

**Date:**

Tuesday 16 December 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  
18 November 2025.
5. **Teeswide Safeguarding Adults Board (TSAB) –  
Annual Report 2024-2025** (Pages 21 - 66)
6. **Stockton-on-Tees Independent Complaints Advocacy –  
Annual Report** (Pages 67 - 84)
7. **Stockton-on-Tees Borough Council – Local Authority  
Assessment** (Pages 85 - 168)
8. **Scrutiny Review of Stockton-on-Tees Adult Carers  
Support Service** (Pages 169 - 198)  

To consider information on:

  - feedback from carers who have used / are using the service
  - external carer-related scrutiny of SBC
  - other approaches to / good practice in supporting carers
9. **Regional Health Scrutiny Update** (Pages 199 - 226)
10. **Chair's Update and Select Committee Work Programme  
2025-2026** (Pages 227 - 230)

**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](mailto:gary.woods@stockton.gov.uk)

**Key – Declarable interests are :-**

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

**Members – Declaration of Interest Guidance**



**Table 1 - Disclosable Pecuniary Interests**

<b>Subject</b>	<b>Description</b>
<b>Employment, office, trade, profession or vocation</b>	Any employment, office, trade, profession or vocation carried on for profit or gain
<b>Sponsorship</b>	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.
<b>Contracts</b>	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.
<b>Land and property</b>	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.
<b>Licences</b>	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer.
<b>Corporate tenancies</b>	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.
<b>Securities</b>	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

This page is intentionally left blank

## 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.

This page is intentionally left blank

## Adult Social Care and Health Select Committee

A meeting of the Adult Social Care and Health Select Committee was held on Tuesday 18 November 2025.

**Present:** Cllr Marc Besford (Chair), Cllr Stefan Barnes, 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, Carolyn Nice (A,H&W); Darren Boyd, Laura Johnson, Francesca Magog, Gary Woods (CS)

**Also in attendance:** Tracey Hamilton (Eastern Ravens Trust); Nicole Chiu (Mobilise)

**Apologies:** Cllr Nathan Gale (Vice-Chair)

### ASCH/46/25 Evacuation Procedure

The evacuation procedure was noted.

### ASCH/47/25 Declarations of Interest

There were no interests declared.

### ASCH/48/25 Minutes

Consideration was given to the minutes from the Committee meeting held on 21 October 2025. Attention was drawn to the following:

- Minutes: Members reiterated the need for the Committee to be kept informed about ongoing developments associated with the Tees Valley Care and Health Innovation Zone in a timely manner. To this end, the Committee Chair would approach relevant Stockton-on-Tees Borough Council (SBC) officers following this meeting.
- Scrutiny Review of Stockton-on-Tees Adult Carers Support Service: Members were reminded that responses from the NHS North East and North Cumbria Integrated Care Board (NENC ICB) and North Tees and Hartlepool NHS Foundation Trust (NTHFT) relating to queries raised at the October 2025 meeting were relayed via email yesterday (17 November 2025).

AGREED that the minutes of the meeting on 21 October 2025 be approved as a correct record and signed by the Chair.

### ASCH/49/25 CQC / PAMMS Inspection Results – Quarterly Summary (Q2 2025-2026)

Consideration was given to the latest quarterly summary regarding Care Quality Commission (CQC) inspections for services operating within the Borough (Appendix 1). Four inspection reports were published during this period (July to September 2025)

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

*Providers rated 'Good' overall (1)*

- The Beeches Care Home was upgraded to 'Good' overall, reflecting an upturn in the 'Safe', 'Effective' and 'Well-Led' domains which were rated as 'Requires Improvement' in the previous report published in October 2022.

*Providers rated 'Requires Improvement' overall (2)*

- Mandale Care Home was downgraded from 'Good' to 'Requires Improvement' overall due to identified shortfalls in the 'Safe' domain. This latest focused inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury, and concerns were subsequently found in relation to record-keeping, understanding / managing risk, and systems of accountability for oversight and good governance.
- Ingleby Care Home retained its overall 'Requires Improvement' status despite advances in the 'Effective' and 'Caring' domains (upgraded from 'Requires Improvement' to 'Good'), as well as the 'Well-Led' domain (upgraded from 'Inadequate' to 'Requires Improvement'). Whilst sufficient improvements had been made to meet three of the breaches identified during the previous inspection (published in November 2024), there remained a breach in relation to good governance as the provider had not made sufficient progress in relation to assessing, monitoring and improving the quality of the service.

Following confirmation that the serious incident at Mandale Care Home earlier in 2025 was the primary reason for the CQC's prompt re-inspection of the service after publishing its previous report in January 2025, the Committee asked if Ingleby Care Home was being used as an unregistered setting due to the lack of a Registered Manager since December 2023. The SBC Quality Assurance and Compliance (QuAC) Manager stated that a Registered Manager was now in post, though work was still required to address the home's good governance breach. Members again raised the practice of the best managers being moved between a provider's individual services in order to get a better CQC outcome, though it was noted that the regulator had conducted an organisational check of three T.L. Care Limited premises in recent months (with The Beeches Care Home doing well), and that management of these services had become more stable of late, with a good Area Manager also overseeing the provider's offer.

The remaining report was in relation to a non-contracted provider, with primary medical care service, Identity Dental Care deemed to be meeting regulations in all five inspection domains.

Focus turned to the section on Provider Assessment and Market Management Solutions (PAMMS) inspections (Appendix 2), of which there were nine reports published during this period (July to September 2025 (inclusive)):

- Windsor Court Residential Home, Ayresome Court, Millbeck, Highfield (Stockton), Piper Court, Reuben Manor, and Primrose Court Nursing Home maintained an overall rating of 'Good' – the same grading all seven services achieved following their previous inspections. Ayresome Court was deemed 'Excellent' in the 'Involvement and Information' domain (upgraded from 'Good' when last inspected), though Reuben Manor saw its 'Safeguarding and Safety' domain downgraded to

‘Requires Improvement’ (this was previously rated ‘Excellent’ when its last report was published in August 2024).

- Roseworth Lodge Care Home was upgraded to ‘Good’ overall following the ‘Requires Improvement’ judgement it had received after its previous inspection (published in August 2024). All domains were now deemed to be of a ‘Good’ standard.
- Churchview Nursing and Residential Home had been downgraded to an overall rating of ‘Requires Improvement’ due to identified shortfalls in both the ‘Involvement and Information’ and ‘Personalised Care / Support’ domains. Issues were found with care planning (also raised during the service’s previous inspection in December 2024), where improvements made since the turn of the year had not been sustained.

Thanking SBC officers for the latest update, the Committee noted several references to ‘resident of the day’ and asked what this entailed. In response, it was stated that the term involved a specific personal focus on an individual within a setting to ensure their information (e.g. care plan) was still accurate / relevant.

The item concluded with the SBC QuAC Manager highlighting the continuing positive trend of PAMMS inspection outcomes across the Borough, with more services receiving improved ratings as a result of the work of the QuAC Team. Following this, the Committee’s attention was drawn to a recent BBC investigation which revealed that many care homes in England rated as inadequate or requiring improvement were not being re-inspected for over a year (raising concerns about the effectiveness of the CQCs inspection processes).

AGREED that the CQC / PAMMS Inspection Results – Quarterly Summary (Q2 2025-2026) report be noted.

### **ASCH/50/25 Scrutiny Review of Stockton-on-Tees Adult Carers Support Service**

The third evidence-gathering session for the Committee’s review of Stockton-on-Tees Adult Carers Support Service considered submissions from Eastern Ravens Trust and Mobilise.

#### **EASTERN RAVENS TRUST**

Recognising the Borough’s young carers and the importance of their transition into adult support services, Eastern Ravens Trust (a local charity supporting young carers within Stockton-on-Tees) was asked to contribute to this review. The Trust Manager gave a presentation which covered the following:

- Eastern Ravens Trust – Supporting Young Carers (timeline): Following the commencement of action research within the Borough in 1998, the first young carers group was launched on 1 April 2000, with Eastern Ravens Trust commissioned to work with 30 young carers per year. In October 2023, the Trust became a strategic partner to Stockton-on-Tees Borough Council (SBC) for young carers support, and between November 2024 and October 2025, assisted nearly 300 young carers.

- Young Carers Definition: The term 'young carer' included children and young people under 18 who provided regular and ongoing care and emotional support to a family member who was physically or mentally ill, disabled, or misused substances.
- Stockton-on-Tees Context – Unpaid Care: 2021 census data indicated that there were 1,500 young carers under the age of 25 locally – of these, 725 carried out their caring role for under 19 hours per week, 350 for 20-49 hours per week, and 175 for 50 hours or more per week (the remainder did not specify the time). It was felt that the number of young carers identified via the census did not reflect the actual total (which could potentially be four times as many) as some were hidden and others did not want to identify themselves as a carer.
- Reasons for Caring Roles: The main factors leading to the onset of caring responsibilities were physical illness and / or disability, mental health illness, sensory / hearing loss, alcohol / drug dependency, and learning difficulties. Young people were sometimes carrying out multiple caring roles, taking on numerous additional tasks that went beyond what was considered 'normal' for their age-range.
- What do Young Carers do?: Young carers were involved in practical tasks (e.g. cooking, housework, shopping), providing emotional support, giving / reminding about medication and collecting prescriptions / accompanying to medical appointments, managing finances (e.g. family budgeting, collecting benefits, banking), and interpreting. Assistance with physical (lifting, transferring) and personal (dressing, washing, toileting) care was also given, and there was sometimes a need to look after a younger sibling. All things considered, it was remarkable what some young people were doing across the Borough.
- Impacts of Caring: Young people could be adversely affected as a result of their caring roles in a variety of ways. In terms of education, reduced attendance, lateness, struggling to cope within lessons and / or completing homework, worry, not having the correct uniform, and lower attainment (decreasing future life chances) were potential possibilities. Socially, young carers could experience loneliness and isolation, become victims of bullying, and have increased risk of criminal and child sexual exploitation. Personally, their wellbeing may suffer (e.g. poor mental health, worry, stress and anxiety, lack of sleep, reduced time for exercise, shame, challenging behaviour), as might their physical health (injury, illness, developmental delay, lack of opportunities for exercise, healthy eating).

However, whilst the impact of having caring responsibilities tended to be negative, there were some positives in relation to enhanced family belonging / relationships and personal resilience. Indeed, young carers across Stockton-on-Tees had very strong characters, with the older cohort currently supported by Eastern Ravens all in either education, employment or training (a trend that had been observed for some time).

- Current Service Provision: Currently supporting 141 young carers aged between five and 18 years-old (and, on occasion, beyond 18), Eastern Ravens offered a flexible / bespoke approach which covered whole family working, one-to-one assistance, respite breaks, and school holiday programmes. Referrals were received from a variety of sources including family members, schools, social workers, the SBC Early Help service, and other charities, and it was vitally

important to have a 'no wrong door' policy to ensure timely access to the service. Eastern Ravens was also trying to build capacity and raise awareness of the importance of identifying and supporting young carers with schools (something that had become an Ofsted requirement).

- Young Carers Transitions: The 2014 Care Act placed a duty on Local Authorities to provide young carers with a 'transition assessment' before they turned 18 years-old (this duty was delegated to Eastern Ravens in the service specification in 2023). The Trust's transition assessments involved conversations with young carers to obtain their views, wishes and feelings (as opposed to form-filling / paperwork), though this approach may change moving forward.
- Stockton Adult Carers Service & Stockton Young Carers Service: Eastern Ravens had a very positive working relationship with the local Adult Carers Support Service which involved regular communication and the exchange of carer-related information and good practice. The Trust undertook an initial whole family assessment when support was requested for a young carer, with a referral made to the adult service should an adult within a household also be identified as having a caring role. Transition discussions took place between the two services, with targeted awareness-raising initiatives, joint events (e.g. Carers Week), and co-production of a forthcoming e-learning staff training module on carers further examples of this partnership.
- Young Carers Feedback: Young carers who were coming up to, or had just turned, 18 years-old were asked for their views on the cessation of support from Eastern Ravens and the use of the adult service. Feedback highlighted concerns about dealing with change, how appropriate the local Adult Carers Support Service was for young adults, and a lack of knowledge of such an offer after they had reached adulthood. Ultimately, it was an individual's choice to be referred to the adult service.
- The Future: Several factors were proposed when considering future provision for those transitioning into adult carer services, including the creation of a dedicated young adult carers service for 18-25 year-olds, and an offer that was open to all irrespective of caring for a sibling or an adult. Other important features were the inclusion of social opportunities at appropriate times, life-skill projects (e.g. managing money / cooking on a budget), and wellbeing support. Identifying unknown young adult carers should be a further priority.

Concluding the presentation, a video was shown to the Committee which demonstrated the support provided by Eastern Ravens and the extent to which young carers across the Borough valued its offer.

Welcoming the information provided by Eastern Ravens, the Committee queried why a change in the approach to transition assessments was being considered, particularly given the stated reluctance for young people to complete paperwork. In response, Members were informed of the need to establish a framework around carer identification / referrals.

The Committee asked what could be implemented to further strengthen the partnership between the young carers and adult carers services. The Trust Manager highlighted the ongoing development of the co-produced e-learning training module for staff – this would be made available to both the adults and children's workforce, and

needed to be promoted to increase awareness of carers and the caring role (SBC officers stated that this training would be part of future staff induction requirements). Members requested that the e-learning package be rolled out to all Councillors, too.

Emphasising the importance of selling the local Adult Carers Support Service offer to young carers (something relevant SBC managers could promote by going along to Trust events to engage with young people), the Committee noted the appreciation from young people within the video (which followed the presentation) of the 'fun' / 'exciting' service provided by Eastern Ravens – it was therefore clear that the adult carers offer needed to foster similar feelings / enthusiasm.

A final question was raised on the number of referrals received by Eastern Ravens from schools. The Trust Manager commented that schools were currently the fourth-highest referrer (this changed from year-to-year), though it was anticipated that referral rates would increase given the work being undertaken to support schools with their responsibilities around young carers. The Committee was informed that young people with caring roles often had exemplary school attendance records as their educational setting offered a safe space and a break from their home environment (they also had a tendency to 'coast' and were reluctant to 'raise their head above the parapet').

## MOBILISE

Mobilise was an online business led by carers, for carers, which provided weekly digests of carers' top tips, community support and a space to connect with people in similar positions. It had been working with SBC since 2024 to provide a range of free online services to support local carers and was therefore approached to provide views on this scrutiny topic. The respective Account Manager presented the organisation's submission, key features of which included:

- About Mobilise: Mobilise helped Councils engage unpaid carers (aged 18+) earlier and more effectively – preventing, reducing and delaying the need for intensive adult social care. It did this through digital innovation (AI tools, targeted web ads, and a 24/7 online peer community), scalable / light-touch support (information, advice and guidance available anytime), and human connection (lived experience carer support team for one-to-one help). The Mobilise offer complemented existing services, reached / identified hidden carers, addressed Care Quality Commission (CQC) priorities, and supported the NHS plan for community-focused preventative carer support.
- Core Principles: The organisation had three core principles – focusing on upstream prevention (finding carers early and giving them support / guidance as and when they needed it), technology to bring people together, and mobilising carer knowledge / wisdom / expertise.
- Identification and initial engagement: Online adverts allowed carers to sign-up to Mobilise's personalised guide to caring (Facebook), whilst a variety of caring topics and the carer's allowance tool was accessible via internet searches. The Mobilise app had a range of features to help carers, including the Mobilise Assistant (answering questions and signposting), an online community (safe and moderated space for emotional and peer support), online events, data and insight (understanding needs / trends of carers within the Borough), and digital resources.



Alongside these online options, the Carer Support Team was also available if a person-to-person conversation was required / preferred.

- Mobilise and ARF: The North East and North Cumbria Mobilise Digital Carer Service was developed through the Accelerating Reform Fund (ARF) to address the gap in accessible and proactive support for unpaid carers. Many carers across the 13 Local Authorities reported limited knowledge of available services, with 81% having never accessed support for their caring role before.
- Mobilise and the North East: During the November 2022 – March 2024 period, successful pilots were completed across four North East Local Authorities (Durham, Middlesbrough, Northumberland, and South Tyneside). After this, directors of 13 Local Authorities committed to a strategic digital carer service through a partnership with Mobilise and £990,000 of ARF money – this was a two-year (April 2024 – March 2026) regional initiative for identification and support of unreached carers across the Integrated Care Board (ICB) region, with a view to business-as-usual sustainability post-ARF. The North East Councils supported by Mobilise would exceed targets and reach over 150,000 carers, with 30,000+ new carers registered by March 2026.
- So far in Stockton: Mobilise had engaged carers 2,667 times through actions or tools (e.g. e-support subscription), supported carers 1,507 times with deeper actions like its personalised guide to caring, and enabled unpaid carers to apply for over £500,000 in eligible carers allowance support (via the online calculator). Mobilise had also developed heat-maps of identified carers across the Borough to potentially assist targeted support / action.
- In Stockton-on-Tees we know: During engagement with local carers, Mobilise had found that 82% had not previously accessed support before, 79% cared for over 35 hours a week, 66% were of working age, 64% used Mobilise services outside of working hours, and 29% of Mobilise users were male.
- Signposting to Local Support to Carers: The Mobilise website, its social media platforms, and its newsletter all highlighted and provided links to the local Adult Carers Support Service.
- Future in Stockton-on-Tees: Currently, the future of Mobilise across the North East ICB region was being discussed at director, commissioner and carers lead level within each Local Authority. Mobilise had presented a discounted model to each Local Authority based on population size, and was committed to working closely with adult social care teams to ensure that carers were informed and empowered to choose the support they needed at the right time. Using paid digital marketing techniques, Mobilise had been able to register nearly 2,000 carers in 18 months (using carer-led data to target carers at home) and, over the past 18 months, had provided detailed insights and impact from real carers across Stockton-on-Tees.
- Existing Challenges to be Considered: Identifying carers earlier in their journey (particularly those who did not self-identify or who were balancing work, family and caring responsibilities) remained a key challenge, with early identification allowing for lighter-touch, preventative support before carers reached crisis. In addition, Mobilise would welcome opportunities to collaborate on measuring outcomes for carers, not only in terms of service uptake, but also wellbeing, confidence and sustainability in caring roles.

In terms of the future service, developing a hybrid offer (which balanced digital accessibility with in-person intensity where needed) would benefit carers who felt empowered through community, peer-learning and having access to knowledge they could control, as well as those requiring structured, face-to-face interventions (particularly those in crisis or with complex caring situations). Mobilise's national experience showed that a blended model enhanced choice, increased reach, and promoted self-sustaining carer networks.

With one-in-seven employees juggling work and care, there was also a need to support carers in less traditional ways. Mobilise's 24/7 digital carers service could support Stockton-on-Tees' ambitions to help carers remain in work – this was particularly important given the local economic cost of carers leaving employment. Furthermore, using a co-production approach (involving carers in shaping what 'good' looked like) would ensure that future developments in the Borough's carers offer remained meaningful and data-informed.

- Summary: Since May 2024, Mobilise had supported 1,780 unpaid carers in Stockton-on-Tees with 4,174 actions, 82% of whom had not accessed support before. This had been done through paid media advertisement to allow carers to receive 24/7 digital support. Mobilise was working closely with adult social care to create a seamless transition of the carers most in need, giving carers the choice to access more formal in-person support. Whilst the contract was set to end in April 2026, Mobilise celebrated the successes in partnership with adult social care, and endeavoured to support the Council's strategic priorities around unpaid carers.

Regarding the data provided on the number of Stockton-on-Tees carers that Mobilise had engaged with thus far (2,667), it was stated that further detail could be provided around engagement (if required) following a Committee query on whether this represented the amount of individual carers or the total number of times Mobilise's services had been used (i.e. a single individual may have accessed the offer on multiple occasions).

Whilst being a digitalised service, Members asked if Mobilise was able to support individuals on a face-to-face basis. It was confirmed that Mobilise was fundamentally a digital offer, though the organisation did work with in-person services and could go into these to highlight its own support platforms. Although some people were cautious around using technology, Mobilise was able to help them access its services where required.

Continuing the theme of digital reluctance / exclusion, the Committee drew attention to those carers not accessing information online and questioned how contact with the local Adult Carers Support Service was being promoted. In response, Members heard that a portal had been developed where a carer could get in touch with the Council's offer. Assurance was given that the portal was secure / data protected.

Switching focus back to those who preferred digital means of support, the Committee felt that services such as Mobilise's were vital for assisting those carers who did not want to reveal themselves to social care at this point. When thinking about future provision in relation to local carers, it therefore seemed prudent to ensure both digital and in-person help was available.

## SCOPE AND PROJECT PLAN

The final evidence-gathering session for this review was scheduled for the next Committee meeting in December 2025 – this was expected to feature further feedback from those with experience of using the local adult carers service, along with information on other approaches to supporting carers from outside of the Borough, and a reflection on carers-related feedback following recent external scrutiny of SBC adult social care.

AGREED that information provided by Eastern Ravens Trust and Mobilise for the Committee's Scrutiny Review of Stockton-on-Tees Adult Carers Support Service be noted.

### **ASCH/51/25 SBC Director of Public Health Annual Report 2024-2025**

The Stockton-on-Tees Borough Council (SBC) Director of Public Health was in attendance to present their latest Annual Report which, under the Health and Social Care Act (2012), they had a duty to prepare (with the Local Authority having a duty to publish it). The report was not prescriptive (nor was it necessarily a reflection on the previous year) and had the flexibility to focus on any public health-related matter which the Director wished to raise.

The first draft of the SBC Director of Public Health Report 2025 (*'Building Healthy Communities – connecting people and place'*) had been provided to the Committee and outlined the opportunity to bring work on healthy communities and healthy places together, to improve health and wellbeing, and address inequalities. The report highlighted existing examples of good practice and proposed actions that supported delivery of the Health and Wellbeing Strategy and the Stockton-on-Tees Plan, as well as aligning with the Council's *Powering Our Future* (POF) initiative. Key messages were outlined as follows:

- Communities are the heart of places – both geographic places and the places where people feel 'at home' with others they identify themselves with (which can be many things).
- If we start with communities and build flexible approaches and systems, we are more likely to have meaningful partnerships with communities, understand what is important to them, develop joint solution to meet people's needs, and get better outcomes for all our communities (addressing inequality).
- How do we do this? Through a framework that builds collective aims, enablers and resourced plans, that links working with communities, to developing local places and neighbourhood approaches.
- This needs to be about more than our 'service offer'; rather it needs to use a system-wide approach, building on evidence, intelligence and partnerships, and maximising the opportunity for health creation.
- There are examples of local work that we can build on to help us with our approach; and a self-assessment tool to support us with where to start.
- The report identifies suggested actions to take the work forward. It also reviews progress on the actions identified in last year's report (this would be added to the final version under Appendix 2).

The local Health and Wellbeing Board would consider the final report in December 2025, with a view to presenting this to SBC Cabinet in January 2026. It was also being proposed to publish the report on the Council's website (with accompanying

links to further relevant information), with hard-copies being available on request. The Committee was reminded that the report was primarily aimed at partners / professionals.

AGREED that the SBC Director of Public Health Report 2025 be noted.

### **ASCH/52/25 Health and Wellbeing Board - Previous Minutes (March, April & July 2025) & Updated Terms of Reference**

Consideration was given to the minutes of previous Health and Wellbeing Board meetings which took place in March, April and July 2025.

It was noted that all three meetings included Better Care Fund (BCF) updates, with the July 2025 agenda also involving a discussion on the Board's structured programme of development to review and reflect on its purpose, role, responsibilities, and overall effectiveness – this had culminated in the production of a revised Terms of Reference for the Board which was included with the papers for this Committee meeting (along with an accompanying report which was presented to full Council on 24 September 2025).

AGREED that the minutes of Health and Wellbeing Board meetings which took place in March, April and July 2025, as well as the Board's revised Terms of Reference, be noted.

### **ASCH/53/25 Chair's Update and Select Committee Work Programme 2025-2026**

#### **CHAIR'S UPDATE**

The Chair asked for congratulations to be passed onto staff within the Stockton-on-Tees Borough Council (SBC) Adults, Health and Wellbeing directorate following the recently published Care Quality Commission (CQC) report which saw the Council's adult social care services graded 'Good' overall.

Thanks was also given to those Committee Members who visited the LiveWell Dementia Hub in Thornaby last week as part of the ongoing Scrutiny Review of Stockton-on-Tees Adult Carers Support Service.

#### **WORK PROGRAMME 2025-2026**

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 16 December 2025, where agenda items would include the latest Teeswide Safeguarding Adults Board (TSAB) Annual Report (2024-2025), the next (and final) evidence-gathering session for the Stockton-on-Tees Adult Carers Support Service review, and a new Stockton-on-Tees Independent Complaints Advocacy Annual Report. Members would also be receiving a presentation on the outcomes of the recently published CQC report following the late-2024 inspection of SBC adult social care services.

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

Chair: .....

## Adult Social Care and Health Select Committee

16 December 2025

### TEESWIDE SAFEGUARDING ADULTS BOARD (TSAB) – ANNUAL REPORT 2024-2025

#### Summary

The Committee is requested to consider the Annual Report 2024-2025 of the Teeswide Safeguarding Adults Board (TSAB).

#### Detail

1. As part of its approach to monitoring the quality of local health and care services, the Committee receives a range of related reports, including an overview of Adult Safeguarding activity.
2. The Teeswide Safeguarding Adults Board (TSAB) is the statutory Safeguarding Adults Board for the area as required by the Care Act 2014. The Board's Annual Report for 2024-2025 is attached for Members' consideration, along with the updated Strategic Business Plan for 2025-2028 – the TSAB Independent Chair is scheduled to be in attendance to provide a summary and address any Member comments / questions.
3. Members are reminded of the discussion points raised during the Committee's consideration of the last TSAB Annual Report report (2023-2024) in January 2025 – this can be found at <https://moderngov.stockton.gov.uk/mgAi.aspx?ID=4185>.
4. In preparation for this item, Members may also wish to familiarise themselves with the following related documents:
  - TSAB Annual Communication and Engagement Report (2024-2025)  
<https://www.tsab.org.uk/wp-content/uploads/2025/10/CE-Report-24-25-Final-Accessible.pdf>
  - Latest TSAB newsletter (November 2025)  
<https://www.tsab.org.uk/key-information/newsletters/tsab-newsletter-november-2025/>

**Contact Officer:** Gary Woods

**Post:** Senior Scrutiny Officer

**Tel:** 01642 526187

**Email:** [gary.woods@stockton.gov.uk](mailto:gary.woods@stockton.gov.uk)

This page is intentionally left blank

# Annual Report

## 2024-25



Table of Contents

*Introduction from Adrian Green, Independent Chair..... 3*

*What does the Board do? ..... 4*

*Board Member Organisations..... 4*

*Board Structure ..... 5*

*Sub-Groups..... 5*

*Key achievements 2024-25 ..... 6*

*Safeguarding Data 2024-25..... 7*

*Communication and Engagement..... 10*

*You said, we did..... 12*

*Training ..... 13*

*Priority 1: Joint Working..... 14*

*Priority 2: People ..... 14*

*Priority 3: Communication..... 16*

*Priority 4: Services ..... 17*

*Partner Activity..... 21*

*Our Priorities 2025-26..... 27*

*Appendix 1 ..... 28*

*Appendix 2 ..... 29*

*Glossary ..... 30*



## Introduction from Adrian Green, Independent Chair

Welcome to the Teeswide Safeguarding Adults Board's 2024/25 Annual Report. The Care Act 2014 requires all Safeguarding Adults Boards to produce an annual report providing the public with information on the progress made against the Board's priorities, the outcomes of safeguarding adult reviews and their recommendations and what the Board has done to improve practice that keeps adults in our communities safe from abuse and neglect.

Our committed partnership members ensure TSAB continues to be very well supported in the delivery of the Board and its Sub-Group's work.

Whilst it is disappointing that we narrowly missed one of our key performance indicators this year, TSAB will work with our partners to deliver an improvement in who is asked about their safeguarding desired outcomes. The Board strives to ensure that the public understands what abuse and neglect is and how to report it. There has been a 7% increase in concerns raised, and whilst not complacent, we hope that these increases are an outcome of the Board's continued engagement work.

The Board is committed to listening to people involved in or affected by safeguarding and I am proud of the work that has been achieved and the 30% increase in responses to our annual survey. This contributes directly to the activities reported within this report's 'You Said' We did' and our Safeguarding Week section. I also commend the partnership's continuing training offer, which last year supported 7,500 learners, helping to keep safeguarding practice up to date and the public safer.

When incidents of concern do occur, the Board has a duty to identify the learning opportunities to prevent reoccurrence, and this report provides a summary of the Safeguarding Adult Review notifications received and the actions undertaken on those that have been published.

As part of our planning cycle, the Board and its partners reviewed our vision and priorities for the next three years and these are presented for your information and will be reported upon from next year.

As ever, budgets are limited, our elderly population continues to increase in number and cases grow in complexity with increased needs. The NHS is in a period of significant restructure with the abolition of NHS England and significant change within the Integrated Care Board responsible for the commissioning of local health services. The TSAB will continue to work with and support our partners to ensure that we continue to prevent and support those at risk of being subject to abuse and neglect. As Chair, I would like to thank all the partners on the Board for their continued commitment and support, in particular the Business Unit team and the Sub-Group chairs.



Adrian Green.  
Teeswide Safeguarding Adults Board Independent Chair.

## What does the Board do?

The Teeswide Safeguarding Adults Board (TSAB) is a statutory body responsible for protecting adults' rights to live independent lives, free from abuse and neglect. The Board works collaboratively with partners to set the strategic direction for adult safeguarding in Tees and seeks assurance from partners that they have appropriate and robust safeguarding arrangements in place.

## Board Member Organisations

### 6 Statutory Partners:

- Cleveland Police
- Hartlepool Borough Council
- Middlesbrough Council
- NHS North East and North Cumbria Integrated Care Board
- Redcar & Cleveland Borough Council
- Stockton-on-Tees Borough Council

### 24 Non-Statutory Partners:

- A Way Out
- Beyond Housing
- Care Quality Commission
- Catalyst Stockton-on-Tees (Voluntary Development Agency)
- Cleveland Fire Brigade
- Department for Work and Pensions
- Hartlepool & Stockton-on-Tees Safeguarding Children Partnership
- Hartlepool Community Trust
- Healthwatch Hartlepool
- Healthwatch South Tees
- Healthwatch Stockton-on-Tees
- HMP Holme House Prison
- Middlesbrough Voluntary Development Agency
- North East Ambulance Service
- North Tees & Hartlepool NHS Foundation Trust
- Office of the Police and Crime Commissioner for Cleveland
- People First
- National Probation Service
- Redcar & Cleveland Voluntary Development Agency
- South Tees Hospitals NHS Foundation Trust
- South Tees Safeguarding Children Partnership
- Tees Esk & Wear Valleys NHS Foundation Trust
- Teesside University
- Thirteen Housing

## Board Structure

The Board has continued to engage with key strategic partnerships across Tees including the Local Safeguarding Children Partnerships, Community Safety Partnerships, Tees Harm Outside The Home (HOTH) and the Cleveland Anti-Slavery Network as well as regional and national Safeguarding Adults Networks.

## Sub-Groups

The Board has a number of Sub-Groups leading on key pieces of work in order to achieve the aims and objectives set out in the Board's Strategic Business Plan 2024/25. The purpose of the Sub-Groups are summarised below.

### **Communication & Engagement (CE)**

Leads the development, implementation and evaluation of a multi-agency strategy aimed at increasing awareness of safeguarding adults and promoting the involvement of adults at risk, carers and advocates in the Teeswide safeguarding adult's processes.

### **Learning Training & Development (LTD)**

Leads the development, implementation and evaluation of a multi-agency learning, training and development strategy.

### **Operational Leads (OL)**

To provide a forum to enable safeguarding adult's operational leads from TSAB partner agencies to share good practice, problem-solve, access peer support and engage in multi-agency audits. The Sub-Group also provides qualitative data to inform the development of person-centred policies, procedures and strategies.

### **Performance, Audit & Quality (PAQ)**

Leads the development and implementation of a performance framework and provides an audit and quality assurance function on behalf of the TSAB.

### **Safeguarding Adult Review (SAR)**

Leads on the development and implementation of the Teeswide SAR Policy and Procedures to ensure that learning from any reviews undertaken locally and nationally is disseminated appropriately. The Sub-Group also considers notifications for SARs and makes recommendations to the Independent Chair.

### **Task & Finish Groups**

During 2024/25 there were a number of Task & Finish Groups to look at specific work streams:

- Adult Exploitation Strategy
- National Safeguarding Adults Week
- Policy, Procedures and Practice
- Annual Consultation Survey Review
- Collaborative Working and Information Sharing between Professionals to Protect Adults
- High Risk Adults Panel Review

## Key achievements 2024-25

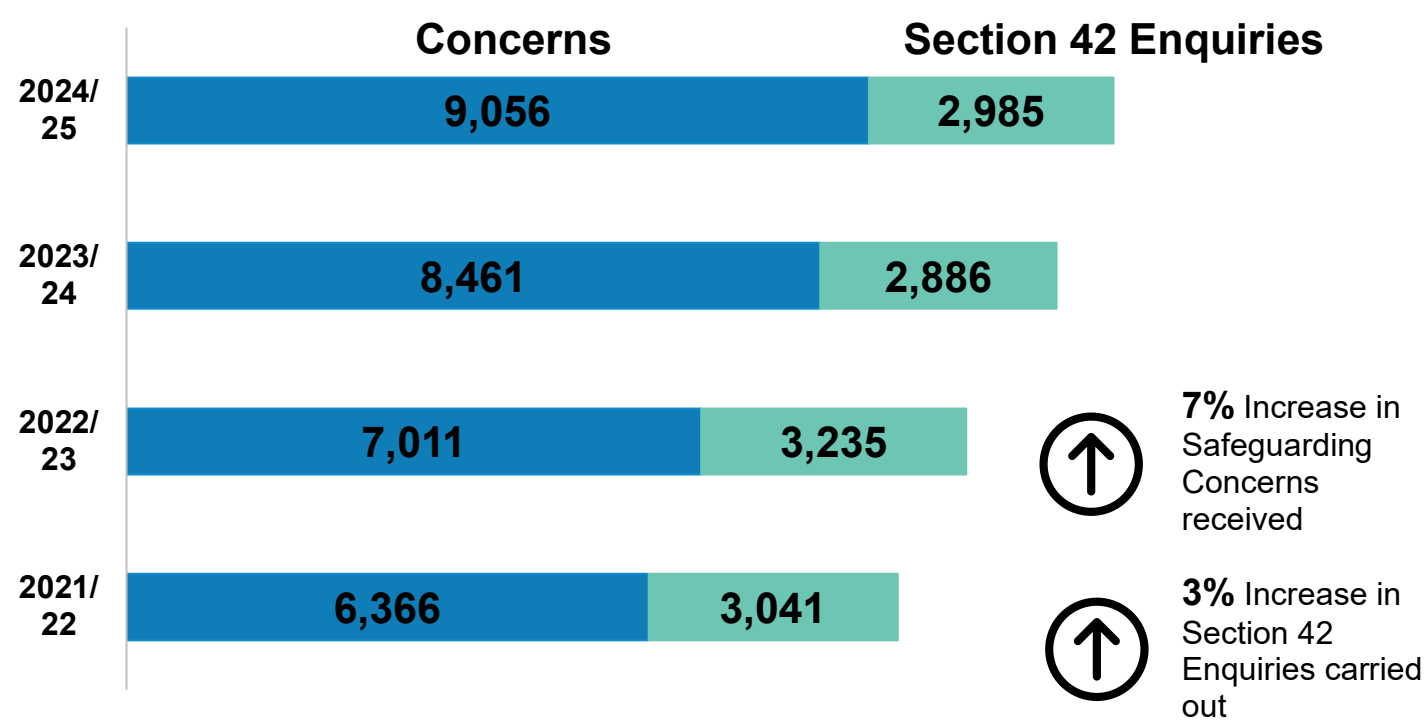


# Safeguarding Data 2024-25

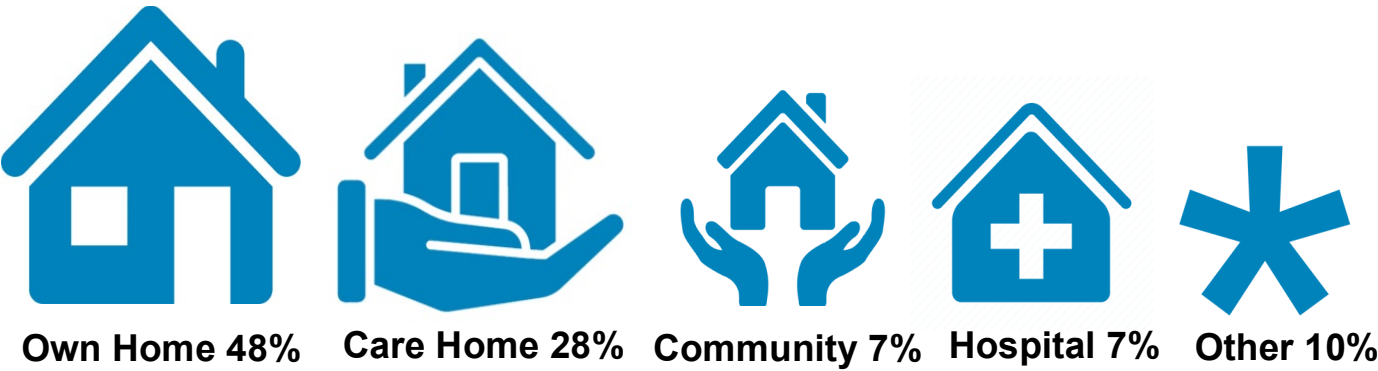
## Concerns and Section 42 Enquiries<sup>1</sup>

**Safeguarding Concern** - a report made to the lead agency for the safeguarding process to raise concerns of adult abuse/ neglect.

**S42 Enquiries** - The Care Act 2014 (Section 42) requires that each Local Authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse and/or neglect.



