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ADULT SOCIAL CARE AND HEALTH SCRUTINY PANEL

A meeting of the Adult Social Care and Health Scrutiny Panel was held on Tuesday 23 June 2026.

PRESENT: Councillors J Kabuye (Chair), C Cooper, D Coupe (Vice-Chair), D Jackson, T Mohan and Z Uddin

ALSO IN ATTENDANCE: K Hawkins and K McLeod - North East North Cumbria Integrated Care Board

OFFICERS: M Adams, L Grabham, C Jones and S Lightwing

APOLOGIES FOR ABSENCE: Councillors J Banks and D Branson

26/1 **WELCOME AND FIRE EVACUATION PROCEDURE**

The Chair welcomed all present to the meeting and described the fire evacuation procedure.

26/2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

26/3 **MINUTES- ADULT SOCIAL CARE AND HEALTH SCRUTINY - 18 MAY 2026**

The minutes of the Adult Social Care and Health Scrutiny meeting held on 18 May 2026 were submitted and approved as a correct record.

26/4 **OVERVIEW PRESENTATION - NORTH EAST NORTH CUMBRIA INTEGRATED CARE BOARD (ICB)**

An overview presentation was delivered by the Director of Commissioning – Neighbourhood Health South (Tees Valley) and the Deputy Director of Neighbourhood Health South, North East and North Cumbria Integrated Care Board.

The presentation provided an overview on the national and regional context for health and care services for 2026/27, including the NHS 10 Year Health Plan, neighbourhood health guidance, structural changes to Integrated Care Boards, and the development of the ICB's five year strategic commissioning plan.

Members were informed that the ICB's strategic direction focused on delivering longer, healthier, and fairer lives, with an emphasis on prevention, tackling health inequalities, and addressing the root causes of poor health. Priority areas highlighted included healthy weight and obesity, alcohol and tobacco dependence, reducing inequalities through Core20PLUS5, long term conditions, and improving health literacy and inclusion.

The presentation outlined the role of Integrated Neighbourhood Health as the central mechanism for transformation, supporting a shift from hospital based care to community based, preventative services. Key areas of focus included primary and community care, mental health services, secondary care transformation, demand management, and urgent and intermediate care services aimed at reducing hospital admissions and supporting timely discharge.

It was highlighted that neighbourhood working was not new in Middlesbrough and that the national neighbourhood health guidance was being used to strengthen and build on existing arrangements rather than introduce a wholly new model. Members were advised that work on integrated neighbourhood health had already been progressed locally, with partners working collectively across organisations and communities. The approach was described as partnership-led rather than health-led, with a focus on prevention, enabling people to live well, and designing services fit for the future by building on what was already in place within Middlesbrough.

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Members also received an update on work to support children and young people, including maternity services, integrated neighbourhood teams, preventative approaches, and tackling childhood obesity and perinatal mental health.

It was noted that neighbourhood health development was being progressed locally through partnership working, with leadership from the Health and Wellbeing Board, alignment with JSNA priorities, and integration with wider public sector reforms and programmes. Draft neighbourhoods had been developed based on existing communities, and governance arrangements were in place to oversee delivery.

During discussion, Members raised a number of points for clarification. Concerns were expressed regarding access to NHS dentistry in Middlesbrough, and Members were advised that investment was being made to improve urgent dental access, alongside national contractual reform and local commissioning flexibility. Members also queried progress on alcohol, tobacco and vaping, and were advised that this remained a priority area, with work informed by local data and undertaken in close partnership with Public Health.

Clarification was sought on weight management interventions, including the use of weight loss injections, and it was explained that these were commissioned for specific cohorts meeting eligibility criteria, with private provision sitting outside ICB arrangements. Members also highlighted the importance of safeguarding vulnerable adults and children and were reassured that safeguarding was embedded across partnership working and delivered through existing statutory arrangements.

Members further queried how neighbourhood health arrangements would be monitored and evaluated. It was reported that delivery would be phased over 2026–27 and beyond, with outcomes developed locally and progress monitored through existing performance frameworks.

AGREED that the presentation be noted.

26/5

OVERVIEW PRESENTATION - PUBLIC HEALTH SOUTH TEES

An overview presentation was delivered by the Joint Director of Public Health, South Tees.

The presentation provided an overview of Public Health priorities for 2026/27 and the wider role of Public Health South Tees in improving population health outcomes and reducing health inequalities.

Members were informed of the key priority areas for 2026/27, including creating healthy environments, giving children and young people the best start in life, ill-health prevention, mental health and emotional wellbeing, health protection, and supporting vulnerable people and inclusion health. The presentation highlighted a strong focus on prevention, early intervention, and tackling the wider determinants of health.

The Joint Director outlined a range of programmes and projects underway, including work on healthy weight, physical activity, smoking cessation, alcohol harm reduction, sexual health, immunisation uptake, and cancer screening. Members were advised that targeted and place-based approaches were being used to address inequalities, with particular focus on deprived communities and those with multiple vulnerabilities.

Members also received an update on “Start Well” priorities, including breastfeeding support, infant feeding, school readiness, and targeted interventions to support children and families. Work to improve mental health and emotional wellbeing across all ages was also highlighted, alongside action to reduce suicide risk and improve early access to support.

The presentation noted ongoing work in relation to health protection, including infectious disease preparedness, sexual health strategy development, and targeted action on HIV and syphilis. It was also reported that Public Health continued to work closely with partners across the system, including the NHS, local authorities, and the voluntary and community sector.

During discussion, Members sought clarification on breastfeeding rates in Middlesbrough. It was reported that breastfeeding rates had improved compared to previous years, with progress also noted in maternal diabetes, smoking in pregnancy, and breastfeeding outcomes.

