Stockton-on-Tees BOROUGH COUNCIL

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Adult Social Care and Health Select Committee

Agenda

Date:
Tuesday 22 September 2026 at 4.30pm

Venue:
Council Chamber, Dunedin House, Columbia Drive, Thornaby, Stockton-on-Tees TS17 6BJ

Cllr Marc Besford (Chair)
Cllr Nathan Gale (Vice-Chair)

Cllr Stefan Barnes, Cllr Carol Clark, Cllr John Coulson, Cllr Lynn Hall, Cllr Jack Miller, Cllr Vanessa Sewell, Cllr Sylvia Walmsley

Agenda

1. Livestreaming

This meeting will be filmed for live and / or subsequent broadcast on the Council's website. The whole of the meeting will be filmed, except where there are confidential or exempt items, and the footage will be on the website for 12 months. A copy of it will also be retained in accordance with the Council's data retention policy.

If you attend and make a representation to the meeting, you will be deemed to have consented to being filmed. When admitted to the Council Chamber you are also consenting to being filmed and to the possible use of those images and sound recordings for livestreaming and / or training purposes. If you do not wish to have your image captured, please contact Democratic Services prior to attending the meeting.

If there are any technical difficulties with the livestreaming, the meeting will still proceed.

2. Evacuation Procedure (Pages 7 - 10)

3. Apologies for Absence

4. Declarations of Interest

5. Minutes (Pages 11 - 18)

To approve the minutes of the last meeting held on 21 July 2026.

6. Monitoring the Impact of Previously Agreed Recommendations - Reablement Service (Pages 19 - 28)

Progress report for the previously completed Reablement Service review.

7. SBC Adult Social Care Complaints Report 2025-2026 (Pages 29 - 50)

8. Tees Valley Care and Health Innovation Zone (Pages 51 - 64)

To receive a further update on developments around this initiative, with specific focus on the role and achievements of the Stockton-on-Tees Borough Council (SBC) Care and Health Recruitment and Training Co-ordinator.

9. Scrutiny Review of Protection of Property (Pages 65 - 76)

To consider information in relation to this scrutiny topic from the Stockton-on-Tees Borough Council (SBC) Adults, Health and Wellbeing directorate.

10. Chair's Update and Select Committee Work Programme 2026-2027 (Pages 77 - 80)

Jonathan Nertney
Head of Democratic Services
Monday 14 September 2026

Members of the Public - Rights to Attend Meeting

With the exception of any item identified above as containing exempt or confidential information under the Local Government Act 1972 Section 100A(4), members of the public are entitled to attend this meeting and/or have access to the agenda papers.

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

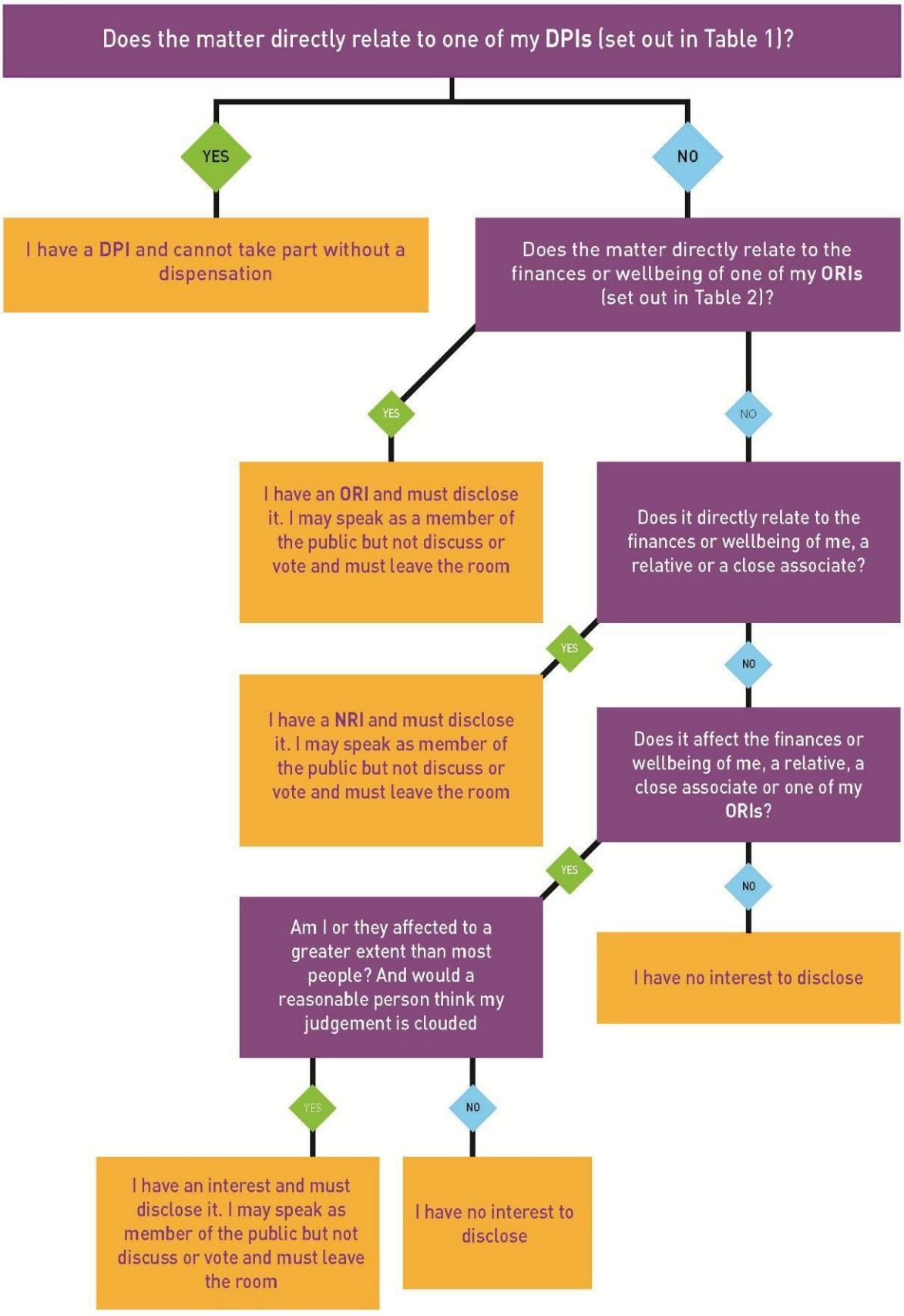
Contact: Senior Scrutiny Officer, Gary Woods on email gary.woods@stockton.gov.uk

Stockton-on-Tees BOROUGH COUNCIL

Key – Declarable interests are :-

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

Members – Declaration of Interest Guidance



Stockton-on-Tees
BOROUGH COUNCIL

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 Registerable Interest

You must register as an Other Registrable Interest:

a) any unpaid directorships

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

c) any body

(i) exercising functions of a public nature

(ii) directed to charitable purposes or

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

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.

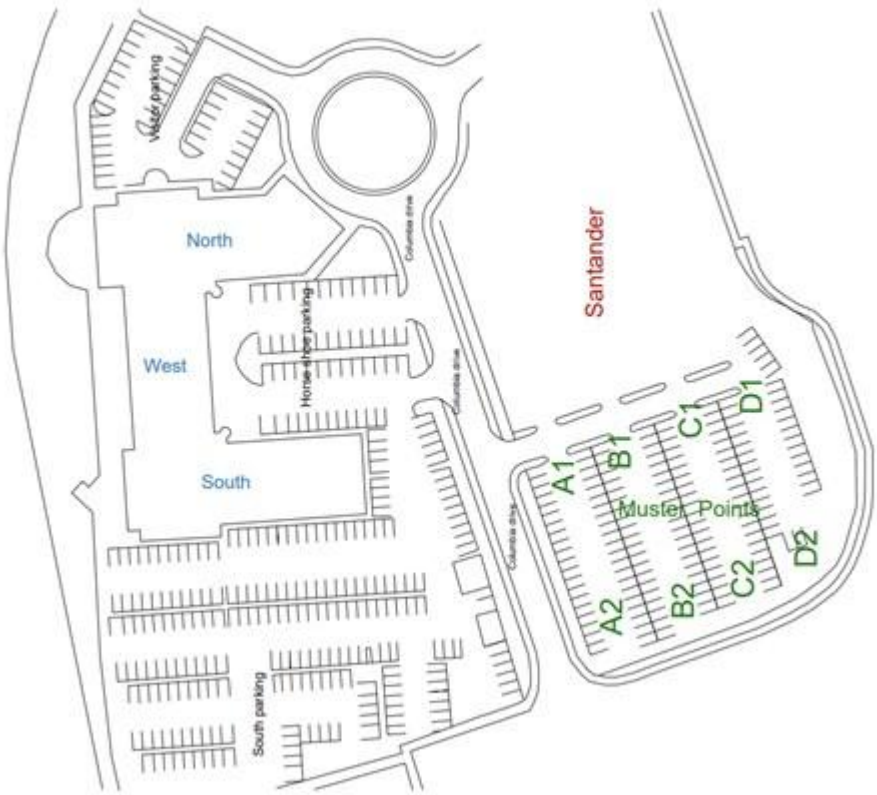
The emergency exits are located via the doors to the left of the raised seating area at the front of the Council Chamber and the rear of the Council Chamber.

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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Adult Social Care and Health Select Committee

A meeting of the Adult Social Care and Health Select Committee was held on Tuesday 21 July 2026.

Present: Cllr Marc Besford (Chair), Cllr Carol Clark, Cllr John Coulson, Cllr Lynn Hall, Cllr Jack Miller, Cllr Vanessa Sewell, Cllr Sylvia Walmsley

Officers: Angela Connor, Carol Malham (A,H&W); Chris Renahan (R&IG); Geraldine Brown, Gary Woods (CS)

Also in attendance: Natasha Douglas (Healthwatch Stockton-on-Tees)

Apologies: None

ASCH/26/26 Livestreaming

The Chair announced to those present that the meeting would be livestreamed.

ASCH/27/26 Evacuation Procedure

The evacuation procedure was noted.

ASCH/28/26 Declarations of Interest

There were no interests declared.

ASCH/29/26 Minutes

Consideration was given to the minutes from the Committee meeting held on 23 June 2026, with specific attention drawn to the following items:

- Minutes (North Tees and Hartlepool NHS Foundation Trust – Quality Account 2025-2026): With reference to the Committee's request for a DEXA (Dual-Energy X-ray Absorptiometry) scanner to be added to the local Community Diagnostic Centre (CDC) in Stockton, Members were delighted by the recently relayed news that a scanner had now been installed within the facility and praised University Hospitals Tees (UHT) for actioning this so promptly. Noting that the equipment was anticipated to be fully operational during August 2026, the Committee felt this development would make a real difference for local people who, in many cases, would no longer need to travel to Hartlepool for bone density scans.

- Norton Medical Centre – Response to latest CQC inspection: Members were reminded that, since the June 2026 meeting, further information had been provided by Norton Medical Centre following a Committee query on what the practice had done to get more appropriate representation on its Patient Participation Group (PPG) (shared with Members, via email, on 10 July 2026).

AGREED that the minutes of the meeting on 23 June 2026 be approved as a correct record and signed by the Chair.

ASCH/30/26 Healthwatch Stockton-on-Tees - Annual Report 2025-2026

The Committee considered the Healthwatch Stockton-on-Tees Annual Report covering the 2025-2026 period. Local Healthwatch organisations were required to produce an Annual Report setting out their aims and achievements, and this latest document, an overview of which was given by the Healthwatch Stockton-on-Tees Manager (also the Healthwatch representative across the Tees Valley), covered the following:

- A message from our Chair
- About Healthwatch Stockton-on-Tees
- Our year in numbers
- A year of making a difference
- Working together for change
- Making a difference in our community
- Listening to your experiences
- Hearing from all communities
- Information and signposting
- Making change over time
- Volunteers at the heart of our work
- Finance and future priorities
- Statutory statements

Headline data for the 2025-2026 showed that Healthwatch Stockton-on-Tees had supported more than 16,600 people to have their say and get information about their care, had heard from 2,424 people on their experiences of health and social care, and had published nine reports about improvements people would like to see in areas such as Pharmacy First, the NHS app and accessing GPs, support for the deaf community, and mental health. The organisation had continued to influence discussions at a local, regional and national level, ensuring that lived experience shaped delivery, service improvements, and future planning.

Key themes covered during the year included primary care access (difficulties getting through for GP appointments, long waiting times, lack of continuity of care, and digital barriers), mental health rehabilitation and recovery (long waits, fragmented pathways, being passed between services, and discharge arrangements that felt rushed / unsafe), winter care, shaping 'WorkWell' (a new service designed to help people with long-term health conditions stay in or return to work), and palliative and end-of-life care. National policy in relation to online NHS developments was also influenced via the Healthwatch North East and North Cumbria (NENC) network.

Feedback on this latest Annual Report had recognised the value of the work undertaken by Healthwatch Stockton-on-Tees and its role in influencing local, regional and national policy – indeed, the organisation had recently provided evidence to Parliament on what future models of public voice and engagement could look like.

