

## **Adult Social Care and Health Select Committee**

A meeting of the Adult Social Care and Health Select Committee was held on Tuesday 21 October 2025.

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

**Officers:** Sarah Bowman-Abouna, Angela Connor, Graham Lyons, Natalie Shaw (A,H&W); Gary Woods (CS)

**Also in attendance:** Cllr Pauline Beall (SBC Cabinet Member for Health and Adult Social Care); Paula Swindale (NHS North East and North Cumbria Integrated Care Board); Melanie Cabbage, Victoria Cardona (North Tees and Hartlepool NHS Foundation Trust)

**Apologies:** None

### **ASCH/38/25 Evacuation Procedure**

The evacuation procedure was noted.

### **ASCH/39/25 Declarations of Interest**

There were no interests declared.

### **ASCH/40/25 Minutes**

Consideration was given to the minutes from the Committee meeting held on 23 September 2025. Attention was drawn to the following:

- Minutes: Referencing the circulation of information on the membership (and respective Chairs) for each of the new working groups associated with the Tees Valley Care and Health Innovation Zone following the Committee meeting in July 2025, Members noted recent correspondence from the SBC Chief Executive alluding to further updates around this initiative, and queried how the Committee would be kept aware of ongoing developments.

AGREED that the minutes of the meeting on 23 September 2025 be approved as a correct record and signed by the Chair.

### **ASCH/41/25 Scrutiny Review of Stockton-on-Tees Adult Carers Support Service**

The second evidence-gathering session for the Committee's review of Stockton-on-Tees Adult Carers Support Service featured contributions from the NHS North East and North Cumbria Integrated Care Board (NENC ICB) and North Tees and Hartlepool NHS Foundation Trust (NTHFT).

## NHS NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE BOARD

Responding to the Committee's lines of enquiry, a report was presented by the NENC ICB Head of Commissioning, Community & UEC containing the following:

- The NHS, under the Health and Care Act 2022, was legally required to involve unpaid carers in decisions about the care and treatment of the individuals they supported. This included participation in the planning and delivery of care, as well as in discharge planning from hospital settings.

The current NHS long-term plan highlighted best practice in identifying carers and providing them with appropriate support (including encouragement to record whether someone was a carer in their GP record). For primary care (General Practice), the Care Quality Commission (CQC), as part of its inspection framework, looked at how effectively carers were supported (including involving people in decisions about their care and that this was responsive and personalised to their needs).

- Whilst NENC ICB did not have any direct responsibilities in this area (there was no ICB strategy as such, as it did not have direct responsibility for the commissioning of services), it could demonstrate collaborative work at a local level with Local Authority and 'system' partners to support the adult carers agenda.

The ICB Local Delivery Teams worked in collaboration with Local Authorities in the development of Better Care Fund (BCF) plans, which specifically included reflections on, and services for, carers. These plans were developed based on local need across each Local Authority and the ICB collaborated to support the design of these plans. The ICB was a member of each Health and Wellbeing Board, plus it held Place Sub-Committees where there was the ability to discuss health and social care challenges and opportunities (acting as a forum for partnership working).

- Locally, the NENC ICB / ICP Joint Strategy specified a key programme aim of 'working to identify and support more people who are providing unpaid care within the region'. This was a challenge as some individuals often did not see themselves as a carer / fulfilling a caring role.
- Looking ahead, carers, and their role across health, would be picked up in emerging Neighbourhood Health Plans which were being led by Local Authorities. The ICB would again collaborate and contribute towards these plans, and had a requirement to pull together a population health improvement plan which would reflect local Neighbourhood Health priorities amongst a range of other ICB priority areas. For now, from a NENC ICB perspective, it was felt that Stockton-on-Tees did a superb job around the whole carers' agenda.

Reflecting on the report, the Committee considered the influence of the NENC ICB in relation to those providing unpaid care and wondered whether the organisation was somewhat detached from patients / carers. Members were reminded that the ICB did not commission carer services, nor did it have a regulatory capacity. However, it was able to promote / encourage the promotion of carers (e.g. noticeboard displays in general practices) and did work collaboratively with operational teams to ensure clinical pathways included considerations around carers.

Noting the 'We Care You Care' link within the covering report for this item (which highlighted Newlands Medical Centre in Middlesbrough achieving carer-friendly status), the Committee queried if any data existed for primary care services within the Borough which demonstrated how many carers had been identified (as a proportion of its patient list) by a particular practice. This would be followed up with relevant personnel after the meeting.

## NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST

The NTHFT Head of Patient Flow, supported by the NTHFT Associate Director of Nursing Experience & Involvement, gave a presentation which addressed several lines of enquiry it had received from the Committee. This included:

- What roles / responsibilities in relation to adult carers?: Under the Care Act 2014 (England), NTHFT had specific responsibilities in supporting the identification of adult carers when providing short-term treatment to patients (i.e. people who provided unpaid care to someone with identified care needs). These were met through communication with / involvement of carers at every stage of the journey (with the patients' consent), recognising carers as partners in care, and through education and training (e.g. moving and handling / medication administration). Discharge planning (a line had been added to the 'assessment of need' document to recognise carers) and supporting carers within the hospital environment (e.g. signposting / referral for further assistance (including to the Adult Carers Support Service), meal vouchers, John's Campaign) were also important features.

A 'Carers Charter' (visible in the main University Hospital of North Tees entrance) had also been developed by the University Hospitals Tees (partnership between NTHFT and neighbours South Tees Hospitals NHS Foundation Trust) to demonstrate its commitment to carers of all ages – this was being reinforced with staff and patients.

- How does the Trust identify carers?: This was achieved via the nursing admission process, involvement / discussion in discharge planning, and during inpatient care episodes. However, as noted earlier in this meeting, people did not always recognise themselves as carers, and the Trust needed to keep asking this throughout contact with services as an individual's situation may change.
- How aware are Trust staff of the local Adult Carers Support Service offer?: Awareness of the local offer was aided / promoted through the Integrated Discharge Team, as well as the Frailty front-of-house service and staff operating within the Trust's elderly care wards.
- Feedback regarding Stockton Carers service: Positive feedback from the Home First Team, the Discharge Clinical Care Co-ordinator, and the Frailty Co-ordinator was relayed. It was noted that, for some individuals, the local carers service had prevented additional care packages from having to be implemented.
- Working with SBC with regards the local carers support offer – how does this operate; is this effective; is there anything that could strengthen current arrangements?: Partnership working included carer identification and liaison, the supply and promotion of information / advice / guidance, education and training for hospital teams (staff forums, team meetings, preceptorships), and transition and discharge support (involving regular liaison with team leads). Trust staff had given

positive feedback about existing arrangements with SBC, and some had benefitted personally from the local service (recognising that they needed to look after themselves in order to carry out their own role). Moving forward, continuous education around the local offer was required, as was a need to think about how the Trust's community services / teams were targeted in relation to carers, particularly given the number of people involved in a caring role was likely to continue increasing.

- What are the implications for NTHFT of the new 10-Year Health Plan for England in relation to support for carers? What plans are / will have to be in place to fulfil any obligations?: The new '*Fit for the Future: 10-Year Health Plan for England*' advocated stronger NHS support for unpaid carers, although there were no specific targets. From a local standpoint, future planning would be undertaken across the University Hospital Tees footprint (as opposed to an individual Trust perspective), with promotion of the Carers Charter, input from those with lived experience, and a tightening-up on the identification of carers to be developed. Assurance was given that the NTHFT Director of Nursing was well sighted on carers-related issues.
- Any views on key areas of future focus relating to this scrutiny topic (e.g. existing challenges that need to be?): Continued promotion across all health and care services, including primary care, to promote the identification of carers and signposting to available support.

The Committee began its response by focusing on the Carers Charter and the need to embed this across the Trust (particularly given carers knew much more about the person they cared for than professionals). NTHFT officers gave assurance that this was promoted widely via the Trust's various communications mechanisms and was highlighted as part of staff inductions. It was intended for the charter to also be included within future workforce training.

Continuing with the communications theme, the Committee was pleased to hear that the Trust was listening to carers and expressed interest in seeing any public-facing literature that NTHFT was using to raise the profile of carers within hospital settings. To maintain staff awareness of the help available for local carers, Members also suggested increased presence from Adult Carers Support Service personnel on wards.

NTHFT was asked how it would go about incorporating lived experience into its carers-related work. Members heard that a Patient Involvement Facilitator was working across University Hospitals Tees, and that an 'Involvement Bank' was giving patients and carers an opportunity to contribute to the future development of services. 'Experience of Care' meetings (involving local Healthwatch) also enabled input and reflection from patients and carers.

## SCOPE AND PROJECT PLAN

The next evidence-gathering session would focus on submissions from both Eastern Ravens and Mobilise, along with further feedback from carers on their views / experiences of the current offer and any areas for improvement. Members were also reminded of the intended forthcoming visit to the LiveWell Dementia Hub (date / time to be confirmed following this meeting).

AGREED that information provided by the NHS North East and North Cumbria Integrated Care Board and North Tees and Hartlepool NHS Foundation Trust for the Committee's Scrutiny Review of Stockton-on-Tees Adult Carers Support Service be noted.

