

**Date:**

Thursday 11 December 2025 at 5.00 pm

**Venue:**

Council Chamber, Dunedin House, Columbia Drive, Thornaby, TS17 6BJ

**Cllr Lisa Evans (Leader of the Council)**

Cllr Pauline Beall, Cllr Clare Besford, Cllr Nigel Cooke, Cllr Richard Eglington, Cllr Paul Rowling and Cllr Norma Stephenson OBE

**Agenda**

1. **Evacuation Procedure** (Pages 7 - 10)
2. **Apologies for Absence**
3. **Declarations of Interest**
4. **Minutes** (Pages 11 - 18)

To approve the minutes of the last meeting held on 13 November 2025.

**Cllr Pauline Beall - Cabinet Member for Health and Adult Care**

5. **Scrutiny Review of Reablement Service - Final Report of Adult Social Care and Health Select Committee** (Pages 19 - 80)

**Cllr Paul Rowling - Cabinet Member for Resources and Transport**

6. **Scrutiny Review of Muslim and Faith Burial Services - Final Report of Place Select Committee** (Pages 81 - 108)
7. **Financial Update and Medium Term Financial Plan (MTFP)** (Pages 109 - 130)
8. **Review of Car Parking Charges** (Pages 131 - 138)
9. **Procurement Plan/Higher Value Contracts** (Pages 139 - 142)
10. **Minutes of Various Bodies** (Pages 143 - 172)

**Cllr Pauline Beall - Cabinet Member for Health and Adult Care**

11. **Care Quality Commission Assurance Report** (Pages 173 - 256)

**Cllr Nigel Cooke - Cabinet Member for Environment, Leisure and Culture**

12. **Tennis Court Management in Stockton on Tees** (Pages 257 - 260)

**Cllr Clare Besford - Cabinet Member for Children and Young People**

13. **Childcare Sufficiency Assessment 2025** (Pages 261 - 290)

**Cllr Richard Eglinton - Cabinet Member for Regeneration and Housing**

14. **Annual Report of the Governing Body for the Learning & Skills Service** (Pages 291 - 294)

**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.

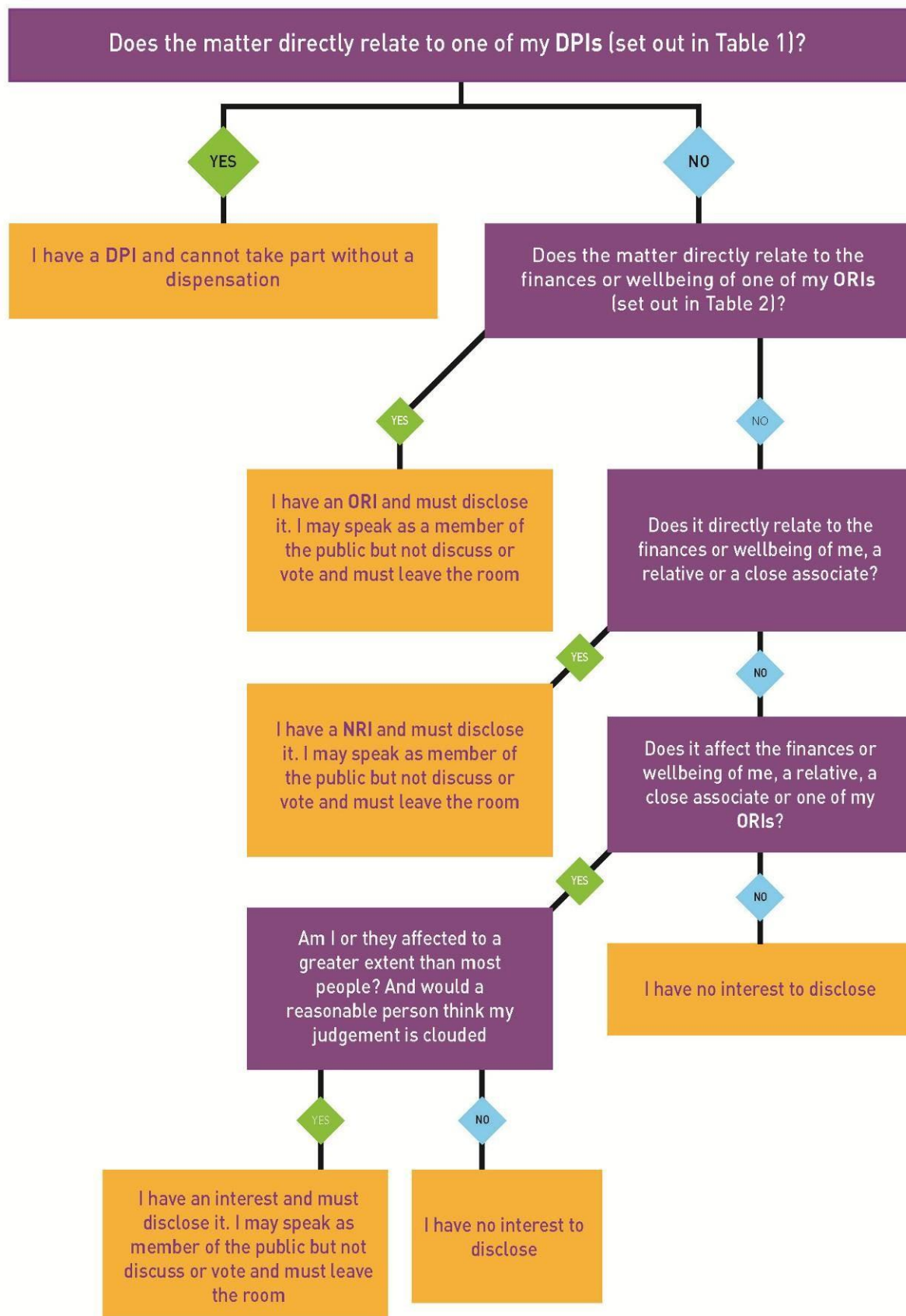
Persons wishing to obtain any further information on this meeting, including the opportunities available for any member of the public to speak at the meeting; or for details of access to the meeting for disabled people, please.

Contact: Democratic Services Officer, Peter Bell on email [peter.bell@stockton.gov.uk](mailto:peter.bell@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 Registrable Interest**

You must register as an Other Registrable Interest:

a) any unpaid directorships

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

c) any body

(i) exercising functions of a public nature

(ii) directed to charitable purposes or

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

## Council Chamber, Dunedin House Evacuation Procedure & Housekeeping

### Entry

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



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

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

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

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

**The allocated assembly point for the Council Chamber is: D2**

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



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

When the Alarm sounds:

1. **stop all activities immediately.** Even if you believe it is a false alarm or practice drill, you MUST follow procedures to evacuate the building fully.
2. **follow directional EXIT signs** to evacuate via the nearest safe exit in a calm and orderly manner.
  - do not stop to collect your belongings
  - close all doors as you leave
3. **steer clear of hazards.** If evacuation becomes difficult via a chosen route because of smoke, flames or a blockage, re-enter the Chamber (if safe to do so). Continue the evacuation via the nearest safe exit route.
4. **proceed to the Evacuation Assembly Point.** Move away from the building. Once you have exited the building, proceed to the main Evacuation Assembly Point immediately - located in the **East Overflow Car Park**.
  - do not assemble directly outside the building or on any main roadway, to ensure access for Emergency Services.

**5. await further instructions.**

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

**Toilets**

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

**Water Cooler**

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

**Microphones**

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

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## Cabinet

A meeting of Cabinet was held on Thursday 13th November 2025.

**Present:** Cllr Lisa Evans (Leader of the Council), Cllr Pauline Beall (Cabinet Member), Cllr Clare Besford (Cabinet Member), Cllr Nigel Cooke (Cabinet Member), Cllr Richard Eglington (Cabinet Member), Cllr Paul Rowling (Cabinet Member) and Cllr Norma Stephenson OBE (Cabinet Member)

**Officers:** Peter Bell, Julie Butcher, Kirsty Grundy, Majella McCarthy, Ged Morton, Jonathan Nertney, Junita Agyapong, Sarah Bowman-Abouna, Tracey Carter, Vanessa Housley, Roisin McKenzie, Carolyn Nice and Lisa Tague.

**Also in attendance:** Cllr Marc Besford, Cllr Mick Moore, Cllr Sylvia Walmsley, Cllr Lynn Hall and Cllr Eileen Johnson.

**Apologies:** None.

### **CAB/59/25 Evacuation Procedure**

The Chair welcomed everyone to the meeting and the evacuation procedure was noted.

### **CAB/60/25 Minutes**

Consideration was given to the minutes of the meeting held on 16 October 2025

RESOLVED that the minutes of the meeting held on 16 October be approved.

### **CAB/61/25 Declarations of Interest**

There were no declaration of interests.

### **CAB/62/25 Council Motion - Livestreaming Meetings**

Consideration was given to a report that provided an update on the implementation of the Council's unanimously supported motion to livestream and record public meetings held in the Council Chamber. The motion reflected a cross-party commitment to openness, accessibility, and public engagement in local democracy.

To ensure effective delivery, it was proposed that Cabinet refer the matter to the Members Advisory Panel (MAP) to develop a comprehensive policy and implementation plan, addressing technical, financial, accessibility, and governance considerations.

At its meeting in September 2025, the Council approved a motion requesting that all public meetings held in the Council Chamber be recorded and, where possible, livestreamed to support openness and transparency. The motion was supported by all political groups. A copy of the motion was contained within the report.

The Dicentis audio-visual system currently supports hybrid meetings. Livestreaming introduces additional requirements, including:

- a) Camera control and speaker tracking;
  - b) Real-time moderation and technical oversight;
  - c) Secure integration with a public-access platform;
  - d) Storage, captioning, and publication processes.
7. Initial assessments suggest manual camera operation and staffing support will be required. A technical solution is being explored with the equipment provider.

To ensure inclusivity and compliance with legal obligations, all videos published by the Council must meet accessibility standards. Adherence to the Web Content Accessibility Guidelines (WCAG) 2.2 Level AA is not optional but a legal and ethical responsibility. Accessible videos empower users with visual, auditory, cognitive, or motor impairments to engage with content meaningfully. The Local Government Association supports the use of digital technologies to enhance democratic engagement and accessibility.

For videos that remain on the site after live streaming, the following criteria must be met: they must include a transcript detailing visuals, spoken dialogue, and contextual sounds; synchronised closed captions must be provided; any media that auto-plays for more than five seconds must offer a way to pause, stop, or hide it; audio that plays automatically for more than three seconds must allow users to stop, pause, mute, or adjust volume; and flashing content must not exceed three flashes per second. For live-streamed videos, the standards are more relaxed, captions should be provided to support accessibility.

RESOLVED that:-

1. The matter be referred to the Members Advisory Panel (MAP) to develop a livestreaming and recording policy, covering:
  - a. Filming arrangements, copyright, retention, and consent;
  - b. Platform options for publication (e.g. Council website, YouTube);
  - c. Accessibility features including captions and transcripts;
  - d. Safeguards such as broadcast delay or editing capability.
2. MAP be requested to, supported by officers, assess financial and staffing implications, including ongoing operational, accessibility, and moderation requirements.
3. MAP be requested to advise on governance measures to ensure recordings are not misconstrued as formal Council decisions, with appropriate disclaimers applied.
4. MAP be requested to bring forward a detailed, costed implementation plan for Cabinet approval, once practical, technical, and financial issues have been resolved.

## **CAB/63/25 Council Motion - Flying the Union Flag**

Consideration was given to a report that outlined proposals for implementing the Council's unanimously agreed motion to fly the Union Flag year-round on all Stockton-on-Tees Borough Council office premises. The motion reflected cross-party support for a consistent and respectful approach to recognising the national flag across the Borough.

It was recommended that Cabinet refer the matter to the Members Advisory Panel (MAP) to provide advice on the practical, financial, and governance arrangements required to update the Council's Flag Flying Policy. This included defining which Council buildings are considered "public-facing," assessing the feasibility and cost of installing additional flagpoles, and ensuring compliance with planning and safety regulations.

At its meeting in September 2024, Council approved a motion requesting that the Union Flag be flown all year round on all Stockton-on-Tees Borough Council office premises. The motion was supported by all political groups. A copy of the motion was detailed within the report.

The Council already had an adopted Flag Flying Policy covering Stockton Town Hall and the Council's headquarters. The policy provided for the Union Flag to be flown continuously at the headquarters and on designated days at the Town Hall, alongside other flags such as the Commonwealth, Armed Forces Week and Pride flags.

A copy of the Council's flag flying policy was attached to the report. This policy related to the flying of flags on the Council's main headquarters building and Stockton Town Hall. The policy provided for the Union Flag to be flown from the headquarters building at all times and for the Union Flag to be flown on the Town Hall with the exception of designated days for other flags as outlined below:

March (second Monday in March) - Commonwealth Day - Commonwealth Flag

23 April - St George's Day - St George's Flag

End of June (fly for one week) (these dates change each year) - Armed Forces Week - Armed Forces Week flag

June – Pride - Rainbow Flag

3 September - Merchant Navy Day - Red Ensign

15 September - Battle of Britain Day - Royal Air Force Flag

The Council owns approximately 270 properties, of which only a proportion would be regarded as public-facing (for example, Dunedin House, libraries and customer contact centres). Further technical work was required to determine which sites were suitable for inclusion within any extended policy.

The flagpole at Dunedin House was commissioned when the Council's headquarters moved there, to ensure that a flag could continue to be flown in accordance with the existing policy. The installation was therefore a continuation of established practice rather than a new initiative.

A list of buildings that could be deemed as public facing was attached to the report, including comments on the feasibility of installing a freestanding or building mounted flagpoles and other considerations.

Members were asked to provide a view on whether any of these public facing Council buildings should be subject to further site investigations with a view to bringing them into the Council's flag flying policy.

Under the advertisement regulations flying flags does not necessarily require advertisement consent provided that certain criteria are met. However, all flags must:

- Be adequately maintained

- Kept in a safe condition
- Have the landowner's permission
- Not obscure or hinder road, rail, waterway or aircraft signs

Flagpoles can be floor, wall or roof mounted and the size of flag flown was determined by the size of the pole. The new flagpole at Dunedin House was floor mounted. As well as material, other considerations include weight, diameter, thickness and wind loading guarantees.

The life span of the flag itself varied depending on the location of the flag pole and weather conditions and periodic replacement of flags also needs to be planned for. The structural wind loading for the flagpole would determine whether more than one flag can be flown at the same time as well as the size of the flag. The flagpole at Dunedin House did not allow for more than one flag to be flown at the same time. Specialist companies offer site surveys and wind calculations.

As an indicator of cost, the most popular size of flagpole in the UK was 6m in height with a 2-yard flag. A glass fibre floor mounted 6m flagpole can retail from £432 to £861. A 2-yard Union Flag retails for around £75. Costs would however vary significantly depending on the specification. Installation costs would be additional.

A decision around the costs in relation to the installation of a flagpole at any new site cannot be confirmed without a site investigation and quotation from a specialist supplier. Site investigations would be required for all buildings to assess the structural integrity of the building if wall or roof mounted options are to be looked at and also the checking of underground utility apparatus for any freestanding options. How the flags are to be raised and lowered would also need to be considered along with any maintenance of the flagpoles. Wall mounted options may require ladder or cherry picker access.

Ground-based flagpoles require suitable foundations and underground service checks, together with structural calculations to verify wind loading, safe access for raising and lowering, and arrangements for inspection and maintenance. Wall- or roof-mounted options may require additional specialist assessment and access equipment.

RESOLVED that:-

1. The matter be referred to the Members Advisory Panel (MAP) to:
  - a) Advise on the effective implementation of the Council motion to fly the Union Flag year-round on all Council office premises;
  - b) Develop proposals for an updated Flag Flying Policy, including:
  - c) Clarification of which Council buildings are considered "public-facing";
  - d) Technical feasibility, planning, and safety considerations for additional flagpoles;
  - e) Financial implications of installation, maintenance, and replacement.
2. MAP be requested to advise Cabinet on a framework for approving future sites or variations, ensuring decisions are informed by appropriate technical and financial assessments.
3. MAP be requested to, supported by officers, report back to Cabinet with a revised and costed draft Flag Flying Policy for formal approval.

4. The current Flag Flying Policy (Appendix A of the report) has been updated to reflect the relocation of the Council's headquarters to Dunedin House and to include the current programme of memorial lighting be noted.

## **CAB/64/25 Anti Racism Charter**

Consideration was given to a report on the Anti-Racism Charter.

Creating a fair, inclusive, and respectful workplace is central to Stockton-on-Tees Borough Council's values and commitment to equality.

The Council was committed to tackling racism in the workplace and promoting a diverse and inclusive workforce. Working in partnership with the Council's Employee Race Equality Network and endorsed by the Colleagues Powering Our Futures Board, an Anti-Racism Charter had been developed and was attached to the report.

The Charter demonstrated the Council's public commitment as an employer to actively challenge racial discrimination and advance equity and inclusion across the organisation. It outlined commitments to address racial disparities in recruitment, promotion, learning and development, disciplinary and grievance procedures, and pay and reward. It also recognised the impact racism can have on mental health and commits to creating a psychologically safe culture of belonging for Black, Asian, mixed-heritage and other ethnically diverse colleagues.

The Charter aligned with the Council's people policies, organisational culture and inclusive values. Signing the Charter reinforced the Council's compliance with the Equality Act 2010 and supported the Public Sector Equality Duty by demonstrating due regard to eliminating discrimination, advancing equality of opportunity and fostering good relations.

It was proposed that Cabinet recommend the Charter to Council for adoption and invite the Mayor, Leader and Chief Executive to sign the Charter on behalf of the Council, together with the Lead of the Employee Race Equality Network and Trade Union representatives signing on behalf of employees.

RECOMMENDED to Council that:-

1. The Anti-Racism Charter be adopted (Appendix A of the report) as a statement of the Council's corporate commitment to equality, diversity and inclusion.
2. The Mayor, Leader of the Council and Chief Executive sign the Anti-Racism Charter on behalf of the Council at the meeting of Council, alongside the Lead of the Employee Race Equality Network and Trade Union representatives signing on behalf of employees.
3. The implementation of the Charter will be overseen through the officer led Colleagues Powering Our Futures Board, with progress reported to Cabinet after twelve months.
4. Ensure that all Members of the Council complete Equality, Diversity and Inclusion (EDI) training at least once every two years, or more frequently if required under the Council's mandatory training policy for Members.

## **CAB/65/25 Procurement Plan/Higher Value Contracts**

Consideration was given to a report that sought approval for the award of three planned higher value contracts where the value exceeded the limit on officer delegated authority and which were either funded within the approved MTFP/ Capital Programme or were subject to a bid for external funding.

The constitution defined a range of decisions that required a specific Cabinet approval, the financial threshold for which was set at a level of £500k or more. Annex 1 of the report listed contracts that exceeded the financial threshold and had not otherwise been delegated to officers.

RESOLVED that:-

1. The contracts listed in Annex 1 of the report be approved.
2. The relevant Director or Assistant Director be given authority to make the specific contract award decision and any subsequent contract variation, annual inflationary uplifts (where allowed in the contract terms and conditions) and extension decision in accordance with the delegations listed in Annex 1 of the report.

## **CAB/66/25 School Performance 2024-25**

Consideration was given to a report that presented a summary of provisional headline performance data for the academic year 2024-25 in all Key Stages for all providers across the Borough.

Primary schools continued to perform well. From September 2024, Ofsted no longer made an 'overall effectiveness' judgement. However, 100% of LA maintained primary schools and 97% of all primary schools had an Ofsted rating of good overall, or in all key judgements. Additionally, although only 3 schools had a current judgement of outstanding, ungraded inspections had identified a further 5 which were likely to be outstanding in all areas.

Outcomes for Stockton-on-Tees pupils in the primary sector were mostly above provisional national average for 2025. The proportion of pupils achieving the higher standards at the end of KS2 has improved in comparison with 2024 and was in line with the provisional national average in every area except writing. Although achievement in phonics was in line with the national average, it was not as strong as it had been in the past. However, there were strong improvement in reading outcomes at the end of KS2 in 2025.

Secondary outcomes were above 2025 north east averages in all areas. These results had been self-reported by the schools and academies themselves.

Post-16 outcomes (A\*-E) continued to perform well. The area where they were not above national averages was in the top scores (A\* and B) which reflected the regional picture.

Stockton-on-Tees continued to see a large number of in-year transfers including families new to England. For example, 50 children joined their school during Y6 from outside the LA and 63 were new during Y1. A significant proportion of pupils who were

new to the LA come from outside the English school system, although many were from neighbouring authorities. There were also a high number of transfer requests deemed 'parental preference' with children moving from one Stockton school to another. The mobility of the school population affects some schools more than others but should be recognised as a key factor when considering school performance.

RESOLVED that:-

1. The standards and achievements across the Stockton-on-Tees Borough be noted.
2. The strong overall performance of Stockton-on-Tees schools at both primary and secondary phases be noted.

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## REPORT TO CABINET

11 DECEMBER 2025

## REPORT OF ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

### CABINET DECISION

Health and Adult Social Care – Lead Cabinet Member – Councillor Pauline Beall

## Scrutiny Review of Reablement Service

### Summary

The attached report presents the outcomes of the Adult Social Care and Health Select Committee's review of Reablement Service.

### Reasons for Recommendation(s) / Decision(s)

This topic was included on the Scrutiny Work Programme for 2024-2025 which, following a pause in April 2025, continued into the 2025-2026 municipal year. The review is now complete, and the recommendations have been endorsed by the Adult Social Care and Health Select Committee for submission to Cabinet.

### Recommendations

The Committee recommend that:

- 1) The NHS North East and North Cumbria Integrated Care Board (NENC ICB):
  - a) provides a summary on the gap analysis of the NHS England good practice guidance for ICBs (commissioners and providers) titled '*Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge*' (2023), along with assurance on how it and its partners will be addressing any identified issues (e.g. a self-assessment by all relevant organisations within the health and care 'system').
  - b) more explicitly outlines the role and importance of reablement services (within the context of the overall health and care 'system') in future iterations of its overarching integrated care strategy.
- 2) North Tees and Hartlepool NHS Foundation Trust (NTHFT) reviews its discharge processes to ensure that eligible individuals who are ready to leave hospital are made fully aware of local reablement provision and are referred to it upon discharge from hospital.

- 3) Principal links / contacts for Stockton-on-Tees Borough Council (SBC), NTHFT and the voluntary, community and social enterprise (VCSE) sector in relation to local reablement provision are identified / confirmed and shared in order to improve communication between key partners.
- 4) SBC and NTHFT establish required person-centred information on an individual when a referral is made into the SBC Reablement Service.
- 5) Regarding the future local reablement offer, SBC:
  - a) provides a summary of any differences in the findings of the Peopletoo review and reablement-related commentary from the Care Quality Commission (CQC) following its late-2024 inspection of SBC adult social care services.
  - b) confirms further planned changes to existing service delivery (structures, workforce) and the funding required to support this, and provides assurance on appropriate training uptake for new and existing staff.
  - c) explores whether any of its existing social care workforce outside the current SBC Reablement Service structure (e.g. Community Support Workers) can be utilised to increase staffing capacity for reablement provision.
- 6) SBC considers cost-effective options (and the communication of these) for individuals leaving the SBC Reablement Service to ensure a smooth transition from this initial support.
- 7) To increase public understanding of the Borough's reablement offer:
  - a) SBC and its partners assure themselves that they are adhering to the Social Care Institute for Excellence (SCIE) '*Supporting client and family engagement with reablement*' (2024) guidance, utilising this resource to effectively raise awareness and promote the Borough's reablement offer.
  - b) SBC undertakes a joint communications campaign (repeated on a periodic basis) with NTHFT and the VCSE sector around local reablement services, making it clear what they involve, how they are accessed (including contact details), and the principal benefits.
- 8) Healthwatch Stockton-on-Tees be asked to consider facilitating a public survey in 2026 to establish the availability of information on the local reablement offer for those who had spent time in hospital and the experiences of those who had received support from the service.

## Detail

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

3. Locally, the Reablement Service provides support for people with poor physical or mental health to help them manage their illness / condition by learning or re-learning the skills necessary for daily living (so that they can remain in the community). The service seeks to ensure that people can maximise their independence when they need it – this can include both ‘step-up’ care (escalation of need for people already supported to live independently) as well as ‘step-down’ (to avoid hospital admission or ensure safe discharges). It also promotes and supports people to be more independent and reduce the need for long-term service provision for as long as possible.
4. The offer is provided free (as mandated by the Care Act 2014) for the person receiving support for up to a maximum of six weeks. A person with ongoing care and support needs following this six weeks will be financially assessed for their ongoing contribution to their care.
5. There are a number of Stockton-on-Tees Borough Council (SBC) *Powering Our Future* (POF) projects that link to this review; ‘Supporting People to Live Independently’ and ‘Early Intervention and Prevention’. The final report produced by the Adult Social Care and Health Select Committee will be submitted to these workstreams for their awareness.
6. The aim for this review was to identify whether the Reablement Service offered by SBC was:
  - maximising independence for people being discharged from hospital and living in the community.
  - reducing the need for ongoing, more intensive support in people’s own homes and reducing the need for admission into 24-hour care.
  - working effectively with NHS provision that supports people on a reablement pathway.
  - using technology as effectively as possible.
7. The Committee took evidence from key personnel from within the SBC Adults, Health and Wellbeing directorate, North East and North Cumbria Integrated Care Board (NENC ICB), North Tees and Hartlepool NHS Foundation Trust (NTHFT), and the voluntary, community and social enterprise (VCSE) sector (via Catalyst). Peopletoo, commissioned by SBC to assist in assessing the impact of current ways of working and analyse the best model for continuing to support people to maximise their independence, provided feedback on its own review of local services. The Committee also issued a survey to SBC Reablement Service staff, and other approaches in relation to this scrutiny topic were considered.

### **Community Impact and Equality and Poverty Impact Assessment**

8. As reflected in the conclusion of the Committee’s final report, continuing national coverage regarding pressures on hospitals, well-established benefits of people being at home, and the anticipated rise in the number of people aged 65 and over (the main demographic for reablement support) are all elements which emphasise the importance of services like reablement. Strengthening the local offer not only directly impacts upon the individuals and their families / carers who need to draw on such services, but has wider benefits for the whole health and care ‘system’.

An Equality and Poverty Impact Assessment (EPIA) in relation to local reablement provision has been completed by the Council (and shared with the Committee) as part of the work being undertaken on this topic through the SBC *Powering Our Future* (POF) initiative.

## **Corporate Parenting Implications**

9. There are no direct implications in the report.

## **Financial Implications**

10. One of the Committee's recommendations calls for the Council to consider cost-effective options (and the communication of these) for individuals leaving the SBC Reablement Service to ensure a smooth transition from this initial support – depending on the options identified, this may have a financial implication for the Council. The Committee's final report also acknowledges that the ambition to widen access (including people with a mental health need, autism or learning disability) will potentially require additional commitment in terms of funding, and indeed staffing, to make the maximum amount of difference to the wider health and care 'system'.

## **Legal Implications**

11. There are no direct implications in the report.

## **Risk Assessment**

12. The review is categorised as low to medium risk. Existing management systems and daily routine activities are sufficient to control and reduce risk.

## **Wards Affected and Consultation with Ward / Councillors**

13. This review is relevant to residents within all Wards across the Borough.

## **Background Papers**

14. None.

**Name of Contact Officer:** Gary Woods

**Post Title:** Senior Scrutiny Officer

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# Scrutiny Review of Reablement Service

Adult Social Care and Health Select Committee  
Final Report

October 2025

Adult Social Care and Health Select Committee  
Stockton-on-Tees Borough Council  
Dunedin House  
Columbia Drive  
Thornaby  
Stockton-on-Tees  
TS17 6BJ

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Councillor Nathan Gale (Vice-Chair)  
Councillor Stefan Barnes  
Councillor Carol Clark  
Councillor John Coulson

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Councillor Jack Miller  
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## Acknowledgements

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- Councillor Pauline Beall (Cabinet Member for Health and Adult Social Care) – Stockton-on-Tees Borough Council (SBC)
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- Matt Wynne (Care Group Director, Healthy Lives) – NTHFT
- Selinda Chouhan – Peopletoo
- Jasmine Tamer – Peopletoo
- Lucy Owens (Chief Executive) – Catalyst
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- SBC Reablement Service staff who responded to the Committee's survey

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# Foreword

We are pleased to present this Scrutiny Review of Reablement Service final report – a service that truly embodies the values of independence, dignity, and compassion which sits at the heart of adult social care. This review highlights not only the remarkable achievements of our dedicated teams but also the strength of collaboration across our health and care system.

Reablement is about more than recovery; it is about restoring confidence, enabling choice, and helping people live the lives they want in the place they call home. The evidence gathered during this review demonstrates the positive impact this service has on individuals and families, with over three-quarters of people regaining independence after support. These outcomes are a testament to the commitment and professionalism of our workforce and partners.

As we look to the future, the opportunities identified in this report – from embracing technology to expanding our reach – give us every reason to be optimistic. We know the challenges ahead are significant, but with innovation, partnership, and a shared determination to put people first, we can continue to transform lives and strengthen our communities.

Thank you to everyone who contributed to this review. Your insights and dedication will help shape a service that not only meets today's needs but anticipates tomorrow's. Together, we are building a system that empowers independence and delivers care with compassion and excellence.



**Cllr Marc Besford**

Chair  
Adult Social Care and Health Select Committee



**Cllr Nathan Gale**

Vice-Chair  
Adult Social Care and Health Select Committee

# Original Brief

## Which of our strategic corporate objectives does this topic address?

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

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

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

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

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

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

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

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

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

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

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

**The Committee will undertake the following key lines of enquiry:**

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

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

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

# 1.0 Executive Summary

- 1.1. This report outlines the findings and recommendations following the Adult Social Care and Health Select Committee's scrutiny review of Reablement Service.
- 1.2. 'Reablement' is a short period of rehabilitation which usually takes place in a person's own home.
- 1.3. National evidence suggests that supporting early and safe discharge from hospital into a reablement-type service delivers better outcomes for individuals when compared to longer periods of hospitalisation or immediate transfer into care at home. It is also cost-effective for health and adult social care services, both reducing pressure on bed-capacity in hospitals and the need for large packages of ongoing community or residential or nursing care. Research has continued to evidence that most people prefer to remain in their own homes and communities.
- 1.4. Locally, the Reablement Service provides support for people with poor physical or mental health to help them manage their illness / condition by learning or re-learning the skills necessary for daily living (so that they can remain in the community). The service seeks to ensure that people can maximise their independence when they need it – this can include both 'step-up' care (escalation of need for people already supported to live independently) as well as 'step-down' (to avoid hospital admission or ensure safe discharges). It also promotes and supports people to be more independent and reduce the need for long-term service provision for as long as possible.
- 1.5. The offer is provided free (as mandated by the Care Act 2014) for the person receiving support for up to a maximum of six weeks. A person with ongoing care and support needs following this six weeks will be financially assessed for their ongoing contribution to their care.
- 1.6. There are a number of Stockton-on-Tees Borough Council (SBC) *Powering Our Future* (POF) projects that link to this review; 'Supporting People to Live Independently' and 'Early Intervention and Prevention'. The final report produced by the Adult Social Care and Health Select Committee will be submitted to these workstreams for their awareness.
- 1.7. The aim for this review was to identify whether the Reablement Service offered by SBC was:
  - a) maximising independence for people being discharged from hospital and living in the community.
  - b) reducing the need for ongoing, more intensive support in people's own homes and reducing the need for admission into 24-hour care.
  - c) working effectively with NHS provision that supports people on a reablement pathway.
  - d) using technology as effectively as possible.
- 1.8. The Committee found that, rooted within legislation (Care Act 2014 s2) which requires Local Authorities to prevent, reduce or delay needs for care and support for all adults (including carers), 'reablement' was one of several short-term offers involving NHS and social care services (alongside home-based, bed-based, and crisis response care) which come under the wider umbrella of 'intermediate care'. The Care Act regulations compel Councils to provide reablement support free-of-charge for a period of up to six weeks (this was for all adults, irrespective of whether they had eligible needs for ongoing care and support).

- 1.9. Reablement involves the provision of assistance within a person's own home. This assessment and support service helps an individual to do tasks (e.g. washing, getting dressed) for themselves rather than relying on others, with support workers operating alongside the person while they regain skills and confidence. The aim was to maximise independence (doing tasks 'with' them, not 'for' them), and the service can be used to support discharge from hospital, prevent re-admission, or enable an individual to remain living at home.
- 1.10. The SBC Reablement Team was expanded in October 2024 as the Council continues its focus on early intervention and prevention as part of its ongoing *Powering Our Future* (POF) initiative. Visits to service-users occur up to four times per day, with Senior Support Workers holding regular weekly reviews with individuals to ensure they were on track to achieve their goals and adjust their support plan accordingly (they were also able to assess and order low level equipment to aid independence).
- 1.11. Other relevant stakeholders include the NHS North East and North Cumbria Integrated Care Board (NENC ICB), which has a key role in overseeing the health and care 'system' to plan, design and deliver intermediate care services (including reablement) following hospital discharge, with the local priority on people gaining and maintaining independence for as long as possible. The North Tees and Hartlepool NHS Foundation Trust (NTHFT) was another key partner within local integrated services, working alongside SBC to provide an Integrated Single Point of Access (ISPA). There was also a well-established Integrated Discharge Team (contributing to the Trust having one of the top performing Emergency Departments in England – a reflection of the strength of pathways in place to get people home), as well as a Community Integrated Assessment Team (CIAT) which worked in collaboration with the SBC Reablement Service.
- 1.12. A significant majority of referrals into the SBC Reablement Service came directly from hospital (with the rest from the community). The service may be accessible if an individual has a temporary illness / accident, a crisis, a change in their (or their carers') circumstance, or to avoid unnecessary admission to hospital. Where a 'need' (not a 'want') had been identified, individuals would be referred following an assessment via a health or social care professional – any subsequent support could be tailored to the individual, and its duration was dependent upon their progress (i.e. this free service could be less than the maximum six-week period). For those not in hospital, it was not clear how the Council or its partners identified individuals who may benefit from the service.
- 1.13. In terms of public awareness and promotion of this type of provision, there were several references over the course of the review to the vagaries around the term 'reablement' itself. The Committee recognise that this is accepted health terminology, but there is clearly a need to fully explain and promote what reablement actually entails so the public have a better understanding of how these services can help them or a loved one. In addition, published NHS survey data suggests local Trusts have work to do in providing clarity around available options following discharge – this was reinforced by customer feedback presented to the Committee, as well as the Reablement Service staff who reported that the people they support were often unaware of local provision. Furthermore, Adult Social Care Outcomes Framework (ASCOF) data showed that the proportion of older people (aged 65 or over) offered reablement services following discharge from hospital (measure 2D2) was consistently lower in the Borough compared to regional and national scores for every year since 2019-2020 – this is perhaps surprising given NTHFTs stated recognition that the Borough's reablement provision played a key role in the ongoing strong local performance around hospital discharge, much of which reflected the established partnership between NTHFT and SBC.

- 1.14. The Better Care Fund (BCF) was used as a mechanism to bring NHS services and Local Authorities together to tackle strains faced across the health and social care system, and to drive better outcomes for people. Reablement services were one of the Stockton-on-Tees BCF schemes to meet one of the two BCF core objectives, namely 'to enable people to stay well, safe and independent at home for longer'. The existing local offer was fully funded via the BCF, with the budget for 2024-2025 (£1.2m) increasing by around 20% (principally due to anticipated changes with the previous Discharge to Assess (D2A) arrangements) compared to the allocated funds for 2023-2024 – the vast majority of these financial resources covering staff salaries. Future funding levels (still to be clarified) will need to reflect the desired ambition to support a greater number of people leaving hospital or to prevent them from having to be admitted in the first place.
- 1.15. 591 individuals were supported by the SBC Reablement Team between April 2023 and March 2024 (with no waiting list as of January 2025). The recent expansion of the local offer, with SBCs move to bring this fully in-house from autumn 2024 endorsed by the NENC ICB, meant that existing structures were deemed sufficient to deal with the Council's projections on the numbers requiring support (though issues would inevitably follow should these projections be exceeded, as would staff absences as a result of sickness / COVID). However, the expected 20%+ increase of those aged over 65 in the next 10 years will inevitably challenge the status quo.
- 1.16. Regarding impact and effectiveness, the Committee heard that just over 75% of the 591 people supported during 2023-2024 were independent on leaving the service. Local reablement performance had been consistently better than the regional and national averages over the past four years, with the 2023-2024 data ranking Stockton-on-Tees eighth in the country (top in the region) – this was reinforced by the numerous positive comments from service-users about their own experiences. In addition, the service had been shortlisted for the regional (North East and Scotland) Great British Care Awards in the categories of 'Team Award', 'Newcomer to Care', 'Co-ordinator', and 'Care Manager', and the CQCs last inspection in mid-2021 rated the service 'Good' overall (though this was now quite dated).
- 1.17. An understanding around the types of technology used as part of current reablement provision was not established, though the reported focus on increasing its use (e.g. pilot assessment of activity monitoring technology, implementation of OPTICA, etc.) demonstrates a recognition of the potential benefits and the continuing evolution of the existing offer. Examples of technology-related opportunities were highlighted to the Committee which should be further explored by SBC and its partners alongside the front-door proposals being considered by the Council in March 2025.
- 1.18. The Committee was informed that there were no specific reablement services currently being delivered by VCSE organisations, nor was there a large quantity of reablement-related activity happening across the Borough within this sector – this suggests there is an opportunity for greater utilisation of the VCSE sector in local reablement provision. The former Five Lamps 'Home from Hospital' service (which ended in March 2024) was a relevant offer in relation to this scrutiny topic, with Catalyst relaying the opinion from some that its cessation had meant there was now a gap within the community for such provision. SBC has made the decision to expand its own reablement offer, but to meet projected future need, a role for the VCSE sector seems prudent and potentially necessary.
- 1.19. Information was received in relation to customer feedback and there appeared broad satisfaction with the level of service. As previously highlighted, an issue was frequently raised around a lack of awareness of the local offer and the lack of information provided about it within the hospital setting.

- 1.20. Views of SBC Reablement Service staff about existing provision were sought as part of the Committee's review. There was high praise for the current arrangements, working in conjunction with other professionals (physio, therapy team), communication (in-house and with clients / families), and support from management and office staff. In terms of improvements, suggestions included better provision of information about the service (within, and upon discharge from, hospital), more detailed information about an individual when a referral is received, the retention of input from physios / therapy team, ensuring continuity of care (as far as possible), and improved out-of-hours provision / staffing. It was also highlighted that individuals were sometimes willing to pay so they could continue to receive support beyond the six-week limit.
- 1.21. Reflecting upon the timing of this review, the Committee notes the challenges that have arisen when trying to examine a service which is rapidly evolving, with decisions on its future direction being made throughout the Committee's evidence-gathering phase. The Council's use of an external consultant (Peopletoo) to also review local provision during this time has identified a host of additional findings and potential options for future delivery. The Executive Summary of the report detailing the work undertaken by Peopletoo highlights the intention to improve performance monitoring as part of a phased enhancement of reablement and preventative services – the Committee welcomes this, particularly in light of the ongoing delays around SBC performance information being made available to the scrutiny function. Reference is also made on the Peopletoo website (see <https://peopletoo.co.uk/case-studies/adult-social-care/enhancing-independence-through-reablement-and-enablement/>) to significant financial benefits as a result of their work / proposals – the Committee look forward to seeing the extent to which this claim is borne out.
- 1.22. Continuing national coverage regarding pressures on hospitals, well-established benefits of people being at home, and the anticipated rise in the number of people aged 65 and over (the main demographic for reablement support) are all elements which emphasise the importance of services like reablement. Managing the flow of those leaving hospitals can be challenging enough given resource limitations, and widening this type of support to help avoid admittance to hospital in the first place will inevitably provide a further stress on the existing service. Whilst the true value of social care is clearly reflected in provision such as reablement, the ambition to widen access (potentially to a 24/7 model and including those with a mental health need, autism or learning disability) will require a significant commitment in terms of funding, and indeed staffing, to make the maximum amount of difference to the wider system and, even more importantly, the individuals and their families / carers whose lives are clearly enhanced by drawing on such services.

## **Recommendations**

The Committee recommend that:

- 1) **The NHS North East and North Cumbria Integrated Care Board (NENC ICB):**
  - a) provides a summary on the gap analysis of the NHS England good practice guidance for ICBs (commissioners and providers) titled '*Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge*' (2023), along with assurance on how it and its partners will be addressing any identified issues (e.g. a self-assessment by all relevant organisations within the health and care 'system').
  - b) more explicitly outlines the role and importance of reablement services (within the context of the overall health and care 'system') in future iterations of its overarching integrated care strategy.

(continued overleaf...)

### **Recommendations (continued)**

The Committee recommend that:

- 2) **North Tees and Hartlepool NHS Foundation Trust (NTHFT) reviews its discharge processes to ensure that eligible individuals who are ready to leave hospital are made fully aware of local reablement provision and are referred to it upon discharge from hospital.**
- 3) **Principal links / contacts for Stockton-on-Tees Borough Council (SBC), NTHFT and the voluntary, community and social enterprise (VCSE) sector in relation to local reablement provision are identified / confirmed and shared in order to improve communication between key partners.**
- 4) **SBC and NTHFT establish required person-centred information on an individual when a referral is made into the SBC Reablement Service.**
- 5) **Regarding the future local reablement offer, SBC:**
  - a) **provides a summary of any differences in the findings of the Peopletoo review and reablement-related commentary from the Care Quality Commission (CQC) following its late-2024 inspection of SBC adult social care services.**
  - b) **confirms further planned changes to existing service delivery (structures, workforce) and the funding required to support this, and provides assurance on appropriate training uptake for new and existing staff.**
  - c) **explores whether any of its existing social care workforce outside the current SBC Reablement Service structure (e.g. Community Support Workers) can be utilised to increase staffing capacity for reablement provision.**
- 6) **SBC considers cost-effective options (and the communication of these) for individuals leaving the SBC Reablement Service to ensure a smooth transition from this initial support.**
- 7) **To increase public understanding of the Borough's reablement offer:**
  - a) **SBC and its partners assure themselves that they are adhering to the Social Care Institute for Excellence (SCIE) '*Supporting client and family engagement with reablement*' (2024) guidance, utilising this resource to effectively raise awareness and promote the Borough's reablement offer.**
  - b) **SBC undertakes a joint communications campaign (repeated on a periodic basis) with NTHFT and the VCSE sector around local reablement services, making it clear what they involve, how they are accessed (including contact details), and the principal benefits.**
- 8) **Healthwatch Stockton-on-Tees be asked to consider facilitating a public survey in 2026 to establish the availability of information on the local reablement offer for those who had spent time in hospital and the experiences of those who had received support from the service.**

## 2.0 Introduction

- 2.1. This report outlines the findings and recommendations following the Adult Social Care and Health Select Committee's scrutiny review of Reablement Service.
- 2.2. The aim for this review was to identify whether the Reablement Service offered by Stockton-on-Tees Borough Council (SBC) was:
- a) maximising independence for people being discharged from hospital and living in the community.
  - b) reducing the need for ongoing, more intensive support in people's own homes and reducing the need for admission into 24-hour care.
  - c) working effectively with NHS provision that supports people on a reablement pathway.
  - d) using technology as effectively as possible.
- 2.3. The Committee identified the following key lines of enquiry:
- Which organisations are involved in the planning and delivery of the existing local Reablement Service and what role do they play?
  - How much does the service cost the Council and its partners, and how is it funded? Is current funding sufficient for future projected provision?
  - What is the previous / current / anticipated capacity and subsequent demand for use of the service?
  - How is the service promoted and how do people access it / how are they identified as potentially benefitting from it?
  - How does the Council and the NHS monitor the impact and effectiveness of the service?
  - What technology is used within current service provision? What options are there to incorporate technology in future service provision?
  - Is there an opportunity to involve the VCSE more in the reablement pathway.
  - Feedback from service-users and their families / carers – how easy was it to access; did the service help an individual's independence; was Council and NHS provision provided in a seamless way?
- 2.4. The Committee took evidence from key personnel from within the SBC Adults, Health and Wellbeing directorate, North East and North Cumbria Integrated Care Board (NENC ICB), North Tees and Hartlepool NHS Foundation Trust (NTHFT), and the voluntary, community and social enterprise (VCSE) sector (via Catalyst). Peopletoo, commissioned by SBC to assist in assessing the impact of current ways of working and analyse the best model for continuing to support people to maximise their independence, provided feedback on its own review of local services. The Committee also issued a survey to SBC Reablement Service staff, and other approaches in relation to this scrutiny topic were considered.