Looking ahead, Healthwatch Stockton-on-Tees would be directing its efforts towards Neighbourhood Health, hospital access and communication (including an 'enter and view' activity programme within University Hospitals Tees (UHT), extending its work with people experiencing homelessness, and working through trusted organisations to reach those that often remained unheard. Contributing to NHS *Fit for the Future* (the 10-year health plan for England) to help strengthen the health and care workforce, and support services to meet future demand, would be another important area of focus.

Giving thanks for the information provided, and noting its uncertain future following last year's announcement that Healthwatch was to be scrapped, the Committee felt that this latest Annual Report reinforced the essence of what Healthwatch was all about – namely to reach out to local people and give them a voice.

Commending the work undertaken by volunteers within the organisation, the Committee drew attention to the recently published 'enter and view' report following a visit to Synergise Pharmacy, with concerns expressed over the challenges the pharmacy appeared to have in contacting GP practices (as well as its ongoing medication shortages). In related matters, Yarm Medical Practice's recent adoption of an artificial intelligence (AI) system to book an appointment was also noted, with Members highlighting the potential stresses this could cause with patients having to phonetically spell out their names when the system did not recognise it accurately, as well as its limitations in understanding dialects.

Welcoming the publication on support for the deaf community, the Committee sought clarity on who Healthwatch Stockton-on-Tees had reached out to with regard previous work around drugs and alcohol. In response, it was stated that the original focus on these issues was in 2024, and that follow-up engagement had taken place with Bridges Family and Carer Service, CGL, and Stockton-on-Tees Borough Council (SBC) Public Health after it was found that people were not aware of the outreach offer that was already available. Continuing the theme of drug / alcohol use, Members noted problems in both Yarm Lane and Bishopton Road, and queried whether the opening of the new Stockton waterfront park may have dispersed substance-users to other areas of the town.

The Committee voiced encouragement about the evidenced engagement from the public throughout 2025-2026 and the sense that people were becoming more comfortable in sharing their experiences of health and care (particularly around palliative services). Members were informed of the sensitivities involved when seeking views on the existing end-of-life offer as people requiring these services were already experiencing difficult situations which Healthwatch Stockton-on-Tees was mindful not to make worse.

With reference to the work around the ongoing system change by UHT, the Committee asked for any examples where the Group had made alterations following Healthwatch input / feedback (there was also a specific request for more information on the stated 'you said, we did' element). Whilst details would be provided after the meeting, an engagement event with UHT, which helped in developing the Group's six priorities, was noted.

Comments concluded with the Committee praising the efforts of Healthwatch Stockton-on-Tees during the course of 2025-2026, especially through being involved in and facilitating positive partnership-working, and for continuing to seek views from under-represented groups. In response to whether there were any further developments in relation to digital inclusion (a topic which was stated to be an intended area of focus when the previous year's (2024-2025) summary was presented to the Committee in September 2025), Members were informed that such matters would be considered as part of forthcoming NHS *Fit for the Future* work with the NHS North East and North Cumbria Integrated Care Board (NENC ICB) around digital access.

AGREED that the Healthwatch Stockton-on-Tees – Annual Report 2025-2026 be noted, and further information be provided as requested.

ASCH/31/26 Tees Valley Care and Health Innovation Zone

Following an initial briefing on the Tees Valley Care and Health Innovation Zone (TVCHIZ) to the Committee in June 2024, and a second presentation in July 2025, a further update on developments in relation to this initiative had been requested. The Stockton-on-Tees Borough Council (SBC) Head of Policy, Development & Public Affairs and the SBC Assistant Director – Inclusive Growth and Development reported that:

- The TVCHIZ brought together health and social care providers, academic institutions, and the business community to create a world-class innovation ecosystem. Developing this alongside one of the largest brownfield regeneration opportunities in the country, Tees Central, would support the continued inclusive growth of the region and strengthen the global position of the UK health innovation sector, as well as helping to tackle the stark health inequalities that existed in the Borough and further afield.

- The TVCHIZ was not a single capital project. It was a long-term place-based programme that co-ordinated multiple projects and investment opportunities across the Borough and wider Tees Valley. Its purpose was to align regeneration, NHS investment, research, education, skills and commercial growth around a common vision. As a result, Members should expect individual projects to come forward separately through the Council's normal governance processes, rather than as one comprehensive scheme.

- Activity supporting the achievement of this long-term vision was structured around three key workstreams, with achievements noted as follows:

    - Research and Innovation: Work had taken place (through CPI and Teesside University) to understand what the local unique selling point (USP) was. Building on this, focused 'health' and 'care' workshops saw multiple partners from across the sector come together to understand challenges and establish priorities. Teesside University had secured resources to develop an 'innovation brochure' which would highlight the activity taking place and would help attract inward investment and promote the area's core strengths / innovation assets.

    - Skills and Workforce Development: Chaired by the Principal of Stockton Riverside College, this group continued to look at opportunities to increase the prevalence of the care and health curriculum within further education. The creation of new vocational-focused V-Levels would enable skills development in a number of disciplines (as opposed to T-Levels which focused on one particular topic), with the potential to base skills provision next to Neighbourhood Health facilities being explored. Also, a new SBC Care and Health Recruitment and Training Co-ordinator had been in post since April 2026 (based within the Council's Employment and Training Hub but operating across the Tees Valley and with other Tees Valley Local Authorities) who was working with local employers and education providers to help increase employment / placement opportunities. Encouragingly, a recent event saw 110 attendees, 32 of whom had already been shortlisted for roles, with five successfully gaining a new role. Furthermore, the Care Academy (through the Council's Employment

and Training Hub / Learning and Skills Service) continued to develop recruitment into the care sector.

- Place and Regeneration: Developments in relation to the Tees Valley Combined Authority (TVCA) included input into its now-published Growth Plan (the result of which had seen the TVCHIZ referenced in this document) and ongoing work around the Investment Zone, specifically on shaping the digitisation of the care and health sectors. The TVCA also participated in considerations around the Tees Central site (a longer-term regeneration project which involved others such as Homes England and Network Rail), with transport-related funding already assigned. In other matters, the Neighbourhood Health concept continued to be explored (funding was available for associated 'hubs'), with partners trying to understand what this looked and felt like for all the Borough as a whole.

- Collectively, the workstreams provided a co-ordinated framework for delivering the TVCHIZ. By aligning regeneration, research, innovation, skills, workforce development and infrastructure investment, the programme sought to improve health outcomes, reduce inequalities, create high-value employment, attract inward investment and establish Stockton-on-Tees as a nationally recognised centre for care and health innovation. The programme would be delivered incrementally over the coming years through collaboration between the Council, NHS, academic institutions, Tees Valley Combined Authority (TVCA) and private sector partners.

- The programme remained in the development and delivery phase. Progress was expected to be incremental, with projects progressing as opportunities, funding, partner priorities and business cases matured. The Strategic Programme Board continued to oversee the programme, ensuring that individual initiatives contributed to the overall vision while recognising that delivery would take place over many years.

Thanking officers for this latest update, the Committee focused its initial response on the skills / workforce development element, with Members noting previous concerns relayed to them during a visit to the local Community Diagnostic Centre (CDC) about a lack of radiographers. In response, it was stated that this issue had been raised several times through TVCHIZ-related discussions, and that attempts were being made to link universities more closely with the health sector.

Highlighting the importance of the SBC Director of Adults, Health and Wellbeing having a voice in Neighbourhood Health considerations, the Committee referenced development 'phases' which had been included in previous updates, and asked if there had been any engagement with river-users (e.g. Tees Rowing Club) as part of the 'riverside' element of the overall TVCHIZ footprint. Officers stated that some groups no longer existed and that it was more challenging to engage with individual users – however, there was a desire to work more closely with those who utilised the river, something which was widely recognised as being a key asset and a space which had been recently enhanced through the opening of the new Stockton waterfront park.

Closing the item, the Committee welcomed progress made over the last year, though also urged partners to be mindful of those who were not able to access services digitally. Members once again requested more regular feedback on the TVCHIZ, reiterating that it was appropriate for this Committee to be sighted on developments in a timely manner. It was subsequently noted that assurance had recently been given

that a further report would be provided to the next Committee meeting in September 2026.

AGREED that the Tees Valley Care and Health Innovation Zone update be noted.

ASCH/32/26 Scrutiny Review of Protection of Property

Consideration was given to the draft scope and project plan for the Scrutiny Review of Protection of Property, the proposed aims of which would be to determine whether:

- Existing Stockton-on-Tees Borough Council (SBC) arrangements for fulfilling the Care Act duty to protect properties were fit for purpose.
- SBC Adult Social Care Financial Services (ASCFS) had the capacity, procedures and resources to manage increasing numbers of properties (including clarity around what was defined as 'property').
- SBC was recovering reasonable expenses (as allowed by legislation).
- Risk, accountability and decision-making processes (including those involving Mental Capacity Act decisions) were clear, consistent and auditable.

A number of contributors had been identified in relation to this scrutiny topic, including SBC departments (Adult Social Care, Community Safety, and Housing Services), local NHS Trusts, local housing associations, and Teeswide Safeguarding Adults Board (TSAB) – an understanding of how other Local Authorities viewed / conducted work around this duty would also be sought. It was anticipated that the Committee's final report would be presented to the SBC Cabinet in January 2027.

AGREED that the draft scope and project plan for the Protection of Property review be approved.

ASCH/33/26 Chair's Update and Select Committee Work 2026-2027

CHAIR'S UPDATE

The Chair had no further updates.

WORK PROGRAMME 2026-2027

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 22 September 2026, and it was stated that there had been some changes to the published document following the decision to delay the presentation of the new Stockton-on-Tees Borough Council (SBC) Adult Services Complaints Report until after the summer recess (originally, this was scheduled for July 2026). As a result:

- The next meeting in September 2026 was due to include the aforementioned complaints report, the first update on progress of the agreed actions following the previously completed Scrutiny Review of Reablement Service, the first evidence-gathering session in relation to the Scrutiny Review of Protection of Property, and a further update on the Tees Valley Care and Health Innovation Zone (TVCHIZ).

- The Overview and Performance Report (Adults, Health & Wellbeing – Public Health) and the CQC / PAMMS Quarterly Update (Q1 2026-2027) would now be presented to the Committee meeting in October 2026.

Members were also reminded of the following documentation which had recently been circulated to the Committee:

- Healthwatch Stockton-on-Tees: Two reports (published in July 2026) following 'enter and view' visits to Synergise Pharmacy and Elm Tree Medical Centre.

- Stockton-on-Tees Borough Council (SBC): Presentation slides regarding an ongoing SBC consultation on Community Day Options and Allensway Day Centre.

- Ockenden Report: Findings, conclusions and essential actions from the Independent Review of Maternity Services at Nottingham University Hospitals NHS Trust (published on 24 June 2026) which included learning for all NHS Trusts.

It was also noted that the next Tees Valley Joint Health Scrutiny Committee meeting was taking place later this week (23 July 2026) where consideration would be given to a University Hospitals Tees (UHT) 'Case for Change' presentation relating to anticipated variations to the way services will be delivered between North Tees and Hartlepool NHS Foundation Trust (NTHFT) and neighbours South Tees Hospitals NHS Foundation Trust (STHFT).

AGREED that the Chair's Update and Adult Social Care and Health Select Committee Work Programme 2026-2027 be noted.

Chair: ……

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ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

22 SEPTEMBER 2026

Progress Update on Previously Agreed Recommendations – Reablement Service

Summary

Members are asked to consider the evidence and assessments of progress contained within the attached Progress Update on the implementation of previously agreed recommendations in relation to the review of Reablement Service (see link below for final report).

- https://moderngov.stockton.gov.uk/documents/s20581/Committee%20Report.pdf

Detail

1. Following the Cabinet consideration of scrutiny reports, accepted recommendations are then subject to a monitoring process to track their implementation.

2. Two main types of report are used. Initially this is by means of Action Plans detailing how services will be taking forward agreed recommendations. This is then followed by a Progress Update report approximately 12 months after the relevant Select Committee has agreed the Action Plan (unless requested earlier). Evidence is submitted by the relevant department together with an assessment of progress against all recommendations. Should members of the Select Committee agree, those recommendations which have reached an assessment of '1' are then signed off as having been completed.

3. If any recommendations remain incomplete, or if the Select Committee does not agree with the view on progress, the Select Committee may ask for a further update.

4. The assessment of progress for each recommendation should be categorised as follows:

1	Achieved (Fully)	The evidence provided shows that the recommendation has been fully implemented within the timescale specified.
2	On-Track (but not yet due for completion)	The evidence provided shows that implementation of the recommendation is on-track but the timescale specified has not expired.

3	Slipped	The evidence shows that progress on implementation has slipped. An anticipated date by which the recommendation is expected to become achieved should be advised and the reasons for the delay.
4	Not Achieved	The evidence provided shows that the recommendation has not been fully achieved. An explanation for non-achievement of the recommendation would be provided.

5. To further strengthen the monitoring process, from August 2020, the Progress Update report will also include references on the evidence of impact for each recommendation.

