

Community Safety Select Committee

A meeting of Community Safety Select Committee was held on Thursday 30 October 2025.

Present: Cllr Mrs Ann McCoy (Chair), Cllr Katie Weston (Vice-Chair), Cllr Carol Clark (sub for Cllr Bob Cook), Cllr John Coulson, Cllr Barbara Inman, Cllr Alan Watson

Officers: Louise Hollick (ChS); Reuben Kench (CS,E&C); Gary Woods (CS)

Also in attendance: Kimm Lawson, Rebecca Warden (NHS North East and North Cumbria Integrated Care Board); Dr Clare Hodges (Queens Park Medical Centre)

Apologies: Cllr Bob Cook, Cllr Jason French, Cllr Shakeel Hussain

CSS/25/25 Evacuation Procedure

The evacuation procedure was noted.

CSS/26/25 Declarations of Interest

There were no interests declared.

CSS/27/25 Minutes

Consideration was given to the minutes of the Community Safety Select Committee meeting which was held on 25 September 2025 for approval and signature. Attention was drawn to the following items:

- Stockton-on-Tees Community Safety Strategy: Members were reminded that a response from Stockton-on-Tees Borough Council (SBC) officers relating to a query raised at the September 2025 meeting was relayed via email on 20 October 2025.
- Scrutiny Review of Children affected by Domestic Abuse: Members were reminded that responses from NHS Trusts relating to queries raised at the September 2025 meeting were relayed via email on 20 October 2025.

AGREED that the minutes of the Committee meeting held on 25 September 2025 be approved as a correct record and signed by the Chair.

CSS/28/25 Monitoring the Impact of Previously Agreed Recommendations – Outdoor Play Provision

Consideration was given to the assessments of progress on the implementation of the recommendations from the Committee's previously completed review of Outdoor Play Provision.

Presented by the Stockton-on-Tees Borough Council (SBC) Director of Community Services, Environment and Culture, this was the second progress update following the Committee's approval of the Action Plan in June 2024. Emphasising that the information being relayed at this meeting demonstrated the value and effectiveness of the scrutiny function, and welcoming the Committee's previous acknowledgement of the challenges between balancing the creation of new outdoor play sites against the ability to maintain existing areas (potentially impacting upon quality), Members were informed that all statements referring to the new '*Strategy for Stockton-on-Tees Borough Council Outdoor Play Provision 2025*', which had been adopted by SBC Cabinet earlier this month, were subject to the recently received call-in regarding that Cabinet decision. Key developments in relation to the outstanding actions were then highlighted as follows:

- Recommendation 2 (To encourage a greater sense of community ownership, consideration be given to approaching relevant Town / Parish Councils and the local business community within the vicinity of existing outdoor play spaces to potentially support the development / maintenance of a site): Following Cabinet's adoption of the full strategy on 16 October 2025, the principle had been established that adoption of sites by Town or Parish Councils would be explored where a site was at risk. In addition, officers would engage with Town and Parish Councils on an ongoing basis, as time allowed, to determine willingness to provide financial support to maintain / develop play provision in their local area – this recommendation was therefore deemed 'fully achieved'.
- Recommendation 5 (Regarding inequality of outdoor play provision across the Borough, SBC clarifies where it is deemed there is little / no provision and possible steps to address these inequalities (including, in exceptional cases, the provision of new play spaces): After a significant amount of analysis (not just through a geographical lens but also from a quality perspective), the strategy document, agreed by Cabinet in October 2025, highlighted areas of inequalities and over-provision. Following Cabinet's decision, officers had identified specific sites in which to invest, and others which would be decommissioned at the end of equipment life – this recommendation was therefore deemed 'fully achieved'.
- Recommendation 6 (As part of a required rationalisation process in relation to the existing outdoor play offer:
 - a) Informed by the recent (March 2024) RoSPA assessments and an analysis of the distribution of existing outdoor play provision, proposals for the removal / repurposing of sites be developed with the aim of reducing pressure on the overall parks budget): On 16 October 2025, Cabinet agreed to 1) approve the full strategy document; 2) approve the site-specific recommendations, subject to financial approvals of the additional £150,000 per annum contained within the 2026-2027 Medium-Term Financial Plan (MTFP) report to be presented in February 2026 (this would enable 23 Council-owned play areas to be prioritised for retention, development or redevelopment, ensuring high maintenance standards and delivering good play value; a further nine play areas would also be retained subject to availability of resources, while 11 sites would be subject to phased decommissioning and repurposing); 3) note the series of additional cross-cutting actions relating to the development, design and management of play provision – this sub-section of the recommendation was therefore deemed 'fully achieved'.

