Adult Social Care and Health Select Committee

A meeting of the Adult Social Care and Health Select Committee was held on Tuesday 20 October 2026.

Present: Cllr Marc Besford (Chair), Cllr Carol Clark, Cllr Lynn Hall, Cllr Mohammed Mazi (sub for Cllr John Coulson), Cllr Vanessa Sewell, Cllr Sylvia Walmsley

Officers: Jane Edmends, Carol Malham, Rob Miller, Carolyn Nice, Joy Swithenbank (A,H&W); Darren Boyd, Gary Woods (CS)

Also in attendance: Cllr Pauline Beall (SBC Cabinet Member for Health and Adult Social Care)

Apologies: Cllr John Coulson

ASCH/43/26 Livestreaming

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

ASCH/44/26 Evacuation Procedure

The evacuation procedure was noted.

ASCH/45/26 Declarations of Interest

There were no interests declared.

ASCH/46/26 Minutes

Consideration was given to the minutes from the Committee meeting held on 22 September 2026, with specific attention drawn to the following item:

- Monitoring the Impact of Previously Agreed Recommendations – Reablement Service: Regarding the stated progress in relation to recommendation 5 (*Regarding the future local reablement offer…*) and the Committee's subsequent request that further detail be shared to understand what information had been considered by SBC to shape the present / future offer (as well as provide assurance that the workforce could meet demand), Members were informed that this had yet to be provided. Another reminder would be issued to relevant SBC officers.

AGREED that the minutes of the meeting on 22 September 2026 be approved as a correct record and signed by the Chair.

ASCH/47/26 CQC / PAMMS Inspection Results - Quarterly Summary (Q1 2026-2027)

Consideration was given to the latest quarterly summary regarding Care Quality Commission (CQC) inspections for services operating within the Borough (Appendix 1). Eight inspection reports were published during this period (April to June 2026

(inclusive)), with attention drawn to the following Stockton-on-Tees Borough Council (SBC) contracted providers:

Providers rated 'Good' overall (5)

- Victoria House Nursing Home retained its 'Good' overall rating, with all five CQC domains also judged at this level (as per its previous inspection which was published in September 2017). Similarly, Park House Rest House and Edwardian again achieved an overall 'Good' rating, with all five CQC domains being deemed as such (this replicated the outcomes of previous inspections published in August 2018 and March 2018 respectively).

- Aspen Gardens, a Care at Home provider supporting adults of all ages within an Extra Care living scheme, received its first inspection in March 2026 and was subsequently graded 'Good' overall (all five CQC domains similarly rated).

- Following its first ever inspection, CEL Homecare Teesside received an overall rating of 'Good', with all bar the 'response' domain (deemed 'Requires Improvement') being graded in the same way. The provider had identified issues with staffing and feedback systems, and was taking steps to address them and improve the service. Staffing levels were monitored, but people and relatives said there were sometimes issues with punctuality and consistency of staff. In some cases, this had impacted the care people received.

The remaining three reports involved two adult services providers (neither of which were contracted by SBC) and an ambulance service. Cleveland Villa, a newly registered residential care home providing support to one person living with a learning disability and / or mental health condition, received its first inspection in April 2026 and was graded 'Good' overall (and across all five CQC domains). Bluebird Care (Stockton and Hartlepool), registered to provide care to people living in their own home with dementia, sensory impairment, physical disabilities, and mental health conditions, was also inspected for the first time during April and May 2026 and was similarly deemed 'Good' overall (and across all five domains). Finally, CIPHER Medical received its first inspection in December 2025 since the provider moved locations and was rated 'Good' overall (all five domains also graded 'Good').

Focus turned to the section on Provider Assessment and Market Management Solutions (PAMMS) inspections (Appendix 2), of which there were six reports published during this period (April to June 2026 (inclusive)):

- Park House Rest Home was rated 'Excellent' overall and across all five PAMMS domains, maintaining this same level since its previous inspection (published in June 2025).

- Ayresome Court, Millbeck, Roseworth Lodge Care Home, Highfield (Stockton), and Primrose Court Nursing Home all maintained an overall rating of 'Good' – the same grading all six services achieved following their previous inspections. Whilst moving from 'Excellent' to 'Good' for the 'involvement and information' domain, Ayresome Court was upgraded from 'Good' to 'Excellent' for its 'suitability of staffing'.

The Committee thanked the SBC Quality Assurance and Compliance (QuAC) Manager for presenting the report which demonstrated very positive standards of care delivery across the Borough.

