley Health Scrutiny Update Health and Wellbeing Board: Forward Plan, Previous Minutes (Mar, Apr & Jul 25) & Revised Terms of Reference	Sarah Bowman-Abouna
16 December	Teeswide Safeguarding Adults Board (TSAB): Annual Report 2024-2025 Stockton-on-Tees Independent Complaints Advocacy: Annual Report Review of Adult Carers Support Service • TBC	Adrian Green / Carolyn Nice Philip Kerr
20 January 2026	Review of Adult Carers Support Service • TBC Regional / Tees Valley Health Scrutiny Update	
17 February	Review of Adult Carers Support Service • TBC CQC / PAMMS Quarterly Update: Q3 2025-2026	
17 March		

2025-2026 Scrutiny Reviews

- Adult Carers Support Service
- Adult Education and Skills

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

Monitoring Items
- Access to GPs and Primary Medical Care (Progress Update) – TBC

Performance and Quality of Care (standing Items)
- SBC Adults, Health and Wellbeing – Overview Report
- SBC Director of Public Health – Annual Report
- SBC PAMMS (Care Homes) – Annual Report
- Healthwatch Stockton-on-Tees – Annual Report
- Care Quality Commission (CQC) – State of Care Annual Report
- Teeswide Safeguarding Adults Board (TSAB) – Annual Report
- North Tees and Hartlepool NHS Foundation Trust (NTHFT) – Quality Account

Regular Reports
- 6-monthly Adult Care Performance Reports (including complaints/commendations) (new format tbc)
- 6-monthly Public Health Performance Reports (new format tbc)
- Regional / Tees Valley Health Scrutiny – Updates
- Care Quality Commission (CQC) / PAMMS – Quarterly Inspection Updates
- Health and Wellbeing Board – Minutes
- Care and Health Winter Planning – Update
- Quality Standards Framework (QSF) for Adult Services (new format tbc)

Other Reports (as required)
- Healthwatch Stockton-on-Tees – Enter and View Reports
- Care Quality Commission (CQC) – Inspection Reports (by email / by exception at Committee)

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