b) Complementing sub-section a), SBC undertakes a piece of work around those sites requiring more urgent attention to ascertain costs of either removing the play area or raising it to an appropriate standard): All evidence was collated and used to evaluate the entire play estate (essential information in order to prepare a site-specific recommendation), and following Cabinet's approval of the full strategy in October 2025, officers could now enact the principles for each site. It was noted that recommendation 2 stated, 'That Cabinet approve the site-specific recommendations, subject to financial approvals of the additional £150,000 pa contained within the 2026/27 MTFP report to be presented in February 2026. This would enable 23 Council-owned play areas to be prioritised for retention, development or redevelopment, ensuring high maintenance standards and delivering good play value. A further 9 play areas will also be retained subject to availability of resources, while 11 sites would be subject to phased decommissioning and repurposing'. As set out above, raising of standards was a principle enshrined in the approved strategy and the decommissioning of the selected sites was informed by the assessment of the current condition. On that basis, the commitment to either improve the facilities or remove the play equipment had been adopted – this sub-section of the recommendation was therefore deemed 'fully achieved'.

c) Further detail be provided around the anticipated longer-term maintenance requirements of the new Stockton waterfront park and the impact that this may have on the available funds for maintaining other existing outdoor play spaces): An allowance for maintenance had always been made. At the point Esh (lead contractor) were appointed, the play equipment was not designed (but an allowance for delivery and maintenance was made in the budget). The play equipment sub-contract was competitively tendered and delivered by Timberplay as a sub-contract package for what was a specialist item. Therefore, the ongoing maintenance of equipment supplied by a specialist sub-contractor sat with the sub-contractor (as the supplier / manufacturer of said equipment) and not the lead contractor.

An allowance of £40,000 had been made within the waterfront project budget for repairs, maintenance and / or spare parts. Furthermore, an additional sum had been built into the MTFP for the waterfront park grounds maintenance. As had been referred to in other sections, the new strategy also established the need for a further non-site-specific allocation of £150,000 towards play area maintenance. The combined effect of these changes was expected to ensure that all play areas could be adequately maintained in future – this sub-section of the recommendation was therefore deemed 'fully achieved'.

d) With due regard to the SBC Powering Our Future initiative, appropriate consultation (particularly with Stockton Parent Carer Forum and SBC Ward Councillors) is conducted around any proposed changes to existing outdoor play provision): The need for consultation was embedded in the new strategy. Consultation with the Parent Carer Forum had occurred already and would continue in relation to future developments and changing circumstances. The decommissioning process for the identified sites could take several years, so the consultation would be ongoing, but the requirement for that involvement was now fixed (principle 10: *When considering the creation of a new play area or the removal of an existing one, we will consult and engage local communities to fully understand the impacts of the change*) – this sub-section of the recommendation was therefore deemed 'fully achieved'.

- Recommendation 7 (Reflecting the main outcomes from this review, SBC develops and publishes an outdoor play provision strategy which includes the following elements – the Council's aims in relation to the provision of outdoor play spaces; the locations and assessments of existing and outdoor play provision, as well as any planned developments; the key challenges associated with providing these spaces; how the Council will seek to address these key challenges (including guiding principles); timelines for action and who will be accountable): A new strategy, incorporating the Committee's stated requirements and reasserting the importance of play, had been developed and then subsequently adopted by Cabinet on 16 October 2025 – this recommendation was therefore deemed 'fully achieved'.

Welcoming this latest update, the Committee's initial questions focused upon the new Stockton waterfront park play area, with Members querying whether future maintenance of this particular space was more unpredictable than existing sites across the Borough. The SBC Director stated that it was difficult to accurately foresee the maintenance requirements for any outdoor play site, and that factors such as vandalism and the weather were far from predictable. The Council would, however, respond to any identified need, something which had been aided by the commitment to increase the base budget for maintenance of the local outdoor play offer.

With reference to the recent call-in regarding the Cabinet's decision to adopt the new outdoor play strategy, the Committee observed that the Executive Scrutiny Committee (which, if approved, would consider the call-in) may wish to have sight of the minutes of this meeting. The SBC Director confirmed that he had spoken with the SBC Director of Corporate Services (who was also the Council's designated Monitoring Officer) about the duality of this issue and acknowledged the potential need to bring further information to this Committee depending on the outcomes of the call-in request.