AGREED that the CQC / PAMMS Inspection Results – Quarterly Summary (Q1 2026-2027) report be noted.

ASCH/48/26 Scrutiny Review of Protection of Property

The second evidence-gathering session for the Committee's review of Protection of Property considered further information from the Stockton-on-Tees Borough Council (SBC) Adult Social Care department, as well as submissions from SBC Housing Services and Thirteen Housing Group.

SBC ADULT SOCIAL CARE

Presented by the SBC Service Manager – Assessment (Early Intervention), a report was summarised which covered the following:

- What costs are recovered: SBC Adult Social Care Financial Services (ASCFS) sought the recovery of actual expenditure for locksmith and storage charges, property and garden maintenance costs, removal costs, charges from Facilities Services, and other contractor invoices. Officer time, administration costs, and mileage / travel expenses were not recovered.

  For the last three financial years, the amounts invoiced had risen: £90.00 in 2023-2024, £218.00 in 2024-2025, and £1,134.00 in 2025-2026. There were previously no procedures in place for systematically recovering costs, but SBC was now introducing new systems and procedures.

- Policies and procedures: Current arrangements included the initial inventory of property and valuables, the removal and secure storage of identified items (where appropriate), weekly inspections of unoccupied properties, the recording of visits and actions undertaken, compliance with insurer requirements for inspection frequency, and invoicing and debt recovery processes (where costs were recoverable). Property records were currently maintained through paper visit documentation and costs / debts / invoices spreadsheets.

  Potential future service developments included the exploration of data recording systems, recording of information within the Adults Liquid Logic System to improve recording / monitoring / audit trails, and debt procedure with referral to Corporate Debt.

  Comparisons to other Local Authority procedures had been sought, with information obtained from both Middlesbrough Council and Redcar & Cleveland Borough Council. Neither publicised protection of property services, neither charged for officer time, and neither was aware of any national reporting requirements. Both sought recovery of direct expenditure where appropriate.

- Recovery of costs: The current approach saw SBC only recover actual costs incurred through third-party suppliers and contractors. Recovery may be sought from the individual (once capacity and circumstances permit) or funds held under appointeeship / deputyship.

  Challenges in relation to cost recovery included delays in obtaining appointeeship or deputyship authority, individuals moving without leaving forwarding details, and estates not yet administered.

- How much activity is undertaken: There was a consistent number of referrals received by the service each year (22 in 2023-2024, 20 in 2024-2025, 21 in 2025-2026, and five thus far in 2026-2027). Approximately 20 cases were open on a rolling basis, with length of involvement ranging from a few days to a few years.

  The number of properties being protected had increased in recent years: 37 in 2023-2024, 44 in 2024-2025, and 48 in 2025-2026. The lower number of properties protected in 2026-2027 (28 to date) reflected improved case management processes which had reduced the time properties remained under protection before sale.

- Resource impact on Adult Social Care Financial Services: Protection of property was only one function of the team who were responsible for several other areas (management of appointee, court appointed deputy, deceased estates and public funerals). Consisting of (full-time equivalent numbers in brackets) a Team Lead (1), Clerks (2.5), Finance Officer (0.8), Social Care Officers (1.5), and Visiting Officers (2), its annual cost was £318,683.

  The estimated annual cost associated with officer time and travel for the protection of properties was £11,364 per annum (comprising 0.23 FTE officer time and travel expenses). The largest element of expenditure related to Employee Protection Register checks, visits and associated write-ups which totalled £7,687 (68% of total costs), with travel accounting for £2,294 (20%), and initial assessment visits costing £1,383 (12%).

  Approximately seven hours per week was spent undertaking property visits, EPR checks, and recording activity, with initial visits typically taking around five hours and requiring two officers. Work was undertaken primarily by Visiting Officers (Grade H) and Social Care Officers (Grade I), with around 80 miles travelled per week. This demonstrated hidden costs that were not recharged.

  The annual cost had been calculated using the current level of officer resource and travel required to deliver the protection of properties service. This included initial property assessments, ongoing visits and checks, case management activity, and associated mileage incurred while protecting properties on a rolling basis. Actual costs may fluctuate from year-to-year depending on the number of properties requiring protection, the complexity of individual cases, the duration of involvement, and travel requirements. The estimated annual cost therefore represented the current resource commitment associated with delivering the service.

- Risks if the Council did not undertake this duty: Risks of not intervening included the theft of valuables, damage to property, insurance becoming invalid, deterioration of homes, loss of important documents, safeguarding concerns, and potential legal challenge for failure to discharge statutory duties.