6. For Progress Update reports following the completion of a review, the relevant Link Officer(s) will be in attendance.

7. **Appendix 1** (Review of Reablement Service) sets out the recommendations for this Committee. Members are asked to review the update and indicate whether they agree with the assessments of progress.

Name of Contact Officer: Gary Woods
Post Title: Senior Scrutiny Officer
Telephone Number: 01642 526187
Email Address: gary.woods@stockton.gov.uk

APPENDIX 1

PROGRESS UPDATE: Review of Reablement Service

SCRUTINY MONITORING – PROGRESS UPDATE	
Review:	**Reablement Service**
Link Officer/s:	**Rob Papworth**
Action Plan Agreed:	**February 2026**

Updates on the progress of actions in relation to agreed recommendations from previous scrutiny reviews are required approximately 12 months after the relevant Select Committee has agreed the Action Plan. Progress updates must be detailed, evidencing what has taken place regarding each recommendation – a grade assessing progress should then be given (see end of document for grading explanation). Any evidence on the impact of the actions undertaken should also be recorded for each recommendation.

Recommendation 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').
Responsibility:	NENC ICB Head of Commissioning
Date:	September 2026
Agreed Action:	As part of the SC03 Part 2 POF Programme, ICB / NTH reps will be asked to lead on the review and assessment.
Agreed Success Measure:	Completed analysis reported to SC03 programme Steering Group and agreed with any action included in the reablement project plan.
Evidence of Progress (September 2026):	A review of the gap analysis demonstrates that substantial progress has already been made in developing an integrated reablement and intermediate care offer, supported by established governance arrangements, service reviews, operational integration, workforce development, and ongoing performance evaluation. Most NHS England Intermediate Care Framework actions are either fully or largely in place, with improvement activity already underway through the Powering Our Future programme and associated transformation workstreams. While several areas require further development, particularly around system-wide planning, workforce mapping, health inequalities, rehabilitation leadership and care transfer hub arrangements, partners across health, social care and the voluntary and community sector are working collaboratively to further refine the gap analysis, validate the findings and develop a coordinated action plan.

APPENDIX 1
PROGRESS UPDATE: Review of Reablement Service

	This provides a strong basis for achieving full alignment with the NHS England Intermediate Care Framework and delivering improved outcomes for residents, staff and the wider health and care system.
Assessment of Progress (September 2026): (include explanation if required)	**2 (On-Track)** Further work on the action plan required.
Evidence of Impact (September 2026):	The Powering our Future programme (MT03) is monitoring the wider impact and will report this during Q2 and Q3 in 2026/7.
	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.
Responsibility:	NENC ICB Head of Commissioning
Date:	March 2027 (this may be brought forward if required)
Agreed Action:	Identify the date and request to be considered as part of the new strategy to ensure this is considered and SBC give the opportunity to review prior to publication.
Agreed Success Measure:	New strategy reflects reablement services clearly.
Evidence of Progress (September 2026):	The Integrated Care Strategy, published in 2022 as a 10-year strategy, is not yet due for formal refresh. However, the jointly developed 2026/27 Better Care Fund Plan, approved by NHS England and signed off by the Health and Wellbeing Board, provides more recent evidence of joint planning across health and social care. The plan includes explicit reference to reablement and intermediate care and demonstrates that these services continue to be reflected within current system and place-based priorities.
Assessment of Progress (September 2026): (include explanation if required)	**2 (On-Track)** Not yet due for completion.
Evidence of Impact (September 2026):	Too early to confirm, however, the Powering our Future programme (MT03) is monitoring the wider impact and will report this during Q2 and Q3 in 2026/7.

Recommendation 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.**
Responsibility:	SBC Service Manager – Assessment (Early Intervention) NTHFT Senior Operations Manager
Date:	April 2026
Agreed Action:	To include a review of the discharge processes through the planned review of the hospital discharge pathway (05 Feb 2026) under the ASC Front Door / TEC Programme.

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Agreed Success Measure:	SWOT report on the hospital discharge pathway.
Evidence of Progress (September 2026):	A review of Pathway 1 (Reablement) was completed on 05/02/2026 with representation from SBC and NTHFT. The pathway was mapped out and agreed by all parties.
Assessment of Progress (September 2026): (include explanation if required)	**1 (Fully Achieved)** Pathway Mapping complete from admission to discharge. All 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. All eligible patients requiring reablement are given the current leaflet from the trust by volunteers.
Evidence of Impact (September 2026):	Patient pathway meets the need for patients from admission to hospital and are provided with appropriate information.

Recommendation 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.**
Responsibility:	SBC Service Manager – Commissioning SBC Service Manager – Direct Services NTHFT Senior Operations Manager
Date:	April 2026
Agreed Action:	Review current people and agree process for ensuring contact list is current and reliable and accessible to appropriate people.
Agreed Success Measure:	Accessible summary of key contacts.
Evidence of Progress (September 2026):	Key contacts discussed and shared as part of the planning and preparation for phase 2 of the reablement offer in the Reablement (MT03) steering Group. This will be revisited following the restructuring in the NHS and the appointment of a new Chief Executive at Catalyst.
Assessment of Progress (September 2026): (include explanation if required)	**2 (On-Track)** Was completed by deadline but has been reopened and will be completed by September 2026.
Evidence of Impact (September 2026):	n/a

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PROGRESS UPDATE: Review of Reablement Service

Recommendation 4:	**SBC and NTHFT establish required person-centred information on an individual when a referral is made into the SBC Reablement Service.**
Responsibility:	SBC Service Manager – Direct Services
Date:	May 2026
Agreed Action:	Refer to actions under 2 above.
Agreed Success Measure:	Refer to success measures under 2 above.
Evidence of Progress (September 2026):	Daily meetings to progress discharges and information sharing have positively impacted the process. Further to this a meeting is now planned to discuss impact of new front door model on this process to prevent duplication and ensure efficiency.
Assessment of Progress (September 2026): (include explanation if required)	**3 (Slipped)** Progress delayed due to timings around front door review.
Evidence of Impact (September 2026):	n/a

Recommendation 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.
Responsibility:	SBC Service Manager – Commissioning
Date:	April 2026
Agreed Action:	Review differences in the report and feedback to SC03 Programme steering group for review.
Agreed Success Measure:	Report to Steering Group on 18 Feb 2026 then to ASCH.
Evidence of Progress (September 2026):	Summary discussed at the Steering Group in June and scheduled again for September (alongside preparation for CQC inspection and signoff of benefits tracker).
Assessment of Progress (September 2026): (include explanation if required)	**1 (Fully Achieved)**
Evidence of Impact (September 2026):	Steering group has been able to focus on the areas that will maximise impact on individuals.
	b) confirms further planned changes to existing service delivery (structures, workforce) and the funding required to support this, and

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	provides assurance on appropriate training uptake for new and existing staff.
Responsibility:	SBC Service Manager – Direct Services
Date:	August 2026
Agreed Action:	Implement review of reablement service as set out in the SC03 Project Plan (Reablement) on any proposed changes to the structure and model for reablement.
Agreed Success Measure:	Report to SMT / POF Board.
Evidence of Progress (September 2026):	Report on proposed new structure for Reablement was developed and agreed at Adult Social Care Senior Management Team on 21 May 2026 alongside changes to the way the Trusted Assessors will work in hospital to ensure people are directed to the most appropriate route.
Assessment of Progress (September 2026): (include explanation if required)	**1 (Fully Achieved)** Although the implementation of the new service will take some time to bed in.
Evidence of Impact (September 2026):	Too early to confirm, however, the Powering our Future programme (MT03) is monitoring the wider impact and will report this during Q2 and Q3 in 2026/7.
	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.
Responsibility:	SBC Service Manager – Commissioning
Date:	August 2026
Agreed Action:	See 5b.
Agreed Success Measure:	See 5b.
Evidence of Progress (September 2026):	Working group has looked at the options for internal capacity for reablement and has identified: • For people with a Learning Disability, Autism and Mental Health delivering enablement within the teams using community support workers is the most effective option). This is consistent with the discussions with Peopletoo who believed, from experience in other LAs, this may be an option but were unable to provide evidence for SBC at the time. A pilot is currently underway to test the model. • For overnight support, to give people the opportunity to be discharged / maintained at home rather than in a residential care setting, the contract for Care at Home has been used to commission a care provider to deliver out of hours support alongside OneCall. This will go live in late September 2026.
Assessment of Progress	**1 (Fully Achieved)**

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(September 2026): (include explanation if required)	Although the implementation of the new service will take some time to bed in.
Evidence of Impact (September 2026):	n/a

Recommendation 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.**
Responsibility:	SBC Service Manager – Commissioning
Date:	March 2027
Agreed Action:	Refer to actions under 2 above.
Agreed Success Measure:	Refer to success measures under 2 above.
Evidence of Progress (September 2026):	Ensuring a smooth transition has been picked up at the provider forum for Care at Home on 20 May 2026. Providers are now able to access their own performance dashboard, and SBC will use this to review their performance in picking up referrals and delivering effective care and support. Commissioning continues to work with the corporate contract team to monitor capacity and pressures for the Care at Home providers under contract. Further, the daily discharge meetings are providing clearer understanding of pressures and ensuring these are managed quickly.
Assessment of Progress (September 2026): (include explanation if required)	**2 (On-Track)** Not yet due for completion.
Evidence of Impact (September 2026):	Too early to confirm, however, the Powering our Future programme (MT03) is monitoring the wider impact and will report this during Q2 and Q3 in 2026/7.

Recommendation 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.
Responsibility:	SBC Service Manager – Direct Services SBC Senior Communications Officer
Date:	March 2026

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Agreed Action:	Consider SCIE guidance as part of the assessment of how we promote the current and future reablement offer in Borough.
Agreed Success Measure:	Report back to SC03 Steering Group and production of new information / materials.
Evidence of Progress (September 2026):	Officers from adult Social Care and corporate communications are working with the Making it Real Board (MIRB) to review our wider information and advice offer. As the review of the reablement service has not yet completed, the final communication messages and media (leaflets, online information, etc.) will be finalised and included as part of the wider MIRB work to ensure it is accessible and clear.
Assessment of Progress (September 2026): (include explanation if required)	**3 (Slipped)** Progress delayed due to impact of front door review and the need to understand the overall impact of these changes on the reablement offer.
Evidence of Impact (September 2026):	TBD
	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.
Responsibility:	SBC Senior Communications Officer
Date:	April 2026
Agreed Action:	Agree communication plan for 2026/27 with NHS to promote the service (and align with any change in the offer / way the support is delivered).
Agreed Success Measure:	Agreed communication plan / strategy for 2026/27.
Evidence of Progress (September 2026):	SBC have established a clear legal basis for the 6-week reablement offer. An initial mapping meeting is scheduled for 25 August to begin to plan and deliver a coordinated communication strategy for the new reablement offer.
Assessment of Progress (September 2026): (include explanation if required)	**3 (Slipped)** Progress delayed due to impact of front door review and the need to understand the overall impact of these changes on the reablement offer.
Evidence of Impact (September 2026):	TBD

APPENDIX 1
PROGRESS UPDATE: Review of Reablement Service

Recommendation 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.**
Responsibility:	Healthwatch Stockton-on-Tees
Date:	March 2027
Agreed Action:	Healthwatch to undertake a targeted and meaningful approach to people who: • have recently been discharged from hospital • are more likely to need reablement services • or may face additional challenges in accessing or understanding the offer This would allow us to reach the people who are most likely to have direct experience of reablement or who face the biggest barriers in accessing services.
Agreed Success Measure:	Scoping conversation and agreed plan with Healthwatch. Completed structured conversations. Report to SBC that will be shared with SMT / ASCH.
Evidence of Progress (September 2026):	Requirement for the work has been raised with Healthwatch and SBC has agreed to support any work required. Dates to be confirmed by Healthwatch.
Assessment of Progress (September 2026): (include explanation if required)	**2 (On-Track)**
Evidence of Impact (September 2026):	n/a

Assessment of Progress Gradings:	**1** Fully Achieved	**2** On-Track	**3** Slipped	**4** Not Achieved

Agenda Item 7

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

22 SEPTEMBER 2026

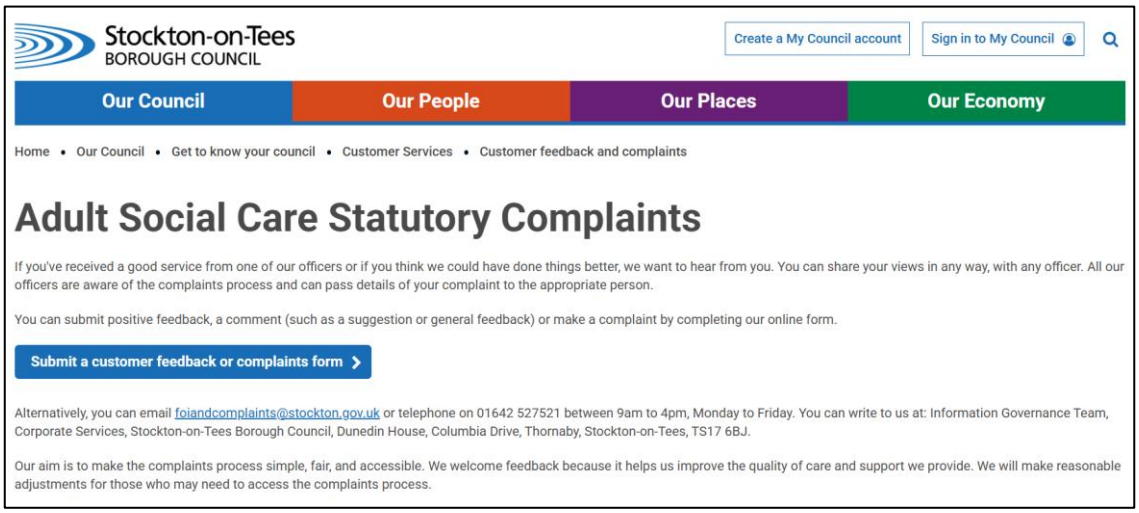
SBC Adult Social Care Complaints Report 2025-2026

Summary

The Committee will receive the annual Stockton-on-Tees Borough Council (SBC) complaints report in relation to adult social care services. This version covers the 2025-2026 period.