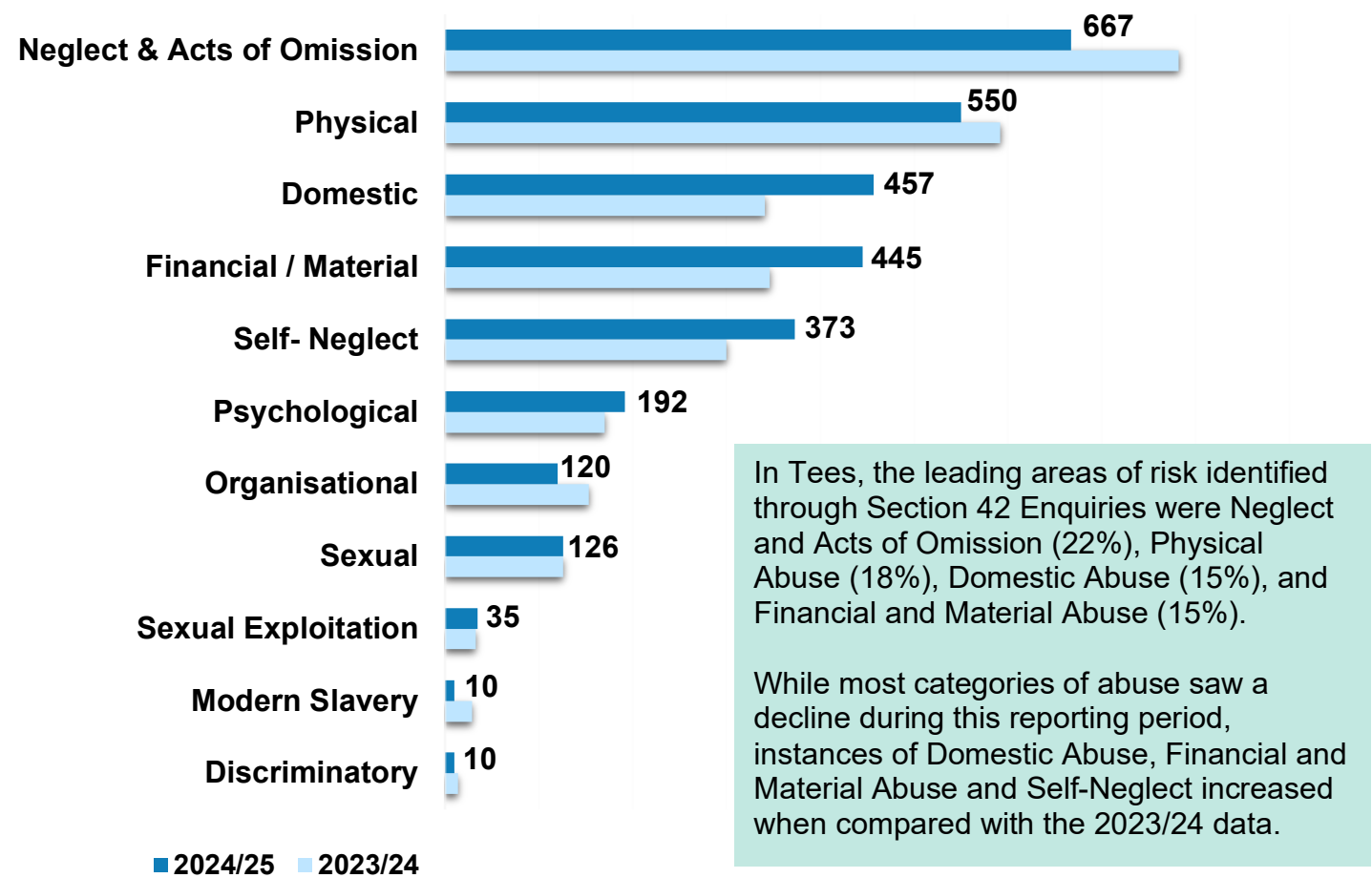
## Location of Risk: Section 42 Enquiries



An individual's Own Home remains the most common setting for risk across Tees, reflecting trends observed in previously published national data.

<sup>1</sup> Data on this page relates to Section 42 Enquiries commenced

Types of Risk: Section 42 Enquiries



Safeguarding Concerns Received

174

Concerns were received, on average per week across Tees

Care Homes	24%
Social Care	10%
NHS Secondary Care	8%
Police	7%
Care at Home	7%

*\* % of Concerns received from organisations*

**38% increase** in Concerns received from Social Care

**29% increase** in Concerns received from Care Homes

**2 x more** Concerns were received from Police, Care at Home, and Ambulance Services than last year

Section 42 Enquiries Commenced


57

Section 42 Enquiries were carried out, on average, per week across Tees

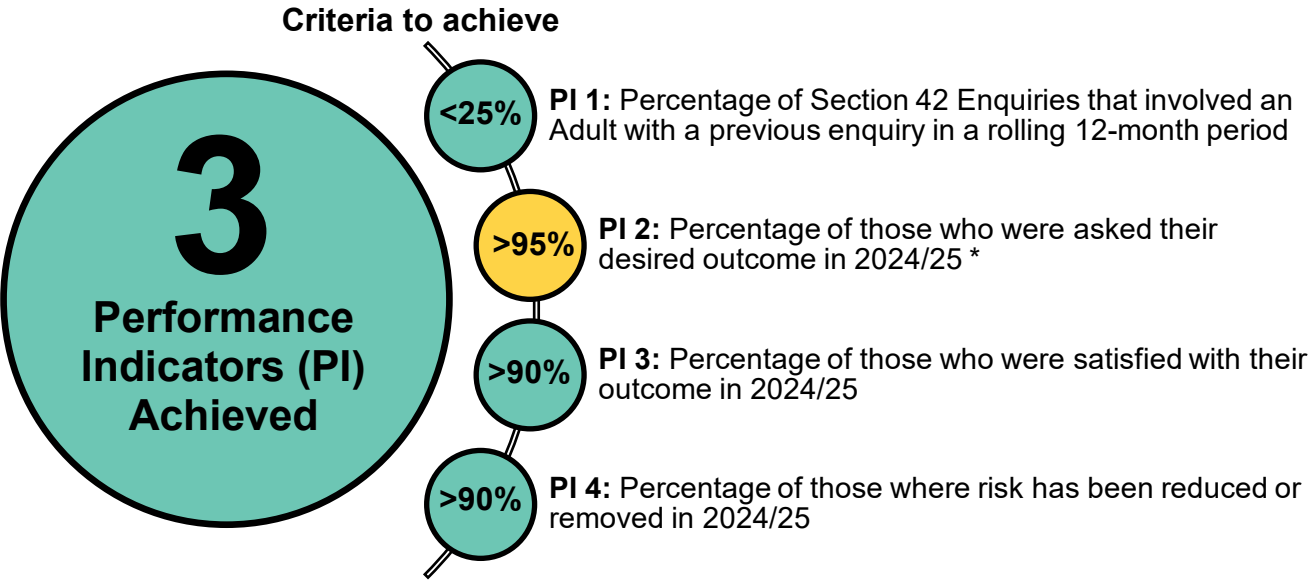
**16% increase** in Own Home category

**56% of ALL Section 42 Enquiries** relate to an adult aged under 65

**22% increase** in the number of Section 42 Enquiries relating to people aged under 65



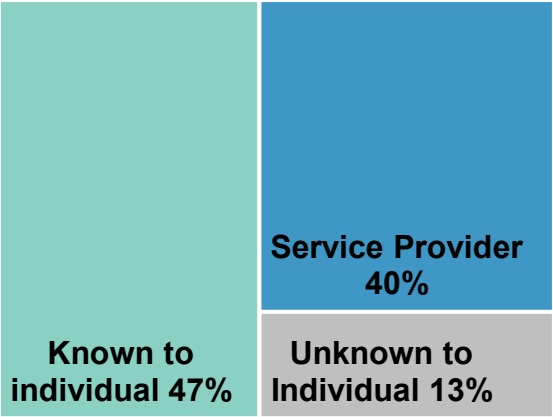
**60% of ALL Section 42 Enquiries** related to females; a similar figure was reported for last year



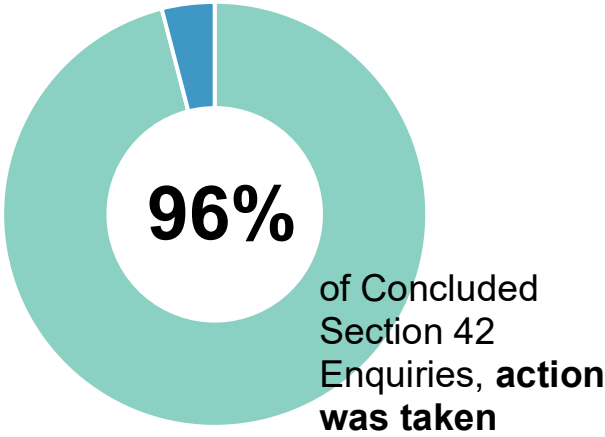
\* PI 2 narrowly missed its annual target, with the result falling just short of the expected criteria.

**Outcomes of Concluded Sections 42 Enquiries**

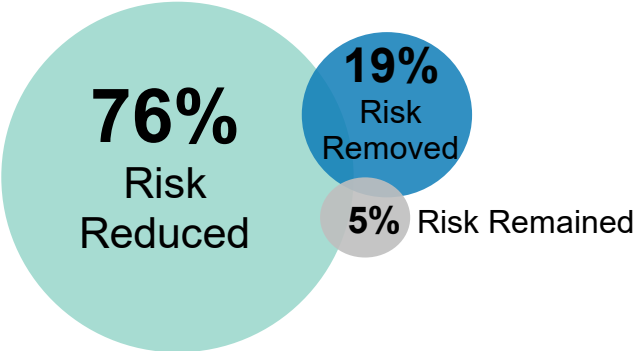
**Source of risk to the adult**



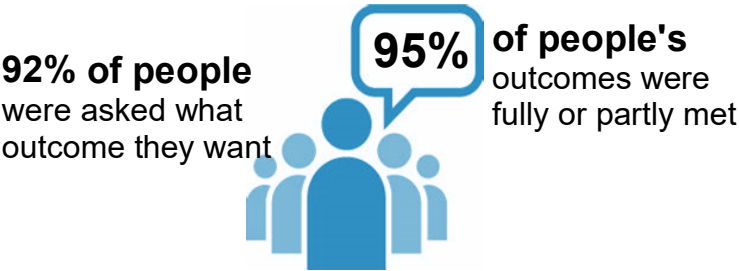
**Safeguarding Action**



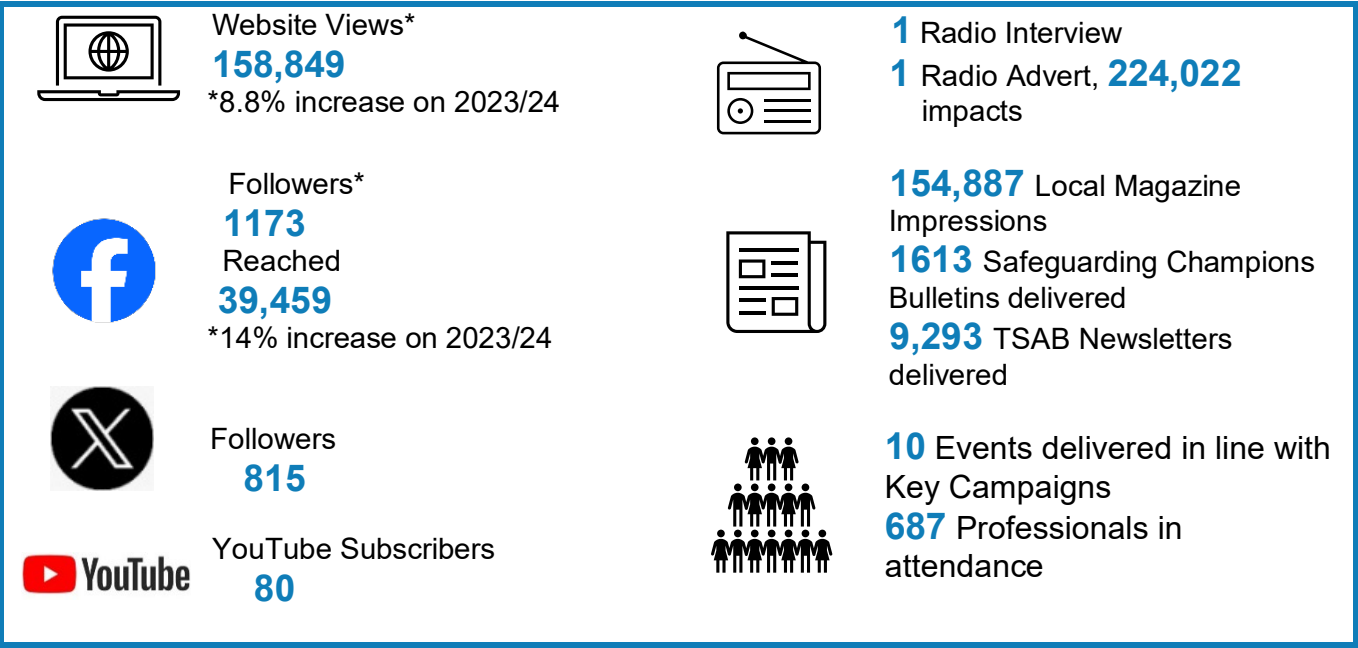
**Safeguarding Outcome**



**Adults Voice**



# Communication and Engagement



## Awareness Raising Campaigns

Throughout the year, the Board engaged collaboratively with partners on a wide range of awareness raising activities, utilising multiple communication and engagement methods with the aim of engaging professionals, members of the general public, harder to reach groups and digitally excluded individuals. The Board participated in a number of national campaigns including National Safeguarding Adults Week, as well as facilitating three local ‘Spotlight On’ Campaigns.

National Safeguarding Adults Week (NSAW) continues to be a key event for the Board, featuring a comprehensive communication and engagement plan of activity. This included a social media campaign, an advert on Hits Radio, and a radio podcast with the Board’s Independent Chair. Adverts featured in the Gazette and Hartlepool Life newspapers. A Safeguarding Poster was displayed by partners on digital screens and printed TSAB Safeguarding Literature was shared by partners, including Safeguarding Bookmarks via home library services in Stockton and Middlesbrough. 5 webinars were held for professionals covering Professional Curiosity, Autism and Suicidality, Financial Abuse and Scams, Exploitation and Cuckooing.

The Board’s ‘Spotlight On’ campaigns included, Carers Week and Elder Abuse Day, Transitional Safeguarding and Discriminatory Abuse.

## Safeguarding Champions

The Safeguarding Champions Scheme continues to grow, with **499** professionals from a variety of organisations across Tees currently enrolled (this is a **37.4%** increase when compared to 2023/24). Champions receive a quarterly e-bulletin containing safeguarding information and training and resources to support them to communicate safeguarding messages throughout their networks and communities.



## Safe Place Scheme

There are currently **96** [Safe Place](#) locations Teeswide.

The Steering Group, operating under the governance of the Board, continues to oversee the scheme throughout the year. The group monitors the number of venues joining the scheme and discusses additional work led by Safe Place Scheme leads, which further strengthens the scheme within each local authority. During 2024/25 additional work was also carried out to review the information pack for venues and to redevelop the training video for venues.



## Involving individuals with lived experience

The Board continues to seek to provide opportunities for members of the general public and those with lived experience to directly influence the work and priorities of the Board. In 2024/25 the Board:

- Co-hosted the “Prioritising Child Sexual Abuse” Roadshow, in conjunction with the Centre of Expertise on child sexual abuse, Hartlepool & Stockton Safeguarding Children Partnership, South Tees Safeguarding Children Partnership and the Office of the Police and Crime Commissioner for Cleveland. The event included a very impactful presentation from an individual with lived experience.
- Facilitated a Safeguarding Workshop with carers at We Care You Care’s workshop. The feedback from carers prompted the development of two new posters, capturing messages from carers and promoting the service offer available across Tees for carers.
- Sought feedback from members of Stockton’s Lived Experience Forum to support with the review of the Annual Consultation Survey.
- Published and promoted the Annual Consultation Survey between October 2024 and January 2025, providing members of the public, individuals with lived experience and carers, the opportunity to influence the future direction of the Board’s priorities.
- Sought feedback from members of Recovery Connections on the “[Making Services Easier to Engage in Guidance](#)”
- Commissioned work with Signapse<sup>2</sup> to adapt the “What is Safeguarding?” and “What is Modern Slavery?” animations to include a British Sign Language Interpreter. Feedback was received, including from two deaf individuals, which resulted in positive amendments being made to the videos.
- Redeveloped the [Safe Place Scheme Video](#), involving members of Independent Voices and Larchfield Community. Members of Hartlepool Day Centre and Independent Voices were also involved in the auditing of Safe Place Venues and have provided feedback on the existing Safe Place Scheme Service User Leaflet to support its redevelopment.
- Held a weeklong campaign ‘A Spotlight on Transitional Safeguarding’ in conjunction with the Children’s Partnerships. The campaign featured an online event attended by 212 professionals.

*The overwhelming majority of respondents noted the power and impact of hearing from a presenter with lived experience of child sexual abuse.*

**Prioritising child sexual abuse: Teesside Roadshow Evaluation**



<sup>2</sup> A company using AI technology to create automatic sign language translation

## You said, we did...

In 2023/24 367 professionals and 163 members of the public completed our annual survey. You can see below some examples of how these responses have helped to inform the work of the Board in 2024/25:

### You said...

Professionals and members of the public felt less informed about Discriminatory Abuse.

### We did...

In March 2025 the Board facilitated a week-long campaign 'A Spotlight on Discriminatory Abuse', featuring a webinar for professionals and social media campaign.

### You said...

Members of the public felt less informed about psychological abuse.

### We did...

In June 2024, as part of 'A Spotlight on Carers Week and Elder Abuse Day', the Board launched a new animation 'Hidden Harms' which explores older adults and domestic abuse, including psychological abuse.

### You said...

Make sure individual's needs are listened to and information is shared appropriately and in a timely way with the organisations involved in protecting them.

### We did...

Re-developed TSAB's annual survey, with the support of Stockton's Lived Experience Forum. The new survey was launched in October 2024.

Launched two BSL videos on Safeguarding and Modern Slavery, including reporting options for those who are deaf, hard of hearing or are speech impaired. Developed new guidance on information sharing between professionals to protect adults.

### You said...

Strengthen links with organisations, children's partnerships and community safety partnerships at a strategic and local level to embed a 'think family' approach to safeguarding.

### We did...

Co-hosted the Child Sexual Abuse Roadshow and 'A Spotlight on Transitional Safeguarding' Campaign with the Safeguarding Children's Partnerships across Tees.

### You said...

Work more closely in engaging with local communities to report abuse and neglect.

### We did...

Delivered a number of awareness raising presentations, including Healthwatch Hartlepool, Stockton Wellbeing Champions, Independent Voices' Staying Safe Workshop and the Deaf Empowering Network.

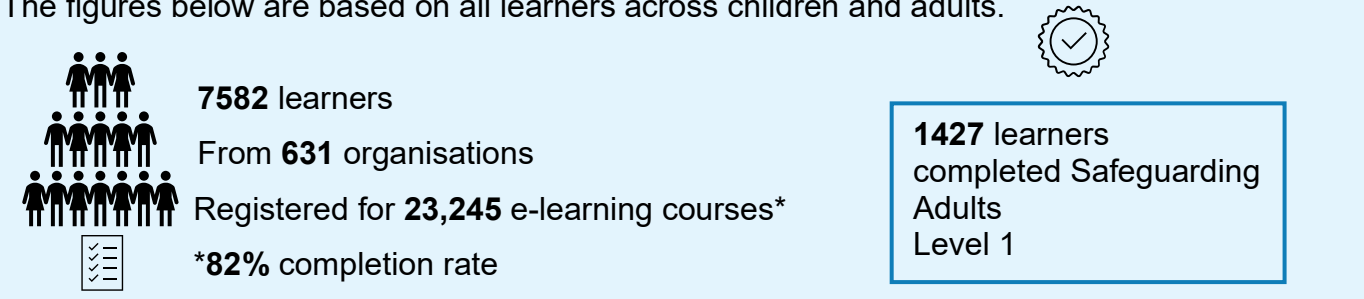
# Training

The Board provides free multi-agency training, designed to supplement single agency training provision. The Board continued to deliver its existing training programme as well as commissioning additional courses.

## Me-Learning

The Board commissions the e-Learning platform (Me-Learning) in conjunction with the local Safeguarding Children Partnerships. There are often crossovers between children and adult safeguarding work and therefore it is recognised that people who work with children and/or adults greatly benefit from having access to a wide range of safeguarding courses available in one place.

The figures below are based on all learners across children and adults.



## Webinars



## Webinar Feedback in 2024/25

*I have started to think and include clients in the decision when making a safeguarding referral, even more than I used to. I can see that trust between me and the client is being built up, helping the client to be more open and have more courage to ask for help. They are more open to ideas and solutions on how to sort out the problem at hand.*

**Learner feedback from the Making Safeguarding Personal Webinar**

*It will impact daily on how we approach, support our clients of domestic abuse and how we work with other professionals in being creative in our professional thinking collectively.*

**Learner feedback from the Complex Cases Webinar**

## Priority 1: Joint Working

**Aim: We will develop a whole system approach to safeguarding adults which is responsive to individuals' needs, views and wishes.**

### **What we said we would do:**

1. Ensure Board partners work together in an effective manner to protect adults from all forms of abuse and neglect.
2. Consider and act upon the impact of new legislation and statutory guidance on safeguarding practice.
3. Engage and Collaborate with the Local Safeguarding Children Partnerships, Community Safety Partnerships, Domestic Abuse Steering Groups, Health and Well-being Boards, Tees Exploitation Group (TEG) and partners to deliver joint priorities and objectives.
4. Engage and collaborate with the multi-partnership and multi-agency development work regarding Missing Adults, Transitions, Contextual Safeguarding and Adult Sexual Exploitation.
5. Further embed trauma informed practice, strengths based and person-centred approaches to all safeguarding adults' work.
6. Explore different safeguarding operating models and joint protocols to enhance partnership working and information sharing.

### **What we did:**

- Delivered a multi-agency audit schedule including Domestic Abuse, Transitions and Sexual Exploitation and The High-Risk Adults Panel (HRAP).
- Reviewed the Teeswide Inter-Agency Safeguarding Adults Procedure.
- Shared a draft version of the "Making Services Easier to Engage in" Guidance with members of Recovery Connections to review and provide feedback on. This resulted in changes to the guidance, including the title.
- The Adult Exploitation Strategy was developed, and an implementation group was convened. Progress on the implementation of the strategy will be reported on in 2025/26.
- Held a multi-agency in-person workshop, in collaboration with the Harm Outside the Home Chair and the Children's Partnerships, to begin the development of a Transitions process for children and young people transitioning to adulthood who are experiencing/ at risk of exploitation. Work in this area remains ongoing and will be reported on in 2025/26.
- A member of the TSAB Business Unit attended Stockton's Domestic Abuse Strategy Planning meeting in June 2024, promoting TSAB learning and resources.
- A Task and Finish Group was established to review the High-Risk Adults Panel arrangements across Tees.
- Developed new guidance on Collaborative Working and Information Sharing between Professionals to Protect Adults.
- In May 2024, a Ministerial Letter was sent to Directors of Housing, Adult Social Services, and SAB Chairs in England with recommendations on supporting individuals who are rough sleeping. TSAB held a meeting with partners and appointed a board member to lead a working group. These recommendations are now part of the TSAB Strategic Plan 2025–2028 and will be further detailed in the 2025–2026 annual report.



*Collaborative efforts between Adult Social Care and Children's Services have led to significant developments in the transitions process. This work ensures a smooth and timely transfer of support for young people moving into adulthood who require ongoing assistance.*

**Stockton-on-Tees Borough Council**



## Priority 2: People

**Aim: We will ensure the workforce is well trained, supported and equipped to safeguard the most vulnerable people within our communities.**

### What we said we would do:

1. Seek assurance from partners that staff understand the legislative framework and the principles of trauma informed practice to ensure the best outcomes for adults at risk.
2. Seek assurance from partners that staff are provided with single agency Safeguarding Adults training in accordance with the TSAB Training Strategy.
3. Seek assurance from partners that staff are provided with support and training, particularly in relation to the management of high risk/complex cases and with consideration of vicarious trauma.
4. Learn from the findings of local, regional, and national Safeguarding Adult Reviews (SAR), applicable Domestic Abuse Related Death Reviews (DARDR), Safeguarding Children Practice Reviews (SCPR) and any other relevant reviews and implement action plans.
5. Provide opportunities for partners to share learning and best practice in all aspects of safeguarding adults work which will promote staff and public confidence.

### What we did:

- Introduced impact assessments for managers, to assess the effectiveness of the TSAB training being delivered.
- Included learning from the Molly and James SAR in the Trauma Informed Practice Training.
- Continued to undertake Quality Assurance Framework (QAF) evaluations with Statutory Partners to seek assurance on the training and support provided to staff.
- Following learning identified in the James SAR and [The Domestic Homicide Oversight](#)

Mechanism: Homicide Abuse Learning Together (HALT) Study Briefings, the Board hosted a weeklong campaign 'A Spotlight on Carers Week and Elder Abuse Day'. This included two workshops for professionals 'Identifying and Supporting Carers' and 'Spotting and Stopping Abuse of Older Adults' and the launch of a new animation '[Hidden Harms](#)'.

- In collaboration with the Children's Partnerships, delivered a presentation at 2 GP engagement sessions on the learning from SARs and SCPR's. A total of 101 GP's attended.
- Held a week-long campaign with the Children's Partnerships - "A Spotlight on Transitional Safeguarding", following learning identified in the Jack SAR. The campaign featured an online event, including a presentation on the Jack SAR and Diabetes and Transition.
- Good news stories were shared in the TSAB Newsletter including a significant increase in the number of professionals from the Voluntary, Community and Social Enterprise sector registered to access Me-Learning and Independent Voices winning 'Innovation Champion at the National SAB Excellence Awards.



*The ICB ensures that learning from statutory reviews is disseminated across health commissioned services where agencies are not directly represented, for example primary care. The learning is shared via quarterly engagement sessions with GP safeguarding leads and via the safeguarding professional forum whose members include safeguarding leads from across the private and charity sector.*

**NENC Integrated Care Board**





## Priority 3: Communication

**Aim: We will provide accessible and clear information, advice and support that helps people to understand what abuse is, how to prevent abuse from happening, how to seek help and how to engage with the work of the Board.**

### What we said we would do:

1. Ensure mechanisms are in place that enable adults, their families, and their carers to better inform the future direction and priorities of Adult Safeguarding across Tees.
2. Ensure that all public-facing materials are accessible and understandable.
3. Ensure adults and/ or their representatives or advocates who use safeguarding services are asked what they want as outcomes from the safeguarding process and that their views actively inform what happens.
4. Provide tools and resources to facilitate engagement with adults in need of safeguarding support.
5. Ensure the Safeguarding Champions initiative continues to improve engagement with local communities, harder to reach groups, the seldom heard and creates stronger links with the Voluntary, Community and Social Enterprise sector.
6. Ensure robust information sharing across and between agencies and partnerships to ensure the best outcomes for adults using safeguarding services.

### What we did:

- A Task and Finish Group was established to review the Annual Consultation Survey and feedback was sought from the Lived Experience Forum. Inclusion North was commissioned to produce an Easy Read version of the new survey. A total of 697 survey responses were received (579 professionals and 118 members of the public) to inform the future direction and priorities of the Board. The total number of surveys completed increased by 31.5% when compared to 2023/24.
- Inclusion North was commissioned to create an updated Easy Read version of the [Protecting Adults from Abuse and Neglect leaflet](#).
- The TSAB website provider was commissioned to support with the work required to ensure the website is accessible to all. Work in this area remains ongoing.
- The Board successfully delivered three Spotlight on Campaigns (Carers Week and Elder Abuse Day, Transitional Safeguarding and Discriminatory Abuse) and National Safeguarding Adults Week to raise the profile of adult safeguarding amongst professionals and the public.
- A gap analysis of Safeguarding Champions was undertaken to support targeted recruitment. Engagement opportunities with professionals via events continue to be utilised to increase the Safeguarding Champion cohort, including the GP engagement sessions which resulted in 26 GP's joining the scheme.
- A Safeguarding Presentation was delivered at Independent Voice's "Staying Safe" Workshop for adults with Learning Disabilities.
- To ensure the Board continues to be inclusive, diverse communication methods have continued to be utilised in 2024-2025 including radio interviews and adverts, resident newsletters, newspapers, leaflets and posters.

*We actively promoted Safeguarding Adults Week, sharing key messages and raising awareness. The Council has also championed the recruitment of Safeguarding Champions internally and with partners.*

**Redcar & Cleveland Borough Council**

## Priority 4: Services

**Aim: Services are commissioned and provided by our partners to meet the individual needs of adults who are most at risk of abuse or neglect**

### What we said we would do:

1. Ensure that adults at risk of neglect and/or abuse can access support services and schemes such as the Safe Place Scheme and Ask ANI.
2. Seek regular assurance from our partners on the safe commissioning and delivery of services.
3. Implement our new performance monitoring processes and systems to obtain accurate, current, and validated information.
4. Provide opportunities to share information about innovative services and solutions for working with people with complex needs.
5. Work with the Voluntary, Community and Social Enterprise sector to understand and share the range of services and support available to meet the needs of adults most at risk of abuse and neglect.

### What we did:

- The Safe Place Scheme training video was redeveloped with support from adults with learning disabilities from Independent Voices and Larchfield Community. Further work to re-develop the service user leaflet with support from Independent Voices and Hartlepool Day Centre is ongoing and will be reported on in 2025/26.
- The “Find Support in your Area” webpage continued to be reviewed, updated and promoted during campaigns. Findings from the Bernadette SAR Practitioner Survey resulted in new services being added to the page including homelessness teams, drug and alcohol services and neighbourhood safety teams.
- The QAF self-audit tool was strengthened to include safe commissioning of out-of-area care and to support service contract arrangements.
- Work remains ongoing to continue developing the TSAB Data Dashboard in PowerBi to incorporate data from other partner agencies.
- Awareness presentations were delivered to number of organisations to raise awareness of adult safeguarding and the work of TSAB, including Stockton Wellbeing Champions, Deaf Empowering Network, Hartlepool Healthwatch and a Provider Forum. An information stall, including TSAB leaflets in different languages was included at the Healthwatch Health and Care Ambassador Event for asylum seekers.
- Members continued to monitor the TSAB performance indicators each quarter via the TSAB Data Dashboard.



*Our Access Safeguarding Lead has led on a review of our Safe Places Scheme. This looked at how we support adults to feel safe in our town. Key to this was feedback from residents of Larchfield who provided an insight into how they would like to be supported. They also took part in the TSAB promotional video.*

**Middlesbrough Council**



*This year, we strengthened our safeguarding culture by delivering targeted training to new managers and care providers, sharing key learning from Safeguarding Adult Reviews (SARs), and promoting refreshed self-neglect guidance. Staff and partners were kept informed through forums, newsletters, bite-sized training, and accessible public information, ensuring safeguarding remains at the heart of our community.*

**Hartlepool Borough Council**



## Safeguarding Adult Reviews (SAR)

A SAR is undertaken when agencies who worked with an adult who has been subject to abuse or neglect, come together to find out if they could have done things differently and prevented serious harm or death from happening. A SAR does not blame an individual or organisation for their actions, its purpose is to learn from what happened and identify changes that could help prevent similar harm to others in the future.

Under the Care Act 2014, Safeguarding Adult Boards (SAB) are required to commission a Safeguarding Adult Review (SAR) when an adult dies or is seriously harmed as a result of suspected or known abuse or neglect and there is reasonable cause for concern about how, or if partners worked together to safeguard the adult.

In 2024/25 a total of 3 [SARs](#) were published: JJ, Jack and Susan

### SAR Sub-Group Activity

The role of the Sub-Group is to consider new SAR notifications, to oversee any ongoing SARs or other reviews, ensure any learning from reviews (locally, regionally or nationally) is considered by TSAB partners and taken forward in their own organisations, and to oversee the implementation of action plans arising from review activity across Tees. Membership of the Sub-Group comprises of senior managers from our key partner organisations. The SAR Sub-Group met on a bi-monthly basis, with bi-monthly notification meetings in between to ensure we meet the timescale for the consideration of a new SAR Notification could be met.

### SAR Data 2024/25

8 SAR Notifications Considered	2 progressed to a Mandatory SAR	2 progressed to a Discretionary SAR
--------------------------------	---------------------------------	-------------------------------------

4 were No Further Action under Section 44 of the Care Act 2014, however 3 of those cases progressed as a single agency review and learning will be presented to the SAR Sub-Group in 2025/26.

### SAR Sub-Group Achievements

- Monitored 14 open cases (as of 31<sup>st</sup> March 2025)
- No action plans were signed off as complete during 2024/25
- Considered the learning from 5 reports on Regional and National SARs
- 15 learning reports regarding Care Providers who have been subject to the [Responding to and Addressing Serious Concerns \(RASC\)](#) Protocol were considered



## North East SAR Champions Network

- A Task & Finish Group was set up in February 2024 to develop Cross Boundary SAR Guidance for Business Units, an update will be reported on in 2025-26.
- Effectiveness of the SAR Escalation Protocol raised nationally.
- National Survey to Business Managers regarding key questions around SARs, such as how timescales are captured.
- Discussed National SAR Analysis, Interface between SARs/Coronial Process and Ministerial Letter re Rough Sleeping.
- Regional offer to practitioners for a number of webinars during National Safeguarding Adults Week 2024.
- Speakers invited from RISE (Safeguarding in Sport) and North East Procurement Framework for Independent Reviewers.

## Published Safeguarding Adult Reviews 2024-25 (full reports are available [online](#))

### • JJ SAR

JJ was a 23-year-old, White British transgender male. JJ was diagnosed with Childhood Autism, Complex Post Traumatic Stress Disorders and Emotionally Unstable Personality Disorder. JJ had a number of physical health conditions. JJ was known to use illicit substances and was at risk of death due to misadventure as a result of self-harm. Key findings from JJ's case related to multi-agency working, engagement, legal literacy, risk assessments, safety planning and escalation, protected characteristics, professional challenge, trauma informed care and vicarious trauma.

### What we've done to implement recommendations:

- Learning from Regional and National SARs Report involving Discriminatory Abuse
- [Mental Capacity Act Resources Webpage](#) developed and published
- [Professional Challenge Procedure](#) and [Professional Challenge Briefing](#) reviewed
- [Professional Curiosity Briefing](#) reviewed
- Trauma Informed Practice training sessions continued during 2024/25
- Spotlight on Discriminatory Abuse Campaign
- Spotlight on Services article featured in TSAB Newsletter focusing on Hart Gables who support the LGBTQ+ community
- [Trauma Informed Practice Toolkit](#) developed
- Multidisciplinary Guidance Team (MDT) guidance reviewed and strengthened
- Sought assurance from partner agencies on how the learning from this case has been considered, implemented and embedded into practice, via Single Agency Analysis Reports

### • Jack SAR

Jack was 20 when he died alone in a hotel room due to diabetic ketoacidosis (DKA). He had been placed in the hotel under the severe weather protocol having been no fixed abode. He was known to both Stockton and Middlesbrough Council's Safeguarding Teams. There were concerns regarding self-neglect due to mismanagement of his diabetes, substance use disorders and homelessness. Key findings from Jack's case related to self-neglect due to mismanagement of diabetes, substance misuse, homelessness/housing, transitional safeguarding, cross boundary working, engagement and mental capacity.

### What we've done to implement recommendations:

- [Making Services Easier to Engage in Guidance](#) developed and published
- Learning from Regional and National SARs Report involving Transition
- Rough Sleeping Workshop convened
- Learning from Regional and National SARs Report involving Diabetes
- Multi-Agency Audit focusing on Transition
- Themed discussion on Transition at Operational Leads Sub-Group
- Spotlight on Transitional Safeguarding Campaign
- Transitional Safeguarding Webinar (included an overview of Jack's SAR and a speaker who talked about the risks associated with diabetes)
- Spotlight on Services article featured in TSAB Newsletter focusing on Matrix Neurological who support people with brain injuries
- Sought assurance from partner agencies on how the learning from this case has been considered, implemented and embedded into practice, via Single Agency Analysis Reports

#### • Susan SAR

Susan had a stroke when she was 37 leaving her with physical disabilities and communication difficulties. Susan was supported by her mother and other family members including her son. Susan's son had a diagnosed psychotic illness that was well managed when he took his medication. Susan's mother was also a huge support to Susan's son, ensuring that he took his medication and attended his appointments. Susan's son became mentally unwell following the death of his grandmother when he stopped taking his medication. Susan's son assaulted Susan. She died 18 days later at the age of 58 from unrelated physical health causes. Key findings from Susan's SAR were related to effective good practice, professional curiosity, triaging of assessments, flagging of previous Safeguarding Concerns.

### What we've done to implement recommendations:

- [Professional Curiosity Briefing](#) reviewed
- [Professional Curiosity Webinars](#) held during Safeguarding Adults Week delivered by the Susan author
- Good practice discussion held on enabling a professionally curious workplace at the Operation Lead Sub-Group
- Learning from the SAR incorporated into the Complex Cases and Safeguarding Training for managers courses
- Sought assurance from partner agencies on how the learning from this case has been considered, implemented and embedded into practice, via Single Agency Analysis Reports

### SAR Findings Not Implemented

**Molly Recommendation:** *The local Crown Prosecution Service should identify how the current national review (Operation Soteria) will be implemented locally and provide updates to TSAB.*

Attempts were made to raise the criminal justice issues in Molly's case, together with Newcastle SAB and their findings from Operation Sanctuary and Thematic Analysis of SARs involving ASE via the National SAR Escalation Protocol. Local discussions were paused until the national picture was known. No formal response was received in relation to the criminal justice issues raised. TSAB tried to pursue this locally by writing to local CPS contacts. No response was received, and the action was marked as 'incomplete' in September 2024.

## Partner Activity

**Hartlepool Borough Council (HBC)** continues to support the work of the Teeswide Safeguarding Adults Board (TSAB), with representatives chairing both the Communication & Engagement and Safeguarding Adult Review Sub-Groups. These Sub-Groups promote multi-agency engagement, sharing best practice, embedding learning from reviews, and the development of local policy. We regularly promote the Board's work through articles in our adult staff newsletter and resident magazine Hartbeat and actively support Spotlight On campaigns and National Safeguarding Adults Week. The Council also engages with local safeguarding champions and providers to share learning from Safeguarding Adult Reviews (SARs). Our commitment to adult safeguarding was recognised with a 'Green' rating in the Quality Assurance Framework (QAF), which highlighted our work with elected members as good practice. This was reflected in a Care Quality Commission (CQC) rating, which identified strengths including a strong multi-agency safeguarding partnership and effective systems, processes and practices to safeguard people from abuse and neglect. In 2024/25, we invested in approaches that support Trauma-Informed Practice and Making Safeguarding Personal. The CQC recognised this, noting that safeguarding enquiries were carried out with the person's wishes and best interests at the centre, that the local authority was very person-focused and responsive to safeguarding concerns, and that people were supported to participate in the safeguarding process as much as they wanted and helped to understand safeguarding.