When weighing up whether an outdoor play site was no longer functional, the Committee asked if consideration was given to the proximity of the next nearest play area, including any transport links to that space. Members heard that distance to the next available site was indeed part of the criteria used to make such decisions (as was the age appropriateness of the next nearest play offer), and that whilst the new strategy document did not factor in transport provision to outdoor play sites, any decommissioning proposals required the completion of an impact assessment statement (reflecting appropriate consultation) which would also consider ease of access to alternative play spaces.

The Committee sought confirmation that SBC would look at funding from Town Councils to help support the local play offer. In response, Members were informed that the new strategy acknowledged the need to involve Town Councils in considerations around existing and potentially future outdoor play provision, though SBC delegating resources to Town Councils was not part of this.

Concluding the item, the Committee highlighted the development of new estates in Yarm and the associated section 106 money that had created so-called 'doorstep' play spaces. The SBC Director noted that section 106-related funding had been addressed within the new strategy, though also reminded Members that this was a planning issue and therefore not within the gift of his directorate to control. Ultimately, the underlying aim of the strategy was to require and then maintain quality outdoor play sites across the Borough – these smaller 'doorstep' offers usually did not have

the range of equipment that users of larger sites benefitted from, therefore there was an established need to have less of them.

AGREED that the Outdoor Play Provision progress update be noted, the assessments for progress be confirmed as stated, and, subject to the outcomes of the call-in which had recently been submitted in relation to SBC Cabinet's decision to adopt the new outdoor play strategy, the Action Plan be signed off as complete (no further updates required).

CSS/29/25 Scrutiny Review of Children affected by Domestic Abuse

The fourth evidence-gathering session for the Committee's review of Children affected by Domestic Abuse considered information from the NHS North East and North Cumbria Integrated Care Board (NENC ICB), as well as survey feedback from local Primary Care Networks (PCNs).

NHS NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE BOARD

The NENC ICB Strategic Head of Commissioning (Tees Valley) gave a presentation in response to the Committee's lines of enquiry which covered the following:

- Our Statutory Duties: The Domestic Abuse Act 2021 officially recognised children affected by domestic abuse as victims needing specific care and support. From a health perspective, the Health and Care Act 2022 required ICBs to develop five-year strategic plans addressing needs of domestic abuse victims, including children. As commissioners of care, ICBs must actively safeguard vulnerable individuals by integrating healthcare services focused on domestic and sexual abuse victims.
- Safeguarding Children: Requirements were met through the appointment of executive leads to ensure safeguarding responsibilities were prioritised at the highest governance level, compliance with statutory guidance (*'Working Together to Safeguard Children'*) to co-ordinate multi-agency protection efforts, and active participation in local partnerships to ensure adherence to safeguarding standards across services. Furthermore, healthcare services must be safe and responsive to children's needs, promoting their welfare and protection, and the ICB had to ensure that services were aware of their own duties of care and that these were reflected within a service specification.
- Commissioning & Service Planning: ICBs must commission trauma-informed services which centre on supporting children affected by domestic abuse, and domestic abuse considerations should be integrated into strategic planning and needs assessments by ICBs. Services must identify and respond to domestic abuse early, particularly in primary care, maternity, and emergency departments. Additionally, ICBs must ensure accessible and effective referral pathways for children and families affected by domestic abuse.
- Workforce Training & Accountability: Staff roles and responsibilities in safeguarding were defined by the NHS England Safeguarding Accountability and Assurance Framework (SAAF). Healthcare staff must be trained to identify domestic abuse signs and understand referral pathways for victim support, and it was acknowledged that training needed to be continuous and tailored to specific staff roles to ensure confident and appropriate responses to safeguarding issues.

Effective monitoring ensured compliance and maintained safeguarding as a priority across all organisational levels.