Detail

1. The purpose of the annual report is to review SBCs handling of complaints related to adult social care over the twelve-month period between 1 April 2025 and 31 March 2026. The report shares information about complaints themes and the learning taken from those complaints to improve the quality of social care services.



https://www.stockton.gov.uk/article/20539/Adult-Social-Care-Statutory-Complaints

2. The annual report, as well as a supporting summary report, is included within these meeting papers. Senior SBC officers are scheduled to be in attendance to provide an overview and address any Member comments / questions.

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Summary Report for Adults Social Care Committee

Adult Social Care Annual Complaints Report 2025/26

The Adult social care annual complaints report 2025-2026 provides assurance that Stockton-on-Tees Borough Council has effective arrangements in place for handling complaints, learning from concerns raised by residents, and using feedback to improve Adult Social Care services. The report covers the period 1 April 2025 to 31 March 2026.

Overall Position

Adult Social Care continued to operate in a challenging environment, receiving 16,143 requests for support, providing short-term support to 5,395 people, long-term support to 3,450 people and undertaking over 4,000 reviews during the year. Despite this scale of activity, only 34 formal complaints were received, a slight reduction from 35 complaints in 2024/25.

The report demonstrates a positive complaints culture, with complaints viewed as an important source of learning and service improvement rather than solely as a measure of dissatisfaction. Feedback has led to changes in practice, procedures, training and communication across several service areas.

Key Performance Highlights

- Complaints reduced slightly from 35 in 2024/25 to 34 in 2025/26.
- Over half of all complaints (56%) were resolved through Early Resolution compared with 46% in the previous year.
- 90% of Early Resolution complaints were resolved within the target timescale.
- No complaints were received regarding commissioned care services during the year, suggesting concerns are generally being resolved locally by providers before escalation.
- Adult Social Care complaints considered by the Ombudsman did not require investigation because the Council had already acknowledged fault and implemented remedies.

Complaint Themes

The most common complaint theme remained care planning and assessment, with 10 complaints recorded. Service accessibility and availability remained unchanged at five complaints.

Several complaint categories showed encouraging reductions:

- Communication and information sharing reduced from 8 to 3 complaints.
- Financial matters reduced from 9 to 4 complaints.
- Quality of care complaints reduced from 7 to 2 complaints.

- Complaints regarding officer attitude and behaviour reduced from 3 to 2 complaints.

An increase was noted in safeguarding-related complaints, rising from 2 to 5. However, the report highlights that learning from these cases has already been used to strengthen practice and improve processes.

Complaint Outcomes

Of the 34 complaints received:

- 19 were resolved through Early Resolution.
- 2 were upheld in full.
- 8 were partially upheld.
- 4 were not upheld.
- 1 complaint remained active at year end.

Where fault was identified, remedies included apologies, reassessments, policy and procedural changes, staff guidance, improved communication and, where appropriate, financial redress.

Learning and Service Improvement

A significant strength of the report is the evidence that complaints have led to tangible improvements. Examples include:

- Improved guidance and support around Court of Protection processes.
- Better recording of legal information and appointment of a Deprivation of Liberty champion.
- Enhanced consultation and communication during DoLS and Court of Protection processes.
- Strengthened homelessness referral and follow-up procedures.
- Refresher training and process improvements in deferred payment arrangements.
- Improved communication with families regarding financial matters and information sharing.
- Service changes following issues related to safeguarding, hospital discharge planning and advocacy provision.

Compliments and Positive Feedback

A new compliments recording process was introduced following feedback from the Care Quality Commission. Initial feedback demonstrates a highly positive picture of Adult Social Care, with recurring themes including staff kindness and compassion and empathy; professionalism and expertise; good communication and listening; going above and beyond expectations; building confidence and independence; quick responses and co-ordinated support and making people feel safe and reassured.

Ombudsman Performance

The Local Government and Social Care Ombudsman responded to 51 complaints and enquiries about the Council during 2025/26, of which seven progressed to investigation. Two related to Adult Social Care. In both adult social care cases, the Ombudsman decided not to investigate because the Council had already identified the fault, provided an appropriate remedy and implemented learning to prevent recurrence. Our Rosedale Rehabilitation and Assessment Centre has been frequently recognised through compliments in the reporting period.

This provides strong external assurance regarding the quality and robustness of the Council's complaint investigations and its willingness to put matters right.

Key Priorities for 2026/27

The report identifies eight priorities:

1. Strengthen Early Resolution.
2. Improve timeliness and performance monitoring.
3. Further embed learning from complaints.
4. Promote learning from compliments.
5. Continue workforce training and awareness.
6. Enhance the quality and consistency of complaint responses.
7. Strengthen partnership working with health organisations.
8. Maintain oversight and scrutiny arrangements.

Conclusion

The 2025/26 report presents a positive picture of Adult Social Care complaint handling. Complaint numbers remain low relative to service demand, early resolution rates have improved, several complaint themes have reduced significantly, and there is clear evidence that feedback is driving meaningful service improvements. The Ombudsman's decision not to investigate the two Adult Social Care complaints further supports confidence in the Council's complaint handling arrangements. Overall, the report demonstrates a learning culture and a continued commitment to improving outcomes for residents through effective complaints management.

Carolyn Nice

Director of Adults, Health and Wellbeing

Date: 13 August 2026

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Adult social care
Annual complaints report 2025/2026

Contents

1. Purpose of report

The purpose of the annual report is to review Stockton on Tees Borough Council's handling of complaints related to adult social care over the twelve-month period between 1 April 2025 and 31 March 2026. The report shares information about complaints themes, and learning taken from those complaints to improve the quality of social care services.

2. Summary

This report demonstrates the Council's continued commitment to handling complaints in a fair, transparent and proportionate manner, in line with best practice and the expectations set by the Local Government and Social Care Ombudsman.

During the reporting period, complaints have continued to provide valuable insight into the experiences of people who use our services. While the majority of concerns were resolved either at an early stage or through the statutory process, the themes identified highlight areas where practice can be strengthened.

Encouragingly, there is evidence that learning from complaints is being used to inform service improvements, with actions taken to address identified issues and reduce the likelihood of recurrence. The report also reflects ongoing challenges, including managing demand and ensuring consistent application of processes across services and with our partners including health.

The Council remains committed to using complaints as a tool for learning and improvement, ensuring that feedback from people who use our services and their representatives directly informs the development and delivery of adult social care services.

It is positive that the Ombudsman decided not to investigate the 2 complaints they considered about adult social care as they were satisfied that the Council had already accepted the fault they identified and remedied the issues to prevent the faults happening for others. This reflects that our consideration of such complaints is robust and fair and officers take every opportunity to put matters right.

3. Background

The Local Government and Social Care Ombudsman (LGSCO) is an independent body which issues guidance to Local Authorities on how to handle complaints, as well as being the body to which residents can raise complaints regarding services provided by councils if they are not satisfied with how their council has investigated and responded to their complaint.

In October 2020, the LGSCO issued councils with guidance on how to handle complaints called "Effective Complaint Handling for local authorities". They state that councils should adhere to the following standards and practices to ensure complaints are dealt with effectively.

Getting it right: do simple things well, by complying with the law and following policies. Being customer focused: Make the complaints process easy to find and use, and keep complainants informed.

Being open and accountable: Processes should be transparent and be honest when things have gone wrong.

Acting fairly and proportionately: councils should explain their thinking, base decisions on sound evidence and explain clearly why they were made.

Putting things right: make amends. If something has been done wrong, councils should apologise and take steps to put right any injustice caused.

Seeking continuous improvement: complaints are a great learning tool. Councils should put systems in place to capture the lessons, which will help improve your services.

4. Profile of Stockton on Tees

In 2025/26 the Council received 16,143 requests for support with 76% coming from the community and the greatest number from people aged 75-84 years.

Of those residents who required further support, 5,395 people received short-term support, and 3,450 received long term support; of which 65% were aged over 65 years, and there were more females than males entering long-term care. We also supported over 4,093 clients with reviews to their current health and social care needs.

We have supported around 12% of the estimated 18,000 unpaid carers in the borough. The majority of carers in Stockton-on-Tees are white and female, with 37% of all the carers aged between 50-64 years. National reporting shows us that carers in Stockton-on-Tees report satisfaction with social services as one of the highest in the North East.

We currently commission with 46 care homes, of which 4% are rated by CQC as providing a service standard assessed as Outstanding, 87% are assessed Good and 9% are rated Requires Improvement. We have no care homes rated inadequate.

5. Dealing with complaints about adult social care in Stockton on Tees.

Complaints about adult social care are coordinated by the Information Governance Team, who similarly manage and co-ordinate other types of complaints. We aim to make the complaint process simple, fair, and accessible. We welcome feedback because it helps us improve the quality of care and support we provide. We will make reasonable adjustments for those who may need to access the complaints process.

The purpose of the adult statutory complaint process is to ensure that the views of those receiving social care, their carers, and families, are made known, so that those views are dealt with effectively and can inform the planning and delivery of services. The process has been developed to help us to work with our colleagues in health and the independent sector to improve the Council's listening, responding and learning from people's experiences of adult social care.

A Joint Protocol has been developed with our Health colleagues to ensure that where complaints cross health and adult social care, complainants have a single point of contact and receive a single response.

The Information Governance Team works with the relevant managers to assess each complaint to determine the most appropriate way for them to be addressed. All complaints are recorded and

acknowledged, and attempts are made to resolve them as quickly as possible, staying in regular contact with complainants to keep them up to date about its progress. If we cannot quickly resolve the issues, we will agree a plan of how we will deal with the complaint. The complaint plan will say who will respond to the complaint, identify any support the complainant needs during the process, and how long it will take to provide a response.

Complaints are only shown to those people that need to know about the matter in order that we can resolve the problem. The officer investigating the complaint will review records, speak with staff and gather all necessary information. They may contact complainants to clarify details or discuss progress. Complainants will receive a written response that explains our findings, decisions, and any actions we will take because of the complaint. We keep all complaint information confidential and only share it where necessary to investigate or resolve concerns.

6. What is a complaint?

The Department of Health defines a complaint as:

> 'An expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's Adults Social Services and the National Health Service provision which requires a response'.

If a complaint highlights that an adult may be at risk of abuse or neglect, this may lead to consideration within the safeguarding adults' procedure. Under these circumstances, we will not investigate the same concerns in the complaints process. Once the safeguarding enquiry has finished, and if a complainant remains dissatisfied, the council can consider the best way to progress the outstanding concerns.

7. Who can make a complaint?

Adult social care services cover personal care and practical support for adults aged 18 and over who need help due to age, illness, disability, or other circumstances. Complaints can be made by the person receiving care, their representative, or others affected by the service provider or council's actions.

8. Information and Accessibility

We are committed to making sure that everyone has equal access to all our services, including the complaints procedure. To help make sure the complaints procedure is easily accessible we have produced two leaflets, one general leaflet and one easy to read leaflet. All new users of adult social care are provided with a copy of the leaflet and further copies can be requested from key workers and the Information Governance Team. Information about the complaints process is available on the Council's website and can be requested in other formats or languages.

There is also an electronic form which people can use to make a complaint or pass comment on Council services. People may make a complaint in any format they wish. This can be in writing, by email, via the web, over the phone, in person or by any other reasonable means. Complainants can be signposted to advocacy services where they require support.

9. Review of complaints received in 2025/2026

Table 1 – Complaints received by service area

	2024/2025		2025/2026	
Service area	**Number of complaints**	**% of total complaints**	**Number of complaints**	**% of total complaints**
Adult Social Care	14	40%	22	65%
Adults Mental Health	8	23%	7	21%
Client Financial Services	6	17%	2	6%
Client Property & Affairs	-	-	2	6%
Deprivation of Liberty Team	-	-	1	3%
Learning Disabilities Team	1	3%	-	-
Commissioning	5	14%	-	-
Rosedale Rehabilitation and Assessment Centre	1	3%	-	-
Total	35		34	

Although the number of complaints received in 2025/26 was of a similar number to 2024/25, there have been some change to the services that are the subject of complaint. The highest number of complaints relate to the adult social care teams, with the percentage of complaints in this area increasing from 40% to 65% since the previous year.