**Middlesbrough Council (MBC)** have championed and supported the development of the Adult Exploitation Strategy and look forward to progressing its vision through the Adult Exploitation Working Group. During National Safeguarding Adults Week in November 2024, we hosted events to raise staff awareness, including a presentation from Social Work England on fitness to practice and a session focused on understanding exploitation. Practitioners heard from guest speakers from Cleveland Police and took part in group activities covering Safe Places, the Modern Slavery, Human Trafficking and Exploitation Pathway, identification of Adult Exploitation, and use of the TSAB Exploitation Tool. The session concluded with a presentation from CC Inform highlighting learning resources for staff. To increase public awareness in Middlesbrough, we created simple posters and social media messages encouraging recognition of abuse and how to report or access support. In 2024, Middlesbrough developed a provider engagement event for Safeguarding Adults Week: Let's Start Talking – Taking the Lead on Safeguarding in Your Organisation. In November 2024, we held our second Professional and Organisational Learning Day, supporting agencies and commissioned providers to learn from partners including My Sisters Place, A Way Out, Halo, Arch, and DePaul, and to share work around Prevent, fraud awareness, and safeguarding outreach. During Social Work Week in March 2025, we shared learning from Domestic Homicide Reviews (DHRs) and Safeguarding Adults Reviews (SARs), highlighting the challenges faced by informal carers. Presentations were delivered alongside colleagues from the Dementia Hub, We Care You Care, and Teesside Hospice, and the event was opened to TSAB Sub-Group members



**Redcar and Cleveland Borough Council (RCBC)** has made a strong and proactive contribution to the Teeswide Safeguarding Adults Board (TSAB) Strategic Business Plan for 2024–2025. We have continued to support the Board in achieving the aims and objectives of the Strategic Plan, including chairing the Learning, Training & Development Sub-Group, the Adult Exploitation Strategy Working Group, and actively contributing to other TSAB Sub-Groups. The Council has strengthened its Making Safeguarding Personal processes to ensure the voice of the adult informs learning after safeguarding procedures conclude. Learning from Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs) has been widely shared and embedded within the service. A robust process has been developed to ensure safe admissions for individuals placed in bed-based provision outside the borough. Work continues with the intelligence team to improve data quality, and staff have actively engaged in TSAB training opportunities. We also completed the Quality Assurance Framework (QAF), achieving an overall Green rating. Our Care Home Out of Authority Provider Assurance Form was identified as an area of best practice and shared with members of the Operational Leads Sub-Group.



**Stockton-on-Tees Borough Council (SBC)** actively supported the Teeswide Safeguarding Adults Board's (TSAB) strategic priorities throughout 2024/25. Our initiatives and campaigns were guided by the message that safeguarding is everyone's business and the six key safeguarding principles, which are central to protecting our communities. We maintained a strong collaborative approach, working with partners including the Police, NHS, Probation, Housing, and the Voluntary Sector. This multi-agency work ensured the needs and voices of those requiring support were met and heard. A key initiative was the implementation of the Right Care, Right Person approach within Adult Social Care (ASC), with training provided to partners. SBC contributed to the development of the Teeswide Adult Exploitation Strategy 2024–2027, informed by learning from Molly's Safeguarding Adult Review (SAR). To continuously improve our practice, staff members across Adult Social Care (ASC) received regular updates on local, regional, and national SARs and Domestic Abuse Related Death Reviews (DARDRs). The Adult Safeguarding Team supported the development of Trauma-Informed Practice Guidance to embed this approach in frontline work which is essential when working with vulnerable adults. We actively engaged in and promoted access to the High Risk Adults Panel (HRAP), Peer Advocacy and a new idea has been developed jointly with our colleagues from SBC Housing of the Repeat Homeless and Rough Sleeper Team project as part of the Council's wide Powering Our Future initiative. We proudly supported National Safeguarding Adults Week (Nov 18–22, 2024), themed Working in Partnership, through events that engaged staff, partners, and the public in raising awareness of abuse, prevention, and reporting. The Make it Real Board continued to be recognised for its contributions, with experts by experience central to service delivery and co-production, especially in assessments and risk management. To assure TSAB of service quality, we completed several audits, including the Quality Assurance Framework (QAF), achieving a 'Green' rating across all domains demonstrating our commitment to providing safe and responsive services.



**Cleveland Police** have actively supported TSAB priorities through daily collaboration and subject matter expertise in review work. The force is a committed member of the SAR Governance arrangements, contributing to all SAR reviews and learning activities. An enhanced SAR tracker has been developed to monitor progress and ensure accountability in implementing recommendations. Cleveland Police completed its bi-annual TSAB self-audit, fully contributing to the Adult Safeguarding QAF assessment demonstrating operational alignment with TSAB standards achieving a Green Rating. This rating confirms consistent excellence in adult safeguarding practices, supported by evidence of good practice. The force continues to support and promote TSAB awareness campaigns, annual surveys, and newsletters via social media. Cleveland Police maintains strategic leadership in MARAC through the Detective Superintendent Adult Safeguarding Lead. Ongoing efforts are in place to strengthen and improve operational MARAC arrangements. Additionally, Cleveland is a pilot force for the Domestic Abuse Protection Order, reflecting innovation and leadership in safeguarding and its commitment to tackling violence against woman and girls and Domestic Abuse. Working with partners from within the local strategic sex work forum, Cleveland Police has devised guidance for all officers when dealing with sex workers, particularly within the engagement role. Sex Work Liaison officers have been trained on all districts within the force area, whose role now includes building relationships and engagement with sex workers. The aim of this is to increase confidence in Cleveland Police and encourage reporting. Work is ongoing with regards to our attendance at adult strategy meetings, to ensure attendance where required, and that the record keeping is consistent. This will ensure better outcomes for vulnerable adults. Cleveland Police continues to demonstrate strategic alignment, operational focus, and proactive engagement with TSAB priorities. The force's contributions reflect a strong commitment to safeguarding adults across Tees wide.



**North-Tees, Hartlepool (NTHFT) & South Tees (STHFT) Hospitals NHS Foundation Trust** continue to contribute to high-risk panels, audits, and multi-agency task groups on policy, procedures, and pathways, alongside this we revised and developed internal guidance to support staff in safeguarding adults at risk. This includes policies on patients with known mental illness absconding from ED, missing in-patients, rapid tranquillisation, and non-attendance of appointments. Weekly vulnerable adults' meetings continued to bring together specialist staff to address concerns requiring further intervention. While North Tees supports this work, some policies differ slightly however, alignment is underway. Weekly safety panels are in place across both Trusts to ensure timely responses. Training compliance improved, with strengthened links between adult and children's services, highlights include an April Transitions conference, protected supervision time for operational leads and the young people's diabetes team, and continued placements for student nurses and medical students. Learning from reviews was shared via training, communications, and governance structures. The Mental Health Steering Group oversees training gaps and strengths, with trauma-informed care remaining a priority. We supported national and Board campaigns including Mental Health Awareness Week, World Suicide Prevention Day, VAWG 16 Days of Action, Discriminatory Abuse, and National Safeguarding Adults Week. Safeguarding Champions received enhanced communication to promote resources and learning within clinical teams. A multi-agency approach to Right Care Right Person (RCRP) was undertaken, with communications to ED and Urgent Treatment teams clarifying responsibilities where police are not the appropriate first response. Progress continues toward electronic patient records and process alignment across sites. South Tees



completed the QAF, which was well received and highlighted good practice in transitional work and supervision with the young people's diabetes team. Both sites have completed their QAF action plans. As part of the Mental Health Strategy, a central staff site continues to offer up-to-date guidance and signposting for mental health support offering up-to-date information, guidance, and signposting to national, local and internal sources of mental health support for patients, relatives and colleagues.



**North East & North Cumbria (NENC) Integrated Care Board (ICB)** maintains a strong commitment to prevention and early intervention, recognising their importance in safeguarding children, families, and adults. The ICB continues to implement national guidance, lead in its convening role, and drive engagement and collaboration across multi-agency partnerships. It remains committed to learning from safeguarding reviews and incidents to improve outcomes, keeping the voice of the population central to its work. Designated leads attend NHS provider safeguarding committees to monitor performance, ensure compliance with safeguarding standards and contractual obligations, and assess the safety and effectiveness of safeguarding arrangements. As a statutory partner, the ICB contributes to each safeguarding partnership/board's annual report, outlining key achievements and priorities. Safeguarding and quality governance is maintained through local delivery teams and wider ICB structures, ensuring continued oversight and contribution to partnership work. The ICB supports Safeguarding Adult Reviews through Governance Group membership and by engaging primary care services where relevant. It actively participates in Sub-Groups, chairs the Performance, Audit and Quality (PAQ) Sub-Group, and contributes to focused priority work. In 2024, the ICB engaged in the Quality Assurance Framework (QAF), providing assurance of effective safeguarding processes. It also supported other partners in the QAF process, offering guidance on health-related aspects. The ICB promotes the TSAB training offer and shares new or updated guidance across primary care networks.



**Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)** successfully completed its Quality Assurance Framework submission, receiving positive feedback and an overall 'Green' rating. The Trust has strengthened safeguarding training by re-establishing its internal domestic abuse training package and developing a new MAPPA (Multi-Agency Public Protection Arrangements) training package. Topical safeguarding sessions were delivered to safeguarding link professionals, and National Safeguarding Week was actively promoted across hospital sites. In 2024/25, TEWV launched its Co-creation Framework, co-developed over several months to define core values and typologies of co-creation for use internally and with external partners. A co-produced video was also created to support the implementation of a Think Family approach, promoting holistic and inclusive care. The Organisational Learning Group continued to evolve, enhancing how safeguarding learning is shared across the Trust. Safeguarding learning is regularly disseminated, and new communication methods are being explored to improve access to learning resources. NICHE undertook a Phase 2 Assurance Review of Practice and Governance in 2024/25, focusing on patient safety incidents, complaints, and safeguarding events. The final report, published in December 2024, provided good assurance that governance of quality concerns and overall quality governance meet expected standards. The Trust reviewed its safeguarding supervision arrangements and developed a plan to extend all-age safeguarding supervision to a wider range of services in 2025/26, further strengthening support and oversight.



**Healthwatch Stockton** continues to actively support the Teeswide Safeguarding Adults Board (TSAB) through a range of communication and engagement activities. Between April 2024 and March 2025. We have promoted TSAB campaigns, surveys, newsletters, and training opportunities across our social media channels, with 18 dedicated posts on Facebook/X and 3 on LinkedIn, reaching hundreds of local residents. We have also featured TSAB content in our quarterly newsletters, including the Summer 2024 edition sent to over 440 subscribers and published multiple TSAB articles on our website, including updates on safeguarding initiatives, newsletters, and the annual survey. In addition to this, Healthwatch Stockton is exploring opportunities to further support safeguarding priorities through our Enter & View programme. This statutory function enables us to gather anonymous feedback from service users, families, and staff, helping to identify concerns and promote safer outcomes. As new models of care are rolled out across the region, we are also working to ensure that referral pathways are inclusive and responsive to the needs of diverse communities. We remain committed to amplifying public voice and supporting system-wide safeguarding efforts, and we look forward to continuing our partnership with TSAB.



**Healthwatch Hartlepool** over the past year, has continued to support and promote the strategic priorities of the Teeswide Safeguarding Adults Board (TSAB). We regularly share links to the TSAB newsletter and other safeguarding information across our social media platforms to help raise public awareness of adult safeguarding issues and processes. Staff and volunteers have accessed a range of safeguarding training modules via the TSAB website. Safeguarding training is a mandatory component of both our Volunteer Induction and Enter and View training programme, ensuring all team members are equipped to recognise and respond to safeguarding concerns.



**Hartlepower Community Trust** continues to support the work of the Teeswide Safeguarding Adults Board (TSAB), primarily through attendance at TSAB meetings and contributing to discussions from a voluntary sector perspective. We actively promote TSAB's work by sharing the TSAB newsletter with approximately 430 subscribers to our own newsletter. Through our support for both aspiring and established voluntary organisations, we champion TSAB values and priorities, emphasising the importance of adult safeguarding and how to apply sound safeguarding practice



**Thirteen Group** continues to support the Board in promoting awareness campaigns, the annual survey and the TSAB Newsletter on social media. Thirteen also promote TSAB material, including courses, surveys and campaigns in their own Newsletter which is uploaded to our intranet for our 1600 colleagues to read and be informed. Colleagues utilise the training opportunities available through TSAB to continue to develop their knowledge and skills around adult safeguarding. Thirteen is also a member of various groups that feed into the board i.e. Operational Safeguarding Leads and Multi Agency Audit groups. As part of our prevention work, we have delivered several Dementia Friends sessions, these have been in partnership with Dementia Action Teesside and to date we have over 450 Dementia Friends here at Thirteen.



**The National Probation Service** in Stockton, Hartlepool, Middlesbrough, and Redcar, have worked throughout the year to improve our response to Safeguarding Adults, guided by the most recent Self-Assessment (QAF) Audit supported by TSAB. We now have named Safeguarding Adults Champions and are enhancing our response to Domestic Abuse through joint work with the police. We are also focused on embedding trauma-informed practice across our services. Our aim is to improve engagement, identify when safeguarding is required, enable signposting to specialist agencies, and gain a deeper understanding of the reasons behind individuals' behaviors. To support this, every Probation Practitioner is completing learning on Trauma-Informed Practice, which includes lived experience presentations and specialist training for designated practitioners within the PDUs on the Trauma Recovery Model. These practitioners are currently sharing their learning within teams as part of mandatory continuous professional development events.





## Our Priorities 2025-26

2025-26 will see the implementation of a new three-year [Strategic Plan](#), with new priorities, aims and objectives.

### Priority: Information, Engagement and Involvement

**Aim:** We will provide accessible clear information, advice and support to engage and involve the workforce and local communities in helping to understand what abuse is, how to prevent abuse from happening, how to seek help, and how to engage with the work of the Board.

### Priority: Confident, Competent Practice

**Aim:** We will ensure the workforce, across all sectors, is well trained, supported, competent and confident to safeguard adults within our communities.

### Priority: Emerging Challenges and Enabling Solutions

**Aim:** We will be responsive to emerging trends and challenges and provide a solutions and outcomes focused co-ordinated response to safeguarding issues.

The **six safeguarding principles** set out in the Care Act 2014 will underpin the Board's strategic aims and objectives and all aspects of safeguarding adults work across Tees:

1. Empowerment
2. Proportionality
3. Partnership
4. Prevention
5. Protection
6. Accountability

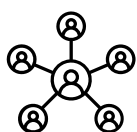
The Board's [Strategic Business Plan 2025-28](#) has been developed following feedback from the Annual Consultation Survey 2024/25 and feedback from the Board's Development Day. The top 3 priorities identified by professionals, service users and the general public included within the Strategic Plan are as follows:



1. Raise awareness of how professionals and organisations can better support those who have experienced trauma to access and engage with services.



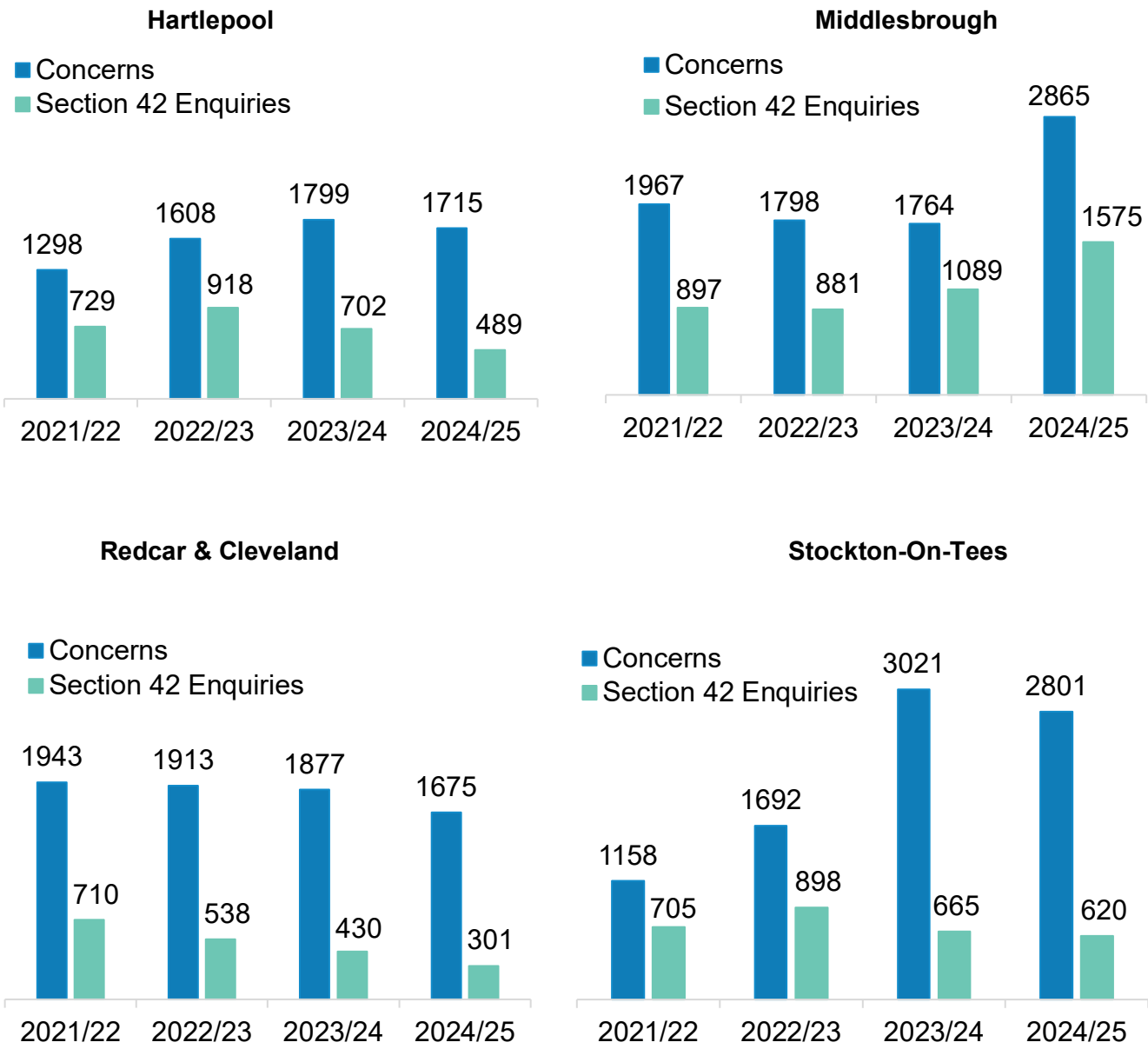
2. Work more closely in engaging with local communities and local services on how to report concerns of abuse and neglect.



3. Work more closely with organisations to improve the lives of people and families most at risk of abuse and neglect.

# Appendix 1

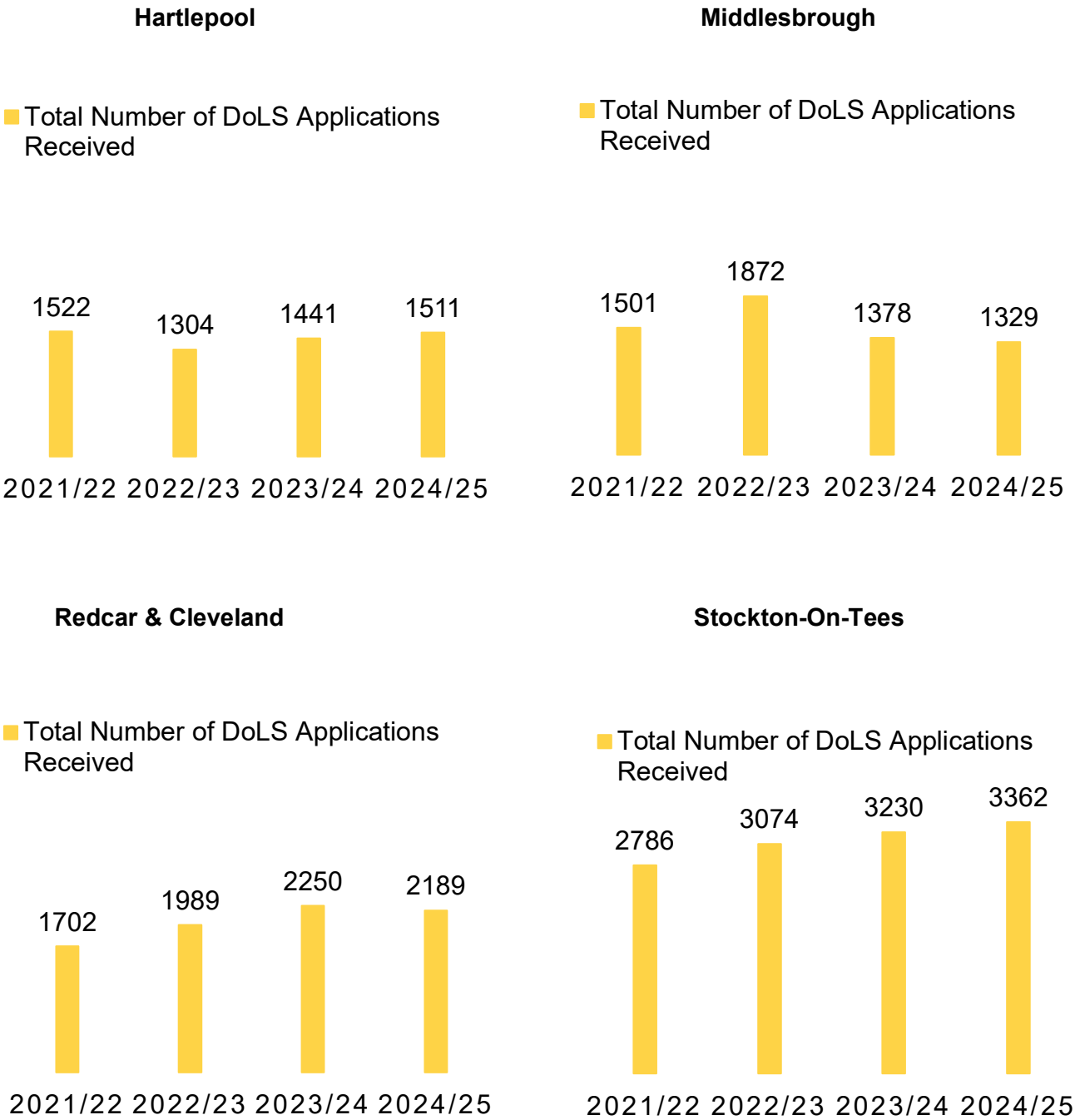
## Concerns and Section 42 Enquiries by Local Authority in Tees:



## Appendix 2

The Deprivation of Liberty Safeguards, under The Mental Capacity Act 2005, provide legal protection for those individuals who are 18 years old and above and who are, or may become deprived of their liberty in a hospital or care home.

**Total Number of Deprivation of Liberty Safeguards (DoLS) Applications Received:**



## Glossary

**Ask ANI** - The Ask for ANI (Action Needed Immediately) codeword scheme was developed by the Home Office to allow victims of domestic abuse to access support from the safety of their local pharmacy during in the pandemic. The guidance was withdrawn in October 2024, with the scheme being no longer available in pharmacies from November 2024 due to pandemic measures being removed however, the Safe Spaces scheme continues to operate in pharmacies, banks, and building societies across the UK, providing a safe place for victims to seek help.

**ASE (Adult Sexual Exploitation)** - Sexual exploitation is the sexual abuse of an adult in exchange for attention, affection, food, drugs, shelter, protection, other basic necessities and/or money, and could be part of a seemingly consensual relationship. It involves someone taking advantage of an adult, sexually, for their own benefit through threats, bribes, and violence.

**Domestic Abuse Related Death Reviews (DARDR)** - Formerly known as Domestic Homicide Reviews (DHRs), DARDR is a multi-agency review which seeks to identify and implement lessons learnt from deaths which have, or appear to have, resulted from domestic abuse, either by homicide or suicide.

**DoLS (Deprivation of Liberty Safeguards)** - are part of the Mental Capacity Act (MCA) 2005. The Safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

**HRAP (High Risk Adults Panel)** - The purpose of the High Risk Adults Panel is to work in collaboration with a core group of multi-agency professionals and extended members to reduce/remove or manage the risk of 'our' most vulnerable individuals who are identified as being complex and at high risk of harm.

**Making Safeguarding Personal (MSP)** - is an initiative which aims to develop a person-centred and outcomes focus to safeguarding work in supporting people to improve or resolve their circumstances. MSP is applicable to all agencies working with adults in relation to safeguarding, including those at the initial stages of a Safeguarding Concern being identified.

**MARAC (Multi-Agency Risk Assessment Conference)** - information sharing and action planning meeting for victims of domestic abuse who are at risk of serious harm or death.

**Power BI** – Power BI is a data visualisation tool that pulls together information to produce high quality performance reports.

**RASC (Responding to and Addressing Serious Concerns)** - a TSAB policy and procedure which sets out the framework for dealing with serious concerns of care providers on a multi-agency basis.

**Rough Sleeping** - the most acute and extreme form of homelessness that is characterised by someone about to, or actually, bedding down in the open air (such as on the street, in tents, doorways, parks, bus shelters or encampments) or places not designed for habitation (including cardboard boxes, stairwells, cars and other makeshift and not fit for purpose places). Rough

sleeping does not include instances of those in hostels, shelters, recreational shelters such as campsites or spaces of protest, squatters, and travellers.

**Safeguarding Adult Reviews** - A Safeguarding Adults Review is a statutory requirement of the Care Act 2014 (Section 44). The purpose of a SAR is to:

- Determine what the relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death.
- Learn lessons from the case and apply the learning to future cases to prevent similar harm occurring again.
- Explore examples of good practice where this is likely to inform and improve inter-agency practice.

The Care Act 2014 sets out the criteria for carrying out a SAR and SABs **must** carry out a review if:

- There is reasonable cause for concern about how the Safeguarding Adult Board (SAB), its members or other persons involved worked together to safeguard the adult; **and**
- The adult has died, and it is known or suspected that the death resulted from abuse or neglect, including self-neglect; **or**
- The adult is alive, but it is known or suspected that they have experienced serious abuse or neglect, including self-neglect.

**Safeguarding Champions** - volunteers from a broad range of organisations that are far reaching and able to link directly with the community and clients they support.

**Safe Place Scheme** - Safe Place Scheme locations are venues in the community where people who need extra support can go if they need some help. This 'help' can range from a phone call to home or help with directions.

The idea is that vulnerable people can use these venues if they are feeling unsafe, whilst out in the community. Many who benefit from the scheme may never actually need to use it, but the existence of the 'Safe Place' venues allows people to feel safer and go out and about more (live more independently).

**Service User** – someone who uses health and/or social care services.

**Vicarious Trauma** – is sometimes referred to as 'secondary trauma'. Anyone who engages empathetically with survivors of traumatic incidents can be affected and experience trauma themselves through their connection with the person.



[www.tsab.org.uk](http://www.tsab.org.uk)



Neighbourhood 1.1 - Adults and Health and Wellbeing, Dunedin  
House Columbia Drive, Thornaby, Stockton-on-Tees, TS17 6BJ



01642 527263



@TeeswideSAB



@TeeswideSAB



Teeswide Safeguarding  
Adults Board

## See it, report it!

If you suspect a neighbour, friend or family member is being neglected or abused,  
or you need help yourself.

Call **Cleveland Police** 101 or 999 in an emergency.  
Call your local Adult Social Care Team:

<b>Hartlepool:</b>	01429 523 390	<a href="mailto:iSPA@hartlepool.gov.uk">iSPA@hartlepool.gov.uk</a>
<b>Middlesbrough:</b>	01642 065 070	<a href="mailto:adultaccessteam@middlesbrough.gov.uk">adultaccessteam@middlesbrough.gov.uk</a>
<b>Redcar &amp; Cleveland:</b>	01642 771 500	<a href="mailto:AccessAdultsTeam@redcar-cleveland.gov.uk">AccessAdultsTeam@redcar-cleveland.gov.uk</a>
<b>Stockton-on-Tees:</b>	01642 527 764	<a href="mailto:FirstContactAdults@stockton.gov.uk">FirstContactAdults@stockton.gov.uk</a>
<b>Evenings and Weekends:</b>	01642 524 552	



# TSAB Strategic Business Plan 2025-28

**April 2025 / V1**

Page 26

# Contents

<b>Vision.....</b>	<b>3</b>
<b>What we do .....</b>	<b>3</b>
<b>Safeguarding Principles .....</b>	<b>3</b>
<b>The Board’s Planning Cycle.....</b>	<b>4</b>
<b>Measuring Success.....</b>	<b>4</b>
<b>Priorities and Aims .....</b>	<b>5</b>
<b>Board Priorities .....</b>	<b>6</b>



**Vision:**

**Adults in the Tees area with care and support needs  
can live safely, free from abuse and neglect.**

**What we do**

We seek assurance that organisations work in partnership to deliver joined up services that safeguard adults with care and support needs from abuse and neglect. The work of the SAB is underpinned by the Care Act.

The Care Act 2014 sets out the objectives and functions of Safeguarding Adults Boards (SABs) as:

- Ensure that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance
- Ensure that safeguarding practice is person-centred and outcome focused
- Work collaboratively to prevent abuse and neglect where possible
- Ensure agencies/individuals give timely and proportionate responses when abuse or neglect has occurred
- Ensure that safeguarding practice is continuously improving and enhancing the quality of life of adults in the area

We will do this by:

- Providing leadership, challenge and direction to ensure that partner agencies improve outcomes for adults at risk of abuse or neglect
- Promoting values of openness, trust, respect and learning
- Seeking assurance, listening to and empowering our communities by supporting the workforce to keep adults who may have care and support needs safe from abuse or neglect

**Safeguarding Principles**

The safeguarding principles set out in the Care Act 2014 will underpin all aspects of safeguarding adults work across Tees.

<b>Empowerment:</b>	<b>Prevention:</b>	<b>Proportionality:</b>
I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens	I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.	I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.
<b>Protection:</b>	<b>Partnership:</b>	<b>Accountability:</b>
I get help and support to report abuse and neglect. I get help so that I am able to take part	I know that staff treat any personal and sensitive information in confidence, only sharing what is	I understand the role of everyone involved in my life and so do they.

Page 38

on the safeguarding process to the extent to which I want.	helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.	
--	--	--

**The Board’s Planning Cycle**

The TSAB Strategic Plan for 2025-28 has been developed in consultation with our partners, key stakeholders, staff and communities across Tees. The TSAB works closely with other partnerships and organisations to achieve and support objectives that keep adults with care and support needs safe in Tees. The Strategic Business Plan identifies which actions the Board leads on, and which it contributes to and influences.

The plan will shape the direction of the Board for the next 3 years, the actions will be reviewed annually and adapted where required to respond to emerging issues and priorities. The strategy will be underpinned by an annual Business Plan and progress will be reported on at Board meetings across the year, in the form of Sub-Group updates. In addition, the Strategic Business Plan Progress Monitoring Framework will provide a mid and end of year update against all the Strategic Business Plan actions.

In line with the Care and Statutory Support Guidance, TSAB will produce an Annual Report at the end of each financial year to report on progress of the Strategic Plan and provide an overview of achievements from partners in relation to the Annual Business Plan.


The Business Plan will be delivered through the work of the five main Sub-Groups; Communication and Engagement, Learning, Training and Development, Operational Leads, Performance, Audit and Quality and Safeguarding Adult Reviews, and any other relevant Task & Finish Groups as required.

**Measuring Success**


Through quantitative and qualitative assurance methods each objective and corresponding action will be monitored and measured for progress made through 2025-28. Each Sub-Group has a workplan they own which they review and monitor at each Sub-Group meeting. The workplans provide detailed actions of how each Sub-Group will strive to assist in the achievement of the objectives outlined in the Strategic Plan. Progress updates on the workplans will be provided as part of the Sub-Group updates at each Board meeting.

Priorities and Aims


The overarching Priorities and Aims for 2025-28 are set out below:

- 

**Priority: Information, Engagement and Involvement**

**Aim:** We will provide clear and accessible information and advice and work with local communities to raise awareness of what abuse is, how to prevent abuse from happening, how to seek help, and how to engage with the work of the Board.
- 

**Priority: Confident, Competent Practice**

**Aim:** We will ensure the workforce, across all sectors, is well trained, supported, competent and confident to safeguard adults within our communities.
- 

**Priority: Emerging Challenges and Enabling Solutions**

**Aim:** We will actively identify and respond to emerging trends and challenges, working together to provide a solutions and outcomes focused, co-ordinated response to safeguarding issues.

## Board Priorities

The TSAB will seek assurance from statutory organisations and multi-agency partners that the following aims, objectives and actions are delivered.

### Priority: Information, Engagement & Involvement

**Aim:** We will provide clear and accessible information and advice and work with local communities to raise awareness of what abuse is, how to prevent abuse from happening, how to seek help, and how to engage with the work of the Board.

Objectives: We will	2025-26 Actions: We will do this by	Assurance Methods	Lead
1. Listen to the voice of adults with care and support needs, their families and carers, and facilitate sharing user experience to inform our future direction and priorities	<ol style="list-style-type: none"> <li>Further developing mechanisms which support gathering feedback from individuals with care and support needs who have used safeguarding services</li> <li>Using co-design and engagement, where possible, to ensure the voice of adults at risk, their carers, and families is heard in respect of safeguarding adults</li> <li>Using the information we gather as a feedback loop to improve practice and promote co-production / co-design with partners</li> </ol>	<ul style="list-style-type: none"> <li>Annual Consultation Survey</li> <li>Annual Communication &amp; Engagement Report</li> <li>Feedback from Focus/User Groups</li> </ul>	Communication & Engagement Sub-Group
2. Further develop the Safeguarding Champions initiative to improve engagement with local communities and services	<ol style="list-style-type: none"> <li>Continuing to engage and involve local communities, including, harder to reach and seldom heard groups, with the work of the Board, considering equity and equality of access across all aspects of the Boards work.</li> <li>Providing Safeguarding Champions with the tools and resources they need to ensure they can carry out the role effectively and ensure there is representation from across all agencies including the VCSE sector</li> </ol>	<ul style="list-style-type: none"> <li>Annual Communication &amp; Engagement Report</li> <li>Annual Consultation Survey Results</li> <li>Feedback from individuals, families and carers &amp; focus groups</li> <li>Newsletter and Bulletin subscribers</li> <li>Safeguarding Champions</li> </ul>	Communication & Engagement Sub-Group
3. Ensure that the TSAB website and all public facing materials are accessible and easy to understand, with clear information that signposts	<ol style="list-style-type: none"> <li>Continuing to develop the TSAB website, along with the web hosts, to ensure that all resources and content complies with accessibility standards</li> <li>Ensuring that the TSAB website provides an up to date platform for signposting to specialist support services</li> </ol>	<ul style="list-style-type: none"> <li>Website</li> <li>Accessibility Guidelines Measure</li> </ul>	Communication & Engagement Sub-Group

to support services			
4. Ensure adults and /or their representatives, who use safeguarding services are asked what they want from the safeguarding process and their views inform the outcome, following the principles of Making Safeguarding Personal	<ol style="list-style-type: none"> <li>1. Continuing to monitor and report on the TSAB Performance Indicator relating to outcomes and consider service improvements across partner agencies as required</li> <li>2. Implementing a multi-agency audit programme considering how well Making Safeguarding Personal is embedded in practice</li> </ol>	<ul style="list-style-type: none"> <li>• Key Performance Indicators</li> <li>• Quarterly PowerBi Dashboard Data</li> <li>• Multi-Agency Audits</li> <li>• Lessons Learned Reports</li> </ul>	<p>Performance, Audit and Quality Sub-Group</p> <p>Operational Leads Sub-Group</p>
5. Ensure adults who are at risk of abuse and neglect are aware of local sources of support and schemes such as the Safe Place Scheme	<ol style="list-style-type: none"> <li>1. Delivering a Communication and Engagement Plan including raising awareness of how professionals and organisations can report abuse and neglect, and better support those who have experienced trauma to access and engage with services</li> <li>2. Review the 'Find Support in your area' webpage to ensure it reflects local service provision across Tees</li> </ol>	<ul style="list-style-type: none"> <li>• Campaign and website analytics</li> <li>• Social media</li> <li>• Adult Exploitation Strategy Implementation Plan</li> <li>• National Safeguarding Adults Week Evaluation</li> <li>• Website analytics</li> </ul>	<p>Communication &amp; Engagement Sub-Group</p> <p>Adult Exploitation Implementation Working Group</p>

**Impact/ Outcomes** – People will receive clear and concise information about what abuse is, how to recognise the signs and how to seek help, and will be provided with opportunities to engage in the work of the Board

**Priority: Confident, Competent Practice**

**Aim:** We will ensure the workforce, across all sectors, is well trained, supported, competent and confident to safeguard adults within our communities

<b>Objectives: We will</b>	<b>2025-26 Actions: We will do this by</b>	<b>Assurance Methods</b>	<b>Lead</b>
1. Seek assurance that staff are legally literate and understand the legislative framework and the principles of trauma informed practice to ensure the best outcomes for adults at risk	<ol style="list-style-type: none"> <li>Promoting a culture of continuous learning and improvement where staff are enabled, encouraged and supported to be professionally curious</li> <li>Seeking assurance that there is a comprehensive understanding and appropriate application of the Mental Capacity Act.</li> <li>Routinely reviewing and updating policies and procedures to ensure that they reflect best practice and legislative changes</li> <li>Seek assurance from partners that staff are provided with single agency Safeguarding Adults training in accordance with the TSAB Training Strategy</li> </ol>	<ul style="list-style-type: none"> <li>Delegate Feedback</li> <li>Impact Assessments</li> <li>Training Evaluations</li> <li>QAF/self-audit tool</li> <li>Reviewed Policies, Procedures &amp; Guidance</li> </ul>	<p>Learning, Training &amp; Development Sub-Group</p> <p>Performance, Audit &amp; Quality Sub-Group</p> <p>Operational Leads Sub-Group</p>
2. Learn from, and embed into practice and policy, the findings of local, regional and national SARs, DARRs, SCPRs and other relevant reviews and implement the action plans	<ol style="list-style-type: none"> <li>Developing and implementing action plans for all SARs and other applicable reviews</li> <li>Continuing to develop methods to share and review learning from reviews to ensure it is embedded in practice and policies</li> <li>Maintaining links with the National and Regional safeguarding networks to inform projects and workstreams</li> <li>Reviewing the SAR Policy and Procedures following the sector led improvements identified through the National Analysis of SARs</li> </ol>	<ul style="list-style-type: none"> <li>SAR/other learning review action plans</li> <li>National SAR library</li> <li>Practitioners Surveys</li> <li>National SAB Business Manager meeting minutes</li> <li>Regional ADASS Leads Meeting minutes &amp; workplan</li> <li>Sector led improvements action plan</li> </ul>	<p>Safeguarding Adult Review Sub-Group</p> <p>Learning, Training &amp; Development Sub-Group</p> <p>Business Manager/Chair</p>
3. Provide the wider workforce with the opportunity to access a comprehensive multi-agency training offer in collaboration with the Safeguarding Children Partnerships	<ol style="list-style-type: none"> <li>Developing and delivering the TSAB Training Plan to align with TSAB priorities, ensuring that the voice of people with lived experience of abuse and neglect and the learning from local reviews, is included in the training, resources and events</li> <li>Explore new and innovative approaches to training delivery considering different methods of learning</li> </ol>	<ul style="list-style-type: none"> <li>Training Plan 2025-26</li> <li>Training Strategy 2025-26</li> <li>Training Course Directory</li> <li>QAF/self-audit tool</li> </ul>	<p>Learning, Training &amp; Development Sub-Group</p> <p>Relevant Partnerships</p>

			Business Managers
4. Seek assurance from partners that staff are provided with support, training, capacity and supervisory oversight in relation to the management of high risk/complex cases	<ol style="list-style-type: none"> <li>1. Continuing to seek assurance from partners via the QAF on the training and support provided to staff, with the consideration of vicarious trauma</li> <li>2. Provide opportunities for staff to share best practice and seek peer support, guidance and direction, where cases are open, in relation to managing complex/high risk cases collectively</li> </ol>	<ul style="list-style-type: none"> <li>• QAF/self-audit tool</li> <li>• OL meeting minutes</li> </ul>	Performance, Audit and Quality Sub-Group  Operational Leads Sub-Group

**Impact/ Outcomes** - Communities will have confidence that professionals are competent, confident and well trained in supporting and working in the best interests of adults at risk of abuse and neglect and will only be involved as far as is reasonable, proportionate, justifiable and necessary.