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Members queried the prevalence of syphilis during the third trimester of pregnancy and the relationship with other sexually transmitted infections. It was acknowledged that increased testing, including linked testing for conditions such as chlamydia, had supported improved identification, and that targeted and age-appropriate testing approaches were being progressed.

Members also raised concerns regarding smoking in hospital settings and asked about the identification and promotion of stop smoking services within hospitals. It was reported that work was ongoing to strengthen smokefree approaches and ensure that patients were supported to access stop smoking services during hospital stays.

Members queried how Public Health performance was monitored and how progress against priorities was tracked, noting that performance information was often reported annually through the Director of Public Health Annual Report. The Joint Director advised that further performance updates could be scheduled for a future meeting, should the Panel wish to include this within its work programme.

Members raised questions regarding vaccination uptake levels and the challenges associated with improving coverage in some communities. It was reported that work was underway to address behavioural and communication barriers, including tailoring engagement approaches to improve health literacy. Members were advised that targeted work had been undertaken with specific communities, including the Romanian community where uptake had been lower, and that this had resulted in improved vaccination uptake.

The Joint Director of Public Health, South Tees advised that the service was implementing the recommendations arising from the Scrutiny Panel's review, Healthy Placemaking with a Focus on Childhood Obesity, and that agreed actions had been incorporated into service activity.

AGREED that the presentation be noted.

26/6

OVERVIEW PRESENTATION - ADULT SOCIAL CARE

An overview presentation was delivered by the Corporate Director of Adult Social Care and Health.

The presentation provided an overview of Adult Social Care and Health priorities for 2026/27, including preparation for the Care Quality Commission inspection framework, progression of the Adult Social Care improvement plan, improving data quality, and continuing to work with health partners within a changing system landscape. Members were also advised of ongoing work to develop the Adult Social Care vision and strategy, strengthen partnerships, and support workforce development through the Care Academy.

Members were informed of a range of current projects and priorities, including support for unpaid carers, digital inclusion, co-production, transitions, homelessness prevention and pathways, domestic abuse commissioning, and the development of technology-enabled care through initiatives such as the Smart House. The presentation also outlined key challenges facing the service, including financial pressures, provider market sufficiency, workforce capacity, transitions, increasing demand, and the need to respond to legislative and system changes.

During discussion, Members sought clarification on the potential role of Regional Care Cooperatives and their applicability within Adult Social Care. It was explained that while such models were being promoted within children's services, adult social care operated within a different context. Members were advised that there was already a programme of regional collaboration across the North East, supported by Directors of Adult Social Services, and that Regional Care Cooperatives were not currently considered to offer significant additional value within adult services.

Members queried the range of support available for unpaid carers. It was reported that support included peer support groups, direct payments, psychological support, bespoke carer offers, and partnership working with local carers organisations. Members were also advised of an online, 24-hour support service available to carers, providing access to advice and expert support. Information was provided on how carers were identified and supported, including the use of carers conversations, awareness-raising activity, and campaigns to encourage people to recognise themselves as carers.

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Members raised concerns regarding digital inclusion, particularly for older residents, and the potential for digital exclusion. It was acknowledged that while the Council's customer strategy included a digital-by-default approach, Adult Social Care continued to recognise the need for alternative access routes and support to ensure residents were not excluded.

Clarification was sought on transitions from children's to adult services. Members were advised that the age at which Adult Social Care became involved depended on individual levels of need, typically between ages 16 and 18. It was noted that transitions remained a complex area, particularly for young people leaving residential care without ongoing care and support needs, and that further work was underway to improve arrangements and outcomes.

Members commented positively on developments at Levick House, noting early challenges but welcoming the progress made, including improvements to facilities and outdoor space. The Corporate Director also advised of an ongoing programme of site visits with the Executive Member and invited Members to participate in future visits, including to the Smart House, to better understand service delivery in practice.

AGREED that the presentation be noted.

26/7

SETTING THE SCRUTINY WORK PROGRAMME 2026/2027

A report was presented which set out the proposed approach for establishing the Adult Social Care and Health Scrutiny Panel's work programme for the 2026–2027 municipal year.

Members were advised that, prior to consideration of the report, the Panel had received overview presentations from the North East and North Cumbria Integrated Care Board, Public Health, and Adult Social Care. These presentations were intended to provide context on key priorities, pressures, and emerging issues to support Members in considering the work programme.

The Panel was informed that a draft work programme had been developed and was provided at Appendix One to the report. This outlined the proposed meeting schedule for the year, including standard updates, statutory items, and indicative timing for scrutiny investigations. A list of suggested scrutiny topics, gathered through consultation with Councillors, residents, officers, and other stakeholders, was provided at Appendix Two. Members were advised that this list was not exhaustive and that additional topics could be proposed.

During discussion, the Chair advised that the Panel should seek to select one Scrutiny Investigation Topic relating to Public Health and one relating to Adult Social Care. Members considered a number of potential topics and agreed to shortlist several scrutiny investigation topics for further consideration. It was agreed that further information be provided on the shortlisted topics to support a future decision.

AGREED that:

1. The draft work programme for the 2026–2027 municipal year, as set out at Appendix One, be noted.
2. Any additional overview presentations required would be incorporated into the work programme.
3. Further information be provided on the shortlisted Scrutiny Investigation Topics for further consideration by Members.
4. The finalised work programme be submitted to the Overview and Scrutiny Board for approval.

26/8

PROPOSED SCHEDULE OF MEETING DATES 2026/2027

The Panel considered a report setting out the meeting dates for the Adult Social Care and Health Scrutiny Panel for the 2026/27 municipal year.

AGREED that the meeting dates be noted.

26/9

ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.

None.