No complaints were received about services commissioned by the Council (such as residential care, day care or home care), although one complaint about adult social care did include concerns about a supported living provider. This would suggest that our providers are resolving these without the need for recourse to the local authority, which is our aim. There has also been a positive reduction in the number of complaints about client financial services (who support clients in receipt of social care services with financial assessments, direct payments, and clients who are not able to manage their own financial affairs).

10. Themes of complaints

Complaints often cover more than one theme, and the following captures the types of issues complained about:

Theme	24/25	25/26
Care planning and assessment	9	10
Service accessibility and availability	5	5
Communication and information sharing	8	3
Decision-making	5	4
Financial matters	9	4
Attitude or behaviour of officers	3	2
Safeguarding of vulnerable adults	2	5

Quality of Care	7	2
Health and Safety	0	1
Transitions and Discharge	2	0
Dignity and Respect	1	0
Complaints Handling	1	0
Advocacy and Support	1	0

Complaints are typically varied by their nature. Some complaints may seem straightforward and easy to fix – such as a miscommunication or a delay with a service. However, complaints can also be extremely complex and sensitive. Themes have been reviewed and amended this year to align with those within Care Quality Commission's themes.

Care planning and assessment is the most complained about theme. Table 2 below reflects that a high percentage of these complaints were resolved early with either an amendment made to an assessment or a reassessment offered.

Communication and information sharing often feature in complaints received but there has been a notable reduction in complaints with this included, as well as a reduction in complaints that include financial matters. There has been an increase in complaints regarding safeguarding of vulnerable adults, where faults were identified in relation to those complaints, learning has led to the service improvements shown later in Table 3.

11. Outcomes of complaints

Table 2 – Complaint findings

Outcome	**2024/2025**	**%**	**2025/2026**	**%**
Resolved at Early Resolution	16	46%	19	56%
Uncontactable/ Withdrawn	4	11%	0	-
Upheld	4	11%	2	6%
Partially Upheld	8	23%	8	23%
Not Upheld	1	3%	4	12%
Referred to Safeguarding/ Care Provider	1	3%	0	-
Inconclusive	0	-	0	-
Not investigated	1	3%	0	-
Active	0		1	3%
Total	35	100%	34	100%

Over half of complaints received were resolved early, with 6 of those being resolved by the offer of either an amendment to an assessment, a new assessment to be undertaken, or a new service to be considered. 2 complaints were resolved with the provision of explanation about decisions made or the service role.

Where there is sufficient information to indicate that an individual has suffered injustice and there is fault with the Council, the complaint will be either upheld or partially upheld. We upheld 2 complaints in full and 8 in part in 2025/26. Remedies were offered where possible and the learning taken forward to improve the service provide and prevent future recurrence. Details can be found in Tables 3 and 8.

12. Joint Protocol complaints

In 2025/2026 the Council received 2 complaints that related to services provided by both the Council and Health. Both complaints related to North Tees and Hartlepool NHS Foundation Trust, who led the investigations.

1 complaint related to the quality of care provided to the complainant's father during the final months and weeks of his life and to the Council's role in managing the risk under our safeguarding process. The Council have cooperated with the Trust's investigation and await their final response to this complaint.

The second complaint related to the complainant's son's discharge from hospital and subsequent care plan. The Council have cooperated with the Trust's investigation and provided our response to the issues relating to the Council.

We are required to work together with health colleagues to resolve cross organisational complaints, but each organisation can determine their own timeframes for response to complaints. In the case of both complaints, the Trust's timescales for response exceeded the Council's target response time.

13. Learning and Service Improvements as a result of complaints

We use the data and learning from complaints to drive service improvements, update procedures, and provide feedback to staff to prevent future recurrence of the issues complained about, so that issues do not happen again.

Table 3 – Learning & Service Improvements

Below is a summary of learning that has been identified from the complaints that have been investigated.

What you told us	What we did
Family members felt our advice that they should apply to manage their relatives' finances was unnecessary and put pressure on them to take on that role.	We gave our officers guidance to ensure that family members are fully informed about potential costs and expected timescales when applying to manage their relative's finances. We have reviewed the support provided to individuals throughout the Court of Protection process. We will ensure that we communicate the rationale behind Council decisions clearly and transparently

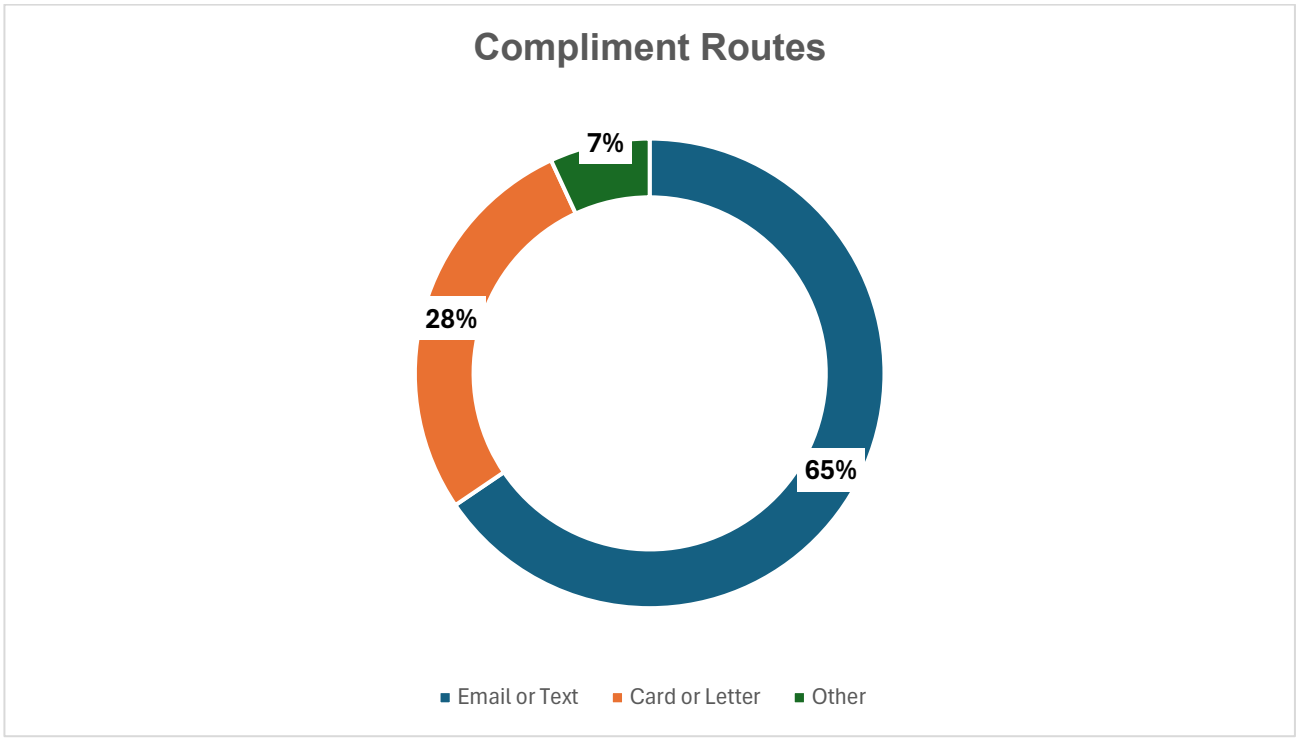
The complainant felt that we unlawfully deprived their friend of their liberty while they were residing in residential care, and that we should have consulted with them when making decisions about their friend.	The Council was limited in the information we could share with the complainant as he did not have authority to act on behalf of the person in receipt of our services. Full details of actions were shared with the individual's advocate who was satisfied with the Council's actions and chose to not raise a complaint on their behalf. The complaint prompted us to make improvements to how we record legal information, and a deprivation of liberties champion has been appointed. Refresher training was also arranged for officers involved
The family felt we failed to consult with them adequately during the Community Deprivation of Liberty Safeguards (DoLS) process and the Court of Protection application	Our social workers will ensure that all relevant individuals are consulted to identify anyone willing to act as the individual's representative. All willing individuals have been considered, and the most suitable person will be selected. The decision will be clearly communicated and documented to ensure transparency. Social Workers will consult on any alternative care options with all individuals involved in an individual's care or who have an interest in their welfare during the DoLS process. Social workers will ensure those involved in an individual's care or who have an interest in their welfare receive clear and timely information regarding the Court of Protection application. This includes details about the nature and purpose of the application, as well as their rights to respond and participate in the process.
The One Call personal alarm system failed to respond when activated.	The issue arose due to a server failure. Various steps have been taken to address this, and the company's procedures have been updated to ensure a similar incident could not happen again
Family complained that when their son presented as homeless, we failed to offer him the support he needed.	We missed an opportunity to follow up a social care referral and there were faults in fulfilling our statutory homelessness duties. These failures created avoidable uncertainty and distress during an already very difficult time. We have reinforced our statutory requirements under the Homelessness Reduction Act with all frontline staff, including the need to complete assessments regardless of anticipated local-connection outcomes. We have strengthened internal communication procedures so that social care referrals are routinely followed up promptly. We also offered a financial remedy to recognise the distress caused.

We instigated the adult safeguarding process regarding alleged financial abuse when care home fees were not paid. The family felt this was not necessary and caused distress.	Officers will be mindful of language used to ensure it does not minimise the seriousness of allegations of financial abuse but considers the impact this might have on families. We will ensure that concerns around the payment of care home fees does not automatically result in family members being removed as the representative of their relative. We shared the lessons learned from this complaint with the Best Interests Assessor, the Deprivation of Liberty's Team and the forum for all Best Interests Assessors, as well as with the wider adult social care workforce.
Family complained that the deferred payment process was not carried out correctly in respect of their mother's care home fees. This placed them in an unfair and avoidable position when handling their mother's financial affairs after she passed away. The family requested that the care home fees were written off.	We found an administrative error in our application of the deferred payment and completed an audit of all deferred payment arrangements to ensure that legal charges are registered where required. Our internal processes and oversight have been strengthened and all relevant officers have received refresher training on the process and procedures.
When the Council was approached for information about a relative, we were not clear why this information could not be shared.	When someone who uses our service asks us to not share information with their relative, we will ensure that the reasons that we cannot share information are clearly explained to the relative.
We did not tell a family members when their relative's care home fees account went into arrears.	More proactive contact will be made with relevant family members when care home fees are not paid to ensure ant issues are resolved at the earliest opportunity. Officers have been given guidance on this and procedures and practice have been reviewed.
The complainant's relative was being discharged from residential care, the family said we did not plan the discharge well and raised concerns relating to mental capacity assessments undertaken, how safeguarding concerns were handled, the availability of advocacy support and transparency of communication.	The Council has allocated a new social worker, committed to clearer and more proactive communication with families, improved transparency around Deprivation of Liberty Safeguards decisions, shared learning with therapy staff, and escalated concerns about delays in accessing advocacy services with commissioners.

14. Compliments

A new process was introduced in June 2026 to record and learn from the positive feedback we received about adult social care services. The process was introduced in response to feedback from the Care Quality Commission (CQC) that we did not have a formal system in place for recording these that allowed for a global view of these. The new system directly addresses this.

Since the process was introduced, including retrospective recording of historic compliments, 29 compliments have been recorded, for the period 1st April 2025 to 31st March 2026. The majority were received from people who draw on services, their families and unpaid carers. While this provides a useful baseline, the number recorded is likely to underrepresent the positive feedback received across services, reflecting both the newness of the process and the lack of a formal recording mechanism previously. This is reinforced by the fact that more compliments (68) were recorded for the first quarter of 2026/2027 than for 2025/2026. Further work will be undertaken with staff and managers to strengthen understanding of what should be recorded as a compliment on the system, ensuring meaningful positive feedback and examples of exceptional practice are consistently captured. The chart below shows the source of the compliments recorded:



Initial data paints an overwhelmingly positive picture across the Adult Social Care Service.

- **Most compliments relate to whole individuals** (66%), followed by praise for teams/services (34%). There are colleagues who have been mentioned several times, from across operational teams and direct services.
- **Services being frequently recognised** through compliments (Rosedale Rehabilitation and Assessment Centre was praised most often for this reporting period)

- **Recurring themes** These include staff kindness and compassion and empathy; professionalism and expertise; good communication and listening; going above and beyond expectations; building confidence and independence; quick responses and co-ordinated support and making people feel safe and reassured.

We will continue to promote and embed the new compliments process across Adult Social Care, ensuring that feedback is regularly reviewed and used to recognise good practice, understand what matters most to people, and identify opportunities for improvement. We will undertake regular thematic reviews of feedback, and use learning to inform service development, workforce development and the sharing of good practice. Findings will be reported through existing governance arrangements to support continuous improvement, supported by a compliment performance dashboard.