## Priority: Emerging Challenges, Enabling Solutions

**Aim:** We will actively identify and respond to emerging trends and challenges, working together to provide a solutions and outcomes focused, co-ordinated response to safeguarding issues

Objectives: We will	2025-26 Actions: We will do this by	Assurance Methods	Lead
1. Seek assurance that Board partners are working together effectively to protect adults with care and support needs from all forms of abuse and neglect	<ol style="list-style-type: none"> <li>Working with relevant partners, partnerships and user groups to develop a consistent robust approach for transitional safeguarding planning including young people at risk of exploitation</li> <li>Providing opportunities to share information about innovative services and solutions to improve the lives of people and families most at risk of abuse and neglect</li> <li>Utilising staff engagement forums to seek feedback in understanding the barriers, enablers and challenges faced by frontline practitioners</li> </ol>	<ul style="list-style-type: none"> <li>Case Studies</li> <li>Good news stories</li> <li>Staff feedback &amp; Practice Support Forms</li> <li>Transitions Protocol</li> <li>Newsletter/Bulletin</li> </ul>	<p>Operational Leads Sub-Group</p> <p>Communication &amp; Engagement Sub-Group</p> <p>TSAB, HSSCP, STSCP Business Managers Meetings</p> <p>HoTH Transitions Working Group</p>
2. Receive assurance that safeguarding arrangements across Tees are robust and effective	<ol style="list-style-type: none"> <li>Delivering the annual Quality Assurance programme, which includes the Quality Assurance Framework/ Self-audit tool</li> <li>Delivering a multi-agency case file audit schedule, which includes a repeat audit of the High Risk Adults Panel, to report on the effectiveness of the 12 month review</li> <li>Continue to develop the PowerBi dashboard to produce high quality performance reports which support the analysis and further development of multi-agency safeguarding practice</li> </ol>	<ul style="list-style-type: none"> <li>Quality Assurance Framework – Self-audit tool</li> <li>Multi-agency Audit Schedule, Tool &amp; Lessons Learned Reports</li> <li>HRAP risks/system barriers, non-attendance and non-completed actions are escalated to TSAB</li> <li>PowerBi Dashboard Data and supporting analysis</li> </ul>	<p>Performance, Audit and Quality Sub-Group</p> <p>Operational Leads Sub-Group</p>



3. Collaborate and align with Safeguarding Children Partnerships, Community Safety Partnerships, Health & Wellbeing Boards and other relevant partners to deliver on key joint priorities	<ol style="list-style-type: none"> <li>1. Working collaboratively with relevant partners, partnerships and user groups to oversee and monitor the implementation of the Adult Exploitation Strategy</li> <li>2. Establish mechanisms to ensure there is collaboration in relation to cross cutting issues to encourage sharing of priorities and reduced duplication</li> <li>3. Continuing to build upon the joint working protocol and workplan with the Safeguarding Children's Partnerships to deliver on joint objectives and actions, and extend out to other relevant Partnerships</li> </ol>	<ul style="list-style-type: none"> <li>• Adult Exploitation Implementation Action Plan</li> <li>• Tees Adults and Children Joint Working Protocol &amp; Action Plan</li> </ul>	Operational Leads Sub-Group Adult Exploitation Implementation Working Group Communication & Engagement Sub-Group Business Managers Relevant Partnerships
4. Work with partners to ensure there is a coordinated approach to protecting individuals with care and support needs who are most at risk of harm, with an appropriate offer of support and interventions, relevant to their needs	<ol style="list-style-type: none"> <li>1. Working with relevant agencies to protect and provide appropriate support for adults with care and support needs who are experiencing rough sleeping and/or are self-neglecting</li> <li>2. Establishing a Working Group to strengthen the joined up local approach to protecting individuals with care and support needs, who are rough sleeping</li> <li>3. Working to break down the barriers to accessing services across our communities and highlighting the importance of escalating concerns about more vulnerable individuals, including those self-neglecting</li> </ol>	<ul style="list-style-type: none"> <li>• Annual Report 2024-25</li> <li>• Working Group minutes/action plan</li> <li>• Communication Plan</li> <li>• Awareness Campaigns/Evaluation Reports</li> </ul>	Rough Sleeping Working Group  Rough Sleeping Champion  Communication & Engagement Sub-Group
5. Seek assurance that service provision commissioned by partners meets the individual needs of adults most at risk of abuse and neglect	<ol style="list-style-type: none"> <li>1. Continuing to engage and work in partnership with commissioned providers to ensure the needs of individuals most at risk of abuse and neglect are met</li> <li>2. Maintaining and correlating accurate records of services subject to the 'Responding to and Addressing Serious Concerns Protocol', including mapping data within the PowerBi data dashboard</li> </ol>	<ul style="list-style-type: none"> <li>• OL meeting minutes</li> <li>• PowerBi Data Dashboard</li> <li>• RASC Lessons Learned Reports</li> </ul>	Operational Leads Sub-Group Safeguarding Adults Review Sub-Group Performance, Audit & Quality Sub-Group

**Impact/ Outcomes** – Professionals will identify emerging challenges, and provide a collaborative response to adults with care and support needs who are most at risk of harm, providing solutions and outcomes led by the wishes of the adult

This page is intentionally left blank

## Adult Social Care and Health Select Committee

16 December 2025

### STOCKTON-ON-TEES INDEPENDENT COMPLAINTS ADVOCACY – ANNUAL REPORT

#### Summary

The Committee is requested to consider a presentation regarding the Independent Complaints Advocacy service for Stockton-on-Tees.

#### Detail

1. Earlier in 2025, and with a view to extending its oversight of health and care quality assurance matters, the Committee approached the Carers Federation which delivers the North East NHS Independent Complaints Advocacy (ICA) service in Stockton-on-Tees (for further details, see <https://www.carersfederation.co.uk/services/north-east-ica-service/>). A request was subsequently made for feedback from this service in terms of its offer and the themes that were emerging in relation to complaints about local health and care provision.
2. A presentation has been provided in advance and is included within these meeting papers. The Operations Manager from the Carers Federation is scheduled to be in attendance to provide a summary and address any Member comments / questions.

**Contact Officer:** Gary Woods

**Post:** Senior Scrutiny Officer

**Tel:** 01642 526187

**Email:** [gary.woods@stockton.gov.uk](mailto:gary.woods@stockton.gov.uk)

This page is intentionally left blank



**North East NHS  
Independent  
Complaints  
Advocacy**

Your health. Your voice.

# Introduction

## Philip Kerr

### Operations Manager

**North East NHS Independent  
Complaints Advocacy  
(ICA)**



**CARERS FEDERATION**  
LIMITED

# Stockton contract

- Independent NHS complaints advocacy is a statutory service commissioned by the Local Authority.
- Contract started 1st October 2024
- Available to all residents in Stockton postcode area **regardless** of where NHS funded care is delivered
- NE ICA is a contract delivered by the Carers Federation Ltd who have over 20 years experience in this field
- The service itself has been awarded the Quality Performance mark for its advocacy services – the industry standard
- All advocates hold the national independent complaints advocacy qualification( City and Guilds).



**ICA provides free, confidential and independent advocacy support to people wishing to raise a complaint about their NHS funded treatment or care.**



# Our Service

## The Staff Team

- Operations Manager
- Senior Advocate
- Advocates ( including a Deaf Advocate BSL supported)

## Other Resources

- Admin Base in Gateshead
- Freephone helpline
- Website
- Email address
- Text phone number
- Signposting resource to independent medical advice
- Access to interpreters





## How we can help

- Signposting
- Listen and understand the problem
- Explain outcomes
- Explain options, time limits etc
- Identify where the complaint needs to go
- Help with letter writing
- Aid communication, e.g. interpretation, various formats
- Empower
- Attend meetings
- Provide information
- Chase up with the NHS
- Liaise with the PHSO



## We Don't:

- Advise clients what to do
- Deal with private healthcare
- Deal with clinical negligence claims
- Investigate
- Take sides



# Working in Partnership

- Provide information for Healthwatch(anonymised data)
- Liaise with Hospital complaints teams/Practice managers to explain service and what clients want from the complaints process
- Represent the patients voice at the Experience of Care Committee of local Hospital Trust
- Signpost clients to other services – Patient Experience: IMHA/IMCA; other Advocacy services, Ombudsman, Clinical Negligence Solicitors.
- Member of National Advocacy leader's forum
- Promote service through the voluntary sector e.g. Well Being centre
- Liaise with Parliamentary and Health Service Ombudsman



# The Process

- No waiting lists
- Referral either self or via an Organisation- phone, email, writing or even what's app video
- Self Help Information Pack provided
- First contact with Advocate within 5 working days
- Consent
- Complaint letter
- Response
- Local Resolution Meeting – face to face or virtual
- Parliamentary and Health Service Ombudsman



## Who we support

- Anybody who has a complaint about NHS treatment or care
- Some people may need more support, e.g.
  - People with mental health problems
  - People who don't speak English
  - People who have suffered a bereavement
  - Carers
  - People with a learning disability
  - Deaf Clients



# Complaints standards framework

- Parliamentary and Health Service Ombudsman(PHSO) has developed over the last 24 months. NE NHS ICA member of the National working group and co authored Advocacy guidance
- What is it about?
- Making the NHS Complaints system more user friendly for both the NHS and anyone wishing to raise a concern
- Framework in the North East.
- More details can be accessed at:

<https://www.ombudsman.org.uk/complaint-standards>



# Stockton year 1 performance

Your health. Your voice.

Qtr.	Enquiries	New cases	Closed	Reopened	Active	Hours
1	48**	33***	11		21	157*
2	12	12	5	-	28	115
3	10	10	16	-	22	132
4	22	22	10	3	37	168
	92	77	42	3	n/a	569

\* Admin transfer hours included – 45

\*\* included enquiries before commencement of contract (23 prospective transfers)

\*\*\* includes 10 actual transferred cases from previous provider

Expect to have an active caseload equal to 16.9 per 100k population



CARERS FEDERATION  
LIMITED

# Usage and Access

- **Who uses the service in Stockton (new cases)**
- 78% identify as female
- 17% from other ethnicities
- 58% are below age 55
- 20% over age 66
- 63% have declared a disability
- 57% are in the unemployed/ retired category
- **How is the service accessed**
- 75% telephone or email
- 25% external referral from a professional





# Complaints referrals

- **Who signposts or refers residents for advocacy support**
- 42% NHS
- 35% Statutory/ Voluntary sector inc Healthwatch
- 13% Current/ previous user/word of mouth
- 10% Internet/ media



# Themes and locations

Your health. Your voice.

- **Main NHS services Stockton residents complain against.**
- Hospital Trust 50% (North Tees)
- Out of area 23% (majority Hospital Trust – South Tees)
- GP Practices 22% (11 out of 21 active Practices)
- Mental Health Trust 5%
- **Common Themes- complaint enquiries**
- 30 themes recorded in the first year of the contract. The top 2 account for 37% of all complaint enquiries
- **Top 10**
- Multiple aspects of clinical treatment
- Attitude of staff
- Misdiagnosis
- Appointment delays and cancellations
- Cancer treatment
- Practice/ Surgery Management
- Failure to diagnose
- Medication related issues
- Level of Nursing Care
- Maternity



# Outcomes

- NHS Complaints process: Explanations/ Apology/ service improvements and redress
- 7% reopened for further explanations
- 10% Ombudsman rulings not upheld as all local work sufficient
- 5% satisfactory Local Resolution meetings
- 28% satisfactory apologies and explanations in writing
- 50% decided not to progress through whole process as received verbal assurances/ discussions with health provider or reconsidered position after advocacy support for best course of action i.e. legal route





# Contact Details

**Room 405, Aidan House, Sunderland Road,  
Gateshead, NE8 3HU**

**(Post only)**

**Freephone Helpline: 0808 802 3000**

**Email: [ica@carersfederation.co.uk](mailto:ica@carersfederation.co.uk)**

**Textphone: Video messaging (inc BSL):  
07738 994040**

**Website: [www.nenhscomplaintsadvocacy.co.uk](http://www.nenhscomplaintsadvocacy.co.uk)**



## REPORT TO ASCH

December 2025

## REPORT OF Director Adults Health and Wellbeing

### ADULT SOCIAL CARE AND HEALTH SCRUTINY INFORMATION ITEM

# Care Quality Commission Assurance Report

## Summary

Recommended that the Care Quality Commission (CQC) report and outcome be noted. That ASCH note the next steps on the Good to even better journey.

## Detail

1. Stockton-on-Tees Adult Care Services were visited by CQC as part of the local authority assurance process which was introduced in 2023. This assesses how local authorities are performing in delivering adult social care responsibilities under Part 1 of the Care Act.
2. The final report was received in October 2025 and Stockton-on-Tees adult services were assessed as good.
3. The CQC report highlights areas of strength which confirm the dedication and commitment of staff, partners, vision and leadership within Adults, Health and Wellbeing as well as the wider Council. As well as areas for development and improvement which are welcomed and will inform the ongoing development programme within the Directorate.
4. ASCH Next Steps Good to Even Better is a further report that is included to provide the overview of Adult Social Care's response and next steps in implementing and embedding the changes and developments which we need to be even better.

## Consultation and engagement

5. On publication day email sent to all Councillors with link to the report.
6. The findings of the CQC report have been shared with staff teams and a celebration event held thanking the staff for their hard work and commitment.
7. The outcome has also been sent to partners and people with lived experience thanking them for being part of the assessment and subsequent successful outcome.
8. Full Council have acknowledged the positive outcome of the assessment.

9. Outcomes have been shared at regional level with the Association of Directors of Adult Social Services of where we are strong and where we need to keep developing. This provides regional assurance and support as well as shared learning across the North East.

### Next steps

10. The additional learning and areas for development will be used to inform a detailed action plan to ensure continuous improvement of the service, experience and outcomes for people.
11. Regular oversight and assurance reporting through governance channels will be provided as part of ongoing performance monitoring and scrutiny.

### Background Papers

N/A

**Name of Contact Officer:** Carolyn Nice

**Post Title:** Director Adults Health and Wellbeing

**Telephone number:** 01642 528100

**Email Address:** [carolyn.nice@stockton.gov.uk](mailto:carolyn.nice@stockton.gov.uk)

# Stockton-on-Tees Borough Council CQC Report

ASCH Next Steps  
Good to Even Better  
December 2025

Stockton-on-Tees received a rating of GOOD with a score of 64 (October 2025)

## Theme 1

- Assessing Needs : 2
- Supporting People to Live Healthier Lives: 3
- Equity in Experience and Outcomes: 2

## Theme 2

- Care Provision, Integration and Continuity : 3
- Partnerships and Communities : 3

## Theme 3

- Safe Systems, Pathways and Transitions : 2
- Safeguarding : 3

## Theme 4

- Governance, Management & Sustainability : 3
- Learning, Improvement & Innovation : 2



# Celebrating our Success

Page 89



# What is next?

Good to Even Better!

We are not complacent. There were no surprises for us in our report, and we were already on our journey of development. The CQC LA Assessment Report has given us validation of where we have been and further direction for where we go next.

We celebrated our success and now we are back to work to make it even better!

## Assessing Needs

### Strengths

- Range of advice, information and signposting options that staff could provide for immediate & low-level needs and Care Act assessments
- Pathways & processes ensured support co-ordinated across agencies & services
- Processes in place to manage risk while people were waiting
- Commitment to improving Carers' support

### Areas for Development

- Simplify front door arrangements (work underway) and reduce the number of people waiting for assessments and reviews
- Increase understanding and support offer for self-funders
- Better identification of young carers
- Develop capability to gather more granular data on financial assessments
- Increase advocacy capacity and options, working with VCSE and community groups to develop other options including peer advocacy

## Supporting People to Live Healthier Lives

- Partnership working to provide wide range of services, facilities and resources to promote independence
- Joined-up approach across ASC, wider services and partners to identify and target vulnerable groups
- Improved outcomes data much higher than national average at 91%
- Direct Payments uptake and example of "positive action to increase the equity of their DP offer and make use of community assets to reach people"

- Better connect people with their communities for informal wellbeing and support, with information about what resources and support are available.
- Continue work to increase support offer and access to information and advice for unpaid Carers
- Improve information about preventative offer for seldom heard communities and/or those not already in receipt of services or engaged with the Council in other ways

## Equity In Experience and Outcomes

- Clear, ongoing, and multi-agency ambition to better understand and tackle inequalities and barriers to social care and "...rapid introduction and rapid implementation of the EPIA highlighted the local authority's commitment to reducing inequalities in the borough".
- Commitment to workforce diversity through WRES, recruitment processes and expansion of staff EDI networks

- Support staff to better understand the needs & diversity of our population.
- Improve access to transport – transport links and cost are barriers
- Alignment of initiatives to efficiently target and address systemic health inequalities

## Care Provision, Integration and Continuity

### Strengths

- Diverse range of services available in the community
- Significant investment into Carers' services. Carer satisfaction higher than national average
- Clear arrangements to monitor quality and impact of commissioned care and support services
- Robust approach to upskilling the ASC workforce

### Areas for Development

- Plans to develop capacity in MH and LD provision in the Borough
- Continue to develop performance data to strategically plan for services
- Continue to develop information flows to better understand self-funding market
- Improve the offer for Carers
- Further consideration of risk to sustainability of VCS services to ensure alignment with building community capacity via Prevention & early support transformation programme

## Partnerships and Communities

- Commitment to working in partnership to address inequalities and improve outcomes for people – Team Stockton & Coalition of the Willing
- Strong voice at all levels
- Arrangements for partnership working with VCSE “mostly effective”
- Measuring & evaluation of impact of partnerships used to drive service improvements e.g. hospital discharges, Well-Led Programme

- Mixed feedback about voluntary partner involvement in strategic decision-making
- Some VCSE organisations felt engagement was consultative, not co-produced



## Safe Systems, Pathways and Transitions

### Strengths

- Understood risks to people across their care journeys - community safety prioritised
- Robust systems in frontline teams to manage risk
- Cross-agency functions in place and safety process aligned with partners involved in people's care journeys
- Contingency planning in place

### Areas for Development

- Feedback that significant improvement needed to support young people transitioning from children's to adult services.
- People's experience of transitions between care homes was mixed. Hospital transitions were rapid, but more focus needed to understand and improve people's experience of transitioning from hospital to home
- National data on people's safety was slightly lower than national average

## Safeguarding

- Timely screening at the front door (despite low staffing levels)
- Strong voice in Teeswide Safeguarding Adults Board (TSAB), with learning from SARs
- 99% people's outcomes from completed Section 42 enquiries were either partially or fully met

- Strengthen capacity at the front door (work already underway)
- Safeguarding Adults training rates slightly lower than national average
- Feedback on Making Safeguarding Personal was mixed
- Ongoing review underway to address lack of wrap-around support for young people in transition with no settled accommodation

## Governance, Management & Sustainability

### Strengths

- Leadership had good insight into strengths and areas for development, with a strong commitment to addressing challenges
- Good progress with data dashboards
- Clear vision and strategy for Adult Social Care

### Areas for Development

- Outcomes of transformation work to be realised (work is in progress i.e. front door and Transitions)
- Communicate parity of esteem & value amongst professional groups
- Refresh Joint Strategic Needs Assessment

## Learning, Improvement & Innovation

- Supported CPD with access to range of training – positive staff feedback
- Desire to work collaboratively to promote & support working innovatively
- Strong commitment to co-production
- Local Authority shared learning and best practice with peers and system partners to influence and improve how care and support was provided (e.g. joint Safeguarding training and the Well-Led Leadership programme)

- Extend co-production beyond Making It Real board - some voluntary and community sector (VCS) groups said they felt excluded from co-production
- Embed co-production across all areas of design and development work, extending the range of people involved beyond the MIRB to be reflective of our communities

## Learning from Feedback

- Low number formal complaints...less need for people to use a formal process
- Formal feedback was listened to and acted on
- Various routes for staff feedback and feeding this back to frontline staff

- No formal process for recording compliments - Leaders recognised the need for a formalised process by which to share examples of good practice across the directorate and an action to develop a process to analyse this data was included in the Workforce Development Plan

# What we have done since the visit

Powering our Future

Clarify front door arrangements, making better use of our resource.  
Provide clear & accessible information



Through Powering our Future we're already working on our front door so people can access the right care and support at the right time, with better digital & non-digital information and more staff in First Contact.

We need to reduce the number of people waiting for assessments and reviews, and how long they are waiting.



Introduced performance dashboards and performance clinics for better understanding and a plan in place to reduce waiting lists and times. CQC acknowledged our plans in the report.

Connect people more with their communities for informal wellbeing and support, with information about what resources and support are available.



We have a plan in place through our Powering our Future Supporting People to Live Independent Lives Transformation programme.

Identify more young and adult unpaid carers, and understand their needs better.  
Better working between children's and adult services so that young people have a better experience when they are moving into adult social care services.



Carers will be a strategic priority for this year, with a scrutiny review of Carers' Services and an action plan to implement the recommendations.  
Through our Powering our Future programme, we have a new Children's/Adults Transitions Team for a more co-ordinated approach.

Build co-production into all of our processes, working with our partners to extend co-production reach so that we truly include people's voices.



We're co-producing an Adult Social Care Strategy with the Making It Real Board, setting out plans for co-production across services and with partners. We'll identify opportunities for partnership working to shape and develop services, always in partnership with people accessing services.

Ensure there are enough specialist commissioned services in Stockton-on-Tees to meet people's needs.



We will manage our market through our Market Position Statement, in collaboration with partners, to inform our commissioning of services

Support our staff to better understand the needs and diversity of our population.



We have signed up to the Social Work Race Equality Standards and we are already reviewing our Equality Diversity and Inclusion training, with a plan to support staff.

We need to have a better way of capturing all kinds of feedback, good and bad so we can learn from this.



We have a new process for recording and learning from formal complaints and a plan in place to incorporate other feedback and new ways of gathering this to inform our service development. We are formalising our compliments process.

- We are finalising our detailed action plan based on the feedback from CQC, feedback from the people we support, learning from complaints and compliments, scrutiny review and engagement with partners.
- This detailed plan of development will align with Powering our Future programme, Transformation and improvement plans, Adult Social Care Strategy and our Local Account.
- Progress tracked via Adult Social Care Business Planning Steering Group, Adults Health and Wellbeing Senior Management Team Corporate Management Team, Lead Member oversight, and ASCH.
- Checks and Balances on progress via Staff Making It Happen Group, Performance Reporting including performance reporting monthly to Chief Executive, Leadership forums, Deep Dives, Sector Led Improvement and Peer Challenge.



# Thank You

## Questions



This page is intentionally left blank

# Stockton-on-Tees Borough Council: local authority assessment

[How we assess local authorities](#)

Assessment published: 24 October 2025

## About Stockton-on-Tees Borough Council

### Demographics

Stockton-on-Tees Borough Council is a unitary authority in the north-east of England. It is home to an estimated 202,415 residents (June 2023) who live across the borough's towns of Norton, Billingham, The Villages, Thornaby, Ingleby Barwick, Yarm, and Stockton. The population grew by 2.6% between 2011 and 2021 (Office for National Statistics, June 2022), with 21.78% aged 0 to 17 years, 19.42% aged 65 years, and 58.80% aged 18 to 64 years.

The majority of people in Stockton-on-Tees identified as White, making up 92.04% of the population. 1.12% were Black, Black British, Caribbean or African, 4.6% were Asian, Asian British, 1.39% identified themselves as of 'mixed or multiple' heritage, and 0.85% identified themselves under 'other' category. The borough had the third largest population of Asian or Asian British residents in the north-east.

The borough of Stockton-on-Tees had an index of multiple deprivation score of 6 (1 is the least deprived, 10 is the most deprived), placing Stockton-on-Tees 77<sup>th</sup> out of 153 local authorities for deprivation in England. The largest discrepancy in life expectancy between wards in Stockton-on-Tees was 21-year and 14-year for men and women respectively, and 9 of 27 wards in the Borough were among the 10% most deprived wards in the UK.

The local authority is Labour led, with no overall political control and 56 Councilors represent 27 wards.

Stockton-on-Tees Borough Council is part of the North East and North Cumbria Integrated Care System (ICS) together with 13 other local authorities. It worked with the NHS North East and North Cumbria Integrated Care Board (ICB), Tees Esk & Wear Valleys NHS Foundation Trust (TEWV), North Tees and Hartlepool NHS Foundation Trust, and South Tees Hospitals NHS Foundation Trust in areas such as hospital discharge and prevention.

## Financial facts

The Financial facts for **Stockton-on-Tees Borough Council** are:

- The Local Authority's estimated total budget for 2023/24 was **£290,024,000**. Its actual spend for the year was **£323,155,000**, which was **£33,131,000** more than estimated.
- The local authority estimated it would spend **£63,334,000** of its total budget on Adult Social Care in 2023/24. Its actual spend was **£69,253,000**, which is **21.43%** of the total budget and **£5,919,000** more than estimated.
- The local authority has raised the full adult social care precept for 2023/24, with a value of **2%**.

- Approximately **3605** people were accessing long-term Adult Social Care support, and approximately **575** people were accessing short-term Adult Social Care support in the 2022/23 period. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

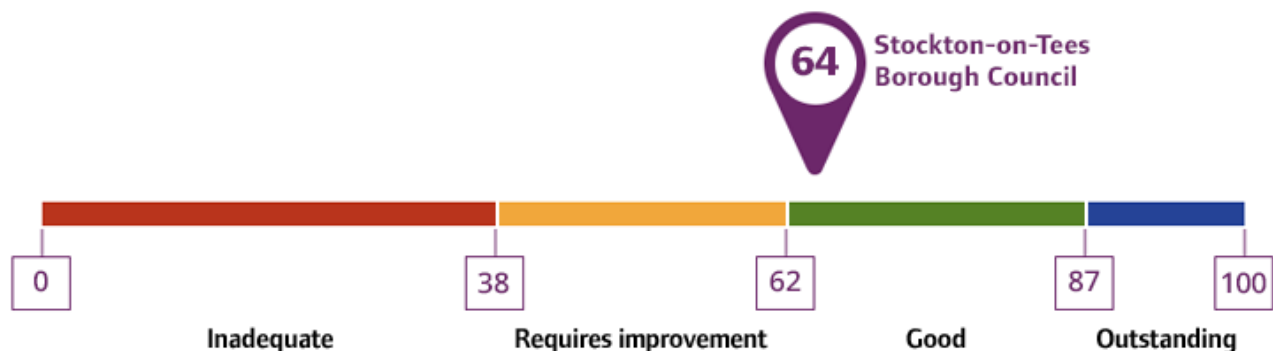
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

# Overall summary

## Local authority rating and score

Stockton-on-Tees Borough Council

Good



## Quality statement scores

---

## Assessing needs

Score: 2

---

## Supporting people to lead healthier lives

Score: 3

---

## Equity in experience and outcomes

Score: 2

---

## Care provision, integration and continuity

Score: 3

---

## Partnerships and communities

Score: 3

---

## Safe pathways, systems and transitions

Score: 2

---

## Safeguarding

Score: 3

---

## Governance, management and sustainability

Score: 3

---

## Learning, improvement and innovation

Score: 2

# Summary of people's experiences

Peoples' experiences of accessing adult social care were mixed. To facilitate ease of access to social care, the local authority had established a presence in some local community settings where people could meet with social care staff and complete their care assessments if they chose to do so. Some people said they were not always clear about referral pathways or how to ask for support from the local authority. Leaders recognised this, and they were taking steps to simplify the front door arrangements and to improve referral pathways so that people got to the right agencies more quickly and without the need to repeat their story.

Advice and information were provided to people about care and support provision in the area and community support workers were in place to assist with this. Additionally, a Stockton Information Directory resource provided people with information about non-statutory support. However, people funding their own care gave mixed feedback about how easily they could access community resources.

People had access to a range of services, facilities and resources to promote independence. We were told about examples where people had been supported into education and employment, and to obtain a tenancy. People could access equipment and minor home adaptations in a timely way to maintain their independence and continue living in their own homes.

People gave examples of person-centred, strength-focused approach to their care assessments and interaction with the local authority. However, people's care act assessments and reviews were not always timely and up to date. The local authority was taking steps to reduce waiting times and to increase the number of contacts resolved at the front-door to adult social care.

The needs of unpaid carers were recognised as distinct from the needs of the person they cared for and assessment and support options were available. Carer's feedback was mixed. Some carers gave positive examples of support, for example, some said they had an allocated local authority worker they could contact. However, others said they would have found more information about the support available useful. People spoke highly of the timeout service, and said it supported them in their caring role. The local authority acknowledged that further work was needed to fully understand unpaid carers' needs and maximising support opportunities to support carers was a priority.

Support for hospital discharge was timely, although some people told us that communication with them did not always work well and this had led to a poor discharge experience.

There was a range of different care services and facilities in the area, and strategies and plans were in place to address any gaps in provision. For example, work was in train to resolve provision issues for those with complex care and support needs. These included for the re-provision of some existing underutilised care services, and investment into a service for people with a learning disability. Some strategies were set over the medium and longer term, particularly those relating to housing with care.

People had a timely response when concerns of a safeguarding nature were raised.

People with lived experience of using care services were being included in shaping current and future care and support provision, such as being members of the Making it Real Board and commissioning panels for care services. This helped the local authority to co-produce service decisions and to have a clear focus on people rather than just process. More work was being done to develop this.

## Summary of strengths, areas for development and next steps



There had been leadership changes in the local authority over the previous two years, with the recruitment of a new Chief Executive, Director of Adults Health and Wellbeing, and Lead Cabinet Member for Adult Social Care.

The leadership team had good insight into its strengths and areas for improvement. They recognised the challenges presented by the changing demographics, entrenched high levels of inequality and deprivation in Stockton-on-Tees and the impact this had on people's health and well-being outcomes. There was a strong commitment to addressing these challenges. Leaders recognised they were in the early stages of their transformation journey, and areas of risk were being addressed, for example, reducing the waiting times for Care Act assessments and care reviews and improving pathways and processes for young people moving into adulthood.

This was an identified priority improvement area. Other priorities were simplifying the arrangements and pathways at the first point of access, increasing the use of community assets to meet care and support needs, and increasing the strategic commissioning capability to deliver the long-term transformation strategy.

Risk monitoring and management arrangements were in place at corporate and directorate level. There was strategic oversight of wellbeing risks, however actions to address these were not always clearly defined. Good progress had already been made on the development of data dashboards, and these were now enabling real-time oversight of performance and more timely operational responses when risks were emerging.

There was good partnership working, and some relatively new multi-agency forums to support alignment of strategies and priorities across the borough and to address inequalities, including the Coalition of the Willing, Team Stockton and a refreshed approach to the Health and Well-Being Board. The foundations for co-production were in place, for example, the Making it Real Board provided a good basis on which to build this. Leaders acknowledged the need for continued focus in these areas to maintain momentum and embed the approaches and a specific role had been created to lead the coproduction work.

Staff showed commitment to supporting the borough's most vulnerable residents and there was a strong and supportive culture. Leaders were visible and accessible.

People's experience of accessing adult social care support was described as being mixed. Leaders acknowledged that the arrangements at the first point of contact were complicated, and they had started to work on simplifying it. There was also an ambition to increase the focus on preventative support through better use of community assets and to target formal support only when there was a clearly identified need.

People had mixed experiences of accessing and receiving support for their adult social care needs, and data showed that people were waiting to have a Care Act assessment. Processes were in place to manage risks to those waiting for care act assessments but leaders acknowledged there was work to do to reduce waits for care assessments and care reviews.

Assessment and support arrangements were in place for unpaid carers, but the local authority acknowledged the need to improve this and to improve ways to identify unpaid carers, particularly younger carers. The local authority was also seeking to improve the information and advice offer for people who were funding their own care. Some work had been undertaken to reshape the front door, but this was a work in progress and the impact had not yet come to fruition. There was a lack of clarity amongst the staff we spoke with about the next steps or timescales for the work.

The local authority worked with partners to deliver enablement support and effective hospital discharge processes, including an effective reablement service. Access to equipment and low-level home adaptations was mostly timely.

Uptake of direct payments was slightly higher than the England average. Local authority leaders were aware of challenges relating to recruitment and retention of Personal Assistants (PAs) and they were taking steps to support growth in this type of support. These included promotion initiatives for the role to address recruitment issues in partnership with local carers' services.

Leaders understood there were gaps in some areas of provision leading to insufficient capacity to meet demand for some people, such as those with mental health needs, young people transitioning to adulthood and older people requiring accommodation with care options. Provision of sufficient suitable housing with care options was also limited in the borough. However, leaders told us arrangements were in place with neighbouring local authorities to provide speciality care to people that was not available in the borough. Plans were in the early stages of development, with options being explored for the re-provision of some existing underutilised care services, and for capital investment to fund new services, for example a new service for people with a learning disability.

There was an ambitious programme of commissioning activity planned for the short and medium term to address current gaps and to plan ahead to meet future needs. Leaders were seeking to develop its strategic commissioning capability to lead this programme of work.

The local authority was part of a Teeswide Safeguarding Adults Board (TSAB), at which learning was shared from Safeguarding Adults Reviews (SARs). Data showed that safeguarding responses were timely. There had been a significant increase in recorded safeguarding concerns, with a lower conversion rate of these referrals to Section 42 enquiries in comparison to previous years. Leaders told us this trend was a result of the local authority changing the way concerns were recorded.

Approaches to information governance and safety were strong and there was scrutiny processes and oversight of organisational risk. There was a strong focus on assurance of practice quality, with most teams describing a robust process of casefile audits, supervision, and oversight of practice.

The local authority promoted continuous professional development, and staff felt able to progress in the organisation. Staff spoke highly of the training and development opportunities offered by the local authority, and there were some notable areas of innovation among commissioned care providers. Further arrangements were needed to ensure learning from informal feedback and complaints was embedded into practice, but the local authority prioritised the early resolution of complaints, indicating a proactive approach to complaint management.

# Theme 1: How Stockton-on-Tees Borough Council works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

## Assessing needs

Score: 2

2 - Evidence shows some shortfalls

# What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

# The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

# Key findings for this quality statement

## Assessment, care planning and review arrangements

There was a high and increasing volume of people contacting the local authority for care and support. Initial contact was made via the local authority's 'front door' and this could be made through direct contact or through a referral from another agency made on a person's behalf. At this first point of access, there was a range of advice, information and signposting options that staff could provide to address immediate and low-level needs, as well as the option to make referrals to other agencies and for a Care Act assessment if people's care needs presented as being more significant.

---

Feedback from people and staff about access to services via the front-door to adult social care was mixed. Some people said they were not always clear about referral pathways or how to ask for support from the local authority. Leaders recognised this, and they were taking steps to simplify the front door arrangements and to improve referral pathways so that people got to the right agencies more quickly and without the need to repeat their story. They were also working to increase the focus on connecting people with their communities for well-being support and solutions, rather than having to access formal services when they may not be needed. There was the ambition to increase the focus on prevention and signposting at the front-door to reduce peoples' needs for ongoing services, while providing a personalised and strength-based front-door experience for people to access services that made best use of community assets. The local authority had engaged an external agency to undertake a peer review of the front door arrangements, the outcomes of which had confirmed the local authority's view. Some work had been undertaken to reshape the front door, but this was a work in progress and the impact had not yet come to fruition. There was a lack of clarity amongst staff we spoke with about the next steps or timescales for the work.

To facilitate ease of access to social care, the local authority had established a presence in some local community settings where people could meet with social care staff and complete their care assessments if they chose to do so. Additionally, local authority leaders told us an online eligibility checker was available for people to use prior to contacting Adult Social Care services, and a Carers' self-assessment could be completed online. The local authority had assessment teams who were competent to carry out Care Act assessments, including assessments for people with specific needs. For example, staff told us they used a joint, strengths-based approach to assess the care and independence goals of individuals' with learning disabilities.

