

**Date:**

Wednesday 25 March 2026 at 2.00 pm

**Venue:**

Council Chamber, Dunedin House, Thornaby, TS17 6BJ

**Cllr Lisa Evans (Chair)**

**Karen Hawkins (Vice-Chair)**

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

## Agenda

1. **Evacuation Procedure** (Pages 7 - 10)
2. **Apologies for absence**
3. **Declarations of interest**
4. **Minutes** (Pages 11 - 14)  
To approve the minutes of the last meeting held on 28 January 2026
5. **Pharmaceutical Needs Assessment Update** (Pages 15 - 24)
6. **Neighbourhood Health Plan** (Pages 25 - 36)
7. **Stockton-on-Tees Integrated Front Door and Families First Partnership- Children's Social Care reforms** (Pages 37 - 48)

## **Members of the Public - Rights to Attend Meeting**

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

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

Contact: Michael Henderson on email [Michael.henderson@stockton.gov.uk](mailto:Michael.henderson@stockton.gov.uk)

**Key – Declarable interests are :-**

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

**Members – Declaration of Interest Guidance**



**Table 1 - Disclosable Pecuniary Interests**

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

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

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

## Table 2 – Other Registerable Interest

You must register as an Other Registrable Interest:

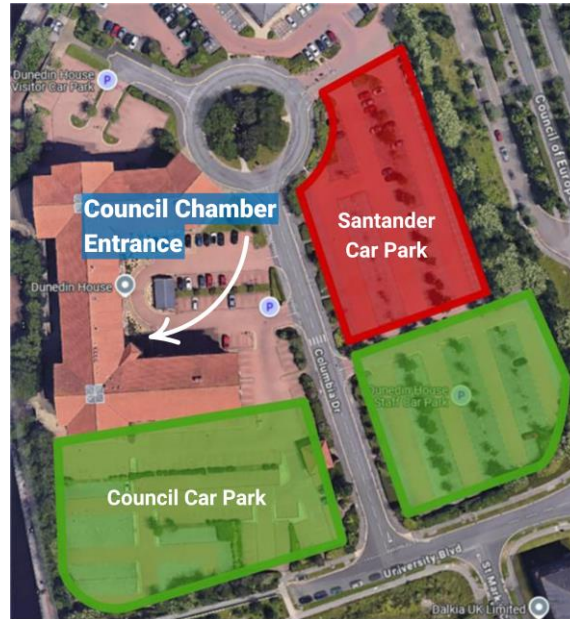
- a) any unpaid directorships
- b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority
- c) any body
  - (i) exercising functions of a public nature
  - (ii) directed to charitable purposes or
  - (iii) 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

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## Council Chamber, Dunedin House Evacuation Procedure & Housekeeping

### Entry

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



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

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

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

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

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

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



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

When the Alarm sounds:

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

**5. await further instructions.**

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

**Toilets**

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

**Water Cooler**

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

**Microphones**

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

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## Health and Wellbeing Board

A meeting of Health & Wellbeing Board was held on 28 January 2026

**Present:** Cllr Lisa Evans (Chair), Cllr Clare Besford, Tracey Carter, Cllr Norma Stephenson (Sub for Cllr Pauline Beall), Sarah Bowman-Abouna, Fiona Adamson, Peter Smith, Katie McLeod (Sub for Karen Hawkins), Lucy Owens, Cllr Lynn Hall, Majella McCarthy and Cllr Jack Miller

**Officers:** Michael Henderson, Sid Wong, Michael Houghton, Amit Law

**Apologies:** Cllr. Pauline Beall, Jamie Todd, Karen Hawkins, Matt Storey, Diane Monkhouse

### 1        **Evacuation Procedure**

The evacuation procedure and housekeeping arrangements for the Council Chamber were noted.

### 2        **Declarations of interest**

There were no declarations of interest

### 3        **Minutes**

RESOLVED that the minutes of the meetings held on 17 December 2025 be approved as a correct record.

### 6        **Appointment of Vice - Chair**

The Board considered the appointment of a Vice – Chair.

RESOLVED that Karen Hawkins be appointed as Vice- Chair of the Board with immediate effect until the end of April 2027.

### 7.       **Neighbourhood Health Improvement Programme**

The Board received a presentation outlining the Neighbourhood Health Improvement Programme.

Key points included:

- The programme supported the national ambition to shift care from hospital to community and from treatment to prevention.
- Stockton had been selected as one of 43 areas for Phase One.
- Focus would be on the most deprived areas, particularly Central Stockton and Portrack.
- Emphasis on collaborative working, early intervention, and prevention.

