

Date:

Wednesday 17 December 2025 at 2.00 pm

Venue:

Council Chamber, Dunedin House, Thornaby

Cllr Lisa Evans (Chair)

Cllr Clare Besford, Cllr Pauline Beall, Carolyn Nice, Sarah Bowman-Abouna, Fiona Adamson, Peter Smith, Jamie Todd, Karen Hawkins, Matt Storey, Lucy Owens, Tracey Carter, Cllr Lynn Hall, Majella McCarthy and Cllr Jack Miller

Agenda

1. **Evacuation Procedure** (Pages 7 - 8)
2. **Apologies for absence**
3. **Declarations of interest**
4. **Minutes**

To approve the minutes of the last meeting held on 29 September 2025 and 24 October 2025

5. **Better Care Fund** (Pages 9 - 14)
6. **Director of Public Health - Annual Report**
7. **Joint Health and Wellbeing Strategy** (Pages 15 - 16)

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: Michael Henderson on email Michael.henderson@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

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and property	Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer.
Corporate tenancies	Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a body where— (a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either— (i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners have a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2 – Other 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**

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.

AGENDA ITEM
REPORT TO HEALTH AND WELLBEING BOARD
17th December 2025
REPORT OF: Better Care Fund (BCF)

STOCKTON-ON-TEES BETTER CARE FUND UPDATE
Stockton-on-Tees BCF Quarter 2 25/26 report

This report is presented to the Health and Wellbeing Board to provide an update on the submission of the Quarter (QTR) 2 25/26 report for the Better Care Fund (BCF) to NHS England, which was completed on 11th November 2025.

RECOMMENDATIONS

The Health and Wellbeing Board is requested to:

Acknowledge the submission of the Stockton-on-Tees BCF QTR 2 report to NHS England in accordance with the reporting requirements stipulated in the Better Care Fund (BCF) Planning Requirements 2025-26.

BACKGROUND

The BCF reporting requirements are outlined in the BCF Planning Guidance for 2025-2026. These requirements support the objectives of the BCF Policy Framework and programme, which is jointly led by national partners including the Department of Health and Social Care (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), and the Local Government Association (LGA), in collaboration with the Association of Directors of Adult Social Services (ADASS). The primary purposes of BCF reporting are as follows:

- 1) To confirm ongoing compliance with the requirements of the Better Care Fund.
- 2) To detail progress in delivering approved plans, including financial expenditure and activity data.

SUMMARY

The QTR 2 report was completed in collaboration with system partners. It was endorsed by the BCF Assurance Group and formally approved by the Pooled Budget Partnership Board on behalf of the Health and Wellbeing Board. It was submitted to NHS England on 11th November 2025. The primary purpose of the report is to provide a comprehensive overview of income, expenditure, and activities in QTR 2.

Key highlights of the report include:

National Conditions

The report affirms compliance with the four national conditions:

- Existence of a jointly agreed plan
- Implementation of BCF Policy Objectives:
 - Support the shift from sickness to prevention
 - Support people living independently and the shift from hospital to home
- Maintenance of NHS contributions to adult social care and continued investment in NHS-commissioned out-of-hospital services
- Oversight and support processes are in place

Metrics

The report details progress against the established metrics and the actions that have been put in place to support their delivery. Summary of the progress on the 4 key metrics in Q2 was as follow:

- Discharge Ready Date – available data showed it was on track to meet the target
- Average number of Delayed Discharge Days from DRD – available data showed it was slightly higher than planned figure but was lower than Northeast region and England
- >65 Reduction in Non-Elective Admission – available data showed it was lower than planned
- Admission to long term residential/nursing care – not on track to meet the target, full Q2 data was higher than planned

Table below presents more details on the progress across the four BCF key metrics for QTR 2.