---

Beyond peoples' experience of access to assessments people had mixed experiences of the organisation's person-centred and strengths-based offer regarding Care Act assessments and care planning. Some people told us the local authority's approach to assessment and care planning was person-centred, strength-based, and built on their strengths and reflected what they wanted to achieve. However, some people said they did not feel they had choice over how they received their care, for example, in relation to the care placement they were transferred to. This reflected national data indicating 58.6% of people were satisfied with care and support in Stockton-on-Tees, which was slightly worse than the England average of 62.72 (Adult Social Care Survey, December 2024).

Pathways and processes ensured that people's support was planned and co-ordinated across different agencies and services – social care staff worked collaboratively and drew on information from partners to minimise the need for people to have multiple separate assessments or conversations. Care providers we spoke with told us assessments by the local authority were reflective of their own evaluations of people's care and support needs, resulting in seamless care provision. However, staff gave examples of multidisciplinary assessments and joint funding decisions not always being timely, and how this impacted the provision of people's care. Staff told us the examples had been raised with senior leaders so they could be addressed at a more senior and strategic level.

Leaders told us arrangements were in place to prevent delays to peoples' care in event of funding disputes, for example, that the local authority would continue to fund a person's care without prejudice. Additionally, a disputes resolution policy was in place to address funding disputes. This suggested that while processes were in place to ensure the timely provision of care in the event of funding disputes, not all staff were aware of the resolution or escalation processes, highlighting an area of focus for the local authority.

## Timeliness of assessments, care planning and reviews

---

In the year up to June 2024, 1819 people had received a Care Act assessment from the local authority and in June 2024 52 people were waiting for a Care Act assessment. During the previous 12 months, the maximum waiting time was 288 days, and the median waiting time was 28 days. Over this period, 52% of people waited 28 days or less for a Care Act assessment. Leaders told us waiting times for Care Act assessments could occur due to staff working with people to find convenient times for them to receive their assessment.

To address risk associated with waiting, the local authority had implemented a Referral for Adult Social Care Triaging Risk Assessment to prioritise and manage high risk cases. Additionally, waiting lists and caseloads were being monitored through Operational Performance Clinics every four weeks, with delays escalated to senior management. The local authority was taking steps to reduce the backlog of assessments and increase numbers of contacts resolved at the front-door to adult social care, however, the impact of this had not been fully realised at the time of our assessment.

Similarly, leaders were aware that increasing numbers of overdue annual Care Act reviews indicated more work was required to ensure peoples' needs were being met in a timely manner. The number of people waiting for a Care Act review had reduced by 277 people between April 2023 and April 2024, but numbers were gradually increasing again between July and November 2024, from 181 to 203 people, out of a total of 2480 reviews. This was in line with national data that indicated 74.15% of people receiving care had their support plans reviewed, which was somewhat better than the England average of 58.77% (Short and Long Term Support, October 2024). Leaders told us waits for reviews could be a result of the local authority's person-centred approach to reviewing peoples' needs, as workers were led by the choice of the individual and their carers regarding timing of reviews. Care providers' feedback with regards to timely assessments when people were transitioning between care homes was mixed.

---



Additionally, although people were being actively supported by social workers, formal reviews in the last 12 months were not always undertaken and recorded. We were told this was due to people not always being correctly identified as awaiting a review by the local authority's reporting system. Leaders told us this issue had been resolved at the time of the assessment and all those waiting for a review were now monitored effectively.

## Assessment and care planning for unpaid carers, child's carers and child carers

The needs of unpaid carers were recognised as distinct from the needs of the person they cared for. Staff told us carers assessments were completed alongside, but separately to Care Act assessments for the person with support needs. Carers were also referred to the Carers Hub for support specific to their own wellbeing. Staff were able to explain the processes and pathways for carers to access an assessment. They told us carers were also signposted to other support services or placed on mailing list so the local authority could maintain contact with them. However, there were some barriers to accessing support. For example, a carer said they were not always able to access support from the Community Livewell Dementia Hub (a centre providing information about dementia, support, and training for those living in Stockton-on-Tees) due to transport costs and was unaware they were able to access this support virtually.

People's feedback on the local authority's approach to carers' assessments, planning, and support was mixed. Some carers gave positive examples of support, for example, some said they had an allocated local authority worker they could contact. However, others said they would have found more information about support available useful. The local authority acknowledged that further work was needed to fully understand unpaid carers' needs and maximising support opportunities to support carers was a strategic priority. This commitment to improving carers' access to support was demonstrated through the local authority's 2024 partnership with a carer-led and designed technology platform that provided enhanced, on-demand services to anyone with caring responsibilities in the region.

Unpaid carers experienced waits for a carer's assessment from the local authority. In June 2024, 83 people were waiting for a carers assessment. There was a median wait of 23 days over the previous 12 months, with a maximum wait of 63 days. Local authority leaders told us variability in time taken to process assessments was due to accommodation of client commitments and choice. At the time of the CQC assessment, there were no outstanding reviews of carers needs.

There was a process to refer young carers to an external organisation which was understood by staff who worked with them. For example, 14 referrals were made for young carers between October 2023 and September 2024. However, leaders told us more work was needed to increase the identification of young carers to meet their specific needs.

## Help for people to meet their non-eligible care and support needs

The local authority had arrangements in place to support people to meet their non-eligible care and support needs, where they presented alongside any eligible needs. This was documented in the Adult Social Care Service Provisions Policy. Staff told us people who did not meet eligibility criteria, and those who funded their own care were offered guidance to assist them in arranging and managing their support needs. However, peoples' feedback regarding this was mixed. For example, one person told us they were confused when left to organise their care, which included transfer between care homes, without local authority support. Another person who was self-funding their care told us they did not know how to request discharge support when moving from residential care back to their home.

---

Community support workers were in place to provide support to people funding their own care to choose care services. People could be signposted to the support workers at the front door. However, self-funders and some voluntary and community sector (VCS) partners told us local authority signposting to community-based resources and support was poor for those financing their own care. As a result, self-funders lacked awareness of community resources available to them, which missed an opportunity for preventative work.

Senior leaders acknowledged this gap and said they wanted to increase their understanding and the support offer for people funding and arranging their own care. Plans to redesign the front-door to adult social care aimed to make it easier for every resident, regardless of Care Act eligibility, to access information about relevant services. The local authority was not, at the time of our assessment, monitoring numbers of people with non-eligible needs who approached them for support. However, leaders said they aimed to gather consistent, high-quality data to support self-funders and manage the wider market in 2024/2025.

## Eligibility decisions for care and support

The local authority had frameworks for assessing eligibility for adult social care. People had access to information and advocacy support to help them understand this. People were given information and support to appeal if they wished to do so.

The local authority's process for appealing eligibility decisions included multiple review stages and the opportunity for independent representation. There were no eligibility appeals made in the 12 months prior to our assessment.

## Financial assessment and charging policy for care and support

---

The local authority had a clear framework for financial assessment and a financial contribution policy for adults assessed as requiring care and support. Feedback from people indicated that processes were not always implemented sensitively. This included a person's feedback indicating their Care Act assessment was dominated by questions about how they would fund their care rather than their individual needs and goals.

The local authority told us about a complaint made in 2024 regarding financial assessment processes. The complaint was addressed and resolved and key learning from it included the need for better communication with people and their families. The feedback we received indicated that this learning had not been fully embedded.

The local authority had a target of 28 days to complete financial assessments. Leaders told us they were assured financial assessment cases were being allocated within a week and that the 28-day target was being consistently met. The local authority aimed to develop the capability to collect more granular data on financial assessments.

## Provision of independent advocacy

There was independent advocacy provision commissioned by the local authority to support people to access and make decisions about their care. Demand for the service was high and waiting lists varied significantly. For example, 59 people were waiting for advocacy in April 2024, which reduced to 3 people in September 2024, and rose to 22 people in January 2025. However, the service was valued by people accessing it. One person told us their advocacy service was timely, helped them understand their care options, and gave them a voice in their care arrangements.

Leaders had oversight of the numbers of people waiting for advocacy support and waiting lists were being monitored by the Quality and Assurance Compliance Team. Leaders were keen to increase advocacy capacity and options. For example, they intended to work with voluntary and community groups to develop other options including more peer advocacy.

Local authority staff had received awareness training to support their understanding of advocacy and to promote referrals for the service.

---

# Supporting people to live healthier lives

## Score: 3

3 – Evidence shows a good standard

## What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

## The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

## Key findings for this quality statement

## Arrangements to prevent, delay or reduce needs for care and support

The local authority worked with people, partners, and local communities to provide a range of services, facilities and resources to promote independence. These included community courses to improve skills such as cooking, languages, and financial literacy to help people enhance their skills and stay independent. A befriending service was available from the community-based LiveWell Dementia Hub, and a Wellbeing Hub provided multi-agency mental health support, reducing the need for long-term intervention. People could also access a Home Improvement Agency (HIA) for minor home adaptations and equipment provision for those with additional requirements such as sensory needs. Other commissioned resources focused on preventing longer-term care and included an intermediate care facility, an in-house reablement team, multi-agency support from specialist services such as a Sensory Support team, dementia team, falls service, a community champions network, and a Short Term Enablement Programme Service (STEPS) programme which supported people with autism and learning disabilities across key areas such as employment. The local authority also worked with regional partners to support continuing improvements for social care outcomes for people in prisons. For example, workers delivered training about prisoners' rights, eligibility, and delivery of duties under the Care Act 2014.

---

People told us preventative resources and support improved their wellbeing and promoted their independence. For example, one person told us the local authority had provided resources that reduced their reliance on intensive support and helped them progress their educational goals to become employed. Additionally, on release from prison, staff told us a person was supported to obtain a tenancy and given a mobile phone, which helped them integrate into the community and promoted their independence. Evidence of improved outcomes as a result of preventive services was in line with national data: 91.04% of people who received short term support no longer require support (Adult Social Care Outcomes Framework, December 2024) which was much better than the England average of 79.39%. This indicated resources provided by the local authority were helping prevent, delay or reduce the need for care, and promote early intervention and prevention.

The local authority had arrangements to monitor and evaluate the impact of its prevention strategy and outcomes for individuals and communities. For example, activity monitoring equipment, which was used to keep people safe and independent at home, collected data to support evidence based, person centered decision making and best use of resources. A multi-disciplinary team also told us their funding had been extended following evidence showing their work had reduced hospital readmissions. Additionally, leaders said the evidence base for professions such as Occupational Therapy (OT) had strengthened in recent years, and they had used evidence to demonstrate the service's value and how they supported positive outcomes for people and their families within system.

---

Identifying people in the area who had needs for care and support that were not wholly or only partially met was a priority for the local authority, however this work was in its infancy. The prevention and early intervention strategy, as well as the Powering Our Futures change programme, outlined plans for targeted, evidence-based approaches to identify and reach groups with unmet needs, such as integrated substance misuse support for those with comorbidities. There was an ambition among leaders to make use of community partnerships to better identify and target vulnerable groups such as unidentified unpaid carers, victims and survivors of domestic abuse, and those with substance misuse issues. This indicated a joined-up approach to prevention across adult social care, the wider organisation, and partners.

Consideration was given to supporting unpaid carers and people at greatest risk of a decline in their independence and wellbeing, but more practical support and resources were required to help carers live as they wanted. For example, there was a timeout service in place which provided free short-term respite for unpaid carers and aimed to delay or reduce further need for carers' support. Carers who had accessed this service valued it highly and said it supported them in their caring role. However, there were approximately 20 people waiting for the timeout service at the time of the assessment, meaning that not everyone who could benefit from the service was able to do so.

National data from the Survey of Adult Carers in England (SACE, June 2024) showed that 90.7% of carers found information and advice from the local authority helpful. This was better than the England average of 85.22%. However, the same survey also indicated more could be done to improve the respite offer to unpaid carers; only 15.15% of carers in the borough said they were able to spend time doing things they value or enjoy – although this was in line with the England average of 15.97%. In relation to employment, 34% of carers said they could not maintain paid employment because of their caring duties, which was above the England average of 26.7% (SACE, June 2024). Further work was in train to build on the existing support offer for unpaid carers.

## Provision and impact of intermediate care and reablement services



The local authority's adult social care teams worked with community partners to understand peoples' needs as early as possible, to deliver timely intermediate care and in-house reablement that enabled people to return to their optimal independence. This resource helped prevent deterioration to peoples' wellbeing and avoid unnecessary hospital admission. Staff had a strong knowledge of community groups, hubs, activities, such as person-centred employment support and a STEPS programme which supported people to build their confidence to access the community. Staff recognised the importance of linking with other preventative reablement measures outside of commissioned services to provide residents with a wider network of support.

The local authority provided information indicating almost 68% of people accessing reablement support following discharge from hospital required no further funded support after six weeks. It also supported people leaving hospital to regain their independence; 86.36% of people aged 65 years or over were still at home 91 days after they were discharged from hospital into reablement or rehabilitation services, which was in line with the England average of 83.70% (Short and Long Term Support (SALT), October 2024). The quality of reablement provision was reflected by staff winning a 'Great British Care' award in November 2024, and feedback from people receiving reablement support was positive. However, significantly fewer people aged 65 or over were accessing reablement or rehabilitation support after leaving hospital than the England average (1.46% compared with 3.00%, Adult Social Care Outcomes Framework, December 2024).

## Access to equipment and home adaptations

---

Feedback was mainly positive relating to assessment for, and provision of, equipment. OT assessments had a waiting list of 9 people, where the median wait was 17 days (10 days higher than the local authority's target). In the last 12 months, the maximum wait was 241 days. The local authority said this was due to reduced workforce capacity during a period of high demand in 2023 and had since been resolved. The local authority's data indicated there were no waits for home adaptations and equipment for those leaving hospital, though arranging access to people's houses to set up equipment prior to discharge was sometimes delayed beyond the 48-hour target. The waiting time for urgent, minor home adaptations were a median of 4 days with 7 people waiting, and a maximum wait of 8 days over the previous 12 months where the target was 5 days. Waits for non-urgent minor home adaptations were well below the 42-day target, with 31 people waiting for work to be completed. Overall, this indicated the local authority was supporting people to remain independent through timely access to equipment and home adaptations.

Access to equipment was provided through a section 75 agreement. 95% of items ordered in the year prior to December 2024 were delivered within the 7-day target. However, waiting times could be as high as 273 days, related to the procurement of bespoke or specialist equipment. Additionally, staff said low stocks of specialist equipment such as chairs and sleep systems had resulted in waits of seven to eight weeks. However, a 24-hour urgent equipment response target time had always been met, and staff told us they usually had no issues with accessing equipment or delivery.

---

Similarly, people could access equipment and minor home adaptations in a timely way to maintain their independence and continue living in their own homes. Waits for adjustments by a handyperson to make peoples' homes safe (such as fitting handrails or key safes) were low, with 12 days being the longest wait recorded in the last 12 months against a 10-day target. A Sensory Support team carried out assessments and provided equipment for a variety of sensory needs without the need for a financial assessment or charge to the person. 15 people were waiting for this service, with a maximum wait over the previous 12 months of 42 days against a target of 7 days. However, staff gave recent examples of high-risk referrals made to the Sensory Support team that were swiftly acted on, indicating people who urgently needed sensory support were able to access it within a reasonable time period.

Staff said there was a strong technology offer available to support people in their homes, including the OneCall home monitoring system and telecare services, which enabled people to stay connected to support networks and befriending services. OneCall supplied sensors to monitor wellbeing in the home through detection of falls, floods, and medication alerts. Around 12,000 calls were received from 5,000 OneCall installations per month for the service's 24-hour personal care and falls pick-up service, indicating good awareness and use of the service within the area.

## Provision of accessible information and advice

People could access information and advice on their rights under the Care Act and ways to meet their care and support needs. For example, people said they were impressed with the range of services provided in Stockton-on-Tees compared to neighbouring boroughs, and 75% of carers engaged with the local authority said they found it easy to access information and advice, which was significantly better than the England average of 59.06% (SACE, June 2024). Additionally, the local authority was aware of feedback from some carers who wanted better access to information and advice, and work was ongoing towards this.

---

Strategic work was ongoing through change programmes such as 'A Fairer-Stockton-on-Tees' to improve the accessibility of information and advice about adult social care services to seldom heard and vulnerable groups. For example, some people involved in co-production work said the local authority was working towards empowering people to manage their own wellbeing, for example by supporting a 'positive living' forum initiative, where the local authority offered independent living workshops and signposted people to relevant resources and services.

The voluntary and community sector (VCS) and care providers said certain Black Asian and Minority Ethnic (BAME) communities were less able to access information and advice due to cultural and language barriers. Additionally, people who were self-funding their care told us they could have been given more information about available support. Staff and leaders agreed access to information about the preventative offer in Stockton on Tees could be improved for people who were seldom heard, and/or who were not already receiving services or engaged with the local authority in other ways.

## Direct payments

The local authority had a clear approach to direct payments, providing a dedicated support function to enable people to access ongoing information and support. Staff said an in-house direct payments brokerage service worked closely with adult social care social work teams to support peoples' choice and control around how their care needs were met. A social media page had been set up by the direct payments team to establish a peer-support function and promote independence among people accessing support from the local authority.

The effectiveness of arrangements to support people to take up direct payments were reflected in national data. Uptake of direct payments across all age groups was higher than the England average, particularly for those aged between 18 and 64 (49.51% compared to 37.12% for England, Adult Social Care Outcomes Framework (ASCOF), December 2024). Local authority data indicated that 100% of identified carers had also received direct payments in the last year.

The local authority understood some of the barriers for people using direct payments and took steps to remove them. For example, the direct payment team worked closely with the carers' service to ensure they had a point of contact for support. The local authority also recognised national and local challenges around recruiting and retaining Personal Assistants (PA) and the impact of this on residents in Stockton-on-Tees wishing to employ a PA.

Promotion initiatives for the Personal Assistant role were underway to address recruitment issues in partnership with local carers' services. To further increase awareness and uptake of direct payments, staff attended job centre fairs and community-based parent/carers groups. This was positive action to increase the equity of their direct payment offer and make use of community assets to reach people. This work was ongoing, and leaders told us it evolved according to demand and available opportunities.

---

## Equity in experience and outcomes

### Score: 2

2 - Evidence shows some shortfalls

### What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

### The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

## Key findings for this quality statement

### Understanding and reducing barriers to care and support and reducing inequalities

Local authority leaders understood the demographic profile of the area, and they had insight into inequalities and barriers to social care experienced by people in the borough. For example, there was a recognition of the disparity in life expectancy of people living in different neighbourhoods in the borough. There was also awareness of the issues affecting specific groups who were at risk of not having their health and social care need met at an early stage. There was a clear, ongoing, and multi-agency ambition to better understand and tackle these issues, which was set out in several strategic plans and partnerships, including the 'A Fairer Stockton-on-Tees' strategic framework for tackling inequalities 2021-2031', Team Stockton and the refreshed Health and Well-Being Strategy.

The local authority identified solutions to address inequalities in the borough based on peoples' protected characteristics as identified in the Equality Act 2010. In 2024, the local authority introduced Equality and Poverty Impact Assessments (EPIAs) to identify, understand, and mitigate barriers to accessing care and support. This tool was subsequently used across three decision making processes to ensure people with protected characteristics were supported. The introduction and rapid implementation of the EPIA highlighted the local authority's commitment to reducing inequalities in the borough.

---

Additionally, local authority action plans focused on inequalities faced by specific communities and groups in Stockton-on-Tees, such as Ukrainian and Afghan refugees, traveller Gypsy Roma and traveller communities, and people who identified as LGBTQ+. However, leaders told us the responsibility for actions to target these groups sat with services outside adult social care, such as Housing and Public Health, and it was the role of the Strategic Planning team to provide analysis of this area. As such, actions at an adult social care directorate level were high level and, at the time of our assessment, it was difficult to identify progress against work being done with specific groups.

Leaders told us about community initiatives that supported people facing poorer outcomes due to health inequalities, such as a 'Here to Help' Hub which provided guidance and support, and a project that enabled people to buy groceries at lower prices called 'The Bread and Butter Thing'. While the local authority was aware of how this work was benefitting the community, some partners were concerned that the local authority was duplicating work that was already ongoing in the other parts of the system such as the voluntary and community sector (VCS), including work being undertaken by the Making It Real Board (the local authority's co-production function). This suggested more work was needed to align all these initiatives into a wider, joint strategy that would efficiently target and address systemic health inequalities across the borough.

---

Programmes such as the local authority's 'A Fairer Stockton-on-Tees' framework, focused on the borough's most deprived neighbourhoods and outlined the local authority's intention to work closely with local communities and make use of publicly available data with evidence-based research to target its work on inequalities. The local authority was beginning to use data to inform strategic decision making to reduce inequalities in peoples' experiences and outcomes of care but there was more to do to develop this capability. For example, work had been done through the 'Fairer Stockton on Tees' framework to implement a volunteer-led transport service which was accessible to people regardless of their eligibility under the Care Act 2014 and aimed to reduce barriers people faced to accessing support and employment. However, VCS partners told us transport links and cost were an ongoing barrier to people. Staff, leaders, and partners were aware more work was needed to address inequalities, and there was an ambition to make better use of demographic data to understand if this work was having a positive impact.

Local authority staff involved in carrying out Care Act duties did not always have a strong understanding of cultural diversity within the population, with some unable to demonstrate knowledge of the community profile of the borough. For example, some staff did not recognise that there were seldom, or unheard communities in the borough. However, other staff gave examples of how they supported and effectively engaged with people taking account of protected characteristics, such as those with sensory needs when they had been supported by translation services. We were told about monthly auditing of Care Act assessments and care plans focusing on the recognition of cultural diversity and ensuring they promoted a diverse provision of care.

Internal staff equality, diversity and inclusion networks had been expanded, and staff and people involved with co-production said recruitment practices were evolving to attract a more diverse workforce to the local authority. Additionally, the local authority demonstrated a commitment towards workforce diversity by signing up to the Workforce Race Equality Standard (WRES) in October 2024.

## Inclusion and accessibility arrangements

---



The local authority was reactive to providing accessible options for people when they were aware of their barriers to care and support.

There were inclusion and accessibility arrangements in place so people could engage with the local authority in ways that worked for them, for example British Sign Language or interpreting services. A contracted translation provider for the local authority offered in person, telephone, video, written, and braille translation services and that access to these services was timely.

Staff told us 'easy read' versions of resources such as guidance on direct payments were available for people, as well as information in different languages. One person we spoke with told us the local authority had accommodated their preferred methods of engagement, which had helped them to build trust and rapport and enabled them to be fully involved in decisions about their care.

---

## Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

### Care provision, integration and continuity

# Score: 3

3 - Evidence shows a good standard

## What people expect

I have care and support that is coordinated, and everyone works well together and with me.

## The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

## Key findings for this quality statement

### Understanding local needs for care and support

Staff and leaders worked with local people and stakeholders to understand the care and support needs of residents. This was done through use of the local data, for example the Joint Strategic Needs Assessment (JSNA). At the time of our assessment, the JSNA was out of date, as it covered the period up to 2019, however, this was being refreshed with partners at the time of our assessment. Priorities outlined in the local authority's Adult Social Care strategy, Council Plan 2023-2026, and Better Care Fund indicated a high-level understanding of some of the communities in Stockton-on-Tees' long-standing care and support needs.

---

Other tools and data used by the local authority to understand peoples' current and future needs were under development. The local authority's performance reporting and analytic functions were brought together in 2023 so performance data could be triangulated with statutory reporting data and financial intelligence. This was starting to be used to understand the population's care and support needs to strategically plan for services, although this process was still being developed at the time of our assessment.

The local authority also heard directly from local people through surveys, partnerships and consultations, and the Powering Our Futures work. People with lived experience of using care services were being included on some commissioning panels. This helped the local authority to co-produce service decisions and to have a clear focus on people rather as well as process.

The local authority's Fair Cost of Care work identified more work was needed to understand the self-funding and non-commissioned care market. The local authority was working to establish reliable and regular flows of information to manage the wider market in Stockton-on-Tees and ensure a consistent level of quality information to support self-funders and social workers in their decision making.

## Market shaping and commissioning to meet local needs

---

The local authority was aware people did not always have access to support options that met their care and support needs in the borough. Leaders told us they worked with neighbouring local authorities to ensure people with specialist needs could receive support. A recent retendering process for domiciliary care services had been undertaken to increase responsiveness of provision and to allow greater flexibility in service delivery for providers. The specification and terms of the contract were informed through engagement and feedback with people using home care services and from care providers. The new arrangement required providers to sub-contract to other providers if they were unable to meet demand for care within their contracted 'zone'. Providers retained responsibility for assuring the quality of the service provided by any sub-contracted provider. The new contract had been implemented in the weeks prior to on-site assessment work, but it was showing an initial positive impact, in that there were no people waiting for their home care service to start after the first three weeks. Monitoring over the longer term was needed to determine the sustainability of the new arrangements on this initial improvement trajectory.

The Adult Social Care Commissioning Service Delivery Plan 2024/25 was aligned with the strategic objectives of other partners, for example public health. Work was also in train with other local authorities in the region where there were shared priorities, for example around developing suitable housing with care options and remodelling existing housing stock for people with care needs. Providing suitable housing options for vulnerable groups was a known priority, as there were gaps in provision for people with complex support needs, older people requiring extra care, and young people moving into adulthood. Plans were in the early stages of development, with options being explored for the re-provision of some existing underutilised care services, and for capital investment to fund new services, for example a new service for people with a learning disability.

The local authority told us they were working with partners and neighbouring authorities to develop a regional approach to meeting the needs of those with complex or specialist needs, including those placed out of area and people living in geographically diverse areas of the borough.

Some market-shaping interventions identified in the Market Position Statement had been recently implemented, such as the Wellbeing Hub (providing walk-in, multi-agency mental health support) and a Housing with Care model (an initiative combining accommodation with care and support services) which had begun in 2024. Other interventions included a new complex mental health residential support service specification which was brought to market in March 2024. There was evidence of how the local authority had engaged with other agencies such as voluntary and community sector (VCS) partners on this work through events in April 2024.

The carer's service was provided in-house. Approximately 73 new carers per month were being identified at the time of the assessment. There was regard for the provision of services to meet the needs of unpaid carers. However, only 25.19% of carers said they were accessing a support group or someone to talk to in confidence, which was worse than the England average of 32.98% (SACE, June 2024). Some carers said they received no support from the local authority despite assurances from staff that they would receive help. The local authority was aware of the need to improve the offer for carers and work was ongoing working towards maximising support available to them. This included entering into a 2024 partnership with an online carer-led platform that offered carers advice, tools, and community networks to support them in their caring roles. In July 2024, the platform had provided 165 carers with support that included emails, a peer support community, and a financial toolkit to help them manage their carers' allowance.

Commissioning strategies emphasised the importance of co-production and partnership working with care providers to meet local needs and to improve the quality of care. We were told of some actions to support this, for example, people with lived experience were involved in some commissioning panels, and people's feedback was used to inform the new home care contract specification. However, leaders acknowledged that the approach to coproduction in commissioning required further work to fully embed it.

---

There was an ambitious programme of commissioning activity planned for the short and medium term to address current gaps and to plan ahead to meet future needs. The aim was to move away from traditional commissioning activity which focused mainly on market management to a more strategic approach where commissioning was a transformative process with a stronger focus on promoting independence and early intervention. Leaders were seeking to develop the local authority's strategic commissioning capability to lead this programme of work. There had been good progress in developing performance and information management capability so that future commissioning decisions would be based on a robust evidence base. Development work was ongoing.

## Ensuring sufficient capacity in local services to meet demand

There was a diverse range of services available in the community. Leaders were aware of gaps in some areas of provision which led to insufficient capacity to meet demand for some people, for example, those with mental health needs and young people transitioning to adulthood. However, arrangements were in place with neighbouring local authorities to provide speciality care to people that was not available in the borough.

Capacity in local service provision was usually adequate to meet demand. In June 2024, out of 26 people admitted to residential or nursing care, one person waited 76 days for residential support, and another person waited for 47 days for nursing home support. At this time, out of 153 commencing a new homecare package, three people waited an average of 11 days for home care.

---

Staff and leaders told us work to improve provision for people with complex moving and handling needs to support them to return home from hospital was showing positive outcomes. For example, occupational therapy staff were utilising analytical, functional assessments to ensure proportionate levels of care and support were provided, which reduced peoples' required care levels and increased their independence. Additionally, training was being provided to care partners to enable them to support people requiring complex moving and handling support.

We received information describing arrangements the local authority used to manage risks to people waiting for services, which included a process to contact people to monitor their well-being weekly, fortnightly, or monthly, based on a prioritised risk rating. We were not made aware of anyone being left at risk of harm whilst waiting for a service to start and we were assured that leaders were taking steps to understand the demand and supply picture and manage risk to those waiting for services more effectively. This included making better use of performance data to monitor and track timeliness of provision and to enable them to be more responsive to fluctuations in demand.

While there was a diverse range of services available in the community, some people were using services and support from outside the local authority area. Leaders told us people receiving care and support outside the borough were often placed close to the borough's borders and within the Tees Valley. The main reasons for this were personal choice (for example, the person wanting to be closer to their home residence) or lack of suitable provision in the borough. 23 of the 47 Stockton-on-Tees residents placed out-of-area were receiving care outside the borough because of lack of available provision in-borough. 14 of these people had increased needs for which no borough provision was available, and 9 people required specialist provision that was only available outside the borough, for example, head injury services. Out of area market-shaping work had helped the local authority identify key themes associated with those placed out of area, and work was ongoing to increase service provision in these areas. Staff told us about a lack of mental health and learning disability provision in the borough and we were told about plans to develop capacity with care providers in these areas, such as through commissioning mental health support in residential settings.

There was consideration for the provision of services to meet the needs of unpaid carers. Significant investment into carers' services had been made by the local authority, and more carers in Stockton-on-Tees were satisfied with support they received than the England average (47.83% compared to 36.83%, Survey of Adult Carers in England (SACE), June 2024).

National data showed that 10.77% of carers said they were accessing support or services that enabled them to take a break from caring at short notice or in an emergency, which was in line with the England average of 12.08% (SACE, June 2024). Numbers of carers able to access support enabling them to take a break from caring for up to 24 hours were higher at 19.08%, but still low overall and below the England average of 21.73%. The local authority had plans to review capacity for contingency planning in its carers' support offering.

## Ensuring quality of local services

The local authority had clear arrangements to monitor the quality and impact of the adult care and support services being commissioned in Stockton-on-Tees, including alignment with the Public Sector Equality Duty (PSED). Concerns raised about care providers were monitored for trends and raised with individual providers when improvements were needed. There was senior oversight of trends and formal quarterly review meetings.

Within the local authority, 80.65% of residential care homes, 66.67% of nursing homes, and 64.10% of homecare providers were rated as Good by CQC, with a small proportion rated Outstanding (6.45% for Residential Care, 4.76% for Nursing Care and 2.56% for Homecare). Within Nursing Care, a higher proportion of providers were rated as Requires Improvement (23.81%) than were providers of Residential Care (9.68%) or Homecare (7.69%).

---



A review of care provision undertaken in May 2024 indicated the quality of local services had increased slightly with limited risk identified across the market. In the event of persistent or serious quality concerns, temporary commissioning embargoes were used whilst improvements were made. The local authority worked with the providers to secure improvement as the default position. Seven of ten embargoes placed on adult social care providers between April 2023 and May 2024 had been removed by June 2024.

## Ensuring local services are sustainable

The local authority had arrangements for engaging routinely with care providers, both individually and collectively on matters relating to the provision of adult social care in the area. Care providers were generally positive about their interactions with the local authority and told us they had regular opportunities for engagement on local trading conditions and that they were supported to be sustainable through support with issues such as workforce recruitment and retention.

Local authority leaders, staff, and care providers said a significant risk to delivering sustainable social care services was budgetary limitations. As such, the local authority was working to understand risks to the sustainability of adult social care services, including its current and future social care workforce needs. The local authority collaborated with the care provider market to ensure the cost of care was transparent and fair, for example, by undertaking a Fair Cost of Care assessment.

---

The local authority had a robust approach to supporting and upskilling the adult social care workforce in Stockton-on-Tees, increasing the sustainability of local services. An Adult Social Care Workforce Development Plan 2024-26 had been developed with partners. The local authority's social care workforce had an 8.32% adult social care job vacancy rate, which was similar to the England average of 8.06% (Skills for Care, October 2024). Several initiatives had been introduced to support the workforce, with the offer being extended to the whole social care workforce, and not only direct employees of the local authority. These included a bespoke 12-week workforce development programme and a training and employment Hub. The local authority also had links with universities and other agencies to upskill people and enhance workforce sustainability through a Sector Based Work Academy Programme (SWAP). Providers said the local authority had supported their workforce development capability by providing training tailored to emerging needs such as substance misuse issues. It promoted adult social care recruitment campaigns locally and nationally, as well as having its own apprenticeship programme to support succession planning for the workforce.

The local authority also worked with care providers and stakeholders to understand current trading conditions and how providers were coping with them. For example, an annual review to assess the sustainability of the older persons care home market was carried out. Processes were in place to safeguard residents in the event of care provider failure and other service interruptions and there were some strong relationships with voluntary and community sector (VCS) groups who could provide contingency support.

---

VCS partners acknowledged the limitations of funding available through the local authority and they expressed concern about sustainability risks inherent in short term funding arrangements. They told us local authority funding was sometimes limited to a year which could have a negative impact on the groups being funded and the communities the groups supported. For example, some partners experienced staff retention challenges as staff knew their jobs were not guaranteed past the end of the local authority funding, which reduced the ability of the groups to support the local community. This led some VCS partners to seek funding elsewhere or self-funding projects. However, some VCS partners told us they had received local authority funding to carry out engagement work on behalf of the local authority, and that this has been extended in some cases where positive outcomes for people could be evidenced. Further consideration of this risk was needed to ensure alignment with the local authority's strategic intention to build community capacity as part of its prevention and early support transformation programme.

---

# Partnerships and communities

## Score: 3

3 – Evidence shows a good standard

## What people expect

I have care and support that is coordinated, and everyone works well together and with me.

## The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

## Key findings for this quality statement

### Partnership working to deliver shared local and national objectives

The local authority was committed to working in partnership with other stakeholders to achieve better outcomes for local people. This was supported by partners who told us the local authority now worked more openly and collaboratively with them. There was recognition by leaders of the need to work collaboratively to address the significant inequalities in the area and that no single agency could achieve this on its own.

Collaborative relationships with partners, were facilitated through forums such as the Coalition of the Willing, a multi-agency partnership established to focus on supporting admission avoidance, and the Place Leadership Board, also known as Team Stockton, as well as co-production initiatives such as the Making It Real Board. A monthly multi-agency special educational needs and disability (SEND) development group had been introduced as part of a joint governance structure to provide strategic oversight of provision. There was also strong co-working in areas such as public health, housing, and safeguarding.

Despite being a small authority within a large Integrated Care System, the local authority had a voice at all levels. Health and adult social care leaders said partnerships such as the Coalition of the Willing group allowed space for constructive challenge and relationships at a senior level were strong. Collaborative work was being done to refresh the borough's Joint Strategic Needs Assessment (JSNA) to reflect changes in the local demographics. Staff had also collaborated to develop a Learning Disability Network based on feedback from a care provider forum. Through those forums, the local authority was working with partners to agree and align strategic priorities, plans and responsibilities for people in the area.

Relationships between local authority staff, health professionals, and the voluntary and community sector (VCS) were good, and arrangements, such as a 9-month occupational therapy rotation system with a local hospital, was strengthening links with health colleagues. Some voluntary partners told us they wanted to be included more in the local authority's decision-making discussions, whilst some acknowledging this had improved. Partners also wanted a greater voice in forums such as the Health and Wellbeing Board to more effectively influence strategy based on their community level knowledge of current and future needs. Multi-agency initiatives were ongoing, including a project to increase physical activity in the borough, and this indicated a move towards greater collaboration between the local authority and the voluntary sector.

The local authority had integrated aspects of its care and support functions with partner agencies where this was best practice and when it showed evidence of improved outcomes for people. For example, services to promote effective and timely hospital discharge and longer-term arrangements for hospital admission avoidance.

## Arrangements to support effective partnership working

Where formal partnerships were in place, there were arrangements for governance, accountability, monitoring, quality assurance and information sharing, and roles and responsibilities were clear. These existed at system, place, and local authority level.

There was an intention to improve the sharing of performance and population inequalities data between agencies to ensure a shared understanding of key issues and to align priorities and reduce duplication of effort. Leaders aimed to utilise partnerships such as Team Stockon to link service data effectively and visualise themes to target population needs and reduce duplication across the system.

---

Section 75 agreements (a legal mechanism for pooling budgets with health partners) were in place for delivery of the Better Care Fund (BCF). Robust governance and accountability processes were in place to set strategic direction and partnership arrangements for the BCF, with a particular focus on long-term care admission avoidance. Additionally, leaders were seeking opportunities for place-based funding opportunities, for example, by leading discussions around pooled budgets external to the Better Care Fund. This indicated an ambition towards joint preventative work at place.

Other joint funding arrangements were in place for falls prevention activity, community equipment, commissioning of nursing home and home care provision. Processes were in place to govern and facilitate decisions about how to use joint budgets and there was evidence of monitoring of the impact. For example, joint arrangements for falls reduction support had shown positive outcomes for people. Other specific joint initiatives with health partners such as peer inspections and a 'Hospital at Home' program had produced positive admission avoidance outcomes and strengthened inter-agency relationships. The Hospital at Home programme supported people to have their care needs met at home instead of in a hospital setting, saving an estimated 300 days in admission avoidance.

Changes in senior leadership in recent years and the introduction of new partnership forums such as the Coalition of the Willing, had driven a refresh of the functioning and strategic direction of the Health and Wellbeing Board. A new strategy for 2025-2030 had just been published and there was a clear ambition for this to drive meaningful change and a shift towards a more preventative approach to social care and health interventions. This included oversight and monitoring by the Health and Wellbeing Board to ensure a system-wide perspective was taken.

At a wider, system level, the local authority was working with partners to deliver the Stockton-on-Tees' regeneration programme, which was a long-term programme of work tackling systemic inequalities in the area.

---

Arrangements for partnership working with the voluntary and community sector (VCS) were mostly effective. For example, one VCS group told us about annual engagement events held in partnership with the local authority to gather feedback from people about how their social care needs were being met in Stockton-on-Tees. This helped both partners focus resources on specific areas of need in the community, for example, support for migrant populations. Despite mixed feedback about voluntary partner involvement in strategic decision-making, most partners felt valued by and had a positive relationship with the local authority.

## Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the outcomes for people and used this to inform development and continuous improvement. For example, effective partnership working between health and social care had led to timely hospital discharges for people and falls prevention activity had shown positive impact in respect of falls reduction. Community awards received by the local authority highlighted that the impact of its work across areas such as community engagement were being recognised by partners.

Delivery of the local authority's Well-Led Leadership Development programme by its nationally recognised Transformation team had led to 61% of care homes registering for National Institute for Health and Care Research (NIHR) Enabling Research in Care Homes (ENRICH) programs. Additionally, positive feedback from providers about the local authority's quarterly Learning Disability Network sessions indicated this partnership forum helped facilitate information sharing between providers. They told us the sessions were helping to raise the profile of learning disability services and promote improvement in the offer available to those in the community.

---

Partnerships with the Integrated Care Board and care providers enabled the local authority to have insight into local trading conditions and challenges partners and care providers were experiencing. We were told of an example when this insight had informed a decision to make contractual changes to strengthen the domiciliary care offer. There was also evidence that insights from partnerships had contributed to improvement in working arrangements between front-line practitioners. For example, staff said joint forums between health and social care staff had facilitated the sharing of skills and positive risk-taking in support of strengths-based care.

The local authority was working with housing partners to explore options to reprovise existing housing stock to provide accommodation options for those with care and support needs.

## Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and charitable organisations directly and through a voluntary and community sector (VCS) infrastructure organisation, Catalyst, to understand and meet local social care needs. Catalyst represented the voluntary sector on key strategic boards and committees and worked in partnership with the local authority to drive forward their People Power strategy, which involved co-locating voluntary sector staff, coordinating Community Champions, and supporting 'Mind the Gap' work. Mind the Gap had facilitated the redesign of communication materials to improve awareness and access for seldom heard groups and worked to include local residents on local authority care service commissioning panels). The organisation supported between 250 and 400 voluntary organisations across the borough and engaged in multidisciplinary initiatives such as the Wellbeing Hub. Feedback from voluntary sector partners was generally positive and many said the local authority was listening to them.

---



Partnership working with the voluntary and charity sector had led to positive outcomes, such as increased engagement with people and their families around designing services including older persons' extra care provision. However, VCS groups told us engagement by the local authority was usually consultative rather than co-produced. Leaders had recognised the need to develop and improve its coproduction approach to truly include people's voices.

Leaders told us partnership work with VCS groups had been ongoing to address key issues in the borough such as rough sleeping. We were also told by VCS partners that they were being increasingly encouraged to share case studies with the local authority to demonstrate the impact of their work, which groups said was positive.

---

## Theme 3: How Stockton-on-Tees Borough Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

### Safe pathways, systems and transitions

# Score: 2

2 – Evidence shows some shortfalls

## What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

## The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

## Key findings for this quality statement

### Safety management

Leaders told us safety was a strategic priority for the local authority. A Council Plan 2023-26 aimed to ensure Stockton-on-Tees was a place people were healthy, safe and protected from harm. Some commissioning decisions reflected the local authority's responsiveness to risk, for example, investment into the management of Deprivation of Liberty Safeguards (DOLS). There was an aim to develop the local authority's technology offer, such as the OneCall service, to keep people safe and independent at home.

The local authority understood the risks to people across their care journeys. Community safety was prioritised, and strategies focused on improved support for vulnerable adults with safeguarding concerns. Additionally, risk management processes, for example a Holding Policy at the front-door to adult social care to manage risk to people waiting for support, were in place. However, some staff told us risks they had raised (for example, a lack of communication with some external partners) were not consistently reflected at senior level as they were not informed about actions taken in response to raising these issues. This indicated focus was needed by leaders to ensure better communication with frontline staff regarding actions taken as a result of concerns raised by staff.

Dynamic risk assessment and mitigation processes were in place on the front line. Frontline teams had robust priority matrix and triaging systems in place which ensured cases were prioritised according to risk and in many cases, people were contacted within 48 hours. For referrals of lower risk, allocation was completed within 2 weeks in some teams, with a social worker contacting the person within 24 hours. Daily multi-agency safeguarding huddles allowed effective communication of safeguarding concerns and actions.

Staff gave mixed feedback on the effectiveness of handover systems between day and out of hours teams. For example, some staff told us there was good communication between teams picking up work in the morning, while some staff were required to work over hours to finish work at the end of the day which increased pressure on staff and the service. However, several teams said waiting times were reviewed regularly by teams and service leaders and were prioritised by risk. Additionally, leaders told us a small peripatetic team of social workers provided ad-hoc support to teams experiencing high demand and helped reduce pressure within the directorate. Further work was needed to better understand staff perception of pressure within the service and communicate about resource available to support them in their roles.

Strategically, cross-agency functions such as a High-Risk Adults Panel sought to review and agree actions to keep people safe.

We saw plans to improve oversight of safety processes, for example, introducing a system to monitor authorisations of community DoLS. At senior management level, a risk register identified eight risk areas for adult social care in the first quarter of 2023/24, including 'failure to find suitable accommodation' and 'failure to establish and maintain safe systems of care for adults. A control in place to address 'failure to establish and maintain safe systems of care for adults' was stated as, 'processes and standards led by the Tees-wide Safeguarding Adults Board and Safeguarding Team'. Leaders were taking steps to mitigate and reduce risks to peoples' safety.

Safety processes were aligned with other partners involved in peoples' care journeys. This enabled shared learning and drove improvement. For example, local authority staff and care providers monitored care and staffing quality and safety using a dashboard which flagged safety issues or risks. Themes arising were discussed on a quarterly basis by the Quality Assurance and Compliance Team. Operationally, multi-agency partners worked together to review and agree actions to keep people safe in cases of high risk and complexity through the High-Risk Adults Panel.

National data indicated 66.52% of people using services felt safe, which was slightly lower than the England average of 71.06%, suggesting more work was needed to improve peoples' outcomes and experiences around safety.

## Safety during transitions

Care and support were not always planned and organised with people and partners in ways that improved their safety across their care journeys and ensured care continuity.

Leaders were aware that transition arrangements for young people required greater oversight and coordination across agencies, as the current shortfalls could exacerbate existing risks to this group. While we heard some positive feedback about support for a young person transitioning from children to adult services, most partners, leaders, staff, and people we spoke to said support for young people transitioning from children's to adult services and required significant improvement.

Care and support needs were met by Children's services up until a young person's 18<sup>th</sup> birthday or 25<sup>th</sup> birthday for those with special educational needs and disabilities or who were care leavers, at which time adult social care started to provide support if the person had eligible care needs under the Care Act. Policies and feedback from some staff indicated that, although adult services met with children's services to plan for young people's support after the age of 18, adult services often did not start to work with young people at an early enough age to allow for adequate planning and preparation for adulthood.

Leaders told us processes were in place with Children's services to support the smooth transition of care to adult services for young people: for example, a Transitional Operational Group aimed to support commissioning arrangements to ensure that there were appropriate arrangements in place for Young People aged 14-18 for successful transition. However, staff said some young people remained under the care of children's services for longer than necessary due to lack of resources or planning. This indicated processes in place to support young people approaching transition were not well-understood or being followed consistently by local authority staff.

Some adult social care teams managed to provide support at short notice, but this could not always be achieved. Staff told us planning between services did not happen systematically as a person approached adulthood, leading to needs not being met when a young person reached adult services.

---

Staff told us young people were not being prepared for the reduced level of support they experienced when transitioning from children's to adult social care services, or equipped with wider developmental skills and support necessary for adulthood. This left young people without the support they had been accustomed to and increased their likelihood of requiring future longer-term support. Staff said support for care leavers lacked resource and continuity, resulting in particularly negative transition experiences for this group. Leaders were aware of this gap in support and work was ongoing to address the shortfalls. Leaders cited this as one of their key priorities. For example, transitions' support for young people was being reviewed at the time of the assessment by an external organisation and under the Powering Our Futures programme, with ambitions for earlier, multi-agency planning and support for young people.

People being discharged from hospital did not wait for support or services. A dedicated integrated Single Point of Access (iSPA) team facilitated hospital discharge, and a Home from Hospital Scheme supported people to return home with sufficient food, medication, and support to attend follow-up appointments. However, despite integrated arrangements being in place to support timely discharge to home from hospital and between different care settings, people's experience of transition at this process point were mixed. While some people described workers providing support after they left hospital as informative and helpful, some people described a lack of communication between care professionals and limited care coordination or continuity. This had led to key information about people being missed or not communicated to carers and families. Some people said their discharge process was rushed, while others did not receive support with their transition between care services, which affected their wellbeing and that of their family. Social care teams were not always made aware that someone was being discharged from hospital, compromising the person's safety. This indicated that whilst there were improvements in the arrangements to ensure rapid transitions, more focus was needed to understand and improve people's experience of transitioning from hospital to home.

---

There was consideration of the safety and well-being of people who were using services located away from the local area. Reviews for the 141 people placed in services outside of Stockton-on-Tees were completed face-to-face, and if the person did not have local family or friends, the review was completed by a social worker rather than a review officer. The local authority worked with people to ensure a smooth transition at the earliest opportunity.

## Contingency planning

The local authority undertook contingency planning to ensure preparedness for possible interruptions to the provision of care and support. For example, leaders said they worked with community safety agencies and partners to plan for access to alternative support in the event of a community-wide emergency.

Leaders told us a small peripatetic team of social workers provided ad-hoc support to teams experiencing high demand or undergoing transformation that impacted day-to-day operations. Additionally, managers were on-call during evenings and weekends to provide continuity of support out-of-hours.

Some unpaid carers said staff worked with them to plan for current and future needs, with one saying they had an emergency carers card detailing a plan in the event they could not fulfil their caring role.

There were processes in place for managing potential care provider failure or other service disruptions, and borough-wide major incidents, which included pre-arranged actions set up with partner agencies to ensure information sharing and service continuity.

---

# Safeguarding

Score: 3

## What people expect

I feel safe and am supported to understand and manage any risks.

## The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

## Key findings for this quality statement

### Safeguarding systems, processes and practices

---



Arrangements for systems and practices which aimed to protect people from abuse and neglect were in place. Screening processes for safeguarding issues at the front-door to adult social care were timely, despite low staffing levels to screen safeguarding referrals at this process point. The local authority recognised the risk of having this low level of resource and they were looking at ways to strengthen capacity. Staff and partners said relationships and communication was good between the safeguarding team, other frontline teams and external organisations. There was strong awareness among staff groups of specific interventions to keep vulnerable people safe, such as the local authority's High Risk Adults Panel (HRAP) and the introduction of a safeguarding lead in 2021. Work was needed to improve clarity of safeguarding referral thresholds, particularly amongst out-of-area partners as there were some inappropriate referrals being made. Whilst this did not impact negatively on people, it could lead to ineffective use of resources.

The local authority partnered with three neighbouring local authorities to form a Teeswide Safeguarding Adults Board (TSAB), which met quarterly. The TSAB delivered a co-ordinated, whole-system approach to safeguarding adults locally and regionally and continuous learning through audits and Safeguarding Adults Reviews (SARs). SARs were reviewed by local authority leaders between TSAB meetings to ensure leaders and staff were aware of individual responsibilities in relation to any cases, and staff said learning was effectively cascaded through the organisation. Safeguarding champion roles had helped promote learning from the TSAB across and between organisations in the Teeswide area. Additionally, learning from another Safeguarding Adults Board in the region prompted the local authority to review and update Best Interest Assessor practices. Staff reported positive outcomes from these interventions as a means of identifying, protecting, and supporting vulnerable people.

---

Partners and leaders said the local authority had a strong voice within the TSAB and contributed to priorities such as protecting vulnerable people by participating in HRAP meetings. The local authority provided the TSAB with safeguarding data relating to care providers' safeguarding concerns. Leaders told us there was a process in place for safeguarding concerns and issues to be communicated to senior management and the TSAB. For example, workers would complete a Quality Assurance Multi-Agency Information and Intelligence Sharing Form to record concerns about contracted providers, which would be shared with the Quality Assurance & Compliance team for further review and action. While some frontline staff were not aware of processes to feedback safeguarding concerns or themes from providers, leaders were assured that concerns were being shared via supervisions, with supervisors escalating any identified issues. Additionally, emerging risks and safeguarding themes were analysed and reviewed monthly through the Quality Assurance Dashboard, providing further assurance that safeguarding issues were being shared and acted upon by the local authority.

It was acknowledged that strategic decisions and investment had been made to ensure no-one requiring a Deprivation of Liberty Safeguards (DoLS) authorisation waited more than 24 hours to be seen by the Local Authority, which ensured no-one experienced an unlawful deprivation of their liberty. Feedback from partners about the local authority's management of DoLS authorisations was very positive and reflected the investment that had been made in this area.

There was an effective multi-agency safeguarding partnership between the local authority and other statutory partners. Roles and responsibilities for identifying and responding to concerns were clear. Information sharing arrangements were in place so that concerns were investigated without delay. Safeguarding strategies were well-aligned with health partners and care provider feedback on access to safeguarding support from the local authority and working with the safeguarding team was mainly positive.

---

National data from Skills for Care (October 2024) showed that 42.38% of independent or local authority staff completed safeguarding adults training, which was slightly lower than the England average of 48.70% and indicated an area for improvement for the local authority. Leaders told us staff training and upskilling around safeguarding was a priority regularly discussed at TSAB meetings and provided through other learning and development opportunities.

## Responding to local safeguarding risks and issues

Staff and leaders recognised and understood local safeguarding issues and risks the residents of Stockton-on-Tees faced, including child and domestic abuse, homelessness, substance misuse, organised crime and modern slavery. Rough sleeping and exploitation were significant risks for young people who lacked support and accommodation that met their care needs during transition. The local authority recognised a lack of wrap-around support for this group, which was exacerbated by disjointed pathways between children's and adult services. An ongoing review was taking place to address this.

The local authority worked with safeguarding partners across the system to reduce risks and prevent abuse and neglect from occurring. A 2022-2028 Domestic Abuse Strategy, developed in partnership with care providers, focused on key priorities such as ensuring comprehensive support for victims, providing safe accommodation, and holding perpetrators to account. Interventions included workforce development, awareness raising, and working with partners to develop preventive programs and initiatives such as a lived experience charter.

There were processes in place to support people who did not meet the Care Act threshold for safeguarding intervention. For example, scamming was becoming increasingly prevalent, and the local authority had forged links with community groups where people could be signposted for support.

## Responding to concerns and undertaking Section 42 enquiries

---

There was a process in place to respond to concerns following initial safeguarding enquiries, including those which did not progress to a Section 42 enquiry. The local authority told us 99% of peoples' outcomes from completed Section 42 enquiries were either partially or fully met, which was higher than the overall 91% for the TSAB area.

The local authority reported there were no safeguarding concerns awaiting initial review; all safeguarding concerns were reviewed by the 'First Contact' Team or passed straight to the safeguarding team. No Section 42 enquiries were waiting to be allocated, and the maximum time for allocation over the previous 12 months had been 27 days. The average completion time for Section 42 enquiries between November 2023 and November 2024 was 80 days.

The local authority told us, for 97% of safeguarding referrals, action was taken to mitigate risk with the risk(s) being reduced or removed. There had been a significant increase in safeguarding concerns recorded by the local authority in 2023 compared with previous years, and far fewer of these had progressed to Section 42 enquiries (Safeguarding Adults Collection, August 2024). The average number of concerns between 2017 and 2022 was 1808, with an average of 908 progressing to Section 42 enquiries (a conversion rate of 50%). In 2023, 665 of 3020 total safeguarding concerns progressed to Section 42 enquiries, which was a conversion rate of 22%. Leaders told us this trend was a result of the local authority changing the way concerns were recorded.

There were clear standards and quality assurance arrangements in place for addressing serious concerns about local care providers or partner agencies.

## Making safeguarding personal

---

People and partners told us the local authority's approach to safeguarding could be personalised and compassionate, but this was not always the case. Views on whether the local authority carried out safeguarding enquiries sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre, were mixed. A person involved in a safeguarding concern said the local authority worker made them feel safe and supported, while another person said they did not feel supported during the process.

Information received from the local authority stated staff were expected to record how safeguarding had been centred round the person involved, and that this was monitored. The TSAB independently audited the local authority's approach to the six safeguarding principles underpinning making safeguarding personal, and they were provided with regular Making Safeguarding Personal monitoring data.

---

## Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

## Governance, management and sustainability

Score: 3

## The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

## Key findings for this quality statement

### Governance, accountability and risk management

There had been leadership changes in the local authority over the previous two years, with the recruitment of a new Chief Executive, Director of Adults Health and Wellbeing, and Lead Cabinet Member for Adult Social Care. Senior leaders had clear roles, responsibilities and accountabilities and they were described as being visible, capable and compassionate.

---

The leadership team had good insight into its strengths and areas for improvement. They recognised the challenges presented by the changing demographics, entrenched high levels of inequality and deprivation in Stockton-on-Tees and the impact this had on people's health and well-being outcomes. There was a strong commitment to addressing these challenges. There were ambitious strategies and plans in place which were supported at executive and member levels. Leaders recognised they were in the early stages of their transformation journey, and areas of risk were being addressed, for example, reducing the waiting times for Care Act assessments and care reviews, as well as tackling medium and longer term issues. Identified priority improvement areas were in young people's transition pathways, simplifying the arrangements and pathways at the first point of access, increasing the use of community assets to meet care and support needs, and increasing the strategic commissioning capability to deliver the long-term transformation strategy. Some of this work was in the early stages and more time was needed to embed new ways of working and to realise the impacts.

Good progress had already been made on the development of data dashboards, and these were now enabling real-time oversight of performance and more timely operational responses when risks were emerging. The foundations for coproduction were in place through the Making It Real Board, and some new multi-agency partnerships such as the Coalition of the Willing, were producing positive outcomes for people.

The Principal Social Worker role was combined with the role of Assistant Director of Adult Social Care, and they had a clear line of sight to the front-line practitioners. There were low vacancy and turn-over rates across in-house adult social care teams. Most of the staff we spoke with told us they were supported in managing their workloads and staying safe at work. For example, leaders said staff viewed a lone-working mobile-based application, which provided staff with an immediate response in the event of an incident, positively. Additionally, staff said managers were approachable and that they had opportunities for continued professional development. The local authority had recently won a Social Work Employer of the Year award, and data provided from a Standards for Employees Survey indicated that 81% of social work staff felt the local authority had a strong and clear social work framework.

A small number of staff told us they felt undervalued due to perceived pay and esteem differences with other social care disciplines. Leaders acknowledged that they could do more to communicate parity of esteem and value amongst professional groups.

Leaders understood some of the risks to people across their care journeys and there were clear risk management and internal and external escalation arrangements in place. For example, sustaining the quality of care provision, improving access to the front door, and transitions support for young people moving into adulthood. These were reflected in the corporate risk register and considered in decisions across the wider council. Some staff told us they did not receive feedback from leaders when they raised concerns about perceived gaps in processes, for example, limited resource to screen safeguarding referrals at the front door.

Leaders were aware of wider-reaching risks such as workforce challenges and sustainability, and the subsequent impact on care provision. There had been a 2% increase in vacancies across the social care sector in the area since 2021/2022, prompting a recruitment focus by the local authority's transformation function. Through this work, care providers had been supported with workforce recruitment by the local authority. There had been a reduction in the numbers of vacancies within commissioned services during the last year.

There was an Adult Social Care Quality Assurance Framework in place which provided quality assurance, performance management and oversight of social care practice, delivery and outcomes at all levels within the local authority. The framework supported quality audits of practice, key performance data and analysis of feedback from people drawing on care and support. Additionally, leaders told us an Adult Social Care Practice Framework included in the Workforce Development Plan aimed to maximise skills within the workforce. These tools provided visibility and assurance on delivery of Care Act duties and management of current and future risks to delivery, quality and sustainability.

---



The local authority was proud of the work it had done to improve its data analytical capabilities so that data was now being used to inform operational and strategic decisions, rather than just for monitoring provision and outputs. This work was continuing to upskill staff' data literacy levels and to embed a performance culture into the organisation. Leaders said this would enable more evidence based decisions and effective use of resources.

The local authority's political and executive leaders were well informed about the current risks and challenges facing adult social care in Stockton-on-Tees. Scrutiny processes were effective and health and social care issues had parity of esteem at a political level. Relationships were strong between council members and adult social care leaders, with opportunities for open communication and challenge to support the delivery of a community-focused agenda.

## Strategic planning

There was a clear vision and strategy for adult social care which sought to improve outcomes for people with care and support needs, unpaid carers and reduce inequalities of experience and outcomes for people in the local area. The strategy was based on a sound understanding of local priorities and was aligned with the strategic plans of other key agencies, for example health, public health and housing. Adult social care strategy and delivery plans were publicly available, and staff, council members and partners showed a good awareness of them. Additionally, the local authority scored highly in the category of 'Strategic Partnership', among others, in a recent Local Government Association (LGA) Annual Health Check, indicating strong strategic alignment with its partner agencies.

---

The local authority used information about risks, performance, and outcomes to inform its adult social care strategy and plans to allocate resources to fulfil its Care Act duties. Partners, staff, and leaders told us publicly available performance data was used to support strategic planning, saying the local authority had a strong focus on prevention and long-term strategies. Local authority strategies were aligned to the strategic plans of other agencies such as health and public health partners. Operationally, the local authority used data to manage resource and risk, for example it had invested in its Best Interest Assessor workforce to address risks arising through known delays in assessment of DoLS applications. The investment meant people were no longer waiting for DOLS assessment authorisations in the community, which protected their liberty and led to positive outcomes.

Some of the sources of data on which the locally authority based strategic decisions were in the process of being refreshed at the time of the assessment, such as the Joint Strategic Needs Assessment and Health and Wellbeing Strategy. However, strategic frameworks prioritised moving to a preventative approach, with a reduction in the use of formal support services to a greater focus on building strong and resilient communities to support its vulnerable members. For example, the Adult Social Care Strategy (2021-2025), a Fairer Stockton on Tees, and Powering Our Futures programme highlighted an ambition to engage with communities better, indicating a shared vision to reach into and listen to seldom heard groups. Some work undertaken as part of the Fairer Stockton-on-Tees programme was being monitored for impact on outcomes. For example, an action log monitored the number of people accessing the 'the Bread and Butter Thing' initiative as a marker of food poverty in the borough. This suggested the delivery of improvement work was being linked back to strategic goals and priorities by the local authority, but it was too soon to determine the long-term impact of this work on outcomes for the population.

Where there were shortfalls in delivery of Care Act duties, risk mitigations were in place, to minimise risks to people's safety. For example, leaders told us people waiting longer than 12 months for a Care Act review were actively supported by a social worker to ensure changes to their needs were identified and managed.

Outcomes from some strategic programmes to improve care and support were yet to be determined. For example, the local authority had put in place renewed plans to target issues relating to barriers to accessing the front-door to adult social care, and the lack of transition support for young people. Leaders acknowledged these plans would be challenging to deliver, against the backdrop of a growing older adult population, increased complexity, and other health inequalities.

Local authority leaders had acknowledged that more work was needed to embed true coproduction to drive strength-based, community developed strategy. They had plans to increase the extent to which strategies were coproduced with staff and people with lived experience, for example, by building on the work of the Making It Real Board. The refreshed Joint Health and Wellbeing Strategy 2025-2030, published in January 2025, also highlighted the local authority's commitment to including people's voices in strategic planning.

## Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records and data management systems. A dedicated Information Governance (IG) team supported the organisation to use and share data within and outside the local authority safely. Staff working alongside external partners were required to complete specialised training alongside organisation-wide mandatory information security training.

---

# Learning, improvement and innovation

Score: 2

## The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

## Key findings for this quality statement

### Continuous learning, improvement and professional development

Staff feedback about the local authority's culture of continuous learning and improvement was positive. There was support for continuous professional development (CPD). Most staff said they were well-supported through supervisions and appraisals, and there was ongoing access to internal and external learning and support to ensure Care Act duties were delivered safely and effectively. For example, staff said, in response to an increased prevalence of people experiencing self-neglect, staff had received specific training to help them to understand the issue and ways to support them. Staff were encouraged to take up training and development opportunities, such as apprenticeships, Assessed and Supported Year in Employment (ASYE) courses and to use nationally recognised CPD tools to track their learning. Commissioning staff were taking part in a national commissioning skills development programme. Staff and leaders said quality auditing was embedded into their teams' practice, as well as reflective practice, peer-to-peer and leader shadowing. Leaders attributed low in-house vacancy and turnover rates to the positive, supportive culture and the learning and development options available to staff.

---

There was a desire to work collaboratively with people and partners to promote and support innovative and new ways of working that improved people's social care experiences and outcomes. For example, multi-agency training programmes were implemented to develop skills and competence across the adult social care workforce. The local authority recently engaged partners in "The Big Conversation" to gather feedback about their services and community needs, and an award-winning 'Festival of Learning', which was established in 2021 and co-produced with people with lived experience, brought people together to learn new skills. Additionally, leaders told us training had been developed and delivered by a person accessing care and support, which supported staff to deliver person-centered care.

There was a strong commitment to co-production and we saw examples of this in practice. The Anti-Poverty Strategy 2024 had been created with people from the local community and many other strategies referenced an ambition to develop this approach towards true coproduction. There was a core co-production function facilitated by the local authority and majority-run by residents called the Making It Real Board (MIRB). The local authority and MIRB was particularly proud of a recently published Local Account which set out the MIRB achievements in the local authority's Health and Wellbeing services over the previous 12 months, as well as challenges overcome and priorities for the year ahead.

---

Members of the MIRB were positive about the impact of the group's work on peoples' experiences of adult social care services. For example, members told us they had helped co-produce training for taxi drivers to increase understanding and awareness of risks to vulnerable residents and help keep them safe. Beyond the Making It Real Board, partners' experiences of being involved in co-production work with the local authority were mixed. Some voluntary and community sector (VCS) groups told us they felt excluded from co-production, which reduced their strategic influence and understanding of the local authority's approach to addressing key issues such as support for people with needs who were awaiting adequate accommodation. Local authority leaders had identified the need to build on the foundations already in place to embed coproduction across all areas of design and development work, and to extend the range of people involved beyond the MIRB, to be fully reflective of the local area. A Lived Experience Co-ordinator and Assurance and Coproduction Manager post had been created to lead this work and to provide a dedicated focus.

The local authority shared learning and best practice with peers and system partners to influence and improve how care and support was provided. For example, the multi-agency change programme Powering Our Future promoted shared learning across services, such as joint safeguarding training undertaken by adult and children's services. As a result of the local authority's Well-Led Leadership Development programme, care providers were engaged with development work, including research into the use of virtual reality in care homes.

## Learning from feedback

The local authority received few formal complaints; staff told us that complaints were often resolved early, thus reducing the need for people to use a formal process. Leaders told us that they wanted to continue to improve how they listened to and learned from people's feedback about their experiences of care and support, particularly around informal complaints and feedback, where the absence of formal recording may result in missed learning opportunities.

Learning briefings were produced and disseminated through the directorate following Safeguarding Adult Reviews (SARs). Following a Serious Care Review, improvements were made to direct payment processes to ensure Personal Assistants have a clear process to raise safety issues on behalf of themselves or the people they were caring for.

Learning from feedback from care providers, staff, and people was listened to and used to influence decision making and to improve practice. For example, it was evident that feedback from care providers and residents in the community were used to inform the development of the local authority's Care Academy model which promoted and supported learning and recruitment to the social care sector. The local authority had also secured funding to develop a digital application to gather feedback from people accessing care and support in real time. This demonstrated how the organisation was seeking to innovatively increase and utilise feedback about services with a view to improving peoples' experiences and outcomes.

There were multiple ways the local authority was capturing staff feedback and feeding information back to frontline practitioners, such as through "Making It Happen" groups, peer reflection sessions and Best Interest forums. Staff told us that senior leaders usually listened to them when they raised gaps in policies and provision, for example around transition support for young people, and provided them with a response to the issues raised. A recent staff survey showed a small increase in the number of staff who agreed with the phrase "My ideas are listened to" relative to the one completed in 2018.

While there was no formal process for recording compliments in place, leaders told us it was practice for staff to notify their manager when they receive a compliment. Managers recorded and acknowledged this, forwarding the evidence to senior leaders who would directly contact the worker to offer congratulations. Leaders recognised the need for a formalised process by which to share examples of good practice across the directorate and an action to develop a process to analyse this data was included in the Workforce Development Plan.

---





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

### Summary

The fourth evidence-gathering session for the Committee's review of Stockton-on-Tees Adult Carers Support Service will reflect on feedback from carers who have used / are using the service, external carer-related scrutiny of Stockton-on-Tees Borough Council (SBC), and other approaches to / good practice in supporting carers.

### Detail

1. SBC officers have been asked to provide further detail on the results of recent consultation with carers regarding the local support offer. A document has been submitted in advance and is included within these meeting papers. The relevant SBC Service Manager, the SBC Service Manager – Direct Services, and the SBC Development Officer are scheduled to be in attendance to give an overview of the information provided and respond to any comments / questions.
2. The Care Quality Commission (CQC) recently published its final report following the late-2024 inspection of SBC adult social care services. Commentary relating to 'carer' / 'carers' has been highlighted in the document included within these meeting papers, as have any 'carer/s'-related references from the preceding Local Government Association (LGA) peer review that was undertaken and reported on prior to the CQCs visit.
3. Examples of carer-related support offers elsewhere across the UK have been identified, as well as good practice guidance documentation – this is included within these meeting papers.
4. A copy of the agreed scope and plan for this review is included for information.

**Name of Contact Officer:** Gary Woods

**Post Title:** Senior Scrutiny Officer

**Telephone No:** 01642 526187

**Email Address:** [gary.woods@stockton.gov.uk](mailto:gary.woods@stockton.gov.uk)

This page is intentionally left blank

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

### CARERS CONSULTATION AND FEEDBACK MECHANISMS

Please see below from our last official consultation. However, we also have informal consultation with carers on a daily basis who attend the LiveWell Dementia Hub, provide feedback forms to every carer after involvement with the service, and provide opportunities via social media channels, fortnightly bulletin, one-off bulletins, and quarterly newsletters for engagement opportunities.

#### Carers Consultation 2025 – Summary of Findings and Actions

We received **70 responses** from the Carers Consultation 2025. From this feedback, we identified **three key themes**:

##### 1. Information & Communication Needs

- This was the strongest theme. Carers highlighted the need for clearer, earlier, and more accessible information about:
  - What support is available
  - How to access services
  - Who to contact and when
  - Updates from professionals

##### Actions taken:

- Developed a more comprehensive Carers Support Leaflet with additional information.
- Introduced regular updates through newsletters, drop-in sessions, and digital channels.

##### 2. Hospital & Healthcare Navigation Support

- Many carers reported challenges during hospital admissions and navigating wider health services, including:
  - Communication between hospital and carers
  - Discharge planning support
  - Being kept informed
  - Coordination with GPs and mental health services

##### Actions taken:

- Ensuring carers are kept informed throughout the process with clear updates.
- Maintaining a Carers Advisor based at North Tees Hospital to provide direct support.

### 3. Carer Support Groups & Peer Connection

- Carers expressed a strong desire for opportunities to connect, including:
  - Local carer support groups
  - Peer support options
  - Face-to-face and online sessions

**Actions taken:**

- Establishing a local carer support group in the community (currently sourcing a new venue).
- Hosting regular sessions and events for carers, including SBC Staff Carers Network and community events at the LiveWell Hub.

Attached is a copy of the Autumn 2025 printed Carers Newsletter.

Also attached is a copy of the Staff Carers Network passport.

# Stockton-on-Tees Adult Carers' Support Service Newsletter

Autumn 2025 | Issue 20

## Welcome to the Autumn edition of the Stockton-on-Tees Adult Carers Support Service Newsletter

As the leaves turn and the nights draw in, we'd like to take a moment to thank you for everything you do in your caring role. Autumn is often a busy time, but it also brings opportunities to pause, reflect, and connect.

In this edition, you'll find updates on new groups and events, practical tips to support you through the colder months, and information about where

to find advice, support and wellbeing activities. We've also included some dates for your diary, so you don't miss out on what's happening locally. We hope this newsletter gives you helpful ideas, reminders, and a sense of connection with other carers across Stockton-on-Tees. Remember, you are not alone, and support is always here when you need it.

## New Carers Group - Time Out Together

We're excited to launch a brand-new group for Time Out carers only, giving you the chance to take a well-earned break while your loved one enjoys a safe, friendly space.

Time Out Together will run on the last Wednesday of every month (excluding December 2025) at the LiveWell Hub, starting on Wednesday 26 November 2025.

This is a relaxed session in a welcoming space. We'll have music, activities, and plenty to keep everyone engaged to give you a break. You are more than welcome to stay at the LiveWell Hub and have a refreshment!

Spaces must be booked from 9am on the first working day of each month for the following month, so please make a note in your diary.

This is your time to recharge, connect with others, and take a well-deserved breather.

For more details or to book, please contact the Adult Carers Support Service on **01642 524494**.



# You said, we did - strengthening our community presence

In our spring carers consultation survey, many of you told us that you'd like the Adult Carers Support Service to be more visible in your local community, at places and events you already attend.

We listened to your views and, going forward, we'll be strengthening our presence at local community venues and events across Stockton-on-Tees. This means you'll be able to find us more easily, ask questions face-to-face and connect with support without needing to travel far. Whether it's a local community event, a drop-in session, we want to make sure carers have more opportunities to meet us in person, get information and feel supported right where you are.

## Upcoming events and activities

- Adult Carers Support Service drop-in at the Wellbeing Hub in Wellington Square, Stockton, 9:30am to 4pm every Thursday. Pop in for support and information, or simply a chat about your caring role.

- Winter Health and Wellbeing Festival at Thornaby Pavillion, 10am to 2pm on Thursday 23 October. The Adult Carers Support Service, Dementia Service and Shared Lives Service will be hosting a stall. Pop along and see us!
- The LiveWell Hub is open 9am to 4:30pm Monday to Friday. If you need a welcoming space for any support or advice, our team are always on hand.

Thank you to everyone who shared their views. Your feedback is helping us shape the Stockton-on-Tees Adult Carers Support Service.



## Carers Rights Day 2025

This year, Carers Rights Day takes place on Thursday 20 November 2025 - a national awareness day that shines a light on the vital role of unpaid carers. It's an important reminder that every carer is entitled to know their rights and access the support available to them.

Here in Stockton-on-Tees, we'll be marking the day with information, advice, and resources to help carers feel informed and supported in their caring role. Keep an eye on our social media pages and the Carers Bulletin for details on our market stalls in Stockton Hight Street and

Thornaby Town Centre, drop-in at the Wellbeing Hub, and activities you can get involved in.

Carers Rights Day is about making sure no one misses out on help they're entitled to - whether that's financial support, practical advice, or simply knowing where to turn when you need a listening ear.

For more information on Carers Rights Day, visit

[www.carersuk.org/news-and-campaigns/our-campaigns/carers-rights-day/](http://www.carersuk.org/news-and-campaigns/our-campaigns/carers-rights-day/)





# Be wise, immunise with a free flu vaccine!

The NHS recommends the flu vaccine to those at highest risk from severe illness and to help reduce the spread of flu. Make sure you and your loved ones stay safe this winter.

The flu virus changes every year, so a new flu vaccine is needed each year.

From 1 October, the free vaccine will be offered to everyone aged 65 and over, and those who turn 65 years by 31 March 2026, people aged 18 to 65 with certain health conditions, carers, and close contacts of people with weak immune systems.

You can book a flu vaccine by using the NHS App, visiting [www.nhs.uk/live-well/seasonal-health/keep-warm-keep-well](http://www.nhs.uk/live-well/seasonal-health/keep-warm-keep-well), or calling **119** for free. If you're eligible, you'll also get an invitation.

The NHS is also visiting housebound patients and people in care homes to give the vaccine.

COVID-19 vaccines will be available from 1 October for:

- adults aged 75 years and over (including those who will be 75 by 31 January 2026)
- residents in a care home for older adults
- people aged 6 months and over who are immunosuppressed

You may also be eligible for other vaccinations, including the:

- pneumococcal vaccine (if you're aged 65 or over)
- RSV vaccine (if you're pregnant, aged 75 to 79, or turned 80 after 1 September 2024)

These vaccinations help protect against serious illnesses that are more common in the winter, including pneumonia.

**Don't get caught out this winter - Be wise, immunise.**




## Service in the Spotlight - Stockton Mobile Library Services

The Stockton Mobile Library Team offer a wide range of services designed to bring books, information, and wellbeing support into the heart of our communities. From mobile libraries visiting schools and local organisations, to the popular home delivery service for people who can't easily get to a branch, the service helps make reading and resources accessible to everyone.

The team also support national health campaigns and provide specialist services such as reminiscence collections, dementia cafés, and health information resources - all aimed at helping people connect, learn, and thrive.

To find out more about what Stockton Mobile Library Services can offer you:

 **01642 528045**

 **[mobilelibrary.services@stockton.gov.uk](mailto:mobilelibrary.services@stockton.gov.uk)**

 **[www.stockton.gov.uk/mobile-library](http://www.stockton.gov.uk/mobile-library)**



# Here to help



We know it can be even more difficult over the winter months, so want you to know about the support available across the Borough. Our 'Here to Help' guide gives an overview of the support available, including:

- Fuel, energy and housing
- Money and debt
- Food insecurity and poverty
- Winter wellbeing
- Community activities and support such as our Warm Welcome socials

The Here to Help guide is free to pick up from your local library and many community centres and organisations across the Borough.

You can also email [FSOT@stockton.gov.uk](mailto:FSOT@stockton.gov.uk) to request a copy or visit [www.stockton.gov.uk/here-to-help-hub](http://www.stockton.gov.uk/here-to-help-hub)

## Stay in the loop - sign up to the Carers Bulletin!

Are you a carer in Stockton-on-Tees? Don't miss out on news, support and local events designed just for you!

Our Carers Bulletin is packed with useful updates, upcoming events, wellbeing tips and stories from carers like you.

Email us at [carerssupport@stockton.gov.uk](mailto:carerssupport@stockton.gov.uk) and ask to be added.

We're on social media too! Follow us:

 [www.facebook.com/stocktononteesadultcarers](http://www.facebook.com/stocktononteesadultcarers)

 [www.instagram.com/sotadultcarers](http://www.instagram.com/sotadultcarers)

 [www.x.com/sotadultcarers](http://www.x.com/sotadultcarers)



## Priority Service Register

This free support service makes sure extra energy help is there for people in vulnerable situations and offers priority support in emergencies, power cuts and more.