### **ASCH/42/25 Scrutiny Review of Reablement Service**

Following the Committee's decision in April 2025 to defer approval of its final report on the Scrutiny Review of Reablement Service until it had received the full findings of the Peopletoo (external consultants) report on local reablement provision, as well as the outcome of the late-2024 Care Quality Commission (CQC) inspection of Stockton-on-Tees Borough Council (SBC) adult social care services, consideration was given to the updated draft document. Specific attention was drawn to the following:

- SBC Powering Our Future (POF) Developments (paragraphs 4.68 to 4.73): An additional sub-section had been added to reflect discussions at the informal session held in September 2025 where the full findings of the Peopletoo report were relayed to the Committee.
- Conclusion (paragraph 1.21 & 5.14): Amended to acknowledge receipt of the full Peopletoo findings, with added commentary on performance monitoring and potential financial benefits as a result of their work / proposals.
- Recommendations: There were no proposed changes to the recommendations (those within the original draft final report that was presented to the Committee in April 2025 remained).

Discussion ensued on the report's recommendations and the actions that would need to follow. Members commented on the role of the Health and Wellbeing Board in relation to the local offer, the need for the public to be aware of local contacts for reablement provision, and the potential benefits from increased voluntary, community and social enterprise (VCSE) sector involvement. It was also suggested, and subsequently agreed, that recommendation 5b (*Regarding the future local reablement offer, SBC confirms further planned changes to existing service delivery (structures, workforce) and the funding required to support this*) should include a reference to staff training so assurance could be sought around previously highlighted staff turnover / training gaps.

The Committee approved the draft final report, subject to the minor amendment to recommendation 5b, which would now be presented to SBC Cabinet.

AGREED that the Scrutiny Review of Reablement Service final report, incorporating the identified amendment, be approved for submission to Cabinet.

### **ASCH/43/25 SBC Adult Social Care Strategy 2026-2030**

Consideration was given to the proposed content of the Stockton-on-Tees Borough Council (SBC) Adult Social Care Strategy 2026-2030.

Following the engagement exercise with local communities undertaken by the National Development Team for Inclusion (NDTi) to identify what was important to consider in relation to future provision (which was reported to the Committee in July 2025), and further work through the Making it Real Board (MIRB), the Council had completed a

draft of the new strategy for engagement with key stakeholders and partners in October / November 2025. Presented by the SBC Assurance and Co-Production Manager, and supported by the SBC Cabinet Member for Health and Adult Social Care and the SBC Assistant Director – Adult Social Care, content included:

- Adult Social Care Context (how the strategy sits alongside local, regional and national policy)
- Our Borough (what do we know about living in Stockton-on-Tees for those people who need care and support)
- Priority 1: Working with People
- Priority 2: Providing Support
- Priority 3: Keeping People Safe
- Priority 4: Leadership

Whilst it was acknowledged that the NDTi engagement exercise did not result in a high response rate, the commitment to co-produce this document, as well as the need to ensure value within it for local people, was emphasised. The proposed strategy featured key headings which aligned with the Care Quality Commission (CQC) assessment framework (with the stated priorities agreed by the MIRB), and it was noted that the language in the final version would be easy to understand, with the format including more visual graphics and a glossary. A British Sign Language (BSL) video to accompany the launch was also being considered.

Thanking officers for bringing the draft content back to the Committee promptly following the previous discussions in July 2025, Members stressed the importance of a robust communications plan to ensure this was a live document which could be seen by the public – it should also help shape future services, and allow the Council (and, where relevant, its partners) to be held to account for the delivery of the local offer. In response to a Committee query, it was confirmed that the final version was expected to be available in early-2026 and would be shared with the Committee once approved.

AGREED that the draft Adult Social Care Strategy 2026-2030 be noted.

## **ASCH/44/25 Care and Health Winter Planning 2025-2026**

Ahead of the forthcoming winter period, the Committee considered and responded to the Stockton-on-Tees Health and Wellbeing Board's '*Care and Health Winter Planning Update*' report.