- Initial focus areas included:
  - Frailty (65+)
  - Individuals aged 50–65 with multiple long-term conditions
  - Community-based case finding

#### Progress to date:

- Programme mobilisation across partners
- Governance structures and decision-making routes established
- Initial cohort identified using shared data
- Engagement with VCSE sector and community groups
- Integrated delivery supported by clear assurance and evaluation processes

#### Engagement activity included:

- Workshops with over 50 partners
- Establishment of a Community Voice Group
- Reducing Inequalities workshop delivered

#### Next steps:

- Ongoing testing and scaling of delivery models
- Continued engagement with national programme
- Development of integrated neighbourhood teams
- VCSE and community co production

#### Discussion

- Members welcomed the focus on prevention, early intervention and reducing inequalities.
- Importance of partnership working and alignment with existing provision to avoid duplication was highlighted.
- Need for meaningful community engagement and visible outcomes for residents was emphasised.
- Members noted differing needs across pilot communities and stressed the importance of building trust over time, avoiding consultation fatigue.
- Members supported building on existing community assets and infrastructure.
- Concerns noted regarding pace of development and reliance on further national guidance.
- Members referenced links to wider initiatives, including Pride of Place, and suggested a future report or presentation to the Board.
- It was noted that an interim Neighbourhood Health Plan would be brought to the Board in March for discussion, ahead of submission.

RESOLVED that the update and discussion be noted/actioned as appropriate

### **Development of Performance Framework**

The Board received an update on the monitoring and accountability framework for the Health and Wellbeing Strategy.

#### **Key points:**

- A high-level delivery plan had been developed for Year 1.
- Commitment leads would identify Year 2 milestones by February 2026.
- Deep dive sessions focus on:
  - Healthy weight / good food
  - Early years
  - Social isolation and loneliness
- A Power BI outcomes dashboard is in development:
  - Will align with national and local outcome frameworks
  - Enable benchmarking and trend analysis
- 
- End-of-year reflections will be gathered via structured self-assessment across:
  - Successes
  - Inequalities
  - Community engagement
  - Partnership working
  - Challenges

#### **Next steps:**

- March Board: End-of-year report and reflection session
- April Board: Agreement of future deep dive topics

#### **Key points**

- Need for a pragmatic approach to performance monitoring, focusing on key priorities rather than all activity.
- 
- Use of partner self-assessment aligned to strategy priorities noted.
- Flexibility in format and timing of sessions discussed and would be considered outside the meeting

RESOLVED that the progress and plans be noted/agreed.

### **8. Health and Wellbeing Board Webpage – Refresh and Update**

The Board considered a report on updating the Health and Wellbeing Board webpage.

#### **Key proposals:**

- Publication of updated Terms of Reference with explanatory context

- Clear articulation of the Board's role as a statutory committee and strategic partnership
- Updated membership information
- Inclusion of:
  - Overview of the new Health and Wellbeing Strategy
  - Summary of the monitoring and accountability framework

Discussion highlighted:

- Importance of clarity, transparency, and accessibility
- Opportunity to strengthen communication and public understanding

RESOLVED:

1. That the proposed updates to the webpage be approved.
2. That further options for proactive communication be explored.

## AGENDA ITEM

### REPORT TO HEALTH AND WELLBEING BOARD

25 March 2026

### REPORT OF THE DIRECTOR OF PUBLIC HEALTH

## Pharmaceutical Needs Assessment (PNA) Update

### SUMMARY

The HWB published its latest PNA on 1<sup>st</sup> October 2025.

The HWB is required to keep the PNA up to date by maintaining the map of pharmaceutical services, assessing any on-going changes which might impact pharmaceutical need or require publication of a Supplementary Statement.

A review of the existing PNA has identified some changes in the availability of pharmaceutical services. The Director of Public Health has prepared two supplementary statements and an updated map of pharmaceutical services on behalf of the HWB. These will, once approved, be published on the Health and Wellbeing Board website.

### RECOMMENDATIONS

1. To approve the two supplementary statements in relation to PNA 2025, which will be published on the HWB website
2. To note the updated map which will be published on the Stockton-on-Tees website

### DETAIL

1. The Stockton-on-Tees Health and Wellbeing Board (HWB) published its latest PNA on 1<sup>st</sup> October 2025.
2. The legislation that describes the HWB's duties in this regard is the **National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>i</sup>** (as amended). As well as describing what each PNA was required to consider when they were first developed and published, these 2013 Regulations also describe how each local Assessment must be maintained by the HWB.
3. In accordance with these, the HWB is required to keep the PNA up to date by maintaining the map of pharmaceutical services, assessing any on-going changes which might impact pharmaceutical need or require publication of a Supplementary Statement.
4. As a result of changes in the HWB area 2 supplementary statements are required to be issued and an updated map has been produced

### PHARMACY CONSOLIDATION

The following pharmacies have consolidated onto one site ;4 Varo Terrace, Yarm Lane, Stockton on Tees, TS18 1JY, (the remaining site) and 106 Yarm Lane, Stockton on Tees, S18 1YE, (the closing site) with effect from 13/01/2026 and the pharmaceutical list for the area of Stockton-on-Tees Health and Wellbeing Board will be amended with effect from that date.

