Hartlepool
Borough Council

Adult Services and Public Health Committee

Agenda

21st July 2026

Time: 4.30 pm

Location: Council Chamber

Members: Adult Services and Public Health Committee

Councillors Cook, Dunbar, Gaines, Hall, Little, Stevenson (VC) and Wiley (C)

Parish Councillor Representative(s):
Chris Robson (Dalton Piercy Parish Council),
Corinne Templeman (Headland Parish Council)
Hayley Tubb (Elwick Parish Council)

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1. Apologies for absence

2. To receive any declarations of interest by members

3. Minutes

3.1 To receive the Minutes and Decision Record in respect of the meeting held on 5 March 2026 (previously published and circulated).

4. Budget And Policy Framework Items

4.1 None.

CIVIC CENTRE EVACUATION AND ASSEMBLY PROCEDURE
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5. Key Decisions

5.1 None

6. Other Items Requiring Decision

6.1 Adult Social Care Quality Assurance Report – 2025/26 – *Executive Director of Adult Services and Public Health*

6.2 Public Health Services Feedback and Complaints – *Executive Director of Adult Services and Public Health*

6.3 Tobacco Control Strategy/Tobacco and Vapes Act – *Executive Director of Adult Services and Public Health*

7. Items for information

7.1 Introduction to Adult Services and Public Health – *Executive Director of Adult Services and Public Health*

7.2 Annual Report of Adult Social Care Complaints and Compliments 2025/26 – *Executive Director of Adult Services and Public Health*

8. Any other business which the chair considers urgent

For Information

Date of next meeting – 17th September 2026

Hartlepool Borough Council

Adult Services and Public Health Committee

21 July 2026

Report of: Executive Director of Adult Services and Public Health

Subject: ADULT SOCIAL CARE QUALITY ASSURANCE REPORT – 2025/26

Decision Type: Non-key.

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1. Council Plan Priority

Hartlepool will be a place:
where people live healthier, safe and independent lives. (People)

2. Purpose of Report

2.1. To present the Adult Social Care Quality Assurance Report for 2025/26.

3. Background

3.1 Quality assurance within adult social care aims to ensure that services are safe, effective and centred around the needs of the people receiving support.

3.2 To be effective quality assurance needs to be an ongoing process focused on continuous improvement. Quality assurance activities include case audits, document reviews, performance audits and peer challenge as well as using feedback from people who use services about their experiences.

3.3 Quality assurance of adult social care is overseen by a Continuous Improvement Group and since 2022/23 an annual Adult Social Care Quality Assurance Report has been produced to capture the range of assurance activity undertaken and the outcomes of this work.

4. Proposals

4.1 The Adult Social Care Quality Assurance Report is attached as **Appendix 1** and provides an overview of quality assurance activity undertaken within adult social care during 2025/26. Areas of work covered in the report include: feedback from carers and people who use services; case audits; peer review; and feedback from the workforce.

4.2 The Adult Social Care Quality Assurance Report refers to improvement activity being reflected in the Adult Social Care Continuous Improvement Plan for 2025/26. An update on progress against the Continuous Improvement Plan is attached as **Appendix 2**.

5. Other Considerations/Implications

Risk Implications	There are no risks associated with this report. A commitment to quality assurance and continuous improvement helps to ensure that risks are identified and mitigated.
Financial Considerations	There are no financial considerations associated with this report. Quality assurance activity is funded from existing resources.
Subsidy Control	Not applicable.
Legal Considerations	There are no legal considerations associated with this report.
Single Impact Assessment	Not applicable.
Staff Considerations	There are no staff considerations associated with this report. Quality assurance activity is managed within existing staffing resources.
Asset Management Considerations	Not applicable.
Environment, Sustainability and Climate Change Considerations	Not applicable.
Consultation	There is no consultation required in relation to this report. Staff are involved in quality assurance work via case file audits, Practice Month and the Health Check and receive feedback through staff briefings.

6. Recommendations

6.1 It is recommended that the Adult Services and Public Health Committee approve the Adult Social Care Quality Assurance Report 2025/26 and note the work that has been undertaken to ensure quality of practice and to understand the views of people with lived experience and the workforce.

7. Reasons for Recommendations

7.1 The Adult Services and Public Health Committee has responsibility for adult social care provision and should seek assurance about the quality of services being provided.

8. Contact Officer

Jill Harrison
Executive Director of Adult Services and Public Health
jill.harrison@hartlepool.gov.uk

Sign Off:-

Chief Executive	Date: 29.06.2026
Director of Finance, IT and Digital	Date: 26.06.2026
Director of Legal, Governance and HR	Date: 26.06.2026

Hartlepool
Borough Council

ADULT SOCIAL CARE ANNUAL QUALITY ASSURANCE REPORT 2025/26

1. Introduction

This report summarises work undertaken during 2025/26 to assure the quality of adult social care services and covers:

- CQC Assurance
- Survey Feedback
- Safeguarding Adults Quality Assurance Framework
- Audit Activity
- Performance Benchmarking
- Continuous Professional and Practice Development
- Feedback from the Workforce
- Review of Complaints and Compliments

Quality assurance activity is overseen by the Adult Social Care Continuous Improvement Group with actions agreed in response to any activity undertaken and progress monitored.

2. Care Quality Commission Assurance

In May 2025 the Care Quality Commission (CQC) published their report regarding Adult Social Care in Hartlepool.

Adult social care services achieved a 'good' rating overall with many strengths identified including:

- Positive feedback from people about the services they received in Hartlepool with good experiences of both Care Act assessment and carers assessments, from knowledgeable and caring staff.
- Outcomes focused on people's strengths, goals and wellbeing.
- Unpaid carers were overwhelmingly positive about their experience of accessing support and spoke highly of services supporting them.
- Most people could access information and advice, and feedback was positive.
- People had access to a range of approaches to prevent, reduce and delay their need for care and support. There was good feedback about reablement, intermediate care and timely access to equipment and adaptations.
- Wellbeing was embedded in the local authority and partner approaches.
- People involved in co-production told us they had opportunities to be involved in different projects including a parent carer forum, supported internships and community events.

- People had choice in relation to care provision and feedback on care and support settings commissioned by the local authority was positive.
- Relationships with external and internal partners were effective.
- Most commissioned community and voluntary sector organisations had good relationships with staff and the local authority.
- The leadership at Hartlepool was visible and approachable.
- Staff interacted and engaged well with people and partners.
- Adult social care demonstrated its vision: 'We all want to live in a place we call home with the people and things that we love, in communities where we look out for one another, doing things that matter to us.'
- There was oversight of Care Act assessment and carer assessment waiting lists and these were well managed.
- Governance and management arrangements were in place, and these provided visibility and assurance on key priorities.
- There were effective systems, processes and practices for safeguarding.
- Staff had the relevant support, supervision and training.
- The local authority was proud of its workforce with confident practitioners which reinforced an evidence-based approach.
- The development of community led solutions through the community hubs and integrated single point of access meant there was a focus on providing the right care in the right place and developing the partnerships to achieve this

There were some areas for improvement identified, mainly in relation to equity of outcomes:

- People with sensory impairments felt that information and advice was not always available in a format which supported them.
- Communication with some communities could be improved. Information and advice was not always accessible to those for whom it was being provided.
- The local authority did not have a consistent approach to equity and understanding the diversity in communities or clear plans in place to reach out to seldom-heard groups.
- The Adult Workforce Strategy Implementation Plan (April 2024) did not include clear actions and measurable outcomes.

In many of the areas identified for improvement, work was already underway and this was recognised by the CQC:

- The local authority had plans to improve communications, co-production and working in partnership with seldom heard communities.

- The local authority had clear plans to explore use of video and audio communications on the website to improve accessibility and was exploring the option of using QR codes for language translation.
- The local authority acknowledged the need to work with all other ethnic communities to understand how they can make sure they are engaging with them and have the skills to offer them the support that they needed.
- The local authority was commissioning expertise in the voluntary and community sector to support people with hearing loss, and this was confirmed by what people told us.

A Continuous Improvement Plan was developed for 2025/26 which included the areas identified for improvement in the CQC report and progress has been made in a number of areas including:

- Developing a digital assistant on Hartlepool Now which was launched in December 2025 and promoted in Hartbeat.
- Sign Video launched on the HBC Website and Hartlepool Now in November 2025 improving access to information and advice for people with hearing loss.
- An Information & Advice Service for ethnic minority communities has been commissioned.
- Extending the regional contract for Mobilise, an app that supports carers 24/7, for a further year.
- Implementation of Magic Notes across Social Work and Occupational Therapy.
- Waiting times for financial assessment have been addressed through addressing a backlog of reviews and a new approach to the management of appointeeship.
- Approval of a business case to use Artificial Intelligence solutions to support people in their own homes.
- Delivery of a training programme for staff to address improved equity of outcomes including communication tactics, intersectionality and trauma informed practice.
- Contracts awarded for B/blind and D/deaf support, with additional investment agreed from the Better Care Fund.
- Delivery of Preparing for Adulthood Big Conversation in June 2025 and follow up sessions with young people.
- Co-produced a Dementia Strategy in partnership with Dementia Friendly Hartlepool and people with lived experience.
- Co-produced a Carers Strategy in partnership with Hartlepool Carers and people with lived experience.

3. Survey Feedback

As part of the national Adult Social Care Outcomes Framework (ASCOF) all Local Authorities are required to undertake an annual survey of people who use their services, and a similar survey every two years for carers. The results of these surveys are published which allows regional and national comparisons.

The latest survey of people who use services was undertaken in 2025/26. Performance improved in two of the seven measures compared to the previous year, remained the same for two and reduced slightly for the remaining three, with all results expected to compare very well to regional and national averages when published.

The measures where there have been the most significant improvements are:

- Overall satisfaction of people who use service with their care and support (increased from 68.5% to 74.5%).
- The proportion of people who use services who feel safe and secure (improved from 76.5% to 78.6% building on an increase last year).

Performance had decreased slightly for three measures, but all are still expected to compare very well to regional and national averages when published.

- Proportion of people who use services who find it easy to find information about services (reduced from 78.3% to 76.1%).
- Proportion of people who use services who reported that they had as much social contact as they would like (reduced from 53.7% to 50.6%).
- Proportion of people who use services who have control over their daily life (reduced from 85.3% to 83.1%).

It is recognised that performance fluctuates slightly each year and none of the results are a cause for concern. The adult social care information and advice offer continues to develop and be widely promoted. Work in this area has been informed by a maturity assessment and projects to improve accessibility, using technology such as chatbots and digital assistants.

The carers survey is completed every two years and was last undertaken in 2025/26. Performance improved in two of the five measures, remained the same for two and reduced slightly for the remaining measure. The measures where improvements were seen are:

- The proportion of carers who report that they have been included or consulted in discussions about the person they care for (increased from 78% to 83.5%).
- The proportion of carers with as much social contact as they would like (increased from 42.4% to 43.5%).

The measure where performance decreased was overall satisfaction of carers with social services, which had reduced from 57.9% to 55.9%. It should be noted that 57.9% was the top ranked score nationally in 2023/24 when the national average for this measure was 36.7% and the regional average was 44.4%. Hartlepool consistently performs well in these surveys with performance ranking highly regionally and nationally.

4. Safeguarding Quality Assurance Framework

The Tees Safeguarding Adults Board (TSAB) uses a Quality Assurance Framework (QAF) to assess how organisations perform against the following standards:

1. The organisation has a Safeguarding Adults Policy / Strategy in place and a senior staff member that has the responsibility to 'champion' safeguarding.
2. Safeguarding Practice is safe, effective and person centred.
3. The organisation has a focus on the need for preventing abuse and neglect.
4. The organisation has written guidance & procedures for handling complaints and allegations against staff which is clearly accessible to all staff.
5. The organisation can assure the Board that the learning, recommendations and key findings from Safeguarding Adult Reviews (SARs) and Other Reviews are effectively implemented within your organisation and disseminated to the appropriate staff.
6. The organisation's staff supervision policy and reflective practice supports effective safeguarding. It recognises that skilled and knowledgeable supervisions focused on outcomes for adults is critical in safeguarding work and enable staff to work confidently and competently with difficult and sensitive situations.
7. All staff and elected members (where appropriate) working within the organisation receive appropriate training and work within an environment to enable them to competently respond to safeguarding concerns and meet the needs of adults at risk.
8. Service provision commissioned by partners meets the individual needs of adults who are most at risk of abuse or neglect.