Presented by the Stockton-on-Tees Borough Council (SBC) Director of Public Health, Members were reminded that the Board had responsibility for seeking assurance on health protection, and that this report supported the Board in this duty. The Board would consider the report, with a view to ratifying it, at its meeting on 29 October 2025. As in previous years, the report was being presented to the Committee for information and discussion ahead of the Board meeting later this month, and contained the following:

- Winter Planning
- Integration
- Infectious Disease Surveillance
- COVID, flu and vaccinations
- Health protection work with key settings
- Local health protection response

- Adult social care support
  - Demand and capacity management
  - Ensure adult social care teams have sufficient staff and access to care capacity to continue supporting people to live independently in their own homes wherever possible in line with Care Act 2014 principles
  - Ensure a home first approach
  - Monitor the impact of winter on local people and the social care workforce
- Housing
- Supporting our communities
  - Information and advice
  - Food support
  - Community Transport
  - Community Spaces (previously known as Warm Spaces)
- Consultation and Engagement
- Next Steps

Attention was drawn to several parts of the report, beginning with the oversight of NHS planning and co-ordination of partners by the Tees Valley Local A&E Delivery Board (LAEDB) which was intending to share a comprehensive overview of winter planning arrangements with the wider system in November 2025. Other key entities included the Cleveland Local Resilience Forum (LRF) which enabled wider system resilience as needed, the UK Health Security Agency (UKHSA) which maintained the national monitoring system for Influenza, RSV (Respiratory Syncytial Virus) and COVID-19, and the Tees Valley Vaccination Board which continued to have oversight of the flu and COVID vaccination programmes and reported into the regional Integrated Care Board (ICB) Immunisation Board.

From an adult social care perspective, SBC monitored the care market to understand capacity and quality pressures to ensure it could meet its statutory duties. All commissioned providers were contractually required to submit winter contingency plans by 31 October each year and the Council would continue to monitor compliance and use these plans to manage pressures over the period.

In terms of supporting the community, the annual Winter Health Conference was held earlier this month, nine weekly 'Warm Welcome' sessions took place across the Borough to address social isolation and loneliness, and the launch of the Multibank in November 2024 had seen over 400,000 items distributed to the Local Authority area. A range of information and advice was also available, including regular features in Stockton News (promoting support services for this time of year) and a 'Winter Wellbeing' webpage.

Welcoming the update, the Committee focused its response on vaccinations. Expressing concern about instances of public confusion caused by changes to the qualifying age-ranges for this year's vaccination roll-out, Members relayed incidents of people turning up to a site expecting to receive both the flu and COVID jab but finding out one was not available / provided. A discrepancy with one of the local practices (Queens Park Medical Centre) with regard the stated flu / COVID offer within the report was also noted, as were issues raised by some around having to pay a parking charge (including the challenges of trying to pay via an app) when trying to get to / near a site providing vaccinations. The SBC Director of Public Health stated that the Council worked with the ICB to relay core vaccination messages to the public, and would follow-up with ICB colleagues to check what communications were issued around this year's offer. In terms of the list of local practices providing flu and / or

COVID vaccines, this was extracted from a main database and would be checked to see if it required updating.

Staying with the theme of vaccinations, the Committee highlighted additional uncertainty around the need for a second shingles jab as some people had reported only receiving one dose whilst others had been given two. The SBC Director of Public Health offered to seek clarity on the required protections against shingles and gave assurance that there were no significant gaps across the Borough regarding the overarching vaccination offer. In other vaccine-related developments, it was also noted that data was not yet available for the occupational health flu and COVID-19 vaccination programmes within NHS Trusts and primary care, though this could likely be provided in the future if required.

Praising the range of work evidenced within the ‘Supporting our communities’ section of the report, the Committee asked if this update was being presented to SBC Cabinet after consideration by the Health and Wellbeing Board – it was confirmed that this was indeed the intention. Members also commended the Council’s OneCall service for assisting vulnerable people with sources of heat.

AGREED that the ‘*Care and Health Winter Planning Update*’ report, and the subsequent Committee comments in relation to its content, be noted.

## **ASCH/45/25 Chair’s Update and Select Committee Work Programme 2025-2026**

### **CHAIR’S UPDATE**

The Chair had no further updates.

Members drew attention to reported, and personally experienced, discharge issues in relation to Nuffield Health Tees Hospital in Norton, with concerns expressed about a lack of pre-hospital and pre-discharge checks. The Stockton-on-Tees Borough Council (SBC) Assistant Director – Adult Social Care agreed to follow this up with the local Community Integrated Assessment Team (CIAT) Manager.

### **WORK PROGRAMME 2025-2026**

Consideration was given to the Committee’s current work programme. The next meeting was due to take place on 18 November 2025, with anticipated items including the SBC Director of Public Health Annual Report 2024-2025, the latest CQC / PAMMS quarterly inspections update, and the next evidence-gathering session for the ongoing Scrutiny Review of Stockton-on-Tees Adult Carers Support Service.

AGREED that the Chair’s Update and Adult Social Care and Health Select Committee Work Programme 2025-2026 be noted.

Chair: .....