Please note that a temporary amendment has been made in respect of Whitworth Chemists Ltd, included in the pharmaceutical list for the area of Stockton Health and Wellbeing Board currently at 7 Healaugh Park, Leven Park, Yarm, TS15 9 XM.

As of 16 February 2026, the new temporary address for the pharmacy is 1 Healaugh Park, Leven Park Yarm, TS15 9XN, this change is for a total period of 6 months.

#### **PHARMACY OPENING**

Expertcare Ltd T/A Elm Tree Pharmacy 9 Elm Tree Centre, Elm Tree, Avenue, Stockton on Tees, TS19 0UW opened on 1/12/25

#### **CHANGES IN OWNERSHIP**

None

#### **CHANGES TO PHARMACY OPENING HOURS**

None

#### **FINANCIAL IMPLICATIONS**

5. No direct financial implications

#### **LEGAL IMPLICATIONS**

6. The NHS Act (the “2006” Act), amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health (DH) powers to make Regulations.

#### **RISK ASSESSMENT**

7. See legal implications above.

#### **COMMUNITY IMPACT IMPLICATIONS**

8. A new pharmacy has opened in Elm Tree this will secure improvements, or better access, to pharmaceutical services for residents of Elm Tree. The consolidation of the two Allied pharmacy premises in the Yarm Lane was not judged to have created a gap in pharmaceutical services in that part of the HWB area.

#### **COUNCIL PLAN POLICY PRINCIPLES AND PRIORITIES**

9. The PNA was reviewed with due consideration of the Stockton-on-Tees Joint Health and Wellbeing Strategy and Council Plan.

#### **CONSULTATION, INCLUDING WARD/COUNCILLORS**

10. The review

**Name of Contact Officer: Jo Linton**  
**Post Title: Pharmaceutical Adviser**  
**Telephone No:**  
**Email address: Joanne. Linton@stockton.gov.uk**

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<sup>i</sup> Available at <http://www.legislation.gov.uk/uksi/2013/349> and hereafter referred to as the Regulations

Enclosures

Updated PNA 2025 Map

Supplementary Statement 1 – Elm Tree Opening

Supplementary Statement 2 – Consolidation Allied Pharmacy Yarm Lane / Varo Terrace

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# Supplementary Statement 1

## PNA 2025

Date PNA published: 1<sup>st</sup> October 2025

Date supplementary statement issued: 31<sup>st</sup> March 2026



**NHS Resolution granted an unforeseen benefits application by Expertcare Ltd to open a pharmacy at 9 Elm Tree Centre, Elm Tree, Avenue, Stockton on Tees, TS19 0UW to provide pharmaceutical services:**

**These services will be provided at the following times;**

	<b>Core Opening Hours</b>	<b>Total Opening Hours</b>
<b>Monday</b>	<b>9:00-17:00</b>	<b>9:00-18:00</b>
<b>Tuesday</b>	<b>9:00-17:00</b>	<b>9:00-18:00</b>
<b>Wednesday</b>	<b>9:00-17:00</b>	<b>9:00-18:00</b>
<b>Thursday</b>	<b>9:00-17:00</b>	<b>9:00-18:00</b>
<b>Friday</b>	<b>9:00-17:00</b>	<b>9:00-18:00</b>
<b>Saturday</b>	<b>None</b>	<b>9:00-12:00</b>
<b>Sunday</b>	<b>Closed</b>	<b>Closed</b>

**The pharmacy opened on 1/12/2025.**

**Supplementary statement issued by: Stockton-on-Tees HWB**

# Supplementary Statement 2

## PNA 2025

Date PNA published: 1<sup>st</sup> October 2025

Date supplementary statement issued: 31<sup>st</sup> March 2026



**The following pharmacy has closed as a result of a successful consolidation application:**

Sharief Healthcare Limited T/a Allied Pharmacy Yarm Lane 106 Yarm Lane, Stockton on Tees, S18 1YE,

**The pharmacy provided the following pharmaceutical services:**

Essential services (paragraphs 3 to 22, Schedule 4 – pharmacies)

Advanced and Enhanced Services; New Medicine Service, Discharge Medicines Service, Hypertension Case Finding Service, Contraception Service, Pharmacy First, Flu Vaccinations, Lateral Flow Distribution, Appliance Customisation and Appliance Review.