As a statutory partner of the TSAB, the Council is required to complete the QAF every two years. The latest self-assessment was submitted in November 2024 and the outcome reported to TSAB in March 2025. The overall rating achieved was green, with a number of areas of good practice highlighted including:

- The Competency Framework for Safeguarding Adults.
- Increased uptake of safeguarding adults training by Elected Members.
- The quarterly Adult Social Care Newsletter for all internal staff, which shares key safeguarding information and disseminates learning from reviews.
- The sharing of information throughout National Safeguarding Adults Week and also via Hartbeat.

There were some recommendations made, relating primarily to updating policies and documents, which included:

- Strengthening the Adult Safeguarding Policy by referencing the legal frameworks that underpin safeguarding practice.
- Updating the Domestic Abuse Policy to include reference to Adult Safeguarding.
- Reviewing Business Continuity and Think Family approaches and simplifying process flowcharts.
- Updating contact details in the Making Safeguarding Personal leaflet.

These actions have all been completed and outcomes include an updated Adult Safeguarding Policy available on the Council website, a new Domestic Abuse Strategy and pathways, quarterly review of business continuity plans and an updated Making Safeguarding Personal leaflet.

In addition to the TSAB QAF, there is a Safeguarding Quality Assurance Framework and Action Plan within Hartlepool Borough Council, which tracks progress at a local level and is monitored though local safeguarding surgeries and the Continuous Improvement Group.
The HBC QAF and surgeries with managers focus on:

- data recording, reporting and analysis;
- learning from audits and peer review;
- learning from safeguarding adults reviews;
- practitioner learning and local practice; and
- Making Safeguarding Personal.

Hartlepool data is shared with TSAB and was used to monitor performance against four key indicators in 2025/26:

1. Percentage of Section 42 enquiries that involved an adult with a previous enquiry in a rolling 12-month period. TSAB target is 25% or less, HBC performance as of Q3 2025/26 is 21% (target exceeded).
2. Percentage of those involved in safeguarding enquiries who were asked their desired outcome. TSAB target is 95% or more, HBC performance is 96% (target exceeded).
3. Percentage of those involved in safeguarding enquiries who were satisfied with their outcome. TSAB target is 90% or more, HBC performance is 100% (target exceeded).
4. Percentage of those involved in safeguarding enquiries where risk was reduced or removed. TSAB target is 90% or more, HBC performance is 92% (target exceeded).

Achievements in 2025/26

- The introduction of the Team Around the Care Setting model has enabled proactive identification of risks and trends in commissioned services. Further development of this model will continue.
- A revised Power BI report has been developed enabling regular monitoring of data in care settings.
- Continued support for TSAB 'Spotlight On' campaigns as well as National Safeguarding Adults Week.

5. Audit Activity

In addition to case file audits, which are routinely undertaken each month by Team Managers, ad hoc audits are undertaken when issues arise.

Two themed audits took place in 2025/26. The first focused on the role of identity, culture and religion in informing social work practice. The second considered how the impact of sensory loss was considered across the time that a person was involved in adult social care.

Eighteen cases involving people from ethnic minority communities accessing adult social care were randomly selected and audited by three Heads of Service. The audit findings were themed and identified the following:

- Whilst some cases explicitly considered the impact of the person's identity, culture and religion, this was generally not evidenced across the cases reviewed.
- Where individuals presented with multiple or complex needs, consideration of identity, culture and religion was often less apparent within assessments and care planning.
- There was limited evidence of professional interpreters being used, with reliance on family members to support communication in some cases.
- There was limited evidence of translated information or documents being provided.
- In cases where language barriers were present, there was limited evidence that the person's views and wishes had been directly captured.
- There was little evidence that advocacy had been considered or offered where communication barriers may have impacted the person's involvement.
- Assumptions appeared to be made regarding the role of family members in providing care, with no evidence that carers were offered a carers assessment through Hartlepool Carers.

Twenty cases involving people with sensory loss were audited. The audit findings were themed and identified the following:

- There was limited evidence of specialist equipment being considered or utilised to maximise independence and reduce the impact of sensory loss.
- The impact of sensory loss on daily living and outcomes was not consistently reflected within assessments and support planning.
- Sensory loss was often viewed through the lens of physical health needs, with insufficient consideration given to the specific challenges associated with sensory impairment.
- There was evidence that the impact of sensory loss on falls risk was not consistently recognised or addressed.
- There was limited evidence of specialist sensory assessments, services and pathways being considered or utilised where appropriate.

Findings from the audits have directly informed the development of Inclusion and Belonging training for the adult social care workforce. The training aims to address identified practice gaps relating to cultural competence, communication, advocacy, sensory loss and personalised care planning. Follow-up audits will be undertaken to assess whether this has led to improved practice and outcomes for people accessing services.

Assistant Team Managers in the Preventative Mental Health Team completed 8 case audits during the reporting period. The audits found that:

- Assessments were strength-based, jargon-free and person-centred.
- The voice of the person was evident, with their wishes and feelings clearly articulated.
- Risk factors were clearly identified.

As part of the audit process, auditors contacted seven individuals or their carers to gather feedback on their experience. While this represents a small sample, the feedback received was consistently positive and included comments such as:

- *"K has been absolutely brilliant… she goes out of her way to help, returns calls and is fantastic."*
- *"C was always very good, adapted how she spoke to dad so he could understand her."*
- *"10 out of 10, she is a star and listens intently."*
- *"She has given me such peace of mind that I cannot adequately put into words. She is a credit to herself and your organisation…"*

Feedback is shared with the social worker and contributes to the annual complaints and compliments report.

Although the number of audits and feedback conversations was relatively small, the findings provide assurance that practice is person-centred and strength-based, with all feedback received from people and carers being positive.

<u>Outcome of 2024/25 Audit Activity</u>

A data quality audit was undertaken in 2024/25 in relation to the proportion of people who were not at home 91 days after being discharged from hospital into reablement or rehabilitation services (a national performance indicator where Hartlepool's performance was below the national average in 2023/24 at 81.8%). The audit identified that 7 people had been excluded from the numerator for this performance measure despite fulfilling the criteria to be included, and if these people had been included performance would have been above the England average. The data issues that were identified have now been addressed and

2025/26 data reflected that this measure was achieved for 85.3% of people who met the criteria.

6. Performance Benchmarking

The Adult Social Care Outcomes Framework (ASCOF) is used to measure progress against national adult social care priorities and to strengthen transparency and accountability. Importantly, it measures how well care and support services achieve the outcomes that matter most to people who draw on care and support.

The framework is based on 6 objectives with a number of performance measures informing each of the outcomes:

1. Quality of life: how good people perceive their life to be across multiple aspects and whether this is maximised by the support and services they access,
2. Independence: people are enabled by adult social care to maintain their independence and, where appropriate, regain it.
3. Empowerment: individuals, their families and unpaid carers are empowered by access to good quality information and advice to have choice and control over the care they access.
4. Safety: people have access to care and support that is safe, and appropriate to their needs.
5. Social connections: people are enabled by adult social care to maintain and, where appropriate, regain connections to their own home, family and community.
6. Continuity and quality of care: people receive quality care, underpinned by a sustainable and high-quality care market and an adequate supply of appropriately qualified and trained staff.

In the last published national data, Hartlepool's outcomes for 11 of the 22 measures were in the top 10 nationally, of 153 councils. The overall position in relation to the reduced number of Adult Social Care Outcomes Framework measures for 2025/26 is very positive as shown on the table on the following page:

ASCOF Performance Measure	Intended Direction	2025/26 Performance	2025/26 Target
Number of people receiving self-directed support	↑	99.4%	85%
Number of carers receiving self-directed support	↑	100%	95%
Adults with disabilities in settled accommodation	↑	87.2%	85%
Supported admissions of over 65s to residential accommodation	↓	108	118
Achieving independence for older people through rehabilitation / intermediate care	↑	85.3%	81.8%
Clients receiving a review in the year	↑	89.4%	75%
People who have no ongoing care needs following a reablement package	↑	91.1%	70%
Reablement goals met by the end of a reablement package	↑	88.5%	85%
Adult social care providers rated good or outstanding	↑	97.8%	90%

Regular Performance Challenge meetings take place with the Chief Executive using local data as well as regional benchmarking information.

Rollout of Power Bi reporting has continued and now includes a range of interactive and dynamic dashboards that allow managers to view real time data on a range of areas, including caseloads, waiting times, residential care admissions and safeguarding activity.

7. Continuous Professional & Practice Development

The Council has a Workforce Development Programme which recognises that staff are motivated and committed when they are supported well and allowed to grow. This programme covers a range of areas including Equality, Diversity & Inclusion, Health & Safety, Management, Personal Effectiveness and Wellbeing.

In adult social care, there is a strong CPD offer that supports the local vision and is shaped by learning from audits, complaints, focus groups, and staff feedback. Regular development and progression opportunities are provided throughout an employee's career, from induction onwards, enabling staff to continually develop their skills, knowledge, and practice.

There is a comprehensive Learning & Development Programme for Adult Services which includes a wide range of informal development opportunities such as bite size training on the Care Act, Direct Payments and Commissioning as well as more formal development opportunities. Learning & Development offered includes: Best Interest Assessor legal updates, Coaching in Practice and Supervision, Mental Capacity Act awareness and a range of Safeguarding Adult training commissioned via TSAB. Bespoke opportunities for staff are also considered when required.

Staff have been supported to access a wide range of development opportunities through the Learning & Development Programme for Adult & Community Based Services during 2025/26 including:

- One staff member has completed the Social Work Apprenticeship and is now working as a qualified Social Worker. A total of five staff have now completed the apprenticeship, with three more currently undertaking it.
- Three Social Workers have successfully completed their Assessed and Supported Year in Employment (ASYE), with three currently completing it.
- Five Social Workers have qualified as Practice Educators (one at Stage 1 and four at Stage 2), and one Social Worker is working towards their Stage 1 qualification.
- Five staff members are currently undertaking the Level 5 Deafblind Assessor Qualification.
- One staff member has completed a management qualification, with two others currently studying towards one.

The number of staff undertaking significant developments that support career progression evidences the commitment of the Council to developing the existing workforce within Adult Social Care.

Staff also have access to safeguarding training commissioned by TSAB on behalf of the four local authority areas via the Me Learning platform with 965 courses related to adult safeguarding completed by HBC staff in 2025/26.

Following the CQC assurance assessment, it was acknowledged that more focussed work was needed in relation to intersectionality, inclusion and belonging and developing sensory loss pathways. To support this, a range of training opportunities and networking events have been delivered including:

Exploring Inclusion and Belonging sessions which explore how social care practice actively promotes inclusion and belonging, reviews feedback from CQC and focus groups in addition to looking further at intersectionality and belonging.

World Social Work Day which focused on the international theme of Co-building Hope and Harmony - fostering unity, inclusion, and social justice across communities, cultures, and systems. The event in Hartlepool brought together representatives from the Voluntary and Community Sector and people with lived experience to talk about their lives and the impact social care had on them, particularly the role of social workers and social care officers in promoting individual advocacy, and social justice.

A Journey Through Transition – Exploring Gender Identity which explores the difference between gender identity and sexual orientation, up-to-date trans+ and non-binary terminology and focuses on how the organisation can become more inclusive and accessible to trans and non-binary communities.

Sensory Loss Awareness at different levels ranging from short bespoke bitesize learning sessions, implementing new pathways and Level 5 Deaf and Blind assessor qualifications.

Staff Briefings that have allowed teams to develop creative ways of sharing information about their roles and responsibilities in addition to promoting the work they do. This has created a wider awareness between teams as to the work they are undertaking.

Practice Development

The Practice Framework has been refreshed to reflect the Adult Social Care Vision, Better Outcomes, Better lives. Work continues to embed current initiatives and explore new areas of development such as:

- Community Led Support
- BEAM Notes (Magic Notes)
- Family Group Conferencing for Adults
- Preparing for Adulthood
- Social Care Workforce Race Equality Standard (SC-WRES)
- Trauma Informed Practice
- Small Supports
- Digital Inclusion Strategy (asset based, least restrictive and independence focused practice)

8. Feedback from the Workforce

The Employer Standards Health Check is a national project involving an annual survey measuring how well employers deliver the Employer Standards for Social Workers, how employees perceive their working environment and what factors influence them to engage with their work and stay with the organisation.