## 3.0 Background

- 3.1 'Reablement' is a short period of rehabilitation which usually takes place in a person's own home.
- 3.2 National evidence suggests that supporting early and safe discharge from hospital into a reablement-type service delivers better outcomes for individuals when compared to longer periods of hospitalisation or immediate transfer into care at home. It is also cost-effective for health and adult social care services, both reducing pressure on bed-capacity in hospitals and the need for large packages of ongoing community or residential or nursing care. Research has continued to evidence that most people prefer to remain in their own homes and communities.
- 3.3 A wealth of information is available in relation to reablement provision. Examples include:

### National Institute for Health and Care Excellence (NICE)

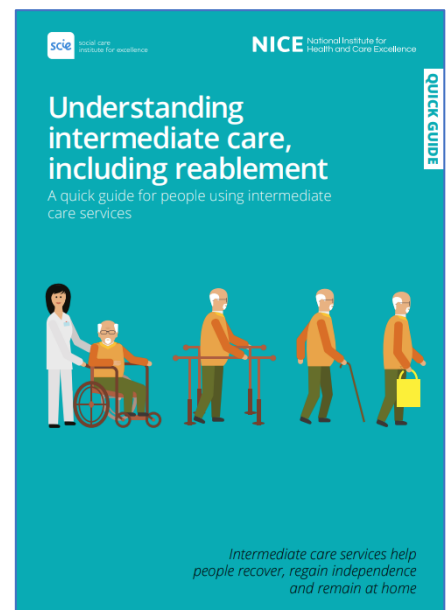
- Understanding intermediate care, including reablement  
<https://www.nice.org.uk/Media/Default/About/NICE-Communities/Social-care/quick-guides/understanding-intermediate-care-quick-guide.pdf>

### National Health Service (NHS)

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

### Social Care Institute for Excellence (SCIE)

- Role and principles of reablement (Feb 20)  
<https://www.scie.org.uk/integrated-care/intermediate-care-reablement/role-and-principles-of-reablement/>
- Reablement: a guide for carers and family (Sep 20)  
<https://www.scie.org.uk/integrated-care/intermediate-care-reablement/reablement-guide/>



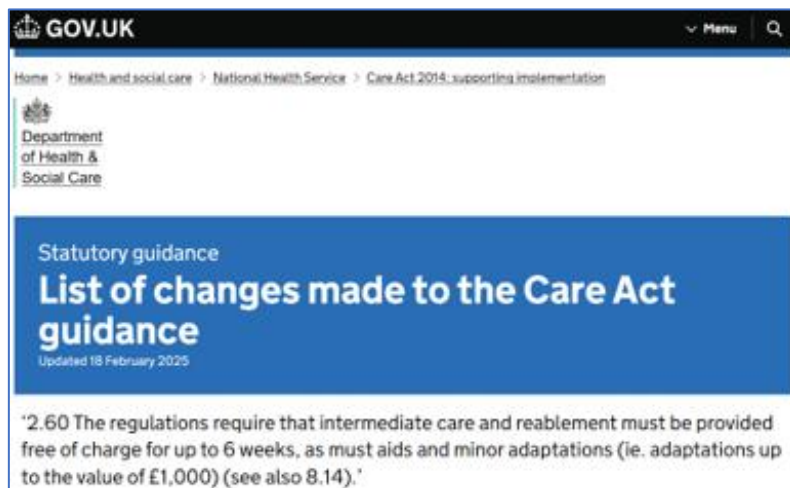
- 3.4 Locally, the Reablement Service provides support for people with poor physical or mental health to help them manage their illness / condition by learning or re-learning the skills necessary for daily living (so that they can remain in the community). The service seeks to ensure that people can maximise their independence when they need it – this can include both 'step-up' care (escalation of need for people already supported to live independently) as well as 'step-down' (to avoid hospital admission or ensure safe discharges). It also promotes and supports people to be more independent and reduce the need for long-term service provision for as long as possible.
- 3.5 The offer is provided free (as mandated by the Care Act 2014) for the person receiving support for up to a maximum of six weeks. A person with ongoing care and support needs following this six weeks will be financially assessed for their ongoing contribution to their care.
- 3.6 There are a number of Stockton-on-Tees Borough Council (SBC) *Powering Our Future* (POF) projects that link to this review; 'Supporting People to Live Independently' and 'Early Intervention and Prevention'. The final report produced by the Adult Social Care and Health Select Committee will be submitted to these workstreams for their awareness.

## 4.0 Findings

### Legislative Requirements & National Policy Drivers

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

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



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

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

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

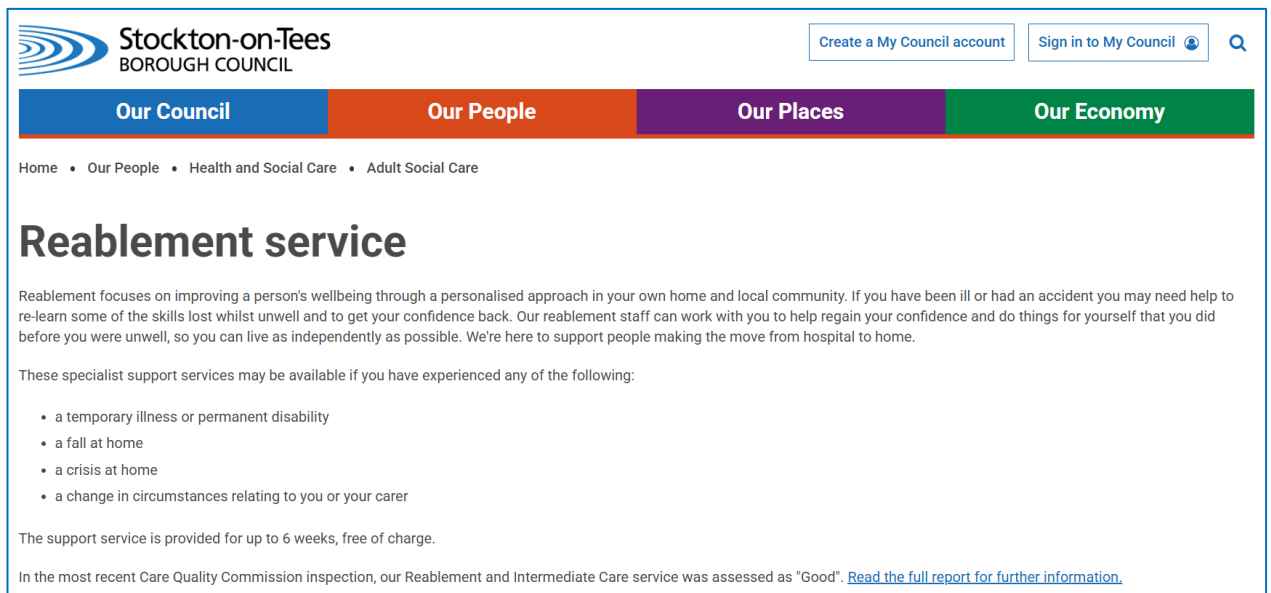
Reablement services were one of the Stockton-on-Tees BCF schemes to meet this first objective, a metric of which was '*the proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services*' (see paragraph 4.46).

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

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

### Stockton-on-Tees Borough Council (SBC)

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



The screenshot shows the Stockton-on-Tees Borough Council website. The header includes the council logo, navigation links for 'Our Council', 'Our People', 'Our Places', and 'Our Economy', and user options to 'Create a My Council account' or 'Sign in to My Council'. The breadcrumb trail reads: Home • Our People • Health and Social Care • Adult Social Care. The main heading is 'Reablement service'. The text describes the service as focusing on improving a person's wellbeing through a personalised approach in their own home and local community, helping them regain confidence and skills. It lists criteria for eligibility: a temporary illness or permanent disability, a fall at home, a crisis at home, or a change in circumstances relating to the user or their carer. It also states that the support service is provided for up to 6 weeks, free of charge. At the bottom, it mentions a recent Care Quality Commission inspection rating of 'Good' and provides a link to read the full report.

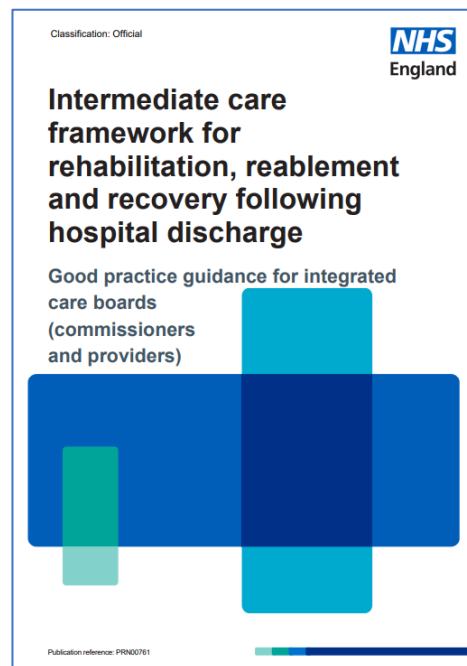
- 4.8. In terms of delivery, the SBC Reablement Service consisted of a Manager, a Deputy Manager, four Co-ordinators, an Assistant Co-ordinator, three Senior Support Workers, and 37 Support Workers (courtesy of an expansion in October 2024) who were all dedicated and worked alongside individuals to promote independence. The workforce had a mix of experience, and the service benefitted from good staff retention, with those in post for a number of years able and willing to share their knowledge and expertise with newer recruits.
- 4.9. With a focus on making every contact count, visits to service-users occurred up to four times per day, with Senior Support Workers holding regular weekly reviews with individuals to ensure they were on track to achieve their goals and adjust their support plan accordingly (they were also able to assess and order low-level equipment to aid independence). Discharge plans and end dates were agreed with individuals, and throughout the duration of their assistance, staff could signpost to other services such as welfare rights, community groups and befriending initiatives so an individual had a support network to help them remain at home and not feel isolated when leaving the reablement offer. Help was also provided with applications for entitled benefits.
- 4.10. The Committee asked if the service had any dealings with the North Tees and Hartlepool NHS Foundation Trust (NTHFT) Frailty Ward and, if it did, whether the relationship was working well. SBC officers stated that referrals were received from the Frailty Ward and that the service worked alongside colleagues within that particular NHS function which carried out more healthcare-

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

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

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

- 4.12. The NHS England good practice guidance for Integrated Care Boards (ICBs) (commissioners and providers) titled *'Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge'* (<https://www.england.nhs.uk/wp-content/uploads/2023/09/PRN00761-intermediate-care-framework-rehabilitation-reablement-recovery-following-hospital-discharge.pdf>) was highlighted to the Committee in November 2024 which included recommended actions for up to March 2025 (see pages 31-33). This document outlined what ICBs needed to do jointly as a health and care system to plan, design and deliver services, with considerations around demand, capacity and expectations.
- 4.13. The 'community rehabilitation and reablement model' (see **Appendix 1**) demonstrated an individual's journey from admission to an acute inpatient / virtual ward, admission for rehabilitation in the community, delivery of rehabilitation interventions and, where required, transition for long-term / ongoing needs. Further NHS England good practice guidance for ICBs in relation to this model (published in 2024) was available at <https://www.england.nhs.uk/wp-content/uploads/2023/09/A-community-rehabilitation-model-September-2024.pdf>.
- 4.14. The Committee sought clarity on priority area 4 (improve data quality and prepare for a national standard – see graphic overleaf) of the NHS England good practice guidance for ICBs. In response, Members heard that the development of a standardised dataset would aid the identification and evaluation of the best ways in which individuals can achieve independence. The intermediate care offer could vary across different locations, though the local priority was very much on people gaining and maintaining independence for as long as possible.
- 4.15. Referencing the recent expansion of the Borough's reablement offer, the Committee questioned whether the ICB supported this development. Assurance was subsequently given that the ICB supported SBCs proposal to bring the service in-house.
- 4.16. Returning to the NHS England good practice guidance, the Committee asked how the NENC ICB was addressing the recommended actions (up to March 2025) stated within this document. Members heard that a gap analysis had been undertaken against the intermediate care framework as part of the SBC *Powering Our Future* work, and that monitoring of developments relating to intermediate care services was conducted at the ICB place sub-committee, with the local Health and Wellbeing Board having oversight as part of BCF-related updates (the regional Integrated Care Partnership (ICP) also existed to check and challenge the status quo).



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

<p><b>Priority area 1: Improve demand and capacity planning</b></p> <ul style="list-style-type: none"> <li>Gathering data to plan and commission services</li> <li>Increasing productivity</li> <li>Agreeing actions and determining system impact</li> </ul>	<p><b>Priority area 2: Improve workforce utilisation through a new community rehabilitation and reablement model</b></p> <ul style="list-style-type: none"> <li>Implementing the new model through workforce approaches</li> <li>Changing behaviours and culture</li> </ul>	<p><b>Progress against priority areas...</b></p> <ol style="list-style-type: none"> <li>1) Part of BCF planning</li> <li>2) The shift in the reablement services in-house by SBC was an example of this</li> <li>3) Linked to discharge processes – ongoing</li> <li>4) Implementation of OPTICA (see paragraph 4.76) and other digital solutions</li> </ol>
<p><b>Priority area 3: Implement effective care transfer hubs</b></p> <ul style="list-style-type: none"> <li>What is a care transfer hub's role in intermediate care?</li> <li>Developing care transfer hub capability</li> <li>Priority actions for systems</li> <li>Medium-term actions for systems</li> </ul>	<p><b>Priority area 4: Improve data quality and prepare for a national standard</b></p> <ul style="list-style-type: none"> <li>Preparing for a national standard</li> <li>Embedding real-time data into day-to-day operational working</li> <li>Evaluation and ongoing monitoring of the impact of interventions</li> <li>Developing the data</li> </ul>	

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

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

### North Tees and Hartlepool NHS Foundation Trust (NTHFT)

- 4.18. With a focus on '[Home First](#)' principles, NTHFTs priority was to get patients home from hospital as soon as it was clinically safe to do so. Avoiding hospital admittance in the first place was also central to its thinking. To facilitate this approach, NTHFT was a key partner within local integrated services, working alongside SBC to provide an Integrated Single Point of Access (ISPA). There was also a well-established Integrated Discharge Team (contributing to the Trust having one of the top performing Emergency Departments in England – a reflection of the strength of pathways in place to get people home), as well as a Community Integrated Assessment Team (CIAT) which worked in collaboration with the SBC Reablement Service (30 clients on average per month, involving 80 contacts).
- 4.19. A change in delivery of local reablement provision from autumn 2024 had seen SBC bring the offer in-house. From a NTHFT perspective, late-2024 operational challenges had led to patients staying in hospital longer, though the Trust had worked with SBC for additional support to get individuals home for Christmas.

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

- 4.20. There were no specific reablement services currently being delivered by VCSE organisations, nor was there a large quantity of reablement-related activity happening across the Borough within this sector. When asked, Catalyst recommended services such as Age UK, Mind, and Heart Support (exercise classes), and also had a good relationship with those leading the NTHFT 'Home But Not Alone' initiative (a volunteer service offering time-limited support following discharge from hospital).
- 4.21. The former Five Lamps 'Home from Hospital' service was another relevant offer in relation to this scrutiny topic, though this ended in March 2024. This initiative previously supported people in their own homes following a discharge from hospital and provided financial savings to the NHS due to lower re-admissions. Trusted relationships were built as a result of the same staff member visiting a particular individual, and the service was believed to be the only one which assisted in facilitating access to group activities. A significant amount of positive feedback was received about this offer, with a sense that its cessation had meant there was now a gap within the community for such provision.

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

### Promotion & Accessibility

#### Stockton-on-Tees Borough Council (SBC)

- 4.22. The service may be accessible if an individual had a temporary illness / accident, a crisis, a change in their (or their carers') circumstance, or to avoid unnecessary admission to hospital. Where a 'need' (not a 'want') had been identified, individuals would be referred following an assessment via a health or social care professional. Any subsequent support could be tailored to the individual, and its duration was dependent upon their progress (i.e. this free service could be less than the maximum six-week period).
- 4.23. In February 2025, the Committee was informed of the recent production of a new leaflet which gave details of the Reablement Service (see **Appendix 2**). The Committee expressed some concern on the layout / content, emphasising the need for the maximum period of support (six weeks) to be made clearer.



#### North Tees and Hartlepool NHS Foundation Trust (NTHFT)

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

### NTHFT Case Study: Support in the Community

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



- 4.25. In response to a Committee question on the numbers being cared for as part of the 'hospital at home' (Virtual Frailty Ward) initiative, NTHFT confirmed that it currently provided 110 beds across a range of pathways, 30 of which were offered for frailty (as of today, these were all full). In related matters, it was stated that any required assessments of an individual potentially in need of care should be done as early in the day as possible so requirements could be put in place on the same day.
- 4.26. The Committee queried if there were any established links between reablement provision and end-of-life care. NTHFT noted its work with both Butterwick Hospice (Stockton-on-Tees) and Alice House (Hartlepool) and that individuals can be admitted into these settings from the community.
- 4.27. In addition to the information provided by NTHFT, the Committee was made aware of recently published NHS surveys which included feedback on the experiences of patients leaving NTHFT hospital facilities:
- [Adult inpatient survey 2023 \(published in August 2024\)](https://www.cqc.org.uk/provider/RVW/surveys/52)  
<https://www.cqc.org.uk/provider/RVW/surveys/52>

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

(continued overleaf...)

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

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

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

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

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

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

Leaving the urgent treatment centre		Patient Response 1	Compared with other trusts 1
		7.9 / 10	About the same
<b>Contact information</b> being told who to contact if they were worried about their condition or treatment after they left the urgent treatment centre		8.3 / 10	About the same
<b>Health and social care services</b> staff discussing if any further health or social care services were needed after leaving the urgent treatment centre		7.4 / 10	About the same

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

- 4.28. Regarding knowledge of this type of provision, Catalyst highlighted those who may be unaware / uncertain about what the term 'reablement' was / meant, as well as the general lack of awareness / information-sharing on the services available (or, indeed, what was no longer on offer).
- 4.29. Agreeing that the term 'reablement' was not helpful in providing clarity of purpose, the Committee asked if information on VCSE services was available within public places (e.g. GP surgeries, libraries, etc.). Catalyst confirmed that there was some literature / publicity out in the community and also noted previous discussions on directing everything through the Stockton Information Directory (SID) – however, gaps existed, and there was work to do on the public's ability to find relevant information in an efficient way.
- 4.30. The Committee drew attention to the issue of leaflets becoming dated and not being replaced, as well as the fact that people requiring reablement-related services were more likely to be elderly and may not be as digitally literate. SBC officers acknowledged the need to be more creative in targeting the promotion of existing offers (something which was being addressed by the SBC *Powering Our Future* 'Communities' workstream). Catalyst also noted previous reluctance for some settings (including libraries) to put up posters due to perceived 'clutter'.

## Service Costs

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

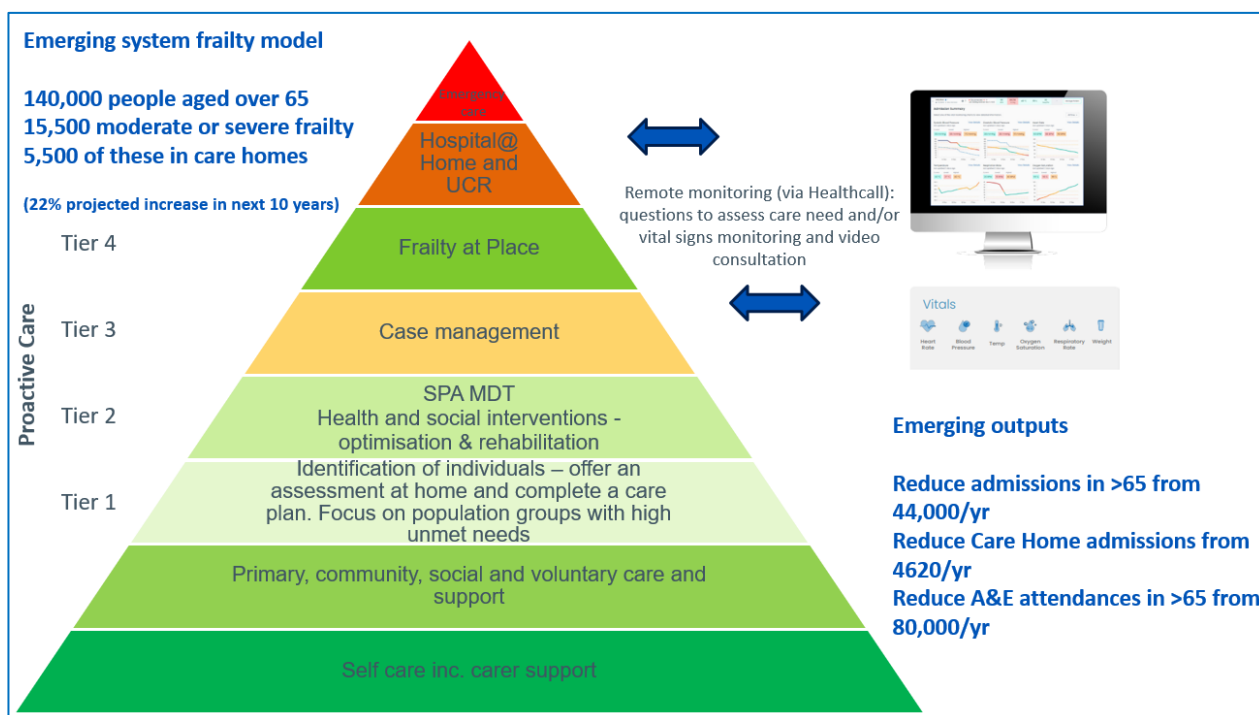
	2023-2024	2024-2025*
<b>Budget</b>	£1,016,157.00	£1,206,626.00
<b>Expenditure</b>	£954,537.43	£836,665.31
<b>Variance</b>	- £61,619.57	

(\* up to 31 December 2024)

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

## Capacity & Demand

- 4.33. North Tees and Hartlepool NHS Foundation Trust (NTHFT) highlighted that, whilst there was estimated to be around 140,000 people aged over 65 within the Tees Valley footprint (15,500 of which had moderate or severe frailty and 5,500 of whom were residing in care homes), these numbers were expected to increase by over 20% in the next 10 years.
- 4.34. In order to meet this rising demand, NTHFT was developing a system frailty model (see graphic below) which involved interventions ranging from emergency care within the hospital environment to self-care (including carer support). Its aim was to help reduce hospital admissions and Accident and Emergency (A&E) attendance for those over 65 years-old, as well as reduce care home admissions. The final model still needed to be approved by the Trust's governance structure.



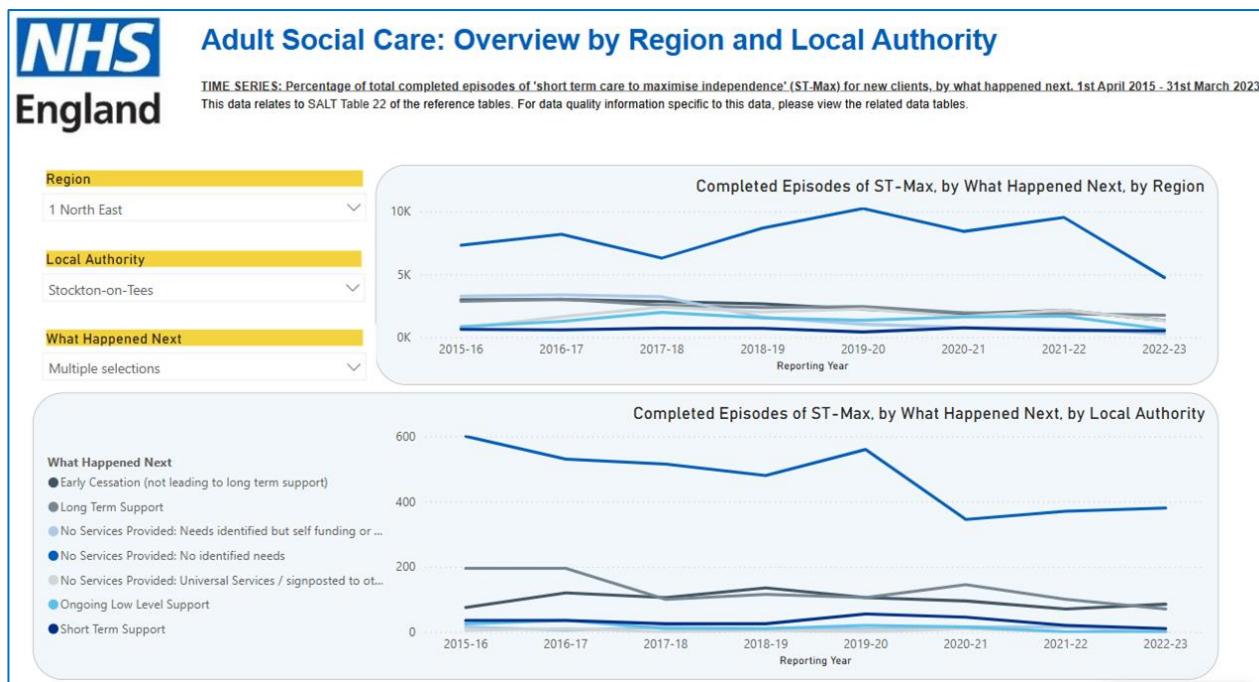
- 4.35. From a Stockton-on-Tees Borough Council (SBC) perspective, officers assured the Committee in September 2024 that existing reablement structures were sufficient to deal with the Council's projections on the numbers requiring support, but issues would inevitably follow should these projections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

## Impact & Effectiveness

### Stockton-on-Tees Borough Council (SBC)

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





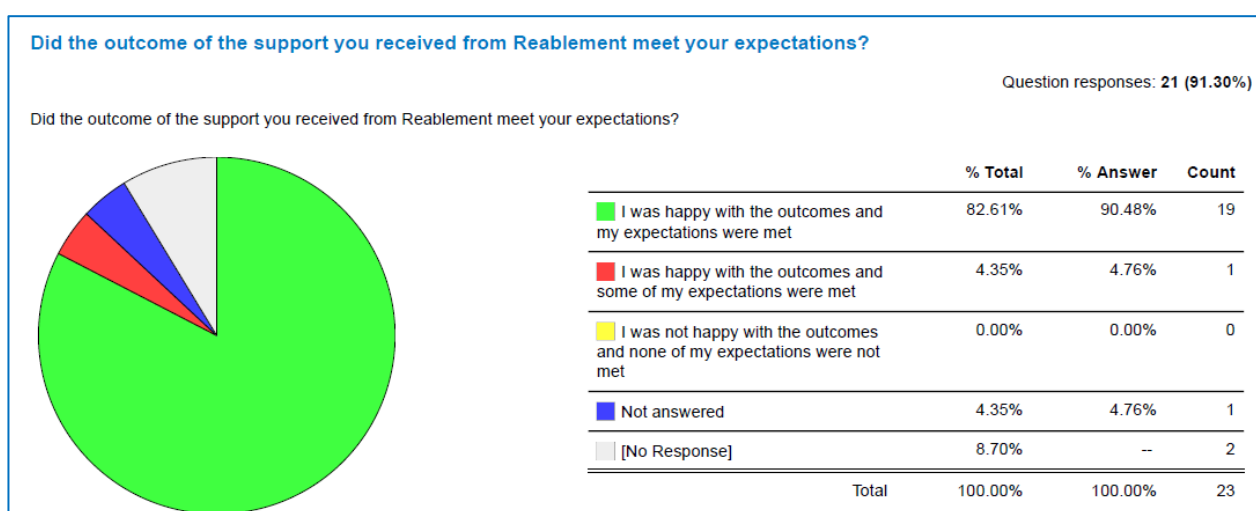
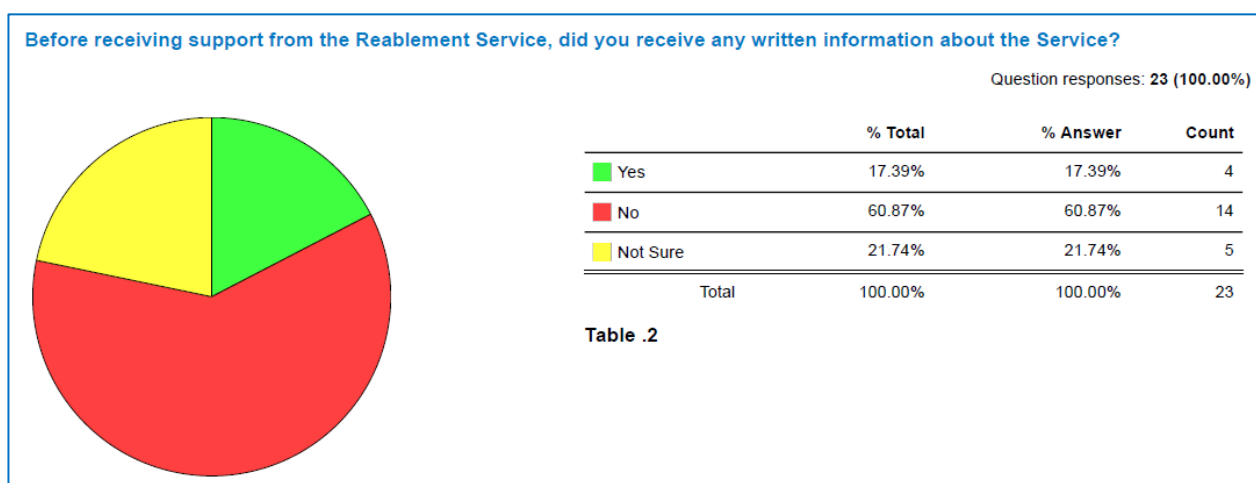
4.40. **Customer Feedback:** The SBC Adults, Health and Wellbeing directorate was asked to collate views from service-users / families / carers and provide this for the Committee. The following was presented in February 2025:

- **How, When and Who?:** Reablement had a standard survey that included several set questions and free text boxes to solicit feedback on the service they had received. Guided by the Care Quality Commission (CQC) Assurance Framework, SBC Adult Social Care had updated the questionnaire for 2024-2025 (only two questions from 2023-2024 remained the same). Surveys were issued to all people who had accessed support (from the Reablement Service team and the provision at Rosedale) once the intervention was complete.
- **Q3 23/24 & 24/25 Comparator:** Noting that around 80-90% of referrals came directly from hospitals (with the rest from the community), data indicated that there had been a large increase in the number of people who had not received (or could not remember receiving) any written information about the SBC Reablement Service before they accessed this support when comparing the same Q3 period from 2023-2024 to 2024-2025. There had, however, been a bigger rise in the number of people who felt 'very or quite satisfied' with the level of support they received from reablement staff between the same period.
- **Q3 2024/25 Performance:** The majority of survey respondents felt they had been 'very much' involved in, and had had enough chance to influence, the way in which their care was organised (a small minority had answered 'not at all / cannot remember'). Almost all felt the support they received had contributed to making them feel safe, were 'happy' that the outcome of the support they received had met their expectations, and that their overall wellbeing had 'improved a lot' because of the support they had received.
- **Commendations and comments:** In Q3 (2024-2025), reablement had received 56 compliments from people accessing the service. There were no known formal complaints being considered at present.

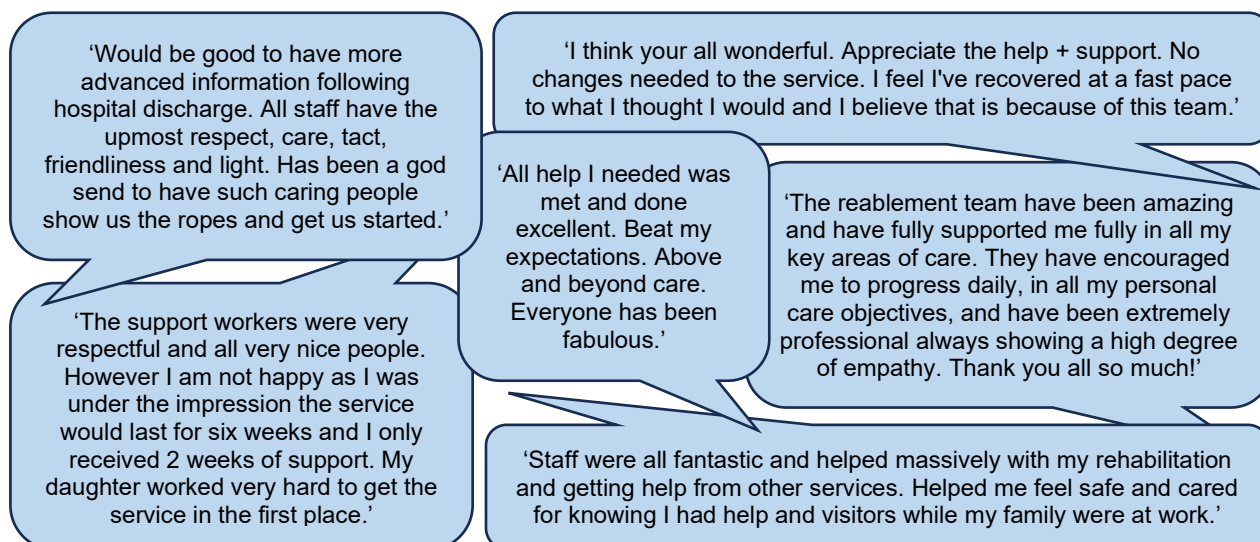
4.41. The Committee highlighted the apparent lack of awareness of the local reablement offer (a theme emerging during the course of this review) and emphasised the need for a more understandable term which gave clarity over what this type of service sought to achieve. SBC officers noted that

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

- 4.42. With reference to the provision at Rosedale, the Committee drew attention to the worries of those leaving that setting about going into a care home. There was a need to reassure the public on what support was available within their own home – partnership-working was key in this regard.
- 4.43. The Committee was informed that the service also received a monthly report (via the SBC 'MyViews' platform) which provided feedback on a host of questions covering matters such as origin of referral, awareness of service, and impact of the support received. Responses to the December 2024 survey included the following:



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



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

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

- *What are those individuals who you are supporting telling you about the service (e.g. accessing the service / impact of support received / thoughts on leaving the service)?*
  - Grateful for the service – making a real difference to their lives
  - Lack of awareness of service
  - Many want to continue beyond the six-week period and offer to pay to allow this to happen
  - Sad / anxious when leaving the service

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

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

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

- 4.46. The Committee asked the NENC ICB if there was any flexibility in the duration of the existing six-week reablement offer and to what extent the 91-day metric (see paragraph 4.4) was being met locally. The NENC ICB representative confirmed that the reablement service was available up to a maximum of six weeks but that, in some cases, an individual required support for a lesser amount of time. As far as the national metric was concerned, around 86% of people were still at home 91 days after discharge from hospital into local reablement or rehabilitation services (this placed Stockton-on-Tees as the third best performer in the North East and second only to Middlesbrough within the sub-region).
- 4.47. A query was raised as to whether the NENC ICB received any feedback on the local reablement service from partners or the public – the Committee was informed that it did not as this was delivered through SBC (it was noted that the ICB was not permitted to hold patient-level data). Discussion ensued around the importance of the relationship between services and those accessing them, a crucial link which can ensure any issues were raised and addressed in a timely manner. The Committee fully endorsed engagement with service-users and those with lived experience in terms of shaping the present and future offer.

## North Tees and Hartlepool NHS Foundation Trust (NTHFT)

- 4.48. Regarding the questions put to NTHFT in advance of its submission, Trust representatives added that, in terms of measuring the success of the existing Reablement Service, this was difficult to comment on given NTHFT did not have access to relevant data. However, it was recognised that the Borough's reablement provision played a key role in the ongoing strong local performance around hospital discharge, much of which reflected the established partnership between NTHFT and SBC. It was also noted that the Trust had received no feedback (either positive or negative) from the public about the Reablement Service – any compliments / complaints would likely be submitted to the Council.
- 4.49. The Committee asked about the virtual ward model and how this was operating across the Borough. The SBC Director of Adults, Health and Wellbeing commented that, whilst local performance was just behind the national average, it compared well against other regional areas. In related matters, it was also confirmed that high-level BCF metrics were considered by the Stockton-on-Tees Health and Wellbeing Board on a quarterly basis.

### Other Approaches / Good Practice

- 4.50. Developments involving the reablement offer in **County Durham** were relayed in January 2025 ([https://www.cdcarepartnership.co.uk/application/files/7117/3634/4616/CDCP\\_Partnership\\_News\\_letter\\_Winter\\_25.pdf](https://www.cdcarepartnership.co.uk/application/files/7117/3634/4616/CDCP_Partnership_News_letter_Winter_25.pdf) (see pages 10-11)). This followed an evaluation of the current service by Peopletoo (brought in by SBC to do the same locally – see paragraph 4.56) which had led to the establishment of a new model to be phased in from the start of 2025.

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

The remaining elements are shown on the graphic overleaf:

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

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

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

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

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

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

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

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

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

#### VCSE-related

- **Greater Manchester:** VCSE Home from Hospital Programme  
<https://10gm.org.uk/10gms-work/home-from-hospital/>
- **Rocket Science:** Learning from a review into reablement (Jan 24)  
<https://rocketsciencelab.co.uk/2024/01/review-into-reablement/>

#### Scrutiny-related

- **Islington Council:** Scrutiny Review of Adult Social Care Transformation (Jan 23)  
<https://democracy.islington.gov.uk/mgAi.aspx?ID=31147>
- **Leicester City Council:** An Overview of the Reablement Service (Mar 24)  
<https://cabinet.leicester.gov.uk/documents/s152094/Reablement%20Service%20Report%2007-03-24.pdf>
- **Brent Council:** Reablement Service Update (Apr 24)  
<https://democracy.brent.gov.uk/documents/s141232/8.%20Reablement%20Service%20Update.pdf>



### Technology-related

- **Access:** Reablement – Everything Care Providers Need to Know (Feb 24)  
<https://www.theaccessgroup.com/en-gb/blog/hsc-reablement-everything-care-providers-need-to-know/> (note: scroll down for the section on 'How can technology help support community reablement services?')
- **Totalmobile:** A Complete Care Management Solution for Reablement Services  
<https://www.totalmobile.co.uk/wp-content/uploads/2023/04/A-Complete-Care-Management-Solution-for-Reablement-Services-Providers-Portal.pdf>

### Other

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



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

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

- The need to raise awareness / understanding of reablement provision with health professionals (stressing benefits to them in reducing the likelihood of seeing an individual back in hospital) and family members (who can be as influential as the individual seeking / requiring support).
- Reablement presence in referral settings (e.g. Discharge Hubs).
- Health professionals can be anxious about individuals being exposed to perceived risk (tend to be more risk-averse).

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

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

## SBC Powering Our Future (POF) Developments

### October 2024

- 4.54. In October 2024, SBC officers provided a summary of the reablement review being undertaken via the Council's *Powering Our Future* (POF) initiative, the project proposal of which was signed off by the POF Board in June 2024. As part of the first phase of this work, the commissioned Discharge 2 Assess (D2A) provision was brought in-house earlier in October 2024, and a pilot assessment of activity monitoring technology would begin (the results of which were due to be reported in December 2024 – see paragraph 4.67). Phase two of the review was looking to establish revised models of reablement to accommodate support for people in the community and greater numbers of people being discharged from hospital, as well as those with a mental health need, autism or learning disability.
- 4.55. With reference to the first phase of the ongoing POF review of reablement, the Committee enquired about what sort of technology was being considered as part of the intended pilot. SBC officers spoke of the use of sensors (subject to an individual's consent) which fed into a dashboard to give a picture of how a person was managing within their own home – this could help understand patterns of behaviour which could then identify risks (including changes in normal routines which may indicate a problem) and any associated support needs.