**These services were provided at the following times:**

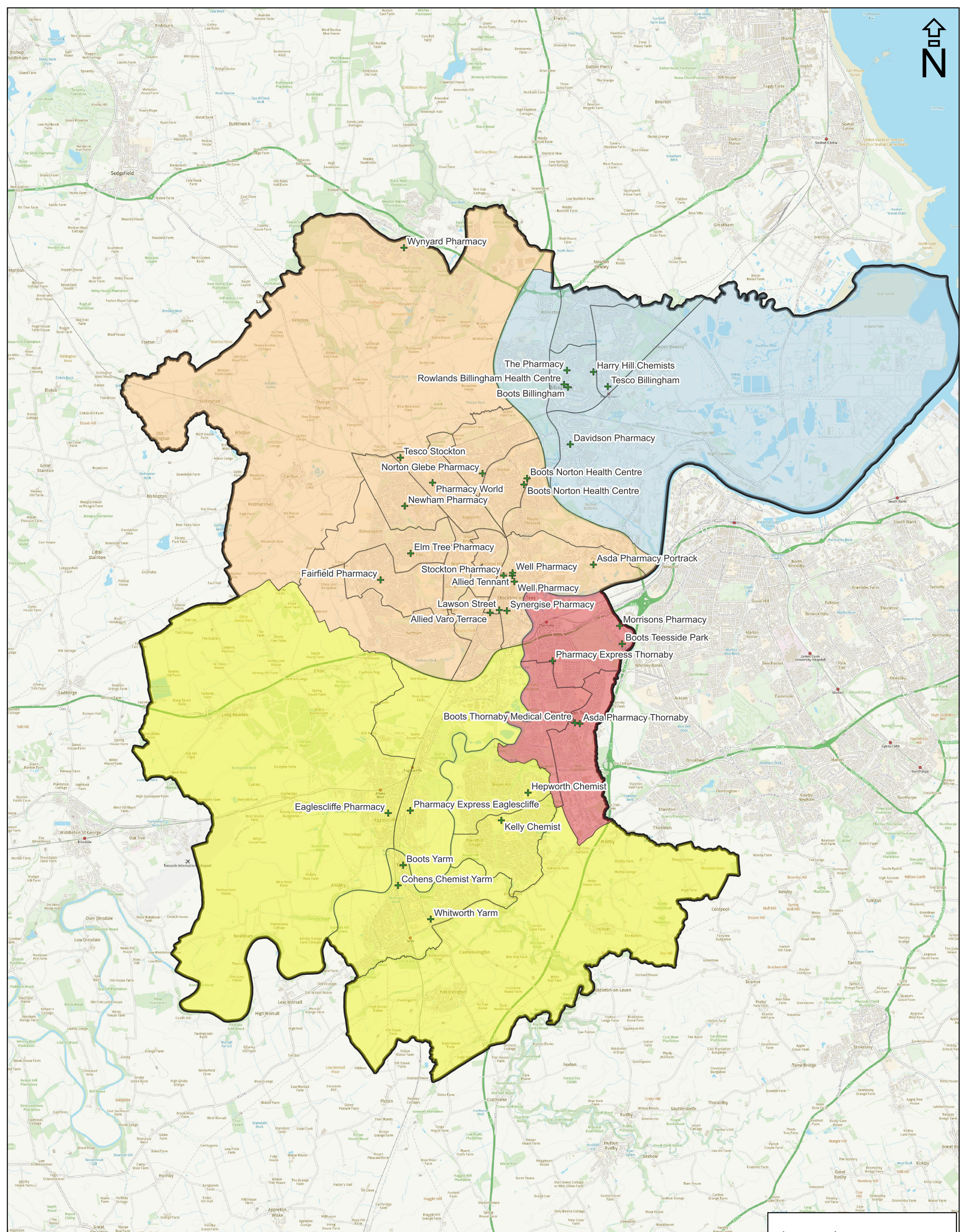
<b>Total Opening Monday</b>	09.00 - 12.30, 12.50 - 18.00
<b>Total Opening Tuesday</b>	09.00 - 12.30, 12.50 - 18.00
<b>Total Opening Wednesday</b>	09.00 - 12.30, 12.50 - 18.00
<b>Total opening Thursday</b>	09.00 - 12.30, 12.50 - 18.00
<b>Total Opening Friday</b>	09.00 - 12.30, 12.50 - 18.00
<b>Total Opening Saturday</b>	<b>closed</b>
<b>Total Opening Sunday</b>	<b>closed</b>

**The pharmacy closed on 13/1/2026**

**It is the opinion of Stockton-on-Tees HWB that the removal of this pharmacy from the pharmaceutical list does not create a gap in pharmaceutical services provision that could be met by a routine application:**

- **to meet a current or future need for pharmaceutical services**
- **to secure improvements, or better access, to pharmaceutical services**

**Supplementary statement issued by: Stockton-on-Tees HWB**



Map Produced by Planning and Performance  
 Stockton-on-Tees Borough Council  
 Stockton-on-Tees Borough Council  
 Municipal Buildings, Church Road,  
 Stockton-on-Tees TS18 1LD  
 Telephone: (01642) 393939

Title  
 Stockton-on-Tees PNA  
 Localities and Pharmacies  
 2026 Update

Pharmacy's	+
Localities	
Billingham	
Stockton-on-Tees North	
Stockton-on-Tees South	
Thornaby	

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# Creating neighbourhood health: strengthening our system connections and building on integration