The eight standards that are covered within the survey are:

- Strong and clear social work framework
- Effective workforce planning systems
- Safe workloads and case allocation
- Wellbeing
- Supervision
- Continuing professional development
- Professional registration
- Strategic partnerships

The results of the 2026 survey of social workers are scores out of a hundred and are categorised as either; relatively poor – a clear sign that improvement is needed (score of 0-50); moderate – room for improvement (score of 51-74); or good – to celebrated (score of 75-100).

All scores for Hartlepool were rated as good outcomes which were to be celebrated and were the second highest scores achieved nationally (of the 109 Councils who completed the Health Check). Scores against each standard ranged from 84-93 which is incredibly positive and is reflected in high retention rates within the social care workforce.

Areas where outcomes were particularly high related to:

- Ability to use professional judgement, creativity and make decisions.
- Access to team managers, senior leaders and professional leads.
- Access to training and development.
- Feeling safe in the workplace.
- Access to formal and informal wellbeing support.
- Access to supportive supervision.
- The organisation having an inclusive culture and being actively committed to non-discriminatory practice.
- Being supported to maintain professional standards and to develop skills in specialist roles.
- Effective working relationships with key internal and external partners.

The main reasons people gave for wanting to continue working in adult services in Hartlepool were feeling valued and the workplace culture. People also valued flexible working and learning and development opportunities.

The areas where scores were lowest (but still categorised as good outcomes to be celebrated) were:

- Managing increasing complexity and severity of need.
- Proportion of time spent on administrative duties.
- Having time for self-care and wellbeing activities at work.
- Dedicated time and resources for continuous professional development.

The feedback is very similar to that received in previous years and the outcome of the Health Check is shared with the workforce along with feedback on actions being taken in response.

The priority action planned for 2025/26 was to pilot new technologies that reduce the proportion of time spent on administrative duties. Following a successful pilot, Magic Notes has now been implemented across social work and occupational therapy teams and feedback from the workforce is that this is starting to have a positive impact.

The Health Check was originally developed for Registered Social Workers but now includes surveys for the wider adult social care workforce and for Occupational Therapists. These are less detailed but still provide useful feedback.

Feeback from the wider social care workforce was very positive with all scores rated as good outcomes which were to be celebrated, and ranked fifth nationally (of the 106 Councils who completed this element of the Health Check). The areas where scores were highest related to:

- Access to training and development.
- Work being valued by a supervisor / manager.
- Making a real difference to people and to colleagues.

The areas where scores were lowest (but still rated as good) related to:

- Experiencing excessive pressures in the job.
- Being required to do more with less resources.

The return rate for Occupational Therapists was low meaning that it is harder to draw meaningful conclusions from the feedback. Of the responses received, the areas that scored highest related to:

- Engagement with the job and the organistion.
- Commitment to ethical practice and quality standards.

The areas where scores were lowest (although still all over 80) mirrored some of the feedback from Social Workers relating to:

- Having time for self-care and wellbeing activities at work.
- Dedicated time and resources for continuous professional development.

Although scores across all of the staff surveyed were overwhelmingly positive, it is recognised that there are areas where further improvements can be made. Actions that will be taken in response to the feedback include:

- Continued engagement with the workforce through focus groups that supplement the survey and allow for more exploration of issues raised.
- Ongoing monitoring of caseloads to ensure that workloads are manageable.
- Use of peer supervision and escalation pathways for complex cases to ensure that staff feel supported.
- Continued development of Magic Notes to reduce the proportion of time staff are spending on administrative duties.
- Encouraging staff to engage in self-care and wellbeing activities that are offered at work.
- Reviewing the time and resources available for staff to undertake Continuous Professional Development, including mandatory training.
- Encouraging all teams to use their development days and team meetings to address issues raised by the workforce.

In addition to the formal annual Health Check senior managers held a number of focus groups with staff throughout the year. A wide range of issues were raised by staff including resource allocation, safeguarding, technology, communications, staff wellbeing, equity of access, housing and financial assessments.
There was lots of positive feedback about staff wellbeing, the potential benefits of new technology and changes to safeguarding arrangements (following an internal restructure of the team), and staff shared some excellent examples of work undertaken with marginalised groups.

The main areas where staff expressed concerns were in relation to safeguarding forms (which have since been reviewed), housing (which is acknowledged as a significant challenge and priority corporately) and the financial assessment process (which is a continuous improvement priority with significant achievements already made).

Updates on the issues raised are provided to the workforce using a 'you said, we did / we're doing' format and it was positive to note that progress has been made against the majority of the issues raised. Further Focus Groups have been scheduled so that staff have an opportunity to participate once or twice a year, in addition to existing team meeting and staff briefing arrangements.

9. Celebrating Success

Celebrating success and sharing positive feedback is really important in terms of staff morale and motivation and this is done through regular Adult Social Care newsletters and staff briefings. Feedback has been provided on:

- performance against adult social care outcomes framework measures;
- staff successfully completing apprenticeships and qualifications;
- learning from compliments and complaints: and
- feedback from the CQC assessment.

Staff briefings were also used to focus on language and labelling and equity of outcomes.

A number of teams and individuals within adult social care were recognised nationally for their contributions in 2025/26 including:

- At the Social Worker of the Year Awards Charlotte Roberts, Assistant Team Manager was shortlisted for Practice Educator of the Year and John Lovatt, Assistant Director – Adult Social Care won a Silver Lifetime Achievement Award.
- Hartlepool's Handyperson Service was shortlisted for the Handyperson Service of the Year in the National Healthy Housing Awards.
- Oli Watt, Project Officer in Service Transformation won Sunderland College's Health & Social Care Apprentice of the Year.

10. Review of Compliments & Complaints

A review of complaints and compliments received is carried out on an annual basis with a clear focus on learning from and responding to complaints that identify areas where improvements can be made.

The report for 2025/26 will be approved by the Adult Services and Public Health Committee in July 2026. During 2025/26 50 compliments were recorded and 15 complaints were investigated.

The Annual Report of Adult Social Care Complaints and Compliments provides examples of complaints investigated and actions taken in response, evidencing that complaints are used to encourage reflective practice and to make improvements to systems and processes.

Compliments received are routinely shared with the staff member or team concerned and feedback is shared more widely through staff briefings and newsletters.

11. Conclusion & Next Steps

There has been a significant amount of quality assurance work undertaken in 2025/26 and the overall picture is very positive in terms of the quality of frontline practice and the performance of adult social care.

It is particularly pleasing to see the positive feedback from people who are using services, and to note that excellent performance continues to be maintained in the context of the challenges facing adult social care on a national basis.

Actions to address any issues raised through quality assurance activities are captured in a Continuous Improvement Plan which is monitored by the Continuous Improvement Group. The Annual Quality Assurance Report is endorsed by the Adult Services and Public Health Committee.

Hartlepool
Borough Council

ADULT SOCIAL CARE CONTINUOUS IMPROVEMENT REPORT 2025/26

1. Introduction

The Adult Social Care Continuous Improvement Plan 2025/26 focused on five themes:

- Improved accessibility of information and advice
- Streamlined person-centred processes
- Improved equity of outcomes
- Increased opportunities for co-production and engagement
- Continued commitment to workforce development

This report provides a summary of progress in 2025/26 and will be used to inform the Adult Social Care Continuous Improvement Plan 2026-2028.

2. Improved accessibility of information and advice

Context

The Care Quality Commission (CQC) report published in May 2025 identified that most people in Hartlepool could access information and advice, and feedback was positive. It was also noted that people had access to a range of approaches to prevent, reduce and delay their need for care and support.

However, CQC found that some people with sensory impairments felt that information and advice was not always available in a format which supported them. It was also reported that communication with some communities could be improved as information and advice was not always accessible to those for whom it was being provided.

At the time CQC visited Hartlepool (in November 2024) it was acknowledged that plans were in place to improve communications, including clear plans to explore use of video and audio communications on the website to improve accessibility and the use of QR codes for language translation.

2025/26 Year End Position

During 2025/26 adult social care implemented Sign Video to make services more accessible for the d/Deaf community. The tool was launched on Hartlepool Now in November 2025 with QR codes provided in community venues to improve access to British Sign Language interpreting. Sign Video is also now available on the corporate Hartlepool Borough Council website, which was relaunched in November 2025 with refreshed content and an improved search function. Sign Video had been used 59 times by March 2026 and feedback has been positive.

Focus groups have been held with a range of groups including representatives of ethnic minority communities, the d/Deaf community and blind or partially sighted people to understand their perspectives on the information and advice offer and how accessibility can be improved further. The findings from these groups have been shared with the Council's Equality Diversity & Inclusion Group to raise awareness as most of the feedback received related to accessing wider Council services.

A new service, The Link Project, has been commissioned to deliver information and advice to ethnic minority communities. The service has a focus on supporting people from the South Asian Community in the borough and is a trusted, embedded community provision that supports people to access services. Since it was commissioned, the project has worked to establish key relationships with adult social care and associated providers. This has led to a number of facilitated workshops covering a range of subjects including preventative support via the Support Hub and Hartlepool Now (including using the digital assistant, online benefit checker and Online Financial Assessment), accessing adult social care, assessment and support planning (including direct payments), hospital discharge, occupational therapy and financial assessments. In addition, workshops have been held with Hartlepool Carers and West View Advice and Resource Centre. The workshops have been well attended with an average of 40 people taking part and participants representing parents of children with additional needs, working age adults providing care and support to family members and older adults. The Link Project has also provided direct support to a small number of individuals making sure that they are connected to the appropriate service, providing bi-lingual support and helping breakdown some of the cultural mistrust that exists in the community.

It is anticipated that, through sustained engagement and culturally competent delivery, The Link Project will continue to raise awareness, reduce barriers, and strengthen connections between communities and services. This will support a mutually beneficial relationship, enabling people within the community to access appropriate support while also increasing understanding, confidence, and capability among staff across adult social care and the voluntary sector.

A digital assistant, 'Ask Rachel', is now available on Hartlepool Now, enabling residents to access information, advice and guidance about adult social care more easily and quickly, at any time of the day or night. Since its launch in

December 2025, 'Ask Rachel' has supported 294 conversations and user feedback shows that 290 conversations were marked as resolved, with 289 achieving a positive resolution. This demonstrates that 'Ask Rachel' is consistently providing relevant, useful and effective responses to users.

Building on this early success, the service will be further developed during 2026/27. This will include exploring opportunities to introduce 'Ask Rachel' at the front door of adult social care to help triage enquiries from both members of the public and partner organisations. The service will provide tailored information and advice, signpost people to the most appropriate services and support at the earliest opportunity and help ensure that referrals are directed through the correct pathways. This has the potential to improve the experience of residents and professionals alike, promote self-service where appropriate, reduce inappropriate or unnecessary referrals into adult social care, and enable people to access the right help more quickly. By improving the quality and appropriateness of enquiries at the point of contact, the service can also help ensure that specialist social care resources are focused on those with the greatest need.

Digital Navigators have continued to support the implementation of new technology such as EntitledTo, a tool that supports benefits maximisation. This work is embedded in the Support Hub as part of a good conversation and also within the Voluntary and Community Sector through the Poverty Action Group. Between April 2026 and March 2027, 545 individuals accessed the tool, either for themselves or on behalf of someone else. This identified a total of £84,353p.a. in potential additional benefit entitlement, helping residents maximise their income and improve their financial wellbeing.

An AI easy read tool has been added to Hartlepool Now to improve accessibility for people with learning disabilities and people with poor literacy. This will be tested and evaluated in 2026/27. Literacy is a significant challenge in Hartlepool, and it's recognised that more work is needed to make sure that communications and information issued by adult social care are as accessible as possible.

3. Streamlined person-centred processes

Context

Feedback from CQC regarding adult social care processes was good with references to positive feedback from people about the services they received in

Hartlepool, good experiences of Care Act assessment and carers assessments and outcomes focused on people's strengths, goals and wellbeing.

It was recognised that governance and management arrangements were in place that provided visibility and assurance on key priorities and there were effective systems, processes and practices for safeguarding.

2025/26 Year End Position

Work in relation to processes during 2025/26 has focused on reducing bureaucracy (in line with the Community Led Support principles) and has included reviewing the Resource Allocation System, updating Practice Standards and revising assessment documentation. This has been completed alongside the introduction of Magic Notes, an AI tool that records and summarises a conversation into a pre-determined template such as an assessment or case note. This can be used by all social work and occupational therapy teams following a successful six-week trial.