### January 2025

#### Peopletoo

- 4.56. The SBC *Powering Our Future* initiative involved a range of transformation reviews, one of which focused on supporting people to live independently. As part of this work, the Council was exploring what reablement services needed to provide to support a broader range of people from local communities. In 2024, SBC commissioned Peopletoo to assist the Council in assessing the impact of current ways of working and analyse the best model for continuing to support people to maximise their independence. Peopletoo had recently completed its work and provided feedback to the Committee in January 2025:
- 4.57. **Project Scope – Reablement / Enablement / Rehabilitation:** With a background in working alongside Local Authorities and a view to looking at 'the art of the possible', Peopletoo's focus areas for its project in Stockton-on-Tees included reablement expansion, covering both people

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

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

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

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

Improved Independence Outcomes	<ul style="list-style-type: none"> <li>• The percentage of clients leaving the service independent increased from 71% in 2023 to 75% in 2024</li> <li>• Stockton leads in the region, with 70% of individuals requiring no further services post- reablement, compared to 54% regionally and 45% among CIPFA group averages</li> </ul>
Increasing Referrals	<ul style="list-style-type: none"> <li>• Referrals have grown significantly, with an 85% increase in October 2024 compared to October 2023, aligned to bringing D2A service into Reablement.</li> <li>• The majority of referrals come from hospital discharge (66%)</li> <li>• Population aging and health inequalities are driving higher demand for adult social care services.</li> <li>• Capacity in the service can lead to waiting lists and some missed opportunities for early intervention.</li> </ul>
Challenges with Declined Referrals	<ul style="list-style-type: none"> <li>• Of the referrals declined, 73% were declined primarily due to capacity constraints and lack of availability for double- handed care of evening calls.</li> <li>• Bottlenecks in care transitions, delaying timely support beyond six weeks.</li> <li>• Miscommunication about reablement purpose in and duration by referrers leads can lead to mismatched client expectations.</li> </ul>
Staff and Workforce Development	<ul style="list-style-type: none"> <li>• Staff retention is strong, but there are capacity challenges due to sickness, health leave and retirements</li> <li>• Training gaps exist, particularly for working with clients with learning disabilities, mental health issues or autism</li> </ul>
Digital and Technological Integration	<ul style="list-style-type: none"> <li>• While power BI tools are in use, daily operations still rely on excel spreadsheets indicating a need for further digital transformation</li> <li>• There is potential for increased use of assistive technology to improve outcomes</li> </ul>
Benchmarking and Performance	<ul style="list-style-type: none"> <li>• Stockton demonstrates strong performance in promoting independence and reducing transitions to long- term care compared to its peers</li> </ul>
Cost and Resource Efficiency	<ul style="list-style-type: none"> <li>• Average cost per episode of reablement is estimated at £1600, with an average of 22/23 hours of care per episode</li> <li>• There is the potential to increase community referrals by targeting identified profiles with potential for independence.</li> <li>• There is a potential cost avoidance savings by improving referral pathways and expanding service capacity.</li> </ul>

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

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

- 4.62. The Committee sought clarity on when the final report was likely to be published. Members were informed that data was due to be reviewed this week, with a discussion to then be held with senior Council officers. In terms of timings, there was an attempt to align reporting with both the *Powering Our Future* and Committee reviews.
- 4.63. Regarding engagement with professionals, the Committee asked if Peopletoo spoke to the local Falls Service – it was subsequently confirmed that this team was indeed included within the case review workshop. Peopletoo noted that it was working with 15 Councils across the UK (details of one such example, Durham, was incorporated within the covering report for this agenda item), and also drew attention to the fact that its work in Stockton-on-Tees coincided with the inspection of SBC adult social care provision – it would therefore be interesting to see how far the regulator’s findings (once published) echoed what was encountered by Peopletoo.
- 4.64. Turning to the key findings, Members wondered if the increasing rate of referrals into reablement provision (up 85% in October 2024 compared to October 2023) was reflective of any increase in the total number of people discharged from hospital over the same period. In terms of delays in hospital discharge, the Committee expressed surprise in the quoted ‘812 days delayed reported within a 5-month period (June-November)’ – this was concerning given that local performance had frequently been heralded and held up as an example to others across the UK. SBC officers suggested that the data could likely be attributed to the period around the transitioning of the previously commissioned Discharge 2 Assess (D2A) provision into reablement, and also provided assurance on additional capacity (Comfort Call) that had been brought in to bolster the offer. There was no current waiting list to access the service.
- 4.65. The Committee asked if Peopletoo were involved with any other Council departments (e.g. Children’s Services). Representatives noted some work which was previously undertaken around transitions in Stockton-on-Tees, though that was not as detailed as this reablement-related project.
- 4.66. In February 2025, Members expressed their desire to see whether the full findings of Peopletoo were consistent with the results of the CQC inspection of SBC Adult Social Care services which took place in late-2024. SBC officers would seek confirmation after this meeting as to when this information (both Peopletoo and the CQC feedback) was likely to be available.

## March 2025

- 4.67. A further update was given to the Committee in March 2025 which outlined the following:
- **Reablement Phase 1 (D2A):** The original outcomes were to review the mechanisms and services to support people living at home and avoiding the need for long-term residential care. A proposed solution to part of this objective was the expansion of the Reablement Team to support people who were being supported under the Discharge to Assess (D2A) contract through SBC-commissioned Care at Home (CAH) providers once this contract ended on 7 October 2024. While still in the early stages of the new model, the evidence to date had been positive (see paragraph 4.38).
  - **Reablement Activity Monitoring:** Activity Monitoring was a package of equipment that could be installed in a person’s home to track their activity throughout the day, which was then monitored remotely through intuitive software. This monitoring could help ensure the safety, health and wellbeing of the care recipients, and involved observing daily routines, physical movements, social interactions, and other relevant activities. Collected data supported evidence-based decision-making to determine the right person-centred care and support, delivered by the right person at the right time, enabling a more targeted approach and best use of limited resources.

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

- Training for ASC teams and the introduction of Practitioner Guides to upskill staff in the benefits of Activity Monitoring to clients and their support networks (to be delivered in house). To develop skills in utilising Activity Monitoring as an assessment tool and using the new technology.
  - Development of marketing materials that can be shared in the public sphere including as part of the new "front door" pathway, on the SBC website, promotion in Stockton News and social media.
  - Introduction of key performance indicators for ASC teams and an introduction of Activity Monitoring to be included into Liquid Logic Adults System (LAS) as an intervention tool.
  - Continue to utilise One Call to deliver Activity Monitoring whilst recommendation 2 is achieved and review funding options after 6 months / in line with demand.
- **Reablement Phase 2:** Based on Peopletoo's assessment of the evidence and experience of other Local Authorities, the recommended option to SBC was a phased enhancement of reablement and preventative services, supported by workforce development, improved performance monitoring, and increased use of assistive technology (see table below).

Objectives	What we would recommend based on evidence collected
<b>Objective 1:</b> Who / what is the optimum population we could expand our reablement service to accommodate more hospital discharge / community support (ROI / impact on people's lives)	<p>Expanding the reablement service to support an additional 195 additional clients that can benefit from reablement per year, made up for 142 existing clients at the point of their review or assessment and 53 clients that have progressed through in-house rehab intervention that have potential to benefit further.</p> <p>Reablement support would support these clients to live independently with less intensive support, greater confidence levels and spending less on their care and support needs.</p>
<b>Objective 2:</b> What is the most efficient model to deliver the new service (not just more staff, but technology, modes of working, good practice, etc.)	<p>To deliver an efficient service, we would recommend actions to be taken forward to enhance the existing service, whilst developing an enablement offer alongside. To enhance the existing service:</p> <ul style="list-style-type: none"> <li>• Implement technology that will reduce Support Workers time spent on non-direct delivery or non-value add activities</li> <li>• Review rostering systems and identify opportunities to maximise the number of slots available to deliver reablement</li> <li>• Maximise outcomes achieved by improving pathways for specialist input such as OT, therapy staff, Community Stroke team</li> </ul>

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

- **Adult Social Care Front-Door Review:** The POF-related review aimed to understand how the Council's front-door could be more effective in signposting people to other forms of support (where a Care Act assessment was not required) – this would be part of the wider solution to manage and reduce the dependence on long term care. It had since been concluded that the most appropriate course of action was for the Council to:
  - Commit to developing a digitally enabled front-door model.
  - Develop a formal proposal regarding team structure for the front-door.
  - Embed activity monitoring within Adult Social Care, with SBC operating an 'opt-out' rather than 'opt-in' model (as agreed in January 2025).
  - Enable digital and change management expertise around the development of the Adult Social Care front-door so that learning can be applied to the review of the SBC Children's Services front-door.

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

## September 2025

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

- 4.69. Broadly reflecting the key elements relayed to the Committee in January 2025 following the rapid six-week review of local services, the report included the project background and methodology, commentary on hospital discharge, a list of constraints and interdependencies, service position / performance, best practice models, financial considerations, key findings, and improvement / change opportunities. A set of recommendations (based on the original Peopletoo brief) also featured, as were some 'secondary' recommendations that could inform improved performance and practice through reablement. It was noted that the report had been considered by the SBC *Powering Our Future* (POF) Board earlier in September 2025.
- 4.70. Looking at the report as a whole, SBC officers stated that there had been nothing ground-breaking which had been found or that the Council were not already aware of. Work was continuing around the local reablement offer to develop the existing service and build greater capacity.
- 4.71. Noting that a key objective of the work by Peopletoo was to understand and make recommendations for expanding the reablement service to support those people with learning disability, mental health and autism needs, the Committee drew attention to the comment that *'due to the lack of robust evidence, it was not possible to make definitive recommendations on a model for delivery'*. SBC officers confirmed that more time was required to get a clearer picture around this objective.
- 4.72. Highlighting Peopletoo's previous reference to staff training gaps (see paragraph 4.59), as well as the report's statement that there was high staff turnover and training gaps (especially for supporting mental health, learning disabilities, and autism), the Committee emphasised the need for the Council to provide assurance around the workforce. SBC officers stressed that training was taking place, with all direct service staff having completed the Oliver McGowan requirements (a mandatory programme on learning disability and autism for health and social care staff), and reablement personnel now involved in daily meetings regarding discharge, weekly meetings around service pressures, and monthly meetings on service performance.
- 4.73. Discussion turned to the ongoing frustration that decisions around changes to local reablement provision continued to be taken before the Committee had agreed its final report. Assurance was given that there had been no deliberate reason for the delay in sharing the final Peopletoo findings, though it was acknowledged that a lack of awareness and understanding of how the POF Board operated was causing challenges for Members (who subsequently voiced concerns around the limited influence Select Committees / Councillors appeared to have by comparison).

## Future Considerations / Options

### Stockton-on-Tees Borough Council (SBC)

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

## North Tees and Hartlepool NHS Foundation Trust (NTHFT)

- 4.75. Reablement provision was a key element in delivering more care in the community, and the Trust (with its partners) was trying to push the boundaries regarding what could be done outside of the hospital environment. Investment in technology to aid in the move from analogue to digital (NTHFT was already working with the existing SBC Reablement Service in relation to telecare) and focusing on preventing people from reaching crisis point (requiring collaboration between partners) were also future considerations.
- 4.76. From a service structure perspective, a move to facilitating 24/7 access should be central in developing the current offer as it was not appropriate to stop provision at 5.00pm. Continuing with the 'Discharge to Assess' principles so as many assessments as possible were undertaken outside the hospital setting was important, particularly since individuals may be more independent within their own home and not require a significant care package identified whilst in hospital. Developing understanding and management of complex cases, and the use of OPTICA (a secure cloud application, built by North of England Care System Support (NECS) in collaboration with NHS Trusts and Local Authorities, which tracked all admitted patients and the tasks relating to their discharge in real-time through their hospital journey) within the community was also highlighted.
- 4.77. The Committee asked how the provision of 24/7 reablement care might impact upon the recruitment and retention of staff. The Trust stated that it was aware of pockets of its workforce who would prefer to undertake their duties more flexibly (including nightshifts), though acknowledged that it would need to make specific approaches / adverts to identify interested individuals (whilst not the same type of offer, the ISPA had been operating on a 24/7 basis for around 18 months now). Demand for support within the community would continue to increase, and this would have ramifications for workforce planning.

## Peopletoo

Short Term	Medium Term	Long Term
<b>Pilot Enablement Pathways:</b> <ul style="list-style-type: none"> <li>- Collate learnings from the enablement support provided at existing Learning Disability Respite and Day Services</li> <li>- Develop a pilot to provide intensive goal-focused enablement to clients currently living at home to support continued independence and progression towards goals</li> <li>- Develop clear KPIs and tracking to monitor and report on progress of Pilot</li> </ul>	<b>Enhance Reablement Based Services:</b> <ul style="list-style-type: none"> <li>- Grow home-based reablement solutions, including home adaptations and technology-enabled care (incl. expansion of One-Call)</li> <li>- Collaborate with local organisations to enhance community support networks</li> <li>- Look at how the capacity for evening and double handed care slots and develop</li> </ul>	<b>Embed Reablement as Core Practice:</b> <ul style="list-style-type: none"> <li>- Transition to a model where all eligible service users undergo a reablement assessment as a standard procedure</li> <li>- Use reablement outcomes as key performance indicators for service evaluation</li> </ul>
<b>Enhance Frontline Training:</b> <ul style="list-style-type: none"> <li>- Equip care practitioners with tools and skills to integrate reablement principles in daily activities</li> <li>- Conduct workshops and refresher courses to embed a culture of enablement and enablement across teams</li> </ul>	<b>Optimise Resource Utilisation:</b> <ul style="list-style-type: none"> <li>- Focus on clients with high potential to benefit such as individuals transitioning from hospital care or those with complex needs</li> </ul>	<b>Sustain Financial Savings:</b> <ul style="list-style-type: none"> <li>- Invest cost savings from reduced long-term care reliance into innovative enablement programs and workforce development</li> <li>- Monitor expenditure trends to ensure sustainability</li> </ul>
<b>Streamline Data Collection:</b> <ul style="list-style-type: none"> <li>- Improve data accuracy and timeliness to support decision-making</li> <li>- Standardise data collection and reporting processes across workstreams</li> </ul>	<b>Improve Interdepartmental Coordination:</b> <ul style="list-style-type: none"> <li>- Integrate PMO insights with operational planning to ensure alignment between strategic goals and frontline execution</li> </ul>	<b>Evaluate and Scale Successful Models:</b> <ul style="list-style-type: none"> <li>- Continuously assess pilot programs to identify best practices</li> <li>- Scale proven enablement models across all relevant service areas</li> </ul>

- 4.78. **Overview of Overall Opportunities:** Identified activity for the short-term included an enablement pathway pilot, enhancement of frontline training, and the streamlining in the way data was collected. Over the medium-term, reablement-based services could be enhanced, utilisation of resources optimised, and interdepartmental co-ordination improved. Longer-term, actions were proposed to embed reablement as core practice, sustain financial savings, and evaluate and scale successful models (see graphic on previous page).
- 4.79. **How this could be implemented (Reablement):** Key steps were outlined focusing on the themes of developing clear criteria and educating on the reablement offer, generating reablement capacity, the community referral process, and outcome monitoring and reporting (see graphic below).

Step 1: Develop Clear Criteria and Educate on Reablement Offer
<ul style="list-style-type: none"> <li>➤ Optional: Complete a questionnaire to assess practitioner confidence in reablement aims, opportunity and eligibility</li> <li>➤ Develop a training session on the benefits of reablement and outline profiles of clients that would be eligible and are likely to benefit</li> <li>➤ Deliver the training session to Assessment and Support Planning and Brokerage teams to identify clients with reablement potential</li> <li>➤ Update Adult Social Care Practitioner Onboarding to include the reablement training essentials</li> <li>➤ Review inappropriate referrals and develop criteria to utilise capacity currently spent with inappropriate referrals</li> </ul>
Step 2: Generate Reablement Capacity
<ul style="list-style-type: none"> <li>➤ Review declined referrals for capacity and consider problem solving trends (creating capacity for evening slots)</li> <li>➤ Review downtime opportunities and create a capacity report shared weekly amongst leadership teams</li> <li>➤ Develop shadowing or deliver training to reablement coordinators on working with clients with different needs (LD, Autism, MH)</li> <li>➤ Review opportunities to reduce time spent on paperwork by exploiting technology that allows this work to be completed on visits</li> </ul>
Step 3: Community Referral Process
<ul style="list-style-type: none"> <li>➤ Create a waitlist of clients that have been identified to benefit for reablement at the point of Assessment/Review (non-urgent referrals)</li> <li>➤ Utilise available capacity and new capacity generated from previously accepted inappropriate referrals to deliver reablement support during quieter periods</li> </ul>
Step 4: Outcome Monitoring and Reporting
<ul style="list-style-type: none"> <li>➤ Set up measures that track outcomes and associated benefits from changes over time to identify trends and continue high performance</li> <li>➤ Assess and adapt based progress and capacity</li> </ul>

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

Step 1: Delay Root Cause Analysis and Solution Generation
<ul style="list-style-type: none"> <li>➤ Understand current system approach and uncover opportunities to strengthen partnership working and improve outcomes</li> <li>➤ Organise and deliver a series of workshops to identify causes driving delays begin solution generation</li> <li>➤ Agree solutions to be taken forward and communicate with teams</li> <li>➤ Create implementation plan</li> </ul>
Step 2: Pathway Decision Making Workshop
<ul style="list-style-type: none"> <li>➤ Deliver a workshop to identify criteria for pathway decision making with a multi-disciplinary team</li> <li>➤ Define criteria for each pathway to assist decision making</li> <li>➤ Agree solutions to be taken forward to optimise practice and process and communicate with teams</li> <li>➤ Create implementation plan</li> </ul>
Step 3: Positive Risk Enablement Training & Strength-Based Practice
<ul style="list-style-type: none"> <li>➤ Develop a training session and toolkit for hospital workforce and Assessment and Support Planning teams</li> <li>➤ Implement a re-occurring case audit to challenge positive risk enablement</li> <li>➤ Review forms and processes to optimise positive risk-taking enablement</li> </ul>
Step 4: Data Collection, Visibility and Reporting
<ul style="list-style-type: none"> <li>➤ Agree data points to be collected to support outcome and performance monitoring</li> <li>➤ Develop reporting mechanisms to enable tracking of progress against targets</li> </ul>

High Level Steps - Subject to existing workstreams and feedback on final report

- 4.81. With reference to the proposed future opportunities (and how these could be implemented) for local reablement provision within the January 2025 presentation, the Committee queried if these were likely to be replicated in Peopletoo's final report. It was confirmed that a paper was being produced (with costings) for each option – this would be presented to the *Powering Our Future* (POF) Board.
- 4.82. To create and maintain robust oversight of current and potential future demand within the Borough, the Committee suggested that there may be merit in a single database which relevant organisations could securely access. Members were informed of the existing social care system which recorded reablement-related activity, and that this provided a link between the Council and local hospitals. In addition, a recent decision had been made to introduce the Great North Care Record as a further way of sharing patient information – a dataset had been agreed and would include an opt-out system for individuals. The Committee expressed caution around the well-established challenges associated with making personal data / information accessible.

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

- 4.83. VCSE organisations considering the provision of / supporting such a service needed to have the required capacity to meet demand and full cost-recovery funding (ensuring a good quality and sustainable offer). From a sector perspective, perceptions that VCSE involvement was free or cheap should be addressed (i.e. paid staff were required to recruit volunteers, with incentives for the latter also a factor for consideration).
- 4.84. Addressing barriers would enable the VCSE sector to be well placed to support SBC with the delivery of local reablement services. VCSE organisations were able to bridge gaps in statutory care (working flexibly without being bogged down with bureaucracy), and there was the potential for a Community Navigator role which linked up the broad range of services that existed to make it easier for families to identify possible support (this had already been discussed with SBC and the NENC ICB – the Wellbeing Hub in Wellington Square, Stockton being a possible base). The sector also had volunteer networks (supported by a Stockton-on-Tees Volunteers website), and Catalyst worked in partnership with SBC (and with input and support of the VCSE sector) to develop a new Volunteering Strategy for Stockton-on-Tees (this needed renewing in 2026). Catalyst was trying to secure funding for strategic oversight of volunteering – this would help nurture a culture of volunteering across the Borough.
- 4.85. Maintaining their already close partnership across a vast range of issues, SBC and the VCSE sector would continue to help each other in making the Borough a better place. VCSE organisations needed to demonstrate what they could bring to the table, and their support would be aided by the removal of barriers, tackling unrealistic expectations, and the identification of common purposes and mutual outcomes.
- 4.86. Praising the sector for what it did within the Borough, the Committee asked how volunteers were sourced. Methods highlighted included the Stockton-on-Tees Volunteers website (VCSE organisations were encouraged to upload relevant details), Catalyst attendance at community events (e.g. Eid Fusion), and the Catalyst Project Co-ordinator's role involving engagement with businesses to encourage volunteering. Stressing the benefits of volunteering for both the individual as well as the people they were helping was important, and there was a developing focus on opportunities for young people to offer their time (something which could assist with career development, university applications, etc.).
- 4.87. Given the Council provided investment towards Catalyst, Members expressed surprise that there seemed to be an absence of strategic oversight between the VCSE sector and SBC when it came to the local reablement offer (prompting the impression that these two entities were working in isolation), and queried whether hospitals and the SBC Reablement Service had a main contact for the sector regarding help at home (and vice-versa). Catalyst gave assurance that it had wide

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

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

## 5.0 Conclusion & Recommendations

- 5.1. Rooted within legislation (Care Act 2014 s2) which requires Local Authorities to prevent, reduce or delay needs for care and support for all adults (including carers), 'reablement' was one of several short-term offers involving NHS and social care services (alongside home-based, bed-based, and crisis response care) which come under the wider umbrella of 'intermediate care'. The Care Act regulations compel Councils to provide reablement support free-of-charge for a period of up to six weeks (this was for all adults, irrespective of whether they had eligible needs for ongoing care and support).
- 5.2. Reablement involves the provision of assistance within a person's own home. This assessment and support service helps an individual to do tasks (e.g. washing, getting dressed) for themselves rather than relying on others, with support workers operating alongside the person while they regain skills and confidence. The aim was to maximise independence (doing tasks 'with' them, not 'for' them), and the service can be used to support discharge from hospital, prevent re-admission, or enable an individual to remain living at home.
- 5.3. The Stockton-on-Tees Borough Council (SBC) Reablement Team was expanded in October 2024 as the Council continues its focus on early intervention and prevention as part of its ongoing *Powering Our Future* (POF) initiative. Visits to service-users occur up to four times per day, with Senior Support Workers holding regular weekly reviews with individuals to ensure they were on track to achieve their goals and adjust their support plan accordingly (they were also able to assess and order low level equipment to aid independence).
- 5.4. Other relevant stakeholders include the NHS North East and North Cumbria Integrated Care Board (NENC ICB), which has a key role in overseeing the health and care 'system' to plan, design and deliver intermediate care services (including reablement) following hospital discharge, with the local priority on people gaining and maintaining independence for as long as possible. The North Tees and Hartlepool NHS Foundation Trust (NTHFT) was another key partner within local integrated services, working alongside SBC to provide an Integrated Single Point of Access (ISPA). There was also a well-established Integrated Discharge Team (contributing to the Trust having one of the top performing Emergency Departments in England – a reflection of the strength of pathways in place to get people home), as well as a Community Integrated Assessment Team (CIAT) which worked in collaboration with the SBC Reablement Service.
- 5.5. A significant majority of referrals into the SBC Reablement Service came directly from hospital (with the rest from the community). The service may be accessible if an individual has a temporary illness / accident, a crisis, a change in their (or their carers') circumstance, or to avoid unnecessary admission to hospital. Where a 'need' (not a 'want') had been identified, individuals would be referred following an assessment via a health or social care professional – any subsequent support could be tailored to the individual, and its duration was dependent upon their progress (i.e. this free service could be less than the maximum six-week period). For those not in hospital, it was not clear how the Council or its partners identified individuals who may benefit from the service.
- 5.6. In terms of public awareness and promotion of this type of provision, there were several references over the course of the review to the vagaries around the term 'reablement' itself. The Committee recognise that this is accepted health terminology, but there is clearly a need to fully explain and promote what reablement actually entails so the public have a better understanding of how these services can help them or a loved one. In addition, published NHS survey data suggests local Trusts have work to do in providing clarity around available options following discharge – this was reinforced by customer feedback presented to the Committee, as well as the Reablement Service staff who reported that the people they support were often unaware of local provision. Furthermore, Adult Social Care Outcomes Framework (ASCOF) data showed that the

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

- 5.7. The Better Care Fund (BCF) was used as a mechanism to bring NHS services and Local Authorities together to tackle strains faced across the health and social care system, and to drive better outcomes for people. Reablement services were one of the Stockton-on-Tees BCF schemes to meet one of the two BCF core objectives, namely ‘to enable people to stay well, safe and independent at home for longer’. The existing local offer was fully funded via the BCF, with the budget for 2024-2025 (£1.2m) increasing by around 20% (principally due to anticipated changes with the previous Discharge to Assess (D2A) arrangements) compared to the allocated funds for 2023-2024 – the vast majority of these financial resources covering staff salaries. Future funding levels (still to be clarified) will need to reflect the desired ambition to support a greater number of people leaving hospital or to prevent them from having to be admitted in the first place.
- 5.8. 591 individuals were supported by the SBC Reablement Team between April 2023 and March 2024 (with no waiting list as of January 2025). The recent expansion of the local offer, with SBCs move to bring this fully in-house from autumn 2024 endorsed by the NENC ICB, meant that existing structures were deemed sufficient to deal with the Council’s projections on the numbers requiring support (though issues would inevitably follow should these projections be exceeded, as would staff absences as a result of sickness / COVID). However, the expected 20%+ increase of those aged over 65 in the next 10 years will inevitably challenge the status quo.
- 5.9. Regarding impact and effectiveness, the Committee heard that just over 75% of the 591 people supported during 2023-2024 were independent on leaving the service. Local reablement performance had been consistently better than the regional and national averages over the past four years, with the 2023-2024 data ranking Stockton-on-Tees eighth in the country (top in the region) – this was reinforced by the numerous positive comments from service-users about their own experiences. In addition, the service had been shortlisted for the regional (North East and Scotland) Great British Care Awards in the categories of ‘Team Award’, ‘Newcomer to Care’, ‘Co-ordinator’, and ‘Care Manager’, and the CQCs last inspection in mid-2021 rated the service ‘Good’ overall (though this was now quite dated).
- 5.10. An understanding around the types of technology used as part of current reablement provision was not established, though the reported focus on increasing its use (e.g. pilot assessment of activity monitoring technology, implementation of OPTICA, etc.) demonstrates a recognition of the potential benefits and the continuing evolution of the existing offer. Examples of technology-related opportunities were highlighted to the Committee which should be further explored by SBC and its partners alongside the front-door proposals being considered by the Council in March 2025.
- 5.11. The Committee was informed that there were no specific reablement services currently being delivered by VCSE organisations, nor was there a large quantity of reablement-related activity happening across the Borough within this sector – this suggests there is an opportunity for greater utilisation of the VCSE sector in local reablement provision. The former Five Lamps ‘Home from Hospital’ service (which ended in March 2024) was a relevant offer in relation to this scrutiny topic, with Catalyst relaying the opinion from some that its cessation had meant there was now a gap within the community for such provision. SBC has made the decision to expand its own reablement offer, but to meet projected future need, a role for the VCSE sector seems prudent and potentially necessary.

- 5.12. Information was received in relation to customer feedback and there appeared broad satisfaction with the level of service. As previously highlighted, an issue was frequently raised around a lack of awareness of the local offer and the lack of information provided about it within the hospital setting.
- 5.13. Views of SBC Reablement Service staff about existing provision were sought as part of the Committee's review. There was high praise for the current arrangements, working in conjunction with other professionals (physio, therapy team), communication (in-house and with clients / families), and support from management and office staff. In terms of improvements, suggestions included better provision of information about the service (within, and upon discharge from, hospital), more detailed information about an individual when a referral is received, the retention of input from physios / therapy team, ensuring continuity of care (as far as possible), and improved out-of-hours provision / staffing. It was also highlighted that individuals were sometimes willing to pay so they could continue to receive support beyond the six-week limit.
- 5.14. Reflecting upon the timing of this review, the Committee notes the challenges that have arisen when trying to examine a service which is rapidly evolving, with decisions on its future direction being made throughout the Committee's evidence-gathering phase. The Council's use of an external consultant (Peopletoo) to also review local provision during this time has identified a host of additional findings and potential options for future delivery. The Executive Summary of the report detailing the work undertaken by Peopletoo highlights the intention to improve performance monitoring as part of a phased enhancement of reablement and preventative services – the Committee welcomes this, particularly in light of the ongoing delays around SBC performance information being made available to the scrutiny function. Reference is also made on the Peopletoo website (see <https://peopletoo.co.uk/case-studies/adult-social-care/enhancing-independence-through-reablement-and-enablement/>) to significant financial benefits as a result of their work / proposals – the Committee look forward to seeing the extent to which this claim is borne out.
- 5.15. Continuing national coverage regarding pressures on hospitals, well-established benefits of people being at home, and the anticipated rise in the number of people aged 65 and over (the main demographic for reablement support) are all elements which emphasise the importance of services like reablement. Managing the flow of those leaving hospitals can be challenging enough given resource limitations, and widening this type of support to help avoid admittance to hospital in the first place will inevitably provide a further stress on the existing service. Whilst the true value of social care is clearly reflected in provision such as reablement, the ambition to widen access (potentially to a 24/7 model and including those with a mental health need, autism or learning disability) will require a significant commitment in terms of funding, and indeed staffing, to make the maximum amount of difference to the wider system and, even more importantly, the individuals and their families / carers whose lives are clearly enhanced by drawing on such services.

## **Recommendations**

The Committee recommend that:

- 1) **The NHS North East and North Cumbria Integrated Care Board (NENC ICB):**
  - a) provides a summary on the gap analysis of the NHS England good practice guidance for ICBs (commissioners and providers) titled '*Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge*' (2023), along with assurance on how it and its partners will be addressing any identified issues (e.g. a self-assessment by all relevant organisations within the health and care 'system').
  - b) more explicitly outlines the role and importance of reablement services (within the context of the overall health and care 'system') in future iterations of its overarching integrated care strategy.
- 2) **North Tees and Hartlepool NHS Foundation Trust (NTHFT) reviews its discharge processes to ensure that eligible individuals who are ready to leave hospital are made fully aware of local reablement provision and are referred to it upon discharge from hospital.**
- 3) **Principal links / contacts for Stockton-on-Tees Borough Council (SBC), NTHFT and the voluntary, community and social enterprise (VCSE) sector in relation to local reablement provision are identified / confirmed and shared in order to improve communication between key partners.**
- 4) **SBC and NTHFT establish required person-centred information on an individual when a referral is made into the SBC Reablement Service.**
- 5) **Regarding the future local reablement offer, SBC:**
  - a) provides a summary of any differences in the findings of the Peopletoo review and reablement-related commentary from the Care Quality Commission (CQC) following its late-2024 inspection of SBC adult social care services.
  - b) confirms further planned changes to existing service delivery (structures, workforce) and the funding required to support this, and provides assurance on appropriate training uptake for new and existing staff.
  - c) explores whether any of its existing social care workforce outside the current SBC Reablement Service structure (e.g. Community Support Workers) can be utilised to increase staffing capacity for reablement provision.
- 6) **SBC considers cost-effective options (and the communication of these) for individuals leaving the SBC Reablement Service to ensure a smooth transition from this initial support.**

*(continued overleaf...)*

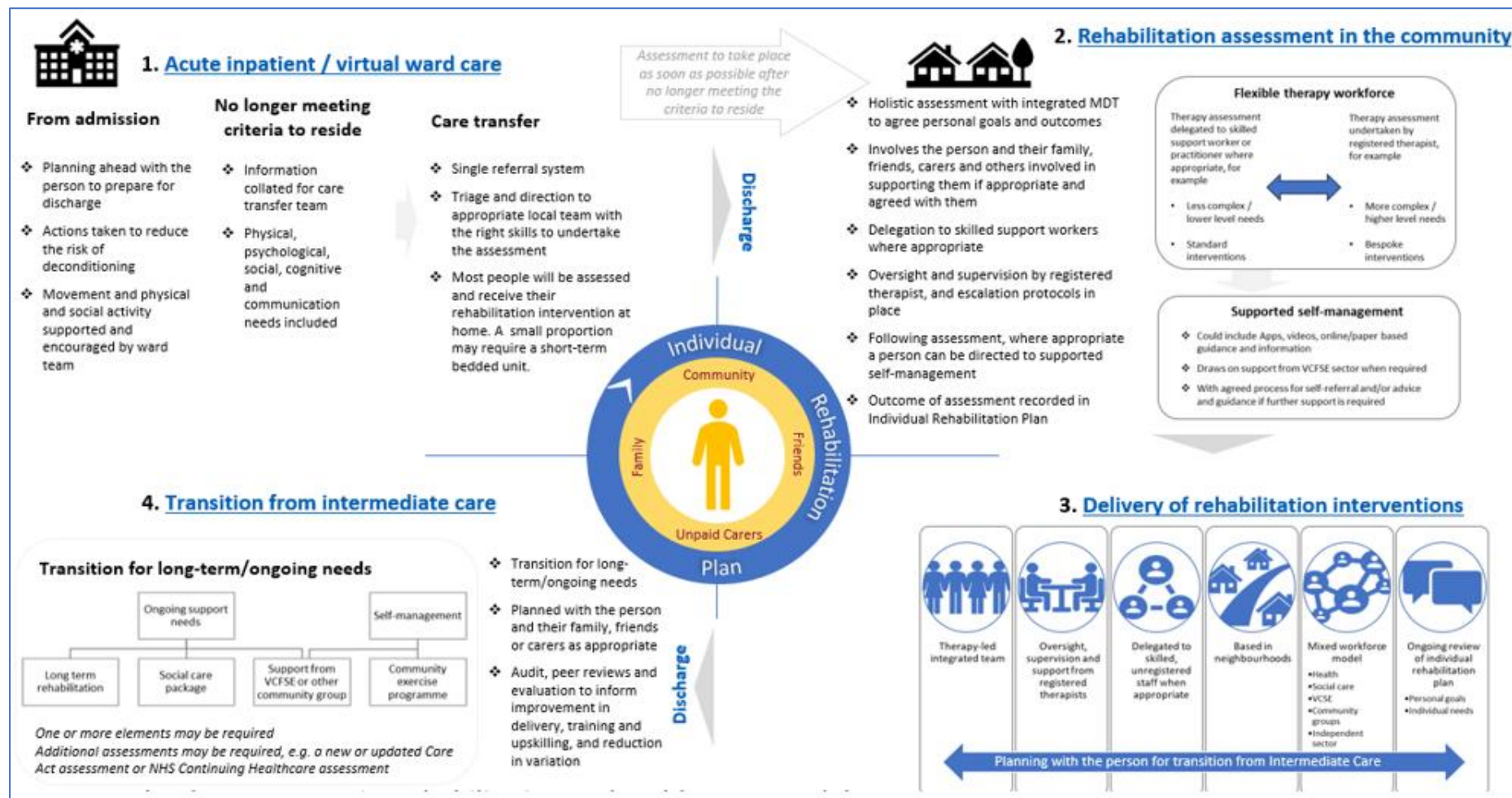
### **Recommendations (continued)**

The Committee recommend that:

- 7) To increase public understanding of the Borough's reablement offer:**
  - a) SBC and its partners assure themselves that they are adhering to the Social Care Institute for Excellence (SCIE) '*Supporting client and family engagement with reablement*' (2024) guidance, utilising this resource to effectively raise awareness and promote the Borough's reablement offer.**
  - b) SBC undertakes a joint communications campaign (repeated on a periodic basis) with NTHFT and the VCSE sector around local reablement services, making it clear what they involve, how they are accessed (including contact details), and the principal benefits.**
- 8) Healthwatch Stockton-on-Tees be asked to consider facilitating a public survey in 2026 to establish the availability of information on the local reablement offer for those who had spent time in hospital and the experiences of those who had received support from the service.**

# Appendix 1

## Community rehabilitation and reablement model



## Appendix 2

### SBC Reablement Service Leaflet (February 2025)



## Reablement Service

### What is Reablement?

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

### It's all about you

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

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

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



Stockton-on-Tees  
BOROUGH COUNCIL

# Appendix 2

(continued)

SBC Reablement Service Leaflet (February 2025)

## What we offer

We can support with:

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

## Ongoing reviews

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

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

## Frequently asked questions

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

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

### Do I have to pay?

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

### How do I access the Reablement Service?

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

Read the Social Care Institute for Excellence's Reablement Guide:

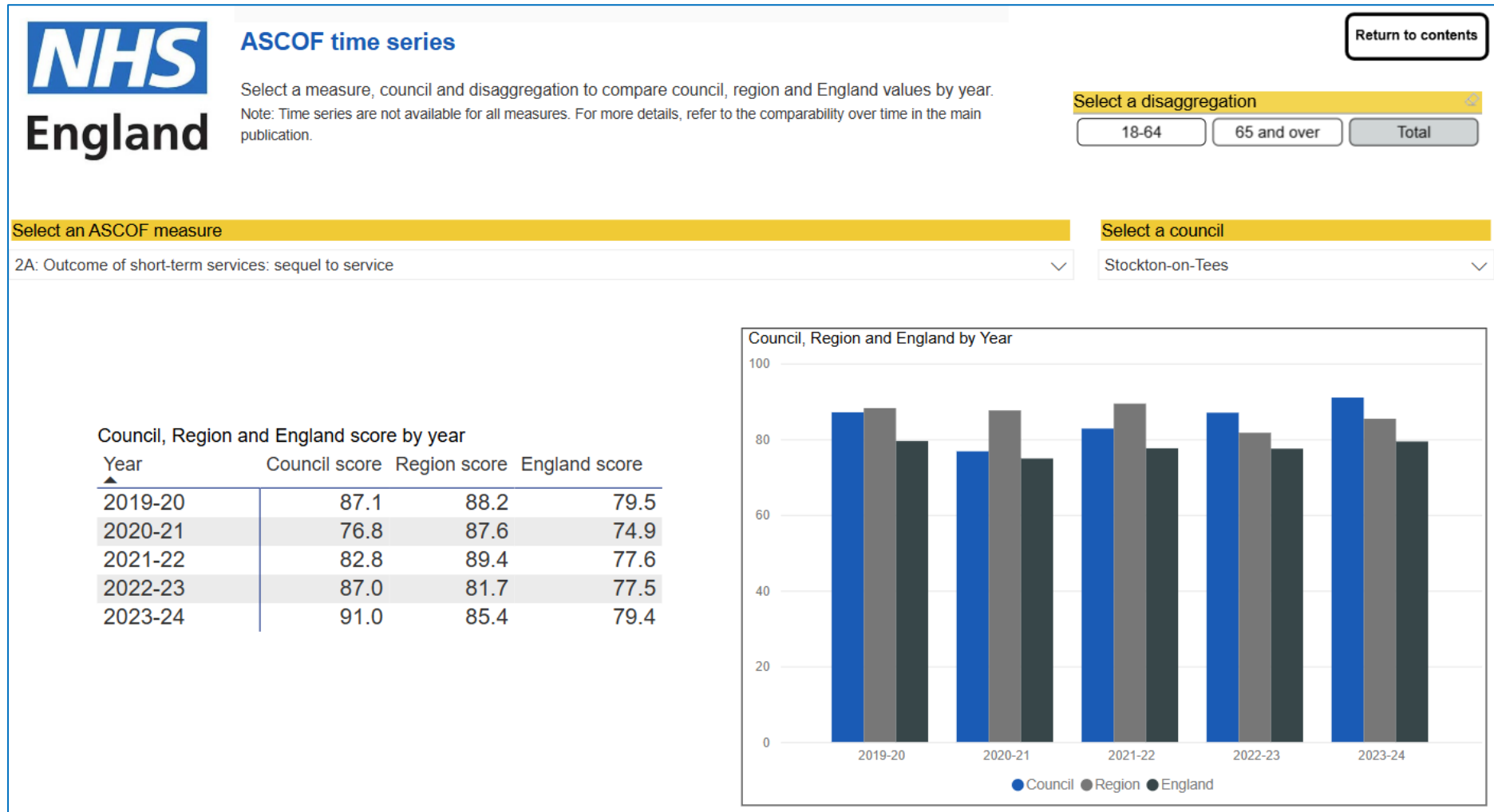
[www.scie.org.uk/integrated-care/intermediate-care-reablement/reablement-guide](http://www.scie.org.uk/integrated-care/intermediate-care-reablement/reablement-guide)

 [www.stockton.gov.uk/reablement-service](http://www.stockton.gov.uk/reablement-service)

 07788 566856

# Appendix 3

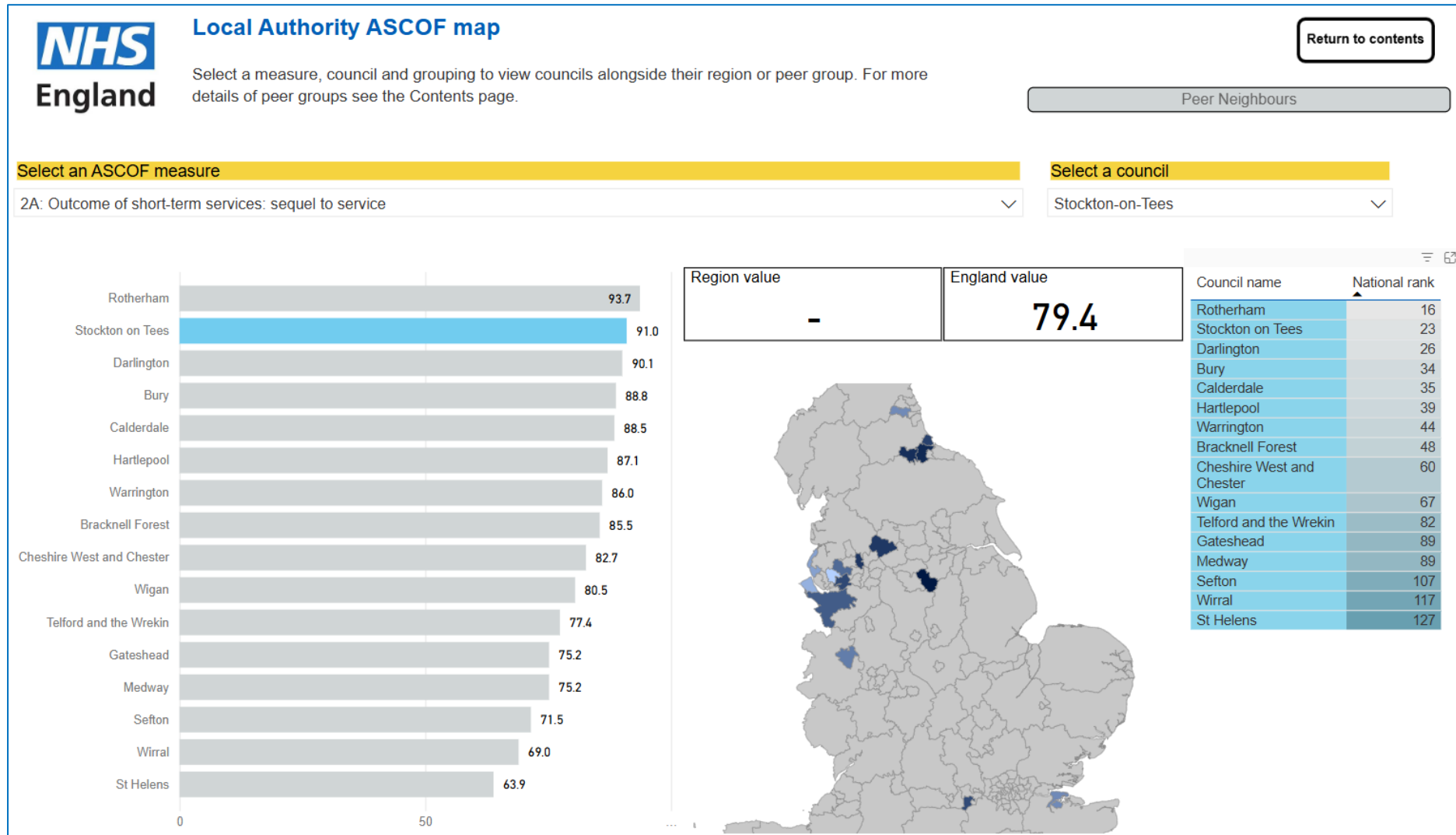
## NHS England: Measures from the Adult Social Care Outcomes Framework (ASCOF), England 2023-2024



# Appendix 3

(continued)

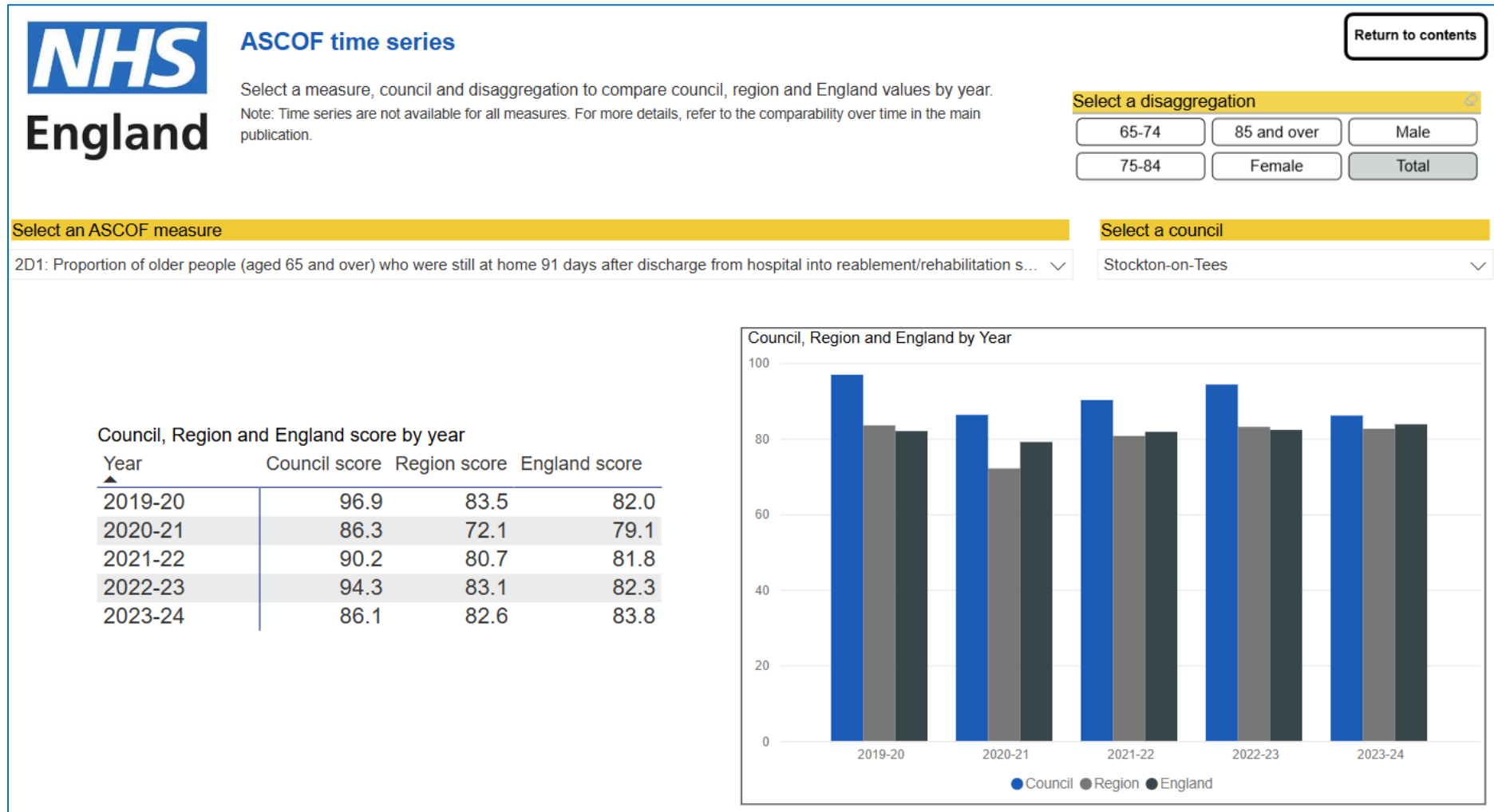
## NHS England: Measures from the Adult Social Care Outcomes Framework (ASCOF), England 2023-2024



# Appendix 3

(continued)

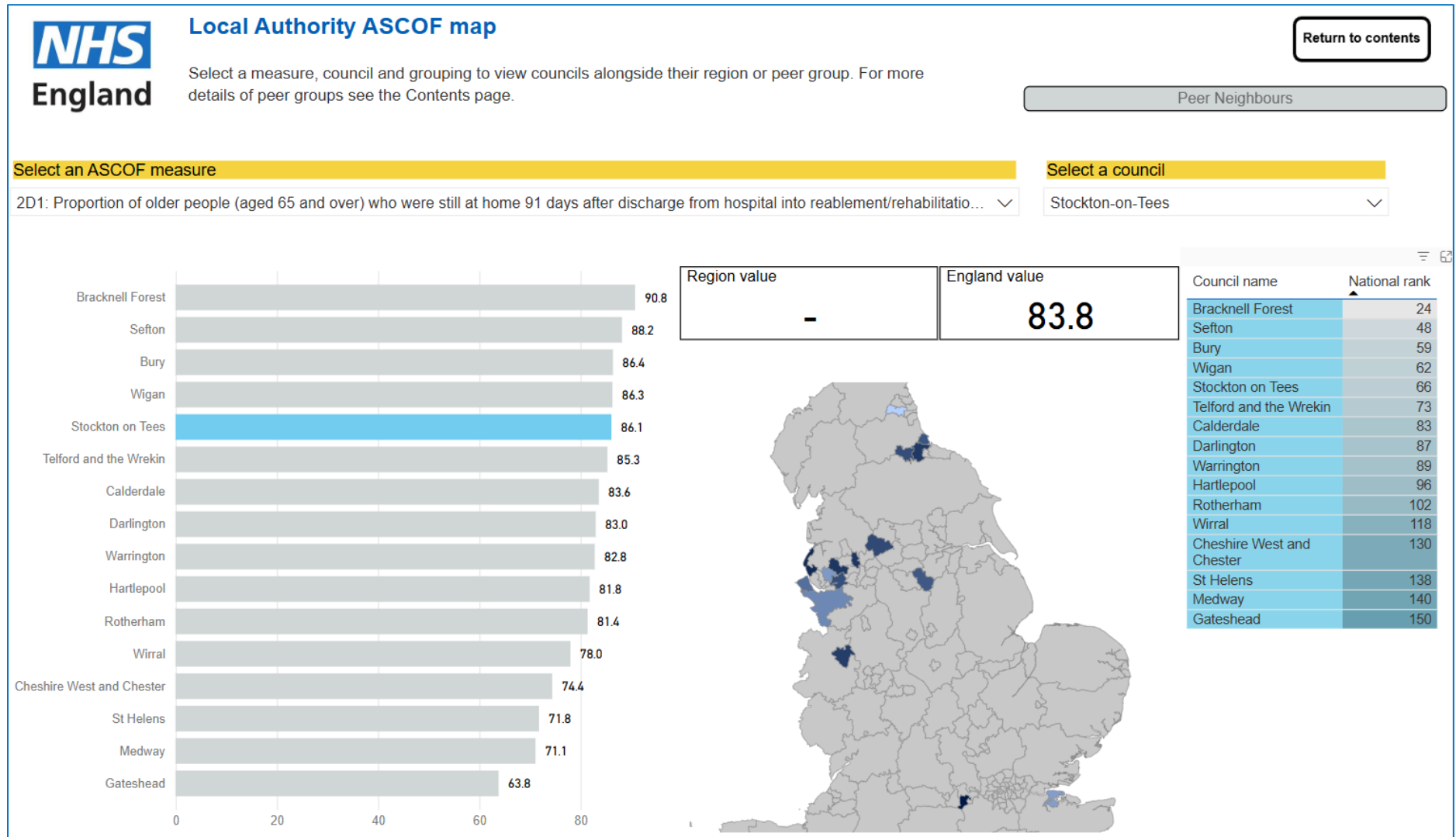
## NHS England: Measures from the Adult Social Care Outcomes Framework (ASCOF), England 2023-2024



# Appendix 3

(continued)


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



# Appendix 3

(continued)

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



### ASCOF time series

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

Return to contents

Select a disaggregation

65-7485 and overMale75-84FemaleTotal

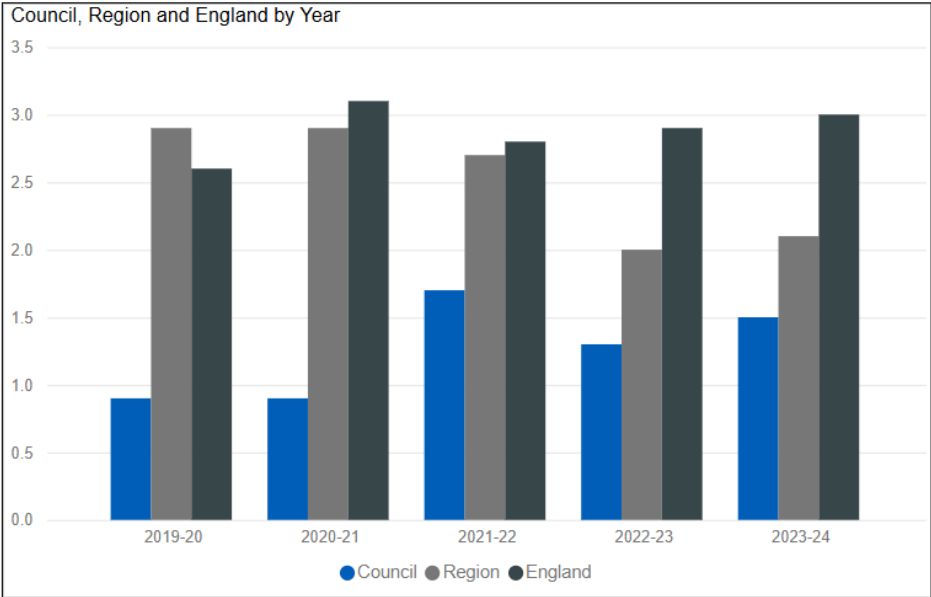
Select an ASCOF measure2D2: Proportion of older people (aged 65 and over) offered reablement services following discharge from hospital

Select a councilStockton-on-Tees

Council, Region and England score by year

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

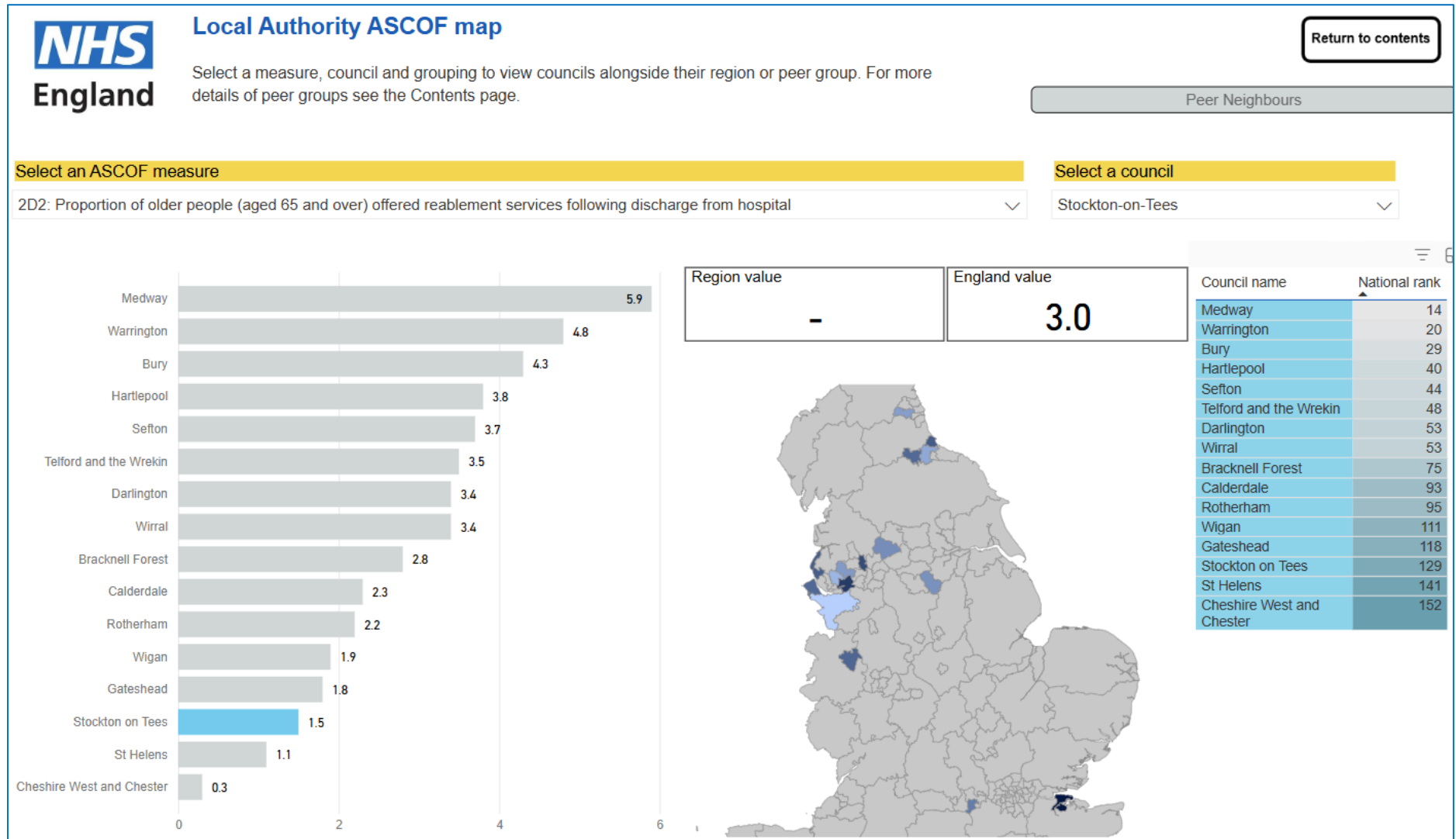
Council, Region and England by Year



# Appendix 3

(continued)

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



# Glossary of Terms

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





## REPORT TO CABINET

13 NOVEMBER

## REPORT OF PLACE SELECT COMMITTEE

### CABINET DECISION

**Cabinet Member for Resources and Transport - Lead Cabinet Member – Councillor  
Paul Rowling**

## Scrutiny Review of Muslim and Faith Burial Services

### Summary

The attached report presents the outcomes of the Place Select Committee's review of Muslim and Faith Burial Services.

### Reasons for Recommendation(s)/Decision(s)

The topic was included on the Scrutiny Work Programme for 2025-2026. The review is now complete, and the recommendations have been endorsed by the Place Select Committee for submission to Cabinet.

### Recommendations

The Committee recommends that:

1. To extend choice within the Borough's burial provision, a minimum of 10 concrete burial rings with the appropriate drainage are installed in the Muslim section of Thornaby cemetery. This should be an optional offer at an additional cost to those purchasing the plot. The number of burial rings installed may be extended if there is a greater demand for pre-purchasing these.
2. Officers carry out a further review of the operational feasibility of extending burial hours

### Detail

1. The Council has a statutory duty to provide suitable burial provision, and it is one of the most essential and sensitive services that the Council provides. There can be significant social implications if the Council is not able to offer sufficient levels of burial provision to ensure that families can choose a grave space in geographical areas where they have a personal preference or local connection with. The review aimed to understand the need, as well as the associated financial and operational requirements, for the provisions of

burial chambers/vaults within the Borough cemeteries as an alternative option to the standard grave plot.

2. Currently all burials in the Borough are conducted in standard soil plots, with wooden frames used for Muslim burials. Burial chambers are a preference of some members of the Muslim community, and the Committee recognises the need for a balanced approach that respects cultural and religious practices. The recommendations therefore focus on extending burial provision by offering a small number of burial rings as an optional service for those who prefer them while maintaining traditional soil burial as the standard option. During the review requests were received for extending burial hours and the Committee recommends that further investigation into the feasibility and benefit that would be added by this is required.
3. The Committee has taken evidence from Bereavement Services at Stockton-on-Tees Borough Council, as well as the two local Funeral Directors that carry out Muslim burials in the Borough. Local faith leaders have also shared their views on the topic, and evidence has been sought from four Local Authorities that have installed burial chambers/vaults.

### **Community Impact and Equality and Poverty Impact Assessment**

4. A EPIA has been completed with the outcome that the recommendations will potentially have a positive impact on the protective characteristics of Religion or Belief as they show that the Council has listened to, and is increasing choice for, the Muslim Community.

### **Corporate Parenting Implications**

5. There are no direct implications in the report.

### **Financial Implications**

6. There is a capital cost for installation of concrete burial rings. This will be recouped by charging an increased cost for a burial ring plot.

### **Legal Implications**

7. There are no direct implications in the report.

### **Risk Assessment**

8. The review is categorised as low to medium risk. Existing management systems and daily routine activities are sufficient to control and reduce risk.

### **Wards Affected and Consultation with Ward/ Councillors (refer to Concordat for Communication and Consultation with Members)**

9. This review is relevant to all Wards across the Borough.

### **Background Papers**

10. None

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# Scrutiny Review of Muslim and Faith Burials

Place Select Committee, October 2025

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## Select Committee – Membership

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## Foreword

Following the Place Select Committee's review of Muslim and Faith Burial Services, we are pleased to present the Committee's final report.

There is a statutory duty on the Council to provide suitable burials provision, and it is one of the most essentials and sensitive services that it provides. It is important that the deceased are treated with dignity and people may have specific wishes when choosing their final resting place.

The review focussed on examining the need and requirements for installing burial chambers within the Borough's cemeteries. In doing so, the review considered the current provision for faith burials along with the different viewpoints on the need for burial chambers and the different options for chambers on the market. During the evidence gathering process requests were also made for extending the timeframe for burials each day.

Our recommendations seek to extend choice within the Borough's burial provision by installing a small number of burial rings for members of the community to purchase at an additional cost. We also ask officers to carry out a further review into the feasibility of extending burials hours.

We would like to extend our thanks to Stockton-on-Tees Borough Council Officers and other stakeholders that have contributed to the review including two local Funeral Directors for the Muslim Community, Imams and representatives from local Mosques and a local Synagogue, and some other Local Authorities who offer burial chambers in their cemeteries.

### Cllr Jim Beall, Chair



**Councillor Jim Beall**  
**Chair – Place Select Committee**



**Councillor Steve Nelson**  
**Vice-Chair – Place Select Committee**



## Original Brief

### **Which of our strategic corporate objectives does this topic address?**

While the provision of the Councils burial service does not naturally fit into any single area within the Stockton-on-Tees Plan, it is a service which, at some point, may be accessed by the whole community. It will also indirectly address the following sections of the Plan:

Priority three – A great place to live, work, and visit, an environment that is well looked after, with outdoor spaces to enjoy and connect local amenities: Our open spaces will be attractive and accessible, including public realm in our town centre, as well as our parks, cemeteries, nature reserves and other grounds.

Priority five – A sustainable Council: We will ensure our council is financially sustainable and manages our assets effectively to enhance their local impact. We will be a well-run council across areas of our business and continue to improve outcomes for communities.

Transformation - Powering Our Future - We will improve the way we work and deliver efficient, effective and value for money services within available financial resources.

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

The Council have a statutory responsibility to provide suitable burial provision which is discharged through the provision of cemeteries in Billingham, Oxbridge, Durham Road, Thornaby and Egglecliffe.

The provision of burial space is one of the most crucial and sensitive services that the Council provides. There can be significant social implications if the Council is unable to offer sufficient levels of burial provision to ensure that families are able to choose a grave space in geographical areas where they have a personal preference or with which they have a local connection.

There are also different religious rituals related to burial, and for some faiths the use of burial chambers/vaults are preferred. The provision/choice of the type of burial shows that as a local authority we are listening to our communities and endeavouring to provide a better and improving service.

The scrutiny review aims to understand the need, as well as the associated financial and operational requirements, for the provision of a burial chambers/vaults within the boroughs cemeteries as an alternative option to the standard grave plot.

### **The Committee will undertake the following key lines of enquiry:**

- What options are currently available for burials?
- What is the demand for burial chambers/vaults?
- What types of burial chambers/vaults are available?
- What are the space and other requirements for burial chambers/vaults?
- What are the costs associated with burial chambers/vaults?

- Which cemeteries in the borough would be able to accommodate burial chambers/vaults?
- What are the operational requirements of providing chambers/vaults on the service?

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

Burial services can include same day requests for the burial to take place following a death and providing a number of burial chambers/vaults that are available as soon as notified could offer an alternative appropriate burial option. However, the cost of initial construction of the chambers, extra space required, and operational impacts will need to be reflected in the cost to the family purchasing the grave plots.

The review will therefore explore the requirements, cost, and demand for burial chambers/vault to ascertain whether it is a viable option to extend choice for our communities.

# 1.0 Executive Summary

- 1.1. This report presents the findings and recommendations of the Place Select Committee's Scrutiny review of Muslim and Faith Burial provisions in Stockton-on-Tees Borough. The review aimed to assess the need from faith communities, the financial implications, and the operational requirements for the provision of burial chambers/vaults as an alternative to the standard grave plots. In addition, the review has considered the extension to the timing of burials.
- 1.2. The Council has a statutory duty to provide suitable burial provision, and this is discharged through the provision of cemeteries in Billingham, Oxbridge, Durham Road, Thornaby and Egglescliffe. There are closed Jewish and Muslim sections within Oxbridge Cemetery, and two Muslim sections within Thornaby Cemetery with a 10-year capacity.
- 1.3. The 2021 Census showed that the 3.4% of the Borough's population identified as Muslim, and that while there were residents that identified as Hindu, Sikh, Buddhist, Jewish and religions other than Christian, this was less than 2% of the population. In the Muslim and Jewish faith burials are custom. Cremation is preferred by Hindu Sikh and Buddhist faiths, while both burial and cremation are widely accepted practices within the Christian faith, which 51.1% of Borough's population identified as. Between January 2020 and December 2024 there had been:
  - 0 Jewish burials
  - 85 Muslim burials
  - 233 Roman Catholic burials
  - 380 Church of England Burials
  - 1,666 burials where faith was unknown
- 1.4. Requests can be made for burials to take place on the same day and on a weekend, and the team work with funeral directors to ensure this happens. While it is usually the Muslim community that request a same day burial, a person of any faith can make this request. Staff shifts are 8am – 4pm and they have other operational duties to maintain grounds during their shift. Burials take place between 9.30am – 2.45pm March to October and 9.30am – 2pm November to February, and the only days burials do not take place are Good Friday, Easter Sunday, Christmas Day, Boxing Day and New Years Day. Paperwork needs to be received by 11am on a Saturday for same day burial and 5pm on a Saturday for a Sunday burial. Requests have been received for later funerals, and these are considered but dependent on staff accepting overtime to conduct the burial. To extend the timing for burials on a permanent basis will require an operational review to ensure it is feasible.
- 1.5. Issues with settlement of graves is universal across all sections of all cemeteries, and soil must be topped up on newly buried graves in every section. The water table is low in the Borough and the climate and terrain means the burial team work up to the point of burial to ensure water is pumped out of plots but, once the grave is filled, water will find its way back. Investment has taken place in new sections of the Borough's cemeteries to improve drainage; however, as it cannot be carried out on established sections, the older Muslim section in Thornaby does not have the new drainage system.
- 1.6. The Committee received evidence from two local funeral directors that conduct burials for the Muslim Community within the Borough, along with faith leaders from several Mosques both within the Borough and neighbouring Middlesbrough. It is custom for burials to take place within 24 hours

of the death, and the body touches the ground when buried. Family members will fill the burial plots themselves, and while there is no requirement in Islam for chambers/rings, these are a preference for some branches of the religion. Concerns were raised with both the use of chambers/rings creating problems with plots being filled with water and the extra cost being passed on to a family, putting extra pressure on them at a time they are experiencing grief. It is felt by some of the representatives who attended that there is not a demand in the community they serve for burial chambers/rings.

- 1.7. Members also heard opposing views that there is a demand for burial chambers and the preferred option of those advocating for chambers are concrete burials rings, which allows for the body to still touch the ground. Those proposing concrete burial rings believe the extra cost is affordable for families and that the wooden frames currently used are not fit for purpose as they have a tendency to collapse due to the water levels in the ground. It was added that it is their belief a burial ring is a way to uphold respect for the deceased which is a priority for burial in Islam.
- 1.8. Both funeral directors requested that the timing for burials be extended past 2.30pm to assist in arranging funerals on the same day.
- 1.9. As noted above, wooden frames are currently offered by the Council. These are low cost but lack durability. The purchase of Right of Burial costs is £1,030 plus £790 for the burial fee with the wooden frame provided in the fee. Other options include:
  - Concrete Vaults which can be pre-installed. These are durable but expensive, costing approximately £20,000 for 16 vaults, and have drainage issues with the likelihood of the chamber filling with water.
  - Concrete Burial Rings which have four sides and a lid but no bottom. They are the preferred option for those who are requesting burial chamber and are pre-installed. There are still drainage issues, with the water coming into the chamber from underneath the ring, however, they pose less of an issue for drainage than vaults. Burial rings are costly to install, with an estimated £21,280 for 16 rings or £14,740 for 10 rings.
  - Plastic Chambers, which are affordable at £450 a chamber but less resilient.
- 1.10. Costs for burial chambers and rings could increase burial fees significantly, with weekend surcharges further raising costs. The preferred option of concrete burial rings will increase the fee to an estimated £3,150 or £3,294 if buried on a weekend if 16 rings are installed, or an estimated £3,700-£3,844 if 10 rings are installed. They will need to be installed in rows with appropriate drainage and are not able to be fitted in any existing pre-paid plot. The rings will assist with settlement as the earth is only settling on a concrete slab lid, however it is not possible to make the plots watertight due to the low water table, climate and terrain.
- 1.11. Middlesbrough Borough Council (BC) installed burial chambers approximately 25 years ago but there had been no demand for these. Approximately three years ago they took the decision to use the burial chambers, at no extra cost for families, for weekend burials only with no option of a regular burial plot, to enable them to respond to requests quickly. In this time 12 of the 38 chambers have been used. Middlesbrough BC have faced issues with the chambers collecting water and have broken out the bottom of the chambers to change them to rings. They have also received comments that the chambers are too close together and therefore have skipped chambers to create more space between burial plots. Middlesbrough BC have received requests to revert to using non-chamber burial plots.
- 1.12. The Council's CIPFA neighbours who also offer burial chambers in their cemeteries have been contacted to share their experience and Rotherham Metropolitan Borough Council (MBC) and

Tameside Metropolitan Borough Council (MBC) responded. Both Councils have a larger Muslim community to SBC and therefore carry out more Muslim burials. Almost half of all Muslim graves in Rotherham MBC have used burial chambers, with only a minority of earthen graves being chosen. Tameside MBC have vaults available to install in any of their eight cemeteries, however only one vault has been installed in the last 12 months, on the family's request. Walsall Metropolitan Borough Council (MBC), who also have a larger Muslim population, has been contacted following community leaders raising them as an example. They have used a variety of chambers including breeze block vaults and concrete vaults/rings. Due to funding, they are now considering self-install shells. They also offer a wooden shoring option too.

- 1.13. The Committee, therefore, recognises the need for a balanced approach that respects cultural and religious practices while ensuring financial and operational sustainability. The recommendations focus on extending burial provision by offering a small number of burial rings as an optional service for those who prefer them, while maintaining traditional soil burials as the standard option. Rings are recommended rather than chambers as, although issues with drainage and settlement cannot be eliminated in the Borough's cemeteries, these pose less of an issue than chambers would. The Committee believe that further investigation into the feasibility and benefit that would be added by extending burial hours, as requested by contributors to the review, is required by officers.
- 1.14. By implementing this measure, the Council can enhance its burial services, demonstrating sensitivity to the Borough's diverse communities while maintaining financial and operational efficiency.

## **Recommendations**

- 1.15. The Committee recommends that:
  1. To extend choice within the Borough's burial provision, a minimum of 10 concrete burial rings with the appropriate drainage are installed in the Muslim section of Thornaby cemetery. This should be an optional offer at an additional cost to those purchasing the plot. The number of burial rings installed may be extended if there is a greater demand for pre-purchasing these.
  2. Officers carry out a further review of the operational feasibility of extending burial hours.

## 2.0 Introduction

- 2.1. This report outlines the findings and recommendations of the Place Select Committee's scrutiny review of Muslim and Faith Burial.
- 2.2. The Council has a statutory duty to provide suitable burial provision, and this is discharged through the provision of cemeteries in Billingham, Oxbridge, Durham Road, Thornaby and Egglescliffe. The review aimed to understand the need, as well as the associated financial and operational requirements, for the provision of burial chambers/vaults within the Boroughs cemeteries as an alternative option to the standard grave plot. Consideration was also given to the extension to the timing of burials.
- 2.3. The Committee undertook the following key lines of enquiry:
  - What options are currently available for burials?
  - What is the demand for burial chambers/vaults?
  - What types of burial chambers/vaults are available?
  - What are the space and other requirements for burial chambers/vaults?
  - What are the cost associated with burial chambers/vaults?
  - Which cemeteries in the borough would be able to accommodate burial chambers/vaults?
  - What are the operational requirements of providing chambers/vaults on the service?
- 2.4. Contributions were sought and subsequently received from Bereavement Services at Stockton-on-Tees Borough Council (SBC), as well as the two local Funeral Directors that carry out Muslim burials in the Borough, North East Muslim Funeral Services and Thornaby Funeral Services. Local Faith leaders shared their views with the Committee, namely representatives from Ali Mrtaza, Farooq e Azam, Usman e Ghani, Abu Bakr and Maryam Mosques, and Darlington Hebrew Congregation Reform Synagogue. A representative from Bowesfield Residents Association also provided their views. Evidence was received from four Local Authorities that have installed burial chambers/vaults, Middlesbrough Borough Council, Rotherham Metropolitan Borough Council, Tameside Metropolitan Borough Council, and Walsall Metropolitan Borough Council.

## 3.0 Background

- 3.1 The provision of burial space is one of the most essential and sensitive services that the Council provides. There can be significant social implications if the Council is not able to offer sufficient levels of burial provision to ensure that families can choose a grave space in geographical areas where they have a personal preference or a local connection with.
- 3.2 Oxbridge Cemetery has Jewish and Muslim section which are now closed, and no further plots are available to purchase. There are two Muslim sections in Thornaby Cemetery, with a 10-year capacity. There are other sections within Thornaby that have not yet been identified for usage.

- 3.3 There are different religious rituals related to burial, and for some faiths the use of burial chambers/vaults are preferred. Currently there are no burial chambers provided within the Borough's cemeteries.
- 3.4 The provision/choice of the type of burial shows that the Council is listening to communities and endeavouring to provide a better and improving service.
- 3.5 The data from the 2021 Census showed the number of people in the Borough who identified with a religion as follows:

Religion	count	%
All usual residents	196,595	100.0
Christian	100,420	51.1
No religion	76,840	39.1
Muslim	6,675	3.4
Hindu	811	0.4
Sikh	782	0.4
Buddhist	532	0.3
Other religion	550	0.3
Jewish	61	0.0

- 3.6 In the Muslim and Jewish faith burials are custom. However, cremation is preferred by the Hindu, Sikh, and Buddhist faith. Both burial and cremation are widely accepted practices within the Christian faith.
- 3.7 The following information provided a background to the review:
  - Place Select Committee Scrutiny Review of Burial Provision 2021 [Final report](#)

## 4.0 Evidence

### Current Provision

- 4.1. As noted in paragraph 2.2, there are five cemeteries in the borough:
  - Durham Road
  - Thornaby
  - Oxbridge
  - Billingham
  - Egglescliffe
- 4.2. The lifespans of the cemeteries are outlined in the table below, with Thornaby Cemetery having the longest lifespan of 70 years including a 10-year lifespan for the Muslim sections, Billingham having 27 years, and Durham Road 5 years. Both Oxbridge and Egglescliffe are closed, which means there are no burial plots available for purchase.

	Durham Road	Thornaby Cemetery	Oxbridge Cemetery	Billingham	Egglescliffe
<b>Full size Multi faith</b>	5 years	70 years	0 years	27 Years	0 years
<b>Muslim</b>	N/A	10 years	0 Years	N/A	N/A
<b>Jewish</b>	N/A	N/A	0 Years	N/A	N/A
<b>Cremated Remains Sections</b>	4 years	51 years	27 years	13 years	0 years

- 4.3. Once a death has been registered, requests can be made for the burial to take place on the same day. The team work with the funeral director to ensure that this happens and it is rare that a same day burial cannot be carried out. Request for burials can be received on weekends and if the registration of death and fully completed paperwork are received prior to 11am on a Saturday, the team will try to get it organised that day. The request and paperwork need to be received by 5pm on Saturday for the burial to take place on a Sunday. The only days that burials do not take place are:
- Good Friday
  - Easter Sunday
  - Christmas Day
  - Boxing Day
  - New Years Day
- 4.4. While it is usually the Muslim community that request a same day burial, a person of any faith can make this request.
- 4.5. Burials take place between 9.30am – 2.45pm March to October and 9.30am – 2pm November to February. Staff shifts are 8am – 4pm and they have other operational duties to maintain grounds during their shift. A small number of requests are received for burials to take place later in the day, which can be for various reasons including allowing time for family and friends from outside of the area to travel to the funeral or to work around prayer times. The requests are considered when received and the outcome reliant on staff agreeing to work overtime. There have been occasions when these requests have been granted. To extend the timing for burials on a permanent basis will require an operational review to ensure it is feasible and may include the need to consult on staff shift patterns.
- 4.6. For some Muslim burials, the plot is filled by the family, and staff will back fill once family have left the cemetery to ensure it has been filled to the correct level.

- 4.7. Issues with settlement of graves is universal across all sections of all cemeteries, and soil must be topped up on newly buried graves in every section. The burial team work up to the point of burial to ensure water is taken out of plots but, once the grave is filled, water will find its way back. Investment has taken place in new sections of the Borough's cemeteries to improve drainage however, as it cannot be carried out on established sections, the older Muslim section in Thornaby cemetery does not have the new drainage system, only the new section.
- 4.8. The faith of the deceased for the majority of burials carried out each year is unknown. Of those burials where faith has been indicated, the biggest faith is Church of England followed by Roman Catholic and Muslim. There have been no Jewish burials since 2020. The number of burials carried out each year since 2020 is outlined below:

Year	Muslim	Jewish	Roman Catholic	Church of England	Unknown	Total
2020	18	0	81	133	283	515
2021	19	0	65	108	296	488
2022	25	0	54	72	352	503
2023	12	0	19	35	381	447
2024	11	0	14	32	354	411

From January 2025 – September 2025 there had been 11 Muslim burials carried out.

### Faith and Community Leaders

- 4.9. Evidence was received from local Imams and Chairs from several Mosques within the area, along with the Chair of Bowesfield Residents Association, who explained the rituals and requirement for burial in their faith. The Mosques represented were Abu Bakr Mosque, Ali Mrtaza Mosque, Farooq e Azam Mosque, Maryam Mosque, and Usman e Ghani Mosque.
- 4.10. It is custom for burials to take place within 24 hours of the death if possible. The body will be taken to the Mosque to be prepared for burial. It is a requirement in the Muslim faith that the body touches the ground when buried and in some countries the body is placed directly into a grave in just a burial shroud. However, in this country, the body is usually placed in a casket before being buried facing Mecca. Family members will fill the burial plot themselves. Burial chambers/rings are a preference for some branches of Islam and not a requirement in Muslim faith.
- 4.11. Members heard from some faith leaders the belief that burial chambers are not necessary for a Muslim funeral and members of the community they serve will prefer their casket to be placed in a standard soil/earthen plot. While no offence will be caused to the community by offering choice, there is concern that the extra cost of chambers will be passed on to families at a time they are

vulnerable due to grief. It was also highlighted that there are people who choose not to bury their family members in Middlesbrough as they do not wish them to be buried in the chambers which Middlesbrough Borough Council use for weekend burials.

- 4.12. Members also heard the opposing view that there is a demand within communities for burial rings and there are people who will be happy to pay extra for these, including people who have already pre-purchased plots. Those advocating for burial chambers believe that rings and chambers are a way to uphold respect for the body of the deceased, treating the body if it is sacred, which is a priority in Islam. They have visited different cemeteries across the country and believe that concrete rings with a lid, which have been used in Walsall, are preferable. Also, there are concerns that the Wooden Burial Frames currently used are collapsing due to the water levels in the ground at Thornaby cemetery, and the need to top up the soil on the grave due to subsidence.
- 4.13. Darlington Hebrew Congregation (DHC) Reform Synagogue, the nearest Synagogue to Stockton-on-Tees, was contacted to ascertain the requirements for burial in the Jewish faith and which cemeteries the local Jewish community are choosing. The DHC informed that in Jewish burials the body is placed in a simple pine coffin wearing a white shroud, arms by the side of the body, and guarded by devoted Jews from the moment of death until the body can be buried which should take place as soon as possible after death, usually within 24 hours. When the coffin is placed in the ground, the family of the deceased will shovel the soil on top of the coffin, and the other Jewish men and women usually wait to put some soil on the coffin.
- 4.14. As noted in paragraph 4.8, there have been no Jewish burials in the Borough for the since 2020. The DHC stated that Jewish burials take place in Darlington simply due to this being where the Synagogue is based and, to their knowledge, there are no issues with the cemeteries in the Stockton-on-Tees Borough.

## Funeral Directors

- 4.15. The Committee received evidence from the two local funeral directors that serve the Muslim Community, Thornaby Funeral Services and North East Muslim Funeral Services.
- 4.16. Several legal requirements and necessary safeguards need to be adhered to before the body of the deceased can be released for burial, and these include sign off by a Medical Examiner as well as a doctor if the death occurs in a hospital. Both funeral directors contact bereavement services and registrars as soon as they are informed of a death to ensure they can carry out the burials as soon as the body is released.
- 4.17. While one Director advised that in their experience it was a minority of Muslims who wish to be buried in burial chambers, the other Director believe that there is a demand in the community for burial rings and that families would be willing to pay the extra cost (highlighted in paragraph 4.26).
- 4.18. A concern was raised with drainage, explaining that due to the climate and terrain in local cemeteries, concrete burial chambers will fill with water. Concrete burial rings will also pose an issue as the water will come from underneath the ring and fill the burial area, acting as a well. It was suggested that the issues of drainage would deter some people from purchasing burial chambers/rings.

- 4.19. It was asserted that the current wooden frames used, as outlined in paragraph 4.23, are not adequate due to the clay-based terrain in local cemeteries retaining water in winter. The frame can collapse when soil is placed on top causing distress to those present and there have been issues with subsidence. They therefore suggest that concrete rings in pre-dug plots be installed, which allows for the casket to touch the ground, as an option for those who wish to purchase these to alleviate these issues.
- 4.20. The gaps in plots in the Muslim section of Thornaby cemetery was highlighted and suggested that these are pre-purchased plots families that cannot used due to the access needed to dig the plot requiring more time. The families buy new plots to ensure their loved one is buried within the 24 hours and the pre-purchased plot remains empty. It was believed that, if burial rings are installed and pre-purchased, there will be no issues with access for digging as the plot is already dug.
- 4.21. In addition, both Funeral Directors highlighted that while it is often possible when a person dies in the morning to hold a burial by 2.45pm the same day, sometimes the paperwork cannot be completed in time. They therefore requested that burial times are extended past the current 2.45pm timeframe to assist in arranging funerals on the same day.

### Vault Options

- 4.22. Members received information on the type of vaults that are available on the market.
- 4.23. **Wooden frames** are currently offered by SBC, introduced during Covid and their use has continued. The frames are built to size, the casket placed inside, and the lid placed on top before the burial plot being filled. The cost for this option is £1,030 plus £790 for the burial fee.

Pro's	Con's
<ul style="list-style-type: none"> <li>• Already in use</li> <li>• Can be made to fit all sizes of coffin</li> <li>• Low cost</li> </ul>	<ul style="list-style-type: none"> <li>• Need to be constructed and fitted on day of interment</li> <li>• Lack resilience of other materials</li> </ul>



- 4.24. **Concrete burial vaults** are connected and installed in advance ready for purchasing. The lid is removed for the casket to be placed in, replaced, and the burial plot filled. The estimated cost of

these is £20,000 for a minimum order of 16 vaults. If the cost is passed on to the family, it could increase the fee to an estimated £3,150.

Pro's	Con's
<ul style="list-style-type: none"> <li>Once installed means digging is not required on the day of interment</li> <li>Lids in sections so easy to remove</li> </ul>	<ul style="list-style-type: none"> <li>Need prior installation</li> <li>Initial capital cost to purchase and install</li> <li>Solid bottom so can act as water tank</li> <li>May require pumping out of any water before interment</li> </ul>



4.25. **Concrete burial rings**, that have four sides and a lid, are also installed in advance and could need a bigger plot to chambers as they are not connected. The lid is removed for the casket to be placed in then replaced and the burial plot filled. As there is no bottom to the ring, drainage of water is less of an issue than a vault and will assist with settlement as the soil is settling on the lid of the ring. If installed, they will be done so in rows with the appropriate drainage. It will not be possible to install in existing plots due to the drainage and surrounding space required for the installation equipment. Residents who have an existing pre-paid plot and wish to have a burial ring would need to be reimbursed for their plot, at the price that they paid, and purchase a new plot.

Pro's	Con's
<ul style="list-style-type: none"> <li>Once installed means digging is not required on the day of interment</li> <li>Ring is not sealed at bottom, so water is not trapped</li> <li>Lids in sections so easy to remove</li> </ul>	<ul style="list-style-type: none"> <li>Need prior installation</li> <li>Initial capital cost to purchase and install</li> </ul>

4.26. The estimated capital cost for installation of concrete burial rings is £21,280 to install 16 rings or £14,740 to install 10 rings. This will increase the estimated cost to the family to either £3,150 or £3,294, depending on the number of rings that are pre-installed. This estimated cost will rise to £3,700/£3,844 with the weekend surcharge. A breakdown of costs is outlined below:

Price for customers	
Right of Burial 100 Year Lease (Plot)	£1,030
Concrete Ring <small>(Proposed cost of ring if 16 preinstalled)</small>	£1,330
Concrete Ring <small>(Proposed cost of ring if 10 preinstalled)</small>	£1,474
Burial Fee	£790
Weekend Interment Surcharge	£550



4.27. **Plastic burial chambers** are not as sturdy but a cheaper option at £450 per unit.

Pro's	Con's
<ul style="list-style-type: none"> <li>• Low cost</li> <li>• Easy to store</li> <li>• Not as resilient as other options</li> </ul>	<ul style="list-style-type: none"> <li>• Still requires digging of grave</li> <li>• Requires storage</li> </ul>



### Other Local Authorities Experience of Providing Burial Chambers

- 4.28. Middlesbrough Borough Council carry out approximately 60 Muslim burials per year. They had installed 38 concrete burial chambers approximately 25 years ago. These were left largely unused until approximately three years ago when the decision was made to use them at a weekend to enable the service to respond more quickly to requests for burial. All weekend burials take place in a burial chamber, with no options for a non-chamber burial, and at no extra cost to the family.
- 4.29. On re-examining the chambers, they were found to have held water and mud. To help with drainage the bottom of the concrete chambers were broken out to create burial rings. Chambers have been left un-used between burials following comments from the families that the burial plots were too close together.
- 4.30. By June 2025, 12 concrete burial chambers had been used, and requests received to revert to using non-chamber burial plots.
- 4.31. The Council's CIPFA neighbours who also offer burial chambers in their cemeteries have been contacted to share their experience of providing this service, and responses received from Rotherham Metropolitan Borough Council (MBC), and Tameside Metropolitan Borough Council (MBC). Both councils have a larger Muslim community than SBC and therefore carrying out more Muslim burials. Almost half of all Muslim graves in Rotherham MBC over a 10-year period have used burial chambers, with only a minority of earthen graves being chosen and the remainder of the graves being baby earthen graves. They charge more for burial chambers to cover purchase and installation cost and install multiple chambers and drainage at a time to minimise ground disturbance. Tameside MBC have vaults available to install in any of their eight cemeteries, however only one vault has been installed in the last 12 months, on the family's request, and this was in one of the two Muslim sections. While they have not received any formal requests to install further burial vaults, they are discussing the need for pre-installing these.
- 4.32. Walsall Metropolitan Borough Council (MBC) was contacted following community leaders recommending the chambers they used. Walsall MBC, who also have a larger Muslim population, informed that they traditionally used a basic four post frame with horizontal beams to hold wooden slats. Following requests, breeze block vaults were installed, however the company employed to install these withdrew the offer. In 2022, 48 vaults/rings were installed, and the last one was recently used. Walsall MBC are now considering self-install shells options, resin shells that drop

over the coffin or concrete shells that coffins are dropped into. They are still offering the wooden shoring option too.

## 5.0 Conclusion

- 5.1. The review highlights the importance of providing burial options that respect the diverse needs of the community. It underlines the Council's statutory duty to ensure sufficient burial provision while addressing the specific requirements of faith communities, particularly the Muslim community whose faith forbids cremation.
- 5.2. All burials in the Borough are conducted in standard soil plots, with wooden frames being used for Muslim burials. Some faith leaders and funeral directors have expressed concerns about the durability of wooden frames, particularly the impact of water levels in burial plots have on the frames.
- 5.3. Evidence from local faith leaders and funeral directors revealed differing opinions on the demand for burial chambers. Some believe burial chambers and rings uphold respect for the deceased and are worth the additional cost, while others argue that traditional soil burials are sufficient and aligned with Islamic customs. Those who oppose burial chambers and rings also raise the associated cost and drainage issues.
- 5.4. The introduction of concrete burial rings, the preferred option among those advocating for chambers, would require upfront investment with costs passed on to families thereby increasing burial fees substantially. The Committee were assured by contributors that there were members of the Muslim community willing to pay the extra cost and therefore will be able to recoup the investment made. Operational challenges such as drainage need to be addressed, and therefore the new section of Thornaby cemetery where work has already taken place to improve drainage is believed to be the most suitable location. Extending burial hours to accommodate same day request and family needs has also been considered, however would require staff consultation and operational changes. These requests are currently determined on an ad hoc basis dependent on staff availability due to the infrequency of not being able to accommodate a same day burial in the operational times.
- 5.5. The experiences from Middlesbrough BC, the only neighbouring Local Authority that offer burial chambers, showed that they have faced issues with water retention, spacing, and low usage rates. While the Council's CIPFA neighbours, Rotherham and Tameside MBC's, have seen demand for chambers, they have much bigger Muslim communities.
- 5.6. The Committee, therefore, recognises the need for a balanced approach that respects cultural and religious practices while ensuring financial and operational sustainability. The recommendation focuses on extending burial provision by offering a small number of burial rings as an optional service for those who prefer them, while maintaining traditional soil burials as the standard option. Rings are recommended rather than chambers as, although issues with drainage and settlement cannot be eliminated in the Borough's cemeteries, these pose less of an issue than chambers would, as well as being the preferred option for those advocating for burial chambers. The

Committee believe that further investigation into the feasibility and benefit that would be added by extending burial hours, as requested by contributors to the review, is required by officers.

- 5.7. By implementing these measures, the Council can enhance its burial services, demonstrating sensitivity to the Borough's diverse communities while maintaining financial and operational efficiency.

## Recommendations

- 5.8. The Committee recommends that:
1. To extend choice within the Borough's burial provision, a minimum of 10 concrete burial rings with the appropriate drainage are installed in the Muslim section of Thornaby cemetery. This should be an optional offer at an additional cost to those purchasing the plot, and the number of burial rings installed may be extended if there is greater demand for pre-purchasing these.
  2. Officers carry out a further review of the operational feasibility of extending burial hours.

## Glossary of Terms

BC	Borough Council
DHC	Darlington Hebrew Congregation
MBC	Metropolitan Borough Council
SBC	Stockton-on-Tees Borough Council
CIPFA	Chartered Institute of Public Finance and Accountancy

## REPORT TO CABINET

11 DECEMBER 2025

REPORT OF CORPORATE  
MANAGEMENT TEAM

## KEY DECISION

Resources and Transport - Lead Cabinet Member – Councillor Paul Rowling

## Financial Update and Medium Term Financial Plan (MTFP)

### Summary

Like many councils across the country, the Council is seeing greater demand and cost pressures across council services which is leading to a predicted larger overspend against budget by the end of 2025/26 financial year. The areas that we are experiencing the greatest budgetary challenges are Adults Social Care, Children's Social Care and Home to School Transport. Mitigating actions have been identified since Quarter 1 to positively reduce the forecast overspend to £4.127m. Work is continuing to identify further actions to mitigate the overspend, however if the current forecast position materialises this will need to be met from earmarked reserves, which is not a sustainable approach.

Over the summer the Government launched the Fair Funding Review 2.0 consultation, which is a fundamental change to how local authorities are funded. The Fair Funding Review 2.0 aims to produce a fairer, evidence-based system that targets funding towards areas with high deprivation and need. The Government has now published their response to the consultation alongside a Local Government Policy Statement which gives an indication of how the changes will impact Stockton-on-Tees Borough Council. This report includes the latest estimate of the planned changes; however, we will not know the actual impact until the Provisional Local Government Finance Settlement expected week commencing 15 December.

The report also provides an indicative update to the MTFP. The emerging position reflects rising costs and demand pressures which exceed the expected increase in Government funding. As a result, the projected budget gap across the MTFP has widened; £11.5m in 2026/27, £18.4m in 2027/28 and £18.7m in 2028/29.

The scale of this gap means that a strengthened programme of service reviews, efficiencies and cost reductions will be required, alongside a measured and time-limited use of reserves with a clear replenishment strategy. Work is underway with Directors to identify a deliverable set of proposals for the February budget, with early emphasis on accelerating existing activity within Powering Our Future and expanding its scope where necessary.

Powering Our Future continues to provide the Council's overall framework for service transformation and improvement. It has already delivered several tangible benefits. However, given the heightened financial context, the programme now needs to operate at a greater pace and scale. Over the coming weeks, Directors will be required to identify specific, evidenced savings proposals that can be progressed through POF and our design principles for inclusion in the 2026/27 budget, supported by clear delivery milestones.

Further detail on potential service changes, efficiency options and reserves strategy will be brought forward in the February budget report. The Council will also shortly begin consultation on the 2026/27 budget to support transparent decision-making and ensure stakeholders can understand and comment on the choices ahead.

The report also contains rationale for the virement of monies between projects within the Thornaby Town Deal programme, to support works in the Regeneration of Thornaby Town Centre workstream.

### **Reasons for Recommendation(s)/Decision(s)**

To update Members on financial performance in 2025/26 and to outline proposals for the 2026/27 Budget and MTFP based on latest available information.

### **Recommendations**

1. That the updated financial position for 2025/26 be noted.
2. That the revised Capital Programme at Appendix A be noted.
3. Approve the virement of £500,000 from the Connecting Thornaby – Cycleways workstream allocation alongside £235,000 from the North Thornaby workstream into the Regenerating Thornaby Town Centre workstream.
4. That the emerging issues for the MTFP be noted.

### **Detail**

#### **FINANCIAL POSITION 2025/26**

#### **FINANCIAL POSITION AS AT 30 SEPTEMBER 2025**

#### **GENERAL FUND**

1. Members will be aware that the report to Cabinet in September, which covered the first quarter of the financial year, reported a pressure of £1.684m. Growing demand for Council services and the increased cost of delivery is putting pressure on several budget headings.
2. The following table details the projected budget outturn position for each Directorate in 2025/26, based on information to 30 September 2025.

Directorate	Annual Budget £'000	Projected Outturn £'000	Projected Variance Q2 Over/ (Under) £'000	Projected Variance Q1 Over/ (Under) £'000	Movement from Q1 £'000	Mitigating Actions £'000	Adjusted Projected Movement Q1-Q2 £'000
Adults, Health & Wellbeing	107,081	108,783	1,702	(443)	2,145	(680)	1,465
Children's Services	63,680	66,642	2,962	645	2,317	(285)	2,032
Community Services, Environment & Culture	56,861	58,128	1,267	858	409	(441)	(32)
Finance, Transformation & Performance	15,844	15,471	(373)	(55)	(318)	0	(318)
Regeneration & Inclusive Growth	3,262	3,633	371	168	203	(335)	(132)
Corporate Services	12,203	11,944	(259)	(179)	(80)	(52)	(132)
Corporate Items	4,802	4,502	(300)	90	(390)	(750)	(1,140)
<b>Total</b>	<b>263,733</b>	<b>269,103</b>	<b>5,370</b>	<b>1,084</b>	<b>4,286</b>	<b>(2,543)</b>	<b>1,743</b>
Pay Offer	0	600	600	600	0	0	0
Transformation Savings Shortfall	0	700	700	0	700	0	700
<b>Adjusted Total</b>	<b>263,733</b>	<b>270,403</b>	<b>6,670</b>	<b>1,684</b>	<b>4,986</b>	<b>(2,543)</b>	<b>2,443</b>
Mitigating Actions			<b>(2,543)</b>				
<b>Revised Q2 Variance</b>	<b>263,733</b>	<b>270,403</b>	<b>4,127</b>				

3. The projected position indicates a significant financial pressure for the current financial year, largely because of growth in demand for council services. All Directorates are considering opportunities to reduce / defer spend to support the position and this will be kept under close review for the remainder of the year.

### Mitigating Actions

4. Following the projected overspend at Quarter 1, senior officers undertook an urgent exercise to identify mitigating actions that could improve the projected overspend. This has identified (£2.543m) of savings that can be used to improve the in-year financial position, to a predicted £4.127m predicted overspend. This includes actions such as reviewing and maximising grants, rebasing budgets and holding vacancies.

### Reasons for movements since Quarter 1 over £100,000

#### Adults, Health and Wellbeing

5. Demand for Adult Social Care Services has continued to increase in the quarter with pressures emerging across all budgets for residential services. The forecasted budget position on residential placements for Older People, including those with mental health conditions, has worsened by £667,000 since Quarter 1. Demand for residential placements for people with Learning Disabilities has increased further, with several

additional clients requiring services over the past quarter, generating an increased projected overspend of £138,000.

6. There has been an increase in the number of people requiring support from Care at Home services due to mental health conditions, with the projected position being £288,000 worse than at Quarter 1.
7. Increased demand across Adult Social Care Services is increasing the requirement for Deprivation of Liberty (DOLs) assessments, with additional assessors' costs to meet demand. There is expected to an increased overspend on this budget of £229,000.
8. There are anticipated savings within the Housing Service, mostly due to staffing vacancies of (£259,000).
9. A review of debtor invoices outstanding for the Directorate has been undertaken. This has highlighted an increase in outstanding debt. All debts are being reviewed to identify mitigating action, however, it is prudent to include the requirement for a contribution to the provision for bad debts which is likely at the year-end, this has been estimated at £820,000.
10. Deep dive analysis is being undertaken across all pressure areas to understand the contributing factors, and where possible, robust mitigations will be put in place to manage this position.

### **Children's Services**

11. Pressures within Children's Services are continuing this financial year. The number of Children in Our Care has increased since the Quarter 1 financial position was reported. Children placed in connected care or special guardianship arrangements has increased this quarter, with a further pressure of £140,000 anticipated across these budgets.
12. Several children have been placed into external children's homes since Quarter 1. The remaining budget for growth that was assumed to be sufficient in Quarter 1 has now been utilised and this budget is now projecting an overspend of £1.9m.
13. Demand for services for children with disabilities, such as short breaks provision and respite care is expected to be higher than budget and a projected overspend against this budget is now anticipated at £315,000.
14. Recruitment of Education Psychologists continues to be challenge and is a recognised national issue for Local Authorities. Due to the need to use external professionals to deliver assessments, the budget is projected to be overspent £278,000.
15. Additional grant income has been received from Department of Education, including grants to fund the employer national insurance costs of non-teaching staff, which is offsetting the overall position (£400,000).

### **Community Services, Environment and Culture**

16. The number of children requiring Home to School Transport has continued to grow in the quarter. As a result, the service has a further predicted overspend of £257,000.

17. A shortfall of car parking income and additional costs to deliver the service, have resulted in a forecast pressure of £250,000.
18. The HVE service is anticipated to make a (£261,000) saving. This is predominantly related to additional work and subsequently income to the service. Some of this is partially offset by additional costs associated with delivering the aforementioned work.
19. The facilities management service has received additional income and this is the driver of the (£138,000) improvement.
20. Vehicle services have experienced further pressures due to increased costs on parts and the renewal of hired vehicles at a higher rate. These result in a movement of £271,000.
21. The Highways Service has seen additional income due to recovering Section 74 and Fixed Penalty Notices (FPNs) from contractors. This has improved the position by (£122,000).

### **Finance, Transformation and Performance**

22. The emerging pressure described at Quarter 1, due to an increase in payments of benefits where subsidy is not paid at the normal 100% rate, relating to supported accommodation and increased provision of temporary accommodation, has been reviewed alongside potential grant funding. Additional income has now been assumed to offset this pressure and the financial position has improved by (£219,000).
23. Further salary savings since Quarter 1 in the Administration Service are anticipated to generate projected savings of (£100,000).

### **Regeneration and Inclusive Growth**

24. The Council will continue to work with prospective tenants on future lettings to mitigate against the shortfall on income at Wellington Square, however, there continue to be vacant units, leading to a further anticipated pressure. Car parking income will also be slightly lower than budgeted. The overall additional pressure will be £100,000.

### **Corporate Services**

25. There have been no significant movements in the projected position for Corporate Services.

### **Corporate Areas**

26. A review of Treasury Management costs (AMRA) costs has been undertaken as part of mitigating the financial position. The Council is currently benefiting from an improved investment position in the short term, due to interest rates remaining at a higher rate, resulting in savings against budget of (£630,000).

### **Dedicated Schools Grant**

27. The Dedicated Schools Grant (DSG) is a ringfenced grant the Council receives to deliver defined education services including Schools, Early Years and Special Educational Needs (High Needs). The grant is awarded by the Department for Education on an annual basis and the amount is determined by a national formula.

Members will be aware that we are experiencing growing demand in services for pupils with Special Educational Needs. This is also true of many Councils across the Country.

28. The Dedicated Schools Grant is accounted for in a separate ring-fenced account and guidance states that any deficit should not be funded from the Council's General Fund. This deficit is therefore not included within the Council's overall budget gap. The deficit was at £6.72m at 31 March 2025 and it is forecast to increase to £11.37m by 31 March 2026. The main reasons for the estimated growth in budget deficit is increased demand in the number of children with SEND and increased complexity of need generating higher top-up payments per child.

29. Details of estimated variances against budget exceeding £200,000 are:

- a) £231,000 resulting from an increase in cost / number of SEND pupils placed in other LA maintained schools.
- b) £1.2m relating to the anticipated additional costs arising from the introduction of new Additional Resource Provision / Special Education Needs units and continuing support to the remaining Enhanced Mainstream School provisions.
- c) £580,000 relating to exceptional high needs payments for pupils within both mainstream and special academies.
- d) £612,000 in top up payments for greater costs and additional pupils educated in academy schools located outside of Stockton-on-Tees.
- e) £1.71m in excess of budget to non-maintained and independent providers. This is mainly due to a significant growth in the number of children educated in independent special schools. Since March 2023 the number of placements has increased by 56% and the cost forecast to increase by 89% across the same time period.
- f) £200,000 overspend estimated related to alternative provision costs and costs associated with excluded pupils.

### **Powering our Futures – Progress Towards Closing the Budget Gap**

30. The Powering Our Futures programme, and in particular the transformation mission has identified savings of £5.8m by 2026/27 included within the budget report in February 2025. In addition, the Fostering Review has also identified further savings across the MTFP. The remaining savings target for 2025/26 is £1.350m and £2.256m in 2026/27.

31. The 2025/26 position can be updated as follows:

- The transformation review on Supporting People to Live Independently continues to have a positive impact on services for people with a physical disability in the community and has achieved £500,000 savings per year towards the transformation target.
- Staffing within the administration service has been reviewed under the transformation review of Administration and Business Services and several vacant posts can now be removed from the structure, contributing £170,000 per year towards the savings target.

32. The updated position for 2025/2026 means there remains a savings target of £700,000 in this year. Work is ongoing with the existing reviews with further savings anticipated to be achieved. The delivery of these savings will be considered as part of the MTFP report in February.

### General Fund Balances and Reserves

33. The Council aims to retain General Fund Balances at a prudent level, currently £8,000,000. This figure has remained unchanged since 2022/23 and a review is being undertaken to assess the appropriate level of general fund balances and earmarked reserves considering the Council's MTFP.
34. As described in paragraphs above, should the projected position for the current financial year materialise at year end, then the sum of £4,127,000 would need to be funded from reserves.
35. Like many councils across the Country over recent years the Council has experienced unprecedented demand and cost pressures upon services and budgets. This has resulted in a number of overspends, which has been funded by reserves. As a result, the level of earmarked reserves has reduced considerably and, as expressed in previous reports, this position is unsustainable. The budget and MTFP must ensure the Council's financial resilience and sustainability, and having an appropriate level of reserves to smooth the impact of financial uncertainty is critical.
36. The table below summarises the current estimated planned usage of reserves. The figures exclude school balances and reflects planned contributions to reserves in 2025/26, reflected in the adjusted opening balance figure. The forecast opening balance for 2026/27, allows for funding of the 2025/26 projected overspend:

<b>Earmarked Reserves</b>	<b>Adjusted Opening Balance  £'000</b>	<b>Forecast Usage 25/26  £'000</b>	<b>Forecast Opening Bal 26/27  £'000</b>
Capital Scheme Reserves	(6,724)	3,450	(3,274)
Insurance Fund	(5,193)	500	(4,693)
Service Development & Improvement	(3,457)	2,286	(1,171)
Partnership / Statutory Reserves	(2,474)	798	(1,676)
Transformation & Implementation	(2,207)	1,294	(913)
MTFP Support Reserve	(2,182)	2,182	0
Pooled Funds and Interest Rate Risk	(1,962)	962	(1,000)
PFI Scheme Liability	(1,547)	15	(1,532)
Public Health Reserve	(1,175)	888	(287)
<b>Total</b>	<b>(26,921)</b>	<b>12,375</b>	<b>(14,546)</b>

37. The budget report will include a detailed review of the Councils reserves levels and proposals on how to address the reserves to a more sustainable level across future years whilst managing the immediate financial challenges.

## **MEDIUM TERM FINANCIAL PLAN 2025 – 2028**

38. The projected position across the medium term has been reviewed.

### **Current Approved MTFP**

39. The current approved position in February 2025 was as follows:

	<b>2026/27</b>	<b>2027/28</b>	<b>2028/29</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Budget Gap	2,937	3,892	4,411

40. The table above includes rolling forward the MTFP for an additional year into 2028/29, this is based on the same assumptions as the report to Council in February 2025.

### **Financial Outlook**

#### **Fair Funding Review 2.0**

41. The Fair Funding Review 2.0 represents a significant reform of how Central Government funding is distributed to local authorities in England, having not been substantially updated since 2013/14. During Summer 2025 the Government launched a consultation on plans to refresh this methodology.
42. From 2026/27, there will be a new system for allocating funding to councils, which will reflect an updated assessment of needs and abilities to raise revenues via council tax. The Government does not propose to move immediately to the updated allocations but instead to phase them in over three years.
43. The proposals will see several reforms to Local Government finance, including a shift to multi-year financial settlements from 2026/27 and steps to consolidate the number of grants received by local authorities.
44. As part of the Fair Funding Review 2.0, the Government is also proposing a major reset of the Business Rates Retention System. The reset aims to redistribute retained rates income in line with relative need, growth and resources. This will have a significant impact upon the retained business rates of individual local councils.
45. Indicative numbers are included later in this report of the estimated impact of these changes upon the Council. At this stage these numbers are only estimates and are likely to change. The provisional local government finance settlement, expected week commencing 15<sup>th</sup> December, will include allocations at a local authority level, this will then be confirmed in the final local government finance settlement expected in February 2026.

#### **Local Government Finance Policy Statement and the Autumn Budget**

46. The Government announced the Local Government Finance Policy Statement on 20 November. This statement included the Government response to the Fair Funding Review 2.0 consultation, and other measures which will be delivered through the 2026/27 Local Government Finance Settlement. Alongside this they have also

published a policy statement on resetting the business rates retention system from 2026 to 2027.

47. The main headlines from these announcements include:

- a) The recovery grant, which was introduced for the first time in 2025/26, will continue for the next three years and local authorities in receipt of this grant will be guaranteed a minimum increase.
- b) The Government have confirmed the settlement will cover a three year period.
- c) The principles of Fair Funding will be implemented, namely to produce a fairer, evidence-based system that targets funding towards areas with high deprivation and need.
- d) The model applies damping to cushion the impact of funding changes to individual local authorities as a result of the new formula. This is funded within the overall national total of funding available to fund local authorities and is applied across the three year settlement period.
- e) The business rates retention system will be reset in 2026/27.

48. The Autumn Budget was announced 26 November 2025. Due to the closeness of this announcement to this report's publication date, any potential impact of announcements within the Autumn Budget upon the Council's MTFP are not reflected within this report and will be included in the budget report to Council in February.

### **Provisional Local Government Finance Settlement**

49. The full impact of the Fair Funding Reforms will be included within our February report. Until then, our outcome of the Fair Funding Review 2.0 relies on indicative assumptions provided by external advisors and are subject to change.

50. The Provisional Local Government Finance Settlement is now expected to be announced week commencing 15 December. This will include provisional allocations at a local authority level of the changes mentioned above. This will subsequently be confirmed in the final Local Government Finance Settlement expected in February 2026.

### **Changes to Current Expenditure Plans**

51. Since the report to Cabinet in February 2025, there are several changes which will require the MTFP to be updated. Work is ongoing to forecast the implications of national announcements described above, as well as the impact of cost and demand growth across the MTFP. The information below sets out the indicative assumptions of updates required to the MTFP.

52. Adult's Social Care - The existing MTFP includes an annual uplift of £2.5m per year in respect of the impact of National Living Wage and inflation increases on Adult Care Fees. The recent announcement setting the National Living Wage level for 2026/27 at £12.71, has now been reflected in the assumptions for the budget requirement for fee uplifts. In the current year we continue to see growth in the number of placements incurring care costs. The projections use a detailed combination of the information available across a variety of factors, which attempts to reflect these pressures across

the full three years of the MTFP. The current working assumption is a further increase of £4.5m in 26/27, £6m in 27/28 and £7.5m in 28/29.

53. Children's Social Care - Members will be aware from MTFP update reports over recent years the scale of the financial challenges Councils across the country are facing in relation to Children's Social Care costs. Since 2021/22 the average cost of an external residential placement has increased by almost 70%. Members will recall that significant investment has been made across Children's Social Care and in preventative services to try to keep pace with costs and demand, however we are still experiencing growth that outstrips this investment.
54. Children's Social Care is a major strand of the Council's transformation programme with significant time and resource invested into exploring ways to improve services, reduce demand and ultimately relieve budget pressures. The transformation programme includes areas such as fostering, residential care provision and preventative services.
55. These trends and demands within Children's Social Care are common across the country, with many local authorities facing the same issues. There are many external factors that are forcing prices up, creating a really devastating impact on council budgets. Work is ongoing within the transformation programme to try to mitigate the impact of some of these influences, however despite this it is estimated that further investment is required across the MTFP; £5m in 26/27, £9m in 27/28 and £13m in 28/29.
56. Pay award - The financial impact of the agreed pay award for 2025/26 will continue into following years. Based on more up to date information we have reviewed the pay award level required for future years. The agreed MTFP assumes 2% pay award across all years. The assumption for all years across the MTFP has been updated to 3% per year. This is in line with latest intelligence.
57. Community Transport – the level of demand for the home to school transport service continues to increase and is causing a budget pressure far greater than the additional resources allowed for within previous MTFPs. Since 2023-24 we have seen an increase in the cost of providing this service by 44%. We are therefore anticipating a further rise in costs across the Medium Term totalling £1.675m in 26/27, rising by £1m per year after ongoing. This is a pressure that is faced by many councils across the country and the financial challenges are well documented. There is a link between the growth in numbers of children with Special Educational Needs and the growth in numbers of children receiving transport to school.
58. Dedicated Schools Grant Deficit – as described in paragraphs 27-29 above, like most councils across the country, we are experiencing sharp rises in the number of children with Special Educational Needs, as a result the deficit on the Dedicated Schools Grant is projected to grow in 2025/26. The deficit is currently subject to an override and not a cost that hits the Council's general fund budget. However, servicing the financing of the deficit is a cost to the Council's general fund and cannot be passed to the Dedicated Schools Grant. The current cost of this is estimated at £500,000 pa. If the deficit were to increase or decrease, these financing costs would also change.

59. Building and Utilities - the Council has previously allocated additional funding to Tees Active Limited to meet particularly high rise in inflation and utilities costs. As noted in the Quarter 1 MTFP update report to Cabinet in September 2025, this is no longer required and will result in an ongoing saving of £500,000 per year.
60. The maintenance costs for Council owned buildings has been supported by reserves for several years, however this is no longer sustainable and the additional amount required each year, £500,000, is added into the MTFP.
61. The utilities costs for SBC buildings is anticipated to increase next year by £374,000 due to an expected increase in price of electricity as notified via NEPO.
62. The Strategy for Stockton-on-Tees Borough Council Outdoor Play Provision 2025 taken to Cabinet in July 2025 and October 2025 outlined that in order to 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 £150,000 per annum of resources would be required.
63. Local Plan - The Council is currently working through the Local Plan cycle. There have been significant recent changes in the revised National Planning Policy Framework and in order to ensure a robust and compliant plan is formulated, additional resources are required over the duration of the MTFP, £50,000 in 2026-27, rising to £300,000 in 2028-29.
64. Local Election (May 2027) – The next local elections are due in May 2027 and the cost is estimated to be £440,000.
65. General Fund Balances – as described in paragraphs 34-38 above the Council is required to maintain an appropriate level of general fund balances. The current level is £8m which has been unchanged since 2022/23. An allowance is included within the MTFP to increase the general fund balances to an appropriate level across the MTFP.
66. MTFP Resilience/Demand – a review of the Council's reserves has been undertaken, and greater detail will be included in the budget report to Council in February on the Council's reserves position. Within last years budget report the MTFP Resilience reserve was created to reflect the difficult financial challenges we are facing. Considering the ongoing challenges, it is proposed to include within the MTFP an allowance to increase this reserve and also earmark funds to explore invest to save opportunities.
67. Mitigating Actions / Savings Plans from 2025/2026 carried forward – as described in paragraph 4 above, action has been undertaken to manage the financial position and identify ongoing budgetary savings. A number of the actions identified span across the MTFP and the savings are brought into the table below.
68. The projected expenditure increases are summarised in the table below:

	2026/27 £'000	2027/28 £'000	2028/29 £'000
<b>Changes to expenditure plans</b>			
Adults Social Care	4,500	6,000	7,500

Children's Social Care	5,000	9,000	13,000
Pay Award 3% (from 2%)	1,582	3,086	4,636
Community Transport	1,675	2,675	3,675
DSG Deficit - Borrowing Costs (SEND)	500	500	500
Building & Utilities	374	374	374
Outdoor Play Provision	150	150	150
Local Plan	50	200	300
Local Election May 2027	0	440	0
General Fund Balances	1,000	1,000	1,000
MTFP Resilience / Demand	3,000	3,000	3,000
Mitigating Actions	(1,102)	(1,238)	(1,238)
<b>Total Service Changes</b>	<b>16,729</b>	<b>25,187</b>	<b>32,897</b>

## Income and Resources

69. As noted in paragraphs 41-45, the outcome of Fair Funding 2.0 will have a significant impact on grant funding allocated to Local Authorities from Central Government. Indicative assumptions informed by external advisors have been included below, however these remain highly uncertain and may change. We will have a firmer expectation of actual funding in the provisional Local Government Finance Settlement, which is expected week commencing 15 December and will include the provisional funding allocations for 2026/27, 2027/28 and 2028/29.
70. Whilst the Fair Funding Review 2.0 is recognising needs and deprivation, the growth in services and demand is still outstripping the growth in funding available.
71. Due to the scale of changes to Local Government funding this year, significant work is ongoing to understand the impact of these changes on Stockton-on-Tees. Collaboration across councils is taking place as well as engagement with Local Government finance experts. The modelling has moved several times since the launch of the consultation and it is likely that it may change again until the Local Government Finance Settlement is announced. The numbers included may therefore be subject to change.
72. Confirmation that the Extended Producer Responsibility Grant will continue in 2026/27 was received early November and this has been included within the updated plan. The estimated allocation for 2026/27 is just over £3m. It is anticipated that producers will be incentivised by the tariff to reduce the amount of packaging they produce, therefore reducing the national total collected by the tariff, in turn reducing allocations to local authorities. We are therefore estimating a reduction in the tariff across the MTFP.
73. Council Tax and Business Rates – projections of council tax and business rates income are being updated and the figures underpinning this report will be kept under review prior to the final budget report in February. At this point the updated MTFP includes projections of growth in the Council Tax Base.
74. These changes to resources and income are summarised in the table below:

	2026/27	2027/28	2028/29
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	£'000	£'000	£'000
<b>Potential Additional Resources</b>			
Fair Funding inc NNDR	(3,737)	(6,739)	(15,206)
Extended Producer Responsibility	(3,414)	(2,914)	(2,414)
Tax base growth	(1,000)	(1,000)	(1,000)
<b>Total Funding changes</b>	<b>(8,151)</b>	<b>(10,653)</b>	<b>(18,620)</b>

## Summary Position

75. A summary of the projected budget position over the MTFP is outlined below:

	2026/27 £'000	2027/28 £'000	2028/29 £'000
Opening Budget Pressure	2,937	3,892	4,411
Expenditure Pressures	16,729	25,187	32,897
Additional Income and Resources	(8,151)	(10,653)	(18,620)
<b>Budget Gap</b>	<b>11,515</b>	<b>18,426</b>	<b>18,688</b>

76. The above table demonstrates that there is a significant projected budget gap over each year of the medium-term plan. The budget gap has resulted from growth in service demand and costs outstripping the increase in funding anticipated through the fair funding reforms. As noted above the report makes informed assumptions on income levels and spend levels which may be subject to change, this will be updated in the budget report to Council in February. This assumes the original savings from Powering our Futures are achieved.

77. The current plan assumes a council tax increase of 2.9% in each year. Government have confirmed that the referendum limit in 2026/27 will stay the same as previous years at 5% increase, with indications that this may continue through to 2029. This referendum limit is made up of 2% increase for Adult Social Care Precept and 3% for core council tax. The potential additional resources available from a further 2% increase would equate to £2.5m for each year. Due to the size and immediacy of the budget gap, as part of the budget report, officers will recommend to members that the maximum council tax increase permissible within the referendum limits is applied.

78. The budget report in February will provide further detailed information on how the budget gap will be addressed. This will also factor in the outcome from residents and other stakeholders as part of the budget consultation. We have already identified savings across many council services through the Powering our Futures programme and it will be key to resolving the budget gap in future years.

79. The councils earmarked reserves have depleted over recent years due to ongoing growth in service delivery costs exceeding budgets, this means the Councils ability to use reserves to smooth the budget position is very limited. The Council's liquidity and borrowing position remains strong and more comprehensive detail will be included within the budget report to Council in February.

80. It is therefore essential that savings and efficiencies are identified over the coming weeks as part of preparing the Council's budget for 2026/27. At this stage, work is

underway to scope a realistic and deliverable programme, with early areas of focus likely to include:

- Maximisation of external income – reviewing partnership arrangements and grant funding
- Capital programme expenditure and financing review including maximisation of assets
- Targeted reviews covering a range of council services
- Review of discretionary services and fees and charges
- Exploration of income generation opportunities
- Review of contractual arrangements
- Flexible use of capital receipts to support transformation of services
- Review of the Council's approach to traded services
- Modernisation and efficiency of services

Further work is now underway through the Powering our Futures programme with Directors to assess the deliverability, impact and financial benefits of these areas and a more detailed set of proposals founded upon our design principles will be presented in the February 2026 budget report.

81. The final decision on council tax will be taken as part of the report to Council in February, along with the approach for further savings to ensure a balanced budget is set.
82. The Council will shortly be launching a consultation on our budget for 2026/27. We want to hear from everyone; residents, local businesses, and other stakeholders, so that together we can shape a financial plan that works for Stockton-on-Tees. Feedback gathered from the consultation process will be included within the February report.

## **CAPITAL PROGRAMME**

83. The updated Capital Programme is set out at Appendix A and summarised in the table below:

<b>CAPITAL PROGRAMME Up to 2027</b>	<b>Current Approved Programme £'000</b>	<b>Programme Revisions £'000</b>	<b>New Approvals £'000</b>	<b>Revised Programme £'000</b>
School Investment Programme & Children's Services	16,088	(1,760)	5,740	20,068
Inclusive Growth	11,143	(1,349)	0	9,794
Regeneration	147,293	697	0	147,990
Transportation	24,837	740	137	25,714
Community & Environment, Culture & Leisure	19,712	650	242	20,604
Adults, Health & Wellbeing	5,261	9	1,529	6,799
Xentrall ICT	900	0	0	900
Council Wide	20,000	(650)	0	19,350
<b>Total Approved Capital MTFP</b>	<b>245,234</b>	<b>(1,663)</b>	<b>7,648</b>	<b>251,219</b>

84. The Capital Programme will be updated in the report to Cabinet and Council in February.

### **Virement Between Projects**

85. Criminal damage to the Golden Eagle in the period between asbestos surveys and work commencing, including theft of materials from the building, anti-social behaviour and arson attacks and flooding, has spread hazardous materials throughout all levels of the building. Water borne asbestos permeating through parts of the building has led to asbestos being distributed to previously well contained, uncontaminated areas. The asbestos removal and 'soft strip' (fixtures, fittings, carpets, furniture etc) need to be completed under more onerous, licensed conditions, altering i) the scope of works, ii) the programme and iii) the resources required to achieve a cleared site.

86. In order to meet the Council's duty of care under the Occupiers Liability Act 1984, measures to secure the building were implemented prior to the criminal damage, including hoarding the undercroft area of the front canopy, installing metal sheeting to all the window and door openings of the ground, first second and third floors; installing warning signs internally and externally regarding the presence of asbestos and weakened roof structure. Despite this, the building was illegally entered by individuals who have placed themselves at significant risk.

87. As a responsible client and in line with the Occupiers Liability Act 1957, it was necessary for the Council to instruct demolition contractor, MGL to commence the increased scope of asbestos removal works to prevent the risk of exposure and any further criminal trespass. This work is now underway within the budget approved in July 2025.

88. The changes to the scope of works has elongated the overall programme from the originally envisaged 36 weeks to 62 weeks taking into account the more onerous requirements and operating procedures brought about by the widened contamination,

additional labour, materials, equipment and an additional 26 weeks of preliminaries costs resulting in budget pressure of £600,000. It is therefore proposed that the budget pressure is met from unspent budgets from other projects within the Thornaby Town Deal programme, namely:

- i. Connecting Thornaby - Cycleways Project - The cycleway works have been tendered, resulting in an underspend of £500,000 against the Town Deal funding within the previously allocated budget for this project, whilst still allowing for contingency in the project
- ii. North Thornaby Housing Workstream – project has now performed better than anticipated with all bar one target output exceeded, bringing ten problem properties under control, delivering over 9000 individual security measures incorporating the expansion of eligible areas and properties alongside over 450 energy efficiency investments in properties in the North Thornaby area, with no further property owners or tenant enquiries currently eligible for works. This leaves an underspend against budget of £235,000 across the North Thornaby programme.

89. To enable the full demolition of the Golden Eagle and achieve a cleared site, additional resources need to be allocated, and Cabinet are therefore asked to approve the virement of £500,000 from the Connecting Thornaby - Cycleways workstream allocation alongside £235,000 from the North Thornaby workstream into the Regenerating Thornaby Town Centre workstream. Any unspent funds will then be added to the contingency budget for the other scheme within the Regenerating Thornaby Town Centre workstream, Thornaby Pavilion swimming pool and gym project.

90. Thornaby Town Deal Board have given their endorsement to this approach at the meeting held on 1 December 2025.

### **Reasons for Movements Over £100,000**

#### **New Schemes**

91. £3,980,000 has been added into the capital programme in respect of investment in schools. This comprises £3,880,000 from Developer Agreements and £100,000 from grant. Alongside this, previously unallocated grant of £1,760,000 has been attributed to specific schemes. This is in line with the School's Investment update reports taken to Cabinet in July 2025
92. £200,000 for the replacement of vehicle ramps at Cowpen Depot have been added. These are funded from RCCO.
93. Projects supporting the Accelerating Affordable Housing Delivery programme have been added. The £1,529,000 are funded by S106 Developer Agreements. This is line with the June 2025 report to Cabinet.

#### **Revisions**

94. £650,000 has been moved from the Council Wide £20,000,000 borrowing approval to support the expansion at Billingham Forum Gym; this is in line with the July 2025 report to Cabinet.
95. Costs relating to feasibility work for Tees Central are to be removed from the Capital Programme, £550,000. This is following the July 2025 Cabinet report.
96. £1,340,000 of Indigenous Growth Fund is reallocated to the Golden Eagle, in line with the July 25 Powering Our Futures - Regeneration Mission Report.
97. The Cowpen Bewley WP to Wolviston - cycle scheme, adding in funding of £245,000, funded from grant.
98. For the Yarm/Stockton Cycleway LUF2, adding in funding of £180,000, funded from grant.
99. Ingleby Way to Thornaby - left turn filter bus scheme, adding in funding of £131,500, funded from grant.

### **Community Impact and Equality and Poverty Impact Assessment**

100. As part of the process of making changes to policy or delivery of services, we consider the impact on our communities. No changes to policy or service delivery are proposed as part of this report.

### **Corporate Parenting Implications**

101. No direct implications.

### **Financial Implications**

102. The report summarises the financial position for 2025/26 based on information for the second quarter of the financial year and updates Members on the MTFP and Capital Programme.

### **Legal Implications**

103. None.

### **Risk Assessment**

104. This Council's MTFP is categorised as High risk. Growing demand for services, greater costs, funding uncertainty, lower levels of reserves and the requirement to generate large volumes of budgetary savings contribute towards a particularly challenging financial position. There are a number of assumptions in this report, which are subject to external factors and may change.
105. Robust financial management arrangements are in place, as well as strong governance surrounding the delivery of savings through the Powering our Futures programme. A more detailed risk assessment will be included within the budget report to Council in February.

### **Wards Affected and Consultation with Ward/ Councillors (refer to Concordat for Communication and Consultation with Members)**

106. Not applicable.

## Background Papers

- iii. Financial Update and MTFP (2025-26 Quarter 1) - Report to Cabinet – 18 September 2025
- iv. Medium Term Financial Update and Strategy – Report to Council – 19 February 2025
- v. Powering our Future: Regeneration Mission Update – Report to Cabinet – 17 July 2025

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## Capital Programme September 2025 – Appendix A

CAPITAL PROGRAMME Up to 2027	Current Approved Programme	Programme Revisions	New approvals	Revised Programme
<b>SCHOOL INVESTMENT PROGRAMME &amp; CHILDRENS SERVICES</b>				
School Investment Programme	15,442,436	(1,760,000)	5,740,000	19,422,436
Children Investment	646,261	0	0	646,261
<b>SCHOOL INVESTMENT PROGRAMME &amp; CHILDRENS SERVICES</b>	<b>16,088,697</b>	<b>(1,760,000)</b>	<b>5,740,000</b>	<b>20,068,697</b>
<b>INCLUSIVE GROWTH</b>				
Inclusive Growth & Development	8,393,564	(1,349,000)	0	7,044,564
Office Accommodation	2,750,000	0	0	2,750,000
<b>INCLUSIVE GROWTH</b>	<b>11,143,564</b>	<b>(1,349,000)</b>	<b>0</b>	<b>9,794,564</b>
<b>REGENERATION</b>				
Stockton Town Centre Schemes	18,947,601	9,000	0	18,956,601
Reshaping Town Centres	8,805,275	(550,000)	0	8,255,275
Billingham Town Centre	30,000,000	0	0	30,000,000
Thornaby Town Centre	33,070,923	1,340,000	0	34,410,923
Re-Development of Castlegate Site	30,934,381	0	0	30,934,381
Yarm & Eaglescliffe LUF	23,909,840	0	0	23,909,840
Infrastructure Enhancements, Regeneration & Property Acquisitions	1,624,597	(101,746)	0	1,522,851
<b>REGENERATION</b>	<b>147,292,617</b>	<b>697,254</b>	<b>0</b>	<b>147,989,871</b>
<b>TRANSPORTATION</b>				
City Regional Sustainable Transport	12,753,782	0	80,912	12,834,694
Other Transport Schemes	10,551,776	655,469	0	11,207,245
Developer Agreements	1,530,973	84,588	56,086	1,671,647
<b>TRANSPORTATION</b>	<b>24,836,531</b>	<b>740,057</b>	<b>136,998</b>	<b>25,713,586</b>
<b>COMMUNITY &amp; ENVIRONMENT AND CULTURE &amp; LEISURE</b>				
Energy Efficiency Schemes	400,000	0	0	400,000
Environment and Green Infrastructure	9,449,023	649,963	41,723	10,140,709
Waste	8,125,939	0	0	8,125,939
Building Management	288,611	0	200,000	488,611
Vehicle Replacement	1,448,278	0	0	1,448,278
<b>COMMUNITY &amp; ENVIRONMENT AND CULTURE &amp; LEISURE</b>	<b>19,711,851</b>	<b>649,963</b>	<b>241,723</b>	<b>20,603,537</b>
<b>ADULTS, HEALTH &amp; WELLBEING</b>				
Adults & Public Health Investment	202,000	0	0	202,000
Housing Regeneration	1,450,514	0	1,528,905	2,979,419
Private Sector Housing	3,608,191	9,126	0	3,617,317
<b>ADULTS, HEALTH &amp; WELLBEING</b>	<b>5,260,705</b>	<b>9,126</b>	<b>1,528,905</b>	<b>6,798,736</b>
<b>XENTRALL ICT</b>				
Xentrall ICT Network	900,000	0	0	900,000
<b>XENTRALL ICT</b>	<b>900,000</b>	<b>0</b>	<b>0</b>	<b>900,000</b>
<b>COUNCIL WIDE</b>				
Unallocated council wide invest to save	20,000,000	(650,000)	0	19,350,000
<b>COUNCIL WIDE</b>	<b>20,000,000</b>	<b>(650,000)</b>	<b>0</b>	<b>19,350,000</b>
<b>Total Approved Capital MTFP</b>	<b>245,233,965</b>	<b>(1,662,600)</b>	<b>7,647,626</b>	<b>251,218,991</b>



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## REPORT TO CABINET

11 DECEMBER 2025

REPORT OF CORPORATE  
MANAGEMENT TEAM

## CABINET DECISION

Resources and Transport - Lead Cabinet Member – Councillor Paul Rowling

## Review of Car Parking Charges

### Summary

This report outlines proposals for new car parking charges in Stockton and Yarm town centres following a review of current charges as agreed at July Cabinet following a motion, that was passed at May 2025 Full Council meeting, which recommended Cabinet consider reintroducing a free first hour of parking in Yarm.

It is recommended Cabinet approve reintroducing the free first hour of short-stay car parking in both Yarm and Stockton town centres and introduce new charges for subsequent hours of £2 for 1 to 2 hours and £3.50 for more than 3 hours. It is also recommended to introduce charging £1.50 after 5pm in Wellington Square multi-storey car park only.

### Reasons for Recommendation(s)/Decision(s)

To enable Cabinet to respond to the motion approved at May 2025 Full Council relating to the removal of the free hour of short-stay car parking in Yarm. To set new car parking charges that balance the need to cover the associated cost of managing car parking in Stockton & Yarm town centres while supporting the economic viability of our town centres.

### Recommendations

Cabinet is recommended to:

1. Approve new car parking charges for Stockton and Yarm town centres from 1st February 2026 as follows:

Monday to Saturday (9am to 5pm)

- i. First hour free
- ii. £2 for 1 to 2 hours
- iii. £3.50 for 3+ hours
- iv. After 5pm £1.50 Wellington Square multi-storey car park only

## Detail

### Background

1. In October 2024, Cabinet made the decision to remove the first free hour of car parking across Council owned car parks in Stockton and Yarm High Street. The decision to remove the free hour was taken with the aim of balancing the need to cover the costs of maintaining and managing car parking, with the desire to ensure our town centres remain attractive to shoppers.
2. At that October meeting a commitment was also made to reviewing the new arrangements to consider the impact on residents, visitors, and council finances. At the May 2025 Full Council meeting, a motion was passed which recommended that Cabinet consider reversing this decision in respect of Yarm. The scope for the review of car park charges was agreed at the July Cabinet.
3. This report updates Cabinet on the outcome of this review including findings in relation to car park tickets issued and town centre footfall including consideration of impacts to businesses and residents following extensive public consultation.
4. The review of car parking charges focused on parking managed by Stockton Council, specifically those in Stockton and Yarm town centres. It reviewed ticket income since the removal of the first free hour, compared with the same period in 2023/24. It assessed management and enforcement costs for these sites. Additionally, examined town centre footfall trends and benchmarked these against other local towns, alongside comparative data on car parking charges. Consultation with businesses and stakeholders captured trading impacts and perceptions regarding town centre viability.

### Footfall & Dwell Times

5. Footfall and dwell time data has been compared for our towns, including those where no changes occurred, for the six-month period after the free hour was removed against the same period from the previous year. This data was collected using GPS coordinates gathered from hand-held devices such as smartphones and smartwatches. The overall results for our towns showed an increase in footfall, following removal of the free first hour's parking, however no significant change in dwell times. Full details of footfall and dwell times can be found in the appendices to this report.
6. Difference in Footfall 2025 v 2024 (6 months data Feb to July)
  - Yarm 8.5% Increase
  - Stockton 3.7% Increase
  - Thornaby 3.6% Increase
  - Billingham 5.5% Increase
  - Norton 7.3% Increase

### Ticket Sales

7. Since the removal of the free hour parking in Stockton Town Centre managed car parks, the number of tickets issued has declined by 18% from 350,566 to 286,990. In Yarm tickets issued have declined from 156,138 to 113,262 a decrease of 27.5%.

## Public Consultation

8. A public consultation was conducted between 15th September to 13th October. Residents, businesses and visitors were able to respond online or via hard copies to several questions to help understand the impact of the parking charges change. There was also opportunity to add any comments.
9. 5,169 people responded to the consultation of which 18% said they just visited Stockton, while 29% just visited Yarm and 51% visited both. Most respondents travelled by car to both centres while walking was more common in Yarm. Shopping was the primary reason for visiting both towns although dining was a close second in Yarm.
10. Weekly parking was typical for both centres while Yarm had more people parking daily. Most of the stays were between 1 to 2 hours with Yarm having greater variation with more visits under 30 mins and more between 2 to 3 hours.
11. The majority of people said the number of times they visited the town centres had declined however, with less of a change in Stockton. Most people felt footfall had declined and 10% of people had changed their mode of transport.
12. Over 60% felt £1.50 for 3 hours parking was too expensive and 72% strongly supported the reintroduction of 1-hour free parking. Respondents didn't have a clear view on the amount of parking enforcement however, more respondents from Yarm felt it was excessive. More visitors to Stockton rated the condition of car parks as good or excellent.
13. Additional comments indicated that people were happy to pay for longer stays, but short ones should be free. There was concern over footfall in town centres with people visiting less and shopping elsewhere including online. There were specific concerns regarding paying for visits to gyms or for medical reasons.

## Parking Policy Considerations

14. The approach to car parking provision and charging must align with the Council's strategic objectives, including environmental sustainability, economic vitality, and financial resilience. Tariff structures should be designed to encourage turnover, supporting economic activity by ensuring more spaces are available for short-stay visitors rather than long-term parking. Pricing mechanisms can also be used strategically to manage demand during peak and off-peak periods, optimising utilisation and reducing congestion.
15. Research shows no direct link between free parking and increased economic activity while retailers often overestimate the importance of parking availability and the proportion of customers who travel by car. In contrast, walking and public transport users typically contribute more to local economies over time than car users.
16. Targeted incentives and reward schemes represent an effective method of encouraging repeat visits to town centres. It should be noted that income generated from on-street parking is legally restricted to funding car parking provision or transport-related improvements.

## Financial Overview of Car Parking Service

### Expenditure

17. The projected cost of operating Stockton Borough Council's car parking service, excluding Wellington Square and maintenance, is estimated at £664,000. Identified maintenance requirements amount to £196,000. The forecasted cost of operating Wellington Square car park is £377,000, with an additional £80,000 per annum allocated for borrowing costs associated with resurfacing works. This results in a total projected expenditure of £1.32 million.

### Income

18. Predicted income from all SBC car parks, including Wellington Square, for 2025/26 is £1.17 million, incorporating permit and Penalty Charge Notice (PCN) income and accounting for reduced revenue from December onwards due to reintroducing the first free hour over the Christmas and New Year period. Without this reduction, projected income would be £1.4 million. For comparison, income for the 12 months prior to introducing charges for the first hour was £667,000.
19. The current MTFP is based on the charging regime established as part of the Fees and Charges Transformation review in late 2024. Proceeding with the recommended changes in paragraph one, including the removal of the free hour from late November to the end of January 2026 would create a financial pressure in year as follows:

	Total	Comments
24 <sup>th</sup> Nov – 31 <sup>st</sup> Jan	£140k	Current tariffs but make 0-1 hour free
1 <sup>st</sup> Feb – 31 <sup>st</sup> March	£110k	New tariffs in para 1
<b>Total 25-26</b>	<b>£250k</b>	

20. Rolling out the charges referenced in paragraph one will have an adverse effect on car parking income estimated to be £550,000 per annum. Whilst historic data can be used to forecast a future impact, the full financial impact of the tariff changes will not be known until after their introduction.

### Discussion

21. The purpose of this review is to evaluate the impact of the decision to remove the first free hour of car parking in Stockton and Yarm town centres. The review seeks to provide a balanced, evidence-based assessment of how this policy change has influenced town centre activity and to identify a sustainable approach moving forward. The original decision was taken to recover the cost of operating the Council's car park service while safeguarding the vitality of both town centres.
22. Car parking income has been volatile since 2020, largely due to the effects of the Covid-19 pandemic. Consumer behaviour has shifted significantly, with increased reliance on online shopping and the departure of several major high-street retailers. At the same time, investment was identified to be required to maintain and improve car parks to ensure they remained fit for purpose. The decision to remove the free hour was therefore intended to strike a balance between covering operational costs and supporting the economic success of the town centres. A commitment was made to review the impact of this change, and following early concerns raised by residents and businesses, the review was brought forward.

23. To understand the effects of the policy, the Council undertook an extensive public consultation to examine how behaviour had changed since the removal of the free hour. The response was significant, with over 5,000 submissions, making it one of the largest consultations conducted in recent years. The findings show that most respondents now visit both town centres less frequently, and over 93% believe footfall has been negatively affected. Parking data supports this perception, with ticket sales down by 18% in Stockton and 27.5% in Yarm for both Pay & Display and RingGo transactions. However, Visitor Insight data presents a contrasting picture, indicating that overall footfall across all towns in the Borough has increased by between 3% and 8%.
24. Despite this, there was strong support for reinstating the free hour, with 72% of respondents in favour. Many comments highlighted that the removal of the free hour disproportionately affects those making short visits, such as collecting prescriptions or meeting for coffee. Furthermore, 60% of respondents felt that the £1.50 charge was too expensive. While the current tariff of £1.50 for three hours remains the lowest in the region, the consultation results suggest that the change has had a negative impact on short stay visits and has influenced perceptions of accessibility.
25. Research into the relationship between parking tariffs and town centre viability indicates no direct link between free parking and economic success. However, studies recommend tariff structures that encourage turnover, as higher space utilisation generates more economic activity. While free parking reduces direct income to the Council, thriving town centres contribute indirectly through increased business rates and local economic growth. On this basis, it is proposed to reintroduce the first hour of free parking in Stockton and Yarm town centres.
26. Reinstating the free hour is expected to boost the local economy by encouraging more visitors and supporting local businesses. It will reduce barriers for customers who might otherwise avoid paid parking and make town centres more inclusive for residents and visitors who are financially constrained. This approach will also facilitate short visits for errands and promote greater turnover of parking spaces.
27. However, reintroducing the free hour will create financial pressures, as the original decision aimed to cover the costs of operating, maintaining, and enforcing car parks. To mitigate these impacts, it is proposed to increase tariffs for subsequent hours, as outlined in the recommendations. Feedback from the consultation suggests that many people are willing to pay more for longer stays. Wellington Square multi-storey car park experiences significant demand during events at The Globe, requiring additional staffing to manage queues and traffic. Afternoon events necessitate staff at pay machines to reduce wait times from over an hour to approximately 40 minutes, while evening events require traffic management strategies to alleviate congestion and address anti-social behaviour. These measures are essential for customer experience and operational efficiency but have cost over £14,000. To offset this, it is proposed to introduce a post-5pm flat rate of £1.50 for evening parking at Wellington Square.
28. Even with these changes, the revised tariff structure is estimated to result in a full year impact of £550,000 shortfall compared to current income levels. This is not approved, until after the allocation of funding is addressed as part of the February 2026 budget-setting process and may necessitate a move to a basic level of car parking service for maintenance, improvements, and enforcement. Several alternative charging scenarios have been considered, but the proposals outlined here are believed to strike the best

balance between financial sustainability and ensuring the Borough's town centres remain attractive and accessible.

29. Further considerations include season ticket options, incentives, and arrangements for disabled parking and parent-and-child spaces, which will be explored as part of the ongoing review. Discussions are also ongoing with Tees Active to look at the impact of charging on the users of the SPLASH facility.

### **Community Impact and Equality and Poverty Impact Assessment**

30. An equality impact assessment has been undertaken to review the impact upon those affected and any requiring mitigating actions.

### **Corporate Parenting Implications**

31. There are no direct impacts on Corporate Parenting because of this report.

### **Financial Implications**

32. The £250,000 in year impact referenced in paragraph 21 is funded from within the current MTFP through an exercise whereby the Service have undertaken a thorough review of grants and optimising these.
33. Continuation of the revised charges beyond 2025-26 is subject to the funding being approved within the budget setting report in February 2026. The estimated full year cost is £550,000 per annum. Whilst historic data can be used to forecast a future impact, the true cost of the tariff changes will not be known until after their introduction, this will be monitored via the council's budgetary control process.

### **Legal Implications**

34. There are no direct legal impacts as a result of this report.

### **Risk Assessment**

35. This Review of Car Parking Charges report is categorised as low to medium risk. Existing management systems and daily routine activities are sufficient to control and reduce risk.

### **Wards Affected and Consultation with Ward/ Councillors (refer to Concordat for Communication and Consultation with Members)**

36. Car parking charges only apply in the Stockton Town Centre Ward & Yarm Ward however, any resident parking in these car parks will be affected. Full public consultation was carried out between 15th September to 13th October.

### **Background Papers**

- i. Footfall and dwell time data Appendix 1
- ii. Car parking ticket information Appendix 2
- iii. Public Consultation information Appendix 3
- iv. Car Parking Charges – July 2025 Scope of Review
- v. Petition on Yarm car parking charges
- vi. Powering our Future – Programme Update October 2024, Cabinet Report

Name of Contact Officer:	Reuben Kench
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**NOT FOR PUBLICATION BY VIRTUE OF  
PARAGRAPH(S) ? OF SCHEDULE 12A  
LOCAL GOVERNMENT ACT 1972**

**(Please contact Democratic Services at an early stage, if you consider the item may contain sensitive information)**

**REPORT TO CABINET**

**11 DECEMBER 2025**

**REPORT OF CORPORATE  
MANAGEMENT TEAM**

## **CABINET DECISION**

**Deputy Leader of the Council and Cabinet Member for Resources and Transport –  
Councillor Paul Rowling**

# **PROCUREMENT PLAN / HIGHER VALUE CONTRACTS**

### **Summary**

This report seeks approval from Cabinet for the award of three planned higher value contracts where the value exceeds the limit on officer delegated authority and which are either funded within the approved MTFP/ Capital Programme or are subject to a bid for external funding.

### **Reasons for Recommendation(s)/Decision(s)**

To enable Cabinet to exercise its strategic oversight of higher value planned procurement projects, in accordance with the constitution.

### **Recommendations**

That Cabinet

1. approves the contracts listed in Annex 1;
2. gives authority to the relevant Director or Assistant Director to make the specific contract award decision and any subsequent contract variation, annual inflationary uplifts (where allowed in the contract terms and conditions) and extension decision in accordance with the delegations listed in Annex 1;

### **Detail**

1. The constitution defines a range of decisions that require a specific Cabinet approval, the financial threshold for which is set at a level of £500k or more. Annex 1 lists contracts that exceeds the financial threshold and have not otherwise been delegated to officers.

### **Community Impact and Equality and Poverty Impact Assessment**

3. **N/A**

**Corporate Parenting Implications**

4. **N/A**

**Financial Implications**

5. The report includes higher value contracts expected to be awarded in the 2025/26 financial year. The expenditure committed as a result of these tenders/ quotes is planned and remains within the Council's approved budget/MTFP or is subject to a bid for external funding which will ensure that at the point of contract award funds are available within the MTFP.

**Legal Implications**

6. Notwithstanding Cabinet approval it remains the responsibility of officers to ensure that the correct processes within Contract Procedure Rules have been followed and that where applicable the Procurement Act 2023 or the Provider Selection Regime introduced by the Health and Care Bill (2022) is complied with.
7. Where the value of goods, services or works exceeds the threshold at which the procurement process must comply with the Procurement Act 2023, either a tender exercise or the use of a suitable framework agreement will comply with the Regulations.

**Risk Assessment**

8. There are several risks relating to procurement. Firstly, the Council spends a considerable amount of public money on goods, services and works. Having effective Contract Procedure Rules and ensuring compliance with the Procurement Act 2023 can help mitigate the risk of accusations of corruption and help demonstrate value for money and transparency. Secondly, effective tender/ quote processes and contract management also reduce the risk of poor supplier selection and subsequent performance which can impact service delivery.

**Wards Affected and Consultation with Ward/ Councillors (refer to Concordat for Communication and Consultation with Members)**

9. **N/A**

**Background Papers**

10. Accelerating affordable housing delivery (A quality home for all) Cabinet Report 12 June 2025.

Name of Contact Officer: Martin Skipsey

Post Title: Assistant Director Procurement & Governance

Telephone number: 01642 526364

Email Address: [martin.skipsey@stockton.gov.uk](mailto:martin.skipsey@stockton.gov.uk)

## Annex 1.

<b>Contract Title: Affordable Housing Grant Scheme</b>	
<ol style="list-style-type: none"> <li>1. The Council will carry out an appropriate procurement process to appoint a suitable Registered Provider(s) to grant funding to increase the number of affordable homes throughout the Borough via the Stockton-on-Tees Affordable Housing Grant Scheme. The grant will be funded by section 106 funding.</li> <li>2. The Grant can be used for: <ol style="list-style-type: none"> <li>a) the purchase of (predominately) smaller residential properties (1-bedroom and 2-bedroom properties) and/or</li> <li>b) bringing existing housing back into use (that meets the priority needs of the Council) that is currently not considered viable to return to occupation.</li> </ol> <p>The grant enacts the recommendations included in the Accelerating affordable housing delivery (A quality home for all) Cabinet Report 12 June 2025.</p> <p>If there are any remaining funds that haven't been granted to Registered Providers, the Council will explore alternative options including direct purchase</p> </li> <li>3. The new grant(s) will commence immediately when a partner (recipient) has been appointed and continue to 04.03.2027</li> <li>4. The total Grant fund is £1,340,000.</li> </ol>	
<b>Key Decision:</b> No	<b>Funding within MTFP:</b> Yes
<b>Delegated Officer:</b> Carolyn Nice, Director of Adults, Health and Wellbeing	
<b>Checks and Balances:</b> In consultation with other appropriate officers for professional advice to include finance and procurement.	

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## REPORT TO CABINET

11 DECEMBER 2025

## REPORT OF CORPORATE MANAGEMENT TEAM

**Deputy Leader of the Council and Cabinet Member for Resources and Transport –  
Lead Cabinet Member – Councillor Paul Rowling**

# Minutes of Various Bodies

## Summary

The attached minutes are for consideration by Cabinet.

## Reasons for Recommendation

To enable Cabinet to view the minutes of various bodies.

## Recommendations

That the minutes of the meetings detailed in the appendices be received.

## Detail

1. In accordance with the Council's Constitution or previous practice the minutes of the meeting of the bodies indicated below are submitted to members for consideration:-

TVCA Cabinet – 26 September 2025

SSP – 1 October 2025

## Consultation and engagement

Not applicable.

## Next Steps

None.

Name of Contact Officer: Jonathan Nertney

Post Title: Head of Democratic Services

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Email address: jonathan.nertney@stockton.gov.uk

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## TEES VALLEY COMBINED AUTHORITY CABINET

Friday, 26 September, 2025 at 10.00am

Teesside Airport Business Suite, Teesside International Airport, Darlington

These Minutes are in draft form until approved at the next Cabinet meeting and are therefore subject to amendments.

<b><u>ATTENDEES</u></b>	
<b>Members</b>	
Mayor Ben Houchen (Chair)	Tees Valley Mayor
Councillor Stephen Harker	Leader, Darlington Borough Council
Councillor Brenda Harrison	Leader, Hartlepool Borough Council
Mayor Chris Cooke	Leader, Middlesbrough Council
Councillor Lisa Evans	Leader, Stockton-on-Tees Borough Council
<b>Officers</b>	
Tom Bryant	Chief Executive, Tees Valley Combined Authority
Jodie Townsend	Interim Monitoring Officer, Tees Valley Combined Authority
Sarah Brackenborough	Director of Operations, Tees Valley Combined Authority
Jo Moore (by Teams)	Interim Director of Finance & Resources, Tees Valley Combined Authority
Craig Peacock	Director of Inward Investment & Marketing, Tees Valley Combined Authority
Sarah Walker	Interim Director of Business Solutions, Tees Valley Combined Authority
Julie Hurley	Interim Director of Infrastructure, Tees Valley Combined Authority
Rose Rouse	Chief Executive, Darlington Borough Council,
Denise McGuckin	Chief Executive, Hartlepool Borough Council
Erik Scollay	Chief Executive, Middlesbrough Council
Mike Greene	Chief Executive, Stockton on Tees Borough Council
Jacqui Banks	Business Solutions Manager – Adult Skills

Sally Gardner	Business Solutions Manager - Skills
Sally Henry	Governance Officer, TVCA
Also in attendance :-Rob Whiteman	Chair of the Independent Advisory Board (by Teams)

*These Minutes capture the key points and decisions of the meeting, but they do not attempt to reproduce every word spoken. The full recording can be found [here](#)*

	<b><u>CHAIR'S OPENING REMARKS</u></b>  The Chair opened the meeting and welcomed everyone in attendance.
TVCA 33/25	<b>APOLOGIES FOR ABSENCE</b>  Councillor Alec Brown, Leader, Redcar and Cleveland Borough Council Brian Archer, Managing Director, Redcar & Cleveland Borough Council
TVCA 34/25	<b>DECLARATIONS OF INTEREST</b>  All Local Authority Leaders declared an interest as delivery partners on the Connect to Work project.
TVCA 35/25	<b>MINUTES</b>  <b>RESOLVED</b> that the minutes of the meetings held on 27 June 2025 and 25 <sup>th</sup> July 2025 were confirmed as an accurate record.
TVCA 36/25	<b>TEES VALLEY MAYOR'S UPDATE</b>  The Mayor advised Cabinet members that he had nothing to update them on which was not covered elsewhere on the agenda.  Members were however given an opportunity ask questions.  No questions were asked.
TVCA 37/25	<b>GOVERNANCE &amp; APPOINTMENTS</b>  Cabinet received a report which sought approval for a number of appointments.

	<p>Cabinet members were invited to:-</p> <ul style="list-style-type: none"> <li>i. <b><u>APPROVE</u></b> the appointment of the Chair and Vice Chair of the Tees Valley Combined Authority Overview and Scrutiny Committee;</li> <li>ii. <b><u>APPROVE</u></b> the appointment of the Chair and Vice Chair of the Tees Valley Combined Authority Audit and Governance Committee;</li> <li>iii. <b><u>NOTE</u></b> the appointment of a member and substitute member to the Hartlepool Development Corporation Audit and Governance Committee;</li> <li>iv. <b><u>NOTE</u></b> the appointment of a member and substitute member to the Middlesbrough Development Corporation Audit and Governance Committee;</li> <li>v. <b><u>NOTE</u></b> the appointment of a member and substitute member to the South Tees Development Corporation Audit and Governance Committee;</li> <li>vi. <b><u>APPROVE</u></b> the appointment of the Substitute Member on the Overview &amp; Scrutiny Committee;</li> <li>vii. <b><u>NOTE</u></b> the appointment of the Chair of South Tees Development Corporation Audit &amp; Governance Committee.</li> </ul> <p>The interim Monitoring Officer provided Cabinet members with an overview of the report.</p> <p>Members were given the opportunity to comment or ask questions.</p> <p>There were no comments or questions.</p> <p><b>RESOLVED</b> that Cabinet:-</p> <ul style="list-style-type: none"> <li>i. <b><u>APPROVE</u></b> the appointment of the Chair and Vice Chair of the Tees Valley Combined Authority Overview and Scrutiny Committee;</li> <li>ii. <b><u>APPROVE</u></b> the appointment of the Chair and Vice Chair of the Tees Valley Combined Authority Audit and Governance Committee;</li> <li>iii. <b><u>NOTE</u></b> the appointment of a member and substitute member to the Hartlepool Development Corporation Audit and Governance Committee;</li> <li>iv. <b><u>NOTE</u></b> the appointment of a member and substitute member to the Middlesbrough Development Corporation Audit and Governance Committee;</li> </ul>
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	<p>v. <b>NOTE</b> the appointment of a member and substitute member to the South Tees Development Corporation Audit and Governance Committee;</p> <p>vi. <b>APPROVE</b> the appointment of the Substitute Member on the Overview &amp; Scrutiny Committee;</p> <p>vii. <b>NOTE</b> the appointment of the Chair of South Tees Development Corporation Audit &amp; Governance Committee.</p>
TVCA 38/25	<p><b>ORGANISATIONAL IMPROVEMENT PLAN PROGRESS</b></p> <p>Cabinet received a report which provided an update on the progress with the Organisational Improvement Plan.</p> <p>Cabinet were invited to:-</p> <ol style="list-style-type: none"> <li><b>NOTE:</b> the confirmation of Dame Amanada Milling, former government minister, as a member of the Independent Advisory Board.</li> <li><b>NOTE:</b> progress on the Organisational Improvement Action Plan.</li> </ol> <p>The Director of Operations provided Cabinet members with an overview of the report</p> <p>Members were given the opportunity to comment or ask questions. No comments or questions were received.</p> <p><b>RESOLVED that Cabinet</b></p> <ol style="list-style-type: none"> <li><b>NOTE:</b> the confirmation of Dame Amanada Milling, former government minister, as a member of the Independent Advisory Board;</li> <li><b>NOTE:</b> progress on the Organisational Improvement Action Plan</li> </ol>
TVCA 39/25	<p><b>INDEPENDENT ADVISORY BOARD UPDATE</b></p> <p>Cabinet received the first progress update from the Chair of the Independent Advisory Board.</p> <p>The Chair of the Board attended Cabinet to present the report.</p> <p>He reminded Cabinet members that the role of the Independent Advisory Board is to provide assurance and give help and assistance to the organisation to improve.</p>

	<p>He advised Cabinet that TVCA's response to the Best Value Notice (BVN) has been appropriate and that good progress is being made. A marked change has been noted since the BVN was issued. He commended the Chief Executive in accelerating the progress and welcomed the appointments of both the Interim Group Director of Finance &amp; Resources and the Interim Monitoring Officer.</p> <p>At the recent Independent Advisory Board meeting, members were provided a very informative presentation from the Interim Monitoring Officer and were also provided an assessment from the Interim Group Director of Finance &amp; Resources.</p> <p>While there is still a lot of work to be done, he advised Cabinet that the Board have no concerns, and that he would be honest if the Board did not believe TVCA was on track.</p> <p>Cabinet were advised that a further round of facilitated workshops will take place with them in the next few months.</p> <p>Cabinet members were given the opportunity to comment or ask questions.</p> <p>Councillor Harrison noted that she was glad to hear the board are pleased with progress to date. She noted that the open and frank discussions held with the LGA had been useful and looked forward to the further sessions.</p> <p>Mayor Cooke requested that the Governance Deep Dive presentation provided at the last IAB meeting be circulated to Cabinet members. He was advised that the Interim Monitoring Officer is meeting all Leaders and is using the presentation as a basis for the discussions. Once all meetings have taken place, the presentation will be circulated.</p> <p><b>RESOLVED</b> that Cabinet note the progress update from the Chair of the Independent Advisory Board.</p>
TVCA 40/25	<p><b>QUARTER 1 BUDGET REPORT AND MEDIUM-TERM FORWARD PLAN UPDATE</b></p> <p>Cabinet received a report which provided details of the 2025/26 revenue and capital forecast outturn position for Tees Valley Combined Authority (TVCA) and highlighted significant variances between the approved budget for the year and the forecast outturn, based on the position as at the end of June 2025.</p>

	<p>The report also included a revised capital programme 2025/26 to 2028/29 to take account of the Investment Plan refresh approved by Cabinet in March 2025. The revised programme also includes new projects where capital grant funding has been secured. A revised capital budget for 2025/26 was also proposed for approval.</p> <p>Cabinet were also invited to approve a revised revenue budget which incorporates borrowing costs impacts from the revised capital programme as well as additional revenue grant funding secured.</p> <p>Cabinet were invited to:-</p> <ul style="list-style-type: none"> <li>i. Note the new quarterly report format;</li> <li>ii. Note the Q1 revenue forecast of net deficit of £5.772m for year ending 31 March 2026 to be funded from reserves and in line with approved budgets;</li> <li>iii. Approve the proposed changes to the 2025/26 revenue budget;</li> <li>iv. Note the revenue implications of the additional £6.020m of borrowing for capital investment arising from the Investment Plan refresh approved in March 2025;</li> <li>v. Note the revenue reserve position and the planned use of reserves over the period 2025/26 to 2028/29;</li> <li>vi. Note the Q1 forecast gross capital expenditure of £237.223m for financial year ending 31 March 2026 in line with the proposed revised capital Budget.</li> <li>vii. Approve the proposed changes to capital budget</li> <li>viii. Note the Capital Reserves position and the planned use of reserves.</li> </ul> <p>The Interim Director of Finance &amp; Resources provided Cabinet members with an overview of the report. She advised that the new format is still a work in progress, but it is anticipated the new format will be complete by the Quarter 2 report.</p> <p>Cabinet members were given the opportunity to comment or ask questions.</p> <p>Councillor Harrison noted that the report format is much clearer and more transparent. She acknowledged the amount of work that has been undertaken and expressed her appreciation.</p> <p>Mayor Cooke also acknowledged that the format of the report has improved.</p>
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	<p>Mayor Cooke expressed concern over the onward lending and he was advised that any of the loans which are not being serviced is by formal agreement.</p> <p>Mayor Cooke requested confirmation that a Cabinet briefing would take place before Quarter 2. The Chief Executive confirmed that a Cabinet workshop had been scheduled in November. This will cover the budget along with strategic priorities.</p> <p>The Chair thanked the Interim Director of Finance &amp; Resources and the finance team as a whole for the significant amount of work that has been undertaken.</p> <p>Mayor Cooke noted that he had submitted questions in advance of the Cabinet meeting but had not received a response. The interim Monitoring Officer agreed to provide a full response to the questions in writing.</p> <p>Mayor Cooke and Councillor Harrison abstained from approving the recommendations within the report until such time that the outstanding queries were resolved.</p> <p><b>RESOLVED</b> that Cabinet:-</p> <ul style="list-style-type: none"> <li>i. Note the new quarterly report format;</li> <li>ii. Note the Q1 revenue forecast of net deficit of £5.772m for year ending 31 March 2026 to be funded from reserves and in line with approved budgets;</li> <li>iii. Approve the proposed changes to the 2025/26 revenue budget;</li> <li>iv. Note the revenue implications of the additional £6.020m of borrowing for capital investment arising from the Investment Plan refresh approved in March 2025;</li> <li>v. Note the revenue reserve position and the planned use of reserves over the period 2025/26 to 2028/29;</li> <li>vi. Note the Q1 forecast gross capital expenditure of £237.223m for financial year ending 31 March 2026 in line with the proposed revised capital Budget.</li> <li>vii. Approve the proposed changes to capital budget</li> <li>viii. Note the Capital Reserves position and the planned use of reserves.</li> </ul>
TVCA 41/25	<p><b>TRANSPORT PROGRAMME UPDATE</b></p> <p>Cabinet members received a report which invited them to consider the transport programme including:-</p>

	<ul style="list-style-type: none"> <li>• Details of the transport capital investment programme comprising Transforming Cities Fund, City Region Sustainable Transport Settlement 2022-2027 (CRSTS1), the Transport for City Regions (TCR) 2027-2032 (formerly CRSTS2), together with other funding which TVCA has been able to secure to support the delivery of the Strategic Transport Plan (2020-2030).</li> <li>• Details of the development funding committed since the last report to Cabinet to commence TCR project development.</li> <li>• Details of the Consolidated Active Travel Fund committed since the last report to Cabinet.</li> <li>• Details of the CRSTS1 revenue funding committed since the last report to Cabinet.</li> </ul> <p>Cabinet members were recommended to:-</p> <ol style="list-style-type: none"> <li>i. <b>NOTE</b> the update on the development of the transport capital investment;</li> <li>ii. <b>NOTE</b> the additional delegated decisions taken by the Interim Director of Infrastructure to finalise Bus Service Improvement Plan (BSIP) funding allocations for 2025/26 (updating the provisional allocations made previously);</li> <li>iii. <b>NOTE</b> the delegated decisions taken by the Interim Director of Infrastructure to approve CRSTS1 revenue expenditure for the development of the transport capital investment programme;</li> <li>iv. <b>NOTE</b> that a number of schemes are expected to be completing the project development phase in the next quarter (October – December) and the Business Cases will be appraised in accordance with TVCA's Assurance Framework, ahead of moving into the delivery phase The specific schemes are: <ul style="list-style-type: none"> <li>• Urban Traffic Management and Control</li> <li>• Connected Autonomous Vehicle Trial</li> </ul> </li> <li>v. <b>DELEGATE</b> authority to the Interim Director of Infrastructure to take all decisions required to manage the Pavement Channels Grant allocation for 2025/26, in consultation with Tees Valley Management Group / Transport Advisory Group as set out in paragraphs 88 and 89. It is proposed that the funding will be used to support the development and delivery of the Electric Vehicles Infrastructure theme of the transport investment programme, and in accordance with the grant conditions and agreement of Department for Transport.</li> <li>vi. <b>DELEGATE</b> authority to the Director of Infrastructure to take all decisions required to progress delivery of business cases for each project within the approved CRSTS / TCR programme in consultation</li> </ol>
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	<p>with TAG / TVMG. In accordance with the Tees Valley Assurance Framework, the approval of business cases is delegated to the Tees Valley Combined Authority Chief Executive, in consultation with the Tees Valley Management Group, and the Tees Valley Combined Authority Section 73 Officer and Monitoring Officer.</p> <p>The Interim Director of Infrastructure further advised members that additional support has been identified to assist with the delivery of the Transforming Cities Regional Delivery Plan which is due to be submitted to the Department for Transport (DfT) by the end of October.</p> <p>Cabinet members were given the opportunity to comment or ask questions.</p> <p>Mayor Cooke enquired what the process is for reallocating funds if projects are either on hold or not going ahead.</p> <p>He was advised that all projects are allocated to a specific funding stream and the process varies depending on the DfT requirement.</p> <p>He was advised that he will be provided with written responses to the questions submitted in advance of the meeting.</p> <p>The Chair requested officers to provide Cabinet with a full review of the transport programme for consideration.</p> <p>Mayor Cooke agreed and enquired whether this would be an opportunity to open the programme up to new submissions. It was agreed that this could be discussed when the review is presented back to Cabinet.</p> <p>Councillor Harrison enquired about the bus shelter survey and whether it included all the Tees Valley and also whether all bus shelters have been looked at.</p> <p>She was advised that the bus shelter survey covered all shelters and that the transport team are now looking at the costing and phasing of the required enhancements. Regular engagement with Local Authority officers has been taking place and also feedback from members of the public has been acted on.</p> <p>It was agreed that an update on the process will be issued to Cabinet members post-meeting.</p> <p>Councillor Harrison enquired why the Care Leavers bus pass offer is taking so long to develop. She expressed concern that the delay has meant a</p>
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	<p>cohort of care leavers have all been without a pass. Denise McGuckin also highlighted the impact of the delay on care leavers. There were offers of assistance to speed up the process if needed.</p> <p>It was agreed that a progress update will be provided to Cabinet members.</p> <p>Councillor Harker noted that there are two delegations listed in the recommendations and requested an explanation.</p> <p>The Interim Monitoring Officer explained that the points being highlighted are the key components of a Single Assurance Framework, which is deemed to be best practice amongst Combined Authorities and which we are aiming to implement at pace.</p> <p>This will include a set of tolerances, which will require a Cabinet decision and proposals will be brought back to Cabinet for consideration. This principle has already been discussed with Local Authority Monitoring Officers.</p> <p>It was emphasised that the delegations listed in the report are fully in line with the current Assurance Framework.</p> <p>It was proposed that the Interim Monitoring Officer and Interim Director of Infrastructure work together on an initial set of tolerances which could be made available for the December Cabinet meeting.</p> <p>The Chair highlighted that until such time, none of the larger projects are in the delivery stage.</p> <p>Mayor Cooke requested that a list of Actions be included, separate to the Recommendations in future minutes.</p> <p>The Chair summarised by noting that Cabinet are agreeing the delegations subject to the changes discussed.</p> <p><b>RESOLVED</b> that Cabinet:-</p> <p><b>NOTES</b> the update on the development of the transport capital investment programme;</p> <p><b>NOTES</b> the additional delegated decisions taken by the Interim Director of Infrastructure to finalise Bus Service Improvement Plan (BSIP) funding allocations for 2025/26 (updating the provisional allocations made previously) as set out in paragraphs 80-82 and <b>Appendix 2</b>.</p>
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	<p><b>NOTES</b> the delegated decisions taken by the Interim Director of Infrastructure to approve CRSTS1 revenue expenditure for the development of the transport capital investment programme as set out in paragraphs 84 and 85 and detailed in <b>Appendix 3</b>.</p> <p><b>NOTES</b> that a number of schemes are expected to be completing the project development phase in the next quarter (October – December) and the Business Cases will be appraised in accordance with TVCA's Assurance Framework, ahead of moving into the delivery phase. The specific schemes are:</p> <ul style="list-style-type: none"> <li>• Urban Traffic Management and Control</li> <li>• Connected Autonomous Vehicle Trial</li> </ul> <p><b>DELEGATES</b> authority to the Interim Director of Infrastructure to take all decisions required to manage the Pavement Channels Grant allocation for 2025/26, in consultation with Tees Valley Management Group / Transport Advisory Group as set out in paragraphs 88 and 89. It is proposed that the funding will be used to support the development and delivery of the Electric Vehicles Infrastructure theme of the transport investment programme, and in accordance with the grant conditions and agreement of Department for Transport.</p> <p><b>DELEGATES</b> authority to the Director of Infrastructure to take all decisions required to progress delivery of business cases for each project within the approved CRSTS / TCR programme in consultation with TAG / TVMG. In accordance with the Tees Valley Assurance Framework, the approval of business cases is delegated to the Tees Valley Combined Authority Chief Executive, in consultation with the Tees Valley Management Group, and the Tees Valley Combined Authority Section 73 Officer and Monitoring Officer.</p>
TVCA 42/25	<p><b>LOCAL GROWTH PLAN AND INVESTMENT PIPELINE UPDATE</b></p> <p>Cabinet members were presented a report providing a further update on the Local Growth Plan, specifically on recent policy updates, wider partner and stakeholder engagement and the development of the Tees Valley Investment Pipeline.</p> <p>Cabinet were recommended to note the update report.</p> <p>The Interim Director of Infrastructure highlighted the key areas of the report to note. She advised Cabinet members that consultants are in place and engagement will start next week.</p> <p>Cabinet members were given the opportunity to comment or ask questions.</p>

	<p>No comments or questions received</p> <p><b>RESOLVED</b> that Cabinet note the update</p>
TVCA 43/25	<p><b>GET TEES VALLEY WORKING PLAN</b></p> <p>Cabinet were provided a report which provided an update on the Get Tees Valley Working Plan, including the Get Tees Valley Working Plan – First Edition, which was also provided for Cabinet approval.</p> <p>Cabinet was recommended to:-</p> <ul style="list-style-type: none"> <li>i. <b><u>NOTE</u></b> the update on the Get Tees Valley Working Plan.</li> <li>ii. In relation to the Get Tees Valley Working Plan – First Edition Cabinet has the following options: <ul style="list-style-type: none"> <li>a. <b><u>APPROVE</u></b> the Get Tees Valley Working Plan – First Edition and agree that the plan can be published, in accordance with paragraph 32 of the Guidance for Developing local Get Britain Working plans (England).</li> <li>b. <b><u>NOT APPROVE</u></b> the Get Tees Valley Working Plan – First Edition and not agree that the plan can be published.</li> </ul> </li> </ul> <p><b>RECOMMENDED OPTION</b> – Option ii(a). As set out in paragraph 32 of the Guidance for Developing local Get Britain Working plans (England), ‘as a minimum all areas are expected to have initial plans covering inactivity completed and published by September 2025’. The aim of Local Get Britain Working plans is to address the challenges related to labour force participation (employment, unemployment and economic inactivity) and progression in work. Given the high levels of economic inactivity in Tees Valley, the Get Tees Valley Working Plan – First Edition sets out the priorities focusing on addressing economic inactivity at a local level. The scope of the plan will be expanded over time to cover the full scope of the government’s Get Britain Working ambition.</p> <p>Members were given the opportunity to comment or ask questions. No comments or questions were received.</p> <p><b>RESOLVED</b> that Cabinet:-</p> <ul style="list-style-type: none"> <li>i. <b><u>NOTE</u></b> the update on the Get Tees Valley Working Plan;</li> </ul>

	<p>ii. <b>APPROVE</b> the Get Tees Valley Working Plan – First Edition and agree that the plan can be published, in accordance with paragraph 32 of the Guidance for Developing local Get Britain Working plans (England).</p>
TVCA 44/25	<p><b>CONNECT TO WORK</b></p> <p>Cabinet was provided a report which updated on the approach for the delivery of the Tees Valley Connect to Work programme for the period 2025/2026 to 2029/2030. Information was previously presented to Cabinet via a paper for the meeting on 27 June 2025. Since then, continued work has been undertaken, including through close engagement with and feedback from the Department for Work &amp; Pensions (DWP), to develop and finalise the delivery plan.</p> <p>Cabinet was advised that the final submission of the plan was made on 14 August; TVCA have been notified by DWP that the plan was approved subject to fulfilling a small number of conditions. A formal response to these conditions was submitted on 15 September with panel scheduled to review the response 18 September.</p> <p>Cabinet is recommended to:-</p> <ul style="list-style-type: none"> <li>i. <b>NOTE</b> the update on the mixed-model option selected and approved at June Cabinet.</li> <li>ii. <b>NOTE</b> the amendment to the budget and participant volumes following discussions with the Department for Work and Pensions (DWP).</li> <li>iii. <b>APPROVE</b> the Delivery Plan submitted to the DWP.</li> <li>iv. <b>DELEGATE</b> authority to the TVCA Chief Executive, in consultation with the Section 73 Officer and Monitoring Officer, to conclude any final changes to the delivery plan required by DWP, take the necessary actions, including, but not limited to, approval of the final delivery partners in line with the DWP approved delivery plan and entering relevant contracts and/or other legal agreements to implement the above.</li> </ul> <p>The Interim Director of Business Solutions provided Cabinet with an overview of the report and Cabinet members were given the opportunity to comment or ask questions.</p> <p>Mayor Cooke enquired whether we could choose not to bring in partners and if so, can that allocation be used in the main body of the programme.</p>

	<p>He was advised that in the Delivery Plan, 100% grant was allocated to the Local Authorities as it was felt they are in the best position to deliver the programme. There will be a 60/40 split between Local Authorities and the additional delivery partners. This split was based on conversations with all Local Authorities.</p> <p><b>RESOLVED</b> that Cabinet:-</p> <ul style="list-style-type: none"> <li>i. <b>NOTE</b> the update on the mixed-model option selected and approved at June Cabinet.</li> <li>ii. <b>NOTE</b> the amendment to the budget and participant volumes following discussions with the Department for Work and Pensions (DWP).</li> <li>iii. <b>APPROVE</b> the Delivery Plan submitted to the DWP;</li> <li>iv. <b>DELEGATE</b> authority to the TVCA Chief Executive, in consultation with the Section 73 Officer and Monitoring Officer, to conclude any final changes to the delivery plan required by DWP, take the necessary actions, including, but not limited to, approval of the final delivery partners in line with the DWP approved delivery plan and entering relevant contracts and/or other legal agreements to implement the above.</li> </ul>
TVCA 4a5/25	<p><b>ADULT SKILLS UPDATE</b></p> <p>Cabinet was provided a progress update on the development of the approach to the delivery of adult skills provision from the 2026/27 academic year.</p> <p>They were advised that the final recommendations will be presented to Cabinet for approval in December 2025.</p> <p>Cabinet members were given the opportunity to comment or ask questions.</p> <p>Mayor Cooke noted that in the MTFP there was a gap in Adult Skills for the ongoing year and enquired whether this gap still exists.</p> <p>He was advised that last year, accrued under spend was utilised to top up the budget as we found out late in the process that our allocation had been reduced. We will not be able to do that this year so whatever we do moving forward will be based on the allocation.</p> <p>He was further advised that the devolved budget was expected to be received by the end of January 2026 but currently there is no indication what that will look like, but we expect it to be in the region of £30m. It is</p>

	<p>expected to be a fully devolved budget but clarification from DfE is still needed.</p> <p>A detailed paper will be brought to Cabinet in December which will advise members of the outcomes of the workshops and the approach to Adult Skills moving forward.</p> <p><b>RESOLVED</b> that Cabinet noted the update and that a further report on the proposed approach will be reported to Cabinet in December 2025</p>
TVCA 46/25	<p><b>OVERVIEW &amp; SCRUTINY COMMITTEE – EDUCATION, EMPLOYMENT AND SKILLS SUB-COMMITTEE</b></p> <p>Cabinet was provided a report which sought Cabinet approval to adopt the recommendation of the Overview &amp; Scrutiny Committee following the conclusion of the Education, Employment and Skills Sub-Committee’s task and finish exercise.</p> <p>It was recommended that Cabinet:-</p> <ul style="list-style-type: none"> <li>i. <b>NOTE</b> the report and recommendation detailed within the report alongside the response from officers ;</li> </ul> <p>and <b>AGREE</b> to:</p> <ul style="list-style-type: none"> <li>ii. respond to the Overview and Scrutiny Committee indicating whether it agrees to adopt the recommendations; and</li> <li>iii. publish a response to the Committee’s recommendations.</li> </ul> <p>The Interim Monitoring Officer thanked the Overview &amp; Scrutiny Chair for attending Cabinet. He advised that it is considered best practice when Overview &amp; Scrutiny items are presented to Cabinet, that the Chair of the Committee is in attendance. TVCA are working with the Chair and Committee on an Improvement Plan to go alongside the identified Improvement Plan for the organisation.</p> <p>Cabinet were informed that the recommendation from the sub committee is that TVCA should develop and create a Youth Forum to act as a consultation vehicle for youth-based policy and activity of the Authority.</p> <p>Councillor Harrison commented that she was pleased to see the Chair of the Committee in attendance and thanked him, the committee and the sub-committee for the report. She indicated her support for the recommendations within the report.</p>

	<p>The Chair of the Committee remarked that the Committee are keen to ensure that a Youth Forum would cover all demographics throughout the whole Tees Valley.</p> <p>Mayor Cooke noted that the report indicates there are no financial implications for the delivery of a Youth Forum which raised concerns with him.</p> <p>The Interim Director of Business Solutions noted that if the proposal to establish a Youth Forum was agreed, the Business Solutions Directorate would look at how to develop the project and how this will work. She agreed that this would require a resource.</p> <p>The Interim Monitoring Officer noted that there are examples of Youth Forms in other Combined Authority areas which would be worth looking at as some have been very successful and some have not, so good learning can be taken from them. There is also good learning to take from those set up by Police &amp; Crime Commissioners which tend to operate more successfully than the ones established by a Combined Authority.</p> <p>Mike Greene advised that a number of Tees Valley Local Authorities have nationally recognised examples of youth participation and children's involvement so consulting with the Director's of Children's Services would be beneficial.</p> <p>The Chair noted that he has no issue with the principles of establishing a Youth Forum however the recommendation seems premature given the review that we are undertaking on the governance frameworks and structures and we do not know how this fits in with our constitution which It was noted will be undergoing a full review and re-write.</p> <p>Also, as youth forums already exist at Local Authority level, are we replicating what is already in existence so is there value at having one at Tees Valley level?</p> <p>He also noted that the establishment of a permanent Education Employment &amp; Skills Overview &amp; Scrutiny sub committee could be replicating the work of the already established Education Employment &amp; Skills Group, chaired by Councillor Evans.</p> <p>The Chair of the Overview &amp; Scrutiny Committee commented that there are already 2 permanent sub-committees in place covering Finance &amp; Resources and Transport. The recommendation is to establish a third sub-</p>
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	<p>committee in line with what the other established sub-committees already undertake.</p> <p>The Interim Monitoring Officer commented that the intention is that Overview &amp; Scrutiny will move to a single committee model. Within the Scrutiny Protocol it is a recommendation to have a sub-pool of scrutiny members which sit under the Scrutiny Committee and support with the functions of the single committee model.</p> <p>The Overview &amp; Scrutiny Committee Improvement Plan will take this into account.</p> <p>Councillor Harrison noted that while Local Authorities have their own Youth Forums, she believes a Tees Valley wide Youth Forum is a good idea.</p> <p>She also noted that the sub committees are a good way of doing the deep dives on some of the issues and they have worked well in the past.</p> <p>Mike Greene noted that youth forums are a good opportunity of getting young people's voices in the big ticket areas in the region. He noted that the Local Authorities have vibrant networks in existence already so rather than starting from scratch, offered to speak to Directors of Children's Service in all the Local Authorities.</p> <p>Mayor Cooke also noted that Local Authorities have their own Youth Forums however they often discuss issues which affect the region. He believes there should be a joined-up strategy across the full Tees Valley.</p> <p>Councillor Harrison requested that Cabinet agree to a Youth Forum in principle but revisit the idea when the review is completed.</p> <p>The Interim Monitoring Officer noted that the O&amp;S Improvement Plan will pick up the development of an EES sub-committee and this will be brought back to a future Cabinet meeting for endorsement.</p> <p>The Scrutiny Chair noted that the Committee has agreed its work programme for the forth coming year so was happy to defer a further discussion on the EES subcommittee until a later date.</p> <p>The Chair expressed his intention to vote against the recommendations put forward in the report to establish a youth forum whilst further work was undertaken.</p> <p>Following a further discussion, it was agreed that Mike Greene would set out existing local authority youth forum arrangements across the Tees</p>
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	<p>Valley and liaise with Sarah Walker on potential opportunities for TVCA engagement.</p> <p>Mayor Cooke proposed that the decision is deferred. This was seconded by Councillor Evans.</p> <p>RESOLVED that Cabinet:-</p> <ul style="list-style-type: none"> <li>i. <b>DEFER</b> the recommendation to establish an Overview &amp; Scrutiny Committee Education Employment &amp; Skills sub-committee this municipal year;</li> <li>ii. <b>DEFER</b> the recommendation to establish a Youth Forum until a full proposal has been brought back to Cabinet.</li> </ul>
TVCA 47/25	<p><b>OVERVIEW &amp; SCRUTINY ANNUAL REPORT</b></p> <p>Cabinet received a report requesting Cabinet's endorsement of the Overview and Scrutiny Committees annual report for the 2024/25 Municipal Year.</p> <p>The Chair thanked the Overview &amp; Scrutiny Committee for all their work.</p> <p>Members were given the opportunity to comment or ask questions. No comments or questions received.</p> <p>RESOLVED that Cabinet endorse the Overview &amp; Scrutiny Report for the municipal year 2024/25</p>
TVCA 48/25	<p><b>NORTH EAST &amp; YORKSHIRE NET ZERO HUB</b></p> <p>Cabinet were provided a report which highlighted evolution in a number of areas of management and delivery and makes a number of recommendations to strengthen and augment the Hub's governance by TVCA.</p> <p>Cabinet is recommended to:</p> <ul style="list-style-type: none"> <li>i. <b><u>AUTHORISE</u></b> the Group Interim Monitoring Officer to update TVCA's Constitution to accurately reflect the current scale and complexity of Hub delivery.</li> </ul>

	<p>ii. <b>APPROVE</b> the Hub-specific delegations, which delegate authority to the Chief Executive or their nominated representative in consultation with the Section 73 and Monitoring Officer for decisions relating to the Hub's governance and financial responsibilities and to the Director of Business Solutions for matters of internal management. Once approved, the Hub-specific delegations will be added to the Scheme of Delegation within the TVCA Constitution.</p> <p>iii. <b>NOTE</b> the update relating to the Hub's Regional Governance Board in relation to membership and process for selecting an independent Chair.</p> <p>iv. <b>NOTE</b> that an Options Appraisal relating to the future Hub delivery will be brought to the Cabinet meeting in December.</p> <p>The Interim Director of Business Solutions provided Cabinet with an overview of the report.</p> <p>Members were given the opportunity to comment or ask questions. No comments or questions received.</p> <p><b>RESOLVED that Cabinet:-</b></p> <p>i. <b>AUTHORISE</b> the Group Interim Monitoring Officer to update TVCA's Constitution to accurately reflect the current scale and complexity of Hub delivery.</p> <p>ii. <b>APPROVE</b> the Hub-specific delegations, which delegate authority to the Chief Executive or their nominated representative in consultation with the Section 73 and Monitoring Officer for decisions relating to the Hub's governance and financial responsibilities and to the Director of Business Solutions for matters of internal management. Once approved, the Hub-specific delegations will be added to the Scheme of Delegation within the TVCA Constitution.</p> <p>iii. <b>NOTE</b> the update relating to the Hub's Regional Governance Board in relation to membership and process for selecting an independent Chair.</p> <p>iv. <b>NOTE</b> that an Options Appraisal relating to the future Hub delivery will be brought to the Cabinet meeting in December.</p>
TVCA 49/25	LOCAL REMEDIATION ACCELERATION PLAN

	<p>Cabinet received a report which provides an overview of the Tees Valley Local Remediation Acceleration Plan including how it has been developed.</p> <p>Cabinet were recommended to <b>APPROVE</b> the Local Remediation Acceleration Plan for publication on the TVCA Website and <b>NOTE</b> the convening role TVCA takes in its delivery.</p> <p>Cabinet members were given the opportunity to comment or ask questions.</p> <p>Councillor Harrison advised Cabinet members that meetings have been taking place on a regular basis and that everything that needs to be done is being done. She also commented that there are 2 very good fire services who are involved in this project.</p> <p><b>RESOLVED</b> that Cabinet:-</p> <ul style="list-style-type: none"> <li>i. <b>APPROVE</b> the Local Remediation Acceleration Plan for publication on the TVCA Website; and</li> <li>ii. <b>NOTE</b> the convening role TVCA takes in its delivery.</li> </ul>
TVCA 50/25	<p><b>DELEGATED OR URGENT DECISIONS</b></p> <p>Cabinet were provided a report which detailed all the Delegated Decisions made since Cabinet last met on 25<sup>th</sup> July 2025.</p> <p>The Interim Monitoring Officer advised Cabinet that the report provides 6 Delegated Decisions to note which had been signed since the last Cabinet meeting. No Urgent Decisions have been taken in that's time.</p> <p>Cabinet members were given the opportunity to comment or ask questions.</p> <p>It was noted that some forms are signed by the Portfolio holder while others are not. It was explained that delegated decisions are taken in line with what has previously been agreed by Cabinet.</p> <p>The Interim Monitoring Officers advised Cabinet that as part of the improvement work, the approvals process will be looked at as will financial thresholds and publication of decision notices. The Overview &amp; Scrutiny Committee will be involved in any of the changes surrounding Key Decisions and financial thresholds as this will influence the Call-in process.</p> <p>Mayor Cooke commented that the Business Case for the airport should have been brought to Cabinet for approval. The Chair advised that a detailed report on this project was presented to Cabinet, which included a</p>

	<p>value for money assessment. The Interim Monitoring Officer advised that the business case for this project was appraised in accordance with the existing TVCA Assurance Framework.</p> <p><b>RESOLVED</b> that Cabinet noted the Delegated Decisions made since Cabinet on 25<sup>th</sup> July 2025</p>
	<p><b>DATE AND TIME OF FUTURE MEETINGS</b></p> <ul style="list-style-type: none"> <li>• 10am Friday, 12<sup>th</sup> December 2025</li> </ul> <p>The Chair thanked all in attendance.</p>

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## Safer Stockton Partnership

A meeting of Safer Stockton Partnership was held on Wednesday 1st October 2025.

**Present:** Alan O'Donoghue (Vice Chair), Sharon Cooney, Elliott Beevers, Leanne Maloney-Kelly, Marc Stephenson, Joy Switherbank, Chris Dunwell, Gordon Bentley, Cllr Pauline Beall, Kay Nicolson, Adam Bateman, Sarah Wilson and Kellie Wiggley.

**Officers:** John Devine

**Also in attendance:** NA

**Apologies:** Cllr Norma Stephenson OBE, Cllr Clare Besford, Mandy Mackinnon, Jen Moore, Majella McCarthy, Karen Hawkins, Kevin Tyerman, Jamie Bell, Anna Waddington.

### **SSP/26/25 Appointment of Vice Chair**

AGREED That Superintendent Alan O'Donoghue be appointed at Vice Chair.

### **SSP/27/25 Evacuation Procedure**

The evacuation procedure was noted

### **SSP/28/25 Declarations of Interest**

There were no declarations of interest

### **SSP/29/25 Minutes**

The Minutes of the previous meeting held Wednesday 23<sup>rd</sup> July 2025 were agreed as a true record.

### **SSP/30/25 Recorded Crime & Disorder Report**

Members were presented with the Recorded Crime & Disorder report, the report focused on the recorded crime in the Stockton on Tees Borough over a 12 month period starting in August 2024 to August 2025.

The key points noted from the report were as follows:

- Police generated crime had increased.
- Both Publicly reported Anti-Social Behaviour & Officer reported had increased.
- Sexual Offences had increased by 30.7%
- Stalking and Harassment had reduced by 11.4%.
- Criminal Damage & Arson showed an overall reduction of 5.3%
- Drug offences continued to show an increase with an increase of 18.2%.

Officers expanded on some of the above highlights. Officers explained that the increase in Police generated crime was linked to the active policing being undertaken by the Polce, with a number of arrests related to drug offences being evidenced of

that. The increase in Anti-Social Behaviour was being monitored closely by Police and partners through daily partnership meetings.

Increased numbers of sexual offences were evidence of victims being more confident in reporting offences to Police. Partners were reassured that the Police's approach would continue to be victim led in such cases but questioned how many cases lead to prosecution. Partners agreed that more work had to be done together to tackle the offences.

Members AGREED to note the report.

### **SSP/31/25 Bonfire Strategy**

As there was no Officers present from Cleveland Fire brigade members agreed to defer the report to another meeting.

### **SSP/32/25 Reducing the Strength**

Licensing Officers presented a report to the Partnership on the Reducing the Strength Scheme (RTS). It was founded by the Local Government Association, and it's aimed to uphold the licensing objectives, reduce alcohol accessibility, promote public health and reduce alcohol related Anti-Social Behaviour (ASB). The Scheme asks off-licences to voluntarily agree to stop selling beer, lager and Cider with an alcohol content above 6.5% ABV.

RTS had been implemented initially within the Stockton Town Centre area (Specifically the Operation Shield Area). This area was chosen over concerns raised by the Community Safety Team regarding premises that served 'high strength, low cost' alcohol.

Often those buying the high strength low-cost alcohol are people who are intoxicated / beggars / known street drinkers. These people then often go on to cause issues within the Town Centre such as ASB, aggressive begging, littering and other crime which deters the general public from entering the Town Centre. Licensing Officers had observed alcohol related ASB first hand and identified the perpetrators as mainly consuming cans of cider which could be found at a very low cost of £1.29 per can in most shops within the Town Centre.

The consultation on the scheme began in July 2024 and ranged from face to face visits to letter drops which advised premises of the implementation of the scheme. Officers received positive verbal feedback on the scheme from a number of premises. As the response for written feedback was low Officers again undertook additional face to face engagement in February 2025, requesting electronic feedback. Five out of six of the premises who responded advised they would be willing to partake in the scheme. Positive feedback received stated 'We are supporting and obey the rules of council for the wellbeing of society especially for the elders and children' and another stating 'No one needs a strong drink to enjoy a drink'.

On 21st May 2025 Officers visited all fifteen premises within the scheme area, nine verbally agreed to reduce the strength of their alcohol sold and to participate with the scheme. During the consultation the Community Safety Team and Cleveland Police gave feedback in support of the Scheme.

The Scheme was launched on 25th September 2025, participating retailers were provided with posters and involved in the promotion and comms around the scheme. The nine participating premises gathered for a photo which was shared through the Councils social media channels.

Those participating premises were as follows:

- Addison Newsagents – 102-104 Church Road, Stockton-on-Tees, TS18 1TW.
- Pickwicks (formerly D&S News) – 8 High Street, Stockton-on-Tees, TS18 1UB.
- Iceland – Wellington Street, Stockton-on-Tees, TS18 1NH.
- B&M Stores – 139-139A High Street, Stockton-on-Tees, TS18 1LW.
- Heron Foods – 8A Castle Way, Castlegate Centre, Stockton-on-Tees, TS18 1AL.
- Savers – 7 Wellington Square, Stockton-on-Tees, TS18 1RG.
- Yarm Lane Convenience Store – 53 Yarm Lane, Stockton-on-Tees, TS18 3DL.
- Quick News - 101 High Street, Stockton-on-Tees, TS18 1BD.
- Fani Vapes - 49-51 Yarm Lane, Stockton-On-Tees, TS18 3DL.

Going forward the scheme would be monitored through statistics of alcohol related incidents which would be checked to identify hotspots. This would allow officers to identify any premises which may be causing an issue or if it is due to out of areas retailers. Promotion of the scheme would continue through the Councils social media and the Licensing website. A QR code was included on the posters for the scheme which provides a link to a webpage with further information on the Reduce the Strength Scheme.

Partners from Public Health, Cleveland Police and the Community Safety Team praised Officers for their hard work on the Scheme. All partners noted the success of the scheme would have a positive impact in their own spheres. Members also praised the joined up working of partners in the Safer Stockton Partnership which was making Stockton Town Centre a place residents want to come and spend time in.

Members AGREED to note the report.

## **SSP/33/25 ASB Charter**

Members of the Partnership were presented with the Cleveland Antisocial Behaviour Charter by Officers of the Police & Crime Commissioner.

The Charter outlined the commitment by Partners across Cleveland to help make victims feel safe in their homes and communities. Victims would be involved in how partners respond to their case and make sure their voice was at the heart of what partners do.

It stated that all members were committed to working together to resolve any issues of ASB. The charter set out what partners would do and what a victim could expect when reporting ASB against a person. There were eight bullet points in the report and they were as follows;

1. You will be able to understand and be understood.
2. The details of the incident will be recorded without justifiable delay.
3. A referral to support services will be offered with any support tailored to meet your needs.

4. You will be given information about any investigation or prosecution.
5. You will be given the opportunity to make a Victim Impact Statement.
6. You will be given information about the outcome of the cases and appeals.
7. You can make a complaint about your needs not being met.
8. You can ask for Antisocial Behaviour Case Review.

A copy of the Charter had been shared with Partners and changes had already been incorporated from their feedback. Officers stated that they aimed for the Charter to be published by December 2025, with a launch to be held in a public venue.

Members AGREED to note the update.

## **SSP/34/25 Project Harmony/ Shield Update**

Officers gave an update on Project Harmony & Shield to members. They began with Operation Shield which Members would know was a community safety initiative of the Councils alongside Cleveland Police and other partners.

Officers praised the hard work of frontline staff as Operation Shield marked six months of operation. A number of instances where Officers had been involved in prevention of a crime or being involved in a successful arrest. For example, Officers were instrumental in helping Police making five arrests on one day in Stockton Town Centre via the use of CCTV Operators proactively monitoring the area.

Being proactive and a visible presence in the Town Centre had been an important tenet of the agreement between Partners and Local businesses. There would always be the same response function but that proactivity on the High Streets would be key to building relationships going forward.

Officers went on to praise the deployments from Enforcement & Cleveland Police during the Stockton International Riverside Festival (SIRF) in August. The deployments saw Officers working extra hours over three days and showcased their dedication and commitment to ensuring SIRF was a success. For their commitment to ensuring the success of SIRF frontline Officers met with the High Sheriff of County Durham in a show of appreciation.

Officers moved onto give Members an update on Project Harmony, which members were familiar with as the project had been in operation for a number of years. Members were also made aware that Project Harmony had begun to draw to a close in its current format. Some elements of the project will continue in different avenue, such as Operation Nightfall and a drop-in service. Following discussions with strategic partners the drop-in service would undergo some changes, it was to be moved in line with Ropner Warm Welcome Social which took place monthly. The Ropner Warm Welcome was an expansion of the SBC Community Engagement's work in other wards and was developed out of Project Harmony and feedback from the community survey.

The expansion of the community engagement events was linked to the operation Nightfall Action Plan, which had been developed in June 2025 with collaboration from Cleveland Police and A Way Out, while also being supported by local ward Councillors. Members would recall the core objective of the latest phase of Nightfall is "to encourage on street sex work to occur away from residential dwellings, whilst

ensuring we have the right partner services in place to safeguard women experiencing multiple disadvantages and address contributing factors to on street sex work.”

Officers explained that to best communicate this and the action plan to local residents Officers have invited residents to a meeting later in the month, where Partners and residents could inspect the plan in more detail. Following that meeting Officers would return to the Partnership with an update report.

Members AGREED to note the report.

#### **SSP/35/25 Home Office Visit**

In August 2025 Stockton on Tees Brough Council received a visit from Anne-Marie Pickup, Head of Safer Town Centres at the Home Office. Officers presented information on operation Shield, while highlighting the lessons learned from it and that it would continue to be in operation. Officers from Community Safety were praised for their efforts.

The positive feedback was welcomed by Officers and they would continue with the operation and not become complacent.

Members AGREED to note the update.

#### **SSP/36/25 Prevent (CT) Update**

Members were updated on four individuals who were currently in Stockton on Tees Councils programme. Officers also informed members that as an authority Stockton had met all of its benchmarks in a recent review.

#### **SSP/37/25 Any Other Business**

There was no other business to bring to members attention.

#### **SSP/38/25 Reducing the Strength Report**

Members were presented with a restricted report that provided further information on crime statistics related to the introduction of the Reduce the Strength Scheme.

AGREED that the report be noted.

#### **SSP/39/25 IQuanta Report**

Members were presented with a restricted report that provided an overview on crime comparisons against other similar CSPs utilising iQuanta.

This report was a restricted document due to the statistical information only made available as an intelligence tool for partnerships until released by the Home Office.

AGREED that the report be noted.

**SSP/40/25    CSP Plan**

Due to the connection to an ongoing Police investigation this Agenda Item was restricted.

Agreed that the update be noted.

**SSP/41/25    Town Centre Action Plan**

Due to the connection to an ongoing Police investigation this Agenda Item was restricted.

Agreed that the update be noted.

Chair: .....

REPORT TO CABINET

DATE

REPORT OF CORPORATE  
MANAGEMENT TEAM

## CABINET INFORMATION ITEM

Adults Health and Wellbeing - Lead Cabinet Member – Councillor Pauline Beall

# Care Quality Commission Assurance Report

## Summary

Recommended that the Care Quality Commission (CQC) report and outcome be noted. That Cabinet 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. (Final Report is in Background Papers).
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. Cabinet 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

[Care Quality LA Assessment Assurance Report 2025](#) - attached

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

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# Stockton-on-Tees Borough Council CQC Report

Cabinet 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

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# 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

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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



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# 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.

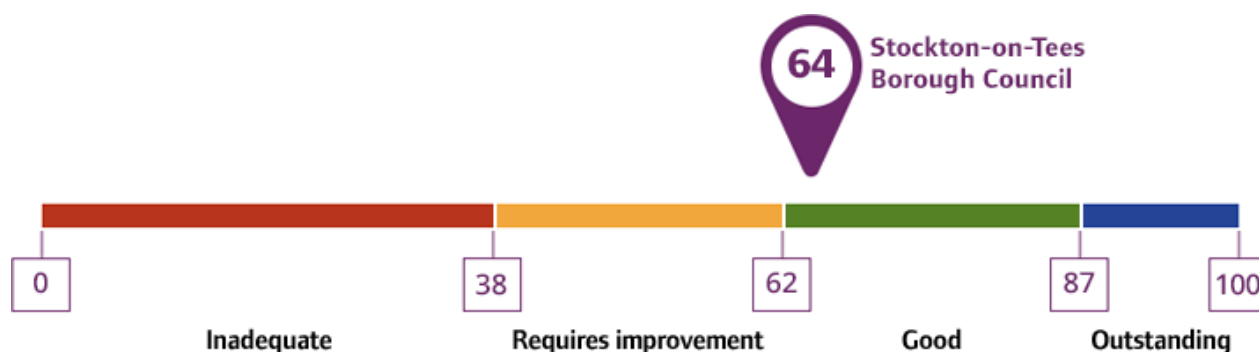
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# Overall summary

## Local authority rating and score

Stockton-on-Tees Borough Council

Good



## Quality statement scores

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## Assessing needs

Score: 2

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## Supporting people to lead healthier lives

Score: 3

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## Equity in experience and outcomes

Score: 2

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## Care provision, integration and continuity

Score: 3

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## Partnerships and communities

Score: 3

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## Safe pathways, systems and transitions

Score: 2

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## Safeguarding

Score: 3

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## Governance, management and sustainability

Score: 3

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## 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.

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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.

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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

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In the year up to June 2024, 1 819 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.

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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.

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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

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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.

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# 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.

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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.

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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

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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

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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.

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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.

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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.

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## 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.

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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.

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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

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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.

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## 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.

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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

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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.

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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.

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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%).

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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.

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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.

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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.

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# 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 Stockton to link service data effectively and visualise themes to target population needs and reduce duplication across the system.

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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.

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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.

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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.

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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.

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## 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.

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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.

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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.

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# Safeguarding

Score: 3

2 – Evidence shows a good standard

## 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

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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.

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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.

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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

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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 1 808, 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

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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.

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## 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.

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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.

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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.

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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.

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# 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.

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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.

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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.



**REPORT TO CABINET****DATE 11 DECEMBER 2025****REPORT OF CORPORATE  
MANAGEMENT TEAM****CABINET DECISION****Environment, Leisure and Culture - Lead Cabinet Member – Councillor Nigel Cooke****Tennis Court Management in Stockton-on-Tees****Summary**

Stockton-on-Tees Borough Council currently owns and manages 11 public tennis courts, across 3 key locations. In partnership with Lawn Tennis Association (LTA) funding was received to upgrade Littleboy Park and install gate access systems across all sites with the main aim to improve access and long-term sustainability of local tennis facilities. A key funding condition from LTA was a court operator be appointed, We do Tennis (WDT) was appointed in 2023 and a pay-to-play model was piloted at Littleboy Park for a 2-year period. We have also been successful in accessing additional funding from LTA which has allowed the recent re-surfacing and upgrade of Ropner Park tennis courts.

Our current two-year WDT contract was due to expire in April 2025. A six-month extension was agreed to allow exploration of a new, collaborative Tees Valley Model, involving: SBC, Middlesbrough, Redcar & Cleveland BC. This concession contract has now expired, with the option of further extending the original contract for 2 months whilst decisions are considered and approvals are made moving.

We propose extending the partnership with operator, We do Tennis, aligned to a regional Tees Valley model, which includes extending the pay to play model across all 3 sites and 65/35% income split of all court related income.

**Reasons for Decision**

Partnering with We Do Tennis, as the operator, significantly reduces financial exposure by transferring operational responsibility, including all required maintenance, and supporting the creation of a long-term sinking fund for future refurbishment. Whilst the arrangement does not come without some risk, the partnership ensures high-quality, accessible tennis provision with minimal strain on council resources, and aligns with broader goals to promote health, community sport, and regional collaboration. The ongoing maintenance of these assets has proved to be challenging due to pressures on internal resources, and lack of specialised equipment. This resulted in the temporary closure of Ropner Park tennis courts, prior to the recent resurfacing.

The regeneration and management of our parks tennis courts is highlighted as a key recommendation and action with our current Stockton-on-Tees Playing Pitch and Outdoor Sport Strategy.

## Recommendations

1. That Cabinet approve the recommendation to continue an extended partnership with the operator, We Do Tennis, aligned with a Tees Valley regional model
2. That Cabinet approve implementing a pay-to-play model across all 3 Parks Tennis sites to minimise financial risks and enable the longer-term sustainability of assets.

## Detail

The Tees Valley Proposal includes amending existing funding agreements to support a joint Tees Valley delivery mode covering a:

- Unified operator agreement across the three councils
- Requirement that all LAs commit to repainting resurfaced courts within 15 years
- All surplus income to be placed in a ring-fenced sinking fund solely for future tennis court refurbishments
- LTA approval required for any future operator arrangements

This includes a **65/35 income split**, with 35% of all court-related income going into Local Authority's sinking fund

### In return for their share of income, WDT will:

- Deliver court operations, customer management, coaching, and bookings
- Employ a local Tennis Development Manager (12 hours/week) to lead:
  1. Community outreach and school links
  2. Deliver Free and low-cost tennis initiatives (e.g. Barclays Free Park Tennis, Fred Perry Project)
  3. Growing pay-and-play, passes, and local tennis league participation
- Cover the recommended and required maintenance of courts, across all 3 sites.

## Community Impact and Equality and Poverty Impact Assessment

An EPIA has been completed and submitted. The proposal has a neutral impact upon many of the protected characteristics. The courts are level access and with the maintenance included within the proposal, we do tennis will take responsibility for ensuring they are in good working order, thus having a positive impact on disability. The proposal may have a negative impact upon poverty. Mitigations include - charges will be a low level to minimise impact. Concession rates will be available. Free daily sessions will be offered across all sites. Free Parks tennis will take place weekly on a Saturday morning across all sites. Free targeted coaching will be offered.

The proposal will advance equality of opportunity having the tennis courts in good condition / repair, well managed, with a maintenance regime in place and with relatively low cost usage fees could improve accessibility for younger, developing players who would not normally access tennis club type facilities.

The proposal will improve / foster good relations and aim to build community cohesion. community engagement is part of the proposal. The operator will develop and build on links with the local community and local stakeholders. The operator will also deliver a range of LTA supported initiatives including initiatives to encourage engagement and tackle inequalities including via a number of targeted and free initiatives.

It is recognised that indirect barriers may exist for some groups, particularly older adults and disabled residents. There are also potential challenges with digital booking systems and physical outreach. These could be mitigated through community outreach and engagement via the operator and tennis development manager.

A Data protection impact assessment has also been completed.

### Corporate Parenting Implications

The report does not contain any direct corporate parenting implications. Concession fees will be available for children in our care wishing to access the courts

### Financial Implications

#### Estimated Annual Income Potential (Based on National Usage Averages)

	Est. Income	35% LA Share	65% WDT Share
Stockton	£25,756	£9,015	£16,741

This proposal will reduce our financial risk moving forwards and increase our opportunities to enable people to be more active in their local communities.

### Legal Implications

No implications.

The proposal is to direct award and enter into a new legal concession contract with the operator aligned to the Tees Valley model. The contract will detail the terms and conditions, fees and performance indicators.

### Risk Assessment

Risks identified with the recommendation are the Council cedes a portion of control to an external operator, and that the 35% income to the council will not fully cover any sinking fund requirements moving forwards. However, this is mitigated by the operator will cover all management and operations and all maintenance costs and the 35% income to the Council will cover 70/80% of any future sinking fund costs.

### Wards Affected and Consultation with Ward/ Councillors (refer to Concordat for Communication and Consultation with Members)

All, borough wide initiative but specifically -

Ropner  
Village

Stainsby Hill  
Billingham Central  
Billingham East  
Billingham North  
Billingham South  
Billingham West and Wolverston

All above ward members briefed prior to the start of the original 2-year pilot contract with We do Tennis.

### **Background Papers**

EPIA (ID 210)  
Stockton-on-Tees Playing Pitch and Outdoor Sport Strategy 2022

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## REPORT TO CABINET

11 DECEMBER 2025

## REPORT OF CORPORATE MANAGEMENT TEAM

### CABINET INFORMATION ITEM

Lead Cabinet Member - Children and Young People - Councillor Clare Besford

# CHILDCARE SUFFICIENCY ASSESSMENT 2025

## Summary

This report outlines how the Local Authority (LA) is meeting its duty to secure sufficient childcare and includes information about the supply of and demand for childcare, details on any gaps in provision and an action plan on how they will be addressed.

The Childcare Act 2006 and 2016 and the associated statutory guidance for local authorities on Early Education and Childcare – April 2025, requires Stockton-on-Tees Borough Council (the Local Authority) to secure sufficient childcare, as far as is reasonably practicable and within available resources, for working parents, or parents who are studying or training for employment, for children aged 0 – 14 (or up to 18 for disabled children). Local authorities are also required to report annually to elected council members on how they are meeting this duty.

Recommended that the report be noted.

## Detail

1. The Childcare Act 2006 and 2016 and the associated statutory guidance for local authorities on Early Education and Childcare – April 2025, requires Stockton-on-Tees Borough Council (the Local Authority) to secure sufficient childcare, as far as is reasonably practicable and within available resources, for working parents, or parents who are studying or training for employment, for children aged 0 – 14 (or up to 18 for disabled children).
2. To secure sufficient childcare places, local authorities should take into account:
  - what is 'reasonably practicable' when assessing what sufficient childcare means for their area,
  - the state of the local childcare market, including the demand for specific types of providers, in a particular locality and the amount and type of supply that currently exists,
  - the state of the labour market including the sufficiency of the local childcare workforce,

- the quality and capacity of childcare providers and childminders registered with a childminder agency, including their funding, staff, premises, experience, and expertise,
  - should encourage schools in their area to offer out-of-hours childcare from 8.00am until 6.00pm and in school holidays,
  - should encourage existing providers to expand their provision and new providers to enter the local childcare market; and
  - should encourage providers to take sustainable business approach to planning and signpost providers to resources to support them.
3. The Local Authority is required by legislation to maintain a service that provides information, to parents and prospective parents on the provision of childcare in their area, as listed in Schedule 1 of the Childcare Act 2006 and from 1<sup>st</sup> September 2017 publish this information electronically on the local authority website and update it at a minimum termly on 1<sup>st</sup> January, 1<sup>st</sup> April, and 1<sup>st</sup> September ensuring parents are aware of:
- Early education places for children from 9 months to four-year-olds.
  - The option to continue to take up their child's 15-hour early education place until their child reaches compulsory school age.
  - How to identify high quality provision in their area.
4. The Childcare Sufficiency Assessment provides information on how the Local authority is meeting its legal duty as detailed earlier in this report.
5. Take-up of universal 3- & 4-year places continue to be high at 101.25% take-up, which is higher than the national average of 94.9% and the regional average of 100.40%, as per figures from the January 2025 census collection. To note, percentages are higher than 100% due to calculations being based population of 3&4 years living in Stockton, whereas take-up is based on number of children accessing childcare in Stockton which includes children attending who live outside of the Borough.
6. Take-up of 30 hour funded childcare places for working parents of 3- & 4-year-olds is 1636 which is a slight decrease of 1.1% (18 places), compared to summer 2024 data.
7. Take-up of the 15 hours funded childcare places for working parents of children aged two-year-olds is 925 places and for under two's is 1005 places.
8. There has been a significant drop in the take-up of 15-hour early learning places for two-year-olds where parents are on certain government benefits (66.28%), this is a decrease of 20.66% on the previous year.
9. The table on page 18 of the assessment provides take-up at ward level for two-year-old early learning places. In some cases, the percentage take-up up of 2-year places is over 100%, this is due to the figure used to calculate the percentage is based on the data received from DWP and does not include on-line applications from parents not included in the list.
10. As part of the government's Giving Children the Best Start in Life strategic plan, which was launched in July, DfE will be working with selected Council's where take-up of funded hours is lowest by low-income families.
11. As of July 2025, there were 516 recorded vacancies in registered provision for children aged 0-4 years old, this is a reduction of 45.96% on the previous year. The lowest

number of vacant places is for the under two's with only 92 vacant places available across the Borough.

12. The table on page 20 provides number of places and vacant places by ward area. Due to the expansion of funded childcare, we are now reporting only 1 or 2 vacant places or no vacant places in some wards for certain age groups. Some providers have waiting lists up to September 2026 which means parents may not be able to access childcare at their first provider of choice.
13. From September 2025 funded childcare for working parents of children aged 9 months to 23 months will be expanded from 15 hours per week to 30 hours per week. Making childcare more affordable and allowing parents to either to take-up work or increase their working hours.
14. A full-time place for a child in a nursery average £269.21 and with a childminder it is £171.96, these costs do not consider any funded childcare.
15. Tax Free Childcare is available to offset the cost of childcare for working parents with children aged 0-11, this is a government subsidy of up to £2,000 a year for each child or up to £4,000 a year for each child if they are disabled.
16. In April 2025 statutory guidance came into force that requires childcare providers to be open and transparent about additional charges to parents. Providers, who look after 10 or more children, have until January 2026 to ensure their invoices clearly show funded hours, paid for hours and any additional charges such as costs for food, and must be displayed on their websites or on the Council's information directory.
17. Due to the change in statutory guidance many settings have increased their paid for sessions to offset the removal of the daily consumables' charges. In a recent survey 34.74% stated they have increased their fees.
18. Stockton has a good range of quality childcare across the borough with 100% of group settings and childminders rated good or outstanding, as of July 2025.
19. The number of nurseries, pre-school, and out of school settings remains relatively unchanged but there continues to be a reduction in the number of registered childminders with eleven de-registering in the last year.
20. In 2024 capital funding was awarded by DfE to councils to create additional early years places to meet the childcare expansion. 206 childcare places have been created using this funding for children aged 9 months to 2 years.
21. Two new provisions for 2s and under will open in 2026 creating more places in Yarm and Eaglescliffe. A provider in Ingleby Barwick is looking at reducing their age range to meet demand for children aged from 18 months and a provider in Stainsby Hill ward has increased places by 54 across all nursery ages from September 2025 to meet the demand for 30 hour funded places.
22. A primary school has created additional nursery places for children with SEND as part of the ARP programme, and initial exploratory work has been undertaken to create additional places to meet the needs of nursery age children with complex needs.

23. Financial sustainability of the sector is a mixed picture. Due to the increase in funded childcare from 15 to 30 hours and the eligible age being reduced to 9 months, the majority of a childcare providers income is from early years funding. For some settings the funding rates are sufficient, generally the smaller settings with lower overheads/management costs.
24. In a recent survey when asked about how confident they were about their financial sustainability over the next year 47.37% responded confident/very confident. When asked if they were concerned about expenditure exceeding income 33.68% agreed/strongly agreed.
25. In late autumn 2024, DfE announced the school-based nursery capital grant to create additional early years funded places using spare capacity within schools. Four Stockton schools were successful with their bids, and additional places will be available from the autumn term 2025.
26. The School Based Nursery Capital Grant has now reopened for the second phase of the programme with an increased focus on supporting disadvantaged families to access early years provision. Two schools are submitting bids for this funding, one meeting demand for vulnerable 2 year olds, the other in an area where there is insufficient provision.
27. Phase three of the School Based Nursery Capital programme has also been announced by DfE, Local Authorities will be invited to develop multi-year funding proposals (2027-2030). Separate guidance will be issued to support this process in early 2026.
28. Meetings have taken place with a number of schools to discuss plans for applying for phase three funding to meet demand for places.
29. Stockton continues to create additional places for before and after school provision for primary school aged children as part of the governments Wraparound Childcare Programme to increase the supply of wraparound care, so that parents of primary school age children can access childcare between 8am and 6pm – tackling the barriers to working caused by limited availability of wraparound care.
30. Twenty-two schools and one childcare provider have been awarded funding to either create or expand wraparound provision since September 2024, creating an additional 732 places for working parents to access.

### **Strategic Priorities**

31. To ensure there are sufficient early years funded places available across the borough, closely monitoring supply and demand in the ward areas identified as hot spots, developing places where required.
32. Progress work with the council's performance management team to create dashboards to pull data from various data sources to record current and projected demand for childcare places, clearly identifying wards with insufficient places.
33. Further work to be undertaken on meeting the needs of vulnerable groups to ensure they can access high quality, affordable childcare. This will involve an outreach

programme lead by Family Hubs to target families identified as potentially eligible for a 2 year early learning place in ward areas where take-up is low.

34. Progress work with SEND Team on creation of places to meet needs of children with complex needs.
35. Undertake a detailed analysis of SEND data to be undertaken to project demand for childcare places
36. Continue working with schools to create or expand wraparound childcare places as approved in the DfE delivery plan.
37. Continue to promote early years funded places to working parents and parents on certain government benefits, and ensure parents are aware of the Families Information Service to support them in finding childcare to meet theirs and their child's needs, including providing advice on funded childcare and/or childcare benefits available to them.
38. Develop a plan to support schools in applying for the School Based Nursery Capital Grant to meet the objectives of the government's Best Start in Life strategic plan.

### **Consultation and engagement**

1. Consultation has been undertaken with parents/carers and childcare providers to inform the sufficiency assessment.
2. Childcare providers were surveyed in June/July 2025 to gather information on their current demand for childcare and insight on their future sustainability and barriers to delivering on the expansion to childcare. This survey had a total of 95 responses.
3. 64.21 % of providers have stated that demand has increased slightly or a lot. When asked how demand has changed the most responses were for for 2year olds (51.58%) and under 2s places (50.53%) followed by less demand for paid for hours (31.58%), increased demand for more hours/longer days (30.53%), and increased demand for SEND places (29.47%).
4. 43.16% stated they could not meet demand for under 2s and 31.58% stated they could not meet demand for 2 year olds.
5. 62.11% stated they were prepared for the final phase of the expansion. When asked if they had changed their provision over the last year, 34.74% had increased fees, 32.63% had made no changes, 20% had increased places and 16.84% have increased the length of the day.
6. When asked about confidence in meeting the needs of children with SEND, 85.27% were confident/very confident in meeting the needs of children with communication and interactions needs, 85.26% for cognition and learning needs, 82.11% for social, emotional and mental health needs, and 81.05% for sensory or physical needs.

7. Parents/carers were surveyed in June 2025 to gather information on demand for childcare, and any barriers to them accessing childcare. This survey had a total of 239 responses.
8. Parents/Carers of primary school aged children were surveyed throughout the year at individual school level to assess demand for places. These surveys had a total of 72 responses.

### **Next Steps**

1. The sufficiency assessment will be placed on the Stockton Information Directory once it has been through the Cabinet process, so it is available for parents/carers, childcare providers, and employers.
2. Work will continue to assess sufficiency of places to ensure that parents/carers are able to access an early years funded place or a wraparound childcare place.
3. Continue to work with childcare providers and schools to either expand or create places in areas of where there is high demand.

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**Stockton-on-Tees**

# **Childcare Sufficiency Assessment**

**August 2025**



**Stockton-on-Tees**  
BOROUGH COUNCIL

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# Introduction

The Childcare Act 2006 and 2016 and the associated statutory guidance for local authorities on Early Education and Childcare - June 2018, requires Stockton-on-Tees Borough Council (the Local Authority) to secure sufficient childcare, as far as is reasonably practicable, for working parents, or parents who are studying or training for employment, for children aged 0 - 14 (or up to 18 for disabled children).

The duty is detailed in the following sections of the Acts:

## Childcare Act 2006

Section 6	secures sufficient childcare for parents;
Section 7	secures free early years provision free of charge; Section 7A discharges its duty;
Section 9	gives LA's the power to attach requirements to the arrangements they make with providers (other than the governing body of a maintained school) to deliver childcare including free early years provision;
Section 9a	allows regulations to be made which prescribe the requirements local authorities may or may not impose when they make arrangements;
Section 12	provides information, advice, and assistance to parents about childcare in the area;
Section 13	to secure the provision of information, advice and training to childcare providers and childcare workers

## Childcare Act 2016

Section 1	places a duty on the Secretary of State to secure the equivalent of 30 hours free childcare over 38 weeks of the year for qualifying children;
Section 2	allows the Secretary of State to discharge her duty under section 1 of the Act by placing a duty on English local authorities to secure free childcare for qualifying children;

To secure sufficient childcare places, local authorities should consider:

- what is 'reasonably practicable' when assessing what sufficient childcare means for their area;
- the state of the local childcare market, including the demand for specific types of providers, in a particular locality and the amount and type of supply that currently exists;
- the state of the labour market including the sufficiency of the local childcare workforce;
- the quality and capacity of childcare providers and childminders registered with a childminder agency, including their funding, staff, premises, experience, and expertise;
- should encourage schools in their area to offer out-of-hours childcare from 8.00am until 6.00pm and in school holidays;
- should encourage existing providers to expand their provision and new providers to enter the local childcare market; and
- should encourage providers to take sustainable business approach to planning and signpost providers to resources to support them

The Local Authority is responsible for determining the appropriate level of detail in the report, geographical division, and date of publication. However, the report should include:

- a specific reference to how we are ensuring there is sufficient childcare available to meet the needs of: children with special educational needs and disabilities; disabled children; children from families in

receipt of the childcare element of Working Tax Credit or Universal Credit; children with parents who work irregular hours; children aged two, three and four taking up free places; school age children; and children needing holiday care.

- Information about the current and projected supply and demand of childcare for particular age ranges of children, and the affordability, accessibility, and quality of provision; and
- Details of how any gaps in childcare provision will be addressed.

In addition, the Local Authority is required by legislation to maintain a service that provides information, to parents and prospective parents on the provision of childcare in their area, as listed in Schedule 1 of the Childcare Act 2006 and from 1 September publish this information electronically on the local authority website and update it at a minimum termly on 1 January, 1 April and 1 September, ensuring parents are aware of:

- Early education places for two, three and four year olds;
- The option to continue to take up their child's 15 hour early education place until their child reaches compulsory school age;
- How to identify high quality provision in their area.

## The Stockton-on-Tees childcare market

Stockton-on-Tees has a robust childcare market with a combination of 47 privately owned and voluntary sector nursery/pre-school childcare providers, 91 childminders and 18 out of school clubs. Primary schools (60) play a key role in offering the majority of universal 15 hour places for 3 and 4 year olds, 90% are now offering 30 hour funded childcare places for working parents, 14 also deliver 2yr funded places, and many offer before and after school places for school aged children. Three Independent Schools also provide early years places for 3 and 4 year olds.

The Local Authority has an excellent relationship with childcare providers and good partnership working has ensured that the quality of settings in Stockton-on-Tees is exceeding the national average, ensuring the closing of the gap for the most vulnerable children.

The Local Authority works closely with the childcare sector to explore sufficiency issues and identify workable solutions to meet any gaps in provision.

### The report

This report considers what the Local Authority means as 'sufficient childcare' in the Borough and includes the following:

- Background and contextual information regarding population, Labour Market Information (LMI), early years and childcare numbers across the Borough.
- Information about the supply of childcare for particular age ranges of children, and the affordability, accessibility, and quality of provision.
- The state of the local childcare market, including the demand for specific types of providers, in particular ward areas and the amount and type of supply that currently exists.
- The quality and capacity of childcare providers.
- Details of how gaps in childcare provision will be addressed.

This Assessment Report will be updated and reported to the Council's Cabinet for endorsement annually. The Assessment Report will also be made available and accessible to parents on the

[www.stocktoninformationdirectory.org/childcare-listings](http://www.stocktoninformationdirectory.org/childcare-listings)

# Stockton-on-Tees in context

## Economic geography

### Location and economic profile

Stockton-on-Tees is a Borough of wide contrasts, a mixture of busy town centres, urban residential areas, and picturesque villages. The Borough covers approximately 20,000 hectares.

The principal settlements are Stockton, Billingham, Thornaby, Ingleby Barwick, Norton and Yarm; whilst Wynyard is expected to grow into a substantial residential location.

Stockton-on-Tees benefits from good access to the strategic road network - A1M, A19, A66 and A67 - and a network of bus routes that provide frequent services to connect residents to work and leisure destinations predominantly across Tees Valley, and for the movement of goods and services.

The Borough forms part of the Tees Valley Combined Authority wider functioning area, which is home to some 678,365 people.



## Demographic profile

In 2021, the population was 196,600 living in around 84,000 dwellings. It is reported that the population size increased by 2.6%, that is, 5,000 people between the ten years 2011 and 2021. The population in the Borough is projected to grow to 203,515 by 2032, which is an increase of 1.7% over the ten-year period 2022-2032. 19.6% of the population within Stockton-on-Tees are children and young people aged (0-15). There has been an increase of 3.9% in children aged under 15 years between 2011 - 2021.

### Estimated resident population in '000s (% of total population)

Projected Year	2025	2026	2027	2028
Age 0-4	9,654	9,481	9,256	9,124
	4.78%	4.69%	4.57%	4.50%
Age 5-9	11,871	11,479	11,144	10,853
	5.88%	5.68%	5.51%	5.36%
Age 10-14	13,350	13,118	12,995	12,650
	6.61%	6.49%	6.42%	6.24%
All ages	201,994	202,191	202,414	202,641

Source: [ONS Population projections for Local Authorities - Table 2](#)

The percentage of the Borough's population from a black minority ethnic background decreased from 5.4% in 2011 to 1.1% in 2021. The largest minority ethnic group is Asian or Asian British, this group accounts for 4.6% of the population, within this group, the largest BME group is Pakistani or British Pakistani.

Using indices of multiple deprivation, the Borough is ranked 113 most deprived out of the 317 local authorities in England. However, whilst 19.99% of the population live within the top 20% of most deprived areas of England, 19.38% live in the 20% least deprived areas.

4,013 funded  
9mth - 4yr olds

## Labour Market Information (LMI)

In 2023 there were estimated to be around 81,000 jobs in Stockton-on-Tees. The “Wholesale and Retail Trade” and “Human Health and Social Work Activities” sectors had 11,000 job (13.6% of jobs) respectively whilst “Manufacturing” had 10,000 jobs (12.3% of jobs). These sectors make up similar proportions of the labour market to figures for England.

Employee jobs by industry 2022	Stockton-on-Tees	Stockton-on-Tees %	North East %	Great Britain %
Mining And Quarrying	300	0.4	0.1	0.2
Manufacturing	10,000	12.2	9.7	7.6
Electricity, Gas, Steam and Air Conditioning	300	0.4	0.4	0.4
Water Supply; Sewerage, Waste Management	700	0.9	0.7	0.7
Construction	6,000	7.3	4.4	4.9
Wholesale And Retail Trade; Repair of Vehicles	13,000	15.9	13.7	14.0
Transportation And Storage	4,500	5.5	5.2	5.0
Accommodation And Food Service Activities	6,000	7.3	8.0	8.0
Information And Communication	2,250	2.7	3.1	4.6
Financial And Insurance Activities	1,250	1.5	2.2	3.3
Real Estate Activities	900	1.1	1.5	1.9
Professional, Scientific and Technical Activities	7,000	8.5	5.6	9.1
Administrative And Support Service Activities	6,000	7.3	8.0	9.0
Public Administration and Defence	3,500	4.3	7.1	4.7
Education	7,000	8.5	9.9	8.6
Human Health and Social Work Activities	11,000	13.4	16.0	13.5
Arts, Entertainment and Recreation	1,250	1.5	2.1	2.4
Other Service Activities	1,250	1.5	2.0	2.0

Source: [Nomis](#)

## Economic activity (Apr 2024 - Mar 2025)

Economic activity refers to the number or percentage of people of working age who are in employment plus those that are unemployed (actively seeking and available for work). Economic activity rates in Stockton-on-Tees (78.0%) are higher than the North East (74.0%) and slightly lower than Great Britain (78.8%).

Of the people aged 16 to 64 years living in Stockton-on-Tees, 75.2% were employed as of March 2025. This is a slight increase compared with that as of December 2023 when the local rate was 74.1%.

Unemployment estimates are modelled to improve their precision compared to those based only on responses provided via the Annual Population Survey. Around 4,200 people aged 16 and over in Stockton-on-Tees were unemployed between April 2024 and March 2025. This is a rate of 4.2% which is slightly lower when compared to that of North East at 4.4%.

Figures and percentages relating to the population aged 16-64, unless stated				
Economic activity	Employment rate	Employees	Self-Employment	Unemployment (Model-based)  Percentage is proportion of economically active population
99,100 (78.0%)	95,200 (75.2%)	85,100 (67.6%)	9,900 (7.6%)	4,200 (4.2%)

Source: [Nomis](#)

## Patterns of work

The percentage employee jobs in full-time (more than 30 hours a week) in Stockton-on Tees is higher (69.1%) compared to the wider North East Region (68.3%) and the rate for Great Britain (68.8%).

Employee jobs (2021)	Stockton-on-Tees	North East	Great Britain
Full-Time	69.1	68.3	68.8
Part-Time	30.9	31.7	31.2

Source: [Nomis](#)

## Income

Based on the Office for National Statistics (ONS) Annual Survey of Hours and Earnings 2024 the average gross weekly pay of Stockton-on-Tees residents is £647.90; lower than the average for the North East region (£661.20), and lower than Great Britain as a whole (£729.80).

### Average (Median) gross weekly pay 2024

Gross Weekly Pay	Stockton-on-Tees	North East	Great Britain
Full-Time Workers	£647.90	£661.20	£729.80
Male Full-Time Workers	£735.90	£705.30	£777.50
Female Full-Time Workers	£542.80	£601.70	£673.20

Source: ONS annual survey of hours and earnings - resident analysis ([Nomis](#))

Notes: Median earnings in pounds for employees living in the area.

## Potential impact from approved and strategic housing developments

The Local Authority considers any potential future children yield numbers in terms of planning sufficient childcare places from approved housing developments across the Borough. All housing developments must include a percentage of affordable housing within its development that is considered when planning any future childcare arrangements. The Local Authority also considers the impact on the 'childcare offer' of the other strategic sites (1,000 or more homes) and their likely pupil yield numbers.

Further information on housing plans can be found in the council's Local Plan [Stockton-on-Tees Borough Council Local Plan 2019](#).



# The demand for childcare

## Population of children

Mid 2022 estimated child population by 5-year age band as a percentage of total by Ward area						
Ward	Age 0-4		Aged 5-9		Aged 10-14	
	Number	% of Total	Number	% of Total	Number	% of Total
Billingham Central	382	5.17%	468	6.33%	850	11.50%
Billingham East	475	6.31%	538	7.15%	1,013	13.46%
Billingham North	281	4.34%	304	4.70%	585	9.04%
Billingham South	423	5.29%	475	5.94%	898	11.22%
Billingham West & Wolviston	179	3.08%	265	4.55%	444	7.63%
Bishopsgarth & Elm Tree	271	4.28%	282	4.46%	553	8.74%
Eaglescliffe East	251	4.08%	379	6.16%	630	10.24%
Eaglescliffe West	268	4.21%	346	5.43%	614	9.64%
Fairfield	351	3.91%	469	5.22%	820	9.13%
Grangefield	146	4.60%	166	5.23%	312	9.83%
Hardwick & Salters Lane	554	6.74%	688	8.37%	1,242	15.12%
Hartburn	358	4.15%	446	5.17%	804	9.32%
Ingleby Barwick North	796	6.31%	1101	8.73%	1,897	15.04%
Ingleby Barwick South	440	4.09%	626	5.83%	1,066	9.92%
Mandale & Victoria	567	6.55%	643	7.43%	1,210	13.99%
Newtown	306	6.81%	305	6.79%	611	13.60%
Northern Parishes	363	5.47%	399	6.01%	762	11.48%
Norton Central	349	5.40%	356	5.51%	705	10.92%
Norton North	271	4.38%	300	4.85%	571	9.23%
Norton South	349	4.48%	361	4.64%	710	9.12%
Ropner	661	7.54%	644	7.34%	1,305	14.89%
Roseworth	490	5.77%	619	7.29%	1,109	13.07%
Southern Villages	110	4.17%	126	4.77%	236	8.95%
Stainsby Hill	370	5.08%	437	6.00%	807	11.08%
Stockton Town Centre	690	7.89%	667	7.63%	1,357	15.53%
Village	372	4.78%	506	6.50%	878	11.29%
Yarm	451	4.68%	549	5.70%	1,000	10.38%
Total	10,524		12,465		22,989	

Sources: Population Estimates for Electoral Wards in England and Wales by Single Year of Age and Sex, mid-2021 and mid-2022 Mid-Year Population Estimates, UK, June 2022 [www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/tablej24zeronetmigrationnaturalchangeonlyvariantenglandpopulationinagegroups](https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/tablej24zeronetmigrationnaturalchangeonlyvariantenglandpopulationinagegroups)

## 2028 projected child population by 5-year age band as a percentage of total by Ward area

Ward	Age 0-4		Aged 5-9		Aged 10-14	
	Number	% of Total	Number	% of Total	Number	% of Total
Billingham Central	361	4.87%	428	5.77%	806	10.86%
Billingham East	449	5.94%	492	6.51%	960	12.71%
Billingham North	266	4.09%	278	4.28%	554	8.54%
Billingham South	400	4.98%	434	5.41%	851	10.60%
Billingham West & Wolviston	169	2.90%	242	4.15%	421	7.21%
Bishopsgarth & Elm Tree	256	4.03%	258	4.06%	524	8.25%
Eaglescliffe East	237	3.84%	346	5.61%	597	9.67%
Eaglescliffe West	253	3.96%	316	4.95%	582	9.10%
Fairfield	332	3.68%	429	4.76%	777	8.62%
Grangefield	138	4.33%	152	4.76%	296	9.29%
Hardwick & Salters Lane	524	6.35%	629	7.63%	1,177	14.28%
Hartburn	338	3.91%	408	4.71%	762	8.80%
Ingleby Barwick North	752	5.94%	1,007	7.95%	1,798	14.20%
Ingleby Barwick South	416	3.86%	572	5.31%	1,010	9.37%
Mandale & Victoria	536	6.17%	588	6.77%	1,147	13.21%
Newtown	289	6.41%	279	6.18%	579	12.84%
Northern Parishes	343	5.15%	365	5.48%	722	10.84%
Norton Central	330	5.09%	325	5.02%	668	10.31%
Norton North	256	4.12%	274	4.42%	541	8.71%
Norton South	330	4.22%	330	4.23%	673	8.62%
Ropner	625	7.10%	589	6.69%	1,237	14.06%
Roseworth	463	5.44%	566	6.64%	1,051	12.34%
Southern Villages	104	3.93%	115	4.35%	224	8.45%
Stainsby Hill	350	4.78%	400	5.47%	765	10.47%
Stockton Town Centre	652	7.43%	610	6.95%	1,286	14.66%
Village	352	4.50%	463	5.92%	832	10.66%
Yarm	426	4.41%	502	5.19%	948	9.80%
Total	9,945		11,396		21787	

Child population is projected to reduce by 5.5% by 2028.

Source: [www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales](https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales)

**9,979**  
0-4yr olds in  
Borough

(excludes 4yr olds  
in reception class)

## Children with Special Educational Needs (SEN) and those registered with a disability

The Department for Education (DfE) 'Children with SEN' published 12/06/2025 based on where the pupil attends schools using the January 2025 school census indicated that there was a total of 1,873 pupils with Education, Health and Care Plan, an increase of 148 (8.57%) pupils on the previous year. Pupils receiving SEN support have increased by 187 (4.16%) pupils compared to the previous year.

Pupils in all school with EHC (Education Health and Care) Plans/Statements including independent schools and general hospital											
21/22			22/23			23/24			24/25		
Total pupils	Pupils with EHC Plans	%	Total pupils	Pupils with EHC Plans	%	Total pupils	Pupils with EHC plans	%	Total pupils	Pupils with EHC plans	%
34,228	1,485	4.3	34,397	1,608	4.7	34,679	1,725	5.0	34,153	1,873	5.5

Pupils in all schools receiving SEN support including independent schools											
21/22			22/23			23/24			24/25		
Total pupils	Pupils receiving SEN Support	%	Total pupils	Pupils receiving SEN Support	%	Total pupils	Pupils receiving SEN Support	%	Total pupils	Pupils receiving SEN Support	%
34,228	2,221	12.3	34,397	4,360	12.7	34,679	4,491	13.0	34,153	4,678	13.7

## Children 0-4 with SEN or a Disability accessing early years in either a PVI (Private, Voluntary, or Independent) setting or school

For the academic year 2024/25 there were 98 children aged 0-5 assessed through the Early Years One Point Panel for additional support/funding who were accessing early years and childcare provision in Stockton-on-Tees, this is an increase of 4.25% compared to 2023/24.

Early Years Pupils in all schools with EHC (Education Health and Care) Plans											
21/22			22/23			23/24			24/25		
Total pupils	Pupils with EHC Plans	%	Total pupils	Pupils with EHC Plans	%	Total pupils	Pupils with EHC plans	%	Total pupils	Pupils with EHC plans	%
1,321	7	0.5	1,404	15	1.1	1,503	10	0.7	1,660	7	0.4

Early Years Pupils in all schools receiving SEN support											
21/22			22/23			23/24			24/25		
Total pupils	Pupils receiving SEN Support	%	Total pupils	Pupils receiving SEN Support	%	Total pupils	Pupils receiving SEN Support	%	Total pupils	Pupils receiving SEN Support	%
3,938	105	2.7	4,046	101	2.5	4,216	98	2.3	4,311	84	1.9

# The supply of childcare

## Registered childcare

Data has been supplied by the Local Authority's Families Information Service (FIS).

Since September 2008 childcare for children aged less than 8 years old has had to be registered on one of two Ofsted childcare registers.

- The Early Years Register (EYR) - all childcare providers caring for children aged up to five are required to join the Early Years Register (unless exempt).
- The Ofsted Childcare Register (OCR) - this has two parts:
  - The compulsory part - providers of childcare to children aged 5 to 7 years must register on the compulsory part of the OCR (unless exempt);
  - The voluntary part - providers of childcare to children aged 8 and over, and care for children of any age that is activity based or provided in the child's own home, can choose to be registered on the voluntary part of the OCR if they meet the requirements.

The following section provides an overview of registered provision, including places in school nurseries.

A map providing the spread of childcare across Stockton-on-Tees can be found here

[Childcare\\_Map\\_July\\_2024.pdf](#) ([stocktoninformationdirectory.org](http://stocktoninformationdirectory.org)).

## Early years registered childcare

Type of provision	Number of registered childcare places					
	0-1 years	2 years	3-4 years	Total places	% all places	Number of providers
Childminding	94	118	123	<b>335</b>	5.7%	91
Day Nursery	537	732	839	<b>2108</b>	35.9%	40
Pre-school / Playgroup	34	87	79	<b>200</b>	3.4%	6
Maintained Nursery	0	154	3076	<b>3230</b>	55%	60
Totals by age range	665	1091	4117	<b>5873</b>		
% of all registered places	11.3%	18.6%	70.1%	<b>100%</b>		

Source: Stockton-on-Tees Borough Council FIS July 2025

Comparing the number of childcare places to 2024, there has been a reduction of four childminding places, a reduction of 133 day nursery places and an increase of 18 pre-school places.

The number of childminders has reduced by 11, the number of day nurseries has decreased by one, and the number of playgroups has remained the same.

## Before and after school childcare

Type of provision	Number of before and after school childcare places (ages 5+)			
	Childminders	Day Nursery	Primary Schools	Total
Number of Places	247	256	3896	<b>4399</b>
% of all places	5.61%	5.82%	88.57%	<b>100%</b>
Number of providers	77	18	54	<b>149</b>

Source: Stockton-on-Tees Borough Council FIS July 2025

Primary schools offer childcare which wraps around the school day. 54 (90%) of primary schools offer a school run breakfast club, five have an on-site childcare provider offering places, and one school has a provider close to the school offering places. 62% offer some form of after school childcare. Since September 2024 22 schools, and one private childcare provider have been funded to either create new wraparound places or expanding their current provision, so that parents of primary school age children can access wraparound care between the hours of 8am and 6pm to enable them to take up work or increase their working hours. To date 732 additional wraparound childcare places have been created, with more places to be created in the autumn term.

The government have announced that free breakfast clubs will be available to every primary school aged child for 30 minutes before the start of the school day, as part of the Wellbeing and Schools Bill.

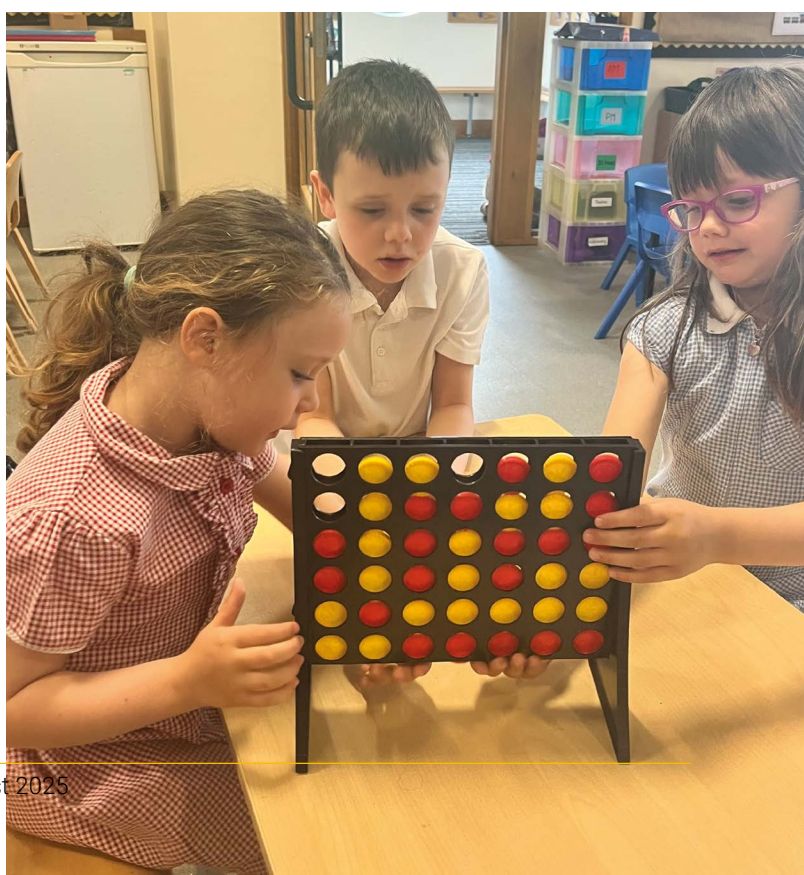
Free breakfast clubs mean no child starts school hungry and will help set children up for the day by providing a nutritious breakfast as well as time with friends to enjoy activities such as reading and crafts.

For parents, free breakfast clubs mean help with childcare at the start of the school day - at no extra costs. It means those parents can drop their children off half an hour earlier - helping parents get into work, giving them up to 95 additional hours back to juggle busy mornings, and saving working families up to £450 a year.

Early adopters commenced delivery of free breakfast clubs in April 2025 to test and learn prior to national roll out. Stockton-on-Tees has five primary schools who are early adopters.

## Holiday provision

Stockton-on-Tees has a range of holiday provision across the Borough available to parents/carers with school age children, delivered by private nurseries and childminders. A total of 35 providers and 97 childminders offer holiday provision. Some providers/childminders only offer places to children up to the age of 8 years old; the rest offer places to children up to age 11 years; one provider offers places up to the age of 13.



## Charges

The FIS hold detailed information on charges for individual settings, across a number of different charging patterns. Below are the average charges by setting type. For further information on individual providers' charges please visit [Early years and childcare directory listings - Stockton Information Directory](#)

Charging period	Type of provision/charges				
	Day Nursery	Childminder	Pre-School playgroup	Before School	After School
Per hour	£10.03	£5.28	£5.81	n/a	n/a
Per session / half day	£39.97	£26.24	£21.33	£5.31	£10.40
Per day	£59.52	£39.79	£39.32	n/a	n/a
Per week	£269.21	£171.96	n/a	n/a	n/a

Source: Stockton-on-Tees BC FIS July 2025

Compared to 2024 charges the cost of a full-time place in a day nursery has increased by 5%, a full-time place with a childminder has increased 6.8%, the daily cost with a playgroup has remained the same. The cost for a session at a before and out of school club has gone down by 6.8%.

Working parents can claim support with childcare costs through the Working Parent Entitlement which provides 30 hours funded childcare from September 2025, and Tax Free Childcare scheme which provides a contribution of up to 20% towards the cost of childcare, this also includes registered after school activities.

In April 2025 statutory guidance came into force that requires childcare providers to be open and transparent about additional charges. Providers, who look after 10 or more children, have until January 2026 to ensure their invoices clearly show funded hours, paid for hours and additional charges such as costs for food. This information is also required to be available on providers' websites, or if they do not have a website on the Stockton Information Directory.

## Opening times

As with charges there is considerable variation in opening times, both within and between different types of provision. For further information on an individual provider's or school opening and closing times please visit [Early years and childcare directory listings - Stockton Information Directory](#)

Most nurseries open from 7.30am until 6pm, playgroups tend to open from 9am until 3.30pm and operate term-time only. Childminders offer childcare from early in the morning (from 6am) until late in the evening (up to around 10pm), occasional overnight care and at weekends, including Sundays, they also offer care wrapped around the school the day. Currently four childminders open on Saturdays, and four childminders open on a Sunday.

Most of the before and after school provisions are open from 7.30am, closing at 6pm.

# Early Years funded places for children aged 9 months to 4 year olds

All children who meet the prescribed criteria can take up high quality early education, regardless of their parents’ ability to pay - benefiting their social, physical, and mental development and helping to prepare them for school. Evidence shows that regular good quality early education has lasting benefits for all children.

## Universal entitlement

The Local Authority is required by legislation to secure early education places by offering 570 hours a year over no fewer than 38 weeks for every child in the Borough from the relevant date; until the child reaches compulsory school age (the beginning of the term following their fifth birthday). Take-up of the universal entitlement for 3 and 4 year olds as of January 2025 is 101.25%, which is higher than the regional average of 100.4% and the national average of 94.9%. The take up by age is 105.5% for 4 year olds and 102.9% for 3 year olds.

To note take-up is calculated based on 3 and 4 year old population figures for Stockton-on-Tees against actual take-up which will include children accessing a place from other Local Authority areas.



## Working parent entitlement - 15/30 hours funded childcare

Working parents (employed persons, self-employed persons, and parents on zero hours contracts) of three- and four-year-olds can access a total of 30 hours of funded childcare per week, over 38 weeks or the equivalent number of hours across more weeks per year.

As of April 2024, working parents of 2 year old children have been able to access a total of 15 hours funded childcare per week over 38 weeks or the equivalent number of hours across more weeks per year. As of September 2024, this became available for children aged from 9 months old.

From September 2025, working parents of children aged from 9 months to 4 years old will be able to access a total of 30 hours funded childcare per week.

Number of under 2s, 2yr olds, and 3&4yr olds taking up a 15/30 hour funded childcare place, by type ward			
Ward	Under 2s	2 Year Olds	3 & 4 Year Olds
Billingham Central	30	39	53
Billingham East	20	24	60
Billingham North	36	37	56
Billingham South	44	20	57
Billingham West & Wolviston	21	26	34
Bishopsgarth & Elm Tree	19	24	42
Eaglescliffe East	21	23	56
Eaglescliffe West	40	33	60
Fairfield	44	41	71
Grangefield	14	9	24
Hardwick	36	28	65
Hartburn	43	40	85
Ingleby North	75	78	137
Ingleby South	44	58	81
Mandale & Victoria	15	20	50
Newtown	8	6	21
Northern Parishes	56	40	58
Norton Central	17	29	32
Norton North	28	25	52
Norton South	20	24	51
Ropner	40	33	52
Roseworth	31	34	69
Southern Villages	19	16	20
Stainsby Hill	21	15	38
Stockton Town Centre	32	29	48
Village	36	32	51
Yarm	49	53	79
Out of Area	146	89	116
<b>Total</b>	<b>1005</b>	<b>925</b>	<b>1618</b>

Source: Stockton-on Tees Borough Council FIS July 2025

Compared to 2024 30 hour working parent entitlement take-up for 3&4 year olds has decreased by 18 places and 15 hour places for 2 year olds has increased by 75 places.



### Early learning entitlement - 15 hours funded childcare for 2 year olds

Take-up of early learning places for 2 year olds where parents are on certain government benefits			
Ward	No. accessing a place	No. eligible as per DWP data	Percentage take-up
Billingham Central	14	29	48.27%
Billingham East	30	37	81.08%
Billingham North	2	7	28.57%
Billingham South	16	27	59.26%
Billingham West & Wolviston	0	3	0%
Bishopsgarth & Elm Tree	4	8	50.00%
Eaglescliffe East	8	7	114.29%
Eaglescliffe West	3	6	50.00%
Fairfield	1	7	14.29%
Grangefield	7	9	77.78%
Hardwick	37	50	74.00%
Hartburn	7	5	140.00%
Ingleby North	1	15	6.67%
Ingleby South	6	7	85.71%
Mandale & Victoria	36	52	69.23%
Newtown	30	43	69.77%
Northern Parishes	1	6	16.67%
Norton Central	19	26	73.08%
Norton North	2	5	40.00%
Norton South	14	31	45.15%
Ropner	33	42	78.57%
Roseworth	29	47	61.70%
Southern Villages	4	6	66.67%
Stainsby Hill	11	20	55.00%
Stockton Town Centre	45	65	69.23%
Village	21	27	77.78%
Yarm	6	12	50.00%
Out of area	10	n/a	n/a
<b>Total</b>	<b>397</b>	<b>599</b>	<b>66.28%</b>

Source Stockton-on Tees Borough Council FIS July 2025

**397 2yr olds  
accessing an Early  
Learning place**

At the end of July 2025, there were 397 two year olds accessing a free childcare place, this equates to 66.28% of eligible children accessing a place. Compared to summer 2024 data this is a decrease of 20.66%. The percentage take-up is calculated from information received from DWP on the number of potentially eligible 2yr olds and does not include applications received direct through the citizen portal on the Council website.

## Disability Access Fund

The Disability Access Fund is available for childcare providers to claim an additional £938 per child per year for a child attending their setting who is attracting Disability Living Allowance. It was introduced in April 2017 and is for children who are claiming early years entitlement for children from aged 9 months to 4 years old. A provider can spend the funding on resources, equipment, minor adaptations, or staff training to benefit the child. In 24/25 71 children benefitted from this funding, this is an increase of 47.92% compared to 23/24 data.

## Early Years Pupil Premium

Early Years Pupil Premium is an extra amount of funding providers receive to help them support their most disadvantaged children. Children qualify if they aged from 9 months to 4 years old and are receiving government-funded early education, and their parents receive benefits used to access free school meals.

As at summer 2025, 924 children benefitted from this funding. This is an increase of 3.58% compared to summer 2024 data, this is due to the funding now being available to children aged from 9 months old to 4 years old.



## Geographical distribution of 0-4 population, early years childcare places and vacancies

The following table details the number of early years childcare places and vacancies based on Local Authority ward areas.

Ward	Population (0-4)	Registered Places					Vacancies				
		Under 2s	2	3-4	Total	% places by population (0-4)	Under 2s	2	3-4	Total	% places by population (0-4)
Billingham Central	382	6	41	87	134	35.08%	2	4	2	8	5.97%
Billingham East	475	30	68	163	261	54.95%	2	7	7	16	6.13%
Billingham North	281	2	2	2	6	2.14%	1	1	1	3	50.00%
Billingham South	423	33	77	163	273	64.54%	3	13	16	32	11.72%
Billingham West & Wolviston	179	13	14	101	128	71.51%	2	3	4	9	7.03%
Bishopsgarth & Elm Tree	271	11	25	105	141	52.03%	2	8	7	17	12.06%
Eaglescliffe East	251	106	75	194	375	149.40%	5	6	15	26	6.93%
Eaglescliffe West	268	7	16	81	104	38.81%	1	6	12	19	18.27%
Fairfield	351	17	22	116	155	44.16%	1	5	9	15	9.68%
Grangefield	146	13	27	48	88	60.27%	2	0	1	3	3.41%
Hardwick & Salters Lane	554	2	22	79	103	18.59%	0	0	0	0	0.00%
Hartburn	358	48	39	160	247	68.99%	14	18	32	64	25.91%
Ingleby Barwick North	796	20	29	108	157	19.72%	1	5	1	7	4.46%
Ingleby Barwick South	440	58	77	211	346	78.64%	4	8	10	22	6.36%
Mandale & Victoria	567	36	58	175	269	47.44%	6	9	16	31	11.52%
Newtown	306	18	34	57	109	35.62%	5	12	18	35	32.11%
Northern Parishes	363	50	32	88	170	46.83%	0	0	1	1	0.59%
Norton Central	349	16	28	80	124	35.53%	1	4	10	15	12.10%
Norton North	271	5	6	71	82	30.26%	1	0	0	1	1.22%
Norton South	349	15	40	75	130	37.25%	1	1	12	14	10.77%

Ward	Population (0-4)	Registered Places					Vacancies				
		Under 2s	2	3-4	Total	% places by population (0-4)	Under 2s	2	3-4	Total	% places by population (0-4)
Ropner	661	16	41	89	<b>146</b>	<b>22.09%</b>	7	10	20	37	<b>25.34%</b>
Roseworth	490	21	48	158	<b>227</b>	<b>46.33%</b>	13	12	17	42	<b>18.50%</b>
Southern Villages	110	0	0	26	<b>26</b>	<b>23.64%</b>	0	0	0	0	<b>0.00%</b>
Stainsby Hill	370	57	64	123	<b>244</b>	<b>65.95%</b>	2	10	22	34	<b>13.93%</b>
Stockton Town Centre	690	0	34	88	<b>122</b>	<b>17.68%</b>	0	0	0	0	<b>0.00%</b>
Village	372	32	58	149	<b>239</b>	<b>64.25%</b>	12	14	22	48	<b>20.08%</b>
Yarm	451	30	43	159	<b>232</b>	<b>51.44%</b>	4	3	10	17	<b>7.33%</b>
<b>Total</b>	<b>10524</b>	<b>662</b>	<b>1020</b>	<b>2956</b>	<b>4638</b>	<b>44.07%</b>	<b>92</b>	<b>159</b>	<b>265</b>	<b>516</b>	<b>11.13%</b>

Source: Stockton-on-Tees Borough Council FIS July 2025

To be noted, the number of registered places above is based on full-time equivalent places i.e. the number of places as per providers Ofsted registration. Some settings may choose to operate with fewer places than they are registered for, for example a childminder may be registered for six children but could choose to care for no more than four children. The number of vacant places is also based on full-time equivalent places i.e. 40-hour places, but this could equate to meeting the needs of more than one child if parents only required part-time provision.

# Quality of provision

Stockton-on-Tees has a good range of quality childcare across the Borough with all provision graded good or outstanding by Ofsted as of July 2025 where inspections have been undertaken. In 2024 group settings were previously 100% which has been maintained, childminders were 95% graded good or outstanding so an increase of 5%. Support and challenge is given to settings and childminders that are less than good to improve provision and Ofsted gradings.



If you would like to read the latest Ofsted report for an individual setting or childminder these can be found on the Stockton Information Directory on each childcare provider record at [www.stocktoninformationdirectory.org/childcare-listings](http://www.stocktoninformationdirectory.org/childcare-listings).

## Expansion to childcare

As part of the Government’s expansion to funded childcare Stockton-on-Tees has worked with providers and schools to create additional places to meet demand for the final phase of the expansion. An additional 219 places have been created for children aged 9 months to 2 years old, the majority of which are within the private sector. Four schools were also successful with bids for the School Based Nursery Capital Grant to create additional places from September 2025 for 2 year olds and 3&4 years olds.

Work continues with the sector to create more funded places in ward areas where demand is high.







REPORT TO CABINET

11 DECEMBER 2025

REPORT OF SENIOR  
MANAGEMENT TEAM

## CABINET INFORMATION ITEM

Cabinet Member for Regeneration and Housing – Councillor Richard Eglington

# ANNUAL REPORT OF THE GOVERNING BODY FOR THE LEARNING AND SKILLS SERVICE

## SUMMARY

This report provides an update on the work of the Learning and Skills Service in supporting residents, employers and the local community with learning opportunities during the 24/25 academic year. The report also demonstrates the ongoing success of the Governing Body as an advisory committee empowered by Cabinet to provide challenge, support and strategic oversight.

**Recommended that the report be noted.**

## DETAIL

### Governance and management of the Service

1. The Governing Body was first established in October 2016 and since that time has supported the Service by utilising its skillset, experience and knowledge across different sectors to provide challenge and insight to ensure the Service continues to meet the needs and priorities of Stockton-on-Tees Borough Council.
2. The Service is fully funded by external grants allocated by funding bodies including Tees Valley Combined Authority (TVCA) and the Department for Education (DfE). These grant allocations contribute to the overall Council financial position and are regularly reviewed through close governance and performance monitoring.
3. The value of the contribution from the Governing Body along with the management arrangements for the Service have been validated by independent advisors, Ofsted inspectors, and external quality standard assessors.
4. Governors play an active role in quality assurance and improvement. In order to ensure that the Governing Body continues to remain strongly positioned, its membership is regularly reviewed. The current membership of the Governing Body is as follows:

Position	Full name	Role
Chair of Governors	Councillor Richard Eglington	Cabinet Member for Regeneration and Housing (Link Governor for Equality and Diversity)
Member	Chris Renahan	Assistant Director - Inclusive Growth and Development for Stockton-on-Tees Borough Council  SBC Senior Management Team Representative
Member	Craig Taylor	Adult Learning and Skills Manager for Stockton-on-Tees Borough Council  Staff Representative
Member	Julie Marsden	Economic Development Manager for Stockton-on-Tees Borough Council  Economic Growth Representative (Link Governor for Safeguarding)
Member	Lucy Owens	Chief Executive for Catalyst  Voluntary and Community Sector Representative
Member	Lynsey Robinson	Director, Digital City, Teesside University  Employer Representative
Member	Andrew Cruickshank	Learner Representative

### Overview of the Learning and Skills Service

5. The Service has a broad and diverse remit to deliver learning programmes to support residents and businesses to meet their full economic potential whilst also increasing prosperity, wellbeing and cohesion in our communities.
6. Adult Skills programmes delivered are traditionally accredited programmes up to level 3 which support residents and employers to gain skills and qualifications needed in the workplace. These programmes predominantly include key skills including English, Maths, ICT and ESOL (English for Speakers of Other Languages). Various employment programmes linked to local priority sectors such as Health and Care are also delivered, for example, through the delivery of the Care Academy in partnership with the SBC Employment and Training Hub.
7. Learning for Inclusion programmes utilise funding ringfenced to local authorities to address specific needs of adults such as isolation, social exclusion, health and wellbeing, and strengthening communities. Many of these non-accredited programmes are delivered in close collaboration with partner organisations aligned to the Power Our Future Programme to enable positive outcomes within our communities.

8. Apprenticeship programmes are also delivered to support local business growth and provide work-based skills development opportunities to our residents. These apprenticeships programmes also support the SBC workforce development programme to continue to train and develop the workforce through programmes such as Customer Service, Business Administration, Care, and Librarianship.

### Performance of the Learning and Skills Service

9. There were over 3200 enrolments on adult learning and apprenticeship programmes during the 24/25 academic year.
10. The overall achievement rate for all Adult Learning programmes was 93.1%, of which, the Adult Skills (accredited programmes) achievement rate was 90.3%. This is higher the current national benchmark by 2.9%.
11. Similarly, the achievement rate for Learning for Inclusion (non-accredited) programmes was 97.2%. This is higher than the national benchmark by 3.6% and an increase from 95.3% obtained in the previous academic year.
12. Apprenticeship programmes also continue to perform well following challenges faced in the sector since the pandemic. In a letter released in June 2022, the Secretary of State for Skills “set a stretching ambition to reach a 67% achievement rate on apprenticeship standards by 2025”. The Service apprenticeship achievement rate for 24/25 was 82.9%, meeting this government target and performing higher than the current national benchmark by 22.4%.
13. The Service is also keen to recognise not only the tangible achievements of learners such as those achieving recognised qualifications, but also the ‘softer skills’ which learners develop to support them in their wider lives. The feedback table below demonstrates that the vast majority of learners were able to improve their abilities, increase their confidence, have clearer goals and ambitions for the future, and improve their own health and well-being.

Statement	Positive Responses
I feel more confident in my own ability	96%
I have clearer goals and ambitions for the future	96%
I feel more confident to access services on-line	88%
I feel more able to take part in my own community	81%
My well-being has improved	81%

14. The impact of the Service is also demonstrated with the positive destinations attained by learners and apprentices following completion of their programmes. 84.4% of learners progress to either higher level learning or an employment outcome which is an increase of 2.4% compared to the previous academic year.
15. The Service also continues to strategically target its funding to support those in greatest need and help tackle inequalities in the borough. As a result, 47.5% of learners engage from a disadvantaged area and 14.1% of learners are identified as having no prior attainment / qualifications.

### Youth Guarantee Trailblazer Programme

16. The UK government launched the Youth Guarantee Trailblazer initiative to support young people aged 18-21 in England by providing access to education, training and employment opportunities.
17. TVCA was one of eight areas that successfully secured funding from the Department for Work and Pensions, with delivery being commissioned directly to Stockton-on-Tees Borough Council to support residents.
18. This support includes close collaboration with local employers to provide paid work placements for 3 to 6 months, offering people meaningful workplace experience and opportunities, often cited as a barrier to employment, whilst also supporting employers with their future workforce development.
19. Expert one-to-one support is provided by the Employment and Training Hub through a team of dedicated Recruitment Coordinators to support people throughout their journey and help remove the barriers they face to entering employment, whilst also increasing awareness of the opportunities available within Stockton-on-Tees.
20. The Learning and Skills Service is delivering bespoke training to provide people with essential employability skills to help prepare them to enter the workplace, providing new knowledge, skills and behaviours expected by employers. There is also a strong focus on developing transferable skills including communication, building confidence, raising aspirations and developing a growth mindset to support longer-term employment prospects.
21. Delivery commenced in September 2025 and the trailblazer period will officially conclude in March 2026.
22. As of November 2025, there have been over 100 people who have accessed one-to-one support, whilst 56 people have successfully completed training. As a result, 56 people have successfully progressed into a paid work placement against a target of 64 set by TVCA. These figures further demonstrate the vital role both the Learning and Skills Service and Employment and Training Hub hold in helping to address inequalities in the Borough and improving the employment prospects of our residents.

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