Health & Wellbeing Board

25<sup>th</sup> March 2026

# National Direction

Page 26

## National requirements and timelines:

- From 2026/27, the Integrated Care Funding Framework (ICFF) will **not imminently** replace BCF – BCF framework 2026/7 now published
- Health and Wellbeing Boards requirement to produce an Interim Neighbourhood Strategic Plan **now delayed, national guidance awaited**

## Interim expectations set out:

- Neighbourhood Health Plans should be drawn up by local government, the NHS and its partners under the leadership of the Health and Wellbeing Board, incorporating public health, social care, and the Better Care Fund.
- The plan should set out how the NHS, local authority and other organisations, including social care providers and VCSE, will work together to design and deliver neighbourhood health services.
- The plans are expected to be:
  - Outcomes focussed
  - Accountable and transparent
  - Evidence-based
  - Multi-disciplinary
  - Credible and deliverable

*10 year plan will drive this work forward further and faster*

*Neighbourhood planning guidance key lever for this*



# Guidance for Neighbourhood Health Plans

Neighbourhood Health encompasses NHS, Local Government and wider partnership (including VCSE) roles and responsibilities in improving the health and wellbeing for their local communities

Neighbourhood Health plans will be overseen by Health and Wellbeing Boards in two parts:

**DRAFT**

## A strategic plan covering:

- Agreement on neighbourhood footprints based on natural communities
- Priority outcomes for place and neighbourhoods (including NHS mandated, BCF and locally agreed measures)
- Transparency on scope of services
- Agreement on the development of INTs
- Clarity on leadership and accountability arrangements for delivery

## An operational plan covering:

- Working partnership arrangements for delivery
- Timetable for addressing service alignment to neighbourhoods where needed (eg: PCNs)
- Timetable for implementation of INTs
- An audit of resources that apply to neighbourhood health and how they are organised
- Plans for the development of sustainable Neighbourhood Health leadership

# BCF & Neighbourhood Health – HWB role

- Better Care Fund Framework 2026–2027 explicitly strengthens expectations around aligning BCF planning with Neighbourhood Health development
- 2026/27 framework introduces new requirement for Health & Wellbeing Boards (HWBs), ICBs and Local Authorities, to ensure BCF plans are more closely aligned to the development of neighbourhood health services, with specific reference to services such as intermediate care
- BCF outcomes map directly onto neighbourhood-level multidisciplinary team (MDT) work, community services, and integrated care functions
- ICBs and Local Authorities must agree with their HWBs localised goals linked to system-wide neighbourhood care priorities, rather than limiting their ambitions to pooled budgets only

# NHS Planning for the next 3 years: 2026/27 – 2028/29

Medium Term  
Planning  
Framework –

delivering change together  
2026/27 to 2028/29

In implementing neighbourhood health, the immediate focus must be on:

- improving and tackling **unwarranted variation** in GP access for the whole population
- reducing **unnecessary non-elective admissions and bed days** from high priority cohorts – people who have moderate to severe frailty, people living in a care home, people who are housebound or at the end of life
- enabling patients requiring planned care to receive **specialised support closer to home**

Plans should also include establishing integrated neighbourhood teams, ideally contract-based, working with local authorities and starting in areas of highest need.

From April 2026, ICBs and relevant NHS providers should:

1. identify **GP practices where demand is above capacity** and create a plan to help decompress or support to improve access and reduce unwarranted variation
2. ensure an understanding of current and projected total service utilisation and costs
3. **create an overall plan to more effectively manage the needs** of these high priority cohorts and significantly reduce avoidable unplanned admissions. These plans should be consistent with national standards for urgent community response services, which require 7-day availability and rapid response. Systems should ensure funding and commissioning covers a minimum 12 hour “community urgent care” offer, supervised by senior clinical decision-makers and operating at a multi-neighbourhood level.

Local ICBs must confirm how this will be resourced and delivered

This is not expected to be an NHS plan. This is a **neighbourhood plan that focuses on a person-centred approach, delivered by a multi-agency team**. Therefore, work should still commence on an interim neighbourhood plan through the HWB to enable planning of models and service commissioning, in-line with local strategies and wider national guidance.

# Foundation steps required for Neighbourhood Health – 6 Core Components

**Population Health Management:** Using data to identify local health needs and risks to target interventions effectively.

**Modern General Practice:** Strengthening primary care services, including GP practices, as the foundation of the local health system.

**Local Standardized Community Health Services:** Ensuring consistent, high-quality community-based services such as district nursing and health visiting.

**Neighbourhood Multidisciplinary Teams (INTs):** Integrating professionals from health, social care, and the voluntary sector to work together.

**Integrated Intermediate Care:** Providing services that prevent unnecessary hospital admissions and facilitate timely discharge (e.g., "home first" approach).

**Urgent Neighbourhood Services:** Offering prompt, local care to manage acute needs and reduce pressure on emergency departments.