The Equipment Finder on Hartlepool Now, which supports people to identify aids and adaptations that can support them to stay independent, has been refreshed and a chatbot function implemented.

Digital solutions that use Artificial Intelligence have been explored in 2025/26 and a business case to use in-home technology that supports people to live more independently in their own home has been approved for implementation in 2026/27.

Targeted interventions have been implemented to reduce waiting times for financial assessment and review. Actions were informed by learning from best practice elsewhere and included commissioning additional input to address a backlog of reviews, increased focus on debt recovery, establishment of a Financial Risk Panel and a revised approach to annual uplifts and management of appointeeship. At the time of the CQC assessment, there were 131 people awaiting an assessment and the average waiting time was 75 days. By March 2026 the position had improved significantly with 42 people awaiting an assessment and an average waiting time of 38 days. There will be further work in 2026/27 to embed the Online Financial Assessment and to continue streamlining processes.

4. Improved equity of outcomes

Context

Improved equity of outcomes was an area where CQC identified that improvements were required, as the local authority did not have a consistent approach to equity and understanding the diversity in communities or clear plans in place to reach out to seldom-heard groups.

At the time of the assessment, it was recognised that the local authority had plans to improve communications and partnership working with seldom heard communities. CQC commented that the local authority acknowledged the need to work with all ethnic communities to understand how they ensure they are engaging with them and have the skills to offer them the support they need.

2025/26 Year End Position

Training opportunities have been developed to support improving equity of outcomes including:

- Journey Through Transition (gender identity)
- Bite size learning on Inclusion and Belonging
- Bite size learning on Sensory Loss Awareness
- Level 5 Deaf and Blind Specialist Training

Drawing on findings from case file audits and focus groups, Exploring Inclusion and Belonging training has been developed which will be promoted for all staff in 2026/27. The training focuses on how social care practice actively promotes inclusion and belonging and the role of intersectionality in encouraging practitioners to reflect and question assumptions and to value the unique qualities each person brings.

The training was launched in Spring 2026 and to date 117 staff members have attended. The training has been received positively, and staff particularly liked the live case examples drawn from case file audits. Comments from the evaluation feedback included:

- It was really informative and gave me a wider insight on the subjects covered.
- I will use the resources and information provided to improve my practice when working with ethnic minorities and the deaf or blind community.
- It will help me to reflect on my knowledge and values when working with individuals.
- I will be equipped to create environments where people feel heard, respected, and safe to disclose.

The 2025 event to celebrate World Social Work Day reflected the national theme of "Co-Building Hope and Harmony: A Harambee Call to Unite a Divided Society." Attended by the majority of adult social care staff the event focused on raising awareness of the additional protected characteristics adopted by the Council including socio economic deprivation, young adults with care experience and veterans. The presentations from care experienced young adults and project leads from voluntary and user led organisations that work to support local communities were thought-provoking and very well received.

Practice Month in 2025/26 focused on communication and equity of access and involved focus groups with seldom heard communities supported by voluntary organisations. 36 cases were audited covering a range of people involved in services from ethnic minority communities and those living with sensory loss. The findings from the focus groups and case file audits were used to inform the development of the Inclusion and Belonging Training.

Working with the Council's Equality Diversity & Inclusion Group, resources have been shared and events delivered raising awareness of International Women's Day, Deaf Awareness Week, Carers Week and Learning Disability Week.

Targeted work has been undertaken with services supporting people with sensory loss with additional investment in commissioned services, a refresh of the Joint Sensory Support Plan and improved pathways that enable providers to complete Care Act assessments. Relationships with providers are positive with regular engagement and a proactive approach to addressing issues that arise.

A growing number of local employers are engaged in providing placements for Supported Interns and volunteering opportunities, with some excellent outcomes being achieved.

5. Co-production and engagement

Context

People involved in co-production told the CQC they had opportunities to be involved in different projects including a parent carer forum, supported internships and community events. While this was positive feedback, it was recognised by the senior leadership team that further work was needed to develop co-production across all services and to ensure that opportunities for engagement were more consistent.

2025/26 Year End Position

Engagement with seldom heard groups has improved and has informed Inclusion and Belonging Training for the adult social care workforce. Providers are regularly engaging with the communities that they support. A Co-production Charter will be implemented in 2026/27 along with a model to reward people who contribute.

A refreshed Carers Strategy and a new Dementia Strategy have been co-produced with people with lived experience in partnership with VCS and statutory providers and a refreshed Autism Strategy is being co-produced for adoption in 2026/27.

A Preparing for Adulthood Big Conversation took place in June 2025 with young people and their families / carers which has informed a review of how transitions between children's service and adult social care are managed. Follow up sessions have taken place with young people to further develop an approach that supports aspirations and ambition.

The Citizenship Group facilitated by Inclusion North continues to meet regularly and was involved in testing the digital assistant as it was developed. The group is currently reviewing adult social care public information to make it more accessible.

Working in partnership with In-Control, the Be Human principles are being used to co-produce an approach to ensuring lived experience influences the recruitment of staff and commissioning of services going forward.

A partnership approach with Healthwatch Hartlepool and the Citizenship Group has promoted the uptake of annual health checks for adults with learning disabilities.

6. Workforce development

Context

Independent feedback from the CQC regarding the adult social care workforce was very positive with references to knowledgeable and caring staff who interacted and engaged well with people and partners. It was also acknowledged that staff had the relevant support, supervision and training and that the local authority was proud of its workforce with confident practitioners

and an evidence-based approach. There was a comment regarding the Adult Workforce Strategy Implementation Plan (April 2024) not including clear actions and measurable outcomes.

2025/26 Year End Position

The Workforce Strategy and Implementation Plan have been reviewed during 2025/26 and the Implementation Plan updated to include clearer actions and outcomes. Departmental priorities are reflected in the training that is commissioned and provided and there is regular monitoring of uptake and evaluation feedback.

It is recognised that the adult social care workforce extends beyond Council employees and further work is planned in 2026/27 to develop a better understanding of workforce issues in the wider sector. The outcome of this work will inform approaches to recruitment and the promotion of adult social care as a career pathway.

7. Summary & Next Steps

The delivery of the Continuous Improvement Plan 2025/26 has had a positive impact across a range of areas with significant improvements made. It is recognised that there is further work required in some areas to embed changes and ensure that improvements are maintained.

The Continuous Improvement Plan for 2026 - 2028 will focus on maximising the benefits of digital innovation, developing a more ambitious offer for working age adults and ensuring that the adult social care workforce is fit for the future with actions reflected in four priority areas:

- Prevention and Early Support
- Supporting People
- Pathways and Transitions
- Learning and Workforce Development

Hartlepool Borough Council

Adult Services and Public Health Committee

21 July 2026

Report of: Director of Public Health

Subject: PUBLIC HEALTH SERVICES FEEDBACK AND COMPLAINTS

Decision Type: Non-Key

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1. Council Plan Priority

Hartlepool will be a place:
where people live healthier, safe and independent lives. (People)
with a Council that is ambitious, fit for purpose and reflects its community. (Organisation)

2. Purpose of Report

2.1. The purpose of this report is to seek approval for a new Public Health Services Feeback and Complaints Policy for implementation from 1 August 2026 and to present the Annual Public Health Services Feeback and Complaints Report for 2025/26.

3. Background

3.1 The new Public Health Services Feedback and Complaints Policy sets out how feedback and complaints can be made. It also outlines how the Council will consider and respond to complaints about its public health functions in accordance with statutory complaint regulations - the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012. An annual report is produced in accordance with statutory complaint regulations.

4. Proposals

4.1 Although the statutory complaint regulations for public health services remain unchanged, there has been a fresh, new approach to the format of the Policy to ensure that there is:

- **a focus on early resolution** – an emphasis on the need for services to try and resolve any areas of dissatisfaction at the earliest opportunity to prevent matters escalating to a formal complaint investigation;
- **clarity about commissioned services** – someone can complain to the service provider and, if they remain unhappy, they can contact the Council about their complaint. The new Policy also explains that if someone is unable to complain to the service provide directly, they can make their complaint to the Council;
- **putting things right for a complainant** – the Council usually asks someone what they would like us to do to put things right and considers this in any actions the Council takes when a complaint has been upheld; and
- **clarity about complaints which are covered in other procedures** – an emphasis on other relevant procedures for considering dissatisfaction (for example, a complaint about how someone's personal data has been handled).

4.2 The new Public Health Services Feedback and Complaints Policy incorporating these changes is attached as **Appendix 1**. It is proposed that the new Policy is available on the Council's website as well as in a PDF document.

4.3 The Annual Public Health Services Feedback and Complaints Report for 2025/26 is attached as **Appendix 2.**

5. Other Considerations/Implications

Risk Implications	If the new Public Health Services Feedback and Complaints Policy is not followed, there is a risk of poor complaint handling which may lead to reduced satisfaction in public services, reputational damage to the Council and the potential of an adverse report from the Local Government and Social Care Ombudsman.

Financial Considerations	None.
Subsidy Control	Not applicable.
Legal Considerations	Complaints about public health services are managed in accordance with the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012. Additionally, there is a statutory duty to co-operate with the Local Government and Social Care Ombudsman during complaint investigations.
Single Impact Assessment	Equality, diversity and inclusion requirements will be considered in the delivery of the new Policy and in the preparation of any Officer guidance notes, Officer training and response templates.
Staff Considerations	None.
Asset Management Considerations	None.
Environment, Sustainability and Climate Change Considerations	None.
Consultation	None.

6. Recommendations

6.1 It is recommended that the Adult Services and Public Health Committee approve the new Public Health Services Feedback and Complaints Policy for implementation from 1 August 2026 and the Annual Public Health Services Feedback and Complaints Report 2025/26.

7. Reasons for Recommendations

7.1 The Adult Services and Public Health Committee has responsibility for monitoring the Public Health Services Feedback and Complaints Policy and receiving an annual report in accordance with statutory complaint regulations.

8. Background Papers

8.1 There are no background papers.

9. Contact Officers

Chris Woodcock
Director of Public Health
chriswoodcock@hartlepool.gov.uk

Sign Off:-

Chief Executive	Date:24.06.2026
Director of Finance, IT and Digital	Date: 24.06.2026
Director of Legal, Governance and HR	Date: 24.06.2026

Hartlepool
Borough Council

PUBLIC HEALTH SERVICES FEEDBACK AND COMPLAINTS POLICY

1. Introduction

Hartlepool Borough Council aims to offer high quality Public Health Services commissioned from the public health ring fenced grant that meet the needs of local people. To support this aim the Council welcomes all customer feedback.

This Public Health Services Feedback and Complaints Policy sets out how feedback and complaints can be made. It outlines the support that is available when you need to make a complaint.

This policy sets out how we will deal with your complaints in line with The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012. We want to resolve your complaint. We hope to put you back in the position you would have been in before making a complaint.

The Council has a 'Responsible Person' who makes sure we follow the rules for handling complaints. They also make sure any needed action happens after a complaint has been looked into. This role is usually carried out by the Chief Executive.

The Complaints Officer is the 'Complaints Manager' under the Regulations. They make sure complaints are handled properly under the Regulations.

2. Complaint Process – trying to resolve the issues quickly

Effective complaint handling enables individuals to be heard and understood. The starting point for this is a service request. In most cases the Council should be able to put things right through normal service delivery processes and respond to expressions of dissatisfaction at the earliest opportunity. Early resolution through a service request is an opportunity for the Council to put things right quickly before it becomes a complaint.

A service request is defined as:

"a request that the Council provides or improves a service, fixes a problem or reconsiders a decision".

Service requests are not complaints but may contain expressions or dissatisfaction. The Council should have the opportunity to deal with a service request, within a reasonable timescale, before it becomes a complaint. A complaint may be raised if you are unhappy with the response to your service request, even if the handling of the service request remains ongoing. We will not stop our efforts to address the service request if a complaint is made.

3. What is a complaint?

Hartlepool Borough Council defines a complaint as:

'An expression of dissatisfaction, however made, about the standard of service, action or lack of action by the organisation, its own staff, or those acting on its behalf, affecting an individual or group of individuals.'

This policy deals with complaints about **public health service functions** provided by Hartlepool Borough Council or by other organisations working on our behalf.