Contact your energy supplier and ask to be added to their register or visit:

[www.thepsr.co.uk](http://www.thepsr.co.uk)

## Carers' Emergency Card

It's important to keep details like emergency contacts updated so we can support you when you need it most. If your details have changed get in touch.



**01642 524494**



# Human Resources

## Carers Passport

November 2024

## **Culture Statement**

**We are an organisation where we all make a positive contribution to work for the whole Council.**

**Where we never lose sight of the fact that we are here to serve the people of the Borough.**

**This is a place where.....**

- **We are valued trusted and supported**
- **We are heard**
- **We take responsibility for our own development**
- **We work hard**
- **We are not afraid to try something new**
- **We belong**

## THE PURPOSE

The Council recognises the significant impact of combining paid work and informal caring role on individuals. The purpose of the passport is to enable a carer and their manager to hold a supportive conversation and document the flexibilities needed to support the carer in combining care and work. The aim is to minimise the need to re-negotiate these flexibilities every time an employee moves post, moves between departments, or is assigned a new manager. This document belongs to the employee and their manager should have a copy.

This is designed to be a living document to be reviewed every year and in response to any changes in the nature or impact of the caring responsibilities.

In order to record an agreement in the passport you may wish to refer to other provisions in the Work-Life Balance and Attendance Policy such as the Leave Policy or the Flexible Working Policy. When a passport is reviewed (either an action or the passport overall), a manager changes, or an employee moves to a new role, the passport does not guarantee that the previously agreed arrangements will remain in place.

Please note, the Carer's Passport does not apply to routine childcare responsibilities unless your child has a long-term health condition or disability.

## SECTION 1 - PASSPORT HOLDER DETAILS

Name:

Name of Manager:

**Job Role:**

## SECTION 2 – OVERVIEW OF CARING RESPONSIBILITIES

This section should include:

- a summary of your caring responsibilities
- the impact this has on your working life
- any further information that may help your manager understand the impact your caring responsibilities have on you and your work

[illegible]

## SECTION 3 – OVERVIEW OF YOUR ROLE & TEAM

[illegible]

## SECTION 4 – FLEXIBILITIES THAT WOULD BE HELPFUL

This section deals with flexibilities specific to your current job which would help you combine caring and work. These are intended to inform your discussion with your manager.

[illegible]

## SECTION 5 – FLEXIBILITIES AGREED

This section deals with flexibilities specific to your current job which would help you combine caring and work. Set out agreed actions with dates for implementation.

[illegible]

## SECTION 6 – ANY OTHER ACTIONS

This section might include for example contacting the employee assistance programme for counselling, signposting the Carers Network for peer support or contacting the Stockton Adult Carers Support Service for confidential advice, support and information to carers within Stockton-on-Tees (employees can access the majority of support from this service even if they live outside of the Borough)

[illegible]

I consent to my manager keeping a copy of this passport.

**Employee signature:**

Date:

**Manager signature:**

**Date:**

**Date of next review:**

This page is intentionally left blank

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

### EXTERNAL SCRUTINY OF SBC ADULT SOCIAL CARE

#### Local Government Association (LGA): Peer Assurance Challenge of SBC Adult Social Care (July 2024)

<https://moderngov.stockton.gov.uk/documents/s8762/Peer%20Assurance%20Challenge%20of%20Adult%20Social%20Care%20by%20the%20LGA%20and%20CQC%20Assurance%20Update.pdf>

- Undertaken in preparation for anticipated CQC inspection of SBC adult social care services
- Final report published in August 2024
- Considered by SBC Cabinet in October 2024 (see link above)

#### Case File Audit

- [Page 12](#): 'The voice of the person and the carer was apparent throughout.'
- [Page 13](#): 'There is good engagement with carers, but a limited reference to offer of carers assessment or other carers support services. Often carers are not recorded formally, despite being evident in notes.'

#### Lived Experience Feedback

- [Page 13](#): 'Staff were described as supportive, understanding and wanted to work together with people and carers.'

#### Theme 1: Working with People

- [Page 15](#): 'Carers support service has good uptake and provides meaningful, person centred intervention for carers that they have a voice in.'
- [Page 22-23](#): 'As referenced within the Self-Assessment the Adult Carers Support Service was brought in-house in 2018 and supports adult carers (over 18) in Stockton on Tees who care for another adult. At the point of this transfer there were 103 carers registered with the service. In 2024, this is now recorded at 2436 which is seen as an estimated support to 12% of the unpaid carer's population in the Borough. 100% of carers receiving a service have a direct payment compared to the England average of 76.8%. Whilst support can vary from advice, support and signposting, there are others who have a range of practical levels of support such as the 'Time Out' service which offers up to 8 hours of support per month free of charge for carers to have a break from their caring role. The peer team were very impressed by the range and quality of these services and agreed with a staff member of the carers team – "*what we do is real early intervention!*".'

#### Theme 4: Leadership

- [Page 37](#): 'The peer team observed that there is strong oversight of the financial position of the service and a savings target of £1.893m for the council overall to reach a balanced budget position for 2024/25, primarily led through the work of the 'Powering Our Futures' programme. It is clear from what was observed and discussed with the leadership team that there is

increased scrutiny and forward planning being applied to the financial position, but the peer team felt that there were opportunities to charge for some services that are currently provided free of charge to the public and therefore create a further income stream. In particular, the provision of carers 'Time-Out' service was felt to have opportunity in this area, either with a 'standard charging model applied or 'means tested'. This may create opportunity to broaden this for more carers going forward enabling greater sustainability of its provision and importance.'

### Lessons learned from other peer challenges

- **Page 40:** 'Councils need an authentic narrative for their adult social care service driven by data and personal experience. The narrative needs to be shared with those with a lived experience, carers, frontline staff, team leaders, middle managers, senior staff, corporate centre, politicians, partners in health, third sector and elsewhere. Ideally this story is told consistently and is supported by data and personal experience - don't hide poor services.'

### Care Quality Commission (CQC): Stockton-on-Tees Borough Council Local Authority Assessment (late-2024)

<https://www.cqc.org.uk/care-services/local-authority-assessment-reports/stocktonontees-1025>

- Inspection to look at how SBC meets its duties under [Part 1 of the Care Act \(2014\)](#).
- Final report published in October 2025

### Summary of people's experiences

- **Page 6:** 'The needs of unpaid carers were recognised as distinct from the needs of the person they cared for and assessment and support options were available. Carer's feedback was mixed. Some carers gave positive examples of support, for example, some said they had an allocated local authority worker they could contact. However, others said they would have found more information about the support available useful. People spoke highly of the timeout service, and said it supported them in their caring role. The local authority acknowledged that further work was needed to fully understand unpaid carers' needs and maximising support opportunities to support carers was a priority.'

### Summary of strengths, areas for development and next steps

- **Page 8:** 'Assessment and support arrangements were in place for unpaid carers, but the local authority acknowledged the need to improve this and to improve ways to identify unpaid carers, particularly younger carers. The local authority was also seeking to improve the information and advice offer for people who were funding their own care. Some work had been undertaken to reshape the front door, but this was a work in progress and the impact had not yet come to fruition. There was a lack of clarity amongst the staff we spoke with about the next steps or timescales for the work.'

### Assessment and care planning for unpaid carers, child's carers and child carers

- **Page 15-16:** 'The needs of unpaid carers were recognised as distinct from the needs of the person they cared for. Staff told us carers assessments were completed alongside, but separately to Care Act assessments for the person with support needs. Carers were also referred to the Carers Hub for support specific to their own wellbeing. Staff were able to explain the processes and pathways for carers to access an assessment. They told us carers were



also signposted to other support services or placed on mailing list so the local authority could maintain contact with them. However, there were some barriers to accessing support. For example, a carer said they were not always able to access support from the Community Livewell Dementia Hub (a centre providing information about dementia, support, and training for those living in Stockton-on-Tees) due to transport costs and was unaware they were able to access this support virtually.

People's feedback on the local authority's approach to carers' assessments, planning, and support was mixed. Some carers gave positive examples of support, for example, some said they had an allocated local authority worker they could contact. However, others said they would have found more information about support available useful. The local authority acknowledged that further work was needed to fully understand unpaid carers' needs and maximising support opportunities to support carers was a strategic priority. This commitment to improving carers' access to support was demonstrated through the local authority's 2024 partnership with a carer-led and designed technology platform that provided enhanced, on-demand services to anyone with caring responsibilities in the region.

Unpaid carers experienced waits for a carer's assessment from the local authority. In June 2024, 83 people were waiting for a carers assessment. There was a median wait of 23 days over the previous 12 months, with a maximum wait of 63 days. Local authority leaders told us variability in time taken to process assessments was due to accommodation of client commitments and choice. At the time of the CQC assessment, there were no outstanding reviews of carers needs.

There was a process to refer young carers to an external organisation which was understood by staff who worked with them. For example, 14 referrals were made for young carers between October 2023 and September 2024. However, leaders told us more work was needed to increase the identification of young carers to meet their specific needs.'

### **Arrangements to prevent, delay or reduce needs for care and support**

- [Page 22](#): '...There was an ambition among leaders to make use of community partnerships to better identify and target vulnerable groups such as unidentified unpaid carers, victims and survivors of domestic abuse, and those with substance misuse issues. This indicated a joined-up approach to prevention across adult social care, the wider organisation, and partners.

Consideration was given to supporting unpaid carers and people at greatest risk of a decline in their independence and wellbeing, but more practical support and resources were required to help carers live as they wanted. For example, there was a timeout service in place which provided free short-term respite for unpaid carers and aimed to delay or reduce further need for carers' support. Carers who had accessed this service valued it highly and said it supported them in their caring role. However, there were approximately 20 people waiting for the timeout service at the time of the assessment, meaning that not everyone who could benefit from the service was able to do so.

National data from the Survey of Adult Carers in England (SACE, June 2024) showed that 90.7% of carers found information and advice from the local authority helpful. This was better than the England average of 85.22%. However, the same survey also indicated more could be done to improve the respite offer to unpaid carers; only 15.15% of carers in the borough said they were able to spend time doing things they value or enjoy – although this was in line with the England average of 15.97%. In relation to employment, 34% of carers said they could not maintain paid employment because of their caring duties, which was above the England

average of 26.7% (SACE, June 2024). Further work was in train to build on the existing support offer for unpaid carers.'

### **Provision of accessible information and advice**

- **Page 25:** 'People could access information and advice on their rights under the Care Act and ways to meet their care and support needs. For example, people said they were impressed with the range of services provided in Stockton-on-Tees compared to neighbouring boroughs, and 75% of carers engaged with the local authority said they found it easy to access information and advice, which was significantly better than the England average of 59.06% (SACE, June 2024). Additionally, the local authority was aware of feedback from some carers who wanted better access to information and advice, and work was ongoing towards this.'

### **Direct payments**

- **Page 26-27:** 'The effectiveness of arrangements to support people to take up direct payments were reflected in national data. Uptake of direct payments across all age groups was higher than the England average, particularly for those aged between 18 and 64 (49.51% compared to 37.12% for England, Adult Social Care Outcomes Framework (ASCOF), December 2024). Local authority data indicated that 100% of identified carers had also received direct payments in the last year.'

The local authority understood some of the barriers for people using direct payments and took steps to remove them. For example, the direct payment team worked closely with the carers' service to ensure they had a point of contact for support. The local authority also recognised national and local challenges around recruiting and retaining Personal Assistants (PA) and the impact of this on residents in Stockton-on-Tees wishing to employ a PA.

Promotion initiatives for the Personal Assistant role were underway to address recruitment issues in partnership with local carers' services. To further increase awareness and uptake of direct payments, staff attended job centre fairs and community-based parent/carers groups. This was positive action to increase the equity of their direct payment offer and make use of community assets to reach people. This work was ongoing, and leaders told us it evolved according to demand and available opportunities.'

### **Market shaping and commissioning to meet local needs**

- **Page 35:** 'The carer's service was provided in-house. Approximately 73 new carers per month were being identified at the time of the assessment. There was regard for the provision of services to meet the needs of unpaid carers. However, only 25.19% of carers said they were accessing a support group or someone to talk to in confidence, which was worse than the England average of 32.98% (SACE, June 2024). Some carers said they received no support from the local authority despite assurances from staff that they would receive help. The local authority was aware of the need to improve the offer for carers and work was ongoing working towards maximising support available to them. This included entering into a 2024 partnership with an online carer-led platform that offered carers advice, tools, and community networks to support them in their caring roles. In July 2024, the platform had provided 165 carers with support that included emails, a peer support community, and a financial toolkit to help them manage their carers' allowance.'

## Ensuring sufficient capacity in local services to meet demand

- [Page 38](#): 'There was consideration for the provision of services to meet the needs of unpaid carers. Significant investment into carers' services had been made by the local authority, and more carers in Stockton-on-Tees were satisfied with support they received than the England average (47.83% compared to 36.83%, Survey of Adult Carers in England (SACE), June 2024).

National data showed that 10.77% of carers said they were accessing support or services that enabled them to take a break from caring at short notice or in an emergency, which was in line with the England average of 12.08% (SACE, June 2024). Numbers of carers able to access support enabling them to take a break from caring for up to 24 hours were higher at 19.08%, but still low overall and below the England average of 21.73%. The local authority had plans to review capacity for contingency planning in its carers' support offering.'

## Safety during transitions

- [Page 52](#): '...While some people described workers providing support after they left hospital as informative and helpful, some people described a lack of communication between care professionals and limited care coordination or continuity. This had led to key information about people being missed or not communicated to carers and families. Some people said their discharge process was rushed, while others did not receive support with their transition between care services, which affected their wellbeing and that of their family...'

## Contingency planning

- [Page 53](#): 'The local authority undertook contingency planning to ensure preparedness for possible interruptions to the provision of care and support. For example, leaders said they worked with community safety agencies and partners to plan for access to alternative support in the event of a community-wide emergency.'

Some unpaid carers said staff worked with them to plan for current and future needs, with one saying they had an emergency carers card detailing a plan in the event they could not fulfil their caring role.'

## Strategic planning

- [Page 63](#): 'There was a clear vision and strategy for adult social care which sought to improve outcomes for people with care and support needs, unpaid carers and reduce inequalities of experience and outcomes for people in the local area. The strategy was based on a sound understanding of local priorities and was aligned with the strategic plans of other key agencies, for example health, public health and housing. Adult social care strategy and delivery plans were publicly available, and staff, council members and partners showed a good awareness of them. Additionally, the local authority scored highly in the category of 'Strategic Partnership', among others, in a recent Local Government Association (LGA) Annual Health Check, indicating strong strategic alignment with its partner agencies.'

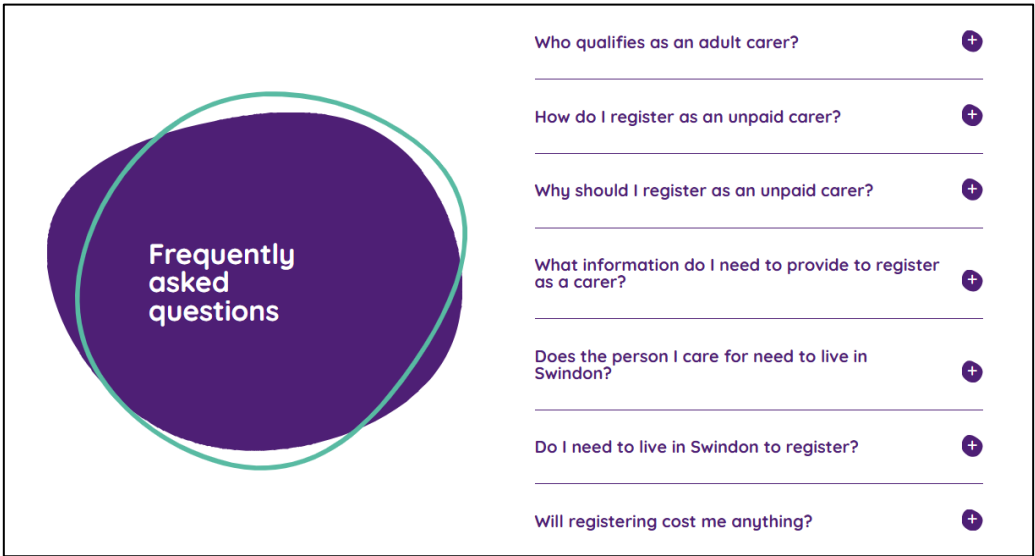
This page is intentionally left blank

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

OTHER APPROACHES / GOOD PRACTICE

Examples of carer-related support offers across the UK

- **East Riding of Yorkshire Council:** Newsletter for Carers (Winter 2025)  
<https://downloads.eastriding.org.uk/ersab/carers-and-cared-for/we-care-newsletter/We%20Care%20Newsletter%20-%20Winter%202025.pdf>
- **Action for Carers Surrey:** Adult Carers (featuring carers stories)  
<https://www.actionforcarers.org.uk/who-we-help/adult-carers/>
- **Swindon Carers Centre:** Adult Carers (featuring ‘Frequently asked questions’ and an ‘Events and activities’ section)  
<https://www.swindoncarers.org.uk/support-for-unpaid-carers/adult-carers/>



- **Gateshead Council:** Support for adult caregivers (includes carers stories and a ‘carers passport’ initiative)  
<https://www.gateshead.gov.uk/article/15878/Support-for-adult-caregivers>
- **Devon County Council:** Supporting you to look after someone (includes free training courses available to training and a ‘Carer Ambassador’ concept)  
<https://www.devon.gov.uk/adult-social-care/carers-support/>

- **Suffolk Family Carers:** Adult Carers (includes 'technology to help your caring role' section)  
<https://suffolkfamilycarers.org/who-do-we-support/adult-carers/>

### What technology can do for you

Many of us use technology in our everyday lives but have you thought about how it could help make your life as a family carer easier.



There is a range of simple devices and apps that can help someone live independently for longer and give you peace of mind when you can't be around to help them.

Technology could help you to:

- Have more control over your caring role
- Give you peace of mind when you cannot be physically present
- Help reduce unplanned visits or hospitalisations
- Help the person you care for leave hospital earlier
- Keep track of medication, appointments, referrals and more with the [NHS App](#)

You could set up a simple device or app to help keep organise the person you care for, build a system that monitors a whole house or take advantage of one of the offers from Suffolk County Council and local NHS services.

**Support via technology**

  
Getting online


  
Carers Assessment

  
NHS App


## Good practice guidance

- **National Institute for Health and Care Excellence (NICE):** Supporting adult carers (Jan 20)  
<https://www.nice.org.uk/guidance/ng150>
- **Directors of Adult Social Services (ADASS):** Supporting Carers Hub (including 'Explore great practice from across the UK' section)  
<https://www.adass.org.uk/supporting-carers-hub-homepage/>
- **CQC Local Authority Assessments:** Update to National Scrutiny Officer Network on two-year programme of baselining to determine how well Local Authorities are meeting their social care duties under part 1 of the Care Act (Mar 25)

### Emerging themes



- **Support for unpaid carers** is an area where there is a need for improvement including;
  - better identification,
  - improved range and capacity of services,
  - more timely assessments
  - personalisation of support in differing needs dependent on age and needs of the person being cared for (i.e. adult carer of a young person, children caring for adults)





- **Carers Trust:** Time away from caring: Good practice in carer breaks (2023) (note: includes section on SBC Time Out service (page 23-24)).  
<https://carers.org/downloads/carers-trust-carer-breaks-hwa-report2.pdf>

### **Good Practice: Stockton Borough Council – Time Out**

Key lessons: Tailored to individual needs

Stockton Borough Council provides carer support “in-house” – so, unlike many other local authorities, do not commission carer support to a third-party organisation.

The Carers' Hub offers a 'Time Out' service for unpaid carers who need time away from their duties. Time Out provides up to 8 hours of breaks a month free of charge. This can be a planned regular break or used on an ad hoc basis.

Referrals to the project can come from any professional in health and care or be a self-referral. The only criteria for accessing the services for both the carer and the person with care needs must be adults, and the service is not regulated and does not provide domiciliary care as part of the break.

When carers are referred to the service, a Time Out Coordinator will have an initial conversation with the carer, and the person with support needs to find out what their needs and preferences are. Based on this, the Time Out Coordinator will connect the family with a Time Out worker. The project aims to have the same Time Out worker providing the break each time.

Breaks are flexible and the Time Out worker can take the person with care needs into the community or sit with them at home. It is up to the person with care needs and the carer how the time is spent.

Time Out can often be a good first step into accessing carer support. Because carers do not require a statutory assessment to access the service, the service can act as an early intervention preventative measure and enable Stockton Borough Council's carer support team to engage with the carer and monitor if their support needs increase. If additional support is required, then carers can access other services that are provided by the Stockton Borough Council carers support team.

#### **Carer's Story**

Margaret's husband Michael was diagnosed with Parkinson's Disease in 2009. Margaret has been using the Time Out service for several years, using the opportunity to meet friends and family.

Karl, a Time Out worker, takes Michael out for walks and to the sites like Preston Park. A visit to a local museum sparked many memories for Michael who shared them with Karl.

Margaret said, “Karl has become a friend, he's like one of the family now. He treats Michael as his friend and it's as if we've known him for years. The support workers that take Michael out are really brilliant. They make him laugh.”

Margaret added, “I don't think I could cope without the Time Out service now. They are really nice, trustworthy people. I would recommend the service to everybody.”

This page is intentionally left blank



<b>Adult Social Care and Health Select Committee</b>
<b>Review of Stockton-on-Tees Adult Carers Support Service</b>
<b>Outline Scope</b>

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

**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.

<b>Expected duration of review and key milestones:</b>  5 months (report to Cabinet in February 2026)	
<b>What information do we need?</b>  Existing information (background information, existing reports, legislation, central government documents, etc.): <ul style="list-style-type: none"> <li>• SBC Adults, Health &amp; Wellbeing: Self-Assessment (for CQC inspection undertaken in 2024)</li> <li>• SBC Support for Carers: <a href="https://www.stockton.gov.uk/support-for-carers">https://www.stockton.gov.uk/support-for-carers</a></li> <li>• SBC Adult Carers Service – Specification</li> <li>• SBC Adult Carers Service – Team Structure</li> </ul>	
<i>Who can provide us with further relevant evidence? (Cabinet Member, officer, service user, general public, expert witness, etc.)</i>	<i>What specific areas do we want them to cover when they give evidence?</i>
SBC Adults, Health & Wellbeing	<ul style="list-style-type: none"> <li>➤ Overview of existing support service offer and how this has changed over time (inc. costs)</li> <li>➤ Promotion of service (inc. Carers' Hub)</li> <li>➤ Service capacity / usage; feedback received</li> <li>➤ Young carers transitioning into adult service</li> </ul>
NHS North East and North Cumbria Integrated Care Board	<ul style="list-style-type: none"> <li>➤ Strategic oversight of support for adult carers</li> </ul>
North Tees and Hartlepool NHS Foundation Trust	<ul style="list-style-type: none"> <li>➤ Identifying carers and signposting to support</li> <li>➤ Patient and Carer Experience Council (PCEC)</li> </ul>
Carers consultation and feedback mechanisms	<ul style="list-style-type: none"> <li>➤ Views on current offer / areas for improvement</li> </ul>
Eastern Ravens	<ul style="list-style-type: none"> <li>➤ Young carers transitioning into adult services</li> </ul>
Care Quality Commission (CQC)	<ul style="list-style-type: none"> <li>➤ Final report following inspection of SBC adult social care services</li> </ul>
Mobilise	<ul style="list-style-type: none"> <li>➤ Identifying carers from hard-to-reach areas</li> </ul>
Other Local Authorities	<ul style="list-style-type: none"> <li>➤ Initiatives to support carers</li> </ul>
<b>How will this information be gathered? (eg. financial baselining and analysis, benchmarking, site visits, face-to-face questioning, telephone survey, survey)</b>  Committee meetings, reports, research, case studies, site visits (TBC).	
<b>How will key partners and the public be involved in the review?</b>  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
<b>Scoping of Review</b>	Information gathering	<b>May 2025</b>	Scrutiny Officer Link Officer
<b>Tri-Partite Meeting</b>	Meeting to discuss aims and objectives of review	<b>01.07.25</b>	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
<b>Agree Project Plan</b>	Scope and Project Plan agreed by Committee	<b>22.07.25</b>	Select Committee
<b>Publicity of Review</b>	Determine whether Communications Plan needed	<b>TBC</b>	Link Officer, Scrutiny Officer
<b>Obtaining Evidence</b>	SBC Adults, Health & Wellbeing	<b>23.09.25</b>	Select Committee
	NENC ICB NTHFT	<b>21.10.25</b>	
	Eastern Ravens Mobilise	<b>18.11.25</b>	
	Consultation feedback Other approaches External scrutiny of ASC	<b>16.12.25</b>	
<b>Members decide recommendations and findings</b>	Review summary of findings and formulate draft recommendations	<b>20.01.26</b>	Select Committee
<b>Circulate Draft Report to Stakeholders</b>	Circulation of Report	<b>February 2026</b>	Scrutiny Officer
<b>Tri-Partite Meeting</b>	Meeting to discuss findings of review and draft recommendations	<b>TBC</b>	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
<b>Final Agreement of Report</b>	Approval of final report by Committee	<b>17.02.26</b>	Select Committee, Cabinet Member, Director
<b>Consideration of Report by Executive Scrutiny Committee</b>	Consideration of report	<b>[17.03.26]</b>	Executive Scrutiny Committee
<b>Report to Cabinet / Approving Body</b>	Presentation of final report with recommendations for approval to Cabinet	<b>12.03.26</b>	Cabinet / Approving Body

This page is intentionally left blank

## Adult Social Care and Health Select Committee

16 December 2025

**REGIONAL HEALTH SCRUTINY UPDATE****Summary**

The Committee is requested to consider an update on the work of the regional health scrutiny committees. Some recent health-related developments impacting on the Tees Valley and / or wider North East and North Cumbria footprint are also highlighted.

**Detail**Tees Valley Joint Health Scrutiny Committee

1. Redcar & Cleveland Borough Council is hosting this Committee during 2025-2026.
2. Two Committee meetings have taken place since the last update. The first was held on 17 July 2025 where agenda items included:
  - Minutes of the meeting held on 8 May 2025 (see **Appendix 1**)
  - NHS North East and North Cumbria Integrated Care Board (NENC ICB): NHS Dentistry Update
  - Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV): CAMHS Update
  - NHS North East and North Cumbria Integrated Care Board (NENC ICB): Tees Respite Care / Adult Learning Disability Update
  - North Tees and Hartlepool NHS Foundation Trust (NTHFT): Community Diagnostic Centre Update
3. The latest Committee meeting was held on 2 October 2025 where agenda items included:
  - Minutes of the meeting held on 17 July 2025 (see **Appendix 2**)
  - Public Health: Suicide Prevention Update
  - Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV): Community Mental Health Transformation
  - Public Health: Vaping / Nitrous Oxide Update
  - NHS North East and North Cumbria Integrated Care Board (NENC ICB): Winter Plan Update
4. Committee Members visited the Tees Valley Community Diagnostic Centre (CDC) in Stockton on 24 October 2025.

5. The next Committee meeting is scheduled for 11 December 2025 – the agenda is still to be confirmed, though potential items may include a Clinical Services Strategy update (University Hospitals Tees), a Palliative and End-of-Life Care Strategy update (NENC ICB), opioid prescribing and dependency across the Tees Valley (NENC ICB / NECS), and a further update on Tees Respite Care / Short Breaks Service (NENC ICB / TEWV).

#### Sustainability and Transformation Plan / Integrated Care System Joint Health Scrutiny Committee

6. Following a lengthy hiatus, Durham County Council (who support this Joint Committee) contacted scrutiny teams across the region in November 2022 with the intention of arranging a meeting for late-November / early-December 2022. However, following liaison with senior NENC ICB representatives, it was deemed that in light of the ongoing ICS briefings to the Tees Valley Joint Health Scrutiny Committee, a meeting of this Joint Committee (which involved similar Councillors) was likely to be a duplication and would not add value.
7. In wider regional health matters, the NENC ICB '**Here to help you**' webpage continues to provide information on choosing the right NHS service for your needs, looking after your mental health, keeping a well-stocked medicine cabinet, or getting your vaccines. Plus, there is lots of health advice and local support information (see <https://northeastnorthcumbria.nhs.uk/here-to-help-you/>).
8. The NENC ICB continues to promote the **NHS 'Be wise, immunise' campaign**. Details on flu and COVID-19 vaccinations can be found at <https://northeastnorthcumbria.nhs.uk/here-to-help-you/flu-and-covid-19-vaccinations-be-wise-immunise/> – this includes a list of walk-in clinics available within the Tees Valley footprint (includes venues across Stockton-on-Tees).
9. **People struggling to stay in work because of health problems will get more support through an ambitious new scheme** (one of only three in the country to receive funding from the Government's Health and Growth Accelerator scheme) getting started in October 2025. The WorkWell programme will help people tackle their health problems so they can stay in work – or get back to work. That means people who are at risk of having to stop working will get extra help with things like depression and anxiety, back problems, alcohol, smoking or gynaecological issues (see <https://northeastnorthcumbria.nhs.uk/news/19m-health-boost-for-working-people-in-north-east-and-north-cumbria/>).
10. In October 2025, the NENC ICB announced the launch of a **new People's Hub** in the region. The region's NHS will now provide regular updates and details of events, involvement activities and proposed changes to anyone who signs up to the new hub (see <https://northeastnorthcumbria.nhs.uk/news/stay-informed-get-involved-nhs-launches-new-peoples-hub-in-north-east-and-north-cumbria/>).
11. **Women across the North East and North Cumbria can now get emergency contraception straight from their local community pharmacy**. The new free NHS service is available in 97% of community pharmacies across the region - offering a quick, easy and confidential way for women to get care when they need it most. This follows the launch of the oral contraception pharmacy service, in March 2025, which lets women speak privately with a trained pharmacist to start, or continue, taking the contraceptive pill. Both pharmacy contraception services are free of charge and help to reduce pressure on GP surgeries and sexual health clinics by freeing up appointments for people with more complex needs (see <https://northeastnorthcumbria.nhs.uk/news/women-can-now-get-emergency-contraception-directly-from-local-pharmacies/>).
12. Following the early-2025 announcement requiring **ICBs to reduce running and programme costs**, recently received guidance from NHS England has enabled ICBs to progress with their consultation processes, supported by guaranteed funding that will contribute towards the redundancy costs. The guidance stipulates that ICBs are required to develop transition plans for 2025-2026, implement restructuring within the financial year, and achieve both the



mandated operating model and cost savings targets, which for the NENC ICB is a reduction of £32.5 million (or 32%). A staff consultation has now been launched which runs until 16 January 2026.

13. More locally, a number of North Tees and Hartlepool NHS Foundation Trust developments have been publicised in recent weeks (see <https://www.nth.nhs.uk/news/>), including:
- Top performing hospital emergency unit transformed – helping patients be seen and treated more quickly (October 2025)  
<https://www.nth.nhs.uk/news/top-performing-hospital-emergency-unit-transformed-helping-patients-be-seen-and-treated-more-quickly/>
  - New blood infections testing programme launched at University Hospital of North Tees (October 2025)  
<https://www.nth.nhs.uk/news/new-blood-infections-testing-programme-launched-at-university-hospital-of-north-tees/>
  - Open day event supports members of the public with audiology concerns (November 2025)  
<https://www.nth.nhs.uk/news/open-day-event-supports-members-of-the-public-with-audiology-concerns/>
  - Award success for volunteer team (November 2025)  
<https://www.nth.nhs.uk/news/award-success-for-volunteer-team/>

North East Regional Health Scrutiny Committee

14. No meetings are currently scheduled.

**Name of Contact Officer:** Gary Woods

**Post Title:** Senior Scrutiny Officer

**Telephone No:** 01642 526187

**Email Address:** [gary.woods@stockton.gov.uk](mailto:gary.woods@stockton.gov.uk)

This page is intentionally left blank

Thursday, 8 May 2025

**TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE**

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Thursday, 8 May 2025 at the Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

**PRESENT**

Councillor  
Councillors M Besford, C Cawley, C Cooper,  
J Coulson, S Crane, L Hall, C Hannaway,  
B Holroyd, M Layton and A Roy.

**OFFICIALS**

C Breheny, D Dwarakanath, L Garcia, C Jones,  
G Jones, C Leng, C Lunn, D Monkhouse,  
D Palmer, R Scrimmour, B Swanson and  
G Woods.

**IN ATTENDANCE**

Councillor .

**APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors S Kay, S Moore, I Morrish and H Scott.

**1 APPOINTMENT OF CHAIR FOR 2025/2026**

Members were invited to make nominations for the position of Chair, and the following were received:

Councillor Cawley was nominated by Councillor Cooper, seconded by Councillor Besford.

Councillor Kay was nominated by Councillor Hall, seconded by Councillor Coulson.

**RESOLVED** that as the vote was tied a Vice Chair be nominated to Chair the meeting and the appointment of Chair for 2025/26 be reconsidered at the next Committee meeting, following each Council's Annual General Meeting.

**2 APPOINTMENT OF VICE CHAIR FOR 2025/2026**

Members were invited to make nominations for Vice Chair and the following nominations were received:

Councillor Cooper was nominated by Councillor Hall, seconded by Councillor Coulson.

Thursday, 8 May 2025

**RESOLVED** that Councillor Cooper be elected as Vice Chair of the Tees Valley Joint Health Scrutiny Committee for this meeting only and invited to Chair the meeting.

3      **MINUTES OF THE MEETING HELD ON 13 MARCH 2025**

**RESOLVED** that the minutes of the meeting held on 13 March 2025 be confirmed and signed by the Chair as a correct record.

4      **DECLARATIONS OF INTEREST**

There were no declarations of interest.

5      **TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE - PROTOCOL AND TERMS OF REFERENCE**

The Senior Democratic Services Officer presented a report confirming the Tees Valley Joint Health Scrutiny Committee protocol.

A query was raised regarding the merits of paragraph 14 and continued inclusion of the statement that 'where a review of 'substantial development or variation' will only affect the residents of part of the Tees Valley, Councils where residents will not be affected will not take part in any such review'. The view was expressed that very few NHS services were now delivered on a smaller than Tees Valley footprint thereby negating the need to include this provision. The Senior Democratic Services Officer advised that further legal advice would be sought, and feedback provided at the next meeting.

**RESOLVED** that the relevant legal advice be sought and the protocol resubmitted to the next meeting for approval.

6      **SOUTH TEES HOSPITALS NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 2024/2025 - DIRECTOR OF NURSING SOUTH TEES NHS FOUNDATION TRUST**

The Director of Nursing at South Tees Hospitals NHS Foundation Trust began by providing an overview of the Trust's progress following the establishment of a Group model. Members were advised that the governance arrangements had been formalised in mid-2024, which had allowed clinical boards to operate as a single service model rather than separate entities across multiple sites. It was explained that this approach aimed to address workforce vulnerabilities, improve disparities in patient access, and ultimately deliver consistent, high-quality care across the Group.

In terms of the quality priority setting process for 2025/26 it was highlighted that a strategic shift had taken place to ensure that the cross-

Thursday, 8 May 2025

cutting priorities set out in 2024/25, which were yielding tangible benefits, were further embedded to improve service delivery. It was noted that infection prevention and control had been added as a priority for the upcoming year, reinforcing the Trust's commitment to enhancing patient safety.

The Director of Nursing drew reference to improvements in the Accident and Emergency (A&E) department, noting that concerted efforts to reduce wait times had resulted in a 1.7% decrease, significantly impacting patient outcomes. Ambulance handover times had also improved, allowing for faster turnaround and reducing delays in community response times. In addition, new triage protocols had been implemented to streamline patient flow within the department.

Members were advised that a further performance highlight for 2024/25 was the introduction of Martha's Rule. This enabled relatives and carers to access an independent review team if they believed a patient's care needs were not being adequately met. The Director of Nursing advised that the Trust had been proactive in implementing this initiative, having introduced the Call for Concern process in 2022. It was explained that a key focus had also been on asking patients how they were feeling and taking their response as seriously as altered physiology. Early interventions through this system had allowed for critical care escalations, often identifying patient deterioration up to 24 hours before physiological changes became apparent. It was noted that for patients with cognitive impairments, who may struggle to communicate their symptoms, structured parameters were in place to ensure their needs were not overlooked.

The Director of Nursing advised that digital transformation remained a key priority for the Trust, with Electronic Prescribing and Medicines Administration (EPMA) leading to a reduction in medication incidents. Improvements had also been made in compliance rates for insulin and venous thromboembolism (VTE) assessments. On infection prevention, it was highlighted that ongoing collaborative learning across the Group, had led to notable improvements in antimicrobial stewardship.

The Medical Director drew reference to the Friarage Hospital, outlining its achievements, ongoing challenges, and a recent national evaluation outcome. It was explained that the hospital functioned as a high-volume, low-complexity surgical centre, which delivered efficient procedures without any disruptions from acute emergency pressures.

Members were advised that although previously the Friarage had operated within an aging estate the effective governance measures in place had ensured that ring-fenced surgical pathways were established and that elective surgeries could proceed without interruption. It was advised that the British Association of Day Case Surgery had endorsed

Thursday, 8 May 2025

the Friarage's approach, confirming it was ideally suited to a high-efficiency, low-complexity surgical environment.

The Medical Director explained that the Getting It Right First Time (GIRFT) programme, a national NHS improvement initiative, had also recently conducted an inspection of the Friarage to assess its operational effectiveness. It was advised that the inspection team had been highly impressed, deeming the Friarage to be one of the best sites they had ever evaluated, out of a 60-hospital review cohort.

Members were advised that the national accreditation gained via the GIRFT programme had been received in advance of the official opening, on 1 June 2025, of the Friarage's new £35.5million surgical centre. The Medical Director explained that the national GIRFT team had taken away operational insights from the Friarage, with the intention of applying its governance model to other NHS sites. In addition, plans to implement further improvements were underway and these included a six-day surgical working model to increase procedural capacity. It was emphasised that maintaining over 90% efficiency rates remained a core priority, and the hospital would seek further improvements where feasible.

The Medical Director also provided an update on the Targeted Lung Cancer Screening programme, which had been in operation since August 2022. It was explained that the programme covered 67 GP practices and one prison population and focused on individuals aged 55 to 74 with a history of smoking. A proactive approach had been adopted with telephone health checks undertaken initially, followed by an invitation for screening. It was explained that over the course of the programme 278 incidental cases of lung cancer had been detected. A dramatic shift in cancer diagnosis rates had also taken place and Members were advised that whereas previously 80% of lung cancers were diagnosed at stage 3 or 4, today 80% were being detected at stage 1 or 2. This meant that curative treatments such as surgery and chemotherapy were becoming more viable.