Table BCF Metrics Q2 25/26

Metric	Progress	Actions
Adult patients discharged from an Acute Hospital on their Discharge Ready Date	QTR 2 from the available published data the ambition of 82% of adults discharged on their discharge ready date is currently being met in Stockton. This is only slightly	1. Continue to focus on discharge collaboratively through local weekly Transfer of Care meeting with system partners to discuss discharge position and work

	<p>lower than the Northeast Region and lower than for England 86%. Stockton remains on course to meet 82% target for the end of the financial year 25/26</p>	<p>towards proactively mitigating any issues highlighted</p> <ol style="list-style-type: none"> 2. Ongoing work around reablement provision of wraparound support for discharge 3. BCF funded Trusted Assessors and Additional therapy workforce continue to provide support for timely discharge, promotion of health and independence via rehabilitation to patients at home or in a residential setting, reduction of readmission and length of stay 4. MDT meetings for complex case management to support effective and appropriate proactive discharge planning
<p>Average number of Delayed Discharge Days from DRD</p>	<p>In the month of August 2025 Stockton-on-Tees there were 0.64 average days from discharge ready date (DRD) to date of discharge (including 0 delays) for residents of Stockton-on-Tees. This is lower than the Northeast Region (0.77) and lower than for England as a whole (0.85). Local provisional data (September) suggests -0.01 days variance between plan (0.56) and actual (0.55) in the latest month (NECS BI). Close monitoring of this metric continues if Stockton on-Tees is to meet their ambition of 0.52 for the end of the financial year.</p>	
<p>>65 Reduction in Non-Elective Admission</p>	<p>QTR 2 Local provisional data suggests there is a -1% variance between plan (1842) and actual (1824) in the latest month (Sep25) for Headline Metric: Emergency admissions to hospital for people aged 65+ per 100,000 population - Stockton-on-Tees LA.</p>	<ol style="list-style-type: none"> 1. System partners remain committed to the reduction of emergency admissions utilising a range of approaches. 2. Single Point of Access - System partners continue to promote the integrated Single Point of Access (iSPA) for referrals to support non elective admissions to hospital for adults and predominantly older people. 3. Urgent and Community Response - new pathways such as Long Lie, Head Injury and Acute Urinary retention have all been introduced through 2025 supporting moving care closer to home. 4. Virtual Wards 5. Call before Convey Pilot - Work with NEAS over the past 8 months has demonstrated referral flow has more

		<p>than quadrupled indicating improved connectivity between community health services and NEAS.</p> <p>6. Pilot sites for Acute Respiratory Infection (ARI) hubs in County Durham and Tees Valley will potentially have a positive impact on admissions.</p> <p>7. There will be a NENC-wide drive to increase immunisations such as flu, COVID and RSV in 2025/26. This will be particularly aimed at frontline healthcare workers but ultimately should have a positive impact on admissions.</p>
Admission to long term residential/nursing care	<p>Q2 data was not on track to meet goal. There were 73 admissions, higher than the planned number of admissions of 66. Q2 2025/26 admissions of 73 equates to a rate per 100k population of 185.7, higher than the rate for the same period in 2024/25 of 167.9 (66 admissions).</p> <p>We have seen an increased in acuity and complexity of clients being discharged from hospital as well as carer breakdown. This led to an increase in demand on assessment beds which may have a negative impact on the need for long term residential and nursing placements.</p>	<p>1. Ongoing work to understand the trend to identify gaps in provision</p> <p>2. Continuation of the Home First Processes to ensure short term/assessment beds are effective and permanent admissions are appropriate</p> <p>3. Additional therapy to provide rehabilitation in D2A beds to delay the needs for LT placements</p> <p>4. Development of new approaches to the Adult Social Care Front door and deployment of tech enabled care and support</p> <p>5. Reviewing the OneCall Overnight Scheme to ensure carers are receiving sufficient support and reassurance</p> <p>6. Reviewing the skills of Care at Home staff to meet the needs of complex clients in the community</p>

Expenditure

The actual expenditure incurred by the end of Qtr 2 was £14,493,775 as reported on the Better Care Fund 2025-26 Q2 Reporting Template. This represents 46% of the £31,533,190 pooled budget. The forecast position is for the full £31,533,190 to be spent by the end of the financial year.