4. How to make a complaint

If you need to make a complaint we will take your concerns seriously. We will treat you fairly and with respect. You can be confident that you will not receive a poorer service as a result. If we uphold your complaint, you can expect an apology and for us to put things right quickly. We will use the information we gather on complaints to help us improve the services we provide.

You can make a complaint in person, in writing or over the phone. You can speak to any member of staff. All complaints, however received, will be sent on to the complaints team for processing.

A complaint form is available on our website.

The contact details for the complaints team are:

Email:	CAS.complaints@hartlepool.gov.uk
Phone number:	01429 284020 (office hours only)
Address:	Public Health Services Complaints Hartlepool Borough Council Civic Centre Victoria Road Hartlepool TS24 8AY

The team can provide information about the complaint's policy in other formats and help sign post the complaint to advocacy services and interpreters.

The team records and acknowledges all public health services complaints made to the Council. They will keep track of the progress of all complaints. The team uses the information it collects about complaints to identify any trends that may help improve services. The team produces an annual report on complaints received under this policy.

5. Who can complain?

A complaint can be made by anyone who receives or has received services from us or someone who delivers services on our behalf. It could also be made by anyone who is affected, or likely to be affected, by our actions, decisions or lack of actions. This policy does not cover complaints from service providers.

A complaint can be made by someone acting on behalf of a person who has died; is a child; is unable to make the complaint themselves because of physical incapacity; or a lack of capacity within the meaning of the Mental Capacity Act 2005; or has requested the representative to act on their behalf.

If a complaint is being made on behalf of someone else, they will be asked to provide written signed consent from that person to act upon their behalf.
If you are making a complaint on behalf of someone who is deemed not to have capacity as defined by the Mental Capacity Act the complaint will only be considered if you have Lasting Power of Attorney (LPA) for Health and Welfare or are acting in that person's best interest.

If we do not accept your complaint to the Council, you can go to the Local Government and Social Care Ombudsman for a review.

6. The Complaints Process

If you make your complaint to the Council and it relates to our actions we will acknowledge your complaint within **three working days.**

If we accept your complaint we will appoint someone to investigate. This person will be known as the 'Investigating Officer'. The Investigating Officer will contact you about your concerns and what you would like to happen in response to your complaint. Regulations say that we have 6 months from the date of receiving the complaint to respond however, timescales will be decided on a case-by-case basis. If we won't be able to complete your complaint in 6 months we will tell you why as soon as possible.

The investigating officer will keep in touch during the process. They may share their draft findings with you for your comments. The Investigating Officer will write a report for the Responsible Person detailing their findings and what they think needs to happen. It will include recommendations to help resolve the matter and any ideas as to how to improve the service. It is the Responsible Person (or person acting on their behalf) who will decide what action to take, if any, following your complaint.

We will then write to you telling you how we considered your complaint, the findings and any actions needed to fix the matter and improve the service. We will also provide details of your right to refer the matter to Local Government and Social Care Ombudsman should you remain dissatisfied.

7. Complaints about public health services provided for us by someone else

You can complain directly to a service provider however if it is not resolved to your satisfaction, you can contact the Council about your complaint.

If you are unable to complain directly to the service provider, then you can make a complaint directly to the Council.

If you make your complaint to both the Council and the service provider, we will decide who is the most appropriate to respond. We will write and tell you who is investigating your complaint and the next steps.

8. Putting things right

When you make a complaint, we will ask what you would like us to do to put things right. We will consider your views, but it may now always be possible to give you exactly what you want. If this happens, we will discuss the options with you and agree a way forward.

If we uphold or partly uphold your complaint you can expect an apology and for us to put things right quickly. We may also propose a number of other actions. The aim of these actions is to put you back in the position you were in before the problem occurred. We may also make amends for any loss you may have suffered as a result. Although we will consider each complaint on its merits, we will try to make sure we offer similar remedies for similar situations. Remedies may include reviewing and improving services to stop it happening again.

9. What if you are not happy with the outcome?

If you are not happy with the outcome you can go to the Local Government and Social Care Ombudsman. We will provide you with their contact details in our final response to your complaint.

You can refer your complaint to the Local Government and Social Care Ombudsman at any time. However, the Ombudsman is unlikely to consider your complaint unless we have investigated it fully under this Policy.

10. Exclusions and complaints not covered by this policy

There may be several reasons why the Council cannot accept your complaint, however each complaint will be considered on its own merit and will not take a blanket approach to excluding complaints. If the Council decides not to accept your complaint, we will clearly explain, in writing, the reasons why and tell you of your other possible options. We will also inform you of your right to take our decision to the Local Government and Social Care Ombudsman.

Possible reason for exclusion:

- Service request
  Service requests will not be dealt with under this procedure. If received, service requests will be directed to the relevant service area for consideration.

- Concluded complaints or complaints older than 12 months
  Complaints which have already been fully investigated by the Council, and the Local Government and Social Care Ombudsman will not be dealt with under this procedure. Complaints made 12 months or more after the date of the issue or the date of the complainant becoming aware of the issue will not usually be investigated. In some circumstances this time limit may be extended.

- Decision on Council Policy
  Complaints about the council's policies and about decisions made by elected members at council meetings do not fall within the remit of this procedure. However, complaints are sometime made to officers about decisions made by the council and its decision-making bodies. These complaints will be recorded and forwarded to the relevant policy committee chair and the complainant informed that this has been done. A substantive response should then be made to the complainant by the relevant policy committee chair.

- Data Breaches and FOI's/SAR
  Complaints regarding Data Protection will be dealt with under the Council's Access to Information page on our website. If you are unhappy with the response to your FOI/SAR, you can request an internal review and escalate to the Information Commissioner's Office (ICO) if you remain unhappy.

- Complaints outside this policy
  A complaint that is about a service or services outside the scope of this policy. These complaints will be referred for consideration under the relevant policy as appropriate.

- Legal proceedings
  If legal action is being taken either by yourself or by the Council, the Council may not deal with your complaint if it is considered that to do so would prejudice the conduct of those proceedings. There may also be circumstances where a complaint may need to be put on hold until after the legal proceedings have taken place. In either case, you will be informed of the Council's decision in writing.

- Employee conduct or behaviour
  Complaints about members of staff either in isolation or as a wider complaint can be submitted by emailing: cas.complaints@hartlepool.gov.uk. These will be investigated however, depending on the nature of the complaint about the member of staff, it may not be possible to share with you the full details of the investigation and outcome.

11. Accessibility and additional languages

The Council wants all its customers to feel that they are able to send their feedback and/or complaints for consideration. If you have any additional needs not covered in this policy, please contact cas.complaints@hartlepool.gov.uk

12. Expectation of complainant behaviour

The Council appreciates that complaints are sensitive in nature and that complainants may feel passionate about their concerns. Council Officers should, at all times, treat you with respect as an individual, listen to your concerns, providing you with the information as necessary.

The Council also expects complainants to behave in a respectful manner throughout the process. This involves not using unacceptable language, derogatory terms, being personal in nature or threatening, either verbally or in your correspondence to the Council. If complainants decide not to behave in a respectful manner, the Council will take appropriate action to support and protect its staff. We reserve the right to cancel any complaint that contains excessive foul and abusive language. The Council will consider the guidance and good practice advice provided by the Local Government and Social Care Ombudsman in dealing with these matters.

The Council has a Managing Unreasonable Customer Behaviour Policy that outlines the expectations of customers behaviour and what may be put in place to assist and protect all parties.

13. Privacy Information and Data Protection

All personal information collected is for the purpose of responding to customer feedback and complaints. It will only be shared with relevant service areas of the Council or third parties where necessary and where the law enables the Council to do so, for example, MPs or Councillors, or the Local Government and Social Care Ombudsman if they are investigating your complaint. For more information about how the Council processes your personal information visit Access to Information.

We aim to collect data on the protected characteristics of complainants, but this will not be made available except for statistical analysis. You do not have to provide this information for your complaint to be considered. However, by analysing this data, we assess whether our complaint systems are equitable and fair and whether it disproportionately affects different groups. This analysis will inform the preparation of our Annual Complaints Report.

14. Confidentiality

The Council considers the importance of confidentiality when handling customer feedback and complaints. However, to enable a complaint investigation to be undertaken, personal information will be shared with the investigating officer and on occasions other officers where necessary. Personal information will not be shared with anyone unnecessarily and will be handled in line with data protection legislation.

If information is given to the Council in confidence, the information will not be disclosed without consent, unless the Council has a legitimate or legal reason to do so for example a safeguarding concern regarding a child or young person.

15. Further Information

This policy links to a number of existing policies. To be fully understood in its wider organisational context it should be read in conjunction with the:

- Customer Feedback and Complaints Policy;
- Adult Social Care Complaints Policy;
- Children's Social Care Complaints Policy;
- Housing Complaints Policy;
- Managing Unreasonable Customer Behaviour Policy;
- Freedom of Information and Environmental Information Request Procedure; and
- Subject Access Request Procedure

March 2026

Hartlepool
Borough Council

ANNUAL REPORT OF PUBLIC HEALTH SERVICES FEEDBACK AND COMPLAINTS 2025/26

1. Introduction

In accordance with the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012, this annual report covers the complaints received about public health services during the period 1 April 2025 to 31 March 2026.

The statutory complaints procedure sets out that complaints about public health functions include:

- The Council's public health services which the Director of Public Health has responsibility for; and
- The provision of services by a service provider for its public health functions.

2. What is a complaint?

A complaint is an expression of dissatisfaction about any aspect of public health services that is being delivered, or the failure to deliver a service. The Council defines a complaint as:

'An expression of dissatisfaction, however made, about the standard of service, action or lack of action by the organisation, its own staff, or those acting on its behalf, affecting an individual or group of individuals.'

3. Who can make a complaint about public health services?

A complaint can be made by:

- A person who receives or has received a service;
- A person who has been refused a service which they think they are eligible for;
- A person who is, or is likely to be, affected by the action, decision or omission of the service which is the subject of the complaint; or
- Someone acting on the person's behalf (including acting on behalf of a child).

4. How can someone make a complaint about public health services?

There are several ways someone can make a complaint. A complaint can be made:

- Verbally, in person or by telephone;
- In writing, by letter;
- Electronically, by email or by filling in the online complaint form through the Council's website.

Every effort is made to assist a person in making a complaint and any member of staff can take a complaint.

5. Public Health Services Statutory Complaints Procedure

The public health services complaints function sits within the Quality and Review Team under the management of the Head of Service (Quality and Review). This has remained the same following the transfer of public health services from the former Children's and Joint Commissioning Servies Directorate to the recently formed Adult Services and Public Health Directorate during 2025/26.

Good complaint handling involves:

- Keeping the complainant informed and central to the complaint process;
- Being open, accountable and transparent;
- Responding to complaints in a way that is fair and reasonable;
- Being committed to try and get things right when they have gone wrong; and
- Seeking to continually improve services.

Staff and service providers acting on behalf of the Council will always try to resolve problems or concerns early before they escalate into complaints and this ensures that, wherever possible, complaints are kept to a minimum.

The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012.

- Sets a 12-month time limit from when the subject matter being complained about occurred or came to the attention of the person making the complaint, to when a complaint may be made. After this time, a complaint will not normally be considered although there is discretion to accept a complaint after the 12 month time limit if the Council is satisfied that the complainant

had good reason(s) for not making the complaint within the time limit and it is still possible to investigate the complaint effectively and fairly.

- Places a duty on the Council's public health services and NHS bodies to coordinate the handling of complaints received across their respective jurisdictions and provide a joint response.

- Allows for a service provider to respond to a complaint on behalf of the Council under these regulations.

- Sets a mandatory timescale of 3 working days to acknowledge receipt of a complaint; and

- Allows for a maximum 6-month timescale to investigate and respond to a complaint.

Some complaints can take considerably longer to investigate than others and the statutory timescale provides a flexible approach to complaint response times depending upon the nature and complexity of the complaint. The person allocated to investigate a complaint usually seeks to provide the complainant with an indication of the timescale for responding to the complaint wherever possible. There are a range of factors that can impact upon a timescale such as whether the complaint spans more than one body, the number of points of complaint for investigation, the availability of key people and conducting interviews, reading material relevant to the complaint, consideration of all available information and writing a report or proportionate response.