The Medical Director acknowledged that these advancements in early diagnosis had placed additional pressure on oncology services and pathology departments, with a rise in demand of 24% since 2020/21. It was noted that a £1 million funding allocation had been secured to support non-surgical oncology, facilitating enhanced clinical staffing and improved diagnostic pathways.

The Medical Director advised that significant progress had also been made in the management of prostate cancer, with waiting times for treatment reduced from 62 weeks to approximately 25 days, with an expected further reduction to under 20 days. It was explained that the introduction of cancer navigators had proven instrumental in ensuring timely diagnostics and treatment for patients. The navigators primarily

Thursday, 8 May 2025

operated from administrative backgrounds, tracking each case through radiology, pathology, and multidisciplinary team (MDT) discussions to ensure no delays in treatment decisions. In cases where the initial MRI scan results came back negative patients were now receiving this information within 10 to 12 days.

Following the presentation, the Committee engaged in discussion and the following key points were raised: -

### **Martha's Rule and Patient Advocacy**

A Member drew reference to Martha's Rule and reflected on its importance in ensuring patients and their families had a mechanism to escalate concerns when they felt their care needs were not being met. It was acknowledged that, while tragic incidents had led to its introduction, its adoption by many hospitals and trusts was a significant step forward in patient advocacy. It was queried whether the next phase of the implementation would extend to mental health trusts and maternity services. The Director of Nursing advised that maternity services were indeed prioritised in the upcoming rollout, with mental health trusts participating as part of pilot programmes. It was also explained that this initiative complemented existing measures such as the Call for Concern, which had been established at South Tees in 2022 to ensure patients and carers could request an independent review of care concerns.

### **Targeted Lung Cancer Screening and Oncology Care Expansion**

A Member commended the significant improvements in lung cancer diagnosis rates, referencing the shift from 80% of cases being diagnosed at stage 3 or 4, to 80% now being detected at stage 1 or 2, allowing for earlier, more effective treatment.

### **Vaping and impact on young people**

A Member queried whether there was any emerging scientific data on vaping-related cancer risks, given the rise in young people using these products. The Medical Director responded that, while there were no confirmed direct links between vaping and cancer, respiratory specialists had observed an increase in inflammatory conditions and lung-related pathologies among long-term users.

A Member highlighted their further concerns about vaping addiction among young people, emphasising that the current cessation programmes were not effectively addressing nicotine dependency amongst young people. A Member drew reference to a recent Panorama documentary that highlighted alarming statistics on youth vaping habits and associated health risks. The view was expressed that the scale of addiction amongst young people was being underestimated, with

Thursday, 8 May 2025

disposable vapes hooking young people at an alarming rate and the long-term impact being greater than anticipated.

### **Mortality Reviews**

A Member raised concerns regarding the current state of the mortality review process, specifically querying how KPIs were being applied to evaluate patient deaths and whether the system was effectively embedded across the Trust. In response, the Medical Director explained that a key aspect of the mortality review process involved Medical Examiners, who conducted initial mortality assessments. It was also explained that the Medical Examiner system was well embedded, having been established in May 2018, but the variability in referrals stemmed from the complex nature of patient eligibility criteria for secondary reviews.

The Medical Director outlined the specific cohorts of patients prioritised for mortality review, including:

- Patients with learning disabilities (LeDeR reviews).
- Patients with serious mental health conditions.
- Patients under the age of 40.
- Deaths following elective surgery.
- Clinical incidents or reported safety concerns flagged within the Trust's incident reporting system.
- Transfers from other hospitals where clinical concerns had been raised.

The Medical Director advised that in addition, when a Medical Examiner met with a deceased patient's family, if any concerns were raised, they could request a second-level review, regardless of whether the case met the standard eligibility criteria.

A Member queried the lack of inclusion of Black and Minority Ethnic (BME) patients as a specific review criterion, despite emerging national discussions about health outcome disparities in BME populations. The Medical Director acknowledged that BME considerations had not been explicitly factored into the Trust's local review criteria and advised that this would be taken back for further evaluation.

### **Ambulance Conveyance Rates and Urgent Care Access**

A Member raised concerns about ambulance conveyance rates, particularly among individuals who did not drive or lacked access to reliable transport options. It was highlighted that certain demographics appeared to experience higher conveyance rates, and it was queried whether the Trust had assessed local transport challenges as a contributing factor to emergency admissions. The Director of Nursing explained that there were clear criteria for how ambulances were triaged



Thursday, 8 May 2025

and therefore it was not necessarily local demographics that contributed to emergency admissions, although it did have an impact on ease of access.

A Member highlighted concerns regarding operational inconsistencies in respect of the Redcar Urgent Treatment Centre (UTC). Reference was made to specific cases where patients were directed to James Cook University Hospital (JCUH) despite Redcar's UTC being equipped to handle their treatment. It was queried whether these referrals were necessary, given that at prior meetings assurances had been given to the Committee regarding community-based treatment models, yet in practice some patients were being redirected unnecessarily, increasing pressure on emergency hospital services.

The Medical Director acknowledged the issue and confirmed that there were variations in triage decisions across different UTC sites. It was explained that some of these inconsistencies were influenced by individual clinician discretion, resulting in patients being redirected when, in some cases, treatment could have been provided at the originating UTC. It was explained that a key factor contributing to these variations was differences in individual risk appetite among clinicians. The Medical Director agreed that standardising the triage protocols across the different urgent treatment sites remained a priority and horizontal integration efforts were underway.

The Medical Director emphasised, however, that while standardisation was essential, a cautious approach was still necessary in cases where escalation was genuinely warranted. It was acknowledged that some cases of "failure of nerve" in clinical judgment could contribute to inefficiencies, but it was also highlighted that sometimes over-cautious risk assessment protected patients from potential harm.

**RESOLVED that: -**

- a) That the Committee considered and commented on the update on performance in 2024-25 and the priorities for quality improvement in 2025-26.
- b) That a statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Committee Vice Chair.

7

**NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST  
QUALITY ACCOUNT FOR 2024/25 - DEPUTY DIRECTOR OF QUALITY  
UNIVERSITY HOSPITALS TEES**

The Committee welcomed the Medical Director for North Tees and Hartlepool NHS Trust, who began by highlighting the Trust's strong performance against key emergency care indicators, particularly in the Accident and Emergency Department (A&E), including wait times and

Thursday, 8 May 2025

ambulance handover efficiency.

The Medical Director advised that the Trust had achieved 85.6% compliance with the 4-hour A&E wait target, placing the Trust among the top three nationally in terms of performance. It was advised that this was significantly above both the regional and national averages, demonstrating the effectiveness of the operational improvements that had been made over the past year. In addition, handover delays were exceptionally low, with 12-hour wait times standing at just 0.5%, compared to the national average of 6.4%. It was explained that this marked a significant achievement, particularly given the steady rise in demand for urgent and emergency care services. In terms of non-elective hospital stay durations the mean had been reduced to an average of six days, which demonstrated improved patient throughput and discharge efficiency.

The Medical Director discussed the operation of the two Urgent Treatment Centres (UTCs) within North Tees, which had been functioning at a consistent level year-round. It was advised that a revised workforce model was in development, ensuring that GP-led urgent care services were aligned with demand. The Trust was actively modelling GP-led workforce structures, assessing how staffing adjustments could optimise patient flow without unnecessary reliance on A&E resources.

In terms of key challenges, the Medical Director drew reference to the growing number of incidents involving violence and abuse toward staff, particularly within A&E departments on Friday and Saturday nights. It was acknowledged that emergency staff were regularly subjected to verbal and physical aggression, which necessitated additional security presence at peak hours.

The Medical Director acknowledged that in terms of challenges, although the Trust maintained good national participation in various audits, Structured Judgement Reviews (SJRs) were not performing all well as expected. The Trust was therefore focused on improvements and ensuring that learning from adverse events was effectively captured and acted upon to improve patient safety outcomes. Reference was also made to the rising burden of diabetes, as 15 per cent of patients admitted to hospital had the condition. It was advised that diabetes care was becoming more complex, with evolving treatment regimes requiring more advanced clinical oversight. It was explained that this formed part of the Trust's wider clinical upskilling strategy, to support staff in recognising early deterioration in patients with complex health conditions.

The Director of Nursing drew reference to the Trust's success stories and the Trust's evolving approach to patient safety, emphasising that the organisation had moved away from traditional incident-reporting frameworks and toward a more holistic and proactive model. It was

Thursday, 8 May 2025

explained that instead of focusing solely on isolated patient safety incidents, the Trust had adopted a wider learning-based approach, which evaluated systemic factors that could influence patient outcomes. A key aspect of this approach was also the integration of shared learning across different care settings, which allowed for best practices to be disseminated more effectively across wards and clinical teams.

The Director of Nursing detailed how the Trust used benchmarking data, comparing national audit results with internal performance metrics to critically evaluate patient safety standards. This ensured that every aspect of service delivery, from infection prevention to acute care responsiveness, was consistently monitored and refined.

Members were advised that one of the major advancements in patient safety at the Trust had been the real-time responsiveness to patient feedback. It was explained that feedback from patients now formed a core part of structured safety reviews, rather than being examined separately from clinical performance. The Director of Nursing explained how data collected from patients across multiple sources including formal complaint systems, family and friends' tests, and national satisfaction surveys was triangulated with clinical audit outcomes to provide a comprehensive view of patient experiences. It was acknowledged that not all feedback was positive and that was precisely why it was so important. It was accepted that even a 3 per cent negative response rate was significant and systems were in place to ensure frontline teams were aware of the feedback in real time.

The Director of Nursing advised that the Trust had adopted a rapid response model, ensuring that issues raised on a Friday were actively reviewed by clinical teams the same afternoon or by Monday morning. This prevented delays in addressing concerns and ensured that patients felt their feedback was acknowledged and acted upon.

Following the presentation, the Committee engaged in discussion and the following key points were raised: -

### **Maternity Safety Assurance and Ongoing Engagement**

A Member expressed concerns about the scale of public dissatisfaction with maternity services at the Trust, citing the petition recently submitted to the Care Quality Commission (CQC), which contained 1,100 signatures from concerned individuals, and queried whether an update from the Trust could be provided.

The Director of Nursing advised that the Trust had actively engaged with the national maternity safety advisor and that discussions regarding maternity concerns were ongoing. It was explained that the Trust was aware of the feedback from service users and had taken action to

Thursday, 8 May 2025

evaluate concerns raised within the petition.

The Director of Nursing provided further insights into the actions the Trust had taken to improve maternity services, confirming that all objectives outlined in the 2022 NHS England maternity safety improvement plan had been met. It was explained that the Trust had undergone visits from NHS England and peer review teams, reinforcing external oversight of progress.

A Member queried whether feedback could be gathered from patients at the point of care through direct engagement with ward teams rather than through third-party evaluations.

The Director of Nursing addressed the importance of direct service-user engagement in maternity care, stating that maternity patients were encouraged to provide feedback at multiple stages of their journey, ensuring real-time evaluation of service quality at the Trust. It was advised that Maternity Voices Partnership representatives were actively involved in reviewing service quality, offering a critical service-user perspective on maternity care policies and decisions.

### **Support for Young Mothers**

A Member raised a specific concern regarding younger mothers aged 19-21, stating that this demographic often struggled to feel heard during their maternity care experiences. It was suggested that introducing a peer-led model, where young mothers could seek reassurance from individuals with similar lived experiences, might improve engagement and confidence during the maternity journey.

The Director of Nursing confirmed that the Trust had been exploring community-led maternity support initiatives, particularly in relation to breastfeeding education and postnatal care. It was acknowledged that while a direct policy for peer mentoring had not yet been formalised, efforts were being made to reflect the needs of younger service users within maternity care planning. The Committee welcomed the updates provided and encouraged the Trust to continue evaluating maternity services, engaging with service users and ensuring transparency in ongoing improvements.

### **Workforce Safety Concerns**

Members expressed concerns regarding workplace violence and the support available to frontline A&E staff. A Member queried whether violence toward healthcare staff had worsened since COVID, to which the Medical Director provided definitive confirmation.

Thursday, 8 May 2025

A Member expressed concern over the diminished police presence in Stockton, highlighting that PCSO coverage had been significantly reduced, and queried whether the reduction had impacted the Trust. The Medical Director advised that regular discussions were held with Cleveland Police and briefings were provided to facilitate proactive intervention strategies where required.

A Member queried whether incidents of aggression impacted other patients, particularly those witnessing violent outbursts from individuals in distress. The Director of Nursing confirmed that while physical assaults on other patients were rare, psychological distress among bystanders was a known issue. It was advised that the Trust had been working on tailored risk assessments and ensuring cognition-related incidents were managed appropriately.

**RESOLVED that: -**

- a) That the Committee considered and commented on the update on performance in 2024-25 and the priorities for quality improvement in 2025-26.
- b) That a statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Committee Vice Chair.

**8 WORK PROGRAMME FOR 2025/26**

The Work programme for 2025/26 was discussed and a further item relating to the impact of waste incinerators on health identified for inclusion.

**RESOLVED that: -**

- (i) The impact of waste incinerators on health be added to the Committee's 2025/26 work programme.
- (ii) Any further items identified for the work programme for 2025/26 be discussed at the next Committee.

**9 ANY OTHER ITEMS WHICH THE CHAIR CONSIDERS URGENT**

**Quality Accounts 2024/25 - TEWV and NEAS**

The Senior Democratic Services Officer advised that the Quality Account 2024/25 documents for TEWV and NEAS had recently been circulated, along with the draft third party statements, which had been prepared on behalf of the Committee by the Scrutiny and Legal Support Officer at Hartlepool Council.

Members were invited to provide any feedback or comments on the statements by Friday 9 May 2025, prior to sign off by the Chair / Vice

Thursday, 8 May 2025

Chair and formal submission to the respective Trusts.

**RESOLVED** that following receipt of any final comments / amendments the third-party statements be submitted to TEWV and NEAS for inclusion in the Quality Accounts for 2024/2025.

Thursday, 17 July 2025

**TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE**

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Thursday, 17 July 2025 at the Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

**PRESENT** Councillors M Besford, M Boddy, C Cawley, C Cooper, J Coulson, S Crane, L Hall, J Kabuye, M Layton and A Roy.

**OFFICIALS** S Bonner, C Breheny, C Jones, G Jones and G Woods.

**IN ATTENDANCE** Councillor Gallagher, K Lawson, K Smith, J Todd and J Walker.

**APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors N Johnson, S Moore and H Scott.

**10 APPOINTMENT OF CHAIR 2025/26**

Members were invited to make nominations for the position of Chair, and the following were received:

Councillor Cawley was nominated by Councillor Cooper, seconded by Councillor Besford.

Councillor Crane was nominated by Councillor Hall, seconded by Councillor Coulson.

**RESOLVED** that Councillor Cawley be elected as Chair of the Tees Valley Joint Health Scrutiny Committee for 2025/26.

**11 APPOINTMENT OF VICE CHAIR 2025/26**

There was no requirement for this item to be considered, as the appointment for Vice Chair had been resolved at the previous meeting and the minutes for that meeting would be amended accordingly. **NOTED**

Thursday, 17 July 2025

12 **MINUTES OF THE MEETING HELD ON 8 MAY 2025**

The minutes of the meeting held on 8 May 2025 were confirmed as a correct record subject to an amendment regarding the appointment of Vice Chair. It was noted that the appointment of Vice Chair had been for the 2025/6 Municipal Year and not solely for that meeting. **NOTED**

13 **DECLARATIONS OF INTEREST**

The following declaration of interest was raised by Councillor C Cawley: -

- Item 8 – Family member currently awaiting assessment by CAMHS.

It was **RECOMMENDED** that the Committee note this declaration.

14 **TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE PROTOCOL AND TERMS OF REFERENCE**

Agreed subject to the removal of section 4 - NHS England Area Teams; **NOTED**

15 **NORTH EAST AND NORTH CUMBRIA (NENC) INTEGRATED CARE BOARD (ICB) - NHS DENTISTRY UPDATE**

The Chief Contracting and Procurement Officer as Executive Lead for Commissioning Primary Dental Care at NENC ICB provided an overview of current challenges and strategic responses in NHS dental provision across the Tees Valley and wider North East region. It was acknowledged that difficulties in accessing NHS dental services were not unique to the region but were being actively addressed through a range of local initiatives.

Members were advised that several dental practices had and were continuing to return NHS contracts, prompting efforts to recommission activity and replace lost capacity. The Commissioning Team, although small, was in continuous dialogue with practices to support service delivery and prioritise access in deprived communities. Measures to address the issues faced included incentivising over-delivery, increasing urgent care appointments, and expanding out-of-hours provision in collaboration with NHS 111.

The Chief Officer explained that access to routine dental procedures, for example scale and polish services, and urgent dental surgery remained a key concern. In response, an additional 1,000 urgent access sessions had been commissioned this year, contributing to a total of 51,000 sessions region wide. Tees Valley alone accounted for nearly 11,000 of these. It was highlighted that the rollout of Urgent Dental Access Centres



Thursday, 17 July 2025

(UDACs), had begun in Darlington and Carlisle, with plans to establish 30 surgeries at centres across the North East and North Cumbria (NENC). These offered patients a choice of providers beyond their local practice, aiming to standardise urgent care and improve accessibility.

In terms of other key challenges, it was advised that workforce development was also a key priority. Efforts included upskilling Dental Therapists and Hygienists, particularly in Darlington, and introducing loyalty bonuses to retain NHS dental staff. The Chief Officer emphasised the importance of supporting lifestyle changes to reduce demand and noted that most Local Authorities now had an Oral Health Strategy in place. An additional £2 million had been allocated to the Tees Valley and North East Combined Authorities, supplementing national funding.

The Chief Officer referenced the recent successful national consultation to extend water fluoridation across the region and stressed the need to modernise NHS dental contracts. It was noted that a public consultation was currently underway, closing mid-August, which would inform future contract reform.

During the discussion that ensued the following points were raised: -

- A Member highlighted the importance of continuity in urgent dental care. The Chief Officer acknowledged that although Urgent Dental Access Centres (UDACs) were established to address immediate needs, many patients sought temporary treatment without a clear pathway to complete their course of care. The need to “close the loop” so that patients received full treatment beyond the initial episode was emphasised.
- A Member expressed concerns in relation to workforce retention and professional development. The view was expressed that many dentists felt disheartened by limited career progression opportunities. The Chief Officer acknowledged the importance of this and confirmed that the ICB was working closely with the dental deanery to ensure a balanced skill mix across dental teams, including the opportunities available to technicians and support staff, to help maximise workforce potential.
- A Member raised a query about the timing and communication of service expansion and cautioned against encouraging patients who have not accessed dental care for some time until systems were robust enough to manage increased demand.
- Members commented that many patients remained unaware of how to access services, particularly when their regular dentist was unavailable. Improved communications were being planned to ensure visibility of practices offering extended services.
- Members welcomed updates on self-referral pathways and loyalty bonuses.

Thursday, 17 July 2025

- The Chief Officer provided clarity on site rollout, advising that three new UDAC centres were expected to go live in August and four in September.
- A Member queried whether an up-to-date list of available NHS dental practices was publicly accessible. The Chief Officer confirmed that the national “Find My Dentist” website was updated by practices and included open lists for children. A local version was also available on the council’s website, though coverage may vary.
- A Member raised concerns about data quality and timeliness. The view was expressed that although commissioning data on appointment slots was available, information on actual patient access was often delayed and lacked granularity. It was suggested that more detailed and timely data would support better decision-making and service planning.
- The Chief Officer commented that the establishment of UDAC’s across NENC formed part of the initial strategy for implementing improvements in oral health services in the region, noting that the draft Oral Health Strategy was scheduled for presentation at the upcoming ICB Board meeting later that month. Members acknowledged the importance of integrating the NHS 111 single point of access into the approach, recognising its potential to guide patients to the most appropriate care pathways.
- The Chief Officer advised that a communications campaign was proposed to raise awareness and support uptake. Members expressed regret at the absence of Healthwatch’s input, highlighting the value of its community reach and the insight it provided into patient experience, particularly in areas that were otherwise difficult to access. The challenge of maintaining robust patient and public engagement in the absence of Healthwatch was acknowledged, and it was agreed that a new approach would be required to ensure continued access to meaningful feedback.
- The evolving role of elected members in fulfilling aspects of Healthwatch’s function was noted, with reference to Healthwatch’s work in linking into existing community networks. Members emphasised the importance of designing and delivering services that were responsive to local needs.
- It was agreed that a further update would be provided once key elements of the Oral Health Strategy were confirmed.

**AGREED** that the information presented be noted and a further update provided once the Oral Health Strategy had been confirmed.

Thursday, 17 July 2025

**16 TEES ESK & WEAR VALLEY NHS FOUNDATION TRUST - CAMHS UPDATE**

The Director of Operations and Transformation provided a comprehensive update on developments within children's community services, framed within a whole-system, evidence-based approach aligned with local authority commissioning priorities. A clear distinction was made between treatment and support services, with reference to the NHS Long Term Plan's ambition to empower children and young people as active participants in their care.

**Mental Health Services and Access Standards**

Key performance metrics were shared regarding general mental health services for children, particularly within the "Getting Help" and "Getting More Help" pathways. While services compared favourably in some areas, the average wait time for assessment currently stood at 63 days, exceeding the national benchmark of 28 days. DNA rates were noted as a contributing factor to waiting times and work was ongoing to improve engagement.

Members were advised that treatment typically commenced within 6–12 weeks, depending on individual needs. Capacity constraints and national medication supply issues had impacted service delivery, prompting the implementation of alternative care models and increased collaboration with pharmacy colleagues.

The children's eating disorder service was highlighted as a positive example, achieving 100 per cent compliance with appointment standards over the past four weeks. Operating 8am–8pm, seven days a week, the service had contributed to a reduction in hospital admissions and improved access to care closer to home. Breaches of 4-hour and 1-week standards were attributed primarily to family-related factors. Across Teesside, access and support from children's crisis mental health support (NHS111 option 2) were successfully completed more than 90% of the time and consistently achieving the national standard. .

**Expanding Access and Managing Demand**

The Director of Operations explained that as part of a national programme to increase access to core services, the local system had delivered over 11,000 appointments as of May 2025, exceeding the target set for the years to date and on track to exceed this at year-end. However, significant challenges remained for some assessments for Autism and ADHD in line with national trends. In Darlington, the average wait time for ADHD and Autism assessments was 566 days, with delays spanning up to 45 months. While there is no backlog for initial triage and screening, the system was operating beyond its commissioned capacity due to

Thursday, 17 July 2025

prolonged excessive demand. To mitigate this, the Trust was working closely with the ICB and Local Authority partners on a range of improvements. The Trust had implemented a revised neurodevelopmental assessment pathway which had been positively evaluated, enabling some young people to be seen sooner and improving family engagement. A “needs-led bubble of support” model existed in Teesside as a means of support whilst waiting, signposting families to voluntary sector providers such as Daisy Chain for assistance with sleep, behaviour, and coping strategies. All families on waiting lists received a “keeping in touch” contact from the Trust which included advice and guidance on access to crisis support if required.

Referral pathways were being redesigned to include accredited providers, with investment enabling more families to access assessments earlier. Transformation efforts were ongoing, with mental health support teams now embedded in schools across the region, achieving 100 per cent mainstream school coverage in Darlington and work with the ICB on next phases of investment in these teams. MHST’s had supported hundreds of young people and helped schools adopt broader approaches to mental health and wellbeing, with further expansion anticipated over the next 3–5 years.

### **Service Integration and Future Commissioning**

Members were informed of a forthcoming tender to reprocure a more integrated model of care, encompassing current partners of getting help services and local VCSE organisations. The proposed model would offer earlier access to services including IAPT, counselling, and CBT, with specifications designed to promote integration and be service user focused. A strong partnership bid had been submitted, though there remained a risk of award to a national organisation.

### **Governance and Assurance**

TEWV has responded to scrutiny reports with significant improvement activity. A recent update from Niche noted clinical practice was now compliant with required standards and governance and quality assurance processes were in place. The progress made reflected substantial effort during a challenging period.

Following the presentation discussion ensued and the following points were raised:-

- A Member declared a personal interest, advising that her children were currently attempting to access neurodevelopmental services. Concerns were raised about the length of prolonged delays, given that her child entered the pathway at age 11½ and was now 14, yet had never been seen or contacted. The emotional toll on families and the

Thursday, 17 July 2025

need for more meaningful engagement, beyond occasional leaflets or letters was emphasised. The support provided by Daisy Chain service was praised, however, transport costs and the limited availability of HAF and SEND activities were noted as barriers. It was stressed that for families unfamiliar with support systems, the process felt overwhelming and impersonal.

- A Member raised concerns regarding excessive waiting times for ADHD and autism assessments, referencing NICE guidelines which indicated significant risk of mental health deterioration and hospitalisation within 12–14 months. Current average waits of 35 months were described as unacceptable. Reference was drawn to the I-Thrive model and the view expressed that the model was externally imposed and not tailored to local needs. Members acknowledged the national scale of the issues faced and the limitations of non-recurring funding. It was noted that efforts were underway to prioritise assessments for those most in need, though a clear plan to meet NICE targets was lacking. Workforce shortages and post-COVID demand were identified as key barriers to transformation.
- A Member shared a deeply concerning, recent account of five youth suicides locally within a short time period, including among his son's peers. It was highlighted that suicide rates across Tees Valley boroughs exceeded both regional and national averages. Members discussed the need for retrospective learning and importance of examining whether those individuals had accessed services, been on waiting lists, or received GP support. The Director of Operations confirmed that formal safeguarding investigations were conducted in such cases, with findings shared via appropriate forums. The role of social media as a potential catalyst was acknowledged. It was requested that the latest regional and national data be shared with Members, and the Committee agreed to maintain oversight of this issue.
- A Member highlighted that Darlington had recently appointed a Suicide Prevention Lead, with recent data showing a rise in female suicides. The Senior Democratic Services Officer advised that an update on the suicide prevention work being undertaken across the Tees Valley would be brought to the October meeting of the Committee.
- A Member highlighted the importance of system-wide collaboration and governance in addressing neurodevelopmental challenges. The need for consistent service delivery regardless of provider was emphasised and assurance was provided that any change resulting from the current tender process would not compromise service standards.
- A Member highlighted Darlington's "Keep in Touch" initiative as a model of meaningful engagement, contrasting it with less consistent contact provided elsewhere in the Tees Valley. Proactive information-sharing was described as a "prescription against pain" and positive feedback from families had been received.

Thursday, 17 July 2025

**AGREED** that the information presented be noted and that the latest suicide data for the Tees Valley be shared with Members of the Committee.

17 **NORTH EAST AND NORTH CUMBRIA (NENC) INTEGRATED CARE BOARD - TEES RESPITE CARE / ADULT LEARNING DISABILITY UPDATE**

The Head of Strategic Commissioning at NENC ICB provided an update on the development of a revised respite short break service, marking her third presentation to the Committee on this issue. The current position was outlined, and it was highlighted that respite provision has historically been delivered by Tees, Esk and Wear Valley (TEWV) NHS FT at Bankfields and Aysgarth. Following notice from the TEWV to cease this arrangement, significant engagement had taken place with families and carers to identify a suitable alternative.

Members were advised that since September 2024, a co-production approach had been adopted, including listening events held in October/November 2024. These sessions highlighted widespread concerns among families, particularly fears that the changes were financially motivated. The importance of respite in supporting the physical and mental wellbeing of carers, many of whom were older and increasingly frail, was also strongly emphasised.

The Head of Strategic Commissioning advised that key feedback from families indicated a preference for continuity in service quality and structure. In response to the feedback received, a project group was established in December 2024 to develop a new service model. The Committee was advised that the proposed approach centred on the provision of a bed-based respite service at Levick Court, Middlesbrough, supported by a clinical staff team from TEWV.

Members were advised that four open days had been held at Levick Court, which were well attended and positively received. A family event held on 3 July 2025 attracted over 35 attendees and provided a platform for discussion and challenge. It was noted that feedback was broadly supportive, with families expressing reassurance and conditional approval of the model.

The Head of Strategic Commissioning explained that the business case had now been finalised and would be presented to the All in Common committee on 24 July 2025, with ICB consideration scheduled for August. Under the new Public Sector Resourcing (PSR) framework, the proposal would be published on the portal for 14 days under the 'most suitable provider' terms. Should no alternative provider emerge, a direct contract award would be pursued, subject to any necessary adjustments. It was

Thursday, 17 July 2025

hoped that implementation could be completed by Christmas, noting the importance of continued collaboration with the Trust, families, and local authorities. The Committee was asked to endorse the co-production approach and support the progression of the proposed model to meet future client needs.

Following the presentation discussion ensued and the following points were raised: -

- A Member raised concerns regarding the TUPE transfer of staff from Aysgarth and Bankfields. The Head of Strategic Commissioning confirmed that the proposed commissioning of eight beds at Levick Court presented an opportunity for service growth, including emergency provision. Due diligence had been undertaken on current usage and transitional needs. It was advised that the TUPE process would apply between TEWV and Middlesbrough Council, with recognition of pay disparities between the two organisations. Efforts were underway to avoid a two-tier staffing model. It was explained that staff had attended open days and expressed interest in transferring; of the 16 eligible staff, recruitment of an additional two was planned. It was also noted that while TUPE applied, staff retained the right to decline transfer, and caveats would be managed accordingly. Assurance was provided to Members that continuity of care during the transition remained a priority.
- The Head of Strategic Commissioning confirmed that both Bankfields and Aysgarth sites were expected to close. Although Aysgarth offered a stronger clinical environment, it was no longer fit for purpose. In contrast, Levick Court had been co-designed with TEWV to meet the requirements of a modern respite service. Staff had responded positively, with no union objections raised.
- A Member raised concerns regarding the interface between health and local authority responsibilities, particularly around Friday day service pickups. The Service Manager explained that families had been advised that this issue would not be resolved within the current year due to funding constraints. However, Middlesbrough Council was developing a new booking system and the Registered Managers of Bankfields and Aysgarth were coordinating allocations to ensure equitable access to respite.
- In response to a query the Service Manager confirmed that future planning discussions had begun with families, acknowledging the sensitive nature of long-term care needs. Supported accommodation options were being explored alongside the secure delivery of the new respite model.
- A Member raised a query, on behalf of the families and carers, regarding ownership of the service and continued provision of NHS care once the service was CQC-registered. The Head of Strategic Commissioning clarified that Middlesbrough Borough Council would

Thursday, 17 July 2025

own and operate the building under a long-term contract with the ICB, and TEWV commissioned to provide clinical input. Dual registration with CQC would be pursued to enable nursing provision. It was emphasised that the Commissioning Team was committed to ensuring equitable healthcare access for service users.

- In response to a procurement query, it was confirmed that the service would be advertised via the most suitable provider route. Should an alternative provider express interest, timeframes and delivery expectations would need to be delivered on and this would be managed with procurement colleagues. However, given the lack of suitable premises and the urgency of provision required, a direct award via the most suitable provider remained the anticipated route.

The Chair thanked the representatives for their attendance and passed on her best wishes for the conclusion of the commissioning process.

**AGREED** that the information presented be noted.

18

**NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST -  
COMMUNITY DIAGNOSTIC CENTRE UPDATE**

The Head of Radiology at South Tees NHS FT provided an overview of the operational performance and strategic development of diagnostic services across South Tees and North Tees, with particular focus on the Stockton-based Community Diagnostic Centre (CDC) operating under a hub-and-spoke model. The £25m Stockton hub had received strong feedback from both patients and staff, with services delivered across multiple sites and a combined annual activity volume of approximately 140,000 tests. The hub alone accounted for 60,000 tests annually.

Patient flow was managed through an extension of existing services, offering the next available appointment at the most appropriate site. This approach aimed to improve population health outcomes, enhance diagnostic productivity and efficiency, and reduce health inequalities in underserved areas. It was advised that performance data was closely monitored, with weekly scrutiny to ensure compliance within a 10 per cent activity threshold. Although a brief delay was noted initially, current data showed improving compliance against plan.

The Head of Radiology advised that endoscopy services had been consolidated across South and North Tees, resulting in significant improvements in waiting times, with most patients now seen within six weeks. A small proportion of complex cases requiring anaesthesia remained. MRI and NOUS services had also been combined, with notable improvements in service delivery and alignment of access times across the patch.

Members were informed that South Tees NHS FT had supported



Thursday, 17 July 2025

neuroscience services by shifting elective workload off acute sites, increasing capacity for lung biopsies and cardiac scanning. A one-visit diagnostic model had been introduced, enabling same-day CT and other scans, which has reduced the cancer pathway by 15 days. Innovations included a two-stop prostate clinic and the introduction of a foetal scanner previously only available in Newcastle.

The Head of Radiology highlighted that North Tees NHS FT had improved MRI access and increased colonoscopy capacity, contributing to enhanced performance metrics. Rapid access chest X-ray sites had also been introduced, and new funding had supported radiology installation at RPCH.

Members were informed that staff development had been a key success, particularly at the Stockton hub where non-medical staff are trained in CT/MRI and emergency response. Feedback had been positive, despite initial concerns around parking, which had largely been resolved with 27 spaces now available via a Stockton Borough Council car park. AI was being trialled for chest X-ray reporting and stroke-related brain scans.

Members were informed that cross-site collaboration between NT and ST has been effective, with shared control areas and staff integration. Urology services were currently under review to enhance patient experience through a comprehensive diagnostic suite. However, a delayed start due to CQC registration was noted. Following the presentation discussion ensued and the following points were raised:-

- A Member raised concerns regarding gynaecology services, particularly endometriosis, and referenced a forthcoming meeting to discuss this issue.
- A Member queried the impact on patient outcomes, citing a 30% increase in waiting lists year-on-year and the challenges faced in paediatric audiology. Members were advised that despite the challenges, the region remained one of the best performing nationally, with continued reductions in waiting times.
- The Head of Radiology highlighted the need for increased capacity and workforce investment, referencing the findings of the Richards Report. The CDC was commended for its rapid mobilisation and potential. Members highlighted that issues around disabled parking had been swiftly addressed, though general parking remained a concern.
- A Member praised the CDC initiative and emphasised the importance of reducing patient drop-off between sequential tests.
- A Member drew reference to the performance dashboard used by South Tees NHS FT, which included weekly reviews and scan-specific action plans. The opportunity to operate CT and MRI scans flexibly to

Thursday, 17 July 2025

aid recovery was noted, with NHS England scrutiny ongoing.

**AGREED** that the information presented be noted and a site visit to the CDC be arranged.

19      **WORK PROGRAMME 2025/26**

The Work Programme was presented to Members; **NOTED**.

20      **ANY OTHER ITEMS WHICH THE CHAIR CONSIDERS URGENT**

There were no items certified as urgent by the Chair; **NOTED**.

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

<b>Date</b> (4.30pm unless stated)	<b>Topic</b>	<b>Attendance</b>
22 April 2025	Review of Reablement Service <ul style="list-style-type: none"> <li>(Draft) Final Report</li> </ul> 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 <ul style="list-style-type: none"> <li>(Draft) Scope and Project Plan</li> </ul>	Geraldine Brown / Chris Renahan  Angela Connor / Rob Papworth  Graham Lyons
19 September (9.00am) (informal)	Review of Reablement Service <ul style="list-style-type: none"> <li>SBC Adults, Health &amp; Wellbeing: Final Report of Peopletoo</li> </ul>	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 <ul style="list-style-type: none"> <li>SBC Adults, Health &amp; Wellbeing</li> </ul>	Natasha Douglas  Sarah Bowman-Abouna / Emma Joyeux / Rebecca Warden  Darren Boyd / Lisa Mussett  Graham Lyons / Rebecca Gray
21 October	Review of Reablement Service <ul style="list-style-type: none"> <li>(Draft) Final Report</li> </ul>	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 <ul style="list-style-type: none"> <li>North East and North Cumbria Integrated Care Board (NENC ICB)</li> <li>North Tees and Hartlepool NHS Foundation Trust (NTHFT)</li> </ul>	Cllr Pauline Beall / Angela Connor / Rob Papworth  Sarah Bowman-Abouna  Paula Swindale  Victoria Cardona / Melanie Cambage
18 November	Review of Adult Carers Support Service <ul style="list-style-type: none"> <li>Eastern Ravens</li> <li>Mobilise</li> </ul> SBC Director of Public Health: Annual Report 2024-2025  CQC / PAMMS Quarterly Update: Q2 2025-2026  Health and Wellbeing Board: Previous Minutes (Mar, Apr, Jul 25) & Revised Terms of Reference	Tracey Hamilton Nicole Chiu  Sarah Bowman-Abouna  Darren Boyd / Laura Johnson
16 December	Teeswide Safeguarding Adults Board (TSAB): Annual Report 2024-2025  CQC: Stockton-on-Tees Borough Council - Local Authority Assessment  Stockton-on-Tees Independent Complaints Advocacy: Annual Report  Review of Adult Carers Support Service <ul style="list-style-type: none"> <li>Carers consultation and feedback</li> <li>Other approaches / good practice</li> <li>External scrutiny of SBC adult social care (LGA peer review / CQC inspection)</li> </ul> Regional / Tees Valley Health Scrutiny Update	Adrian Green / Carolyn Nice  Cllr Pauline Beall / Carolyn Nice / Angela Connor  Philip Kerr  Graham Lyons / Rebecca Gray
20 January 2026 (informal)	Review of Adult Carers Support Service <ul style="list-style-type: none"> <li>Summary of Evidence / Draft Recommendations</li> </ul>	
17 February	Review of Adult Carers Support Service <ul style="list-style-type: none"> <li>(Draft) Final Report</li> </ul> Monitoring: Action Plan – Reablement Service (TBC)	Cllr Pauline Beall / Carolyn Nice / Graham Lyons  Rob Papworth

## ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

### Work Programme 2025-2026

Date (4.30pm unless stated)	Topic	Attendance
	CQC / PAMMS Quarterly Update: Q3 2025-2026	
	Health and Wellbeing Board: Previous Minutes	
17 March	Regional / Tees Valley Health Scrutiny Update	

#### 2025-2026 Scrutiny Reviews

- Adult Carers Support Service
- Adult Education and Skills

#### Monitoring Items

- Access to GPs and Primary Medical Care (Progress Update) – May 26
- Reablement Service (Action Plan) – TBC (Feb 26)

#### 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)

This page is intentionally left blank