- Multi-Agency Collaboration: Multi-Agency Risk Assessment Conferences (MARACs) brought together professionals from various sectors to share information and develop safety plans for high-risk victims, and ICBs participated in Domestic Homicide Reviews (DHRs) to learn from past incidents and improve future safeguarding responses (it was noted that communication between agencies can sometimes fail). Collaboration among Local Authorities, the police, and voluntary organisations ensured comprehensive support for children and families – Stockton-on-Tees was well served in terms of partnership-working.
- National, Regional, Local: Key safeguarding contacts were highlighted.
- NENC ICB – Internally: Domestic Abuse was one of the main priorities of the ICB and was recognised within all NHS contracts, with Trusts expected to ensure that the workforce could prevent, identify and respond consistently through a ‘Think Family First’ lens. The ICB was a strategic partner on the Community Safety Partnerships across the 14 Local Authorities, as well as the Domestic Abuse Board, and published a link around domestic abuse and safeguarding every month. A Safeguarding Network for Health Professionals existed across the area, and in 2023, the ICB signed up to the Sexual Safety Charter.
- NHS England (NHSE) – External: ‘Standing Together for Domestic Abuse’ was a network with learning opportunities which met four / six times a year.
- National Initiatives: The REACH Plan (2024-2029), led by Foundations – What Works Centre for Children & Families, aimed to identify and evaluate effective programmes to prevent domestic abuse and support child victims. ICBs were expected to collaborate in identifying, testing and scaling interventions across healthcare settings, and following investment of £75 million over five years, the focus was on prevention, early identification, and recovery support for children affected by domestic abuse.
- NHSE Safeguarding Accountability and Assurance Framework (SAAF): Updated in 2024 to reflect the role of ICBs in safeguarding children and adults, the SAAF emphasised multi-agency collaboration, training and localised safeguarding leadership. It also supported implementation of Children’s Social Care reforms and revised ‘*Working Together to Safeguard Children*’ guidance.
- IRISi & NHS Collaboration: IRIS and ADViSE programmes were being expanded to support ICBs in embedding domestic abuse identification and referral pathways in general practice and sexual health clinics, with a focus on early intervention, clinician training, and direct referral to domestic abuse specialists.

Responding to the presentation, the Committee asked how the NENC ICB monitored / assured itself that learning around domestic abuse cases involving children was appropriately shared / acted upon by those organisations it commissioned. The NENC ICB officer stated that learning was shared and discussed within established safeguarding and safety partnerships, though would seek further detail from colleagues following this meeting.

Members noted a lack of reference to the commissioning of mental health Trusts within the information submitted and queried how these organisations were monitored when it came to domestic abuse policies / practice. Assurance was given that all commissioned providers should have a service specification which included up-to-date considerations around statutory obligations (safeguarding being a key feature of NHS contracts). Again, confirmation around service monitoring would be provided after this meeting, as would a subsequent question on whether NENC ICB now had a seat on the Council of Governors of local NHS Trusts (which had not been the case in the past).

PRIMARY CARE NETWORKS

Led by the NENC ICB Head of Primary Care – Tees Valley (who had co-ordinated this particular element of evidence-gathering), and supported by a local GP Partner, a paper detailing and reflecting upon the responses to a Committee survey issued to the Borough's four PCNs in relation to this scrutiny topic was summarised. Key content included:

- Stockton-on-Tees General Practice Overview: In Stockton-on-Tees, there were 20 practices (independent businesses) which were split between four PCNs (Billingham and Norton, BYTES, Norton Stockton, and Stockton). PCNs were groups of practices working together to deliver services and work in collaboration with other providers to deliver proactive and personalised care. They were responsible for delivering a national 'directed enhanced service' (DES) contract, though there was no requirement in the DES in respect of 'domestic abuse'.
- Approach (to survey): Based on the Committee's stated lines of enquiry, the NENC ICB Tees Valley Primary Care Team developed and issued a Microsoft (MS) form survey via PCN Operational Managers to support co-ordination of response from the member practices.
- Responses and key themes identified: All four PCNs responded on behalf of members practices. Highlighted results included:
 - What mechanisms or tools do primary care staff within your network use to identify at-risk individuals, children and families who are affected by domestic abuse?: Key themes identified were collaboration across roles, identification and monitoring of at-risk individuals, structured information-sharing and early intervention, and training and use of safeguarding tools.
 - How confident do practice staff feel about spotting the signs of domestic abuse?: 'Very confident' – 2; 'Somewhat confident' – 2.
 - Is domestic abuse training promoted to staff within your network?: Yes – 4; No – 0.
 - Are primary care staff within your network aware of how to report domestic abuse?: Yes – 4; No – 0.
 - Are primary care staff within your network aware of local domestic abuse services?: Yes – 3; No – 1.