Appendix 1: Full report



BCF%202025-26%20
Q2%20Reporting%20

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Stockton -on-Tees Joint Health and Wellbeing Strategy 2025 - 2030

What is the Health and Wellbeing Strategy?

It is a plan that highlights collective priorities and goals across the Council, local communities and organisations to improve health and wellbeing and address inequalities across the Borough. We will focus on local actions, have a shared plan, and the Health and Wellbeing Board will make sure everything works together well.

What is the Health and Wellbeing Board?

It is a partnership of local leaders across the health and care system, and together they address inequalities to improve the health and wellbeing of the local population.

The building blocks of health

Our health is shaped by the world around us. This includes the quality of our homes, access to healthcare, education, public transport and employment, and if we experience poverty or discrimination. These factors are known as the determinants of health, or the building blocks of health. In many of our communities, some blocks are missing or need developing. This Health and Wellbeing Strategy outlines steps that Stockton-on-Tees Borough Council is taking to create a healthier society and to prevent people from dying earlier than they should.

1. Health is everybody's business

The only way to improve the building blocks of health is for all organisations to include a health lens in their work. Meaning that all organisations need to consider the impact of health and wellbeing in their plans and decisions. This method is called "Health in All Policies".



2. Communities at the centre

We will work closely with our communities to understand what matters to them and what can help them be healthier. By building on their strengths, we will work together with our communities to create services and support that meet their specific needs.



3. Commit to prevention and early intervention

We will look at health at every stage of life, from childhood to old age, and understand how experiences in early life can affect our health as we get older. We will work to identify and address risk factors linked with illness later in life by promoting healthier lifestyles to reduce health risk behaviours.



4. Levelling the playing field

Some people have poorer health outcomes than others because of things like where they live, how much money they have, their level of education, or access to healthcare and support. When people don't have the same access to these things, this is known as inequalities. We will work together with local people, organisations, and services to help everyone have a fair chance to live in good health and wellbeing.



5. Place based approach

We will focus on working with local communities and use local knowledge, connections, and resources to provide the right kind of support. At times it will be useful to work with partners outside of the Borough to share knowledge and best practice.



There are four key focus areas of the Health and Wellbeing Strategy.

These are:

-  All Children and Families have the best start in life
-  Everyone has a healthy standard of living
-  Everyone lives in healthy and sustainable places and communities
-  Everyone lives long and healthy lives

How we are going to deliver the strategy

We will create a shared plan to help deliver the strategy. This plan will include clear goals, actions, deadlines, and who is responsible for each part. We will also use a system to track progress and listen to feedback from the community to make sure we are meeting people's needs and making improvements where needed.



In partnership



Why are these themes important?

All children and families have the best start in life

A good start in life is key to a child's health, happiness, and future success. This includes quality care before and during pregnancy, strong support through early childhood and school years, and help for parents and carers. Creating a positive home learning environment, promoting school readiness, and building young people's mental health and resilience are all important. Targeted support for families most in need ensures every child has the chance to reach their full potential.

Everyone has a healthy standard of living

Money and health are closely linked. People with low incomes or living in poverty often face more health problems because they may not have access to healthy food, safe homes, healthcare, or good education and jobs. Having a job can help improve health and wellbeing, but it needs to be good quality work with fair pay, a safe place to work, and chances to learn and grow.

Four Focus Areas

Everyone lives in healthy and sustainable places and communities

The places we live, the communities we're part of, and how we travel all affect our health. Safe, green, and welcoming neighbourhoods help people feel included and support both mental and physical wellbeing. Strong social connections and good environments encourage active, healthier lives at all ages. Creating these spaces can reduce long-term health problems and improve overall quality of life.

Everyone lives long and healthy lives

Helping people live longer, healthier lives mean supporting them to make healthier choices – like not smoking, eating well, staying active, and drinking less alcohol. Finding health problems early and offering support can prevent more serious issues later. While many people use health services, some groups need extra help to get the same access and support to stay healthy.