If, at the end of the public health complaints procedure, the complainant remains dissatisfied with the outcome or in the way which their complaint has been handled, they may refer their complaint to the Local Government and Social Care Ombudsman, the independent body that looks into complaints about Councils.

Learning from complaints is shared and discussed within relevant management forums to ensure that the improvements identified are cascaded throughout the workforce.

6. Complaints received about public health services in 2025/26

There were no complaints received during 2025/26 about the Council's public health services. Although it is unusual not to have received any complaints during the reporting period, it should be noted that complaint numbers in this area have been consistently low in recent years with 1 complaint in 2023/24 and 4 complaints in 2024/25.

7. Complaints referred to the Local Government and Social Care Ombudsman about public health services in 2025/26

The Local Government and Social Care Ombudsman is the independent body that investigates complaints about Councils. The Council received no contact or enquiries from the Ombudsman about its public health services during 2025/26.

8. Conclusion

Public Health services will continue to promote the Feedback and Complaints Policy and make every complaint count as a learning opportunity to improve the quality of public health services.

Hartlepool Borough Council

Adult Services and Public Health Committee

21 July 2026

Report of: Director of Public Health

Subject: TOBACCO CONTROL STRATEGY/TOBACCO AND VAPES ACT

Decision Type: Non-Key

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1. Council Plan Priority

Hartlepool will be a place:
where people live healthier, safe and independent lives. (People)

2. Purpose of Report

2.1. To provide members of the Committee with an update on the Tobacco and Vapes Bill receiving Royal Assent on April 29th, 2026. In addition, to give an overview on the progress made against the Tobacco Control Strategy 2023-2028.

3. Background

3.1. Smoking remains the leading cause of preventable morbidity and premature mortality in the United Kingdom. There are an estimated 5.3 million adult smokers in the UK, with approximately 80,000 deaths attributable to smoking each year. Smoking is causally associated with over 50 serious health conditions.

3.2. Smoking is a major contributor to health inequalities, accounting for approximately half of the life expectancy gap between the most and least

affluent groups. Prevalence is considerably higher among disadvantaged populations: 10.2% of adults in the North East smoke, compared with 23.8% in social housing, 21.7% in the most deprived decile, and 40.5% among adults with serious mental illness.

3.3. Although smoking prevalence in Hartlepool has declined, it remains a significant public health concern, with 13.5% of the adult population (approximately 10,400 individuals) identified as current smokers. Despite this progress, a substantial proportion of smokers remain at risk of ongoing harm.

3.4. The economic impact of smoking is considerable. Smoking costs the UK economy around £21.3 billion each year, including lost productivity and substantial costs to the NHS and social care systems.

3.5. Smoking is estimated to cost Hartlepool approximately £102 million annually. Evidence indicates that investment in smoking cessation services is highly cost-effective, yielding an estimated return of £2.37 in healthcare and productivity savings for every £1 invested, increasing to £12.87 when wider societal benefits are considered.

4. Briefing

4.1. Tobacco and Vapes Act 2026

The UK Tobacco and Vapes Act has received Royal Assent, completing its passage through Parliament. It was developed in collaboration with the devolved administrations in Scotland, Wales, and Northern Ireland. The Act allows for future regulations to be implemented either on a UK-wide basis or within individual nations, depending on the scope of the provisions.

4.2. Smokefree generation

The Tobacco and Vapes Act delivers a key government commitment to create a smokefree generation by prohibiting the sale of tobacco products to individuals born on or after 1 January 2009. Consequently, individuals turning 18 from 2027 onwards will be the first generation never legally able to be sold tobacco products.

The Act supports a shift from treatment to prevention, in line with the Government's 10 Year Health Plan. It includes measures to reduce the appeal of vaping to children, including restrictions on advertising and sponsorship, alongside powers to regulate packaging, flavours, and product display.

4.3. **Smoke-free places**

The Act introduces powers to extend smokefree protections to selected outdoor settings and establishes a UK wide retail licensing scheme for tobacco, vaping, and nicotine products.

The Government proposes to extend existing smoke-free legislation to include vaping within indoor settings where smoking is already prohibited. This is intended to provide clarity for the public and support effective enforcement. Vape-free policies are already implemented across a range of hospitality venues.

There are currently no proposals to introduce restrictions on smoking or vaping in outdoor hospitality settings.

4.4. **Illicit tobacco trade**

The Act does not seek to criminalise or penalise existing smokers. It is instead supported by the expansion of stop smoking services to enable and encourage individuals who wish to quit to do so.

Enforcement provisions are strengthened through the introduction of fixed penalty notices for underage sales and related offences. This includes £200 fixed penalties issued by Trading Standards and enables the establishment of a retail licensing scheme to address illicit trade.

HMRC data shows that illicit cigarette consumption in the UK has fallen by nearly 90% since 2000–01, representing 13 billion fewer cigarettes consumed annually by 2023–24, alongside a 68% reduction in illicit hand-rolling tobacco (HRT).

4.5. The policy is intended to prevent future generations from initiating use of a highly addictive product, while allowing continued access for adults who are currently able to purchase tobacco. It is underpinned by strong public support, with polling indicating high levels of agreement for measures to protect children, including over 90% support for smoke-free school grounds and playgrounds. Furthermore, 71% of adults support the ambition of making Britain a smoke-free country.

4.6. These measures aim to reduce smoking-related harm and lessen long-term demand on health and social care services.

5. Progress on the Hartlepool Tobacco Control Strategy

In 2023, a needs assessment was undertaken by the public health team, informing the refresh of the Hartlepool tobacco control strategy. The strategy sets out a coordinated approach to reducing smoking prevalence and associated harms, underpinned by a shared vision to protect communities, children, and young people from smoking-related harm. Progress against the key priorities is evidenced below:

5.1. **Building infrastructure, skills and capacity for local tobacco control delivery**

Continued delivery of the strategy and action plan through the Hartlepool Tobacco Alliance, which meets quarterly and focuses on reducing health inequalities, supporting vulnerable groups, protecting young people, and promoting smoke-free pregnancies.

Commissioning of North Tees and Hartlepool NHS Foundation Trust in 2024 to deliver specialist stop smoking services. Service performance and outcomes are subject to quarterly monitoring arrangements to ensure effectiveness and continuous improvement.

Development of smoking cessation champions across partner organisations to support initiatives such as the Swap to Stop scheme and strengthen system-wide engagement.

5.2. **Advocacy for evidence-based policies and legislation to achieve a Smokefree 2030 and to minimise influence of the tobacco industry**

Hartlepool Borough Council continues to support national lobbying efforts for strengthened tobacco regulation, including the Tobacco and Vapes Act, alongside promotion of the regional Declaration for a Smokefree Future.

Active participation in the Smokefree Action Coalition, contributing to collective advocacy for stronger tobacco control and smokefree legislation.

Hartlepool Borough Council operates in accordance with WHO Framework Convention on Tobacco Control Article 5.3, ensuring that public health policy is protected from tobacco industry influence.

5.3. **Reducing exposure to tobacco smoke and normalising smokefree environments**

Family Hubs staff have incorporated National Centre for Smoking Cessation and Training (NCSCT) Very Brief Advice on Smoking and Very Brief Advice (VBA) on smoking for pregnant women into the training matrix, strengthening workforce capability to support smoking cessation.

A defined referral pathway is being implemented for 0–19 services to support new mothers and families, facilitating timely access to smoking cessation services.

5.4. **Year round, media communications and education**

A Tobacco Control Communications Plan has been developed jointly by Hartlepool Borough Council and North Tees and Hartlepool NHS Foundation Trust. This aligns with national and regional campaigns to maximise reach and ensure consistent messaging.

The Association of Directors of Public Health North East (ADPHNE) Position Statement on Vaping continues to be referenced to inform local practice and ensure alignment with the latest available evidence.

5.5. **Supporting smokers to stop and stay stopped and also to reduce harm**

The Swap to Stop scheme is being delivered across multiple partners, including the specialist stop smoking service, community navigators, Start, social prescribers within One Life Primary Care Network, and soon to be delivered by Cornerstone.

North Tees and Hartlepool NHS Foundation Trust provide a tailored 12-week programme, offering nicotine replacement therapy, pharmacotherapy and/or e-cigarettes, delivered through community clinics, alongside telephone, home visit, and workplace-based support.

The commissioned Smokefree app offers an alternative digital pathway, enabling residents to access support without engaging in face-to-face services. In addition, the working well programme also provides an enhanced offer of digital support, NRT, vapes and pharmacotherapy, to those working within the health and social care sector.

5.6. **Raise price and reduce illicit trade/ tobacco and nicotine regulation including reducing tobacco promotion**

Trading Standards work in line with the Trading Standards service plan and public protection enforcement policy.

Trading Standards continue to ensure retailers are following legislation in terms of the ban of single use vapes which came into play in June 2025.

Promote the Keep It Out campaign which encourages residents to report illicit sales, disrupting the supply of unregulated tobacco that undermines quit attempts and targets young people.

Following the Tobacco and Vapes Bill receiving Royal Accent in April 2026, the team will continue to prepare the trade for the introduction of the new rules.

5.7. **Data, research and public opinion**

Regional collaboration has supported the commissioning of a Smokefree App. Insight work has informed understanding of user needs and barriers, shaping a targeted communications campaign launched in April 2026.

Engagement with a national consultation on extending smokefree legislation to outdoor settings has been coordinated locally.

6. Other Considerations/Implications

Risk Implications	It is important for partners to work together to reduce the risk of smoking. The strategy based on the local needs assessment will support a reduction in risk.
Financial Considerations	Hartlepool Borough Council receives ringfenced national grant funding which supports the implementation of the tobacco control strategy. The current funding runs until March 2029.
Subsidy Control	There are no subsidy control implications.
Legal Considerations	The Tobacco and Vapes Act received Royal Assent in April 2026 and establishes a new legal framework for regulating tobacco, vaping and nicotine products, with further detail to be set out in secondary

	legislation. The Council will support compliance and enforcement through its Trading Standards and Public Health functions, including in relation to age of sale, licensing and product controls. All activity will be delivered in line with relevant regulatory principles and statutory guidance.
Single Impact Assessment	Not required.
Staff Considerations	There are no staffing considerations.
Asset Management Considerations	There are no asset management considerations.
Environment, Sustainability and Climate Change Considerations	There are no environment, sustainability and climate change considerations.
Consultation	A consultation process was completed as part of strategy development.

7. Recommendations

7.1. To note progress in relation to the tobacco control strategy and to continue to support further regulations and implementation of the Tobacco and Vapes Act.

8. Reasons for Recommendations

8.1. Smoking is one of the most challenging and preventable health issues in Hartlepool which drives health inequalities and has wider social and economic impacts. Smoking is the leading preventable cause of death in the UK, and most smokers say they wish they had never started.

9. Background Papers

9.1. Tobacco Control Strategy 2023 – 2028.

10. Contact Officers

Chris Woodcock - Director of Public Health
Chris.woodcock@hartlepool.gov.uk
Claire Robinson - Public Health Principal
Claire.Robinson@Hartlepool.gov.uk

Ashley Musgrave - Advanced Public Health Practitioner
Ashley.musgrave@hartlepool.gov.uk

Sign Off:-

Chief Executive	Date: 24.06.2026
Director of Finance, IT and Digital	Date: 23.06.2026
Director of Legal, Governance and HR	Date: 23.06.2026

Introduction to Adult Services & Public Health

ADULT SERVICES & PUBLIC HEALTH

- Brings together adult social care and public health with a focus on wellbeing, prevention and reducing inequalities within the community.

- The department has over 350 staff working in two divisions.

ADULT SERVICES & PUBLIC HEALTH

- Adult Services incorporates all functions of the statutory Director of Adult Social Services role, which are focused on safeguarding the interests and wellbeing of adults who are eligible for adult social care services.

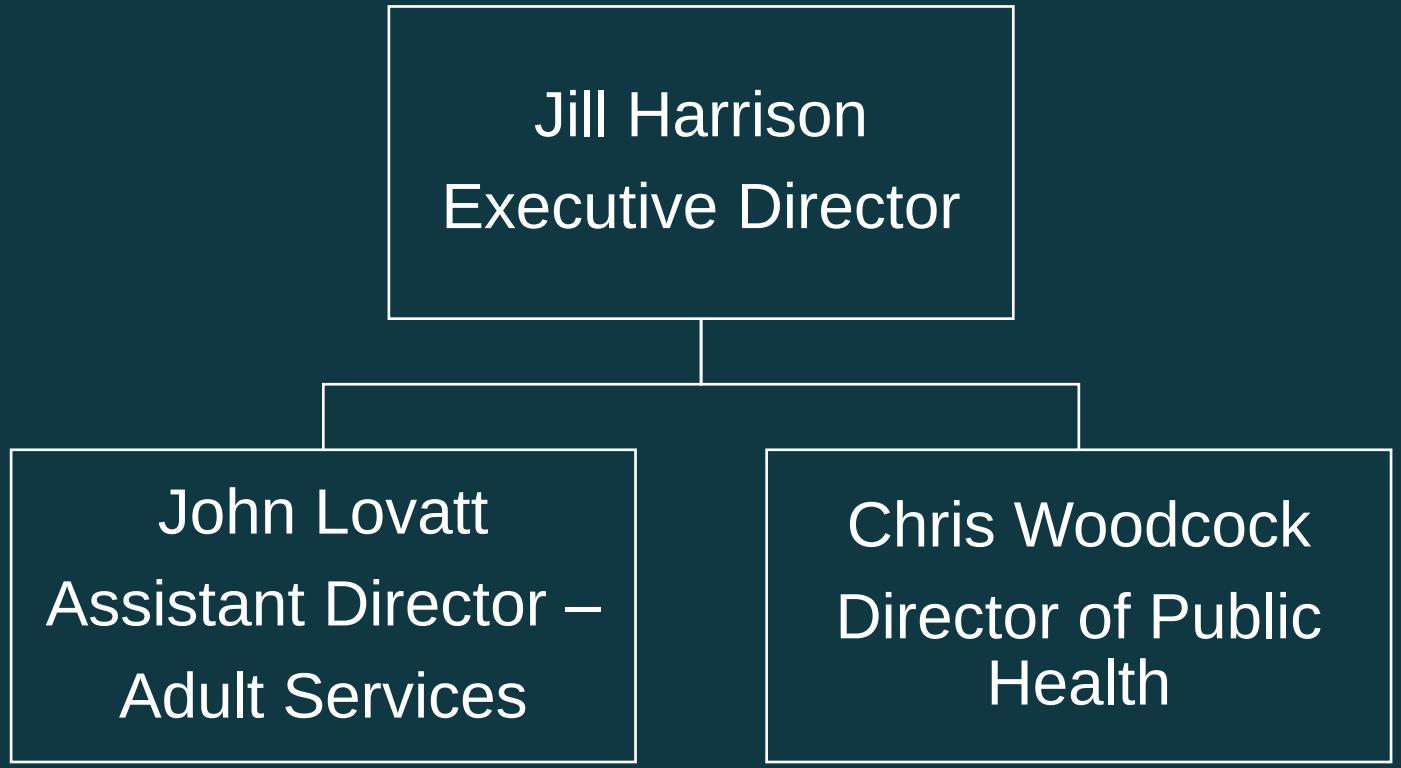
- This includes arranging care for individuals, determining contractual arrangements, exercising legal rights relating to financial assessment, charging and managing financial affairs, authorising Deprivations of Liberty and appointing Approved Mental Health Professionals.

ADULT SERVICES & PUBLIC HEALTH

- Public Health incorporates all statutory functions of the Director of Public Health and is accountable for the delivery of public health responsibilities.

- This includes providing advice and expertise to elected members, officers and NHS senior officers on public health issues, improving and protecting local people's health through to outbreaks of disease and emergency preparedness, and access to health services.

DEPARTMENTAL STRUCTURE



ADULT SOCIAL CARE

- Adult social care services support people to promote and maintain their independence and exercise choice and control about how their needs are met, whilst ensuring that they are safeguarded from all forms of discrimination and abuse. Adult social care also provide advice, guidance, information and services to family carers to enable them to continue in their caring role.

ADULT SOCIAL CARE

Includes:

- Adult Safeguarding / MCA / DoLS
- Hospital Discharge and Intermediate Care
- Occupational Therapy and Reablement
- Assessment and Care Management
- Financial Assessment
- Centre for Independent Living
- Commissioned Services – Care Homes, Home Care, Carers Support etc

PUBLIC HEALTH

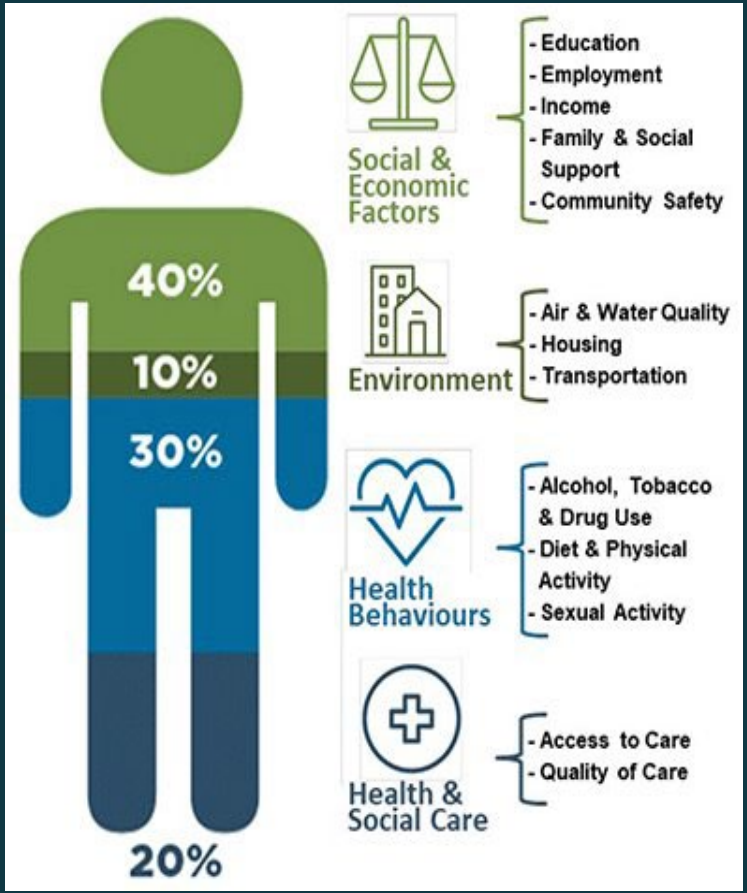
- Public health works to improve local population health by understanding the factors that determine health and ill health across the life course, and how to change behaviour and promote health and wellbeing in ways that also reduce health inequalities.

PUBLIC HEALTH

Includes:

- Children's 0-5 services (health visiting)
- Sexual health services
- NHS health check for people aged 40+
- Stop smoking services and tobacco control
- Drug and alcohol treatment services
- Obesity
- Physical activity
- Mental health

WHAT DETERMINES HEALTH?



STRENGTHS / ACHIEVEMENTS

- Outcome of CQC assurance
- Performance against ASC Outcomes Framework
- Community Led Support outcomes
- Supported Internships
- LGA Healthcheck
- Apprenticeships / Workforce Development

STRENGTHS / ACHIEVEMENTS

- Tech based support – TogetherAll, Mobilise, SignVideo
- Long history of strong collaborative working
- New Drug & Alcohol Treatment Centre
- Recovery City Status
- Healthy Weight Declaration
- Track record of balancing budget and delivering savings


HARTLEPOOL
BOROUGH COUNCIL
Proud to support people
to live their best life

CHALLENGES

- Increasing levels of poverty, deprivation and vulnerability driving workload and costs
- Second lowest healthy life expectancy in England
- Significant health inequalities
- Adults with increasingly complex needs
- Growing budget pressures associated with hospital discharge and transitions
- Managing the care market

CHALLENGES

- Demands on the workforce of managing increasing demand and complexity
- Impact of NHS changes
- Delivery of 2026/27 savings
- Real terms reduction in Public Health spending
- Neighbourhood Health agenda
- Delivery of the Changing Futures Programme

Any Questions?

Hartlepool Borough Council

Adult Services and Public Health Committee

21 July 2026

Report of: Executive Director of Adult Services and Public Health

Subject: ANNUAL REPORT OF ADULT SOCIAL CARE COMPLAINTS & COMPLIMENTS 2025/26

Decision Type: For information

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1. Council Plan Priority

Hartlepool will be a place:
where people live healthier, safe and independent lives. (People)
with a Council that is ambitious, fit for purpose and reflects its community. (Organisation)

2. Purpose of Report

2.1 To present the Annual Report of Adult Social Care Complaints & Compliments 2025/26.

3. Background

3.1 The Annual Complaints & Compliments Report provides information on complaints related to adult social care that have been received and responded to, as well as compliments received during the reporting period.

4. Proposals

4.1 The Annual Complaints & Compliments Report for 2025/26 is attached as **Appendix 1**. The report provides an analysis of complaints and compliments and demonstrates learning that has occurred and actions implemented as a result.

4.2 The report includes:

- Complaints and compliments received in 2025/26;
- Outcomes of complaints;
- Learning lessons and service improvement; and
- Complaints considered by the Local Government and Social Care Ombudsman in 2025/26.

4.3 During 2025/26, 50 compliments were received relating to adult social care, an increase from 32 received the previous year.

4.4 A total of 26 complaints were received during 2025/26, one less than in the previous year.

4.5 Of the 26 complaints received, 3 were resolved within 24 hours and 8 were not considered further. The remaining 15 complaints were investigated, a decrease from 19 complaints investigated in 2024/25.

4.6 Of the 15 complaints investigated in 2025/26, 14 have concluded the local statutory complaint process and 1 remains ongoing and will be carried forward to 2026/27.

4.7 The Council did not receive any contact or enquiries from the Local Government and Social Care Ombudsman about complaints relating to adult social care during 2025/26.

5. Other Considerations/Implications

Risk Implications	None.
Financial Considerations	None.
Subsidy Control	Not applicable.
Legal Considerations	Complaints about adult social care are managed in accordance with the Local Authority Social Services and NHS Complaints (England) Regulations 2009. Additionally, there is a statutory duty to co-operate with the Local Government and Social Care Ombudsman during complaint investigations.
Single Impact Assessment	Not applicable.
Staff Considerations	None.
Asset Management Considerations	Not applicable.

Environment, Sustainability and Climate Change Considerations	Not applicable.
Consultation	Not applicable.

6. Recommendations

6.1 It is recommended that the Adult Services and Public Health Committee note the contents of the Annual Report of Adult Social Care Complaints & Compliments 2025/26 which will be published on the Council's website.

7. Reasons for Recommendations

7.1 It is a statutory requirement that an Annual Report regarding adult social care complaints is prepared and published.

8. Background Papers

8.1 None.

9. Contact Officers

Jill Harrison
Executive Director of Adult Services and Public Health
jill.harrison@hartlepool.gov.uk

Sign Off:-

Chief Executive	Date: 24.06.2026
Director of Finance, IT and Digital	Date: 24.06.2026
Director of Legal, Governance and HR	Date: 24.06.2026

Hartlepool
Borough Council

ANNUAL REPORT OF ADULT SOCIAL CARE COMPLAINTS AND COMPLIMENTS 2025/26

1. Introduction

In accordance with the Local Authority Social Services and NHS Complaints (England) Regulations 2009, this annual report covers the complaints received about adult social care services during the period 1 April 2025 to 31 March 2026. Compliments about adult social care services are also included in this report.

The annual report sets out:

- An overview of the complaints framework;
- An analysis of compliments and complaints received by adult social care services during the reporting period;
- An overview of adult social care complaints adjudicated upon by the Local Government and Social Care Ombudsman during the reporting period; and
- The action taken and improvements made to adult social care services following complaint investigations.

The Council's adult social care service encourages and welcomes compliments and complaints as a means of continual assessment of the services provided. Complaints are investigated and, where appropriate, redress is made. Compliments and complaints are valued as an important source of feedback in helping to improve the quality of adult social care services. Complaint outcomes provide evidence of the action taken to learn from the complaints received and drive continual improvement.

2. What is a complaint?

A complaint is an expression of dissatisfaction about any aspect of an adult social care service that is being delivered, or the failure to deliver a service. The Council defines a complaint as:

'An expression of dissatisfaction, however made, about the standard of service, action or lack of action by the organisation, its own staff, or those acting on its behalf, affecting an individual or group of individuals.'