- Would primary care staff within your network benefit from promotion of the local service offer provided by Harbour?: Yes – 4; No – 0.
- What mechanisms do practices within your network use to promote how to report domestic abuse?: Key themes identified were using a variety of media channels and signposting, staff training and support, regular communication and support, accessible reporting pathways, and commitment to consistency and best practice.
- Do practices within your network utilise the clinical system to record concerns relating to domestic abuse and or referrals they make to support agencies?: Yes – 4; No – 0.
- Are practices aware of the Local GP Independent Domestic Violence Advocate (IDVA)?: Yes – 1; No – 3. Feedback from the one PCN which answered 'yes' on the effectiveness of the IDVA arrangement was positive.
- Do practices within your network feel there is effective collaborative working with Stockton Borough Council and NHS partners regarding domestic violence?: Yes – 1; No – 3. Feedback from those PCNs answering 'no' included that 'collaboration works in principle, but lack of feedback after referrals is a shared frustration', 'there seems to be little promotion of collaborative working, with Harbour and other societies working in isolation', and 'we would benefit from support to implement a single process across our PCN'. A suggestion was also made for 'regular communications from the department / nominated staff members to raise the service's profile'.
- Are there any key areas that your network would like scrutiny to focus on in future in relation to this topic: Proposals included better interoperability / communication between agencies; enhanced training and education (e.g. 'child behind the adult'), multi-disciplinary safeguarding training, and 0–19 service attendance at safeguarding meetings (possibly at PCN level); ensuring the current referrals to both CHUB and the Adult equivalent remain in place as they are working.
- Potential opportunities: Emerging themes covered the following areas – enhanced collaboration and communication / feedback following referral; increased visibility and engagement with IDVA; ongoing training, promotion and awareness; improved use of digital tools and communication channels.

Welcoming the feedback, the Committee noted the lack of detail from Billingham and Norton PCN in comparison to the responses from the other PCNs. Stating that Billingham and Norton was a large PCN made up of more practices than the Borough's other three PCNs, NENC ICB officers agreed to seek further information after the meeting.

Responding to the Committee's observation regarding three PCNs not being aware of the local GP IDVA, the GP Partner in attendance spoke of the very positive impact they and their patients had experienced via this arrangement. Within their own practice, the GP IDVA worked with social prescribers and gave individuals who otherwise may feel stigmatised by having to walk into a support service the opportunity to raise concerns relating to domestic abuse within the safe space of the practice (and gave examples of solutions to enable the individual to be seen on their

own by creating opportunities to divert the abusive partner). The benefits of all the Borough's practices utilising the IDVA resource was emphasised.

The Committee sought views on what single development within general practices might have the most significant impact in identifying and / or managing domestic abuse-related cases involving children. The GP Partner drew attention to their experience in using the personal list system – a highly valued arrangement which enabled a patient to be seen by the same GP, allowing relationships to be developed and family backgrounds to be established. However, as individual businesses, practices had differing operating models / staffing structures which may not make it possible to adopt a similar approach.

Continuing the theme of impactful developments, the NENC ICB Strategic Head of Commissioning (Tees Valley) informed the Committee of the need for professionals to be able to identify the reasons for patient behaviour, not just see / treat the behaviour itself. Members were then notified of plans for a forthcoming complex trauma team (hosted by Stockton-on-Tees) which would work with a small number of complex cases involving young people. Funded jointly by the ICB and the five Tees Valley Local Authorities, the team was due to be operational from April 2026 and would add to the local offer and support the national Family First Partnership Programme (FFPP). Following subsequent Committee queries, confirmation would be provided after the meeting on the permanence of the funding for this new team, as well as whether there were any examples of a similar team anywhere else in the country (or if this was an innovative development).

SCOPE AND PROJECT PLAN

It was anticipated that the next evidence-gathering session during the November 2025 meeting would focus on information from Cleveland Police.

Prior to this, it was proposed that a survey be issued to ascertain the views of the Borough's early years providers. A list of suggested questions was shared with, and subsequently agreed by, the Committee – feedback on responses received would be relayed to the December 2025 meeting.

AGREED that the information provided by NHS North East and North Cumbria Integrated Care Board and local Primary Care Networks be noted, and further information be provided as requested.

CSS/30/25 Chair's Update and Select Committee Work Programme 2025-2026

CHAIR'S UPDATE

Regarding the Committee's ongoing Children affected by Domestic Abuse review, the Chair noted further scrutiny which was currently being undertaken by the People Select Committee on Partnership Working in Early Help. A request had been made for any information which may be relevant for the Community Safety Select Committee's domestic abuse-related review to be relayed accordingly.

WORK PROGRAMME 2025-2026

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 27 November 2025 where the fifth evidence-

gathering session for the ongoing Scrutiny Review of Children affected by Domestic Abuse would be held. Members would also receive a presentation on the new Stockton-on-Tees Borough Council (SBC) Air Quality Strategy 2025-2030 which had recently been adopted by SBC Cabinet.

AGREED that the Chair's Update and Community Safety Select Committee Work Programme 2025-2026 be noted.

Chair: