

**Date:**

Thursday 15 January 2026 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 Eglinton, 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 - 20)

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

5. **People Select Committee - Scrutiny Review of Partnership Working in Early Help**  
(Pages 21 - 56)

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

6. **Director of Public Health Report 2025** (Pages 57 - 76)
7. **Re-procurement of the Stockton Drug and Alcohol Treatment and Recovery Service**  
(Pages 77 - 94)

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

8. **Article 4 Direction: Small Houses of Multiple Occupation (Use class C4)**(Pages 95 - 102)

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

9. **2025 Event Summary and 2026 Memorial Lighting Calendar** (Pages 103 - 114)

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

10. **Minutes of Various Bodies** (Pages 115 - 128)

**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

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## Council Chamber, Dunedin House Evacuation Procedure & Housekeeping

### Entry

Entry to the Council Chamber is via the Council Chamber entrance indicated on the map below.



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

The emergency exits are located via the doors 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 11th December 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:** Mike Greene, Peter Bell, Julie Butcher, Andrea Green, Kirsty Grundy, Clare Harper, Louise Hollick, Reuben Kench, Graham Lyons, Neil Mitchell, Ged Morton, Iain Robinson, Mandie Rowlands, Marc Stephenson and Craig Taylor.

**Also in attendance:** Cllr Jim Beall, Cllr Marc Besford, Cllr Carol Clark, Cllr Lynn Hall, Cllr Tony Riordan and Cllr Sylvia Walmsley.

**Apologies:** None.

### **CAB/67/25 Evacuation Procedure**

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

### **CAB/68/25 Declarations of Interest**

There were no interests declared.

### **CAB/69/25 Minutes**

Consideration was given to the minutes of the meeting held on 13 November 2025.

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

### **CAB/70/25 Scrutiny Review of Reablement Service - Final Report of Adult Social Care and Health Select Committee**

Consideration was given to a report that presented the outcomes of the Adult Social Care and Health Select Committee's review of Reablement Service.

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

National evidence suggested 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 was 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 had continued to evidence that most people prefer to remain in their own homes and communities.

Locally, the Reablement Service provided 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 sought 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 promoted and supported people to be more independent and reduce the need for long-term service provision for as long as possible.

The offer was 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 would be financially assessed for their ongoing contribution to their care.

There were 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 would be submitted to these workstreams for their awareness.

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.

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.

RESOLVED 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.

## **CAB/71/25 Scrutiny Review of Muslim and Faith Burial Services - Final Report of Place Select Committee**

Consideration was given to a report that presented the outcomes of the Place Select Committee's review of Muslim and Faith Burial Services.

The Council had a statutory duty to provide suitable burial provision, and it was one of the most essential and sensitive services that the Council provides. There could be significant social implications if the Council was not able to offer sufficient levels of burial provision to ensure that families can choose a grave space in geographical areas where they had 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 Boroughs cemeteries as an alternative option to the standard grave plot.

At the time of this meeting all burials in the Borough were conducted in standard soil plots, with wooden frames used for Muslim burials. Burial chambers were a preference of some members of the Muslim community, and the Committee recognised the need for a balanced approach that respects cultural and religious practices. The recommendations therefore focused 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 recommended that further investigation into the feasibility and benefit that would be added by this is required.

The Committee had 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 had also shared their views on the topic, and evidence had been sought from four Local Authorities that had installed burial chambers/vaults.

RESOLVED 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.

## **CAB/72/25 Financial Update and Medium Term Financial Plan (MTFP)**

Consideration was given to a report on the Financial Update and Medium Term Financial Plan (MTFP).

Like many councils across the country, the Council was seeing greater demand and cost pressures across council services which was leading to a predicted larger overspend against budget by the end of 2025/26 financial year.

The areas that were experiencing the greatest budgetary challenges were Adults Social Care, Children's Social Care and Home to School Transport. Mitigating actions had been identified since Quarter 1 to positively reduce the forecast overspend to £4.127m. Work was continuing to identify further actions to mitigate the overspend, however if the current forecast position materialises this would need to be met from earmarked reserves, which was not a sustainable approach.

Over the summer the Government launched the Fair Funding Review 2.0 consultation, which was a fundamental change to how local authorities were funded. The Fair Funding Review 2.0 aimed to produce a fairer, evidence-based system that targeted funding towards areas with high deprivation and need. The Government had published their response to the consultation alongside a Local Government Policy Statement which gave an indication of how the changes would impact Stockton-on-Tees Borough Council. The report included the latest estimate of the planned changes; however, the actual impact would not be known until the Provisional Local Government Finance Settlement expected week commencing 15 December.

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

The scale of this gap meant that a strengthened programme of service reviews, efficiencies and cost reductions would be required, alongside a measured and time-limited use of reserves with a clear replenishment strategy. Work was 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 continued to provide the Council's overall framework for service transformation and improvement. It had already delivered several tangible benefits. However, given the heightened financial context, the programme needed to operate at a greater pace and scale. Over the coming weeks, Directors would be required to identify specific, evidenced savings proposals that could be progressed through POF and the 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 would be brought forward in the February budget report. The Council would 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 contained 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.

RESOLVED that:-

1. The updated financial position for 2025/26 be noted.
2. The revised Capital Programme at Appendix A of the report be noted.

3. The virement be approved 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. The emerging issues for the MTFP be noted.

### **CAB/73/25 Review of Car Parking Charges**

Consideration was given to a report on the Review of Car Parking Charges.

The report outlined 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 the May 2025 Council meeting, which recommended Cabinet consider reintroducing a free first hour of parking in Yarm.

It was 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 was also recommended to introduce charging £1.50 after 5pm in Wellington Square multi-storey car park only.

RESOLVED that the new car parking charges for Stockton and Yarm town centres be approved 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

### **CAB/74/25 Procurement Plan/Higher Value Contracts**

Consideration was given to a report on Procurement Plan/Higher Value Contracts.

The report sought approval from Cabinet for the award of three planned higher value contracts where the value exceeds 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 to the report listed contracts that exceeded the financial threshold and have not otherwise been delegated to officers.

RESOLVED that:-

1. The contracts listed in Annex 1 of the report be approved.
2. Authority be given 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 of the report.

## **CAB/75/25 Minutes of Various Bodies**

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

TVCA Cabinet – 26 September 2025

SSP – 1 October 2025

RESOLVED that the minutes of the meetings detailed in the appendices of the report be received.

## **CAB/76/25 Care Quality Commission Assurance Report**

Consideration was given to a report on the Care Quality Commission Assurance Report.

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 were performing in delivering adult social care responsibilities under Part 1 of the Care Act.

The final report was received in October 2025 and Stockton-on-Tees adult services were assessed as good. (Final Report was in Background Papers).

The CQC report highlighted areas of strength which confirmed 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 were welcomed and would inform the ongoing development programme within the Directorate.

Good to Even Better was a further report that was included to provide the overview of Adult Social Care's response and next steps in implementing and embedding the changes and developments which would be needed to be even better.

On publication day an email was sent to all Councillors with link to the report. The findings of the CQC report had been shared with staff teams and a celebration event held thanking the staff for their hard work and commitment. The outcome had also been sent to partners and people with lived experience thanking them for being part of the assessment and subsequent successful outcome. Full Council had acknowledged the positive outcome of the assessment. Outcomes had been shared at regional level with the Association of Directors of Adult Social Services. This provided regional assurance and support as well as shared learning across the North East.

With regard to the next steps the additional learning and areas for development would be used to inform a detailed action plan to ensure continuous improvement of the service, experience and outcomes for people.

Regular oversight and assurance reporting through governance channels would be provided as part of ongoing performance monitoring and scrutiny.

RESOLVED that:-

1. The Care Quality Commission (CQC) report and outcome be noted.
2. The next steps on the Good to even better journey be noted.

#### **CAB/77/25 Tennis Court Management in Stockton on Tees**

Consideration was given to a report tennis court management in Stockton-on-Tees.

Stockton-on-Tees Borough Council 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. The Council had also been successful in accessing additional funding from LTA which had allowed the recent re-surfacing and upgrade of Ropner Park tennis courts.

The 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 had expired, with the option of further extending the original contract for 2 months whilst decisions were considered and approvals were made moving.

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

RESOLVED that:-

1. The extended partnership with the operator, We Do Tennis, aligned with a Tees Valley regional model be continued.
2. A pay-to-play model be implemented across all 3 Parks Tennis sites to minimise financial risks and enable the longer-term sustainability of assets.

#### **CAB/78/25 Childcare Sufficiency Assessment 2025**

Consideration was given to a report on the Childcare Sufficiency Assessment 2025.

The report outlined how the Local Authority (LA) was meeting its duty to secure sufficient childcare and included information about the supply of and demand for childcare, details on any gaps in provision and an action plan on how they would 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 was reasonably practicable and within available resources, for working parents, or parents who were studying or training for employment, for children aged 0 – 14 (or up to 18 for

disabled children). Local authorities were also required to report annually to elected council members on how they were meeting this duty.

The sufficiency assessment would be placed on the Stockton Information Directory once it had been through the Cabinet process, so it was available for parents / carers, childcare providers, and employers.

With regard to the next steps the Council would continue to assess sufficiency of places to ensure that parents / carers were able to access an early years funded place or a wraparound childcare place.

Work would continue with childcare providers and schools to either expand or create places in areas of where there is high demand.

RESOLVED that the report be noted.

### **CAB/79/25 Annual Report of the Governing Body for the Learning & Skills Service**

Consideration was given to a report on the Annual Report of the Governing Body for the Learning & Skills Service.

The report provided 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 demonstrated the ongoing success of the Governing Body as an advisory committee empowered by Cabinet to provide challenge, support and strategic oversight.

The report highlighted the following key areas:-

- Governance and management of the Service
- Overview of the Learning and Skills Service
- Performance of the Learning and Skills Service
- Youth Guarantee Trailblazer Programme

RESOLVED that the report be noted.

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## REPORT TO CABINET

15 JANUARY 2025

## REPORT OF PEOPLE SELECT COMMITTEE

### CABINET DECISION

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

## Scrutiny Review of Partnership Working in Early Help

### Summary

The attached report presents the outcomes of the People Select Committee's review of Partnership Working in Early Help.

### 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 People Select Committee for submission to Cabinet.

### Recommendations:

The Committee recommend that:

1. A culture of shared responsibilities across the partnership is promoted to ensure that the principle of Early Help being “everyone’s business” is embedded within schools, health and the voluntary sector.
2. The re-design of the front door to Children’s Services embeds an Early Help focus, enabling timely outcomes and ensuring families are able to access the right support at the right time.
3. Advice and training are developed for schools and other partners referring to the Children’s Hub, to ensure families who could be better supported by Early Help services are forwarded to the most appropriate service for help and reduce demand on the front door.
4. A programme of training, tools and professional guidance is developed to support non-local authority practitioners in holding lead professional roles with children and families.
5. The design of a multi-agency data impact assessment, combined privacy notice, and data sharing systems to ensure effective and timely communication between the Council and its partners is supported.

6. A robust data collection system is established to measure partnership delivery of Early Help services.
7. The updated online offer is relaunched, promoting it to partners, schools, and residents. Self-navigation tools should also be introduced to empower families to access early, universal support without needing formal referral.
8. Partners are encouraged to utilise Family Hubs, basing and/or providing services in the venues where appropriate to ensure that these are accessible to children and families.
9. Further support is provided for partners to understand the needs of SEND families to enable them to offer appropriate Early Help service to these families.

## Detail

1. Early Help ensures that families receive help and support at the earliest opportunity to improve the outcomes for children and young people. It seeks to prevent situations reaching crisis point that then requires statutory intervention. The aim of the review was to gain a greater understanding of what Early Help is in Stockton-on-Tees, as well as identify where partnership working can be improved, identifying key actions to improve and deliver Early Help.
2. The Department for Education (DfE) published the Families First Partnership (FPP) Programme in March 2025, which supports Local Authorities to bring together targeted Early Help, Child in Need, and multi-agency Child Protection into a seamless system of help, support and protection. The Council's current Early Help offer includes a wide range of universal and targeted support, demonstrating a strong commitment to prevention and early intervention. In addition, Early Help services are being provided by a wide range of organisations external to the Local Authority. While statutory interventions and response to safeguarding will remain with and be provided by the Council, we will seek to actively increase partnership activity across Early Help, promoting that Early Help is everyone's business, which in turn improve support provided to families.
3. The review's recommendations focus on strengthening governance structures, improving communication and accessibility to services, through investing in joint training and shared systems. By embedding the principle of shared responsibility across the partnership, we will seek to co-produce a clear strategy setting our joint approach to how we work with children and families. Promoting a more integrated and responsive Early Help system which ensures children and families receive the right support at the right time.
4. Contributions have been received from Early Help, Social Care, and Education services within the Council as well as several partners, namely Cleveland Police, Family Action, Harrogate & District Foundation Trust, and Stockton Parents and Carers Forum. A Family Hub focus group was utilised to hear users' views and experiences of those accessing Early Help. Additionally, Members attended two of the Children and Young People

Partnership Workshops, which were focused on co-producing an Early Help Strategy, taking a partnership approach to working with families across Stockton-on-Tees. The Committee also received feedback from officer visits to two Ofsted rated outstanding Local Authorities, Lincolnshire County Council and Sunderland City Council.

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

5. A EPIA has been completed with the outcome that the recommendations will potentially have a positive impact on the protective characteristics of age and pregnancy & maternity.

### **Corporate Parenting Implications**

6. There are no direct implications in the report.

### **Financial Implications**

7. There are no direct financial implications in the report.

### **Legal Implications**

8. There are no direct implications in the report.

### **Risk Assessment**

9. 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)**

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

### **Background Papers**

11. None

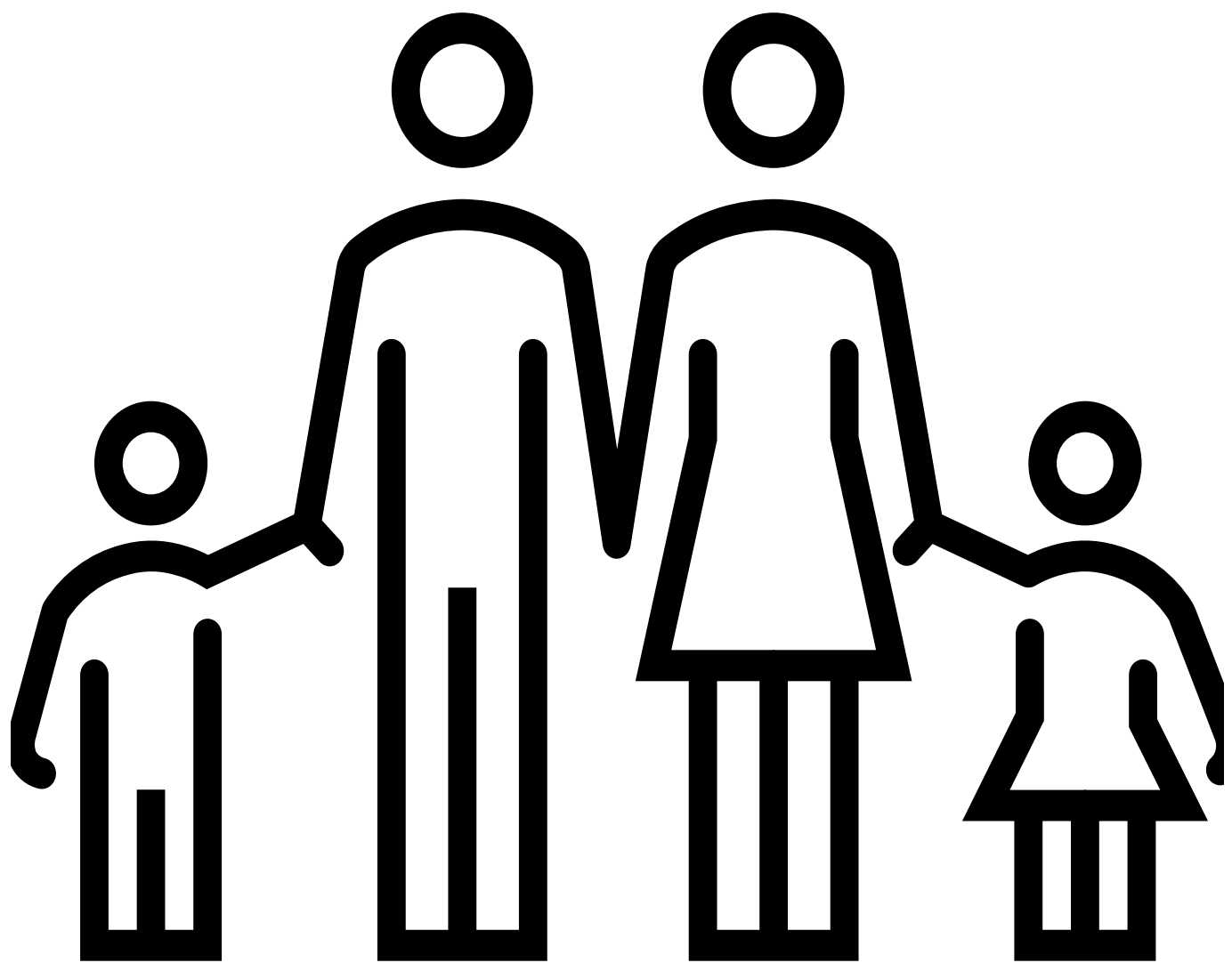
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# Scrutiny Review of Partnership Working in Early Help

People Select Committee, December 2025



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## Select Committee – Membership

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Councillor Paul Weston (Vice-Chair)

Councillor Ian Dalgarno

Councillor John Gardner

Councillor Niall Innes

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## Acknowledgements

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## Forward

Following the People Select Committee's review of Partnership Working in Early Help, we are pleased to present the Committee's final report.

It is important to provide help, support, and services to families at the earliest opportunity to ensure the best outcomes for children and young people and aim to prevent situations escalating to a point where statutory intervention may be needed. The review examined how Stockton-on-Tees Borough Council and its partners deliver Early Help services and considered where partnership working can be improved so that families receive the support they may need from the most appropriate service, when they need it.

Our recommendations seek to begin to embed a culture of Early Help being everyone's business within partner organisations, including the voluntary sector, schools, and public bodies, by strengthening governance structures, improving communications, and investing in joint training and professional guidance.

We would like to extend our thanks to Stockton-on-Tees Borough Council Officers, Family Action, Harrogate and District NHS Foundation Trust, Cleveland Police, and Catalyst for their contributions to the review. We would also like to thank those who attended the Focus Group at Billingham Family Hub along with Stockton Parent & Carer Forum for sharing their views and experiences to inform the review.

### Cllr Marilyn Surtees, Chair



**Councillor Marilyn Surtees**

**Chair – People Select Committee**



**Councillor Paul Weston**

**Vice-Chair – People Select Committee**

## Original Brief

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

Early Help focusses on support and interventions for children and their families when needed most therefore this review will contribute to priority one – the best start in life to achieve big ambition. In particular it will contribute to the following key moves:

- Giving children and young people the best possible start, in an inclusive community where everyone can thrive
- A safe community for all children and young people

The review will also contribute to priority two – health and resilient communities, key move ensuring happy and healthy lives for all.

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

Early Help (EH) offers support to children and their families who require help with a range of presenting issues including behaviour, family relationships, problems at school, budgets or debt, children's routine or other difficulties they may be experiencing.

The Department for Education have recently published Families First Partnership Programme (FFP), which is the start of the National reforms and expectations on Local Authorities.

The vision of the programme

The FFP programme will support safeguarding partners to bring together targeted early help, child in need, and multi-agency child protection into a seamless system of help, support and protection. This includes services and workforces, such as family support workers, social workers and other specialist and alternatively qualified practitioners, coming together to support families.

By targeted early help, child in need and child protection, we mean:

- Targeted Early Help: children and families with multiple and/or complex needs that require a plan to be in place and a lead practitioner appointed;
- Children in Need (Section 17, Children Act 1989): a general duty for local authorities to safeguard and promote the welfare of children within their area who are in need or are disabled, and promote the upbringing of such children by their families by providing a range and level of services appropriate to those children's needs;
- Child protection (Section 47): the duty on the local authorities to investigate where they have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm.

This review will aim to gain a greater understanding of the effectiveness of the partnership and Early Help offer across the partners

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

- Are families getting the right support at the right time to prevent escalation of needs?
- Consideration of No Further Action (NFA) rate from Statutory Assessment

- What is the local authority's and partnership offer across EH?
- What is the demand on external partnerships to deliver EH interventions?
- How effective and strong is the partnership offer?
- How accessible are services?
- How clear is the offer for both professionals and families, and how easy is it to navigate?
- How effective are information sharing protocols across the partnership?

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

This review will contribute to greater understanding of interventions and approaches which are effective at supporting children and families at the earliest opportunity. The review will also identify where partnership working can be improved.

# 1.0 Executive Summary

- 1.1. This report outlines the findings and recommendations following the Committee's review of Partnership Working in Early Help. Early Help ensures that families receive help and support at the earliest opportunity to improve outcomes for children and young people. It seeks to prevent situations reaching crisis point, that may then result in statutory interventions.
- 1.2. The Department for Education (DfE) published the Families First Partnership Programme (FPP) in March 2025, which is the start of national reforms and expectations of Local Authorities. The programme supports safeguarding partners to bring together targeted Early Help, child in need, and multi-agency child protection into a seamless system of help, support, and protection. This includes services and workforces, such as family support workers, social workers, and other specialist and alternatively qualified practitioner, coming together to support families. Statutory interventions and protections will remain with and be provided by the Council. Increased partnership working, with Early Help being everyone's business, will be an improved offer for families ensuring they are receiving the right support earlier.
- 1.3. The aim of the review was to gain a greater understanding of what Early Help is in Stockton-on-Tees, as well as identify where partnership working can be improved, and identify key actions to improve and deliver Early Help. Contributions have been received from officers in Early Help, Social Care, and School Support services within the Council as well as several partners, namely Cleveland Police, Family Action, Harrogate and District NHS Foundation Trust, Catalyst, and Stockton Parent and Carer's Forum. A Family Hub focus group was utilised to hear users' views and experiences of accessing Early Help. Additionally, Members attended two of the Children and Young People Partnership Workshops, which is focused on co-producing an Early Help Strategy, taking a partnership approach to working with families across Stockton-on-Tees. The Committee also received feedback from officer visits to two Ofsted Outstanding rated Local Authorities, Lincolnshire County Council and Sunderland City Council.
- 1.4. The Council's current Early Help offer includes a wide range of universal and targeted support for families via a range of services including School Support, the Children's Hub, or Social Workers. These include:
  - Family Hubs are offering a range of support for families with a focus on prevention to reduce the need for statutory intervention. Programmes are reviewed every six weeks to ensure they fit the needs of the community.
  - Family Solutions support families with complex and multiple needs, carrying out comprehensive assessments and tailored intervention planning, and using the Team Around the Family (TAF) model of working.
  - The Therapeutic Team offers services to children and families who are already active to Children Services
  - Family Group Conferencing is a family led decision making process which enables children and their families to find solutions to their difficulties and challenges.
  - Targeted Youth Support works with families with children aged 11-17, taking a Whole Family Approach and provides additional support to Social Care.
  - Youth Support works with Children aged 11 – 18 years old who experience low level difficulties, as well as providing an Appropriate Adult service and Missing From Home conversations.

- The Turnaround programme works with children who are arrested but not charged, providing them with better skills to manage problematic situations.
  - School Support offer a range of Early Help services, with resources aligned to where they are most needed. This includes providing information, advice, and signposting to services as well as leading on Team Around the School approach bringing together partners to identify children and young people that need support and provide interventions early.
- 1.5. The offer demonstrates a strong commitment to prevention and early intervention.
- 1.6. In addition, Early Help services are being provided by a wide range of organisations including health colleagues, the Voluntary Community and Social Enterprise (VCSE) sector, and other partners. This ranges from universal, preventative, and targeted support and include, but not limited to:
- Family Outreach Service provided by Family Action which is delivering a range of support such as practical and emotional support, family routines, debt management, budgeting, housing and benefit processes, accessing grants, building self-confidence, reducing social isolation etc.
  - Community engagement projects.
  - Health Visitors.
  - School Nursing.
  - Public Health initiatives e.g. Growing Well, Growing Healthy
  - Youth United Stockton Alliance (YUSA), a collective who deliver youth provision and ensure there are targeted and focused interventions to support children and young people.
- 1.7. Arrangements with different organisations include the strategic partnership held with Family Action as well as commissioning services such as the Harrogate and District NHS Foundation Trust 0 – 19 services, both of whom gave evidence to the Committee for the review, along with Catalyst, the strategic infrastructure organisation for the VCSE sector. It has been highlighted the borough of Stockton-on-Tees is an inclusive area to work with and that partners have good working relationships not only with Children Services and the Family Hubs but also with other partners across the Borough.
- 1.8. The Committee believe the Family Action strategic partnership is a good example of a partnership approach to service delivery. It has allowed for improved information sharing through the use of shared information systems and a mutually shared risk-register. There is also a focus on joint planning and implantation, avoiding duplication of services, and ensuring that the right guidance and support is offered to families. This benefits the outcomes for families, preventing delay and duplication in information gathering. Other benefits include Family Action's status as a national charity and their connections with the wider community enabling them to access funding the Council cannot apply for and seek out other support opportunities for the families they work with.
- 1.9. Family Hubs are seen as accessible by both service users and partners, therefore an important way of providing information and support for families when they need it. The co-location of services in Billingham Hub is working well, which includes midwife, health visiting, and school nursing services. The online offer from the Hubs can be improved with issue-based information and links to professional services on the Facebook page.
- 1.10. Multiagency working, including Team Around the School services and Team Around the Family, bring together all professionals to offer a comprehensive support system for families, providing support/interventions at the earliest opportunity.

- 1.11. The high level (66.2%) of No Further Action taken following Social Care Assessments suggests that clarity is needed on the triage process at the front door to ensure that referrals are forwarded to Early Help services rather than Social Care. Professionals who are already working with families and have built up relationships with them may be best placed to offer advice and support without the need to refer to the Children's Hub (Chub). Training and support are needed to ensure that professionals have the confidence to lead on Early Help. PiTstop, a multi-agency early intervention to triage referrals screened and assessed by Cleveland Police as not meeting Social Care thresholds and share information from the Police with partners, has shown measurable success in reducing the demand on statutory services and improving outcomes for families.
- 1.12. Inconsistent communication, duplication in services, and gaps in data sharing protocols have been reported, which hinder the effectiveness of partnerships and lead to partners working in silos with the same families. The Committee believes that a greater understanding of the different services available along with a more joined up approach and access to information systems between services is therefore an area for improvement. This could include one joint assessment form, a shared platform for data sharing, joint accountability framework and responsibilities, shared service impact and evaluation review, and joint training. Expanding outreach groups such as fathers and families with Special Educational Needs and Disabilities (SEND) is also critical.
- 1.13. Visits to Lincolnshire County Council and Sunderland City Council by officers supported this view, highlighting how Early Help can be a shared responsibility with external partners e.g. "Early Help is everyone's business", with investment in training tools, and clear frameworks to equip partners to confidently lead on and support children and families. In these Authorities, increasing external delivery has reduced pressure on statutory and targeted services, allowing the local authority to focus on the most complex cases. It is acknowledged that this is a cultural change that has taken a long period of time to embed in the Authorities.
- 1.14. Positive feedback from families endorses the value of the services currently provided, but raised areas of growth such as better signposting, more inclusive programmes and improved online resources. The offer for SEND families has been highlighted as an area for improvement, with training needed for professionals to understand the needs of SEND children to better equip them to offer the right support, as well as ensuring that support is offered earlier, and there is increased and purposeful communication between families and services, making sure this is well co-ordinated.
- 1.15. The review has provided a comprehensive understanding of the Early Help landscape in Stockton-on-Tees. The review's recommendations focus on strengthening governance structures, improving communication and accessibility of services, and investing in joint training and shared systems. By embedding the principle of shared responsibility across partners and continuing to co-produce strategies with families and partners, including the VCSE sector, Stockton-on-Tees can build a more integrated and responsive Early Help system that ensures children and families receive the right support at the right time. This will contribute to the broader goals of fostering resilient communities and giving children the best possible start in life.

## Recommendations

- 1.16. The Committee recommends that:
  1. A culture of shared responsibilities across the partnership is promoted to ensure that the principle of Early Help being "everyone's business" is embedded within schools, health, and the voluntary sector.

2. The re-design of the front door to Children's Services embeds an Early Help focus, enabling timely outcomes and ensuring families are able to access the right support at the right time.
3. Advice and training are developed for schools and other partners referring to the Children's Hub, to ensure families who could be better supported by Early Help services are forwarded to the most appropriate service for help and reduce demand on the front door.
4. A programme of training, tools and professional guidance is developed to support non-local authority practitioners in holding lead professional roles with children and families.
5. The design of a multi-agency data impact assessment, combined privacy notice, and data sharing systems to ensure effective and timely communication between the Council and its partners is supported.
6. A robust data collection system is established to measure partnership delivery of Early Help services.
7. The updated online offer is relaunched, promoting it to partners, schools, and residents. Self-navigation tools should also be introduced to empower families to access early, universal support without needing formal referral.
8. Partners are encouraged to utilise Family Hubs, basing and/or providing services in the venues where appropriate to ensure that these are accessible to children and families.
9. Further support is provided for partners to understand the needs of SEND families to enable them to offer appropriate Early Help service to these families.



## 2.0 Introduction

- 2.1. This report outlines the findings and recommendations following the People Select Committee's scrutiny review of Partnership Working in Early Help.
- 2.2. Early help ensures that help and support is provided to families at the earliest opportunity to improve outcomes for children and young people and prevents situations reaching crisis point that may then require a statutory response and intervention. Research in Practice, 2022, notes that "The broad concept of Early Help is to act early to improve the lives of children, young people and families now and in the future."
- 2.3. The review aimed to gain a greater understanding of the current effectiveness of the partnership working and Early Help offer within and across our partnerships. It considered where partnership working can be improved to deliver Early Help, and the Committee's work forms part of the preparation and development for the Families First Partnership (FFP) Programme reforms.
- 2.4. The Committee undertook the following key lines of enquiry:
  - Are families getting the right support at the right time to prevent escalation of needs?
  - Consideration of No Further Action (NFA) rate from Statutory Assessment
  - What is the local authority's and partnership offer across EH?
  - What is the demand on external partnerships to deliver EH interventions?
  - How effective and strong is the partnership offer?
  - How accessible are services?
  - How clear is the offer for both professionals and families, and how easy is it to navigate?
  - How effective are information sharing protocols across the partnership?
- 2.5. Contributions were sought and subsequently received from several Stockton-on-Tees Borough Council (SBC) department including Family Hubs, Youth Support, Social Care, and Education. Contributions were also received from several partners including Cleveland Police, Family Action, Harrogate & District NHS Foundation Trust (HDFT), Catalyst and Stockton Parent and Carer Forum.

## 3.0 Background

- 3.1 The legal framework for Early Help is covered by several Acts, which include:
  - Article 19 of the United Nations Convention on the Rights of the Child (UNCRC) places a duty on states to protect children from all forms of maltreatment or exploitation and to provide support to children and their carers to prevent and/or reduce the incidence of maltreatment.
  - The Children Act 1989 is the foundation of child welfare policy and practice in England. (amended).
  - Section 17 – 'child in need' - reinforced coordination of work with agencies engaged in preventative and supportive work with children and families
  - Children Act 2004 set out legal framework for multi-agency 'cooperation to improve well-being'.
  - Working Together 2023 –Independent Review/Family Help Reforms. Children's Well-being & Schools Bill in Nov 24.
- 3.2 The Department for Education (DfE) published the Families First Partnership (FFP) Programme in March 2025, which is the start of national reforms and expectations of Local Authorities. The programme supports safeguarding partners to bring together targeted Early Help, child in need,



and multi-agency child protection into a seamless system of help, support, and protection. This includes services and workforces, such as Family Support Workers, Social Workers and other specialist and alternatively qualified practitioners, coming together to support families. Statutory interventions and protections will remain with and be provided by the Council, and increased partnership working, with Early Help being everyone's business, will be an improved offer for families ensuring they are receiving the right support earlier.

- 3.3 The programme comprises three key reform strands: implementing Family Help, Multi-agency Child Protection Teams, and Family Group Decision Making (FGDM). Within the Family Help strand there are four elements: Multi-disciplinary Family Help Team, Family Help Lead Practitioner (FHLP), Family Help assessments and plans, and Front Door Arrangement/moving towards an integrated front door (IFD).
- 3.4 The Council has set up an implementation programme, with governance in place and a Stage One delivery plan submitted to the DfE. A needs assessment has been completed to understand current and future needs of children, young people, and families to inform all aspects of service design and reshaping. It identified that the greatest need for family help and support is during pregnancy and the first year of a child's life and at age 10 – 15 years. The next steps are the design of delivery models for the Integrated Front Door, and Multi Agency Child Protection team. A detailed stage two delivery plan was due to be submitted to the DfE outlining the implementation of the reforms and spend in December 2025.
- 3.5 Further background information in relation to this topic includes:
  - [Early Help System Guide](https://www.gov.uk/government/publications/supporting-families-early-help-system-guide) <https://www.gov.uk/government/publications/supporting-families-early-help-system-guide>
  - [Families First Partnership Programme](https://www.gov.uk/government/publications/families-first-partnership-programme) <https://www.gov.uk/government/publications/families-first-partnership-programme>
  - [Scrutiny review of Narrowing the Gap in Educational Attainment](https://moderngov.stockton.gov.uk/documents/s8755/Select%20Committee%20Report.pdf) <https://moderngov.stockton.gov.uk/documents/s8755/Select%20Committee%20Report.pdf>

## 4.0 Evidence

### Stockton-on-Tees Borough Council Early Help Offer

- 4.1. Referrals to Early Help come in from multiple sources, including schools, GP's, Police, Voluntary Services, and parents themselves to the Children's Hub (CHUB) which acts as a "front door" for all referrals. The CHUB is a joint service between Stockton-on-Tees and Hartlepool Borough Councils. A decision was made at Cabinet in June 2025 to bring this service in-house, and work is being carried out to deliver this service via the Powering Our Future Transformation Programme, aligning with the FFP reforms to move towards an IFD.
- 4.2. Discussions take place with the referrers and families and then referrals are triaged to determine the most appropriate support, either to Universal Services, Targeted Early Help Services in house, or partner agencies. In some cases, advice and guidance is given.
- 4.3. The service received 1,311 referrals between November 2024 – January 2025. Of these, 708 referrals were received and processed by Family Hubs and School Support, with 312 external referrals processed by the Early Help front door and 311 by CHUB. This includes those referrals given advice and information or signposted to the most appropriate agency or service for support,

as well as those being supported. The services receive slightly higher requests for support around pre-school holidays.

### **Family Hubs**

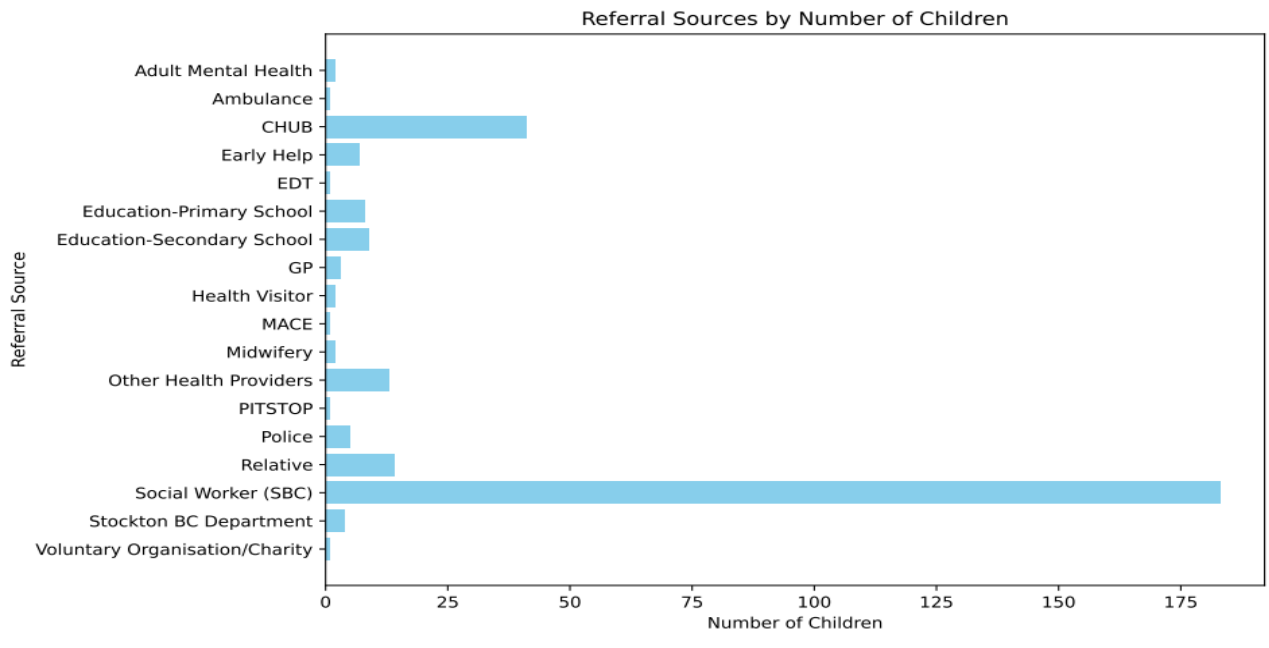
- 4.4. There are four Family Hubs in the Borough offering a range of support for families with children aged 0 – 19 with a focus on prevention to reduce the need for statutory intervention. They aim to:
- Be a place parents can come to seek support or signposting to other services.
  - Be a one stop shop.
  - Enhanced integrated working and co-location.
  - Empower families to access support.
  - Be accessible support regardless of need.
  - Develop trusting relationship with parents/carers.
- 4.5. The Family Hub offers a broad range of evidence-based parenting programmes, which are listed at **appendix 1**. The Nurturing course is the most popular programme provided. Other courses include: the Antenatal Nurturing, which is additional to the midwife led antenatal course however a midwife attends the Family Hub session on the final week; and the Empowering Parents Empowering Communities (EPEC) programmes that Parent Volunteers help to deliver bringing their personal experiences. The Hub facilitates and hosts an 'All Together For You' session held at the Family Hubs once a month, rotating between the four venues, bringing together all the partners to give advice and information to families. This allows families to receive all information and advice in one space at the same time.
- 4.6. Families can attend as many programmes as they wish at the Family Hubs and may enrol on one programme after completing another. Similarly, they may choose to attend a course when their child is younger and need specific support, then return for different support, advice, and programmes when their child is older. The time that families receive services from the Family Hubs therefore is dependent on their needs.

### **Family Solutions**

- 4.7. There are three Family Solutions Teams co-located within the Family Hubs to support families with multiple needs. They work with other services to co-ordinate a package of support around the family's identified needs, carrying out comprehensive assessments to understand need and tailoring bespoke plans to ensure those needs can be met. There is emphasis on holding regular Team Around the Family (TAF) meetings, to ensure that progress can be reviewed and aligned, dependent on family need and changes. The team can provide support with a range of needs, including:
- Routines and boundaries
  - Safe parenting
  - Home conditions
  - Drug and alcohol misuse

- Domestic abuse
- Housing
- Debt
- Behavioural management
- Parental conflict
- Family Network
- Educational support/exclusion

- 4.8. Close review of family circumstances happens during supervision, to ensure that the most appropriate support is in place and if a family’s circumstances change and needs escalate, discussions are held with Social Care to ensure that the most appropriate service is identified to support the family.
- 4.9. In June 2025 there were 357 children, and 173 families open to the three teams. On average there have been 91 new children opened each month across the teams over the last year.
- 4.10. As noted in the table below, referrals to Family Solutions come from a variety of sources, however the majority are received from Social Workers within the Council who, following their involvement with a family, have assessed them as being in a position to step-down to Family Solutions. The second biggest referrer is the CHUB, who may deem that a referral they have received for a Statutory response requires a lower-level intervention.



**Therapeutic Team**

- 4.11. The Therapeutic Team offers a range of therapeutic intervention to children and families who are already active to Children Services, which can support and compliment other interventions in place. Over the 12 months beginning June 2024 the team received 216 referrals and worked with 148 children, young people, and adults. Not all referrals are considered appropriate for the team and in such circumstance advice and support is provided as well as signposting to alternative provision

with the local area. In June 2025 there were 24 children, young people, and families on their waiting list.

### **Family Group Conferencing (FGC)**

- 4.12. Family Group Conferencing (FGC) is a family led decision making process which enables children and their families find solutions to their difficulties and challenges in a relaxed and creative way, building on family's strengths and networks.
- 4.13. The team work with families from across Children's Social Care and Early Help, with many preparation visits undertaken to ensure the family understand the concerns raised, providing them opportunity to consider how they can support. The team then bring the family and their network together to identify how they will manage the risks/concerns as a family moving forward. Research shows that families are much more invested with the plan as they have been central to developing this.
- 4.14. Over the 12 months beginning June 2024 the team successfully worked with and supported 97 families to create family plans, which from start to finish takes approximately 6-8 weeks to complete.
- 4.15. This is similar to the FGDM required in the FFP reforms.

### **Targeted Youth Support**

- 4.16. Targeted Youth Support work with families with children aged 11 – 18 years to reduce children's vulnerability to harm outside the home, for example exploitation and carrying knives. The team also educate both parents and children on online safety and effective communication in managing the risks. In June 2025, the team were working with 50 children (43 families).
- 4.17. The team takes a Whole Family Approach and co-ordinate a Team Around the Family meeting to bring together professionals. They work with children with complex needs, carrying out assessments and planning for intervention, and co-work with children open to Social Care to provide additional support when required.

### **Youth Support**

- 4.18. Youth Support work with children aged 11 – 18 years old who are experiencing difficulties such as low self-esteem, carrying out brief assessment and planning for intervention. Their work includes staying safe, peer influences and emotional regulation.
- 4.19. The team provides an Appropriate Adult service from Monday – Friday's 9am – 5pm. An Appropriate Adult is a designated person who supports and safeguards the rights and welfare of children or vulnerable adults during police procedures, as defined under the Police and Criminal Evidence Act 1984 (PACE) in England and Wales. It also has responsibility for Missing From Home (MFH) conversations, which every child reported missing requires to understand the reasons for the missing episode. The team conduct between 70-90 conversations each month, identifying interventions to prevent the child going missing again if required. As part of these conversations the team ensure the home they are returning to is safe and any concerns are escalated to the appropriate service.

- 4.20. In June 2025, the team were working with 62 children and 57 families.

### **Turnaround**

- 4.21. The Turnaround programme is attached to the Youth Justice team and funded by the Ministry of Justice (MOJ) until March 2026. It works with children who are arrested but not charged, when there are no other support workers or agencies involved in supporting the child.
- 4.22. The programme is based on voluntary engagement and provides children with better skills to manage problematic situations by giving advice on the criminal justice process, engaging them in positive activities, and other intervention work to address concerns. There is also a focus on education, training, and employment.
- 4.23. The team has successfully worked with 98 children between January 2023 – March 2025, one more than the MOJ's target of 97. In June 2025, the team were working with 20 Children. Quarterly returns are forwarded to the MOJ to build an evidence base and evaluation showing the effectiveness of the programme.

### **School Support Services**

- 4.24. The School Support team offers a range of services including facilitating Team Around Families, hosting half termly solution circles to discuss low level concerns and challenges, providing information, advice and signposting, as well as stepping-in as Lead Professionals on complex cases and case reviews for families who are deemed 'stuck'. They strengthen links with key school staff when children and young people have in-year transfers, plan and deliver the summer transition programme "Be Kind to Your Mind" and bring services to school via their links with the community including Holidays Are Fun and Family Hubs.
- 4.25. The team work with all schools across five cluster areas of the Borough: Billingham, North Stockton, Central Stockton, Thornaby and Ingleby Barwick / Yarm / Eaglescliffe. The number of pupils on roll receiving Free School Meal (FSM) is used as an indicator to identify and align resources where they are most needed. Thornaby is the cluster with the largest number FSM (49% of pupils on roll), followed by North Stockton (44%).
- 4.26. When schools have safeguarding concerns they submit a SAFER referral into the Children HUB, and there may be multiple SAFER's made for one child, these are known as contacts. In the year 1 January 2024 – 31 December 2024 there had been 1,768 contacts in to the Children's HUB from schools, and this was 13.4% of all contacts received. 758 of these contacts converted to a referral into the Assessment Team which was 42.8% of the total referrals submitted to the CHUB.
- 4.27. In June 2025 there were 83 active external Early Help Assessments monitored by the cluster School Support Advisors and the team are developing a portal to allow all external episodes to be recorded by the system to improve reporting and dashboards.

### **Team Around the School Service**

- 4.28. The Team Around the School Service (TASS) is a multi-agency approach bringing together schools, School Support Advisers, local community groups, health representatives, and other

partners to offer a comprehensive support system for families. It aims to identify children that need support and provide intervention and access to services at the earliest opportunity.

- 4.29. This collaboration and partnership approach will ensure that the data and intelligence is shared for planning and targeting those children at risk. Therefore, the FOCUS dashboard is to be further developed to include additional data identifying pupils with attendance levels less than 95% and not known to services, understanding gender versus year group, identifying those entitled to FSM/Pupil Premium, Year 6 admissions and their attendance, involvement with other internal services including careers and Youth Justice Team, and destination data from post 16. The information on the child and the support they receive will therefore 'follow the child' and be shared with schools/colleges when they transition, building a better picture of the family's needs. The post 16 outcomes will be helpful for schools, putting in place the learning and future measures to prevent their former pupils becoming Not in Education Employment or Training (NEET).
- 4.30. There are several outcomes TASS want to achieve for children which include that they attend school and are ready to learn. They want children to receive the right support at the right place and time, and communication with school staff improved. Children will therefore feel supported and heard, able to ask for help and are part of the plans to support them. Finally, they want to improve knowledge, access, and participation in community-based activities.
- 4.31. The outcomes of TASS want to achieve for schools are improved attendance, reduced suspension and permanent exclusions, and improved communication with pupils and parents/carers. Staff should feel empowered, have the training to give them the tools to respond, and feel informed about who else can help outside of school.
- 4.32. TASS aspiration is to reduce demand and escalation into statutory services, improve the emotional wellbeing of children and families, and to see children and young people thrive, achieve, and be in employment, education, or training at the end of Year 14.
- 4.33. The level of support for schools is a graduated offer, agreed with the individual schools, which enables resources to be deployed based upon needs and therefore providing a responsive approach. Schools receiving universal support will have a duty advisor available to guide professionals, while schools with preventative support will have an advisor based in school for up to a half day or full day per week, and schools with targeted support have an advisor based in school for up to two days per week.
- 4.34. The biggest barriers to achieving the purposed outcomes are attendance and communication with schools and parents/carers. Raising aspirations of children is also key. The team work with individual schools to set their targets for attendance and best practice from schools both within and outside the Borough is shared. It is vital to ensure that the importance of attending school and education is understood from primary school. Improving attendance is a five-to-ten-year plan, and it is acknowledged that Covid has had a significant impact on schools' academic attainment and attendance, which needs to be reversed.

### **Social Care Assessment and Response**

- 4.35. Members considered the Statutory Assessments and Outcomes. Assessments are carried out by the Social Care Assessment Team when a referral is received from the CHUB regarding concerns with safeguarding.



- 4.36. The Social Worker has up to 45 days to complete an assessment, however many are completed sooner. Outcomes of the assessment include:
- A Child in Need Plan meaning the family require further support
  - A Child Protection Plan put in place, via a child protection conference
  - Child taken into Local Authority care
  - There may be a “step down” to Early Help service
  - Step-Down into another service
  - No further action
- 4.37. When a referral is made under Section 17 of the Children Act 1989, which places a general duty on local authorities to safeguard and promote the welfare of children in need within their area, parental consent is required. This is because the referral is focused on providing support and services to improve outcomes for the child and family. However, if a referral is made under Section 47 of the Act, which initiates a Child Protection inquiry, consent is not required. This typically occurs when there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm (e.g. a child presents with unexplained injuries or discloses abuse). In such cases, the local authority has a statutory duty to investigate and may proceed without parent consent to ensure the child’s immediate safety and protection. Despite this, the Council remain committed to working in partnership with parents, wherever possible, promoting transparency, collaboration, and trust throughout the process.
- 4.38. A weekly average of 71 referrals were received in May - June 2025 and of these only 33.8% proceeded to action. The remaining 66.2% of referrals resulted in no further action (NFA) taking place, and there are several reasons for this, including that the referral may be considered inappropriate for assessment or not meeting the threshold for assessment. This does not necessarily mean referring the child/family was not the right course of action, as there may have been short term actions or services offered within the 45-day period that resolved the family’s issues. Another reason for NFA could be that the parent does not give consent for the assessment and/or the social worker has been unable to make contact. Often referrals from the Police come through without consent, and the CHUB have not been able to contact parents. However, if there is a significant concern then a decision can be made via a strategy meeting to override the requirement for consent.
- 4.39. The high number of NFA referrals might also be due to the threshold for action being too high, or the bar for referral too low as well as a lack of information or poor quality of a referral. Alternatively, there might be a misunderstanding between referral expectations and actual outcome.
- 4.40. Several steps could be implemented to ensure that referrals from the CHUB are sent to the right place, i.e. Early Help rather than the Assessment Team, and these include refining and reviewing the referral criteria, giving frequent referrers training, guidance and support in referring, implementing triage or screening steps, tracking data weekly for trends and improvements, implement training to upskill, and support partners, and increase partnership responsibility. This will improve efficiency and ensure families get the right support.

## Family Action

- 4.41. The national charity Family Action has a Strategic Partnership arrangement with the Council to deliver and coordinate a range of support for families. This includes the Family Outreach Service which works with the whole family unit providing Early Help support including practical and emotional support, family routines, debt management, budgeting, housing and benefit processes, accessing grants, building self-confidence, reducing social isolation, and attendance at meetings amongst others. They work as “one team” with Family Solutions, Family Hubs, 0-19 services, Social Care, and broader Early Help organisations.
- 4.42. In the year 1 July 2024 – 30 June 2025 they received 284 whole family referrals, five re-referrals of families who had previously accessed support, and referred (“stepped up”) 14 families onto Children’s Social Care. The main reasons families are referred to service are for parenting issues/support, practical support, housing, and both child and parental mental health/emotional wellbeing. The length of time Family Action supports a family can vary dependent on their needs but is usually up to a six-month maximum. Support is not withdrawn until the family feel comfortable.
- 4.43. Family Action also carry out volunteering and community engagement work. This includes recruiting and supporting volunteers in family focused activities at the Family Hubs, and different sessions held there, as well as engagement with communities not routinely accessing universal services and delivering Holidays Are Fun programmes. Family Action also provide opportunities to be involved in community projects with partner organisation such as Stockton Arc, Tees Valley Museums, Shape the Play and more.
- 4.44. The vision of the Strategic Partnership is to bring together a clear offer of support from across the system, avoiding duplication, and ensuring that the right guidance and support is offered without having to meet eligibility levels, being referred to different services, and long waiting times. It also aims to offer a range of support to help reduce inequalities in child development and wellbeing as well as strengthen community resilience. The partnership allows flexibility in the delivery of the support to respond to needs and demands.
- 4.45. Due to being a charity, Family Action has access to funding that the Council cannot apply for. They also had connections with the wider community therefore seek out other support opportunities for the families they work with. The length of the partnership contract, 5 years starting in 2022 with a 5-year extension period, means that they can deliver change in services.
- 4.46. Being a strategic partner, they have shared information and recording systems with the Council, and this has made a huge difference when working with families. Information gathered on the family is kept with them when they move from different services and Family Action can step up families to Social Care, and families are stepped down to the service.
- 4.47. The Strategic Partnership has also led to a mutually agreed and reviewed risk register, a focus on continuous improvement planning and implementation including a joint auditing process, and collaborative planning of jointly aligned initiatives. It is believed that it has generated a social value of £72,000 in 2024/25 as well as embedded a smoother transition for families across the Early Help system.

#### **Harrogate and District NHS Foundation Trust 0 – 19 Services**

- 4.48. Harrogate and District NHS Foundation Trust (HDFT) provided 0 – 19 services within Stockton-on-Tees which includes support to children, young people and families comprising of perinatal care and mental health care, parent support, safe sleep, child development, and healthy lifestyle



promotion. They provide this via Health Visitors, School Nursing, and Public Health initiatives such as Growing well Growing Healthy. In addition, they provided specialist support and support with transition to primary school, secondary school, and adulthood.

- 4.49. The service referred 252 families of 0–5-year-olds to targeted single agency support and 278 families of 0–5-year-olds to multi-agency support. For families of 5–19-year-olds, they were referring 90 to targeted single agency support and 42 to multi-agency support (figures reported in September 2025).
- 4.50. The service provides programmes from the Hubs, and Health Visitors signpost new and expectant parents to their local Hub. HDFT have a good working relationship with the Family Hubs. The 0 - 19 services are co-located across all Family Hubs and this is really valued for strengthening integrated working. Billingham Hub is identified by staff as having particularly strong integrated working and learning from this will be replicated across all areas.
- 4.51. HDFT believe that Stockton-on-Tees is an inclusive area to work with, they have positive working relationships with Family Action and feel included in the Team Around the Family meetings when invited. They also felt that the concept of SMART Teams, a multi-agency approach to triaging and providing Early Help, promoted partnership working.
- 4.52. However, duplication between the HDFT service and Family Hub offer has been highlighted, and a greater understanding of the different services along with a more joined up approach will be beneficial. HDFT felt there is scope for them to lead more on services and support for a family. There are also times when HDFT feel services are working in silo's helping the same family and communication along with access to information systems between services could be improved.
- 4.53. HDFT also highlighted that some of their programmes only receive short term funding, and therefore they are unable to offer support that has proven to be beneficial. This is a national, rather than regional issue.

### **PiTstop Cleveland Police**

- 4.54. PitStop is a multi-agency early intervention in Stockton-on-Tees, chaired by the Police, designed to share information across partners to ensure that need, harm and possible risk is identified and support provided to families. Partners include:
- [Children's Social Care](#)
  - [Adult Safeguarding Team](#)
  - [Early Help](#)
  - [Cleveland Police](#)
  - [Health – HDFT 0 – 19 Integrated Public Health Nursing](#)
  - [Education](#)
  - [Housing – Homeless Solutions](#)
  - [Change Grow Live](#)
  - [Youth Justice](#)
  - [Harbour](#)
- 4.55. It aims to reduce the demand on CHUB by diverting Police referrals that are screened and assessed as not meeting the Social Care threshold, but there is still a concern, to PiTstop.

Proportional and relevant information is then shared with the most relevant partner to provide support, thereby leading to better informed decisions to ensure earlier and/or preventative interventions are put in place. Cases considered for PiTstop can include a child concern, a vulnerable adult, or domestic abuse, and are Medium Risk or Standard with Children but not open to Social Care. Where the cases are open to Social Care, the information is shared directly with them. Pooled knowledge from safeguarding partners help to identify hidden need, harm, and risk, and hidden victims are identified through third-party reporting.

- 4.56. Referrals into PiTstop decrease during school holidays and increase when schools return, and it is believed that this is due to the school having oversight of the families. Information between the police and schools has improved since the initiative started. Schools are now able to monitor and support families when they are informed by the police of incidents regarding anti-social behaviour, neighbourhood disputes etc., ensuring they are receiving support as early as possible and avoiding escalation in the support that a family needs.
- 4.57. There is no correlation between the calls received and deprivation and referrals are coming from all areas of the Borough.
- 4.58. The number of police referrals to the CHUB since PiTstop started operating in March 2024 has decreased by 25.90%, showing that it is working to decrease pressure on the CHUB. The number of re-referrals into PiTstop was low, showing that the service is working to ensure families are receiving the interventions and support they need.

## Catalyst

- 4.59. Catalyst is a strategic infrastructure organisation for the voluntary, community and social enterprise (VCSE) sector in Stockton-on-Tees. It has a vision of a coherent and single sector, working together in partnership with public bodies and private businesses to deliver services to communities in the Borough and Tees Valley. Catalyst provides set up and development advice, funding support, training, and disburse funding. They circulate e-bulletins, have social media presence, hold forums and networking events for the sector, offer one-to-one support, and hold an annual conference.
- 4.60. They believe that partnership working is strong in Stockton-on-Tees and there are both formal and informal partnerships in place. There is a strong reputation for collaboration, and the sector feels supported.
- 4.61. Catalyst represents the sector on boards and groups across the borough including Team Stockton, Family First Partnership Board, Child Poverty Network, Teeswide Safeguarding Adults Board and many more. They also encourage VCSE organisations and individuals who are delivering services on the ground to join different meetings and working groups to ensure their voices are heard.
- 4.62. Examples of successful partnership working highlighted include:
  - Youth United Stockton Alliance – a collective of key partners who deliver youth provision to support the sustainability of high-quality open access youth provision as well as ensuring that there are targeted and focused interventions to support children and young people.
  - Community Mental Health Transformation (Wellbeing Hub) – a one-stop shop for advice, guidance, and support relating to any wellbeing issues which had over 1,000 walk-ins in the first month of opening
  - Warm Welcome – weekly social events which evolved from the warm spaces project following the recognition that this type of event is required year-round and not just in the winter months

- [Holidays Are Fun \(HAF\) project – providing activities for children and young people during school holidays. While Catalyst no longer delivers the project, they still have involvement](#)
- [Sport England – working with Tees Active to access Sports England funding](#)

- 4.63. The VCSE sector has experience and expertise to deliver a wide range of services and should not be seen as a reduced offer. However, the real cost of delivery should be considered when commissioning and/or partnering with the sector, including administrative and utilities costs. Qualitative outcomes of services should be valued as much as quantitative outcomes and it should be given realistic timescales when information is requested from the sector.
- 4.64. The Stockton Information Directory has been highlighted by Catalyst as an area for improvement, ensuring that it is accessible and the information on the directory relevant. They also highlighted developing a VCSE Charter as well as relaunching the Senior Leaders Forum to create clear pathways to report back from the different groups and boards. Consultation with the sector needs to be carried out to confirm that a Forum is something that it wants and then shape it as a space for the sector with speakers from partners invited to attend.

### Children and Young People Partnership Workshops

- 4.65. Four workshops have been held with partners, which aimed to co-produce an Early Help Strategy. Members of the Committee attended the third workshop, that focused on the priorities for Early Help and the self-assessment tool taken from the Department for Education (DfE) Early Help Systems Guide, and the fourth workshop that focussed on action planning.
- 4.66. There was a clear theme from the third workshop that the issues within Early Help not only lie with governance but also infrastructure and there is a need to have joint data sharing protocols in place. Partners can be working with the same families but doing so in silo and therefore need to work smarter with a shared platform for data, shared responsibilities, and shared evaluations. This will ensure more effective use of resources across the partnership.
- 4.67. It was suggested that the Family First model be built on with one assessment, regardless of this being completed by the Local Authority or a partner, to promote the family telling their story once and the assessment can be built upon if a higher tier of intervention is required. This will then build one family plan, to be used by all partners for each family. The need for joint training across partners was highlighted, along with using the same language between services. The workshop discussed working within the principles of a whole family approach to ensure all the children in a family are supported and therefore do not require the same help and support as their siblings at a later date. Utilising Artificial Intelligence to support this activity was also discussed.
- 4.68. Effective coordination and communication for promoting information is a key area as was measuring how useful the information is for families, rather than just how many people were accessing the information. There are lots of people working in the community, whether it be paid work or in a voluntary capacity e.g. leading social activities and sporting clubs, and it would be useful for them to have information on services available to signpost to when needed.
- 4.69. At the fourth workshop partners identified the main priorities of governance, data, communication, and schools and agreed tangible actions to reform these. Actions included:
- **Governance:** [establishing good representation on boards, terms of references, and building relationships with partners](#)

- **Data:** designing multi-agency data impact assessment, a combined privacy notice, and data sharing system, as well as undertaking a mapping exercise to understand the data sets produced
  - **Communication:** simplifying the online offer for both families and professionals, relaunching the offer, and carrying out training across partners
  - **Schools:** carrying out training across schools and working with Ofsted regarding exclusions.
- 4.70. The key officers and partners that need to be involved have been identified and those who attended the workshop have agreed responsibility for taking the actions forward.

## Family and User Feedback

- 4.71. The Committee wished to gain an understanding of how accessible Early Help services are, how clear the offer is for families, how easy the system is to navigate, and are families getting the right support at the right time.

### Focus Groups

- 4.72. A focus group of Billingham Hub service users was held in August 2025, which included parents who have completed the EPEC and Nurturing courses, baby courses, and SEND support groups. A Family Action parent volunteer also attended the focus group. The purpose of the focus group was to understand if families are getting the right support at the right time, if services are accessible, and how clear the Early Help offer is, both in person and online.
- 4.73. Several parents had been signposted by their Health Visitor and believe they had good support from the Health Visitor. Other parents, however, were signposted by Children and Adolescent Mental Health Service (CAMHS), by friends and family, or already knew about the service from having older children. Two parents noted that the Family Hub Worker had offered to visit them in their home after making first contact to encourage them into the Hub, and a Family Hub Home Visit for all new parents was suggested. It is felt that this needed to be timed right, and a three-month visit is felt to be the right time to ensure that the parent is not overwhelmed but before they feel isolated. All the parents felt it is daunting when first attending the Family Hub but are encouraged by staff to come back. A “buddy” or “Hub Champion”, whereby parent volunteers chat to new parents when they first attend will help with making parents feel welcome.
- 4.74. The staff at the Family Hub were praised, being approachable and offering lots of support, and one parent said that staff have called her on regular occasions when they know she has been struggling. Events at the Hub were also praised, as was the Home Safety course, and it is felt that this course should be advertised for expectant parents who will not only benefit from the knowledge given during the course but also by coming into the Family Hub and getting to know the services and courses on offer.
- 4.75. Parents feel that services like Red Balloons, an adult mental health charity which held sessions from the Hubs for the parents including walks and talks, are really important. Getting midwives back in the Hub is seen as a benefit to the service, and parents would also like to see the Health Visitors in the Hubs more. Parents are happy with the Family Action volunteers but feel Family Action need to be present in the Hub and consistent in their approach. A new member of staff has been employed by Family Action which should help with this.

- 4.76. It is felt that there is not enough information readily available for families with SEND and parents need to seek out help rather than being signposted to the Hubs and Early Help. It is also felt that dads are missing from the Family Hub offer, as they need support and to talk to other dads too. A dads stay and play session is suggested along with linking up to Andy's Men Clubs (which is offered at Redhill Family Hub) and Men Sheds.
- 4.77. Parents are using the Facebook page to find out what is happening and other generic information. More issue-based information, with links to professional services will be useful on Facebook. A "meet the team" area on the Facebook page/online will also be helpful.

### **Early Help Services Feedback**

- 4.78. The Early Help Service note that feedback they receive is positive, with service users stating how helpful the support and advice has been. Some of the comments highlighted to members from the service include:
- "She was very friendly and a pleasure to work with, she made us feel relaxed in a difficult situation" (from a family member)
  - "We appreciate the support and empathy you have shown us through the pregnancy and birth of our gorgeous little girl. You have made things easier for use and all we want to say is thank you so much. We will miss you" (from a parent)
  - "He is always very welcoming and kind to everyone. He is brilliant with the children when we come in to use the Family Hub" (from a mum)
  - "You make me happy by coming to see me every 2 weeks, you are the best ever." (from a child)
  - "The Family Group Conference is beneficial and positive. It gives you a neutral place to meet and you can be open and honest and say what you feel." (from a parent)
  - "My son and I had a great relationship with our Turnaround worker. If we had a problem, we knew we could contact her at anytime"
  - "These sessions have really helped me turn my life around and put me back on track." (from a young person)
- 4.79. A case study was also presented from the perspective of a baby whose family were supported by a Family Group Conference:
- "When my mummy was having a hard time, my auntie – my mummy's sister – took me in and started looking after me. She already has children of her own but she made space in her heart and home for me too. My daddy's family and other relatives from my mummy's side wanted to be part of my life as well. But they hadn't met each other before I was born, and there were some mixed messages that made things a bit uncomfortable. The Family Group Conference team helped everyone come together. They helped my families talk openly and honestly about what was best for me. Together, they made a plan so I could spend time with all the people who love me. Now, I get to see my daddy's family, and my other relatives from mummy's side help my auntie take care of me. Both my mummy and daddy also spend time with me, with family members there to help. I'm surrounded by lots of people who care about me and want me to feel safe and loved."

### **Stockton Parent Carer Forum**

- 4.80. Views were sought from the Stockton Parent Carer Forum regarding their experience of the Early Help offer, how they think partnerships are working, and if they feel involved in the planning of Early Help and services are co-produced. The Forum is a volunteer service representing parents and carers of children with Special Educational Needs and/or Disability (SEND) within Stockton-on-Tees, being the recognised voice of the 2,000 families who are members of the Forum. While there were only 19 responses, the Forum felt it reflected the opinion they have heard from parents and carers over the last four years.
- 4.81. The response received from the members of Stockton Parent Carer Forum was negative with the majority stating that the Early Help offer is poor and they are not involved in the planning of Early Help. Experiences were reported of professionals not understanding the needs of SEND, not offering adequate support, and not offering support early enough. The report also commented that the service often looks via a safeguarding lens rather than a specific SEND 'meeting needs' lens.
- 4.82. Areas of improvement highlighted include better and purposeful communication, not only between families and the service but also between services, building relationships, accountability, trust, and transparency. Other areas for improvement highlighted were training for professionals on SEND, and more practical support such as, but not limited to, help to understand diagnosis, and following through with actions that will have a positive impact on families.
- 4.83. However, it is acknowledged that Stockton Parent Carer Forum are now involved with the Families First Partnership reforms, attending the meetings and board where these are being discussed and shaping their implementation. They therefore recognise that the partnership is wanting to do better for families and while SEND is a smaller part of the system it is important and needs its own understanding.

### Learning from other Local Authorities

- 4.84. Officers fed back to the Committee key learning from visits to two Ofsted Outstanding rated Local Authorities, Lincolnshire County Council and Sunderland City Council, who's Early Help delivery models prioritise shared responsibility, partnership working, and system-wide cultural change.
- 4.85. Lincolnshire is a Pathfinder Authority, with Early Help firmly rooted in collaboration and a shared responsibility across all professionals working with children and families. They define Early Help as any action that supports children, young people, and families to achieve their potential by preventing difficulties from arising and preventing issues from escalating further. The key features of their approach are:
- **Shared Responsibility:** professionals in all sectors are expected to contribute to Early Help
  - **Front-Loaded Support:** external agencies are empowered to act as lead practitioners
  - **Practical Tools:** Local Authority provides assessments, "Team Around the Family" frameworks, and guidance to enable partners to deliver Early Help confidently
  - **Capacity Building:** Significant investment in training external partners
- 4.86. As a result, 80% of Early Help delivery in Lincolnshire is provided by external partners. This is a cultural shift achieved over a decade, reducing reliance on local authority services, achieved through sustained work with partners and consistent reinforcement that Early Help is everyone's responsibility.



- 4.87. Sunderland's Together for Children model also prioritises early identification and partnership-led support, emphasising supporting families at the earliest opportunity. The key features are:
- **Partnership Conversations:** external professions (e.g. schools, health visitors, voluntary sector) are supported to take an active role in delivering Early Help
  - **Holistic approach:** collaborative discussions to identify families needs and how to meet these
  - **Promoting self-help:** online tools empower families to seek support independently
  - **Clear Gateways:** Universal professionals (e.g. school) coordinates support as lead professionals, families do not self-refer
- 4.88. Sunderland has recently piloted a duty system within its locality teams, with dedicated teams operating reduced caseloads. The model has structured timelines of:
- **Day 5: Assessment, direct work, home visit, and family network meeting**
  - **Day 10: Decision on appropriate support level**
- 4.89. In the first quarter the pilot has resulted in 62% of cases signposted to universal support and “no further action”, 20% remaining in Early Help services, and overall, two-thirds of cases exiting the Early Help system, reducing demand on the local authority and strengthening partnership ownership.
- 4.90. The visits revealed several common themes across both local authorities including that Early Help can be a shared responsibility with external partners, shifting the burden away from the local authority alone, and embedding expectations across partners. They also invested in training, tools, and clear framework to equip partners to confidently lead on cases. They have strong gateways and thresholds, so families are supported through universal community-based services first. These are long-term cultural changes; however, they have shown that increasing external delivery has reduced pressure on statutory and targeted services, allowing the local authority to focus on the most complex cases, and ultimately improves outcomes for families.

## 5.0 Conclusion

- 5.1. The Families First Partnership reforms are designed to promote partnership working to ensure that families receive the support and protection they need, as well as focusing on the importance of family networks in decision-making to achieve the best outcomes for families and children. It is recognised that partners are delivering a wide range of services to families, building up relationship with them and, therefore, given the right support and resources, are best placed to support a family rather than referring to Social Care for an assessment. While statutory interventions and protections will remain with and be provided by the Council, increased partnership working, with Early Help being ‘everyone’s business’, will be an improved offer for families ensuring they are receiving the right support earlier. It will also relieve some pressure from social care, so that they are more able to concentrate on providing targeted and complex support.
- 5.2. The Committee’s review has highlighted the strengths and challenges of current partnership working in Early Help across Stockton-on-Tees. The Borough demonstrates a strong commitment to early intervention through a wide range of services and partnerships with health, police,

education, and VCSE organisations. These services are working collaboratively to support families, helping to prevent escalation into statutory services and improving outcomes for children and young people.

- 5.3. Evidence gathered throughout the review from partners and service users shows that families value the support they receive. Multi-agency approaches like PiTstop and Team Around the School have proven effective in reducing demand on statutory services and promoting early intervention. Feedback also reinforces the importance of trusted relationships, co-location of services, and flexible support models that adapt to the changing needs of families.
- 5.4. However, the review also identified areas for improvement, particularly around inconsistencies in communication, data sharing, service duplication, and the clarity of the Early Help offer for families and professionals. The high rate of No Further Action following statutory assessments suggests that referrals may not always be appropriately triaged, and that professionals need more confidence and clarity in navigating the Early Help system.
- 5.5. The need for more inclusive and better coordinated support, particularly for those with SEND, has also been highlighted. There has been calls for improved signposting, more targeted programmes, and greater involvement in service planning.
- 5.6. The Committee recognises the importance of learning from other Local Authorities where cultural change and shared responsibility have significantly enhanced Early Help delivery. These models demonstrate that empowering external partners to lead on Early Help, supported by clear frameworks and training, can reduce pressure on statutory services and improve outcomes for families. Stockton-on-Tees has already begun this journey and continued investment in partnership development will be key to sustaining progress.
- 5.7. The review has, therefore, provided a comprehensive understanding of the Early Help landscape in Stockton-on-Tees. The review's recommendations focus on strengthening governance structures, improving communication and accessibility of services, and investing in joint training and shared system. By embedding the principle of shared responsibility across partners and continuing to co-produce strategies with families and partners, including the VCSE sector, Stockton-on-Tees can build a more integrated and responsive Early Help system that ensures children and families receive the right support at the right time. This will contribute to the broader goals of fostering resilient communities and giving children the best possible start in life.

## Recommendations

5.4 The Committee recommends that:

1. A culture of shared responsibilities across the partnership is promoted to ensure that the principle of Early Help being “everyone’s business” is embedded within schools, health, and the voluntary sector.
2. The re-design of the front door to Children’s Services embeds an Early Help focus, enabling timely outcomes and ensuring families are able to access the right support at the right time.
3. Advice and training are developed for schools and other partners referring to the Children’s Hub, to ensure families who could be better supported by Early Help services are forwarded to the most appropriate service for help and reduce demand on the front door.



4. A programme of training, tools and professional guidance is developed to support non-local authority practitioners in holding lead professional roles with children and families.
5. The design of a multi-agency data impact assessment, combined privacy notice, and data sharing systems to ensure effective and timely communication between the Council and its partners is supported.
6. A robust data collection system is established to measure partnership delivery of Early Help services.
7. The updated online offer is relaunched, promoting it to partners, schools, and residents. Self-navigation tools should also be introduced to empower families to access early, universal support without needing formal referral.
8. Partners are encouraged to utilise Family Hubs, basing and/or providing services in the venues where appropriate to ensure that these are accessible to children and families.
9. Further support is provided for partners to understand the needs of SEND families to enable them to offer appropriate Early Help service to these families.

## Appendix 1

# What a Family Hub offers in Stockton



## Glossary of Terms

AI	Artificial Intelligence
CAMHS	Children and Adolescent Mental Health Service
CHUB	Children's Hub
DfE	Department for Education
EPEC	Empowering Parents Empowering Communities
FFPP	Families First Partnership Programme
FGC	Family Group Conferencing
FGDM	Family Group Decision Making
FHLP	Family Help Lead Practitioner
FSM	Free School Meals
HDFT	Harrogate and District Foundation Trust
IFD	Integrated Front Door
MFH	Missing From Home
MoJ	Ministry of Justice
NEET	Not in Education Employment or Training
NFA	No Further Action
PACE	Police and Criminal Evidence Act 1984
SEND	Special Educational Needs and Disability
SPOC	Single Point of Contact
TAF	Team Around the Family
TASS	Team Around the School Service
VCSE	Voluntary, Community, and Social Enterprise

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**REPORT TO CABINET**

**15<sup>TH</sup> JANUARY 2026**

**REPORT OF CORPORATE  
MANAGEMENT TEAM**

## **CABINET INFORMATION ITEM**

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

# **Director of Public Health Report 2025**

## **Summary**

The Director of Public Health Annual Report 2025 is brought to Cabinet for consideration.

## **Reasons for Recommendation**

The report seeks to support the work across the Council, partners and communities on ensuring community-centred places.

## **Recommendations**

1. It is recommended the report is noted.

## **Detail**

1. Under the Health and Social Care Act (2012), the Director of Public Health has a duty to prepare an independent annual report. The report was considered by Health and Wellbeing Board in December 2025.
2. People are the heart of our local places across the borough. The Director of Public Health Report 2025 aims to set out a community-centred public health approach that can be used to bring together work with communities and work on developing healthy places. The report sets out examples of work already underway and proposes further actions. The approach and next steps set out in the report support delivery of the Health and Wellbeing Strategy and the Stockton-on-Tees Plan.
3. The report also sets out progress against the actions set in the last Director of Public Health Report.

4. The Report content is shared with Cabinet – through discussion with the communications team, this will be uploaded to form a web-based report following consideration at Cabinet. The web-based content will be developed in-line with accessibility requirements and with web links to references. As in previous years, hard copies of the Report will also be available in libraries across the borough; additional hard copies will also be available on request.

### **Consultation and engagement**

5. The report describes some of the work underway across the borough, which has been developed and delivered in partnership with partners and communities. The work supports delivery of the Health and Wellbeing Strategy which was also developed in partnership with Elected Members and partners. Both the Strategy and examples of local work have been developed based on information and intelligence from local communities through engagement, conversations and service user feedback.

### **Next Steps**

6. Cabinet is asked to receive the report. Progress against the propose actions, embedding learning and monitoring of activity in the report will continue to be overseen and reported through the Lead Member, Corporate Management Team and Health and Wellbeing Board as part of core business.

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## **Building Healthy Communities – connecting people and place**

### **Director of Public Health Report 2025**

#### **Key messages**

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

#### **Introduction**

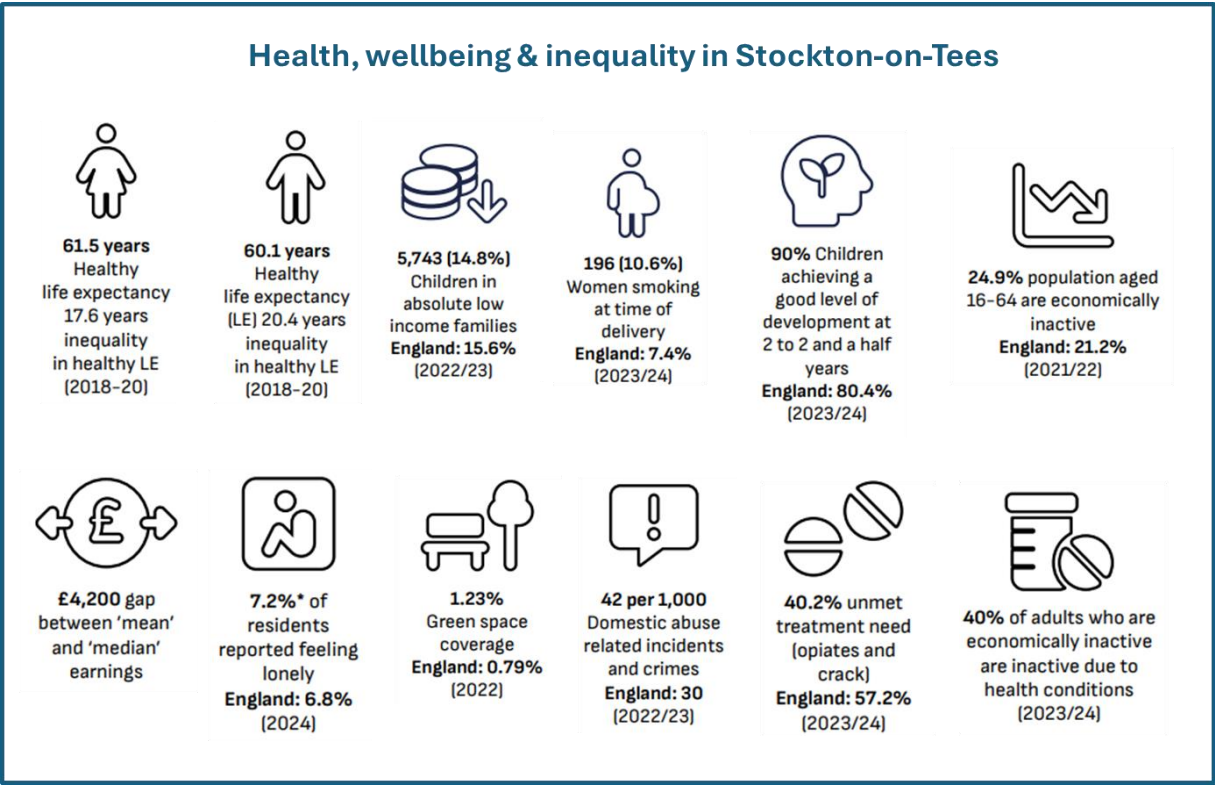
This year’s report looks at how we put working with local communities at the heart of work to shape healthy places, to help local people to thrive.

It is clear that people’s experience of health and wellbeing is affected by both the physical places and neighbourhoods they live in and the relationships and communities they identify with. In fact, places are shaped by communities – how people interact, how they use the space around them, the agency and ownership they feel about where they live, work and play. As we will know from our own lives, people often do not just identify themselves as part of a community in their neighbourhood – they may feel more part of communities (often more than one) that are not based on geography. For example, other parents with children of the same age, other people who share the same faith, or others who experience disability. This means that communities are central to how we develop and regenerate physical places (neighbourhoods, parks, housing). Community-centred development helps ensure improved health and wellbeing outcomes through responding to local views and needs, greater community ownership and make the best use of local facilities and assets. More than that, as the Council implements ambitious plans for the borough together with local people and partners, there is an opportunity to focus on health creation – proactively creating the conditions, wherever we can, to enable people to have the best health and wellbeing, rather than mitigating the impact of poor health.

This report sets out some recommended actions to help connect people and place to improve health and wellbeing, building on some of the great existing strengths in the borough. I hope you find it useful.



1. Progressing work on health inequalities



Last year’s Director of Public Health Annual Report<sup>1</sup> proposed a systematic approach to addressing health inequalities and actions to put this in place. This approach was adopted by the Council and discussed with wider partners (**Appendix 1**). It sets out proposed action across services, the community and civic bodies. Much work is underway and progress against the report’s recommendations is captured in **Appendix 2**, which we will continue to focus on as set out in the priorities of the Health and Wellbeing Strategy<sup>2</sup> and Stockton-on-Tees Plan<sup>3</sup>.

2. Community-centred places

Health and wellbeing is created and driven by a range of linked factors that link people, the communities they identify with and the place they live. These factors range from the homes people live in and the access they have to good, stable work; to the air they breathe, the opportunity they have for education, the impact of trauma and family relationships on their lives and the impact of smoking, alcohol, diet, exercise and genetic influences<sup>4</sup>.

We know that the diverse communities in Stockton-on-Tees experience these factors unequally – inequity (unfair differences) persist which lead to differences in health and wellbeing outcomes across communities in the borough. This is true across the country, however we know inequality is particularly stark in Stockton-on-Tees. The interface between people and the places and communities they live in, is key to understanding and helping to address this (**Appendix 3**).



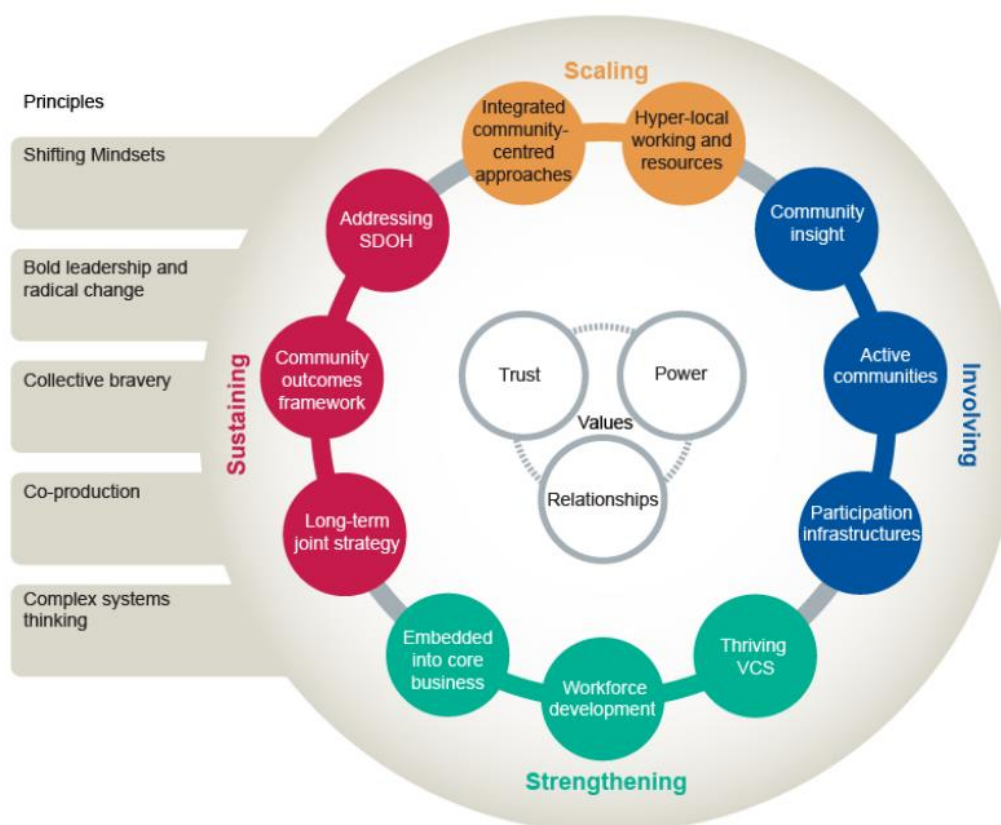
As a health and wellbeing system, we will need to develop our strategy, approach and plans based on what our diverse communities tell us and maximise their strengths – this will look different in different parts of our borough and communities are often not associated with a geographical place or location. While it often makes sense to start with a geographical area or neighbourhood, it is then important to layer on the other factors that influence how communities identify and define themselves – and of course no community or individual is defined by one thing. These factors such as age, gender, ethnicity, disability, cultural influences and more, are the things that combine to shape (and sometimes limit) the opportunity local people have to be healthy and happy.

In the context of the health challenges and inequality faced by local people, it feels even more important to make a meaningful shift to proactively *design in* opportunities for better health and wellbeing as far as possible when local places are shaped, as well as adapting existing local places to maximise health and wellbeing and mitigate poor health outcomes.

Through the Council's Powering our Future transformation programme, national implementation or pilot programmes and other work across partners in the health and wellbeing system, we are already progressing some of this work. This report shines a light on some examples of work to build on. It also describes some of the approaches that are helpful in understanding and bringing together community and place, to improve health and wellbeing for all our diverse communities, focusing on a community-centred public health approach.

### **3. A community-centred public health approach – examples in Stockton-on-Tees**

A community-centred public health approach across partners and communities can help bring together and embed work across healthy and sustainable places and communities, to improve health and wellbeing and reduce inequity across local communities. This community-centred public health approach recognises the important role of trust, relationships and power across communities and partners, to work well together and bring about change (Public Health England, 2020)<sup>6</sup>:



*SDOH = social determinants of health*

A community-centred public health approach will help deliver on the priorities in the Health and Wellbeing Strategy<sup>2</sup> and the Stockton-on-Tees Plan<sup>3</sup>. It will also help us collectively put into practice the five core principles the Health and Wellbeing Strategy sets out for working together effectively to improve health and wellbeing and address inequalities:

#### Health and Wellbeing Strategy – Principles for working together

1. Health is everybody's business
2. Communities at the centre
3. Commit to prevention and early intervention
4. Levelling the playing field
5. Place-based approach

We already have many good examples of using a public health community-centred approach in Stockton-on-Tees, to put these principles into practice:

**Health is everybody’s business – work and health**

We are working closely with small and micro businesses across the borough to support them with workplace health and wellbeing. In 2024/25, 41% of the working age population (16-64yrs) in the borough were economically inactive due to long term sickness. Recent research<sup>7</sup> has shown that inequality in health and ability to work will persist to 2024 based on the current trends, so it is important we continue to focus action the issues that drive this including deprivation, COPD and obesity-related disease. 87% of registered businesses in the borough employ less than 10 people, so it is important we closely in partnership to support local people to be healthy for work; and to enable businesses to support their employees to be healthy. This is particularly relevant to smaller businesses, where sickness absence rates can have such an impact on business continuity. We have worked with partners to undertake insights work with these businesses, to understand what is important to them and what help they need, to shape support to them.



*Local small businesses insights – feedback session*



*Better Health at Work Award celebration event with local businesses*

## Communities at the centre – Active Stockton Partnership & community wellbeing champions

In some of our areas of greatest deprivation, 35% of adults are physically inactive<sup>8</sup>. This year the Council's public health and sport and active life teams have worked in close partnership with local community representatives, Tees Valley Sport and Sport England to carry out insights work to understand more about the perspective of local people. The conversations focused on 5 areas of the borough and particularly focused on hearing from specific communities e.g. people with disabilities, people from different ethnic backgrounds, and young people with support in place who are moving into adulthood (transitions).

The insights highlighted issues far beyond specifically physical activity and covered wide-ranging factors that impact on wellbeing, from access to green space to perceptions of safety. A range of participating partners and Council colleagues, including the Chief Executive and Leader of the Council, gathered to hear the findings which will be used to inform the next steps of work with Sport England, but will also inform wider work including on neighbourhood health and the Pride in Place neighbourhood trailblazer recently announced in the borough. There is the opportunity to embed learning from the work in the Council's and partners' approaches to working with communities - particularly the importance of spending time and building trust, listening and responding to what is important from the communities' perspectives and often not approaching discussions from the perspective of statutory organisations.



*Community insights feedback session, Summer 2025*

The concept of health creation also fits with a community-centred public health approach to healthy communities and healthy place, empowering communities and 'designing in' opportunities to improve health and wellbeing. Health creation is the improvement to health and wellbeing when 'individuals and communities achieve a sense of purpose, hope, mastery and control over their own lives and

immediate environment' (The Health Creation Alliance, 2017<sup>8</sup>). This sense of health creation is also linked to the NHS 10 Year Plan, and is based on: listening and responding, truth-telling, strengths-focus, self-organising and power-shifting (**Appendix 4**).

Existing local work with grassroots community groups and community representatives forms a good foundation for creating health, one example being the local community wellbeing champions – a network of 138 individuals and organisations across the borough working to improve health and wellbeing and working in partnership with public health (who commission Pioneering Care Partnership as the coordinating organisation).



*Warm food, warm hands, warm hearts (Wellington Sq. shopping centre, March 2025): Different organisations came together supported by the champions and Catalyst, giving out free essentials, serving hot drinks and having a chat with different communities around Stockton town centre.*

## **Prevention and early intervention – National Neighbourhood Health Implementation Programme**

This national pilot programme is an exciting opportunity to work across partners and local people to design different ways of providing care and support – more focused on prevention, and closer to communities. Communities in our area of focus have the highest rates of economic inactivity in the borough. Chronic disease and risk are also higher in this neighbourhood than in England as a whole. For example, 3.65% experience coronary heart disease (3.04% in England); 15.53% have hypertension (14.63% in England); and 14.32% are obese (11.55% in England). The area also has some great strengths, including many voluntary and community sector organisations and grassroots community groups who understand and work closely with local people; and the Community Wellbeing Hub in Wellington Square which provides a range of one-stop shop support including on housing, mental wellbeing, employment and domestic abuse.

As learning emerges from the first phase of the neighbourhood health pilot work, it will help inform how we work together in and with other neighbourhoods and communities across the borough.



**National Neighbourhood Health  
Implementation Programme**



**Introduction to  
the NNHIP in  
Stockton-on-Tees**

Neighbourhood Health is central to the Government's 10 Year Plan ambition to shift care from hospitals to community, analogue processes to digital and moving focus from caring for sickness to preventing ill health.

Stockton-on-Tees has been successful as one of the 43 areas in phase 1 of the government's Neighbourhood Health Implementation Programme.

This is to trial a new way of working, focused on people with 3 or more long term conditions and starting in the Stockton town centre and Portrack area. In-line with the NHS 10 Year Plan, the aim is to move support closer to communities; refocus from treatment to prevention; and trial digital innovation in supporting health and wellbeing.

The Council, NHS and partners are working closely, beginning to develop the approach, with community voice at its heart. The approach will include maximising the strengths and relationships in communities, through to joining up delivery of care and support across organisations in a more coordinated way to improve the experience of local people.

## Levelling the playing field – peer advocacy

Some individuals in the borough experience severe and multiple disadvantage that affects their health, wellbeing, housing, ability to work, relationships, etc. – they can also find it difficult to access support. Often these complexities stem from previous trauma or difficult family relationships and the research points to an approach that centres on building relationship, trust and is consistent. Public health commissioned Recovery Connections (funded through Integrated Care Board inequalities money) to trial a peer advocacy approach, based on evidence and with evaluation by Teesside University built in. Peer advocates with lived experience meet with individuals identified by the adults safeguarding team and work with individuals to understand what is important to them – for example seeing their children, being able to work, or restarting a hobby or interest they previously enjoyed. The individuals developed goals as a result and began working towards these with the support of the peer advocate. In 2024/25, 27 individuals engaged fully with a peer advocate; 44% co-produced goals and 83% are in regular contact with their peer advocate following this. Good outcomes are emerging and the initiative is underpinning the Council-wide work on complex lives and will inform the approach to neighbourhood health.

Outcomes to-date include:

- Improved wellbeing (self-reported)
- Engaging with support and treatment (medical, dental etc.) available
- Reduction in / abstinence from substances
- Supported to gain and maintain tenancy
- Undertaking volunteering



### **Place-based approach – planning and food**

Recognising the impact of the built and natural environment on health and wellbeing, public health explored how health could be better embedded into Council planning processes, based on research evidence and case studies from other councils. As a result, a Health Impact Assessment (HIAs) tool was developed and implemented, to be completed by developers and aiming to ensure that health and wellbeing are considered early in decision-making and inform actions to address any potential negative impacts of development. HIAs are especially valuable for assessing impacts on vulnerable or disadvantaged groups. The first HIAs have recently been submitted by developers for consideration. A focus on health is also being built into the new Local Plan as it is developed, which sets out a framework for how places are shaped in the borough including housing, road networks and green space.

Recognising the importance of access to healthy affordable food for health, the Health and Wellbeing Board will be undertaking a deep dive in the coming months, to understand how to maximise the impact of access to healthy food and the food environment. This builds on existing good work across the Council, voluntary and community sector and learning from regional public health and wider partners including the Good Food Local initiative. Once such example is the Grow Your Own initiative, combining access to fresh food with the mental and physical health benefits for local communities, of gardening and growing food.

### Group Case Study – Grow Your Own



Name; Willows Youth Club  
Age; 5 - 8  
Site Location; The Willows

**Growing Knowledge & Skills;** When asked, only a few had done some gardening with their parents/grandparents but all were really keen to get started and very involved. They all helped fill the starter pots ready for seeding and each session they were keen to see how it developed. Watering the plants was a keen activity but equally they found fun in weeding too.

They had excess plants/seedlings to grow at home, about a third said they would take them home. They've enjoyed harvesting the crops

#### Quotes:

*"I can't wait to do more cooking and gardening"*

#### What did you enjoy?

- "Desserts" "Different foods"

- "I loved it all"

**Cooking Knowledge & Skills;** We started with a vegetable curry, as we wanted to maximise the veg choice and make it a flavour a lot would relate to. They got involved in all the veg preparation, we used carrots, courgettes, onions, sweet potato, peppers and chopped tomatoes. We did buy individual herbs and spices to show them off individually and explain other ways they could be used but we also had a standard curry spice pot to show the list of spices that go into the ready-made mix. To the surprise of the Youth Club Staff, every child had a taste and about 90% took a portion home.



*The Grow Your Own initiative (delivered by Groundwork, funded by public health)*

## 4. Next steps - supporting community-centred healthy places

Stockton-on-Tees has some strong foundations for developing community-centred healthy places. As we build on this, it is important to acknowledge the impact community cohesion can have on our work together. Community cohesion can be defined as communities or places that<sup>12</sup>:

- offer a common vision and a sense of belonging for all
- positively value diversity
- provide equal opportunities to people from different backgrounds and
- provide an environment where strong and positive relationships can be developed between people from different backgrounds (in the workplace, schools and neighbourhoods)

Research evidence shows that community cohesion is important for population health and wellbeing, affecting issues such as trust; perception of crime and safety; using outside spaces to be active; social isolation and loneliness and mental wellbeing; reduced violence; greater civic participation, and greater community resilience in preparation for emergencies.<sup>12</sup>

Currently, there are challenges to social and community cohesion internationally and nationally and in public discourse. We are fortunate to have a wealth of community organisations and assets across the borough. There is the opportunity to explore whether specific approaches to supporting community cohesion would be helpful, working across communities and partners and potentially neighbouring local authority areas, for example through restorative community work<sup>13</sup> and / or inter-generational work<sup>14</sup>.



A community-centred public health approach can be used to help bring together developing health places and healthy communities, in a way that proactively promotes and builds in good health and wellbeing. Some principles can help to take this forward, bringing together communities and places<sup>6</sup> including building trusting relationships with communities; co-producing solutions with communities based on new conversations about health and place; and identifying and promoting protective factors that help keep communities healthy.

Public Health England also proposed some first steps to help adopt the approach, including developing community insights and strengthening local partnerships (**Appendix 5**). A diagnostic checklist is also available to help areas determine how well they are enabling communities to take part in place-based approaches to reducing health inequalities<sup>10</sup>.

The following actions are proposed, fitting with the commitments and principles in the local Health and Wellbeing Strategy:

### **Actions**

- Move towards a 'health creation' approach, identifying proactive approaches to building or designing in good health and wellbeing wherever possible – in policy, practice and commissioning
- Use the community-centred public health approach to inform thinking and next steps on working with communities, neighbourhoods and places – including ensuring common principles are shared across partners help take this forward with communities
- Review our position against the recommendations in the LGA's guide: *Empowering healthy places: Unveiling the powers and practices of local councils in fostering healthy neighbourhoods*<sup>16</sup>. To support, consider completing the Public Health England diagnostic checklist together with partners to determine how well we are collectively enabling communities to take part in place-based approaches to reducing health inequalities
- Run LGA-facilitated Health in All Policies sessions for Council officers, Members and potentially wider system partners, to inform adopting this approach
- Build in improving health and addressing inequality as a core primary objective of the new Local Plan
- Identify key actions and issues arising from health impact assessment tool for developers and evaluate its implementation to inform future practice
- Health and Wellbeing Board to undertake a deep dive specifically on the food environment, in the context of the factors that shape places, to understand how levers can be maximised
- Build on existing insights work with communities e.g. Sport England and the learning from this approach
- Feed community insights into organisation / system-wide bank of information, to be used for a range of purposes. Proactively identify key pieces of work to use the insights e/g. trailblazer Pride in Place and neighbourhood health implementation programme
- Respond to issues communities raise through simple, quick actions and potentially small pots of seed-funding, supporting and empowering community groups to take action
- The Council as a convenor (where appropriate) and enabler - Build or support development of a community partnership / forum, led by the community, with the purpose of connecting community connectors as a network, supporting community capacity building

- Develop a network of community connectors further by enabling conversations at places where people meet, led by those within the community
- Consider infrastructure support needed to facilitate the network of community connectors lead by the community (systems, venues, funding)
- Create a small, shared funding pot across the health and wellbeing system, to support community activity on an agreed set of key issues identified and owned by the community. Connect the action on these priorities, into the activity across the Council and wider system to maximise their impact
- Trial community ownership of spaces e.g. parks, neighbourhood assets
- Work with the community and VCSE on a framework for community collaboration, to enable VCSE / community grassroots organisations to work together, to deliver on key issues and priorities (in place of a traditional commissioning approach) e.g. Community Tool Box framework<sup>15</sup>.
- Consider further actions that build and cement relationships across the system to integrate the community sector as equal partners e.g. Devon ICS has a mentoring programme that pairs leaders in statutory organisations with leaders in the VCSE.
- Explore potential opportunity for restorative and / or intergenerational approaches to support community cohesion and learning from other areas on this; and explore the role of the Council and other partners in this approach

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# Appendices

## Appendix 1: Population Intervention Triangle

Components of the Population Intervention Triangle



## Appendix 2: Progress against 2023/4 DPH Report recommendations

The following summary captures progress against the recommendations set out in last year's Director of Public Health Report (2023/4) through Public Health actions working across the Council and with partners.

The actions and progress align with delivering all focus areas of the Health and Wellbeing Strategy 2025-30 focus areas:

1. All children and families have the best start in life
2. Everyone has a healthy standard of living
3. Everyone lives in healthy and sustainable places and communities
4. Everyone lives long and healthy lives

<b>We said:</b>	<b>We did:</b>
1. Adopt Population Intervention Triangle (PIT) approach	<ul style="list-style-type: none"> <li>- Adopted by SBC Cabinet, Health and Wellbeing Board (HWB)</li> <li>- Shared at Team Stockton</li> </ul>
2. Support Fairer Stockton-on-Tees Framework through focus on wider determinants of health and overlaying inter-related drivers of inequality	<ul style="list-style-type: none"> <li>- New Health &amp; Wellbeing Strategy (HWS) has a focus on wider determinants</li> <li>- HWB development has renewed focus on wider determinants as part of deep dive programme</li> <li>- Significant ongoing work re: work &amp; health, food environment, planning &amp; health</li> </ul>
3. Co-produce self-assessment against PIT model	<ul style="list-style-type: none"> <li>- Position / progress against assessed and actions progressed throughout the year, to be developed further e.g. system leadership (HWB), development of Local Plan, work &amp; health programme, monitoring &amp; progress against Powering our Future Communities work, mapping communities assets and networks</li> <li>- Updated Joint Strategic Needs Assessment approach implemented and initial priorities agreed</li> <li>- Work ongoing to embed links HWS and other strategies e.g. Local Plan, Community Safety Plan</li> </ul>
4. Consider 'Marmot place' approach locally	<ul style="list-style-type: none"> <li>- Considered with strategic partners and agreed to adopt local approach at this time, based on learning from 'Marmot places' approach</li> <li>- Local approach being developed and implemented through Powering our Future Communities mission (e.g. targeted work, community insights); HWB focus on wider determinants (e.g. food environment); shared population picture being developed and shared across the Council and system (e.g. re: complex lives)</li> <li>- To be developed further through the recommendations in DPH Report 2024/5 e.g. Health in All Policies discussions</li> </ul>
5. Explore LGA support to address inequality	<ul style="list-style-type: none"> <li>- LGA support secured and implemented on programme of development for HWB, producing a revised Terms of Reference, refined focus and</li> </ul>

	<p>increased emphasis on wider determinants of health and drivers of inequality and inequity</p> <ul style="list-style-type: none"> <li>- LGA Health in All Policies support secured, to be delivered in 2025/6</li> </ul>
6. Adopt an Equity Impact Assessment across the Council	<ul style="list-style-type: none"> <li>- Equality &amp; Poverty Impact Assessment adopted – aspects of addressing health inequality included</li> <li>- Work ongoing to embed learning from wider national / regional work on health equity impact assessment, in local approaches</li> <li>- Health impact assessment tool designed and implemented across public health and planning teams</li> </ul>
7. Adopt sustainable approaches to creating conditions for maximising health and wellbeing and addressing inequalities	<ul style="list-style-type: none"> <li>- HWB deep dive sessions implemented e.g. loneliness &amp; social isolation, enabling strategic discussion &amp; agreement</li> <li>- Embedding health and wellbeing and addressing health inequalities as key issues in strategic plans e.g. Local Plan</li> <li>- HWB governance review underway to ensure the right forums are in place to agree and monitor strategic approaches to key issues / wider determinants</li> <li>- Joint strategic planning on new opportunities to test and learn on wider determinants e.g. national neighbourhood health implementation programme pilot, embedding research and evaluation with academic partners</li> </ul>
<p>8. Support community-building, focusing on assets and strengths</p> <p>And</p> <p>9. Embed working with the community in policy</p>	<ul style="list-style-type: none"> <li>- Continuing to work with and strengthen community wellbeing champions' network, working with diverse communities to understand health and wellbeing issues, support community-lead activity, and co-design interventions and messaging</li> <li>- Proposal to consider community connector network, with joint strategic support from senior leaders across partners (Team Stockton)</li> <li>- Commencing work on a different approach to commissioning community activity, working with the VCSE</li> <li>- Public health commissioned a peer advocacy approach working with individuals with complex needs – yielding positive outcomes (re: treatment, healthcare, volunteering etc.)</li> </ul>
10. Adopt Making Every Contact Count (MECC) across collective workforce	<ul style="list-style-type: none"> <li>- Workforce training embedded re: advice, support and brief intervention on e.g. domestic abuse, smoking</li> <li>- Embedding MECC to be part of neighbourhood health approach as it evolves</li> </ul>
11. Embed PIT model in Council's transformation agenda (Powering our Future)	<ul style="list-style-type: none"> <li>- Early intervention and prevention agreed as a priority area, work ongoing to embed a public health approach</li> <li>- Progress as set out in this table</li> </ul>
12. Identify and address gaps in our understanding of local communities	<ul style="list-style-type: none"> <li>- As described in Actions 3 and 8 above</li> <li>- Working with communities embedded as a pillar of the Neighbourhood Health pilot and the new Pride in Place programme in Central Stockton and Portrack</li> </ul>

13. Capture impact on inequalities, in monitoring frameworks	<ul style="list-style-type: none"> <li>- HWS impact monitoring approach in development, with addressing inequality at its heart; this dovetails with Council plan monitoring framework</li> <li>- Public health and wider Council work underway on approach to evaluation, particularly qualitative information from communities, with academic partners</li> </ul>
14. Embed the PIT approach in a logic model to monitor the HWS	- See Action 13

**Appendix 3: Spatial planning for local healthy places** (Association of Directors of Public Health, 2025)<sup>5</sup>



#### Appendix 4: Model for health creation<sup>4</sup> (<https://thehealthcreationalliance.org/health-creation/>)



##### The Framework can be used to drive:

- Community health creation
- Culture change
- Leadership development
- Whole system change
- Redesign of frontline practices/services
- Integrated team development

##### Embedding Health Creation in systems, services, organization will support:

- Coproduction
- Prevention
- Tackling health inequalities / health inequity
- Trauma-informed approaches
- Anti-discriminatory practices

10 Recommendations for health creation are included in the New NHS Alliance manifesto 2017<sup>4</sup>.

#### Appendix 5: Implementing a community-centred public health approach - Where to start?<sup>9</sup>

- undertaking insight work with communities, especially with those who are seldom heard – this helps provide a strong understanding of people’s health and wellbeing, as well as their priorities and solutions
- recognising and building on what is already going on, using methods such as local asset mapping
- strengthening local partnerships at a strategic level to build a shared vision
- producing a clear and compelling case for change linked to improving community health outcomes
- gaining senior buy-in and identifying champions to drive that change
- accepting that re-orienting how things are done is a messy, complex process that takes time and requires flexible approaches
- taking small steps and using small amounts of funding to get going and develop trusting relationships with communities



## REPORT TO CABINET

DATE – 15 January 2026

## REPORT OF CORPORATE MANAGEMENT TEAM

### CABINET DECISION

Health and Adult Social Care - Lead Cabinet Member - Cllr Pauline Beall

# Re-procurement of the Stockton drug and alcohol treatment and recovery service

## Summary

Local authorities have a statutory responsibility to commission drug and alcohol treatment and recovery services as part of their public health duties. The current Stockton service has been delivered by Change, Grow, Live (CGL) since 2020 under a five-year contract originally ending on 31st March 2025. To enable appropriate planning and alignment with wider system developments, the contract has been extended to 31st March 2026.

This report and accompanying background paper set out the proposed approach to re-procuring the Stockton Drug and Alcohol Treatment and Recovery Service. It provides an overview of the service, outlines the recommended procurement route and provider, and presents options for the financial envelope of the new contract.

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

The current contract for the Stockton Drug and Alcohol Treatment and Recovery Service expires on 31st March 2026. A re-procurement is therefore required to ensure continuity of this statutory service. Decisions are needed on the procurement route, the proposed provider, and the financial envelope for the new contract to enable timely and effective commissioning arrangements to be put in place.

## Recommendations

Cabinet is asked to:

Delegate authority to the Director of Adults, Health and Wellbeing to make the specific contract award decision, and to approve any subsequent contract variations or extensions in line with this decision

- 1) Recommendation to re-procure the Stockton drug and alcohol treatment and recovery Service through a Provider Selection Regime (PSR) Direct Award to Change, Grow, Live (CGL) for a period of five years

- 2) Recommendation for the new contract to maintain the current contract value of £2.267 million per annum over the five-year term, with no uplift, resulting in a total contract value of £11.335 million. Under this option, the service will operate as a minimum viable, statutory-compliant model.

## Detail

### 1. Stockton drug and alcohol treatment and recovery service

Local authorities have a statutory responsibility to commission drug and alcohol treatment and recovery services as part of their public health duties. In Stockton, the service is primarily funded through the Public Health Grant, in line with grant conditions. Since 2021, the Council has also received additional annual funding through the national 10-year drug strategy *From Harm to Hope*. This supplementary funding is conditional on the Council maintaining its core Public Health investment and must be used to enhance, rather than substitute for, the core service offer. Use of this funding is subject to national conditions and reporting requirements.

**Current provider:** The Stockton drug and alcohol treatment and recovery service is delivered by Change, Grow, Live (CGL), who were awarded the contract in 2020 on a 3+1+1 basis at an annual value of £2.267million. The contract has been extended to 31st March 2026 to ensure continuity and to align with learning from the national drug strategy and the Council's complex lives transformation programme. CGL is the largest national provider of drug and alcohol services, operating in over 50 local authority areas.

**Service offer:** The service provides accessible and timely routes into treatment, including online referrals, telephone triage and open-access sessions delivered from the Recovery Hub and satellite sites. A multidisciplinary team supports engagement from first contact, with triage processes matching individuals to a named Recovery Coordinator to promote continuity and sustained engagement. Comprehensive assessments consider substance use, physical and mental health, safeguarding, housing and wider social needs, with risk management embedded throughout. Harm reduction is offered from the point of entry, including BBV testing, naloxone provision, drug-testing strips and same-day prescribing for individuals at highest risk.

Recovery support is delivered through personalised, co-produced care plans that integrate clinical, psychosocial and recovery-oriented interventions and are reviewed regularly. Clinical input is provided by specialist medical and nursing staff, supported by evidence-based psychosocial interventions and lived-experience recovery support, including peer mentoring and aftercare. Dedicated pathways for children and young people ensure integrated, family-focused support. The model also places strong emphasis on prevention and early intervention, using targeted community engagement and phased support for non-dependent users to prevent escalation into more complex need.

**Service performance:** The service continues to perform strongly compared with similarly sized and funded services nationally. Since the start of the contract in 2020/21, treatment numbers have increased by 14% for adults and 59% for children and young people, demonstrating improved reach and engagement. Current rolling 12-month data shows over 1,700 adults and around 50 children and young people accessing support. On average, 46% of adults in treatment make significant progress, either successfully completing treatment or significantly reducing or stopping substance use, in line with national benchmarks. Levels of unplanned exits are also comparable nationally. Overall, outcomes for service users are positive, with high levels of satisfaction, improved wellbeing and increased abstinence between entry and treatment exit.

## **2. Re-procurement process, considerations and key recommendations**

Since September 2024, Public Health and procurement teams have worked jointly to progress the re-procurement of the Stockton drug and alcohol treatment and recovery service. This work has been undertaken in line with the Council's commissioning responsibilities and has included a refreshed health needs assessment, service reviews, performance analysis, and engagement with key stakeholders. These activities have informed the recommended procurement route, choice of provider, and the financial options for the next contract period.

### **Procurement route and choice of provider**

The Provider Selection Regime (PSR), which came into effect on 1 January 2024, replaces traditional competitive tendering for health and care services with a more flexible and proportionate framework. The PSR applies to all public bodies commissioning healthcare services in England, including local authorities, and is intended to reduce unnecessary bureaucracy while prioritising service quality, continuity and integration.

A key element of the PSR is Direct Award Process C. This allows commissioners to directly award a contract to an incumbent provider where the provider is performing well and where there are no substantial changes to the service model or contractual requirements.

**Recommendation:** Stockton's drug and alcohol treatment and recovery service delivered by CGL is performing strongly against national targets and local indicators and contributes positively to wider system priorities. Based on consistently strong contract performance, effective and embedded partnership working, and demonstrable positive outcomes for service users, it is recommended that the service is re-procured through a PSR Direct Award to CGL.

This approach offers several benefits, including continuity and stability for a critical statutory service, reduced risk of disruption to vulnerable service users, strengthened collaboration with system partners, and a more efficient procurement process that allows focus on service quality and outcomes rather than a lengthy competitive tender.

### **Financial envelope for the new five-year contract**

The Council continues to operate within a challenging financial environment, and any proposed option must therefore be affordable and avoid creating unfunded commitments. In addition, continued access to the additional national drug strategy grant is contingent on maintaining the Council's baseline investment in drug and alcohol treatment and recovery services. Any reduction in the baseline contract value would place this additional funding at risk, which currently supports enhanced service capacity and improved outcomes.

Within these parameters, two financial options have been considered.

#### **Option 1 – Maintain current baseline contract value (minimum viable service)**

Option 1 proposes maintaining the current contract value of **£2.267 million per annum** over a five-year period, with no uplift. This represents a total contract value of **£11.335 million**.

Under this option, the service would operate as a minimum viable model. This is the essential level of provision required to meet statutory and contractual duties, maintain safety and safeguarding, protect core treatment functions (including prescribing, structured treatment, needle and syringe provision and care coordination), and prioritise support for those at highest risk.

The service would be expected to maintain the current caseload of approximately 1,700 service users; however, it would have limited capacity to expand beyond this. Maintaining this level of activity would require a number of operational trade-offs, clinical review frequency would reduce, although remaining within NICE guidance.

This option delivers a safe, statutory compliant and financially achievable service, maintains current caseload capacity, and avoids the need for additional funding commitments. However, there is a possible future impact on service quality and limited scope for service development. This is the recommended option due to minimum financial risk while delivering a statutory viable service.

### **Option 2 – Maintain current baseline contract value with year-on-year uplift**

Option 2 retains the current baseline contract value of £2.267 million per annum but applies an annual uplift to reflect inflationary pressures and maintain operational sustainability over the five-year term. The proposed uplift is 3% for staffing costs and 2% for non-staffing costs, reflecting the current cost profile of the service and remaining below national inflation indices.

Over five years, this option would result in a total contract value of **£11.964 million**, an **increase of £628,840** compared to Option 1.

Under Option 2, the service would operate closer to its current model, maintaining core capacity, quality and resilience. This option offers a sustainable and resilient service model, while future-proofing the service. However, there is a financial risk due to the current financial position within the Council.

**Recommendation:** Given the current financial environment facing the Council, **Option 1** is recommended. This option delivers a safe, statutory and financially achievable service, maintains current caseload capacity, and avoids additional funding commitments. Over the five-year contract period, it represents a saving of £628,840 compared to Option 2. The associated risks to service quality and responsiveness to emerging needs will be actively managed and mitigated through robust contract management and partnership working.

While this option does not fully replicate the current service model, it remains compatible with a Provider Selection Regime (PSR) Direct Award, as the core service offer and caseload are maintained. Key performance measures would be revised to reflect delivery of a minimum viable service model and monitored accordingly through the contract.

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

A separate community impact assessment was not undertaken. However, the potential impact on communities has been considered through the completion of a health needs assessment, service reviews, and stakeholder engagement, including staff, people with lived experience, residents, and partner organisations. The findings from this work have informed the development of the financial options for re-procurement and the assessment of the minimum viable service model.

## **Corporate Parenting Implications**

The drug and alcohol treatment and recovery service include dedicated pathways for children and young people, delivered by a specialist team providing targeted resilience programmes and specialist treatment. The service also supports adults who are parents, including those with children in need or subject to child protection plans.

Integrated assessments are used to ensure children and young people only need to tell their story once, with family support, harm reduction, and joint working with Children's Services embedded throughout. Delivery is underpinned by a compassionate, trauma-informed approach, recognising the strong link between adverse childhood experiences and substance use.

## **Financial Implications**

The recommended financial envelope for the re-procurement is to maintain the current contract value of £2.267 million per annum over a five-year period, with no uplift, resulting in a total contract value of £11.335 million. This option is affordable within the existing Public Health budget and does not require any additional funding commitments. Over the five-year contract period, it represents a saving of £628,840 compared to the financial option using yearly uplifts to the contract value.

## **Legal Implications**

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.

## **Risk Assessment**

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 / Provider Selection Regime 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)**

The drug and alcohol treatment and recovery service is a universal service, accessible to all Stockton residents who require support. The service is delivered from CGL's premises in Stockton town centre, providing a central and accessible location that aligns with areas of greatest need.

## **Background Papers**

Please see Appendix A:

- A summary of the current drug and alcohol treatment and recovery model.
- An overview of the existing Stockton service, including the service model, funding arrangements, and key outputs and outcomes.
- The steps undertaken to prepare for re-procurement.
- The recommended procurement route and proposed provider for the new contract.
- The options considered in determining the financial envelope for the new service.

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<b>Date</b>	December 2025
<b>Report Title</b>	<b>Background paper: Re-procurement of the Stockton drug and alcohol treatment and recovery service</b>
<b>Report From</b>	Sid Wong, Sarah Bowman-Abouna
<b>Report Status</b>	Information to inform decision making

## 1. Purpose

This background paper provides an overview of the re-procurement of the Stockton Drug and Alcohol Treatment and Recovery Service. It sets out:

- A summary of the current drug and alcohol treatment and recovery model.
- An overview of the existing Stockton service, including the service model, funding arrangements, and key outputs and outcomes.
- The steps undertaken to prepare for re-procurement.
- The recommended procurement route and proposed provider for the new contract.
- The options considered in determining the financial envelope for the new service.

## 2. Background

The Stockton's drug and alcohol treatment and recovery service, currently delivered by Change, Grow, Live (CGL) represents one component of a wider integrated system.

### Overview of the drug and alcohol treatment and recovery model

This is a whole-system approach to drug and alcohol support, covering prevention, early intervention, structured treatment and long-term recovery. The system operates in partnership with social care, housing, health providers, criminal justice and voluntary sector to ensure coordinated care. It is also developed in-line with evidence base and examples of good practice, through close links to national and regional work and forums.

Key functions include:

- Accessible referral pathways, assessment and individualised care planning.
- Core harm-reduction services (needle exchange, naloxone, blood-borne virus testing).
- Psychosocial interventions and clinical treatment options, including opioid substitute therapy, detoxification and access to residential rehabilitation.
- Recovery support focused on housing, employment, peer support and community reintegration.
- Strong safeguarding, clinical governance and performance management arrangements.

Services are typically delivered across four tiers: universal prevention, targeted early intervention for those at risk, structured treatment and rehabilitation to support sustained recovery. The overall aim is to reduce harm, improve health and wellbeing and enable long-term recovery.

### Funding model

- **Core Funding (Public Health Grant):** Local drug and alcohol treatment services are primarily funded through the Public Health Grant, in line with the Grant conditions. Stockton's core allocation is **£3.39million**, which funds the following elements:
  1. **Stockton drug and alcohol treatment and recovery service** (CGL, with Recovery Connections subcontracted).
  2. Naloxone provision and training (CGL).
  3. Needle exchange services (pharmacies).
  4. Supervised consumption of opioid substitution medication (pharmacies).
  5. Prescribing and dispensing (pharmacies).
  6. Specialist Family & Carers Service (Bridges).
  7. Local Drug Information System (multi-agency).
  8. Preventing Drug-Related Deaths function (multi-agency).

- **Additional Grant Funding:** Since 2021, Stockton has received annual supplementary funding through the national 10-year drug strategy *From Harm to Hope*. This funding is contingent on maintaining the core £3.39million Public Health investment and must be used to enhance rather than replace core spending. Deployment of the grant is subject to national conditions and reporting requirements.

### 3. Overview of the Stockton drug and alcohol treatment and recovery service

CGL was awarded the contract in 2020 on a 3+1+1 basis (to 31 March 2025) at an annual value of **£2.267 million** (£11.335 million over five years). The contract has been extended to 31 March 2026 to ensure alignment with learning from the national drug strategy and the Council's Complex Lives transformation project. CGL is the largest national provider of drug and alcohol services and operates in over 50 local authority areas.

This section provides an overview of the **current** Stockton service, covering:

- Service model and care pathway
- Service activity, performance, and outcomes
- Staffing model and costings
- Challenges and future demand considerations

#### **3.1 Service model and care pathway**

- **Entry into service and assessment**

The service ensures accessible, timely routes into treatment, including 24/7 online referrals, telephone triage, and daily open-access sessions at the Recovery Hub and satellite sites. A multidisciplinary duty team (clinical staff, coordinators, and recovery ambassadors) supports engagement and immediate needs. Triage matches each person to an appropriate Recovery Coordinator, reducing duplication and promoting sustained engagement.

- **Comprehensive assessment, risk management and harm reduction**

Holistic assessment covers substance use, physical and mental health, safeguarding, housing, and social support. Risk management is embedded throughout, supported by personalised care planning.

Immediate harm reduction is provided from first contact, including BBV testing, naloxone supply, drug-testing strips, and opportunistic advice via Making Every Contact Count. Same-day prescribing is available, with priority for high-risk groups such as prison leavers or those with complex needs.

- **Recovery coordination and structured treatment**

Each client has a named Recovery Coordinator who provides continuity, builds therapeutic rapport, and co-produces dynamic recovery plans. Plans integrate psychosocial, clinical and recovery-oriented interventions and are reviewed every 12 weeks. Delivery is supported by CGL's case management system and overseen by the Designated Safeguarding Lead.

- **Clinical interventions and nursing provision**

Clinical delivery is led by a Speciality Doctor with Consultant Psychiatrist input. Medical leadership oversees prescribing, MDTs, clinical supervision and mortality reviews, and works with primary care to improve management of dependence-forming medicines. The nursing team provides health assessments, community detox planning, OST titration, BBV screening and vaccination, naloxone distribution, wound care, ECG monitoring, smoking cessation, and specialist clinics (e.g., FibroScan, sexual health).

- **Psychosocial interventions (PSI)**

Evidence-based one-to-one and group interventions are delivered in line with NICE guidance. Staff are trained in motivational interviewing and trauma-informed care. Volunteers are trained to co-facilitate groups, strengthening capacity and lived-experience involvement.



- **Recovery support**

Recovery Connections (sub-contracted) delivers lived experience support from first contact through aftercare, offering coaching, peer mentoring, mutual aid groups, sober activities, volunteering and ambassador opportunities.

- **Children and Young People (CYP) pathway**

A dedicated CYP team delivers targeted resilience programmes and specialist treatment. Integrated assessments ensure CYP only tell their story once, with family support and harm reduction embedded. Prescribing and detox pathways follow NICE guidance and CGL policies.

- **Prevention, early intervention and health inclusion**

The model places strong emphasis on prevention, early intervention, and tackling health inequalities. Targeted campaigns across digital and community channels, raising awareness of harm reduction, screening, and vaccination. Materials are co-produced with schools, pharmacies and VCSE partners, and pop-up events in high-footfall areas increase visibility and early help-seeking.

A Prevention and Early Intervention Coordinator provides a phased offer for non-dependent users, from brief advice for low-risk individuals to extended brief interventions (EBIs) for those at increasing risk. EBIs are evidence-based, substance-specific and designed to prevent escalation. Where structured support is required, individuals transition seamlessly into the Entry into Service pathway.

### **3.2 Service activity and performance**

The Stockton CGL service continues to perform strongly, demonstrating a resilient and responsive service model when compared with similarly sized and funded services nationally. This strength and adaptability were also evident during the Covid-19 pandemic.

#### **Treatment activity**

- **High and increasing caseloads:** Data from September 2025, **1,733** adults and **46** children and young people have accessed support (rolling 12-month figures). Since the start of the contract in 2020/21, treatment numbers have grown by 14% for adults and 59% for children, indicating increased engagement and improved reach across the borough.
- **Demographics:** Among adults in treatment, 66% are male, with adults aged 30–49 making up 65% of the cohort.
- **New presentations:** The service is seeing sustained growth in demand, with 50% more new adult presentations and 44% more new CYP presentations on average compared with 2020/21.
- **Treatment progress:** On average, 46% of adults in treatment make significant progress, either successfully completing treatment or meaningfully reducing or stopping their substance use. This is in line with national benchmarks. Around one-third leave treatment in an unplanned way for a range of personal, social, or clinical reasons, which is also consistent with national benchmarks.
- **Presenting needs:** Adults typically present with a mix of dependencies, opiate or non-opiate use (with or without crack), crack-only use, and or alcohol dependence.

#### **Individual treatment outcomes**

Outcomes for service users are positive and compare favorably with national benchmarks.

- **High satisfaction:** 99.5% of service users report a positive assessment experience.
- **Improved wellbeing:** Average scores for overall satisfaction, physical health, psychological health and quality of life all increase between first review and treatment exit.
- **Increased abstinence:** Across all substance groups, abstinence rates improve at mid-treatment review and increase further at planned treatment exit.

### Population-level outcomes

Reducing unmet treatment need is a key indicator of system performance. Stockton continues to perform strongly in this area, outperforming both the national and Northeast averages (see Table 1). Of note, unmet need among people using both opiates and crack is **10.5%**, significantly lower than the national average of **45%**. This reflects the service's strong community reach, robust partnerships, and the ability of CGL to effectively engage and retain people in treatment.

**Table 1. Unmet Treatment need by substance, Stockton-on Tees compared to England and North-East average, June 2025 (Source: NDTMS)**

<b>Unmet Treatment Need Per Substance – June 2025 (NDTMS)</b>			
<b>Substance</b>	<b>Stockton-on-Tees</b>	<b>North-East</b>	<b>England</b>
Opiates Only	48.2%	55.9%	61.9%
Crack Only	53.6%	56.3%	73.6%
Both opiates and crack	10.5%	26.9%	44.8%
Alcohol	75.7%	72.9%	75.7%

The service has also achieved regional and national recognition, including:

- Identified by OHID as a best-practice site for engaging opiate users (one of only 30 areas nationally).
- Regional lead for continuity of care for prison leavers, improving outcomes from 51% (Jun 2023) to 72% (Jun 2025) (England 54%; NE 61%).
- Lowest waiting times nationally across all CGL services—0.15 days in 2024/25, down from 9.73 days in 2023/24.
- First locality in the Northeast to achieve micro-elimination of Hepatitis C (2024).

\*It is important to note that the core service is funded through the main contract, while several enhancements have been made possible using the additional grant funding. These enhancements have supported increases in the number of people in treatment, reduced individual practitioner caseloads (towards a target of fewer than 40), improved continuity of care for people leaving prison, and expanded access to rehabilitation placements. When reviewing service outcomes, it is therefore important to recognise that this additional grant funding has played a role in supporting the strong performance achieved.

### **3.3 Staffing model and costings for the current service**

CGL was awarded the contract in 2020 on a 3+1+1 basis (ending 31 March 2025) at an annual value of **£2.267 million**, totaling £11.335 million over five years. The contract has been extended to 31 March 2026.

#### **• Staffing Model**

The service is delivered by a **multi-disciplinary workforce**, including nurses, a psychiatrist, non-medical prescribers, recovery coordinators, specialist frontline roles, management, and administrative support. **Notably, over 30% of the workforce brings direct lived experience**, which strengthens engagement, recovery support and service credibility.

Staffing represents over **70% of contract expenditure**, reflecting the labor-intensive nature of treatment and recovery support. CGL also subcontracts recovery support functions to **Recovery Connections**, enhancing peer support, community integration, and volunteering capacity (6% of contract expenditure).

- **Non-Staffing Costs**

Expenditure includes:

- Clinical delivery costs (detoxification, testing, needle exchange)
- Property rental, utilities and estates costs
- IT systems and infrastructure
- Office equipment and supplies

### **Benchmarking contract value against comparable services**

CGL is the largest national provider of drug and alcohol services, operating across more than 50 local authority areas. When benchmarked against similar CGL services nationally, Stockton's annual contract value (£2.267 m) is slightly below the average of £2.407 million. On a per-client basis, Stockton's average cost per service user £2,287 is lower than the national average for comparable services of £2,496. It is important to note that these comparisons are limited to CGL-run services and do not include locally commissioned services from other providers.

### **3.4 Contextual considerations for re-procurement of the new contract**

The re-procurement of the drug and alcohol treatment service takes place against a backdrop of evolving pressures across the sector. Since the launch of the national drug strategy *From Harm to Hope*, services have been expected to deliver more ambitious improvements while managing rising demand, increasing complexity, and changing drug trends.

### **Future demand and prevalence**

Forecasting future demand is challenging. National prevalence estimates were last updated in 2020 and do not capture non-opiate use, despite local intelligence and stakeholder feedback indicating these substances are becoming increasingly common. While future treatment need is difficult to quantify, it is reasonable to expect growing complexity within the treatment population.

### **Key trends shaping future service requirements**

- **Ageing opiate cohort**

A substantial group of long-term heroin/opiate users is ageing, presenting with multiple physical health conditions, higher levels of frailty, greater safeguarding needs, and increased risk of early mortality and drug-related deaths. Some are entering care homes earlier than the general population, requiring specialist support.

- **Shifting drug trends**

Local and national data show a shift away from heroin towards crack cocaine, non-opiate substances, tablets, ketamine and illicit vapes. This diversification increases treatment complexity and requires different clinical and psychosocial responses.

- **Synthetic substances**

The emergence of synthetic opioids (e.g. nitazenes) and synthetic cannabinoids (e.g. "Spice") continues to pose significant risk due to potency, unpredictability, and links to overdoses.

- **Multiple disadvantage and wider determinants**

Housing instability, homelessness, mental and physical ill-health, domestic abuse, unemployment and poverty all continue to feature prominently locally. These factors increase vulnerability, impact treatment engagement, and require service models that work across organisational boundaries to address wider needs.

- **Changing prescribing approaches**

Long-acting injectable buprenorphine (Buvidal) is clinically effective and positively regarded by both staff and service users. However, cost remains a significant constraint on wider rollout. Regional and national work by OHID may increase expectations around uptake.

### • **Tackling stigma and promoting visible recovery**

Stigma remains a major barrier to treatment access and sustained recovery. National and regional initiatives, such as the development of Inclusive Recovery Cities (IRC), are strengthening expectations for more visible, community-led recovery systems.

### • **Limited out-of-hours support**

Gaps in weekend and out-of-hours provision continue to pose risks, particularly during drug alerts and in preventing non-fatal and fatal overdoses. This results in increased presentations to urgent care and highlights the need for future models to consider improved resilience outside core hours.

### **Cost pressures**

These challenges are compounded by wider system pressures, including the financial impact of COVID-19, cost-of-living and inflationary increases, and constrained local authority budgets. National providers such as CGL have had to review operating models across multiple areas in response to rising costs.

Despite these pressures, CGL has maintained strong performance and service continuity and monitoring and management of ongoing staffing, activity, and cost drivers.

## **4. Re-procurement processes to date and considerations**

Since September 2024, public health and procurement have worked together to progress the project plan for re-procurement of substance misuse services. Table 2 sets out some of the key activities which have been undertaken to date.

**Table 2. Re-procurement preparation and governance processes**

Item	Date (2025)
Cabinet paper Annual Procurement Plan	13 <sup>th</sup> March
Health Needs Assessment completed	May
Stakeholder consultation	June
Establishing a re-procurement steering group (across SBC Directorates)	18 <sup>th</sup> June
CLG & Bridges Service Reviews reported	July
Procurement Consultation Form	11 <sup>th</sup> August
Briefing Director (Majella McCarthy)	29 <sup>th</sup> August
Briefing Cllr Beall	August

### • **Rationale for the PSR Direct Award and choice of provider**

The Provider Selection Regime (PSR), which came into force on 1 January 2024, replaces traditional competitive tendering for health and care services with a more flexible and proportionate procurement framework. The PSR applies to all public bodies commissioning healthcare services in England, including local authorities and is designed to promote transparency, reduce unnecessary bureaucracy, and prioritise service quality and integration.

A key element of the PSR is **Direct Award Process C**, which enables commissioners to award a contract directly to an incumbent provider where the provider is performing well, and the service model and contract requirements will not change substantially.

As outlined above, Stockton's drug and alcohol treatment and recovery service delivered by CGL is performing strongly against national targets and local indicators and contributes positively to wider system priorities. Based on consistently strong contract performance, effective and embedded partnership working, and demonstrable positive outcomes for service users, it was proposed that a **Direct Award under the PSR** would be the most appropriate route for re-procurement.

A direct award offers the following benefits:

- **Service continuity:** Maintains stability and avoids disruption to a critical statutory service by retaining a proven, high-performing provider.
- **Market stability:** Limits disruption within the provider market and supports smooth transition arrangements.
- **Strengthened collaboration:** Enables continuity of strong multi-agency partnerships and supports integrated working across the health, care and community system.
- **Quality assurance:** Incentivizes providers to maintain high standards, as strong performance is a prerequisite for direct award.
- **Increased efficiency:** Allows commissioners to focus on service outcomes and quality improvement rather than lengthy, resource-intensive procurement processes.
- **Reduced administrative burden:** Minimises the time and cost for both the Council and providers associated with running a competitive tender.

## 5. Options appraisal for the financial envelope of the next 5-year contract

### 5.1 Two proposed financial options

The Council continues to operate within a challenging financial environment, and any proposed option must therefore be affordable and avoid creating unfunded commitments. In addition, continued access to the additional national drug strategy grant is contingent on maintaining the Council's baseline investment in drug and alcohol treatment and recovery services. Any reduction in the baseline contract value would place this additional funding at risk, which currently supports enhanced service capacity and improved outcomes. Within these parameters, two financial options have been considered.

#### **Option 1 – Maintain Current Baseline Contract Value (Minimum Viable Service)**

Option 1 proposes maintaining the current contract value of £2.267m per year over the new five-year term, with no uplift or additional investment. This represents a total contract value of **£11.335 million**.

Under this option, the service would operate as a minimum viable offer. This represents the essential level of provision required to:

- Meet statutory and contractual duties (open access, harm reduction, treatment pathways).
- Maintain safety and safeguarding for service users and the public.
- Protect core treatment capacity (e.g., prescribing, structured treatment, needle and syringe provision, care coordination).
- Prioritise resources for high-risk individuals and the most critical functions.
- Remain scalable if future funding becomes available.

### **Implications**

#### **Impact on Service Offer and Delivery**

A minimum viable service is expected to **maintain the current caseload** of approximately 1,700 but cannot expand capacity. Maintaining this caseload would require several trade-offs, including:

- Reduced recovery coordinator capacity, resulting in higher caseloads per worker.
- Reduced prescribing and administrative support.
- Less dedicated capacity for harm reduction, dual diagnosis, and psychosocial interventions.
- Reduced frequency of clinical reviews (although remaining within NICE guidelines).

These changes are likely to:

- Impact service quality and performance against some quality metrics.
- Require more stringent triage, meaning some individuals would receive a reduced offer.
- Limit the capacity to address unmet need, respond to new drug trends, manage increases in demand, or meet new national requirements.

This option delivers a safe, statutory compliant and financially achievable service, maintains current caseload capacity, and avoids the need for additional funding commitments.

### **Option 2 – Maintain current baseline contract value with a year-on-year uplift mechanism**

Option 2 retains the existing baseline contract value of £2.267m per annum but applies a year-on-year uplift to reflect inflationary pressures and maintain more than the minimum operational viability over the 5-year contract term.

**Proposed uplift mechanism:** The proposed rates are 3% for staffing costs and 2% for non-staffing costs, based on the current 70:30 (staffing/non-staffing) cost ratio. These rates reflect actual provider cost pressures while remaining below national indices such as RPI, CPI, and wage growth.

Over five years, this option would result in a total contract value of **£11.964 million**, an **increase of £628,840** compared to Option 1.

### **Implications**

#### **Impact on Service Offer and Delivery**

Under Option 2, the service would operate at a level closer to the current model, maintaining core capacity and quality.

Key impacts include:

- Capacity to maintain and gradually increase caseload over the five-year contract.
- Preservation of service quality, safeguarding key clinical and psychosocial functions.
- Improved ability to respond to emerging drug trends and fluctuations in demand.
- Continuation of recognised good practice, Stockton's service has received both regional and national commendation.
- Sustain best practice in priority areas, supporting continued strong performance.
- Strengthens the service's contribution to the Council's Complex Lives transformation project.


**Option 2** offers a more resilient service model. It maintains the strengths of the current service, protects quality and outcomes, reduces the risk of workforce instability. This is not the recommended option due to budget challenges and pressures given that the additionality is not via guaranteed funding from the grant and leaves the Council in a position of underwriting this risk.

**Table 3: Summary Comparison of Proposed Financial Option**

Criteria	Option 1: Maintain Current Baseline (Minimum Viable Service)	Option 2: Maintain Baseline with Year-on-Year Uplift (Recommended)
Annual value	£2.267m (fixed for 5 years)	£2.267m baseline + annual uplift (3% staffing; 2% non-staffing)
Total contract value	<b>£11.335 million</b>	<b>£11.964 million</b>

Criteria	Option 1: Maintain Current Baseline (Minimum Viable Service)	Option 2: Maintain Baseline with Year-on-Year Uplift (Recommended)
<b>Affordability</b>	Low financial impact; affordable within the current PH budget, no additional investment	Requires an additional investment of <b>£628,840</b> over the contract length
<b>Service model</b>	Minimum viable service	Closer to the current model
<b>Capacity to meet demand</b>	maintain the current caseload of approximately 1,700 but limited capacity to expand	Capacity to maintain and gradually increase caseload over the five-year contract
<b>Quality of interventions</b>	Possible impact quality of service for some clients as higher caseloads per worker	Sustains current quality; protects best-practice delivery
<b>Responsiveness to emerging trends</b>	Limited ability to respond to emerging needs	Some flexibility to respond to emerging drug trends and increases in demand
<b>Risk to additional national funding eligibility</b>	Baseline maintained; eligibility preserved	Baseline maintained; eligibility preserved
<b>Overall sustainability</b>	Possibility of some level of deterioration over contract period, if further demand and funding streams are not aligned in the national grant payment.	More resilient and future-proofed model
<b>Overall assessment</b>	Delivers a safe, statutory compliant and financially achievable service, maintains current caseload capacity, and avoids the need for additional funding commitments, which currently cannot be guaranteed. However, it represents a risk-managed service model.	More sustainable, more likely to protect quality outcomes and service capacity. However, requires an additional investment of <b>£628,840</b> over the contract length

## Appendix 1: CGL Client level outcomes



## Assessment Experience

How did you find the assessment?	2021-22	2022-23	2023-24	2024-25	2025-26	Total/Ave
Positive experience	527	517	860	799	497	3200
Negative experience	4	1	3	8	0	16
% positive experience	99.2%	99.8%	99.7%	99.0%	100.0%	99.5%

Source : Entry into Service/Personalised Assessment

During the Assessment process, we do ask how our service users found the experience - as demonstrated, 99.5% said positive.

## Health & Wellbeing, Involvement & Satisfaction

TOPS Outcomes (First Review)						
Average Score (0-20)	2021-22	2022-23	2023-24	2024-25	2025-26	Total/Ave
Involvement	16.2	16.7	17.0	17.8	18.4	17.1
Satisfaction	16.7	17.0	17.2	18.2	18.5	12.7
Physical Health	12.9	12.8	12.4	12.5	12.7	11.9
Psychological Health	12.4	12.2	11.6	11.7	11.7	12.5
Quality of Life	12.7	12.7	12.0	12.3	12.7	17.4

TOPS Outcomes (Treatment Exit Review)						
Average Score (0-20)	2021-22	2022-23	2023-24	2024-25	2025-26	Total/Ave
Involvement	17.8	17.9	18.3	18.6	18.6	18.2
Satisfaction	17.9	17.9	18.5	18.6	18.8	14.6
Physical Health	15.0	14.4	14.7	14.5	14.2	14.5
Psychological Health	14.8	14.2	14.6	14.2	14.6	15.1
Quality of Life	15.3	14.9	15.3	14.9	15.2	18.3

TOPS Outcomes (Progress)						
Average Score (0-20)	2021-22	2022-23	2023-24	2024-25	2025-26	Total/Ave
Involvement	1.6	1.1	1.3	0.8	0.3	1.1
Satisfaction	1.3	0.9	1.3	0.5	0.3	0.9
Physical Health	2.1	1.6	2.4	2.0	1.4	1.9
Psychological Health	2.4	2.0	3.0	2.5	2.9	2.5
Quality of Life	2.6	2.2	3.3	2.5	2.5	2.6

Source : NDTMS/TOPS

As per NDTMS requirements, we do collate clients ratings of their Physical Health, Psychological Health and Quality of Life at treatment start, review and exit (0-20 scale).

Internally we also ask the following:  
How involved do you feel in the decisions made about the support you receive?  
How satisfied are you with the support you receive?

As the average scores demonstrates from first and exit review, all measures show an increase.

Quality of Life has increased the most by 2.6, followed by Psychological Health which has increased by 2.5.

## Abstinence

Opiate Clients	2021-22	2022-23	2023-24	2024-25	2025-26
Abstinence (Review)	57%	50%	55%	68%	68%
Abstinence (Planned Exit)	100%	96%	95%	96%	93%

Crack Clients	2021-22	2022-23	2023-24	2024-25	2025-26
Abstinence (Review)	36%	31%	23%	20%	25%
Abstinence (Planned Exit)	100%	86%	93%	86%	86%

Cocaine Clients	2021-22	2022-23	2023-24	2024-25	2025-26
Abstinence (Review)	57%	44%	52%	49%	47%
Abstinence (Planned Exit)	87%	62%	76%	84%	85%

Cannabis Clients	2021-22	2022-23	2023-24	2024-25	2025-26
Abstinence (Review)	26%	39%	26%	18%	20%
Abstinence (Planned Exit)	35%	56%	37%	41%	40%

Alcohol Clients	2021-22	2022-23	2023-24	2024-25	2025-26
Abstinence (Review)	21%	26%	21%	27%	27%
Abstinence (Planned Exit)	43%	42%	46%	46%	49%

Tobacco Clients	2021-22	2022-23	2023-24	2024-25	2025-26
Abstinence (Review)	11%	19%	17%	13%	16%
Abstinence (Planned Exit)	16%	25%	19%	24%	26%

Injecting Clients	2021-22	2022-23	2023-24	2024-25	2025-26
Abstinence (Review)	65%	56%	58%	79%	16%
Abstinence (Planned Exit)	100%	100%	100%	100%	100%

Source : NDTMS/TOPS

The following demonstrates abstinence, comparing review and planned exit;  
Opiate  
Crack  
Cocaine  
Cannabis  
Alcohol  
Tobacco  
Injecting

As demonstrated, all measures show a positive abstinence rate at review and even greater abstinence at exit (as expected).





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## REPORT TO CABINET/COUNCIL

15 JANUARY 2026

## REPORT OF CORPORATE MANAGEMENT TEAM

### COUNCIL DECISION

Regeneration and Housing – Lead Cabinet Member – Councillor Richard Eglington

## Article 4 Direction – Houses in Multiple Occupation (HMO's)

### Summary

In view of growing demands for small HMOs, implications on the boroughs housing stock and our communities, there is a need to consider the introduction of measures to restrict the use of permitted development rights for change of use from dwelling houses (Class C3) to small HMOs (Class C4).

In view of all the associated considerations, it is therefore recommended that the introduction of a borough wide, non-immediate Article 4 direction to remove permitted development rights that allow of the change from a residential dwelling (use class C3) to small House of Multiple Occupation (Use class C4) to pursued, along with associated guidance in line with the recommendations set out below.

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

There is a need to consider the introduction of measures to restrict the use of permitted development rights for change of use from dwelling houses (Class C3) to small HMOs (Class C4).

### Recommendations

1. Agree that the Local Planning Authority is satisfied that it is expedient to make the article 4 Direction and the Director of Regeneration and Inclusive Growth be authorised to make a Borough wide, non-immediate Article 4 direction to remove permitted development rights allowing conversion from a dwelling to small HMO.
2. That the Director of Regeneration and Inclusive Growth be authorised to undertake all necessary notifications and consultation in association with Schedule 3 of the General Permitted Development Order, 2015.

3. That the Director of Regeneration and Inclusive Growth be authorised to consider all representations made during the consultation period and, subject to remaining satisfied that it remains expedient to make the Direction after considering the representations, to confirm the Article 4 Direction and take all necessary action following the confirmation

In addition, Cabinet recommends to Council;

4. That delegated authority be given to the Director of Regeneration and Inclusive Growth and Cabinet Member, in consultation with the Planning Committee to produce a draft interim policy or Supplementary Planning Document (SPD) to inform the determination of future applications for HMOs
5. That delegated authority be given to the Director of Regeneration and Inclusive Growth to undertake all necessary consultation in association with recommendation 4 above.

## Background

1. In recent years Officers have seen an increasing number of concerns being raised by neighbouring residents and Elected Members on a Borough-wide basis about the presence of HMOs across the Borough.
2. Particular focus has been given to HMOs providing poor-quality housing which is not managed effectively. Consequently it is seen as attracting persons experiencing social and/or economic instability and those living a more transient lifestyle. Complaints also often include reference to crime and anti-social behaviour.
3. The Housing Act (2004) defines a 'House in Multiple Occupation' (HMO) as living accommodation occupied by persons who do not form a single household and share one or more basic amenities.
4. The Planning system currently categorises HMOs as either;
  - Use class C4 for between three and six persons with basic shared facilities.
  - Sui Generis classification (meaning a 'class of its own') for seven or more residents.
5. The General Permitted Development Order (GPDO) allows certain forms of development to take place without the need for planning permission, which is known as 'permitted development'.
6. Residential dwellings (Use class C3) have permitted development rights to change use to small Houses in Multiple Occupation (Use Class C4). Where a change to Sui Generis classification, automatically requires planning permission.
7. For clarity, the introduction of an Article 4 direction would affect only those elements which currently do not require planning permission, i.e class HMOs falling in use class C4 and mean that planning permission would be required as they are for larger HMO's.

## Article 4 direction

8. An Article 4 direction provides a mechanism for removing permitted development rights. Planning guidance states that these should be based on robust evidence and apply to the smallest geographical area possible in order to protect local amenity or the well-being of the area.
9. The associated statutory process for introducing an Article 4 direction is laid out within Schedule 3 of the General Permitted Development Order, 2015.
10. Article 4 directions can be made either as a 'Directions without immediate effect' or 'Directions with immediate effect'. With the regulations setting out a definitive process which includes justification for the direction and notice/consultation. Once confirmed the Council must give notice in a similar manner to the steps taken when the direction was originally made.
11. The Secretary of State also has the power to amend and withdraw an Article 4 direction, it is therefore important to produce evidence to justify any Article 4 Direction. The introduction of an Article 4 direction may also be subject to judicial review.
12. The Council may be liable for compensation over a 12-month period if an article 4 direction is introduced immediately and development is refused or conditioned due to the Direction. Compensation can be claimed for
  - a) abortive expenditure or
  - b) other loss or damage directly attributable to the withdrawal of permitted development rights.
13. However, no compensation is payable if the Direction was made after a 12-month notification period.

## Considerations

14. In recent years Officers have seen an increasing number of concerns being raised in relation to HMOs and the impact they are having in the community. The situation is not unique to Stockton and many authorities across the north-east have either implemented or indicated an intention to introduce Article 4 direction's to try to combat the rise of uncontrolled small HMOs within their areas.
15. Planning guidance (paragraph 54 of the NPPF) states that Article 4 directions should be based on robust evidence and apply to the smallest geographical area possible in order to protect local amenity or the well-being of the area.
16. Whilst acknowledging the perception HMOs have in relation to crime and antisocial behaviour, small HMOs also provide an important housing need for some residents of the Borough preventing homelessness and offer an important short term housing solution.
17. The associated evidence highlights that the main issues which can be considered through the planning system in relation to all HMOs relate to;

- a) Over concentration and subsequent implications on the wider amenity and cohesion of our communities
  - b) The quality of accommodation offered.
18. Any restrictions on small HMOs through an Article 4 direction is therefore not solely justified through the location of this housing product but is about the available evidence on the quality of the accommodation provided. Ensuring that residents of HMOs benefit from acceptable levels of amenity.
19. Evidence suggests that the conversion of properties often poses many problems with the associated accommodation often suffering from small room sizes, particularly for single occupants which fall below those outlined in the Nationally Described Space Standard (NDSS). Also the internal layouts are often unsatisfactory with bedrooms being situated in close proximity to areas which may generate noise and disturbance such as kitchens and bathrooms, again affecting levels of amenity.
20. Older housing stock which are most commonly converted into HMOs often lack energy efficiency in comparison to modern housing having implications for affordable warmth and energy consumption.

### **Scope**

21. Paragraph 54 of the NPPF states that Article 4 directions should apply to the smallest geographical area, and as detailed above current evidence shows that the central core around Stockton Town Centre is the primary focus for new small HMOs, whilst in other areas of the Borough small HMOs are present, currently the harm arising from them may be more limited.
22. The introduction of a more central ward-based Article 4 Direction is considered to have unintended consequence of HMOs creeping into other adjacent wards across the Borough, particularly where low property prices make conversion attractive. However, issues over quality of accommodation could remain across the Borough.
23. The introduction of a Borough wide approach to an Article 4 direction would be both 'proactive' at addressing implications arising from small HMOs and be the simplest approach to administer. Importantly it would also ensure a consistent approach for all areas of our communities ensuring residents amenity and community implications are assessed through the planning application process.

### **Policy Approach**

24. The current Local Plan has policies which control and influence development, with Policies SD8 and H4 being those most relevant to applications for HMOs and some of the concerns which are raised in relation to them. Policy SD8 (criterion 1, 2 &3) relate to amenity considerations, place creation and public safety/crime. While Policy H4 (criterion 1) considers housing mix with aim of achieving sustainable residential communities.

25. Requiring planning permission for small HMOs allows for increased control as it goes through the decision-making process which will consider relevant planning policies and other associated material planning considerations.
26. The new Local Plan will provide the most robust approach to achieving a coherent, strong and positive approach to trying to address the issues surrounding all HMOs. In the short term the introduction of an Article 4 direction alongside an interim policy or supplementary planning document (SPD) offers a similar basis and would be a material planning consideration in any such application.
27. It is considered that an interim policy or SPD would assist in providing advice to those looking to convert properties to HMOs so they are aware of the Council's expectations and have a positive policy approach to addressing such matters. As above Policies SD8 and H4 being those most relevant to applications for all HMOs and would apply to such guidance allowing for sufficient weight to be attributed in the decision-making process.
28. This also offers a more balanced approach to positively influence future proposals and offers an opportunities to look introduce a variety of considerations which may include (subject to evidence and consultation) measures such as;
  - Concentration and overall proximity of HMOs to one another.
  - The standard of accommodation to improve the living conditions for those requiring this type of housing provision
  - Requirement to meet (as a minimum) Nationally Described Space Standards
  - Measures to improve energy efficiency

### Resource implications

29. There are resource implications in making and taking forward an Article 4 Direction and introducing the accompanying policy/SPD requiring staff resources in both the planning and legal teams. There is a statutory process to follow with regards to making an Article 4 directions which must be followed. However it is considered that existing resources and budgets can adequately cover these matters.
30. Once in force, the requirement for planning permission, has the potential to increase the number of applications received and any defence of appeals could add to the workload for Development Management Officers. However, following changes to the Town and Country Planning (Fees for Applications, Deemed Applications, Requests and Site Visits) (England) (Amendment) Regulations 2017, following the removal of permitted development rights, applicants are required to pay the require planning application fee for its determination.
31. During the implementation stage there is likely to some breaches of planning control which will require investigation. Although this may continue, it is anticipated that this may be greatest in the initial stages of the Article 4 direction being introduced.
32. Nevertheless, any additional workload pressures will be monitored and addressed through current budgets wherever possible

## Risks

33. The introduction of an immediate Article 4 direction will come with increased risk for compensation claims. Unfortunately there is no evidence currently available to quantify or estimate what the extent of any such claims, such claims would also have no current budget allocation.
34. In addition to any claims for compensation, planning applicants can make claims for an award of costs to the Planning Inspectorate for unreasonable behaviour. Any such claims can be met from existing budgets and be minimised through the additional policy/guidance being recommended.
35. With the introduction of any non-immediate Article 4 direction, there is always an element of risk as to whether property owners will seek to make investment decisions / property alterations before the direction comes into force. However, property owners would need to ensure that all works are completed with the 12 month period and in line with any other regulatory controls. Commencement of works would not be sufficient to avoid the requirement for planning permission after the date of the Article 4 direction taking effect.
36. For the avoidance of any doubt, the removal of permitted development rights through an Article 4 direction do not apply retrospectively, meaning those already in situ will not be required to apply for permission. They would however have the opportunity to seek a certificate of lawful use, to establish their lawful position.
37. Colleagues in Housing Services may well continue to experience challenges in relation to the lack of single person accommodation. The risk of homelessness and rough sleeping may well therefore increase financial pressures in securing temporary accommodation in specific circumstances although at this stage the full implications remain unknown.
38. As above (para 9) the Secretary of State has the power to amend or remove an Article 4 Direction, should that occur there is a risk of abortive work being undertaken.

## Conclusions

39. Whilst there is a clearer case for a smaller geographical area to restrict small HMOs, given the current circumstances and matters considered above, it is considered that there is sufficient merit in introducing a Borough wide Article 4 direction to remove permitted development rights for the conversion of dwelling houses to small HMOs in order to protect the amenity and cohesion of our communities.
40. In recognising that HMOs do play an important role in providing a source of affordable housing, particularly those in acute housing need, the aspiration of future planning policies and associated guidance should therefore look to ensure that small HMOs are of the right quality, the right need and in the right area, to ensure our Borough maintains balanced, inclusive and cohesive communities.



41. The introduction a non-immediate Article 4 direction allows for time to manage any associated risks arising from legal challenge and compensation. Crucially it would also enable the development of an interim policy/SPD, ensuring decisions on HMO applications are based on a robust framework and giving the greatest chance of success in defending any associated appeals.
42. In view of all the associated considerations, it is therefore recommended that the introduction of a borough wide, non-immediate Article 4 direction to remove permitted development rights for small HMOs be introduced along with interim policy/SPD, in line with the recommendations set out earlier within this report.

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

43. An equality impact assessment has been undertaken and due regard has been given to Section 149 of the Equality Act.

### **Corporate Parenting Implications**

44. The report does not contain any corporate parenting implications.

### **Financial Implications**

45. The production of a non-immediate Article 4 direction and associated policy guidance can be met from existing budgets. This recommendation mitigates the financial risk of potential claims for compensation that could come with an immediate introduction of an Article 4 direction.

### **Legal Implications**

46. The Town and Country Planning (General Permitted Development) Order 2015 currently grants deemed planning permission for residential properties to be converted to small HMO's without the need for an application. The introduction of an Article 4 Direction will remove this right and all such proposed conversions after the date the Direction will come into force will require a planning application to be submitted, with an associated fee. This affects the property rights of owners of residential properties which needs to be justified and proportionate.
47. Applicants whose applications are subsequently refused have the right to appeal against that decision.
48. An Article 4 Direction can only be made if the Local Planning Authority is satisfied that it is expedient to make it. It is subject to a 21 day consultation period and must then be confirmed by the LPA before it comes into force.  
  
The making of the Article 4 Direction is subject to challenge by way of Judicial Review. The Secretary of State must be notified of the making of the Direction and has the power to cancel it before or after its confirmation.
49. The interim policy or SPD will provide guidance on how applications will be considered or the conditions that HMO's must comply with to be approved. That guidance should be followed or risk a costs award against the authority.

50. The making of an interim planning policy or SPD is subject to a statutory procedure and also open to challenge.

### **Risk Assessment**

51. The introduction of an Article 4 direction 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**

52. As detailed in the report, the Article 4 direction has the potential to affect all wards in the Borough

### **Background Papers**

- National Planning Policy Framework
- National Planning Practice Guidance
- General Permitted Development Order 2015
- Nationally Described Space Standard (NDSS)

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## REPORT TO CABINET

15 JANUARY 2026

## REPORT OF CORPORATE MANAGEMENT TEAM

### CABINET DECISION

#### Cabinet Member for Health, Leisure and Culture – Councillor Cooke

#### 2025 EVENT SUMMARY AND 2026 MEMORIAL LIGHTING CALENDAR

##### Summary

This report provides an overview of the Council's 2025 Events Programme, combining events delivered directly by the Council's Events Service, with commercial and community-led events delivered by third parties but supported or hosted by the Council.

The report also includes details of the large-scale events delivered in 2025, including the Council's signature event Stockton International Riverside Festival (SIRF), which continues to receive very positive feedback from visitors and residents. Our large-scale events contributed an estimated £2 million to the local economy in 2025

The Stockton & Darlington Railway Bicentenary Festival featured some of the largest events in the Borough in 2025, including the spectacular Ghost Train show. This report includes some information about the S&DR Festival, but as that event extends into the spring of 2026, a separate, full report on the S&DR Bicentenary will be presented to Cabinet in 2026.

As is customary, this report also provides the suggested Memorial Lighting Calendar for 2026.

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

This report gives members information about the impact of events staged during the year, to inform and assist the development future policy in relation to events. The report also provides a list of the campaigns or anniversaries that it is suggested we support using our controllable urban lighting, to enable the decision to be taken by Cabinet to formally endorse these campaigns.

##### Recommendations

1. To note the success of the 2025 events programme
2. To approve the memorial lighting calendar for 2026 and agree that any in year changes to the lighting calendar is delegated to Director of Community Services, Environment and Culture.

## Detail

1. The Borough's event programme continues to be popular with visitor numbers and satisfaction levels remaining high over the past year. There has been a good mix of small, medium and large-scale events delivered across the Borough, including commercial and community led events.
2. The Council's resources continue to be deployed to enable local event organisers to deliver their own community focussed events which, although supported, are delivered independently of the Council. Over 40 community and local events were delivered this year, many delivered on Council land. These events received practical support from the Council, including specialist planning and safety advice, access to relevant Council services and financial support for safety officers, road closures, signage and programming etc.
3. Our large-scale event programme continues to be temporarily impacted due to the ongoing major redevelopment work on Stockton's Riverside and High Street, which is due to be completed Spring 26. The Council is currently reviewing its future events programme as part of its Medium-Term Financial Plan and it will include a review of its large-scale festival and events, and options for a small-scale programme of amination and activation of the new Waterfront space.
4. Internally, there continues to be a joined-up approach across Council teams in the delivery of our events programme, and we acknowledge the effort and support provided from service teams including Enforcement, Highways, Legal, Communications, Media, CFYA and Design Services. The effectiveness of this joint working and ability to respond to unexpected challenges is evident each year and is an integral part of the success of the Council's event delivery. That said, the continued pressure of Council resources and the added work that event planning/delivery requires needs to be considered carefully, particularly for the largescale festivals and events which are resource heavy.

## SIRF

5. SIRF is a long-standing Arts Council England (ACE) National Portfolio Organisation (NPO), funded to present high quality work and support the street arts sector.
6. SIRF 25 is in the third year of an extended five-year funding agreement with ACE (2023 – 2026, extended to 2028) and our festival continues to be highlighted nationally as an exemplar of the development of sustainability in street arts and its management as an example of best practice by an NPO.
7. ACE funding for SIRF 2026 has been confirmed as £327,434.
8. SIRF has a strong reputation for showcasing international programmers, new commissions and we provide one of the largest and most diverse outdoor street arts

festival in the UK. Whilst our ambition is to sustain this reputation and to continue to support artistic development and new work, the wider sector is facing a lack of investment leading to a shortage of ambitious large-scale outdoor street arts shows. This is particularly true of international work, and it is becoming increasingly difficult to find new and exciting shows of the calibre associated with our festival, and with current resources.

9. There continues to be financial challenges associated with SIRF, not least that the grant contribution for ACE and the Council's budget resource have both remain static since 2019. Inflationary pressures for technical suppliers and rising costs for artists, in particularly the large-scale ambitious shows that SIRF is renowned for, are becoming increasingly difficult to deliver. This remains a risk area for the SIRF and may mean a reduction to our festival to a 2-day delivery in the future.
10. We will continue to apply for additional funding from ACE, which is outside of our NPO investment, as well as other funding streams including those managed by TVCA, who are one of our main Cultural Partners.

#### SIRF 2025 – Delivery & Sector Development

11. SIRF 2025 hosted an impressive 47 companies, including 12 international groups and over 147 individual performances across the 3 days. This included 10 new commissions and 4 International premiere shows.
12. Although access to our usual Riverside event space was not possible this year, our programme remained ambitious and we delivered some exceptional moments, with a strong artistic programme and community elements.
13. The response we received from artists and audiences was fantastic and it was clear that the appetite for residents to experience high quality arts remains strong, with **94%** of visitors likely to recommend to a friend and **92%** of visitor likely to return.
14. We have estimated footfall of 55,000 visitors across the 3 days which is comparable to 2024. Independent market research has captured positive perceptions, including;

**92%** of attendees rating the festival overall as **good or very good** in 2025, which is consistent with 92% satisfaction in 2024.

15. Members will note a dip in some of the other satisfaction criteria which are detailed below and whilst it is difficult to pinpoint the reason this has happened, we are mindful that SIRF has been operating in a contained space which has limited the types and scale of shows that can be presented.

**84%** stated that the festival is a **good use of council resources** in 2025, compared with 94% in 2024.

**83%** of attendees stated that the festival is **good for promoting Stockton** as a place to live, work or visit in 2025, compared with 91% in 2024.

**88%** of people stated that coming to the event has a **positive effect on their health** and wellbeing in 2025, compare with 96% in 2024.

16. The figures regarding economic impact remain strong despite a slight dip from last year's event with **direct spend per head** reported as **£31.94** compared to **£34.16** in 2024. The total direct economic impact remains high and more than doubles the Council's investment (budget) for SIRF. Total direct economic spend for 2025 is **£930,178**, compared to **£949,626** in 2024.
17. We continue our partnership with XTRAX, who deliver SIRF's international showcase which supports and promotes our festival across the Sector. The showcase provides opportunities for programmers and artists to pitch new ideas and connect and focus on a specific area of development as well as quality time to network and forge partnerships. In 2025, SIRF hosted delegates from Portugal, New Zealand, Netherlands, Hong Kong, France, Korea and Japan.
18. SIRF is a unique festival to platform work as it remains a 'buyers festival' this includes international programmers booking UK artists to perform in Europe and further afield, as well as UK companies extending their bookings across the UK. In 2025, 93% of delegates (including international delegates) stated that they were wanted to find UK artists/shows, and there was significant interest in 3 Tees Valley Shows and 1 show from the northeast region. These outputs are fantastic in support the wider Culture and specifically our local and emerging artists.

*"I think it's quite rare to see such a well-curated professional programme at a festival of this size. I really appreciated that all the professional sessions took place in the morning, leaving the afternoons free to enjoy the performances."*

*Sijin Kim, Project Dari, Korea*

*The Professional Programme is a very important part of the SIRF experience. It allowed me to make connections with other presenters, and to get an overview of the organisations and networks involved in developing, supporting and presenting outdoor work in the UK. I gained a better understanding of the range of UK artists and their work, alongside approaches to how inclusion, diversity and accessibility is integrated into work for audiences."*

*Drew James, World Buskers Festival, New Zealand*

## Participation & Engagement

19. Participation and engagement work is a key theme for SIRF and there are many opportunities for residents, children and community groups to engage in high quality arts experiences.
20. This year SIRF has worked with 18 Tees Valley artists who have been integral to the planning and delivery of the main SIRF Programme and, a further 24 local artists have

supported our communities, who have attended artist workshops creating costumes, music and choreography.

21. The Community Carnival remains one of our highlights of the festival and is very popular with our SIRF audience growing to 8,000 visitors at the Carnival in 2025, from 6,000 in 2024. We continue to cap our participant numbers at approximately 900, whilst we wait for the Waterfront Park to complete, with 28 groups taking part from local schools and community groups. We supported 5 new diverse groups at our Community Carnival including Whippet Up CIC, Redcar Kirkleatham Museum Group, The Dorman Museum Group and Saltburn Community Group.
22. The delivery of the Rivers of Hope project, in partnership with Thames Festival Trust, engaged with 510 primary school pupils for 11 primary schools and, 76 secondary school pupils from 5 schools.
23. We continue to support care leavers at SIRF, with 2 care leavers who successfully applied to work as part of our Visitor Experience Team. We also engaged with care leavers, to work with a commissioned artist from SIRF and as part of ARC's Make New Work commission on an engagement project through 2025, which will culminate in a visual outcome as part of SIRF Community Carnival in 2026.

#### Accessible & Sustainable SIRF

24. The major events presented by Stockton Council are designed to be accessible to all our communities and as such we continue to develop 'Accessible SIRF', which is a constantly evolving element of our programme and planning to ensure a safe and equitable space for high quality arts experiences which can be accessed by all.
25. SIRF has a well-developed and robust programme for access that is now fully integrated and embedded in our delivery. This includes British Sign Language (BSL) interpretation, Touch Tours, Relaxed Performances, fully interpreted access festival guide film and Audio Description films and resources.
26. We have also made changes to site design for physical access following audience feedback which has proved positive and this year we achieved **95%** of audiences rating the ease of access around the site was very good, which remained the same as 2024.
27. New for SIRF 2025 is the inclusion of learning from the accessibility audit delivered over SIRF 2024. The purpose of this audit is to establish a baseline of how we currently serve our audiences who identify themselves as living with a disability, and what adjustments can be made in terms ensuring the best experience possible. Our current SIRF audience statistics show that in 2025 17% of our audiences identify as disabled which is an increase from 14% in 2024. We engaged with focus groups and established a new Oversight Group of 20 members who represent diversity and lived experiences. We also worked with leaders in access provision; Attitude is Everything with auditor Bee Grzegorzek completing



a site audit during the festival. The report highlighted strengths in staff access training and briefing packs, with recommendations for improvements including viewing areas, signage and formats, and online and digital accessibility for 2025 delivery.

28. In terms of our sustainable festival plan, we collected 420kg of waste in our 'festival recycling' bins. As previously reported, we ensure that all our generators for our shows are HVO powered (Hydrotreated Vegetable Oil the Renewable Diesel Alternative) and this year we tested a solar powered generator for the production compound. Our Environmental Levy for our traders continues to be effective and is something that other festivals are now adopting across the Outdoor Arts Sector as good practice.

### **Stockton & Darlington Railway Festival – 200<sup>th</sup> Anniversary**

29. S&DR200 Festival celebrates the bicentenary of the birth of the modern railways. The festival extends over many months and encompasses sites across County Durham, Darlington and Stockton. It has been made possible thanks to a partnership of Councils, heritage institutions, funders, visitor attractions, rail industry partners and community groups. The festival is not due to finish until March 2026, however, the majority of the programme has already been successfully delivered.
30. A major launch show was presented at 11 Arches, the site created for the Kynren show in Bishop Auckland. This live theatre, music and projected film event culminated with a unique drone animation of Locomotion No 1. The event was hugely popular and covered extensively in the media, effectively launching the S&DR200 Festival to national and international audiences.
31. A significant programme of exhibitions, events and activities have been delivered at Preston Park, including the 'Tracks of Change' exhibition series which explored the impact and legacy of the birth of modern railways. This exhibition programme has proven very successful, attracting thousands of visitors to our museum. Exhibitions include 'Corridors' by international artist Louise Law, 'Gateway to the World' a series of paintings by William P Frith loaned from national collections and 'All Aboard' a bespoke playscape exhibition designed for young children. The exhibition series will finish with a spectacular finale 'Perfume' – an extraordinary sound and light installation by internationally acclaimed French artist Yann Nguema.
32. The festival centrepiece was the recreation of the original 1825 journey from Shildon to Stockton, running a renovated and refreshed Locomotion engine with chaldron wagons and a replica of the first passenger carriage. This ambitious and complex restaging was only possible thanks to the partnership with Network Rail and heritage railway specialists. It allowed us to recreate the moment in 1925 when the first centenary brought the Locomotion to the platform of Stockton Station where it was greeted by the Duke of York, soon to become King.
33. The SDR200 Anniversary Journey weekend reached a crescendo with the massive outdoor theatre show Ghost Train. The show included a bespoke musical score from



international composer Sarah Llewellyn, live music, projections and a 75-strong cast made up of prestigious national and local performers. Audience numbers of in excess of 8,000 were recorded in the town centre and on the Riverside site.

34. The S&DR200 festival has connected and engaged communities in the Tees Valley and County Durham and attracted visitors from across the world, including America, Europe, Africa, Japan, and Australia. Extensive, positive and in depth media coverage across a range of platforms has presented Stockton and the region as a place proud of its historic achievements but looking to the future with ingenuity and ambition. Thousands of local people have taken part directly, illustrating their sense of the ways in which the railways have changed their lives and imaging the futures they might make possible.
35. A full report illustrating the quality and breadth of the S&DR200 Festival will be prepared in Spring 2026, including estimations of economic impacts and the value of media coverage secured.

### **Festival of Thrift**

36. Festival of Thrift is a nationally renowned festival which encourages and celebrates sustainable living. This festival is an important part of connecting our community with the Council's ambitious Environmental Sustainability and Carbon Reduction Strategy and ahead of the planned two-day event in September, the festival team have delivered an extensive community programme of related activities across our towns.
37. The Festival of Thrift took place for the third consecutive year in Billingham Town Centre and John Whitehead Park on Saturday 20 and Sunday 21 September 2025.
38. Visitor numbers across the weekend are estimated at 22,000, which is the same at the 2024 festival, of which 4,098 participated in a sustainability workshop.
39. **89%** of visitors rated their overall experience of Festival of Thrift as very good or good, an increase on 81% in 2024 and 72% in 2023
40. The audience profile over the past three festivals has been relatively consistent, showing that most visitors reside in the UK, half of all visitors are local people from Billingham or Stockton, [55% 2025, 48% 2024 and 48% 2023]. Visitor numbers from elsewhere in the Tees Valley were 24% in 2025, slightly lower than 2024 and 2023 which was 29% and visitors from elsewhere in the northeast were 16% in 2025 compared with 17% in 2024 and 15% in 2023. A very small minority are then from the rest of the UK at 5% the same as 2024.
41. The economic impact for the Festival of Thrift is provided by Tees Valley Combined Authority (TVCA) and is received the year following a festival. In 2023, Festival of Thrift reported a net GVA of £260,618, with 9.6 FTE supported because of the festival.

Provisional information for the 2024 festival shows a net GVA of £235,000 with 6.13 FTE supported (visitor impacts only) and an overall net GVA of £624,706, with 13.5 FTE supported (visitor and operational impact).

42. Unfortunately, the festival is unable to report on visitor travel in 2025 due to an error in the preparation of the digital survey.

### **Stockton Sparkles**

43. Stockton Sparkles is the remaining large-scale event in the 2025 calendar. The event runs for a period of weeks in the lead up to Christmas, and as usual commenced with a spectacular light switch-on event late November, which achieved one of the highest recorded audience numbers of 7,000.
44. The Christmas Market programme included 24 local artists, makers and food/beverage traders on Stockton High Street, a choir programme with 11 school and community group performing throughout the day and, professional musicians and Street Theatre artists.
45. The free Victorian Fair continues to be very popular with our family audiences, with over 7,000 rides recorded across the three days, and we had 350 children participating in the after dark Lantern Parade.
46. Independent Market Research including satisfaction levels and economic impact are pending at the time of writing this report.
47. 'Santa on Wheels' returns for the fifth consecutive year. This event remains extremely popular with families and communities across the Borough. This year we recorded audience figures of 39,000 across the four-day event. Santa Bus route includes all wards.

### **Other Events in 2025**

48. The Council continues to support a large range of well-established community and local events, including Thornaby Show, Billingham Carnival and Garden Show, EID Festival, Yarm Fair, Tees Regatta, Siren's Fest and for later in the year, Christmas focus celebrations and Light Switch On's events across the Borough.
49. The Council has also delivered and supported several national and memorial events, including Armed Forces Day, 5 Remembrance Sunday events across various Towns and we also celebrated the 80<sup>th</sup> Anniversary of VE-Day, which included 5 Beacon Lighting ceremonies in Stockton, Thornaby, Billingham, Long Newton, Grindon and Thorpe Thewles as part of the national celebrations.
50. The Council's Events Team provides technical support and advice for the numerous communities and externally led events, which includes help with production of event safety

plans, risk assessments, road closures and food safety. Further training and support from local and community event deliverers will be available for the 2026 event season.

51. Moving into 2026, the Council is committed to retaining its leadership role and further developing Stockton's reputation as a creative and dynamic events Borough. We recognised that a creative arts and events programme has many benefits to both the community and economy, and can attract high levels of satisfaction, improve well-being, increase 'direct' spend in the area and generally promote the Borough as a great place for residents, businesses and visitors alike.

### **Memorial lighting calendar**

52. The use of coloured lights in Stockton Town centre and on selected buildings and structures continues to provide the Council with an opportunity to acknowledge and support a range of good causes and important anniversaries. This memorial lighting programme is very popular and generates significant social media activity. The 2025 memorial lighting calendar has been delivered.
53. This report invites Cabinet to agree the programme for 2026, as listed in **Appendix A**. The list incorporates campaigns that might encompass a range of individually narrow issues/interests. The dates nominated in each case are those which are believed to be the subject of a meaningful campaign by others, such that when the lights are switched on the public may have some understanding of the significance of the event/colour.
54. Where a campaign lasts for a period of days or weeks, the normal procedure will be to mark the start of that campaign by turning our lights on for the first day/night. However, where a campaign promoter wishes to use an alternative day within the period to align with specific activity designed to raise the profile of the campaign, we may change the date on which we turn our lights on to fit with the organisers' promotions. The calendar listed at Appendix A therefore includes suggested dates for each event and may be subject to minor changes.

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

55. The events programme is diverse and designed to reflect the interests of different communities. Every effort is made to make our events physically and financially accessible, they are presented in public spaces and are almost always free to watch or participate in.
56. Many of our events are specifically designed, in whole or in part, to raise awareness of the needs or characteristics of specific groups, including those with protected characteristics.

### **Financial Implications**

57. There are no financial implications arising from this report

### **Legal Implications**

58. There are no legal implications arising from this report

### **Risk Assessment**

59. All events presented by the Council or approved for Council land are subject to a full risk assessment and proportionate safety plans and, where appropriate are reviewed by Stockton's Independent Safety Advisory Group

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

60. There is frequent consultation with Councillors over events before, during and after the events are staged. There has been no consultation with Councillors in relation to this report as its primary function is to report on the outcome of events already staged.

61. There has been consultation with the Cabinet portfolio holder for Health, Culture & Leisure in the development of the draft memorial lighting calendar.

### **Background Papers**

n/a

Name of Contact Officer: Tara Connor

Post Title: Assistant Director Culture, Libraries & Events

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Email address: [tara.connor@stockton.gov.uk](mailto:tara.connor@stockton.gov.uk)

**MEMORIAL LIGHTING CALENDAR 2026****APPENDIX A**

<b>DATE</b>	<b>EVENT</b>	<b>LIGHTING COLOUR</b>	<b>CAMPAIGNS</b>
Tuesday 27 January	Holocaust Memorial Day	Purple	National
Sunday 1 February	LGBT+ History Month	Multi	Catch All
Wednesday 4 February	World Cancer Day	Orange	Catch All
Sunday 8 March	International Women's Day	Purple	National
Sunday 8 March	National Day of Reflection	Yellow	National
Saturday 28 March	Earth Hour (8.30pm-9.30pm)	Switched off	National
Thursday 2 April	Autism Acceptance Day	Gold	Autism Friendly Town Centre
Thursday 23 April	St George's Day	Red/White	Saint Day
Monday 18 May	National Dementia Action Week	Purple	National & SBC Campaign
Monday 1 June	National Volunteers Week	Red/Purple	National
Monday 8 June	National Carers Week	Blue	National
TBC	Shared Lives Week	Purple	Open Request
Saturday 27 June	Armed Forces Day	Red/White/Blue	National
Friday 4 September	World Sexual Health Awareness Day	Orange/Blue	Catch All
Monday 21 September	Fairtrade Fortnight	Blue-Green	National
Saturday 26 <sup>th</sup> September	Organ Donation Week	Purple	Open Request
Thursday 1 October	Stoptober (Stop Smoking Campaign)	Red	National
Friday 9 October	Baby Loss Awareness Week	Pink/Blue	Catch All
Saturday 10 October	World Mental Health Day	Purple	Catch All
Friday 16 October	Show Racism the Red Card	Red	National & SBC Campaign
Sunday 1 November	National Care Leavers Month	Blue	National & SBC Campaign
Wednesday 11 November	Remembrance Day	Red	National
Saturday 14 November	World Diabetes Day	Blue	National
Wednesday 25 November	International Day for the Elimination of Violence Against Women	Orange	Catch All

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## REPORT TO CABINET

15 JANUARY 2026

## 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:-

TSAB – 10 September 2025

## Consultation and engagement

Not applicable.

## Next Steps

None.

Name of Contact Officer: Jonathan Nertney

Post Title: Head of Democratic Services

Telephone number: 01642 526312

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

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## Teeswide Safeguarding Adults Board

Meeting Date: **Wednesday 10<sup>th</sup> September 2025**

Time: **9.30am – 12pm**

Venue: **Microsoft Teams**

### Minutes

#### Attendees

Name	Job Role	Role	Representing
Cllr Pauline Beall	Lead Member	Member	Stockton-on-Tees Borough Council
Jane Bell	Business Support Officer	Member	TSAB Business Unit
Sarah Bowman-Abouna	Director of Public Health	Member	Stockton-on-Tees Borough Council
Tracey Brittain	Policy, Partnerships and Delivery Manager	Deputy	Office of Police & Crime Commissioner
Lee Brown	Area Manager	Member	Cleveland Fire Brigade
Lindsay Britton-Robertson	Assistant Director of Safeguarding	Member	University Hospitals Tees
Angela Casterton	Named Nurse	Deputy	TEWV
Angela Connor	Assistant Director Adult Social Care/PSW	Deputy	Stockton-on-Tees Borough Council
Anne Coxon	Temporary Project Officer	Member	TSAB Business Unit
Helen Dent	Project Development Manager	Member	Healthwatch South Tees
Mike Fleet	Principal Lecturer (Programmes) Department of Nursing & Midwifery	Member	Teesside University
Elaine Godwin	Business Support Officer	Member	TSAB Business Unit
Louise Grabham	Director of Adult Social Care	Member	Middlesbrough Council
Adrian Green	Independent Chair	Member	Teeswide Safeguarding Adults Board
Jill Harrison	Director of Adult and Community Based Services	Member	Hartlepool Borough Council
Neil Harrison	Head of Safeguarding & Specialist Services	Member	Hartlepool Borough Council
Alyson Longstaff	Advanced Customer Support Senior Lead	Member	Durham Tees Valley Department for Work and Pensions
Amy Mahoney	Business Manager	Member	TSAB Business Unit
Louise Mason-Lodge	Director of Nursing for Safeguarding	Deputy	North East and North Cumbria Integrated Care Board
Caroline McGlade	Chief Superintendent	Deputy	Caroline McGlade
Matt Murphy-King	Superintendent Adult Safeguarding Prevention Command	Invited	Cleveland Police
Greg Purta	Adult Safeguarding Lead	Invited	Stockton-on-Tees Borough Council
John Rafferty	Compliance Business Partner - Safeguarding	Member	Thirteen Group
Patrick Rice	Corporate Director of Adults and Communities	Member	Redcar & Cleveland Borough Council
Charlotte Shepherd (Part)	Regional Rough Sleeping Adviser	Invited	Ministry of Housing, Communities & Local Government
Angela Storm	Data Analysis and Performance Monitoring Officer	Member	TSAB Business Unit

Chloe Swash	Business Support Officer	Member	TSAB Business Unit
Stephen Thomas	Development Officer	Member	Healthwatch Hartlepool

Apologies			
Name	Job Role	Role	Representing
Elsbeth Devanney	Group Director of Nursing & Quality	Member	TEWV
Wayne Fox	Temporary Assistant Chief Constable	Member	Cleveland Police
Rachelle Kipling	Head of Policy, Partnerships & Delivery	Member	Office of Police & Crime Commissioner
John Lovatt	Assistant Director	Deputy	Hartlepool Borough Council
Jen Moore	Designated Nurse for Safeguarding Adults	Member	North East and North Cumbria Integrated Care Board
Carolyn Nice	Director of Adults and Health	Member	Stockton-on-Tees Borough Council
Kay Nicolson	CEO	Member	A Way Out
Cara Nimmo	Assistant Director for Adult Care Operations	Deputy	Redcar & Cleveland Borough Council
Lucy Owens **	Chief Executive	Member	Catalyst Stockton
Julian Penton **	Development Officer	Member	Hartlepool Community Trust
Vicky Playforth	Interim Director of Nursing	Member	North East and North Cumbria Integrated Care Board
Ann Powell	Head of Stockton & Hartlepool PDU	Member	National Probation Service
Linda Sergeant	Project Lead	Member	Healthwatch South Tees
Nicki Smith	Associate Director for Nursing (Safeguarding)	Deputy	Tees, Esk and Wear Valleys NHS Foundation Trust
Kellie Woodley	North East Director	Member	People First

Absent (Invited)			
Name	Job Role	Role	Representing
Cllr Gary Allen	Lead Member	Member	Hartlepool Borough Council
Mark Davis *	Chief Executive	Member	Middlesbrough Voluntary Development Agency
Natasha Douglas	Healthwatch Manager	Member	Healthwatch Stockton
Dean Johansen-Berg	Engagement & Events Officer	Member	Healthwatch South Tees
Peter Neal *	CEO	Member	Redcar and Cleveland Voluntary Development Agency
Iain Richardson	Head of Safer Prisons & Equality	Member	HMP Holme House Prison
Cllr Lisa Robson	Lead Member	Member	Redcar and Cleveland Borough Council
Cllr Jan Ryles	Lead Member	Member	Middlesbrough Council
Leanne Stockton	Business Manager	Member	Hartlepool & Stockton Safeguarding Children Partnership
Gary Watson	Business Manager	Member	South Tees Safeguarding Children Partnership

\* Attends on behalf of MVDA & RCVA,

\*\* Attendance will be shared between Catalyst and Hartlepool Community Trust

Referenced Organisations		
Name	Role	Representing
Ashleigh Parsons	Inspector	CQC (Middlesbrough, Stockton-on-Tees and Redcar & Cleveland) ***

Rachel Lucas	North East Ambulance Service
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\*\*\* CQC Attend the Regional Safeguarding Adults Board Chairs Network Meetings.