***All designed to shift care closer to home, focusing on prevention, tackling health inequalities, and connecting people to broader social support systems.***

# Strategic alignment

- National guidance – neighbourhood health
- Health & Wellbeing Strategy
- NHS 10 Year Plan
- BCF framework 2026/7
- Tees Hospitals Trust – Clinical Strategy

Close links to direction across partners, towards neighbourhood and local place-based working.



# Key Messages

Opportunity to strengthen our connections as a system and build on integration- neighbourhood delivery by all partner services to a clear set of outcomes

This will require some detailed collaborative planning to deliver

All partners expected to have clear accountability and roles in delivering integrated neighbourhood teams that focus on person centred care

Clear commitment from the respective leadership teams

Fundamental shift in making a material positive impact for our residents by working together, on the ground, in a coordinated way

# Challenges & Opportunities

## Challenges

- Ongoing organisational change
- Potential partnership-wide capacity challenges at neighbourhood level
- Defining neighbourhoods (geographic / non-geographic)
- Scarce resource across all key partners
- Governance mechanisms (decision-making, resource etc.) need further clarity

## Opportunities

- Ongoing strong partner relationships & commitment at local place
- Maximise joint working & experience for residents / patients
- Maximise scarce resource across system
- Tailor support & prevention approach further to local community need & voice
- Work at-scale where this adds value
- Maximise links to wider place / neighbourhood working e.g. Pride in Place

# Interim strategic plan – draft principles (matching NNHIP pilot)

- Co-production (patients, community, workforce)
- Intelligence- and evidence-based, maximising local foundations
- Embedded monitoring & evaluation
- Proactive case finding, maximising systems & population data
- Maximise specialist capacity
- ‘One team’ approach
- Integrated assessment & delivery: care coordination & peer support
- Design in health creation, health promotion & early help
- Maximise access
- Connecting communities to support, relationship-based
- Whole system approach

# Interim strategic plan – suggested Strategic Outcomes (matching NNHIP strategic outcomes)

- Improve healthy life expectancy & address inequality
- Integrate care & support
- Support community and workforce capacity building & co-production
- Increase access to support, across local communities
- Meet diverse needs of local communities
- Promote & maximise good health & wellbeing
- Reduce demand on services, through a focus on prevention

# Interim plan – next steps

- Regional & local workshops
- Scaling up & defining neighbourhoods – lead by intelligence; addressing inequality
- Integrated neighbourhood teams (NNHIP pilot) – roll out
- Deliver BCF outcomes
- Design approach for working together e.g. holistic approach to neighbourhood health (inc. socio-economic determinants); digital innovation
- Evaluation & monitoring

# Families First Partnership Children's Social Care Reforms

**Integrated Front Door-  
*Family Help Point***

# FFP journey to date



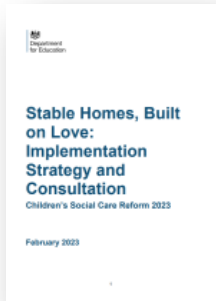
The **Independent Care Review** and **National Panel review** made a number of ambitious recommendations to transform support and protection in children's social care (CSC).



The DfE established the **Families First for Children Pathfinder (FFCP)** programme to facilitate reforms to family help, child protection and family network services in a phased way.



Funding distributed to Local Authorities and official kick off for the FFP programme.

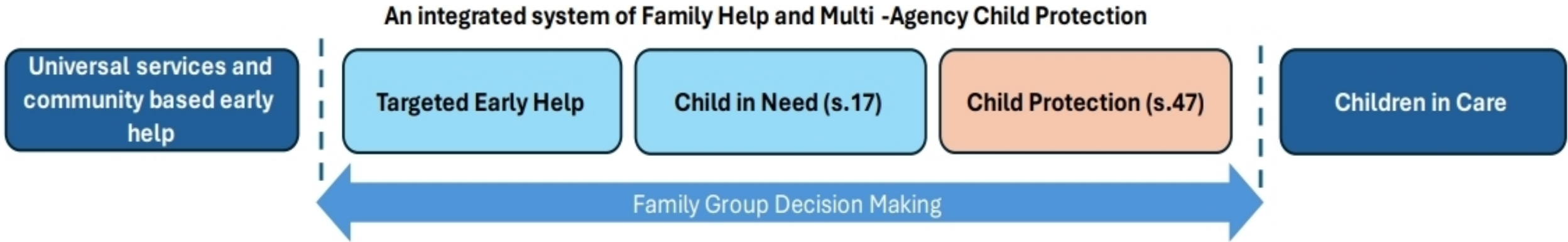


In response to these recommendations, the Department for Education (DfE) has published its implementation strategy, **'Stable Homes, Built on Love'**, which sets out a range of proposed reforms in CSC.



Published the Programme Guide and shared with Police and ICBs via Police Facilitator and NHSE safeguarding networks.