15. The Local Government and Social Care Ombudsman

Each year the Ombudsman publishes its annual letter and summary of statistics on the complaints and enquiries it has received about Stockton-on-Tees Borough Council and the decisions made. The Council has received the latest report for the financial year 2025/2026.

Of the 51 complaints and enquiries responded to by the Ombudsman in 2025/26, 7 were progressed to investigation, with all 7 of the complaints being upheld. 2 of the 7 complaints related to adult social care. Although the Ombudsman upheld both complaints, in both cases, the Ombudsman decided not to investigate the matters themselves as they were satisfied that the Council had already accepted the fault they identified and remedy the issues and prevents the faults happening for others. The Ombudsman felt they could not achieve anything further for the complainants by investigating matters. The learning from the 2 complaints is reflected in table 3 above.

16. Timescale Performance

Table 4 – Early Resolution

	2024/2025	2025/2026
Number of complaints received	29	34
Resolved at Early Resolution	16	19
Progressed to Adult Statutory Process from ER	2	2
Progressed to Corporate process from ER	0	0
Uncontactable	1	0
Withdrawn	2	0
Not appropriate for ER	8 (1 dealt with at corporate, 7 at adult statutory)	13 (2 dealt with at corporate, 11 at adult statutory)

We aim to resolve complaints at the earliest opportunity, but some complaints require a full investigation so are not suitable for early resolution.

Table 5 – Early Resolution Response Rates

Resolved within timescales	Took over 5 Working Days	% resolved within timescales
19	2 (availability of service)	90%

Table 6 – Complaint plans timescales

The below table provides an overview of the number of plans produced and timescales.

Within 5 days	Over 5 days/ overdue reason	No plan produced
4	6	5

We aim to agree a plan with complainants within 5 working days of receiving a complaint that establishes the points of complaint and how they will be investigated. 3 plans were agreed outside of this timeframe as the initial plan required amendments, 1 was delayed due to the complexities of the complaint, 1 was delayed due to the availability of the complaint, and 1 due to the availability of the person investigating the complaint.

Table 7 – Complaint Response times

Response in line with plan	Respond outside of agreed plan
12	3

Two of the three complaints that were responded to outside of the agreed timeframe were done so to allow consultation with other services. The remaining response was issue one day after the agreed response date. All responses were issued within a timeframe that was appropriate and proportionate to the areas of complaint.

17. Putting Things Right

Financial remedy was made in respect of 2 complaints. The table below shows the amount paid and reasons:

Table 8 – Financial Remedy

Amount of remedy	Service area	Reason for remedy

£800	Adults Mental Health Service	To acknowledge the distress, anxiety, and uncertainty caused by the service failings, and the time, effort, and emotional energy that the complainant has had to spend in pursuing their complaint.
£400	Client Property & Affairs	Removal of home care fees due to lack of information shared regarding financial implications prior to commencement of service.

Other remedies that were provided included:

- Apology for the fault identified and any distress caused.
- Explanation of why the fault occurred.
- Amendment to assessments or reassessment.
- Amendments to procedures or practice.
- Officer guidance to prevent future recurrence.
- Assurances of improved communication.

18. Training

There is a training programme in place to ensure that officers investigating complaints have the necessary skills and experience to do so. The Complaints Manager offers two bespoke training sessions each year to officers dealing with complaints relating to adult social care. Two separate sessions are provided to providers of social care commissioned by the local authority that focus on the elements of effective complaint handling systems, national minimum standards and the effective investigation of complaints. Training available through the Local Government and Social Care Ombudsman is also highlighted to officers. A complaint forum is held each year giving complaint handlers across the Council to come together, share experiences and hear about how we have improved our services following our consideration of complaints.

Adult Social Care's Workforce, Quality Assurance and Improvement service have worked with the Information Governance Team to develop a framework for officers investigating complaints to support collaborative working practices and develop internal processes and monitoring arrangements for complaint handling. A training programme is in place to support officers handling complaints to further develop their knowledge and have opportunity to apply the learning to practice through activities.

19. Key priorities for 2026/2027

To build on the progress made during 2025/26, the following key actions will be progressed in the forthcoming year:

1. Strengthening Early Resolution - We will promote consistent use of Early Resolution to resolve concerns quickly and reduce escalation.

2. Improving Timeliness and Performance - We will monitor response times to ensure compliance with statutory and local timescales and work with colleagues to address recurring delays.

3. Embedding Learning from Complaints – We aim to strengthen arrangements to ensure learning is routinely captured, shared and evidenced and use complaint themes to inform service improvement plans and performance discussions.

4. Promoting and embedding learning from compliments – Whilst all positive feedback is valued, further work will be undertaken with staff to clarify what should be recorded as a compliment. This will help ensure recorded compliments reflect notable examples of positive outcomes, exceptional support or particularly positive experiences of services. We will ensure that feedback is from compliments is regularly reviewed and used to recognise good practice, understand what matters most to people, and identify opportunities for improvement, and report findings through existing governance arrangements to support continuous improvement. This will be supported by a compliment performance dashboard providing real-time, at-a-glance information that can be accessed across the service.

5. Training and Awareness – We will continue to deliver ongoing training for our officers and providers of services we commission on complaint handling and good practice, reinforcing expectations around clear communication, record-keeping and evidence-based decision-making. We will continue to embed internal procedures to support officers handling complaints through our Adult Social Care Complaints Group, which will be supported by a complaint performance dashboard providing real-time, at-a-glance information that can be accessed across the service.

6. Enhancing Quality and Consistency of Responses – We will continue to improve the quality, clarity and tone of complaint responses to ensure they are accessible and customer-focused and support colleagues to provide thorough explanations and appropriate remedies where fault is identified.

7. Strengthening Partnership and Joint Working – We will collaborate with health and partner organisations to improve processes for handling joint complaints, ensuring clear ownership and accountability where multiple agencies are involved.

8. Oversight and Scrutiny – we will provide regular updates to senior leadership and members to maintain effective oversight and explore the use of benchmarking and Ombudsman feedback to inform continuous improvement.

Carolyn Nice

Director of Adults, Health and Wellbeing

Date: 13 August 2026

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Agenda Item 8

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

22 SEPTEMBER 2026

Tees Valley Care and Health Innovation Zone

Summary

Following the previous update at the last meeting in July 2026, the Committee will receive a further presentation on developments in relation to the Tees Valley Care and Health Innovation Zone, with specific focus on the role and achievements of the Stockton-on-Tees Borough Council (SBC) Care and Health Recruitment and Training Co-ordinator.

Detail

1. In July 2026, senior SBC officers provided the Committee with its annual update on the Tees Valley Care and Health Innovation Zone initiative, with progress outlined on the work of the three key workstreams associated with this long-term vision (see https://moderngov.stockton.gov.uk/mgAi.aspx?ID=6760).

2. Achievements within the 'Skills and Workforce Development' workstream referenced the new SBC Care and Health Recruitment and Training Co-ordinator who had been in post since April 2026. Senior SBC officers have agreed to provide further detail in relation to this role.

3. A presentation has been prepared and is included within these meeting papers. Relevant SBC officers, including the SBC Care and Health Recruitment and Training Co-ordinator themselves, are scheduled to be in attendance to provide an overview and address any Member comments / questions.

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Adult Social Care and Health Select Committee - Tees Valley Care and Health Innovation Zone

Role and achievements of the SBC Care and Health Recruitment and Training Co-ordinator

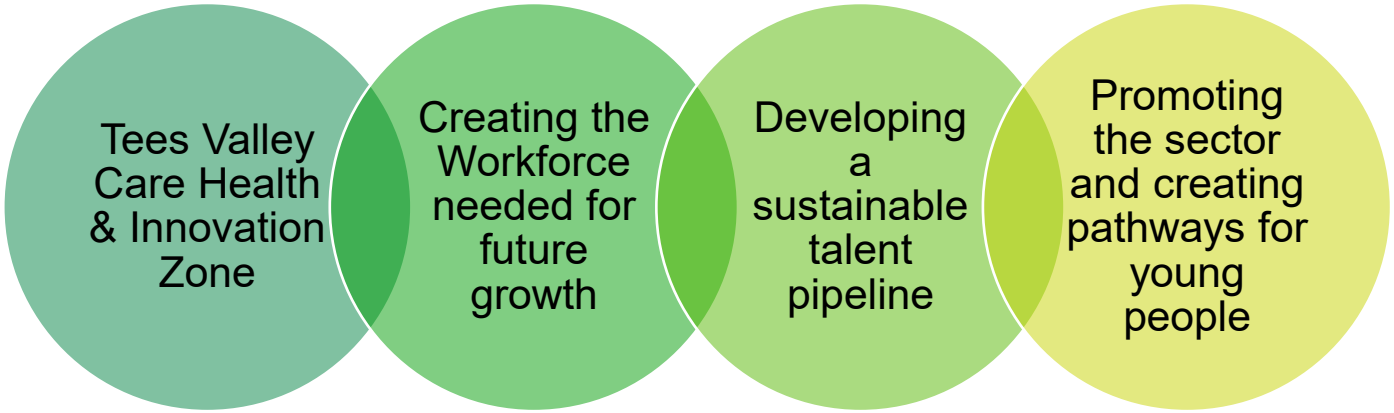
Creating the Workforce Needed for Future Growth

Why work, health and wellbeing matter to economic prosperity?

Supporting Workforce Growth

Focus on Care & Health

By creating pathways into health and care careers, we are simultaneously addressing workforce shortages, improving employment outcomes for residents who may also face health inequalities. This results in a virtuous cycle where better health, higher incomes and increased health literacy contribute to healthier families and communities over generations.



Workforce Context and Opportunity

Workforce Context and Opportunity

- Of our population (circa 197,000) – 120,000 are of working age
- Some 8.5% of residents are Managers, Directors and Senior Officials (higher than the NE average) and 35.6% are educated to degree level or above
- However, 16.4% of the population are “income deprived” and the Borough is the 50th most income deprived in the country (in the top 15%). And 6.8% have no qualifications at all
- Overall rate of economic inactivity of working age residents is 27% (GB average is 21.4%)
- Low wages and low skills are particularly prevalent in certain labour market groups and locations
- 2nd highest NEETs rates in the Country
- These factors highlight the importance of creating accessible pathways into health and care careers, particularly for young people, residents facing barriers to employment and those seeking to progress their skills.

Vision For The Tees Valley Care & Health Innovation Zone

A transformational place for health, care, skills and opportunity….

Create better connections

between Teesdale to Stockton & the wider Tees Valley.

To create jobs & develop skills

- Estimated at 9,000 jobs.
- New health and care education anchor.

Tackle health inequalities

Accessible modern & effective health & care provisions.

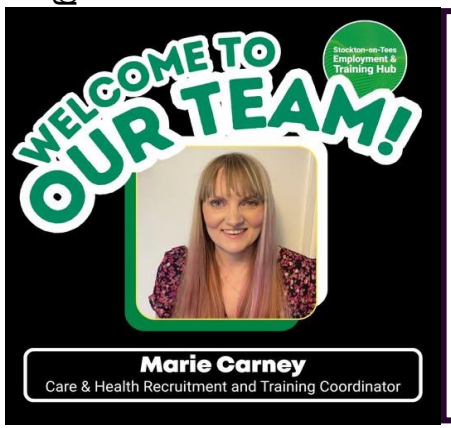
Innovation

Open Innovation Campus – academic research & medical school.

Sustainable, healthy places

Supporting wellbeing and initiatives such as community allotments.