**Copies:** Margaret Blakey, Tami Egonu, Emily Johnson, Judith Oliver, Rachael Winspear, Executive Mailbox Cleveland Police, NENCICB Safeguarding.

Agenda Item 1	Introductions and Apologies	Presenter: Chair
<p>Adrian Green (AG) welcomed members to the September meeting. A number of apologies have been received and will be noted within the minutes.</p> <p>AG reminded members that the role of the Board is to look across multi agency partnerships to ensure that vulnerable people with care and support needs are supported, and that interventions occur where necessary. Members should be curious and professionally challenging across the Board whilst remaining respectful and constructive.</p>		

Agenda Item 2	Minutes from the meeting held on 11 <sup>th</sup> June	Presenter: Chair
<p>A copy of the minutes from the meeting held on 11<sup>th</sup> June were circulated with the agenda. Members agreed the minutes as a true and accurate record.</p> <p>The actions from the meeting were reviewed and updates provided:</p> <ul style="list-style-type: none"> <li>AG requested that any outstanding partner contributions for the Annual Report are forwarded to the Business Unit by 19<sup>th</sup> September. Matt Murphy-King (MMK) advised that there has been a delay in providing the contribution from Cleveland Police, which will be submitted later today.</li> <li>There were a number of actions in relation to the Regulation 28 Notice. Members confirmed that these have been completed.</li> <li>The ICB restructure has not yet commenced. An update will be provided when appropriate.</li> <li>Following the national review the DWP have brought together a multi-disciplinary team to consider the recommendations within the report. The lead from this group is due to attend the next SAB Chairs meeting to provide an update on the work that they will undertake.</li> </ul> <p>All other actions are complete.</p>		
Action Points	Action Owner	Deadline
1. Any remaining partner contributions for the Annual Report to be forwarded to the Business Unit	All	19/09/2025

Agenda Item 3	SAR 3.24	Presenter: Jill Harrison
<p>A PowerPoint presentation developed by Independent Reviewer, Donna Ohdedar (DO), which was recorded at the Governance meeting that took place in July was shared with members. The presentation provided an overview of the case, the process followed and areas for key learning.</p> <p><b>This section of the minutes has been removed due to its confidential nature.</b></p> <p>The Overview Report, Learning Briefing and proposal for publication were agreed by members.</p>		

Agenda Item 4	End of Year 2024-25 Data Dashboard	Presenter: Angela Storm
This agenda item will be deferred to the October meeting.		
Action Points	Action Owner	Deadline
1. End of Year 2024-25 Data Dashboard to be added to agenda for October meeting	Business Unit	08/10/2025

Agenda Item 5	Annual Report 24-25 – First Draft	Presenter: Anne Coxon
The first draft of the 2024-25 Annual Report was circulated with the agenda.		

Anne Coxon highlighted the key points from within the Report:

Key achievements included the publication of the Working With Autistic Adults webpage, participation in the Hartlepower Co-Production Workshop, the launch of revised briefings on Professional Curiosity and Professional Challenge, multi-agency audits on Domestic Abuse and the presentation of SAR learning at two GP engagement sessions.

The Communication and Engagement section covers the increased number of website views and social media reach, the number of newsletters and bulletins that have been delivered, the increase in response to the Annual Survey and the increased number of individuals signed up to be Safeguarding Champions. A section has been added to cover the number of events that have been delivered across the year and the number of professionals that have attended these. Spotlight campaigns have focused on Carers Week and Elder Abuse Day, Transitional Safeguarding and Discriminatory Abuse which was highlighted in the Annual Survey as an area of abuse that both members of the public and professionals felt less well informed about. In relation to the Safe Place Scheme the Board have focused on lived experience and have worked with members of Independent Voices, Larchfield Community, and Hartlepool Day Centre who were actively involved in auditing Safe Place venues, providing feedback on the redeveloped Service User Leaflet and were involved in the co-production of the new Safe Place Scheme video. The venue information pack has been reviewed to ensure clarity and accessibility.

The e-learning platform has been accessed by 7582 learners from 631 organisations. A section has been added to the report to include the number of webinar sessions that have been delivered, with topics including Trauma Informed Practice, Complex Cases and Professional Curiosity.

Three Safeguarding Adults Reviews (SARs) were published. The JJ SAR which focused on trauma-informed care, protected characteristics, and professional challenge, the Jack SAR which highlighted issues around diabetes, homelessness, and transitional safeguarding and the Susan SAR which emphasised professional curiosity and triaging of assessments.

The Report focuses on the key priorities and highlights the work that has been done in relation to each. Contributions from partners also help to highlight work that has been achieved across the year. The report notes three priorities that were identified from the last Annual Survey and will be incorporated into the Board's plan for 2025-26.

AG thanked partners and the Business Unit for the work that has gone into producing the report. Adding that the report is a comprehensive, clear and concise document.

The final version of the report will be brought to the October Board meeting for approval and will then be published in November.

Agenda Item 6	Redcar & Cleveland Borough Council CQC Assessment	Presenter: Patrick Rice
	<p>Redcar &amp; Cleveland Borough Council (RCBC) began the inspection process in the summer of 2024. The CQC visit took place in November, the draft report was received in January and the final version was then published in July 2025. Overall, the Local Authority received an inspection rating of Requires Improvement. Some areas were rated as Good, including Assessing Need and Safeguarding. In the first draft of the report Safeguarding received a rating of Requires Improvement based on RCBC's low conversion rates in comparison to the national average. This was challenged on the basis that there is no definition of what constitutes a good conversion rate and the rating was amended to Good for the final report.</p> <p>No issues were highlighted in relation to Safeguarding. The report noted the Board's strong multi agency partnership, good use of sub-groups, joint working and campaigns including the recent work on Modern Slavery.</p> <p>The Local Authority now have an official improvement plan and will submit quarterly updates. The plan focuses on 5 key areas – Strategy and Governance, Equality, Diversity and Inclusion, Commissioning</p>	

and Operational Practice which includes improvements to the transitions process and contingency planning for care packages. Support is being provided by partners in care and health alongside strategic guidance and the first report will be submitted to the Department of Health in a few weeks' time.

<b>Agenda Item 7</b>	<b>Middlesbrough Council CQC Assessment</b>	<b>Presenter: Louise Grabham</b>
<p>Middlesbrough Council (MBC) received an overall rating of Requires Improvement, just one point away from a rating of Good. The inspection covered nine categories with ratings of Good received for Safe Systems, Pathways and Transitions, Safeguarding and Supporting people to live healthier lives. Areas for improvement mirrored those already identified by the Local Authority including waiting times for annual reviews, communication with unpaid carers, housing availability in relation to homelessness and some areas within Adult Social Care, Equality, Diversity and Inclusion not being fully embedded at Strategic Level, Co-production, Data and Scrutiny and due to an interim CEO being in place at the time of the inspection a lack of ownership was identified.</p> <p>Within Safeguarding the inspection noted robust policies and procedures, good multi-agency collaboration, the work of the Board, training and resources available to the workforce, the use of advocacy and the involvement of families and carers in the safeguarding process. Areas for improvement were noted around feedback from providers not always being timely and robust and the demand for advocacy services.</p> <p>MBC were one of the first Local Authorities to go through the inspection process so have now submitted three reports against their improvement plan. No response has been received, so the assumption is made that the Department of Health are happy with the direction they are taking. A robust process is in place to monitor the action plan which includes actions in relation to Strategic development, co-production and a neighbourhood focused operating model to try and tackle waiting lists.</p> <p>As chair of MAPPA Caroline McGlade highlighted issues around homelessness, particularly in relation to offenders, and queried the opportunities that are available for partners to help address this. Louise Grabham (LG) advised that MBC do have a Rough Sleeping Action Group and a Homelessness Prevention Group. LG will pick this up with CM outside of this meeting and will ensure that Police are linked in with these groups. It was noted that LG also chairs the Rough Sleeping Working Group where it was identified that MAPPA was an issue contributing to the target priority group.</p> <p>Helen Dent advised that HealthWatch have carried out a piece of work in Middlesbrough in relation to rough sleeping. A copy of the report will be shared with LG once available.</p>		
<b>Action Points</b>	<b>Action Owner</b>	<b>Deadline</b>
1. LG and CM to liaise outside of this meeting in relation to homelessness	LG / CM	08/10/2025
2. Healthwatch report on rough sleeping to be shared with LG once available	HD	Once Available

<b>Agenda Item 8</b>	<b>MARAC Update</b>	<b>Presenter: Matt Murphy-King</b>
<p>Matt Murphy-King joined the meeting to provide an update in relation to MARAC. A Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of the current MARAC operation has been conducted and a briefing note in relation to the findings was shared with members.</p> <p>Key findings were noted around the following areas:</p> <p>Strengths</p> <ul style="list-style-type: none"> <li>• Meeting frequency, which has changed from fortnightly to weekly, across all four Local Authority areas enables faster case handling</li> <li>• Strong collaboration with MATAC and MAPPA forums. It was noted that the interface with HRAP does need to be strengthened, but referrals are being considered where appropriate</li> <li>• Mandatory training is delivered via the TSAB platform to ensure good understanding of the requirements when attending MARAC</li> <li>• A new action-tracking system enables more thorough and efficient tracking of multi-agency actions</li> </ul>		

- A new MARAC standard operating procedure has been completed and circulated
- Positive feedback has been received from the joint targeted area inspections (JTAI), especially regarding safeguarding of children aged 0–7.
- Robust safety planning is in place through multi-agency collaboration.

#### Weaknesses

- MARAC data requires simplification and updating. Work is underway to move to a PowerBI system to make this simpler for partners to access.

#### Opportunities

- Scoping is underway for an external review by the College of Policing to identify strengths and areas for improvement
- Monitoring of new legislation including DAPO
- Integration of the new DRIVE initiative
- Cross force engagement to share examples of best practice
- Strategic partner review of operational processes.

#### Threats

- Limited resilience in chairing roles, with few volunteers available. There is currently no deputy chair in place, so in instances when the Chair is not available the role is defaulting to a DI within the domestic abuse unit
- Rising volume of cases
- Removal of screening is expected to impact on the number of cases and may also lead to inappropriate referrals. It was noted that threshold criteria will need to be clarified to try and limit this.
- Financial challenges placed on Cleveland Police and OPCC as the sole financial contributors funding the Independent MARAC Chair and other functions.

A number of recommendations have been made:

- Strengthen agency accountability for timely information submission and action updates
- Formalise chairing rota to ensure resilience
- Continue external reviews and training to enhance effectiveness
- Improve referral screening and clarification of thresholds
- Simplify and update performance data for better strategic oversight
- Use the opportunity which the Drive Project presents to interface MARAC. MMK advised that he will be happy to provide an update to Board on the Drive Project at a future meeting
- Revisit the letter of request from ACC Baker for joint MARAC funding to ensure continued operational effectiveness
- Ensure periodic attendance by the domestic abuse leads
- Reintroduce thematic case audits

MKK advised that the scoping for the peer review is in the early stages. Once this has been agreed all domestic abuse leads and partners will be given the opportunity to engage.

Louise Mason-Lodge (LML) highlighted that there is a considerable amount of work being undertaken by the ICB. LML will contact MMK outside of this meeting to discuss ways of working together from a health perspective.

In response to a query raised by AG MMK confirmed that care and support needs of individuals and families suffering from domestic abuse are considered, and that positive feedback had been received in relation to this in the JATI.

JH noted that a number of SARs have included actions in relation to MARAC. The Molly SAR regarding links with HRAP to ensure that cases are heard in the most appropriate forum, and the Bernadette SAR queried if TSAB were confident that the process was robust, around the quality of referrals and professional curiosity. The update forms part of the assurance process and will enable the action plans

to be marked as complete.		
Action Points	Action Owner	Deadline
1. SAR actions in relation to MARAC to be marked as complete	Business Unit	08/10/2025

<b>Agenda Item 9</b>	<b>Right Care Right Person Assurance</b>	<b>Presenter:</b> Matt Murphy-King
This section of the minutes has been removed due to its confidential nature.		

<b>Agenda Item 10</b>	<b>MHCLG Rough Sleeping</b>	<b>Presenter:</b> Charlotte Shepherd
Charlotte Shepherd (CS) Rough Sleeping Adviser for the Ministry of Housing, Communities and Local Government, gave a presentation on her role and the work that Local Authorities, Safeguarding Adults Boards and partners are doing to support those that are furthest away from ending their rough sleeping.		
<p>The Homelessness and Rough Sleeping Team is made up of advisers from within the sector. They cover the whole country with CS working in the North East, Yorkshire and part of the Midlands. The Team work to support and challenge Local Authorities in what they are doing, how funding is allocated and to provide a community wide response. Feedback is provided to policy leads and fed up to ministers. The team are helping Local Authorities to support individuals with long term experience and to support non-return to rough sleeping. They are keen to hear of challenges, barriers and what works well to help drive systematic change. The aim of the team is to reduce and end rough sleeping.</p> <p>In May 2024 MHCLG wrote to SABs and Directors of Housing with a number of key recommendations including governance, having a named Board member for rough sleeping, strategic plans and annual reports to reference rough sleeping and for SARs to be commissioned following deaths involving rough sleeping. This was then followed up by a more recent letter outlining the roles.</p> <p>National Picture – A rough sleeping snapshot is carried out annually with partners and providers giving numbers for a single night. In some instances, this is done via a physical count, whilst in other areas this is an estimate based on intelligence. The figure has increased for the last 3 years, driven mainly by 12 Local Authority areas. London has the highest figure whilst the North East is the lowest, despite an increase of 35 when compared to 2023. It was noted that the decrease during the COVID period can be attributed to an increased number of hotels offering emergency accommodation plus a decrease in the number of physical counts taking place. Local Authorities now collect monthly numbers plus a breakdown of how long people have been rough sleeping and the numbers of people that have been moved into accommodation. The dashboard allows this to be viewed for individual authority areas and for comparison. CS will provide the link to the dashboard following the meeting. Data is captured in relation to the drivers behind rough sleeping and return to rough sleeping with Prison identified as one of the key reasons. Work is ongoing to develop Prison protocols and to plan for accommodation after release.</p> <p>Local Picture – The majority of people fall into the long term rough sleeping category. This figure is higher than the national average, whilst the number of new rough sleepers is slightly lower. The increasing figure of people returning to rough sleeping is a concern for Local Authorities who are looking to understand the reasons for this and to learn lessons to prevent this in the future. The numbers for those sleeping rough after leaving an institution are relatively low, allowing for a deep dive to identify gaps in the approach to those individuals. Local Authorities have worked with partners to identify Target Priority Groups of those furthest away from having their rough sleeping resolved. This includes people currently rough sleeping or those in off street settings who are likely to return to rough sleeping. The data will then be used to form a group to drive action and change going forward. Local Authorities will report on progress to MHCLG but have also been encouraged to report back to the working group and the SAB on what is working and any barriers.</p> <p>Learning has been pulled together from some of the positive practice identified across the country. Links to the webinars are included within the presentation.</p> <p>AG thanked CS for the presentation and reminded members that the Board has a responsibility to try</p>		

and reduce the priority group and hold those working in the area to account, but in a sensitive way due to the complexity of the issue. CS advised that she will be happy to provide a further update to Board following the next annual count if required.

Action Points	Action Owner	Deadline
1. Link to Local Authority Rough Sleeping dashboard to be provided	CS	30/09/2025

Agenda Item 11	HRAP Update	Presenter: Greg Purta
<p>A summary of HRAP activity from January to June 2025 across the four Local Authority areas was circulated with the agenda. Greg Purta (GP) presented the key points from the report. This included the number of cases opened to HRAP, the number closed and the number of repeat referrals made during the reporting period. Each Local Authority has identified their top five referral themes. Common themes across all Local Authorities included Mental health, addiction, domestic violence, homelessness, self-neglect, and housing instability. It was noted that most referrals involved multiple overlapping issues.</p> <p>An overview of Good Practice was provided by each Local Authority which included SBC's Peer Advocacy Service and the new Complex Lives outreach team targeting repeat homelessness, MBC's High Intensity Detox and Rehab Pathway for high-risk individuals, use of the Safe and Secure toolkit to assess complex interpersonal risks in HBC and enhancements to the Liquid Logic system to improve HRAP tracking and referral screening in RCBC. There have been notable improvements in referrals and the use of the closure checklist.</p> <p>All Local Authorities reported housing as a major barrier, especially for individuals with complex needs or requiring accessible accommodation. MBC and HBC raised concerns about inconsistent involvement from Probation. Issues were also noted in relation to the availability of local rehab/detox options, difficulty managing high-risk individuals who refuse engagement, and gaps in legislative powers to intervene.</p> <p>Attendance across all areas was generally good, with written updates provided if the nominated representative was unable to attend.</p> <p>SBC reported one pending action regarding police notification to the Learning Disabilities team.</p> <p>The report includes case studies from SBC and HBC.</p> <p>SBA queried what innovative approaches could be taken to working with the individuals in HRAP when more traditional ways of trying to assist may not always be working.</p> <p>AG thanked GP for the report and highlighted the importance of HRAP, noting that other areas are now looking to implement this. It is important to ensure that the correct cases are nominated and that HRAP are empowered to think and deliver outside of the box in response to the complex nature of these individuals.</p>		

Agenda Item 12	Sub-Group and Task & Finish Group Update	
<p><b>Communication &amp; Engagement – Neil Harrison</b></p> <p>The sub-group met on 7<sup>th</sup> July.</p> <p>An update was provided on social media and the website. Bluesky is now being used as an alternative to X (formerly Twitter). Members with access to Bluesky are encouraged to follow the new account: @tsab75.bsky.social</p> <p>The analytics functionality of the TSAB website now requires a paid subscription. A Jetpack commercial licence has been purchased allowing usage, campaign reach and engagement to be tracked.</p> <p>The Back To Basics Campaign is running from 8<sup>th</sup> - 12<sup>th</sup> September and members are encouraged to reshare social media posts through the week. Planning is underway for National Safeguarding Adults Week which runs from November 17<sup>th</sup> - 21<sup>st</sup>. Any members that have not yet shared their plans are</p>		



requested to do so, so that the final plan can be shared with members by 3<sup>rd</sup> October.

The Sub-Group workplan was reviewed and is on track. A discussion took place in relation to further utilising the Board's Safeguarding Champions and a feature was included in the recent Champions Bulletin asking for their feedback and ideas on how the initiative can be improved.

A new Training Video and Service User Leaflet for the Safe Place Scheme have been made accessible and have been promoted by the CE Sub group and have also been shared in newsletters by Catalyst and Hartlepool Community Trust. Safe Place Scheme audit forms have been reviewed and updated. Self-audits are due to be returned by the end of September.

A Home Invasion Video (Cuckooing) from Newcastle SAB has been rebadged and is now available on the TSAB Website and YouTube Channel.

Newsletters and Bulletins continue to be published highlighting Adult Safeguarding.

### **Operational Leads – Amy Mahoney**

The Sub-Group met on 17th July.

The new TSAB MCA Guidance and Executive Functioning Learning Briefing were shared and have now been added to the TSAB website.

Links to the PiPoT guidance have been made easier to access on the TSAB website and are now all located on the Local Policy, Procedures and Guidance webpage.

Discussion took place around the findings from the SBC Multi Agency audit. The audit prompted good debate on how risk is managed alongside safeguarding, especially in relation to self-harm. The TSAB Decision Support Guidance will be strengthened as a result of the discussion.

The group discussed instances when multiple concerns should trigger an enquiry.

The workplan was reviewed and all items are on track.

Complex cases and peer support has been added as a new agenda item to help to understand the challenges faced by front line staff.

The Duty to Refer Learning Briefing and Chloe Learning Briefing were shared with members.

A number of regional and national updates were discussed, including a peer review that has taken place across mental health systems which highlighted good joint working across Tees. Feedback has been presented to ADASS.

### **Multi-Agency Audit Report: Concern that did not progress to a Section 42 Enquiry – Greg Putra**

A copy of the report from SBC's multi agency audit was circulated with the agenda. GP highlighted the key points from the report.

In both cases the voice of the adult was recorded.

Findings included avoiding the use of abbreviations as they can cause confusion, the source of referral which was incorrectly recorded for one of the cases leading to a recommendation that categories be reviewed regarding supported living, query around when a S42 should be raised and whether CHC should have been informed in relation to one of the cases.

Best practice was identified in both the cases considered. Neither progressed to a S42 Enquiry which the audit group deemed to be appropriate and proportionate.

A number of recommendations were made following the audit and actions taken to address these are noted within the report.

AG thanked GP for sharing the audit findings and noted the importance of checking decision making and that concerns are being managed appropriately.

### **Performance Audit & Quality – Angela Storm on behalf of Jen Moore**

Th group met on Monday 8<sup>th</sup> September.

HBC presented a report in relation to conversion rates after a period of dip sampling. This prompted discussion around the process for recording at the front door to ensure that information is captured and logged correctly. It was noted that there is more work to do in this area.

Each Local Authority area presented their end of year data reports and then considered the TSAB end

of year report. This prompted discussion around MBC's data and highlighted an error in relation to the Domestic Abuse figure.

The group reviewed the TSAB data template.

The SAC return will now be hosted on the Government website instead of NHS Digital. As a result it is anticipated that the national data will not be available until the end of this year or early next year. It would have been useful to have the national data to compare against the TSAB End of Year data, which has highlighted an increase in the complexities that Local Authorities are facing. An action was raised to take this to the National Business Managers Network meeting to determine if this has been seen on a national level.

### **Rough Sleeping Working Group – Louise Grabham**

LG provided the first update from the newly formed working group. The group have met on a monthly basis initially and has good representation. Presentations have been made by MHCLG and each of the Local Authorities to identify the risk and issues in relation to the Target Priority Group and the actions that are being taken. Moving forward, the group will create a more detailed workplan that will meet the requirements of the MHCLG.

### **Safeguarding Adults Review – Jill Harrison**

A number of SAR documents have been updated and were circulated with the meeting agenda for approval. All have been reviewed against the findings from the National SAR Analysis, Coroner's SAR Guidance, Cross Boundary SAR Guidance as well as recently reviewed local SAR Policy and Procedures and the Joint Review Protocol between TSAB, the Children's Partnerships and the Community Safety Partnerships.

All documents were approved by members.

### **3.22 Action Plan - A copy of the Action Plan was circulated with the agenda for approval.**

It has not been possible to fully complete action 2.2 - *TSAB should seek to understand from the Health and Well Being Boards, how far the Autism Strategy has progressed locally to ensure that there is an effective response to those people who present with Autism, that includes, recognition, referral for diagnostic services, training for staff and post diagnostic support services.* Despite best efforts, a response has not been received by South Tees Health & Wellbeing Board. Sub-Group members agreed to bring the action plan to Board for sign off, recognising that this action has been taken as far as possible.

The Action Plan was agreed.

### **DHR 7 Action Plan - A copy of the Action Plan was circulated with the agenda for approval.**

The case was referred for consideration of a DHR and SAR. It did not meet the SAR criteria; however it was agreed that due to the nature of the case, TSAB would be involved throughout key stages of the DHR and would feed into the recommendations and action plan. All TSAB actions have now been completed. The overarching action plan sits with Middlesbrough's Community Safety Partnership and remains open from a DHR perspective.

The Action Plan was approved.

<b>Agenda Item 13</b>	<b>Any Other Business</b>	<b>Presenter: All</b>
No further items were raised for discussion.		

Next Meeting Date: **Wednesday 8<sup>th</sup> October 2025**

Time: **9.30am – 12pm**

Venue: **Microsoft Teams**

Minutes approved by Independent Chair:



Date: 18/09/2025

**Appendix 1 - Attendance Matrix**

The table below reflects named members of the TSAB, although deputies have been shaded.

Company	09/04/2025	11/06/2025	10/09/2025	08/10/2025	10/12/2025	11/02/2026	11/03/2026	3
A Way Out	1	1	0	0	0	0	0	67%
Catalyst Stockton / Hartlepool Community Trust	1	1	0	0	0	0	0	67%
ICB	2	2	1	0	0	0	0	100%
Cleveland Fire Brigade	1	1	1	0	0	0	0	100%
Cleveland Police	1	1	2	0	0	0	0	100%
DWP	0	1	1	0	0	0	0	67%
Hartlepool and Stockton Safeguarding Children Partnership	0	0	0	0	0	0	0	0%
Hartlepool Borough Council	2	2	2	0	0	0	0	100%
HBC Lead Member	0	0	0	0	0	0	0	0%
Healthwatch Hartlepool	0	0	1	0	0	0	0	33%
Healthwatch South Tees	0	0	1	0	0	0	0	33%
Healthwatch Stockton	0	0	0	0	0	0	0	0%
HMP Holme House Prison	0	1	0	0	0	0	0	33%
Middlesbrough Borough Council	1	1	1	0	0	0	0	100%
MBC Lead Member	0	0	0	0	0	0	0	0%
Middlesbrough VDA / Redcar & Cleveland VDA	0	0	0	0	0	0	0	0%
National Probation Service Cleveland	1	0	0	0	0	0	0	33%
People First	0	1	0	0	0	0	0	33%
Public Health	0	1	1	0	0	0	0	67%
Office of Police & Crime Commissioner *	1	1	1	0	0	0	0	100%
Redcar & Cleveland Borough Council	1	1	1	0	0	0	0	100%
RCBC Lead Member	0	0	0	0	0	0	0	0%
Stockton on Tees Borough Council	2	1	2	0	0	0	0	100%
SBC Lead Member	1	1	1	0	0	0	0	100%
South Tees Safeguarding Children Partnership	0	0	0	0	0	0	0	0%
Teesside University	0	0	1	0	0	0	0	33%
Tees Esk & Wear Valleys NHS Foundation Trust	1	1	1	0	0	0	0	100%
Thirteen Housing	1	1	1	0	0	0	0	100%
TSAB Independent Chair	1	1	1	0	0	0	0	100%
TSAB Business Unit	5	6	6	0	0	0	0	100%
University Hospitals Tees	0	1	1	0	0	0	0	67%
* (committed to 2 meetings per year)								

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