3. Who can make a complaint about adult social care services?

A complaint can be made by:

- A person who receives or has received a service;
- A person who has been refused a service which they think they are eligible for;
- A person who is, or is likely to be, affected by the action, decision or omission of the service which is the subject of the complaint;
- Someone acting on the person's behalf (including acting on behalf of a child); or
- A carer acting on their own behalf.

A person may choose for someone else to represent them in the matter of a complaint. With the person's signed consent, their representative can make a complaint and act on their behalf. In the case of a person who lacks mental capacity (within the meaning of the Mental Capacity Act 2005) to give their informed signed consent, a representative may make a complaint on behalf of the person, but the statutory complaint regulations set out that the Council must be satisfied the representative making the complaint is acting in the person's best interests.

4. How can someone make a complaint about adult social care services?

There are several ways someone can make a complaint. A complaint can be made:

- Verbally, in person or by telephone;
- In writing, by letter;
- Electronically, by email; or
- By filling in the online complaint form through the Council's website.

During 2025/26, 68% of complaints were received electronically. The method of contact used was:

- 36% of complaints received were from someone who used the online electronic complaint form;
- 32% of complaints received were from someone by email;
- 24% of complaint received were from someone who posted a complaint form or letter; and
- 8% of complaints were received from someone who telephoned to make a complaint.

Every effort is made to assist a person in making a complaint and any member of staff can take a complaint. Most complaints are sent directly to the adult social care complaints team.

5. Adult Social Care Statutory Complaint Procedure

The adult social care complaint function sits within the Quality and Review Team under the management of the Head of Service (Quality and Review). The remit of the Complaints Manager's function is to:

- Develop, manage and administer the adult social care complaints procedure;
- Provide assistance and advice to those persons who wish to make a complaint;
- Oversee the investigation of complaints;
- Monitor and report on complaints activity; and
- Support staff responding to complaints.

The adult social care complaint procedure is underpinned by:

- Being fair, clear, robust and accessible;
- Support being available to those wishing to make a complaint;
- Timely resolution following a complaint investigation;
- Action taken following complaints to improve the quality of the service provided; and
- Monitoring as a means of improving performance.

Good complaint handling involves:

- Keeping the complainant informed and central to the complaint process;
- Being open, accountable and transparent;
- Responding to complaints in a way that is fair and reasonable;
- Being committed to try and get things right when they have gone wrong; and
- Seeking to continually improve services.

The Council's adult social care complaint procedure aims to be as accessible as possible and is available for anyone to access on the Council's website. It is flexible to ensure that the needs of the complainant are paramount and allows for a

complaint handling approach based upon the best way to reach a satisfactory resolution.

Staff and service providers acting on behalf of the Council will always try to resolve problems or concerns early before they escalate into complaints and this ensures that, wherever possible, complaints are kept to a minimum.

The Local Authority Social Services and NHS Complaints (England) Regulations 2009:

- Sets a 12-month time limit from when the subject matter being complained about occurred or came to the attention of the person making the complaint, to when a complaint may be made. After this time, a complaint will not normally be considered although there is discretion to accept a complaint after the 12 month time limit if the Council is satisfied that the complainant had good reason(s) for not making the complaint within the time limit and it is still possible to investigate the complaint effectively and fairly.

- Places a duty on the Council's adult social care and NHS bodies to coordinate the handling of complaints received across their respective jurisdictions and provide a joint response.

- Allows for a service provider to respond to a complaint on behalf of the Council under these regulations.

- Sets a mandatory timescale of 3 working days to acknowledge receipt of a complaint;

- Allows for a maximum 6-month timescale to investigate and respond to a complaint; and

- Sets out that a complaint made orally and resolved to the complainant's satisfaction not later than the next working day after the complaint was made is not required to be dealt with under the statutory complaint regulations.

Some complaints can take considerably longer to investigate than others and the statutory timescale provides a flexible approach to complaint response times depending upon the nature and complexity of the complaint. The person allocated

to investigate a complaint usually seeks to provide the complainant with an indication of the timescale for responding to the complaint wherever possible.

There are a range of factors that can impact upon a timescale such as whether the complaint spans more than one body, the number of points of complaint for investigation, the availability of key people and conducting interviews, reading material relevant to the complaint, consideration of all available information and writing a report or proportionate response.

If, at the end of the adult social care complaint procedure, the complainant remains dissatisfied with the outcome or in the way which their complaint has been handled, they may refer their complaint to the Local Government and Social Care Ombudsman, the independent body who investigate complaints about Councils. The time limit for raising a complaint with the Local Government and Social Care Ombudsman is 12 months but, like Councils, the Local Government and Social Care Ombudsman may choose to waive the time limit if there is good reason(s) to do so.

Learning from complaints is shared and discussed within relevant management forums to ensure that the improvements identified are cascaded throughout the workforce.

6. Complaints received about adult social care in 2025/26

26 complaints were received during 2025/26. The number of complaints has decreased by 1 from the previous year.

Of the 26 complaints received, 3 complaints made orally were resolved within 24 hours so were not required to be considered further. Of the remaining 23 complaints, 8 complaints were not considered further, leaving 15 complaints investigated. This represents a decrease of 4 complaints investigated compared to the previous year.

Of the 8 complaints not considered further, this was because:

- 3 complaints were withdrawn by the complainants and were therefore not considered any further;
- 3 complaints were not accepted because the complainants were making their complaint to the wrong organisation. The complainants were

signposted to the organisations responsible for the subject matter being complained about;
- 1 complaint was not accepted for investigation because the matters being complained about needed to follow adult safeguarding procedures rather than the complaints procedure; and
- 1 complaint was not accepted for investigation because the person making the complaint did not have the signed written consent to act on behalf of the person who was eligible to make the complaint.

Of the 15 complaints investigated in 2025/26:

- 5 complaints were received directly from the person concerned;
- 5 complainants represented a deceased relative in bringing their complaint;
- 4 complainants singed their consent for someone else to act on their behalf in the matter of the complaint; and
- 1 complainant represented someone who lacked mental capacity within the meaning of the Mental Capacity Act 2005 in the matter of the complaint.

There was 1 complaint, from the 15 complaints accepted for investigation in 2025/26, which spanned 2 NHS bodies as well as adult social care. Statutory complaint regulations set out that NHS bodies and adult social care have 'a duty to co-operate' and provide a joint response to a complainant. The co-ordination in relation to this complaint has been led by adult social care.

Complaints are assessed upon receipt and those which are determined to be complex are usually investigated by someone independent of the Council. This adds credibility and demonstrates accountability in the complaint handling process. In 2025/26, 1 of the 15 complaints investigated was allocated to an independent investigator and the remaining 14 complaints have been investigated internally.

Of the 15 complaints accepted for investigation in 2025/26, 14 have concluded the adult social care complaint procedure, and those complainants have been informed of their right to progress their complaint onto the Local Government and Social Care Ombudsman should they remain dissatisfied. The 1 remaining complaint from 2025/26 remains ongoing and has been carried forward to 2026/27.

The table below shows a breakdown of the complaints received by service area in 2025/26 together with the comparative data for the previous 2 years.

Service Area	2025/26	2024/25	2023/24
Older People (including User Property and Finance)	12	12	10
Young Adult Transition and Learning Disability	4	2	1
Occupational Therapy (including Reablement)	1	1	4
Preventative Mental Health, AMHP, DoLS and safeguarding functions	2	6	3
Commissioned Services	3	6	8
Carers	1	0	0
Complaints made to the wrong organisation	3	0	0
Total number of complaints received	**26**	**27**	**26**

The table below provides some examples of the complaints received during 2025/26 and the actions taken as a result.

Complaint	Actions taken
The complainant was concerned that he had paid for a care service he had not received or agreed to.	The Team Manager spoke to the complainant who outlined the support he had received from the commissioned care provider. The Team Manager reviewed records and agreed the support which the complainant had received and agreed to was non chargeable and he should not have been charged for the support. An apology was made to the complainant and a refund provided.

The complainant expressed their dissatisfaction about information having been shared inappropriately.	The complaint was investigated internally by a Head of Service. It was found that information had been shared, as expressed by the complainant, who had a reasonable expectation that their information would not be shared. An apology, as well as an acknowledgement for the frustration caused, was made to the complainant. As a result of the complaint, the Head of Service addressed matters with the staff member concerned to enable reflective practice and guidance was given.
The complainant was unhappy about a lack of care and support provided to their family member following a hospital discharge.	A face-to-face discussion was held between the complainant and the Head of Service which allowed for a meaningful conversation to take place about the family's experience of the service their family member received. The investigation found that changes to the family member's health should have prompted a reassessment at the point of hospital discharge rather than a restart of the family member's previous care and support package. An apology was provided to the family and learning was identified and shared across adult social care and health.

The complainant outlined that the cost of his relative's care home had not been clearly explained or communicated to him.	The complaint was investigated by relevant Team Managers. Although explanations had been provided and communicated at various stages of the care management and financial assessment processes, it was recognised that the explanations could have caused some confusion. This had been compounded further by an error made by the care home which was subsequently rectified. An apology was provided for the confusion which had been caused, and options were explored to improve the quality of communication with families about financial matters.

7. Complaints referred to the Local Government and Social Care Ombudsman about adult social care in 2025/26

The Local Government and Social Care Ombudsman is the independent body that investigates complaints about Councils. The Council received no contact or enquiry from the Ombudsman about its adult social care services during 2025/26.

8. Compliments received in 2025/26

During 2025/26, 50 compliments were recorded relating to adult social care services. This is an increase of 18 from the previous year.

The compliments received range from an expression of thanks and appreciation in the form of a thank you card to written communication. They broadly reflect the work being delivered across adult social care with someone expressing their thanks for a piece of equipment which improves their daily life as well as a general appreciation of the social work teams who have made a real difference to people's lives.

The table below provides some examples of the compliments received during the reporting period.

Service Area	Compliment
ISPA	*"I just wanted to say a heartfelt thank you for your lovely support, especially during such a difficult time. You made sure all my dad's needs were met with care and dignity, and that means the world to us. You've got a heart of gold — keep doing what you're doing, because you truly make a difference."*
Handyperson Service	*"I booked the handy person service to adjust doors and to fit a shelf and I cannot praise the service enough. Your handy person was a credit to the service, he was prompt, professional, extremely helpful and I could not fault anything. He truly represented this service and should be highly commended."*
Direct Care and Support	*"We would like to thank all you girls for the help and support we have received over the past few weeks. You've all been great. I know my mam will miss you all as not only have you helped with her day-to-day tasks you've all been great company and lifted her spirits when she has been low."*
Occupational Therapy	*"What a joy being able to enjoy a bath again which certainly enhances the quality of my life. I find it easy to use and so beneficial. I would like to thank you and all the OT team for the professional and friendly manner you have handled my case, I'm a very satisfied service user indeed."*

Social Work Team	*"I am writing to formally express my sincere gratitude and admiration for the outstanding care and professionalism demonstrated by "D" in her role as a social worker for my grandad and my uncle.* *I want to highlight the consistently warm, friendly and caring manner in which "D" conducts herself. Every interaction I have has with her has left me feeling reassured that both my grandad and uncle are in safe hands. She communicates clearly, listens attentively, and treats both cases with genuine respect and empathy.* *It is no secret that social workers do not always receive the recognition that they deserve, and the profession can sometimes attract unwarranted criticism. It seems right then for me to take the time to acknowledge "D". She is clearly an exceptional social worker, taking her responsibilities seriously, going above and beyond what is required, and bringing a genuine sense of care to everything she does. She is, without question, a tremendous asset to your team."*
Preventative Mental Health Team	*"I just wanted to let you know what "D" has done for my family in the last year or so. To that end "D" has been incredible. She has dealt with my family with endless compassion, patience, understanding and competence. She has been invaluable in helping me understand the situation my family are in and the support that is available to us. She has given me such piece of mind that I cannot adequately put into words. She is a credit to herself and your organisation and I wanted to try and ensure it is recognised."*

9. Conclusions

The Council's adult social care service will continue to:

- promote the Adult Social Care Complaint Procedure;
- monitor its complaint handling process and performance; and
- record compliments which reflect the quality of adult social care services.

This allows the Council's adult social care service to further improve the experience of someone making a complaint and continue to make every complaint count as a learning opportunity to improve the quality of services.

The compliments received not only reflect the positive contribution adult social care services have made to people living healthier, safe and independent lives but also serve to demonstrate that quality standards are being met.