Supporting the Sector to Address Shortages & Creating a Talent Pipeline



Supporting:

Employers

Tees Valley residents

Education Providers

Across the Tees Valley:

Through:

1-1 Careers guidance

Signposting people to education, training & qualification opportunities

Supporting recruitment & retention by connecting people to employers

Supporting workforce upskilling & career progression

Supporting the development of the Tees Valley Care & Health Innovation Zone

Arranging events & raise the profile of the sector

Workforce Demographics, (Age) 2024/25

working within the Adult Social Care Sector in England

- Adult Social Care employs around **7,000** people in Stockton-on-Tees
- **Staff turnover** in Stockton's adult social care sector was **20.7%,** meaning around one in five workers leave their employer each year, creating ongoing replacement demand.
- Approximately **60%** of new starters were recruited from elsewhere within the care sector, meaning employers continue competing for experienced staff.
- Most frequently requested soft skills:
  - Communication
  - Compassion/Empathy
  - Teamwork
  - Resilience
  - Reliability
  - Problem-solving

Aged under 25

Region	Local authority	
North East	Redcar & Cleveland	12%
	Darlington	7%
	Hartlepool	7%
	Stockton-On-Tees	6%
	Middlesbrough	5%

Aged under 25 to 39

Region	Local authority	
North East	Stockton-On-Tees	38%
	Redcar & Cleveland	35%
	Middlesbrough	34%
	Hartlepool	33%
	Darlington	30%

Aged 40 to 54

Region	Local authority	
North East	Darlington	33%
	Stockton-On-Tees	29%
	Redcar & Cleveland	29%
	Hartlepool	28%
	Middlesbrough	27%

Aged 55 and over

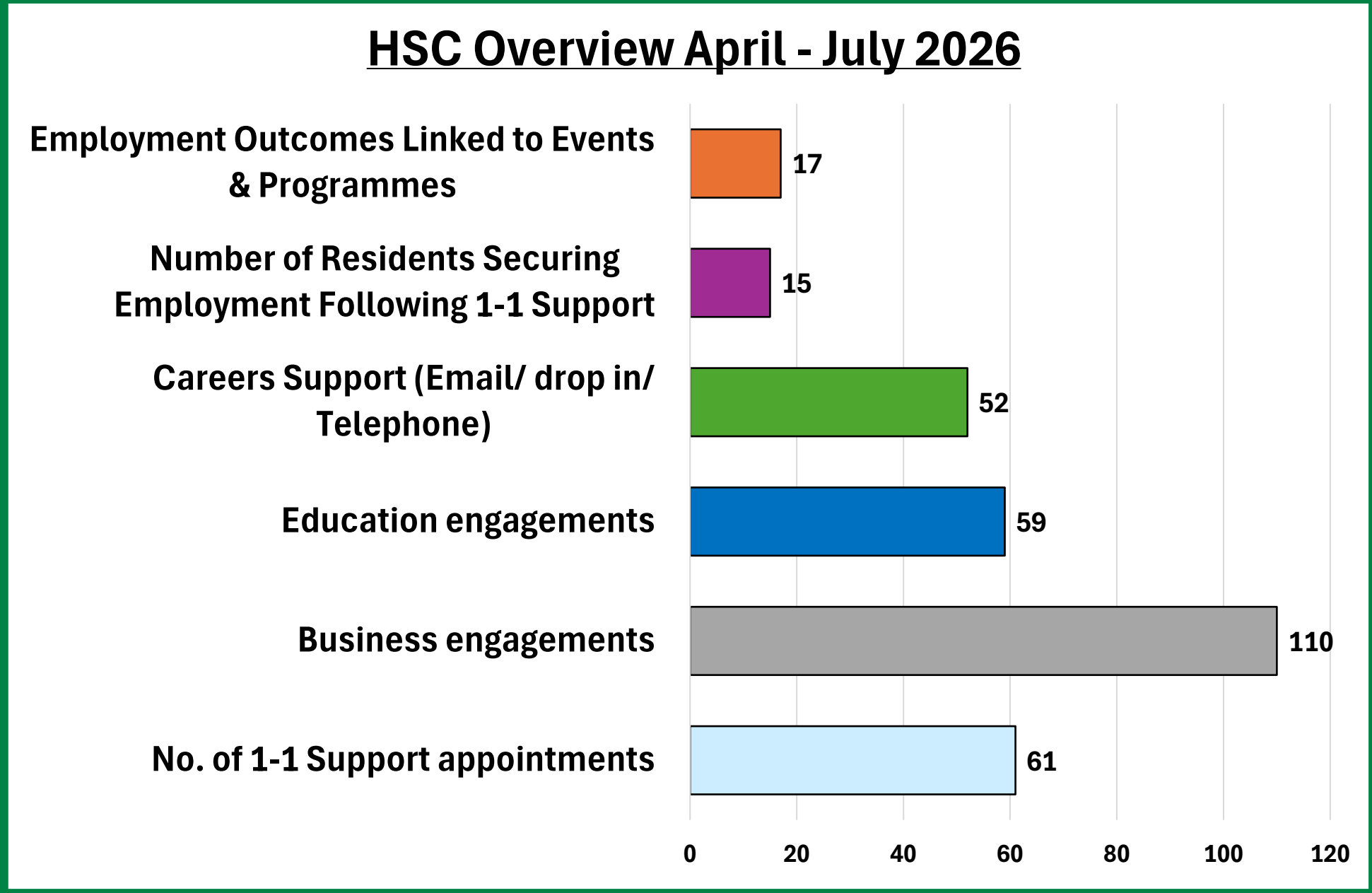
Region	Local authority	
North East	Stockton-On-Tees	38%
	Redcar & Cleveland	35%
	Middlesbrough	34%
	Hartlepool	33%
	Darlington	30%

skillsforcare workforce intelligence

Data shows an average of 7% of the Tees Valley workforce is under 25, highlighting an opportunity to attract the next generation of workforce to the sector.

This includes data from the local authorities and the independent sector only

Role Impact


HSC Overview April - July 2026
Employment Outcomes Linked to Events & Programmes
17
Number of Residents Securing Employment Following 1-1 Support
15
Careers Support (Email/ drop in/ Telephone)
52
Education engagements
59
Business engagements
110
No. of 1-1 Support appointments
61
0
20
40
60
80
100
120

Delivering Impact Across the Sector

April 2026

Career Change Event

26 residents attended Health & Social Care careers workshops.

April–July 2026

1-1 Appointments

Resulting in **15** employment outcomes & **4** voluntary placements.

May 2026

Dale Care Event

Attracted **174** job applications

June 2026

Workforce survey launch & business engagements

Providing valuable insights into local recruitment, retention & skills challenges.

HSC Youth Trailblazer

* Held 2 employer awareness events.
* 4-day induction with **10** young people.
* **10** are transitioning to work placements.

August 2026

HSC Recruitment Event

* **15** employers/education providers attended.
* Approx. **60.** residents attended.
* **8** residents took part in a Dementia Friends session

September 2026

NHS Foundation Apprenticeship Information Event

* **10** young people aged 16 to 21 attended the information session.
* Supporting **5** young people from Stockton to access Junior Healthcare Assistant roles.

September 2026

Health & Social Care Specific Youth Trailblazer

Targeting Youth Unemployment

Attracting	Supporting	Providing	Creating	Improving
Young people into the health & social care sector	NEET young people to develop skills, confidence & employability.	Hands-on experience & insight into health and social care careers	Opportunities for young people while supporting future workforce needs in health and care.	Pathways into qualifications, paid work placements & sustainable employment.

Stockton-on-Tees BOROUGH COUNCIL

Priorities for 2026/27

HSC PROVIDER RECRUITMENT EVENT

- Launching an employer development programme aimed at recruiting young people.
- The event will be aimed at 18-to 25-year-olds.

EDUCATION

- Progressing the introduction of a Med Tech qualification to address emerging workforce and skills needs.
- Align qualifications with workforce demands & developments.
- Improve access to specialist training (PBS, Dementia, Mental Health, Oliver McGowan).

YOUNG PEOPLE

- Ongoing support for the Youth Trailblazer programme.
- Employer event on apprenticeships to increase opportunities locally.
- Supporting young people to attend careers events.
- Skills for success programme with sector focus.

WORKFORCE FOCUS

- Produce a report analysing recruitment and retention challenges identified through the survey.
- Address transport challenges impacting access to jobs and training.
- Develop work experience opportunities.
- Continue to support Care Academy.

RAISING THE PROFILE OF THE SECTOR

- Developing a dedicated HSC section on the website.
- Promoting social care as a rewarding long-term career using the ASC Career Workforce Pathway.
- Planning a student-focused recruitment event in Middlesbrough to promote bank shifts and entry-level opportunities.

Questions

Agenda Item 9

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

22 SEPTEMBER 2026

Scrutiny Review of Protection of Property

Summary

The first evidence-gathering session for the Committee's review of Protection of Property will consider information from the Stockton-on-Tees Borough Council (SBC) Adults, Health and Wellbeing directorate.

Detail

1. Further to the Committee's approval of the scope and plan for the review of Protection of Property at its last meeting in July 2026, the SBC Adults, Health and Wellbeing directorate was asked to provide an initial submission addressing the following:

    - *Legal definitions / interpretations (including 'reasonable steps' and 'moveable property' as per Section 47 of the Care Act 2014)*
    - *Identification of eligible individuals*
    - *Support provided (including how long this is required / when it should end, and the capacity of Adult Social Care Financial Services (ASCFS) team and what visits to properties entail)*
    - *Data on / costs associated with this support*
    - *Recovering costs – how done, what has been claimed back, who pays?*
    - *How does the Council promote / raise awareness of this duty?*
    - *Service evaluation – has it developed over time, is feedback sought from those whose property has been protected?*

2. A report has been prepared and is included within these meeting papers. Relevant SBC officers are scheduled to be in attendance to provide an overview of the submission and respond to any comments / questions.

3. Ahead of this first evidence session, Members may wish to familiarise themselves with:

    - Care Act 2014 (Section 47) https://www.legislation.gov.uk/ukpga/2014/23/section/47
    - tri.x (Safeguarding Adults Board Multi-Agency Policy and Procedures): https://www.proceduresonline.com/templates/adultsg/web/p_protect_property.html
    - SBC Adult Social Care Financial Services (ASCFS): https://www.stockton.gov.uk/adult-social-care-financial-services

4. A copy of the agreed scope and plan for this review is included for information.

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Adult Social Care Scrutiny Review
Protection of Property (not including pets).

Legal definitions interpretation

Legal definition Section 47 Care Act 2014 applies where:

- The council has a duty under section 47 Care Act 2014 to protect movable property where statutory conditions are met
- An adult with care and support needs are being met in accommodation arranged under the Care Act, or the adult has been admitted to hospital or a care home
- There is a danger of loss or damage to the adult's movable property
- The adult is unable either temporarily or permanently to protect or deal with the property.
- No suitable arrangements have been made by others to safeguard the property.

Reasonable steps

The act does not define reasonable steps. In practise, this means proportionate actions necessary to prevent foreseeable loss or damage.

Examples may include the team:

- Securing doors and windows.
- Removing valuables and important documents to safe storage.
- Arranging disposal of perishable items.
- Ensuring utility issues or obvious hazards are addressed.
- Liaising with family attorneys' deputies or landlords.

Section 47 permits actions that are reasonably necessary to prevent or mitigate loss or damage.

Movable property

Although not specifically defined within the Care Act, guidance provided to staff involves possessions that can be moved and are not part of the land or building.

Examples include removal of:

- Money and financial documents.
- Jewellery, medals and watches.
- Furniture and personal belongings.
- Legal documents such as wills and funeral plans.
- Household contents.

The Visiting officer provide intervention necessary to protect the individual's interests.

The visiting officers are provided with guidance on what actions should be taken, however some items the visiting officer need to make a judgement on what is valuable.

Identification of eligible individuals

Referrals are mainly from adult social work teams and occasionally Health Partners.

Eligibility depends on property risk and absence of other alternative suitable arrangements.

An individual may fall within sections 47 where:

- They have been admitted to hospital and cannot manage their home
- They have moved permanently or temporarily into residential or nursing care they lack capacity or are otherwise unable to decide themselves, there is no family member, attorney, deputy are other representative able and willing to protect the property.

Eligibility is therefore determined by the presence of property risk and the absence of suitable alternative arrangements.

Support provided

- The council will arrange to gain authorised access to the property.
- They will ensure keys are secured and locks may be changed where necessary.
- Initial visits are undertaken to take inventories and photographs of the property.
- They will check maintenance of property and take photos (damp or holes).
- They will identify any risks to the property.
- The team will address any repairs.
- Valuables and documents are removed and stored securely in designated safe.
- The visiting officers will record all actions for audit purposes, (There is no system to capture this work, therefore folders on word documents, desktops and spreadsheets are utilised).
- Where possible they will try to obtain consent when possessions have been removed and try to c seek authorization to liaise with family members regarding disposable of remaining contents.
- The team will transfer items to executors are next of kin following death.

How long does the support continue

The legislation does not specify time scales.

The involvement would normally continue until one of the following occurs:

- The adult resumes responsibility for their affairs.
- Family, attorney or deputies' takeover arrangements.
- The property is emptied or disposed of appropriately.
- The person dies and items are transferred to their estate.
- Risk of loss or damage no longer exists.

ASCFS capacity

The team covers a wide range of work including, management of appointee, court appointed deputy, deceased estates and public funerals.

The team consists of full-time equivalents:

- Team Lead 1
- Clerks 2.5
- Finance officer 0.8
- Social care officers 1.5
- visiting officers 2

The team currently manages:

- 17 unoccupied properties
- 8 rented properties

Data on costs associated with this support,

Will be provided at next scrutiny review.

How does the Council promote / raise awareness of this duty?

- Council promotes awareness of its duty under section 47 of the Care Act 2014 through a combination of operational practise, professional networks, and staff development activities. Referrals are primarily received from adult social care teams and health partners including hospital staff who are made aware of the service to established referral pathways and day-to-day partnership working.

- Awareness is raised internally through staff training professional guidance and learning events including sessions delivered as part of the festival of learning. The services also supported by adult social care policies and procedures, which provide guidance to practitioners on when referrals should be made.

- The service benefits from close working relationships with hospital discharge teams social workers and other professionals who may identify individuals requiring support to protect their property information is shared to case discussions safeguarding and operational forums, and practitioner networks to ensure staff understand the council's responsibilities and referral arrangements. This helps ensure whether vulnerable adults who meet the criteria identified at the earliest opportunity.

- As part of the review of adult social care policies and procedures, the council is considering opportunities to further strengthen awareness of this service, including refresh guidance, communication materials, and engagement with key organisations.

Service evaluation – has it developed over time, is feedback sought from those whose property has been protected?