## Families First Partnership National Programme of Reforms



## FFP Stockton-on-Tees Pillars of Reform



### Front Door

- Move towards an integrated front door, where contacts and referrals can be triaged to the right level of service.
- Local partnerships operating Multi Agency Safeguarding Hubs (MASH) should review/explore how their functions might align more strongly with other places where families might come into contact with services, reflecting an early help approach and a single 'front door'
- Consider the range of practitioners and agencies that could be brought into the integrated front door.



### Family Help

- Family Help will take place at the heart of communities, bringing together local services under a combined, multi-disciplinary practice.
- It will wrap support around the whole-family at the earliest opportunity – using the expertise of multi-disciplinary practitioners.
- Family Help will ensure consistency of relationships between children, families and their lead practitioner.
- One plan will be adopted for children and families but adapt as needs change.



### Multi Agency Child Protection Teams (MACPTs)

- Multi-agency child protection is a system where the right decisions are made at the right time for children, bringing experts together across agencies.
- MACPTs should seek to protect all children from actual or likely significant harm, inside and outside of the home, including online.
- MACPTs should also engage and empower parents, family networks and others in a transparent and compassionate way to care safely for their children, wherever this is possible.



### Family Group Decision Making

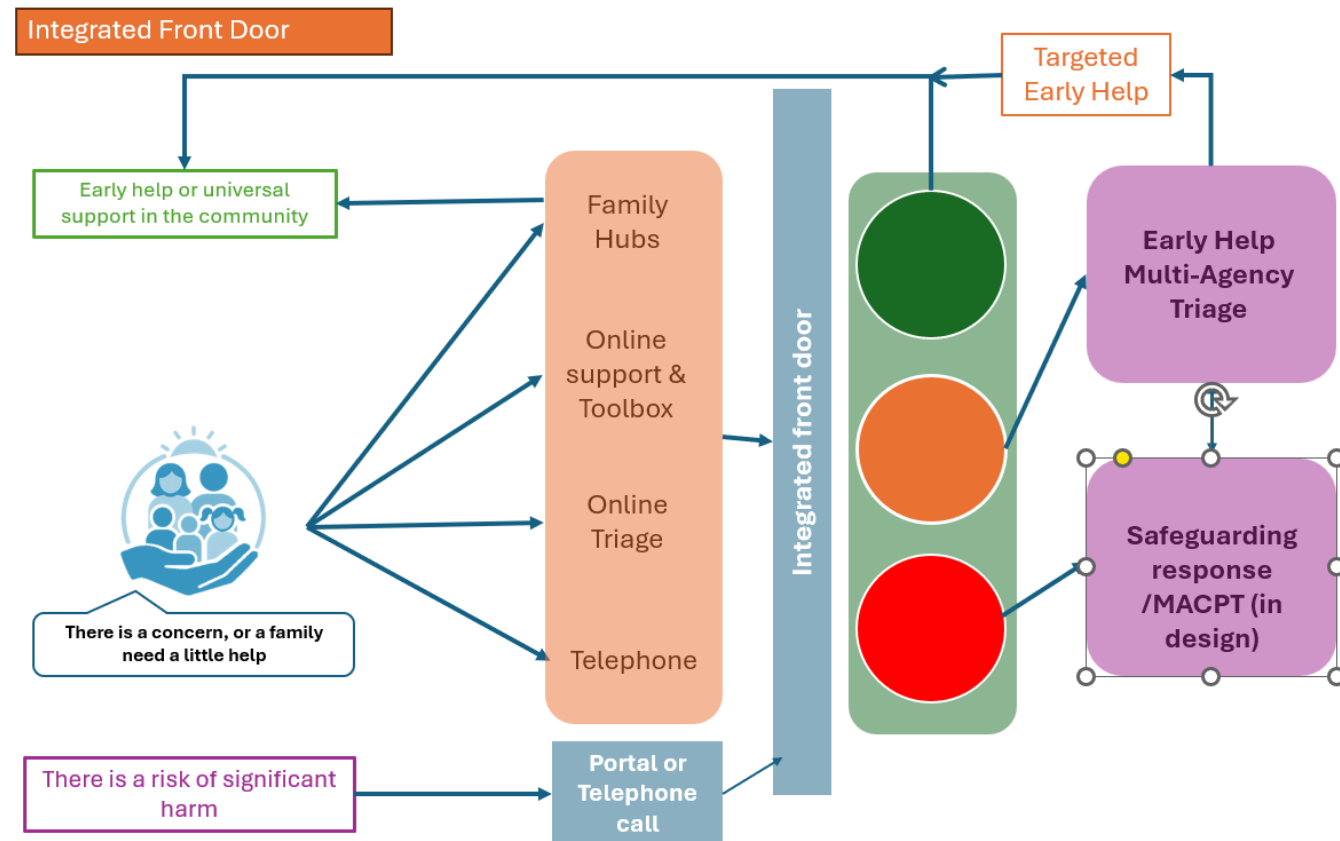
- Family group decision-making (FGDM) is a voluntary process that enables a family network to come together and make a family-led plan.
- The plan will include offering practical support to parents and carers, whilst prioritising the safety and wellbeing of the child.
- FGDM helps to ensure a family network is engaged and empowered to participate in decision-making while a child and their family is receiving help, support or protection.