OTHER LOCAL AUTHORITIES

A separate paper providing additional information on other Local Authority approaches towards / promotion of this scrutiny topic was summarised. Further to a subsequent Committee query, SBC officers confirmed that the Council would be reflecting on the way it publicised this legal duty to a wider audience.

SBC HOUSING SERVICES

Introduced by the SBC Assistant Director – Housing & A Fairer Stockton-on-Tees and supported by the SBC Service Lead – Private Sector Housing, a briefing paper outlining SBC Housing Services responses to Committee lines of enquiry highlighted the following:

- Your department's awareness / experience of this legal duty: Across the full SBC Housing & A Fairer Stockton-on-Tees department, awareness was limited. However, there was awareness within the SBC Private Sector Housing Team (PRS), specifically the team's Empty Homes Officer. The service may find out about such properties when carrying out searches to track down a property owner.

- How eligible individuals to have their property protected whilst receiving care / support away from their home are identified: The PRS Team, specifically the SBC Empty Homes Officer, responded to public complaints regarding properties that had become empty, fallen into disrepair, were unsightly (e.g. overgrown gardens / dumped rubbish), or were open to access. Where complaints were significant and issues directly impacted the use and enjoyment of a neighbouring property, the Council had a range of legal powers that could be used against the owners to improve conditions. The PRS Team would trace a property owner(s) to make them aware of the complaints and act as necessary to improve or comply with any legal requirements.

  The PRS Team were aware of the key contacts within SBC Adult Social Care Financial Services (ASCFS). In such cases, ASCFS may be asked to carry out property improvements on behalf of the owner, or to provide contact information to family members managing the estate. If there were no available funds to carry out works, and where legally appropriate, the PRS Team may complete works under notice, pay for associated costs, and then put a charge against the property.

  PRS Team involvement in empty properties of this type was infrequent.

- Communication with SBC Adult Social Care (prior to and during property being protected): The service was not notified prior to a property being protected, or as a matter of course when a property was protected. As referenced above, should a complaint come in regarding the condition of an empty property (e.g. complaint relating to the dwelling and / or garden areas) the SBC Empty Homes Officer may contact ASCFS if they suspected that the property was being protected.

Thanking officers for their submission, the Committee sought clarity around how SBC Housing Services and SBC Adult Social Care linked in regarding this specific legal duty. It was reiterated that SBC Housing Services would only get involved if properties were not being looked after (which they generally were).

Members asked if SBC Housing Services received any contact from hospitals when an individual living on their own was admitted for treatment / care. Confirming this did not happen, officers again stated that the service would only ever get involved if concerns were raised about the state of a property. It was felt that ASCFS was managing vacant properties well, hence the lack of contact from the PRS Team – it was also rare that SBC Housing Services would be informed about an individual going into hospital / care (who would be eligible to have their property protected) that SBC Adult Social Care was not already aware of.

THIRTEEN HOUSING GROUP

A presentation had been submitted by Thirteen Housing Group following a request for responses to Committee questions on this scrutiny topic. Although a Thirteen representative could not attend this meeting, the following information was highlighted:

- Application of S.47 at Thirteen Group: Understand the legislation and work closely with Stockton Adult Social Care to support individuals who were protected under S.47, ensure security of tenure whilst investigations were underway, protect the property (including lock changes and external screening if required), and work with the Local Authority if possessions needed to be removed from the property. But, this relied on Thirteen Group being informed of the circumstances.

- Actions for Thirteen Group: General awareness sessions planned for frontline staff across its Customer Team (including the Customer & Communities Teams, Customer Experience Teams, and Specialist Housing Teams), a Tenure Toolkit to be updated to explicitly reference S.47 enquiries and potential actions required, and ongoing work and links with Stockton's Adult Social Care Team.

WRITTEN SUBMISSIONS

The Committee was reminded that written submissions in response to Committee lines of enquiry had been received (and subsequently shared prior to this meeting) from the following organisations:

- University Hospitals Tees (UHT)
- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
- North Star Housing Group
- Teeswide Safeguarding Adults Board (TSAB)

SCOPE AND PROJECT PLAN

With information received from all those SBC departments and external organisations who were identified as key contributors to this review, it was agreed that the evidence-gathering phase was now complete. An informal session (to take place immediately after the next formal meeting in November 2026) would be scheduled to consider a summary of the evidence received and formulate draft recommendations.

AGREED that information provided by SBC departments and external organisations for the Committee's Scrutiny Review of Protection of Property be noted.