- The service has developed over time in response to increasing number of cases and the need to ensure compliance with section 47 of the Care Act 2014. Process have been strengthened to include detailed inventories, photographic records, secure storage arrangements for valuables and clear audit trails of action taken. The service also works closely with social work teams, Health Partners, attorneys, deputies, executives and family members where appropriate

- At present formal feedback from individuals who properties have been protected is limited, as many people receiving the service may lack capacity, be in hospital, moving to long term care, or be deceased before the intervention is completed. Informal feedback is received from people who use this service, family members, legal representatives and professionals involved in cases. The service recognises the value of capturing feedback more systematically and will consider opportunities to develop a proportionate service evaluation process as part of the ongoing review of policies and procedures.

SBC Adult Social Care
September 2026

Adult Social Care and Health Select Committee

Review of Protection of Property

Outline Scope

Scrutiny Chair (Project Director): Cllr Marc Besford	**Contact details:** marc.besford@stockton.gov.uk
Scrutiny Officer (Project Manager): Gary Woods	**Contact details:** gary.woods@stockton.gov.uk 01642 526187
Departmental Link Officer: Carol Malham (SBC Service Manager – Assessment (Early Intervention))	**Contact details:** carol.malham@stockton.gov.uk

Which of our strategic corporate objectives does this topic address?

The review will contribute to the following Stockton-on-Tees Plan 2024-2028 priorities:

- *Priority 2: Healthy and resilient communities*: Protecting property prevents escalation of need, avoids crisis situations, and assists people to return to their home safely, maintaining independence, safety, and community wellbeing.

- *Priority 5: A sustainable Council*: A focus on early intervention and prevention will see us create the conditions for people in the Borough to be healthy and maximise their potential, by providing support for them in the right place and at the right time. Our approach will prevent, reduce and delay demand for services.

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

Under Section 47 of the Care Act 2014, Local Authorities must take reasonable steps to protect the moveable property of adults with care and support needs who are being cared for away from home (such as in hospital or residential care). This duty applies when no suitable arrangements have been made and requires the Local Authority to prevent or mitigate the loss or damage of the adult's personal property.

The Local Authority has the power to enter the persons property and deal with the moveable property in any way which is deemed reasonably necessary (the person must give permission for this, or a best interest decision can be made under the Mental Capacity Act 2005). In Stockton-on-Tees, this process is managed by the Adult Social Care Financial Services (ASCFS) team which makes the necessary arrangements. Presently, the team hold the keys for 26 properties (as of May 2026) which are visited weekly to maintain their insurance and upkeep.

On a personal level, effective protection of property supports vulnerable adults to maintain stability, reduce financial harm, and avoid homelessness due to property deterioration. Supporting individuals in this way helps maintain their dignity, stops potential exploitation, and assists in their safe return home (when ready). From a wider social perspective, timely and

appropriate protection can also reduce environmental risks such as damage and unsafe conditions in empty properties within neighbourhoods, as well as deter vandalism.

The main aims for this review will be to determine whether:

- Existing Stockton-on-Tees Borough Council (SBC) arrangements for fulfilling the Care Act duty to protect properties are fit for purpose.
- ASCFS has the capacity, procedures and resources to manage increasing numbers of properties (including clarity around what is defined as 'property').
- SBC is recovering reasonable expenses (as allowed by legislation).
- Risk, accountability and decision-making processes (including those involving mental capacity act decisions) are clear, consistent and auditable.

Note: the review will not include the protection of pets as this is currently being considered by the Place Select Committee as part of a review of Animal Welfare.

The Committee will undertake the following key lines of enquiry:

With regard Section 47 of the Care Act 2014, how does SBC define the terms 'reasonable steps' and 'moveable property'?

How does the Council know / learn if an individual requires their property to be protected? How is it kept informed about how long this protection may be required for, and when does this obligation end?

What capacity does the Council's ASCFS team have and what do their visits to properties being protected entail?

How many individuals have had their property protected by the Council in recent years (and for how long)? What has been the cost to the Council over this time?

In terms of recovering costs, how are 'reasonable expenses' defined, how robust is this process, and what has SBC claimed back in recent years? Who pays these costs, and have there been any unsuccessful attempts to collect expenses?

How does the Council / other relevant agencies make the public aware of this legal duty for Local Authorities? Who holds Councils to account for ensuring this obligation is carried out?

Are local health and care partners aware of the Council's duty around the protection of property; are they identifying if an individual may require such support?

Does the Council seek any feedback from those whose property they have protected?

How do other Local Authorities approach this legal duty?

Who will the Committee be trying to influence as part of its work?

Council, Cabinet, residents requiring such support.

Expected duration of review and key milestones:

4 months (report to Cabinet in January 2027)

What information do we need?

Existing information (background information, existing reports, legislation, central government documents, etc.):

- Care Act 2014 (Section 47): https://www.legislation.gov.uk/ukpga/2014/23/section/47
- tri.x (Safeguarding Adults Board Multi-Agency Policy and Procedures): https://www.proceduresonline.com/templates/adultsg/web/p_protect_property.html
- SBC Adult Social Care Financial Services (ASCFS): https://www.stockton.gov.uk/adult-social-care-financial-services

Who can provide us with further relevant evidence? (Cabinet Member, officer, service user, general public, expert witness, etc.)	*What specific areas do we want them to cover when they give evidence?*
SBC Adult Social Care	➢ Legal definitions / interpretations ➢ Identification of eligible individuals ➢ Support provided ➢ Data on / costs associated with this support ➢ Service evaluation
SBC Community Safety	➢ Derelict properties
Local NHS Trusts	➢ Awareness of this legal duty ➢ Identification of eligible individuals
Housing Services (SBC / Thirteen Housing Group / North Star)	➢ Communication with SBC (prior to and during property being protected)
Teeswide Safeguarding Adults Board (TSAB)	➢ Oversight of this legal duty
Other Local Authority Areas	➢ Activity in relation to this legal requirement ➢ Recovery of costs associated with this duty ➢ Publicity of this obligation

How will this information be gathered? (eg. financial baselining and analysis, benchmarking, site visits, face-to-face questioning, telephone survey, survey)

Committee meetings, reports, research, case studies, benchmarking (TBC).

How will key partners and the public be involved in the review?

Committee meetings, information submissions.

How will the review help the Council meet the Public Sector Equality Duty?

The Public Sector Equality Duty requires that public bodies have due regard to the need to advance equality of opportunity and foster good relations between different people when carrying out their activities. This review will be mindful of these factors.

How will the review contribute towards the Joint Strategic Needs Assessment, or the implementation of the Health and Wellbeing Strategy?

Stockton-on-Tees Joint Health and Wellbeing Strategy 2025-2030: The places where we live (our homes and neighbourhoods), the communities we are part of… all have a significant influence on our mental and physical health and wellbeing (*Focus Area 3: Everyone lives in health and sustainable places and communities*).

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

This review could:

- Identify opportunities to streamline weekly inspections, reduce unnecessary visits, and clarify where responsibility lie.
- Ascertain whether there is scope to recover more reasonable expenses in line with the Care Act, therefore reducing the net cost to the Council.
- Improve consistency and clarity in decision-making, reducing the number of inappropriate referrals and cases requiring prolonged involvement.
- Propose improvement in performance, reduce demand on ASCFS, and ensure statutory activity is being delivered efficiently.

Project Plan

Key Task	Details/Activities	Date	Responsibility
Scoping of Review	Information gathering	**May 2026**	Scrutiny Officer Link Officer
Tri-Partite Meeting	Meeting to discuss aims and objectives of review	**03.06.26**	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Agree Project Plan	Scope and Project Plan agreed by Committee	**21.07.26**	Select Committee
Publicity of Review	Determine whether Communications Plan needed	**TBC**	Link Officer, Scrutiny Officer
Obtaining Evidence		**22.09.26** **20.10.26**	Select Committee
Members decide recommendations and findings	Review summary of findings and formulate draft recommendations	**17.11.26**	Select Committee
Circulate Draft Report to Stakeholders	Circulation of Report	**November 2026**	Scrutiny Officer
Tri-Partite Meeting	Meeting to discuss findings of review and draft recommendations	**TBC**	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Final Agreement of Report	Approval of final report by Committee	**15.12.26**	Select Committee, Cabinet Member, Director
Consideration of Report by Executive Scrutiny Committee	Consideration of report	**19.01.27**	Executive Scrutiny Committee
Report to Cabinet / Approving Body	Presentation of final report with recommendations for approval to Cabinet	**21.01.27**	Cabinet / Approving Body

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ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE
Work Programme 2026-2027

Date (4.30pm unless stated)	**Topic**	**Attendance**
21 April 2026	Monitoring: Action Plan – Stockton-on-Tees Adult Carers Support Service Stockton-on-Tees Wellbeing Hub Overview Report: SBC Adults, Health & Wellbeing (Adult Social Care / Strategy & Transformation) Regional Health Scrutiny Update	Graham Lyons Sarah Jones Cllr Pauline Beall / Carolyn Nice / Angela Connor / James O'Donnell / Jacqui Warrior
19 May	North Tees and Hartlepool NHS Foundation Trust (NTHFT): Quality Account 2025-2026 Monitoring: Progress Update – Access to GPs and Primary Medical Care Health and Wellbeing Board: Previous Minutes (January 2026)	Matt Neligan / Judith Connor / Helen Wilson / Rachel Scrimgour Sarah Bowman-Abouna / Rebecca Warden
23 June	Norton Medical Centre: Response to latest CQC inspection PAMMS Annual Report: 2025-2026 CQC / PAMMS Quarterly Update: Q4 2025-2026 Regional Health Scrutiny Update	Dr Laila Fazluddin / Dr David Viva / Dr Mohammed Al-Damlooji / Felicity Brown / Rebecca Warden / Jennifer Long Darren Boyd Darren Boyd
21 July	Healthwatch Stockton-on-Tees: Annual Report 2025-2026 Tees Valley Care and Health Innovation Zone Review of Protection of Property • (Draft) Scope and Project Plan	Natasha Douglas Geraldine Brown / Chris Renahan Carol Malham / Angela Connor
22 September	Monitoring: Progress Update – Reablement Service SBC Adult Social Care Complaints Report 2025-2026 Tees Valley Care and Health Innovation Zone Review of Protection of Property • SBC Adult Social Care	Rob Papworth Carolyn Nice / Gemma Jackson Geraldine Brown / TBC Carol Malham / Angela Connor / Sarah Medd / Sarah Garside

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE
Work Programme 2026-2027

20 October	Overview and Performance Report: Adults, Health & Wellbeing (Public Health) Care and Health Winter Planning 2026-2027 CQC / PAMMS Quarterly Update: Q1 2026-2027 Review of Protection of Property • TBC	Cllr Pauline Beall / Carolyn Nice / Sarah Bowman-Abouna Rob Miller Darren Boyd
17 November	SBC Director of Public Health: Annual Report 2025-2026 CQC / PAMMS Quarterly Update: Q2 2026-2027 Regional Health Scrutiny Update Health and Wellbeing Board: Previous Minutes (March & July 2026)	Sarah Bowman-Abouna
17 November (informal)	Review of Protection of Property • Summary of Evidence / Draft Recommendations	Carol Malham / Angela Connor
15 December	Teeswide Safeguarding Adults Board (TSAB): Annual Report 2025-2026 Stockton-on-Tees Independent Complaints Advocacy: Annual Report (TBC) Review of Protection of Property • TBC	Adrian Green Philip Kerr
19 January 2027	Regional Health Scrutiny Update	
16 February	CQC / PAMMS Quarterly Update: Q3 2026-2027	
23 March	Overview and Performance Report: SBC Adults, Health & Wellbeing (Adult Social Care / Strategy & Transformation)	Cllr Pauline Beall / Angela Connor

2026-2027 Scrutiny Reviews
- Protection of Property

Monitoring Items
- Access to GPs and Primary Medical Care (Progress Update) – TBC (late-2026)
- Reablement Service (Progress Update) – September 2026
- Stockton-on-Tees Adult Carers Support Service (Progress Update) – TBC (early-2027)

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE
Work Programme 2026-2027

Performance and Quality of Care (standing Items)

- SBC Adults, Health and Wellbeing – Overview Report
- SBC Director of Public Health – Annual Report
- SBC PAMMS (Care Homes) – Annual Report
- SBC Adult Services Complaints – Annual Report
- Healthwatch Stockton-on-Tees – Annual Report
- Care Quality Commission (CQC) – State of Care Annual Report
- Teeswide Safeguarding Adults Board (TSAB) – Annual Report
- North Tees and Hartlepool NHS Foundation Trust (NTHFT) – Quality Account

Regular Reports

- Regional / Tees Valley Health Scrutiny – Updates
- Care Quality Commission (CQC) / PAMMS – Quarterly Inspection Updates
- Health and Wellbeing Board – Minutes
- Care and Health Winter Planning – Update
- Tees Valley Care and Health Innovation Zone – Update

Other Reports (as required)

- Healthwatch Stockton-on-Tees – Enter and View Reports
- Care Quality Commission (CQC) – Inspection Reports (by email / by exception at Committee)

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