# The Integrated Front Door –

## Family Help Point

Family Help Point will operate as a multi-agency, multi-disciplinary team, co-locating expertise from Police, 0–19 Healthy Child Programme, Domestic Abuse services, SEND, Education and Substance Misuse services, and will strengthen decision-making and navigation for families.

Family Help Point will be a cornerstone of our wider transformation, enabling us to support children and families at the earliest opportunity, reduce duplication, improve timeliness and deliver a strong safeguarding response when needed.



# *The Integrated Front Door-*

## *Family Help Point*

### **Current Position**

- official launch 1<sup>st</sup> April with soft launch since mid March
- communications plan for staff, partners and public being rolled out
- digital tools to support navigation to right service at the right time
- training for IFD staff in language that cares and systemic practice

### **Strengths**

- delivering our own front door will ensure full oversight of processes, standards, and decision-making, ensuring alignment with Stockton's practice model and priorities
- police, health partners, education, SEND, domestic abuse and substance misuse services have been involved with all aspects of the design and are working with us to determine their resourcing.

# Our vision for Family Help

***In Stockton-on-Tees, good Family Help will mean families experience timely, proportionate and relationship-based support that is integrated, locally accessible and focused on improving outcomes while reducing demand for statutory intervention.***

- anchored in our systemic practice framework ensuring that interventions consider the whole family system, strengthen relationships and promote sustainable change. Practitioners will work collaboratively with families, using curiosity and reflective approaches to understand lived experiences and build solutions that are meaningful and enduring.
- a consistent Family Help Lead Practitioner (FHLP) who remains involved throughout a family's journey.
- growing partner agency involvement over time, recognising that partners are often best placed to support families, but this will need to develop gradually and that building confidence among partners is essential
- an infrastructure of support including training and shared learning opportunities so partners feel equipped and confident to deliver Family Help effectively.
- support for families to develop their own family networks

# Family Help progress update

## Current Position

- 'test and learn' Family Help pilot launching in May
- pilot will test the Family Help Lead Practitioner (FHLP) role across Social Workers and Family Workers
- co-location in Billingham Family Hub
- will link with multi-agency, multi-disciplinary partners working within the Billingham Hub including health visitors, midwives and domestic abuse workers
- robust evaluation framework in development with DfE partner, Mutual Ventures

## Strengths

- data and evidence driven
- phased approach to build confidence before refinement and scaling
- co-designed model, including new Family Help assessment

# Our vision for Multi-Agency Child Protection Teams (MACPT)

The MACPT will :

- be a specialist, co-located team that strengthens child protection practice through expert advice, consultancy, and collaborative problem-solving, rather than direct case delivery
- support existing social work teams and partner agencies to achieve high-quality child protection planning, ensuring consistency and confidence in safeguarding responses and that plans are clear, realistic and focused on reducing risk
- work closely with our Integrated Front Door, sharing multi-agency resources and making best use of partner expertise

# MACPT progress update

## Current Position

- ‘test and learn’ MACPT pilot launching in May
- detailed analysis of Child in Need and Child Protection data undertaken to determine focus
- pilot will focus on pre-birth and under 1s – an area of practice which is recognised as in need of strengthening
- test the Lead Child Protection Practitioner (LCPP) role
- close links with 0-19 Healthy Child Programme service and their enhanced pathway, STEPS
- robust evaluation framework in development with DfE partner, Mutual Ventures

## Strengths

- data and evidence driven
- phased approach to build confidence before refinement and scaling
- co-designed model with partners supportive of focus

# Our Vision for Family Group Decision Making (FGDM)

FGDM will :

- maintain use of Family Group Conferencing (FGC) as the evidence-based approach
- embed FGC within Family Help Point, creating opportunities for early identification and proactive engagement with family networks and maximise family strengths and resources at the earliest possible stage, reducing the need for statutory intervention wherever appropriate
- be used from early help through to child protection, promoting continuity and reducing escalation where possible.
- ensure family network planning is consistently used in everyday practice. Practitioners will routinely explore family and community connections as part of assessment and planning, enabling families to draw on their own support networks.

# FGDM progress update

## Current Position

- well-established Family Group Conferencing (FGC) team who are embedded within our current Early Help services offering support across the range of teams from family solutions (family support) through to Children in Our Care and Care Experienced
- achieved Family Rights group accreditation during 2025-26

## Strengths

- our approach to family group decision making (FGDM) is underpinned by systemic practice principles, promoting whole-family thinking and sustainable change.
- we are committed to building confidence and skill in family networking approaches across practitioners and partner agencies.