ASCH/49/26 Overview & Performance Report: SBC Adults, Health and Wellbeing (Public Health)

The Committee received an overview and performance report from the Stockton-on-Tees Borough Council (SBC) Adults, Health and Wellbeing directorate which provided details of key achievements and challenges in 2025-2026 for the Public Health department, as well as any emerging issues within this area of Council activity.

Introduced by the SBC Strategic Health & Wellbeing Manager (in the absence of the SBC Director of Public Health who was unable to be in attendance), the report was supplemented by a presentation which highlighted the following:

KEY ACHIEVEMENTS

- Joint Strategic Needs Assessment (JSNA): The refreshed JSNA (a statutory process which analysed current and future health and wellbeing needs of a local population) had seen nine themes updated and published.

- Domestic Abuse Perpetrator Programme: Delivered through a SBC Public Health contract with Harbour, the programme supported perpetrators of domestic abuse to change harmful behaviours and had seen completion rates increase from 30% to 71%. In addition, Harbour practitioners had strengthened links with social care teams / professionals.

- Complex Needs: More than 50 people with complex needs engaged in peer advocacy, with a multi-disciplinary outreach team successfully established to provide a recovery and support offer (complementing the SBC Community Safety department's work to reduce street drinking in Stockton Town Centre).

- Teesside Integrated Sexual Health Service: This offer was recommissioned and, operating out of a hub at Endurance House (Clarence Street, Stockton), provided a range of outreach and community-based services across the Borough.

- 0-19 Services: Through close working with the 0-19 healthy child programme provider (Harrogate and District NHS Foundation Trust), the service model for 5 to 19-year-olds was transformed. SBC Public Health had also played a key role in the development of the new SBC Children's Services 'front door' and the Families First Partnership needs assessment. Improved integration between the Family Help Point and the 0-19 Service had enhanced the early identification of need, enabling timely intervention, improving outcomes for children and families, and helping to prevent escalation to higher-cost statutory services.

- Active Stockton: £1.2m Sport England funding secured (through co-led work between SBC Public Health and the Sport and Active Lives Team) to improve activity, health and wellbeing across different communities. A delivery plan had since been co-developed with partners and local people.

- Health and Wellbeing Board: The local Board had developed a new way of working, clarifying responsibilities and improving overall effectiveness. An agreed monitoring and accountability framework was developed to support the Board in overseeing delivery of the Joint Health and Wellbeing Strategy – the framework provided the Board with a more active role in strategic oversight (while creating greater opportunities to explore priority issues in more depth), and was intended to support constructive challenge, identify opportunities for advocacy, and enable the Board (collectively or through individual members) to help address and unblock key challenges. The topics reviewed to date included social isolation and loneliness, early years, healthier weight and the food environment, and inclusive growth.

CHALLENGES

- School Readiness and Development: SBC Public Health was working closely with SBC Children's Services and partners to support the achievement of challenging UK Government targets for good levels of development for 2½ and 5-year-olds. The 0-5 Health Visiting Service was an important contributor, with the 0-19 healthy

child programme well-aligned with the work across partners and the Families First reforms to address the inequality in development levels across the Borough.

- System Change: Significant structural and personnel changes had taken place at Integrated Care Board (ICB) and NHS Trust-level. SBC Public Health was embedded within discussions both regionally and locally to ensure close partnership working continued.

- Financial Challenge (Prevention Focus): SBC Public Health had identified £1m in year to support wider work across the Council to achieve public health outcomes in line with the national requirements around public health grant spend – this had significantly contributed to the work on transformation and on efficiency across the organisation. Working closely with internal departments and external partners, efforts continued to maximise value for money from public health grant spend, embed early prevention, address demand, and tackle inequalities.

EMERGING ISSUES

- Neighbourhood Health Plan: The development of a local Neighbourhood Health Plan was a key emerging priority for the coming year. Building on learning from SBCs participation in the national scheme pilot and wider place-based partnership arrangements to shift health and social care activity towards prevention and early intervention, the plan would provide a shared vision and framework to support aligning the efforts of health, care, voluntary sector, and community partners around shared outcomes.

- Children and Young People Vaping: National data indicated that more young people reported vaping than smoking, but most young people neither smoked nor vaped, and most who tried vaping did not go on to vape regularly. A local school survey in 2024 (not 2022 as stated within the report) showed an increase in regular vaping by year 10 pupils, with 13% of girls and 9% of boys reporting to vape on most days – this represented an emerging concern, particularly since the long-term health harms were currently unknown.

- Local Plan: The development of the new Local Plan presented a significant opportunity to further address the determinants of health and wellbeing (e.g. access to green space, prevalence of hot food takeaways, provision of affordable / good quality housing, etc.) through national and local policy. SBC Public Health was working closely with SBC Planning and SBC Regeneration colleagues to shape the plan through public health data and community insights, support on evidence base, national / regional networks, and maximising tools such as a health impact assessment for new developments.

- Gathering / Understanding / Embedding Community Insights: SBC Public Health continued to actively support local work through the Thriving Communities Board to build the local approach to co-production and working in partnership with local communities. A network of community Health and Wellbeing Champions across the Borough was commissioned by SBC Public Health to enable two-way conversations with communities to help understand health and wellbeing needs and address inequalities.

Commending officers for their detailed report, the Committee was pleased to see the acknowledgement of the ongoing issue of children / young people vaping and

reiterated previously expressed concerns around their appeal / promotion to youngsters. Members felt the current situation was the tip of an iceberg and anticipated that there would be an explosion of future health issues linked to vaping. In response, officers confirmed the desire to explore this phenomenon further, and also gave assurance that other SBC teams (Community Safety and Trading Standards), in conjunction with SBC Public Health, were taking action to prevent illegal vape sales. Concerns around the rise of introductory drugs (known as 'dizzy juice') masking as nicotine vapes were also noted.

The Committee then focused attention upon the recommissioning of sexual health services and asked if the previous offer at Eaglescliffe Medical Practice (which appeared to be popular with young people) was still in existence. Officers stated that confirmation of the sites involved in local sexual health provision could be provided after this meeting.

The item concluded with a final query on the performance data shown within the report, with the Committee seeking assurance that Active Stockton was looking to address the indicators around local levels of physical inactivity (ref 5) and overweight adults (ref 32). Officers stated that this was indeed being followed up, though also noted the lag in public health data being available, and the length of time (possibly decades) it could take before a more positive picture was seen. The tendency for 'preventative' measures to be viewed as a potential means for saving money (as investment often did not lead to quick wins) was also relayed, as was the need for multiple efforts that started to shift and change patterns of behaviour and lead to healthier and more active lifestyles.

AGREED that the Overview & Performance Report: SBC Adults, Health and Wellbeing (Public Health) (and the accompanying presentation) be noted, and that further information be provided as identified.

ASCH/50/26 Care and Health Winter Planning 2026-2027

Ahead of the forthcoming winter period, the Committee was presented with the Stockton-on-Tees Health and Wellbeing Board's 'Care and Health Winter Planning Update' report prior to it being considered by the Board later this month (28 October 2026).

Introduced by the Stockton-on-Tees Borough Council (SBC) Director of Adults, Health and Wellbeing, who emphasised the significance of these preparations across SBC and its various partners (particularly since multiple indicators were suggesting it would be a very challenging winter), the report was then summarised by the SBC Strategic Health & Wellbeing Manager. Replicating much of the structure and content of last year's update, it covered the following:

- Winter Planning
- Integration
- Infectious Disease Surveillance
- COVID-19, Flu, MenB 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
- Homelessness Services
- Supporting our communities
    - Information and advice
    - Food support
    - Community Transport
    - Community Spaces (previously known as Warm Spaces)
    - Crisis Resilience Funding
- Next Steps

The Committee welcomed what it felt was a very detailed, robust and timely update which gave Members and the wider public assurance around winter arrangements. It also commended the success of the Warm Welcome (Community Spaces) initiative which encouraged people out of their homes and helped address loneliness.

Final comments drew attention to the potential need for a similar 'summer planning' update in light of the increasingly extreme weather / climate events seen in recent years.

AGREED that the Care and Health Winter Planning 2026-2027 report be noted.

ASCH/51/26 Chair's Update and Select Committee Work Programme 2026-2027

CHAIR'S UPDATE

The Chair offered thanks to the outgoing SBC Director of Adults, Health and Wellbeing (who was attending a meeting of this Committee for the final time) and wished her well in her future endeavours.

WORK PROGRAMME 2026-2027

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 17 November 2026 and would comprise two parts. The initial formal session was scheduled to feature the latest SBC Director of Public Annual Report and the next CQC / PAMMS quarterly update (Q2 2026-2027). Immediately following this, an informal session would consider a summary of evidence for the Protection of Property review, with the Committee then formulating its draft recommendations.

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

Chair: …….