

ADULT SOCIAL CARE AND HEALTH SCRUTINY PANEL

Date: Tuesday 23rd June, 2026
Time: 4.00 pm
Venue: Mandela Room, Town Hall

AGENDA

1. Welcome and Fire Evacuation Procedure

In the event the fire alarm sounds attendees will be advised to evacuate the building via the nearest fire exit and assemble at the Bottle of Notes opposite MIMA.
2. Apologies for Absence
3. Declarations of Interest
4. Minutes- Adult Social Care and Health Scrutiny - 18 May 2026 3 - 6
5. Overview Presentation - North East North Cumbria Integrated Care Board (ICB) 7 - 18

The ICB's Director of Commissioning will be in attendance to present an overview from the North East North Cumbria Integrated Care Board.
6. Overview Presentation - Public Health South Tees 19 - 36

The Joint Director of Public Health, South Tees will be in attendance to present an overview of Public Health Services.
7. Overview Presentation - Adult Social Care 37 - 46

The Corporate Director of Adult Social Care will be in attendance to present an overview of Adult Social Care Services.
8. Setting the Scrutiny Work Programme 2026/2027 47 - 58

The Scrutiny Panel is asked to consider its draft work programme for the 2026/27 Municipal Year and to select two

scrutiny review topics for submission to the Overview and Scrutiny Board for approval.

9. Proposed Schedule of Meeting Dates 2026/2027 59 - 60

The Adult Social Care and Health Scrutiny Panel is asked to consider the proposed schedule of meeting dates for 2026/2027 and to agree a finalised schedule .

10. Any other urgent items which in the opinion of the Chair, may be considered.

Charlotte Benjamin
Corporate Director of Legal and Corporate Services

Town Hall
Middlesbrough
Monday 15 June 2026

MEMBERSHIP

Councillors J Kabuye (Chair), D Coupe (Vice-Chair), J Banks, D Branson, C Cooper, D Jackson, T Mohan, Z Uddin and Vacancy

Assistance in accessing information

Should you have any queries on accessing the Agenda and associated information please contact Sue Lightwing / Claire Jones, 01642 729712 / 01642 729112, sue_lightwing@middlesbrough.gov.uk / claire_jones@middlesbrough.gov.uk

This document was classified as: OFFICIAL

ADULT SOCIAL CARE AND HEALTH SCRUTINY PANEL

A meeting of the Adult Social Care and Health Scrutiny Panel was held on Monday 18 May 2026.

PRESENT: Councillors J Kabuye (Chair), J Banks, D Branson, D Jackson, T Mohan, S Platt and Z Uddin

ALSO IN ATTENDANCE: J Connor, L Garcia M Neligan, R Scrimgour and H Wilson (University Hospitals Tees)

OFFICERS: S Disbury, C Jones and S Lightwing

APOLOGIES FOR ABSENCE: Councillor D Coupe

25/20 **WELCOME AND FIRE EVACUATION PROCEDURE**

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

25/21 **DECLARATIONS OF INTEREST**

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

25/22 **MINUTES- ADULT SOCIAL CARE AND HEALTH SCRUTINY - 13 APRIL 2026**

The minutes of the Adult Social Care and Health Scrutiny meeting held on 13 April 2026 were submitted and approved as a correct record.

25/23 **SOUTH TEES HOSPITALS NHS FOUNDATION TRUST - DRAFT QUALITY ACCOUNT 2025/26**

The Adult Social Care and Health Scrutiny Panel welcomed the opportunity to consider the University Hospitals Tees' draft Quality Account for 2025/2026.

The Trust's representatives were in attendance to deliver a presentation outlining the quality of services across University Hospitals Tees (UHT), as well as key priorities, achievements and challenges. A formal written response, detailing the Panel's comments and feedback, was required to be submitted to the Trust following the meeting. By way of introduction, the Trust's representatives set out the purpose of the Quality Account. It was explained that, since their introduction, Quality Accounts had been required by regulators to provide assurance on the quality of services delivered by NHS organisations. Members were advised that, following the formation of University Hospitals Tees (UHT), a single Quality Account was now produced across both South Tees and North Tees and Hartlepool NHS Foundation Trusts, although some issues remained specific to individual sites. It was highlighted that the Quality Account acted as an important tool to support service development and future strategic ambitions across the group. In addition, Members were informed that the document covered the majority of local hospital services and, in line with national guidance, was shared with scrutiny committees for consideration.

The presentation covered the following areas:

- Overview of University Hospitals Tees and the development of a single Quality Account.
- Shared Quality Priorities for 2025/2026 across Patient Safety, Clinical Effectiveness and Patient Experience.
- Patient Safety, including incident reporting and the Patient Safety Incident Response Framework (PSIRF).
- Medication Safety and the implementation of electronic prescribing (ePMA).
- Infection Prevention and Control.
- Learning from Deaths and Mortality.
- Clinical Effectiveness and Audit.
- Patient Experience and Complaints.
- Mental Health and Vulnerable Groups

- Urgent and Emergency Care
- Staff Culture
- Proposed Quality Priorities for 2026/2027.

In terms of patient safety, Members heard that PSIRF had been implemented across UHT, alongside a unified incident reporting system. Improvements had been made in medication safety through the roll-out of electronic prescribing, with significant reductions in omitted doses and improved monitoring of medication safety.

Infection Prevention and Control remained a key priority, particularly given the challenges associated with the local population, including high levels of deprivation and comorbidities. Work was ongoing to strengthen governance, improve screening, and enhance antimicrobial stewardship. It was also highlighted that a decant ward was utilised to enable wards to be vacated on a planned basis to allow for deep cleaning programmes, supporting improved infection control measures.

Members were informed that work relating to Learning from Deaths continued to be a key focus, with very low levels of deaths judged to be more likely than not attributable to problems in care. Enhanced governance arrangements, including a dedicated mortality lead and improved review processes, had been introduced.

In relation to clinical effectiveness, the Trust continued to utilise national benchmarking tools, including NICE guidance compliance and audit activity, to drive improvements across services.

The Panel heard that patient experience remained positive overall, with Friends and Family Test scores above the national average. However, timeliness in responding to complaints had been identified as an area for improvement, and further work was underway to streamline processes and strengthen oversight.

Members also received information regarding mental health provision and support for vulnerable groups, including the development of a joint mental health strategy, suicide prevention work, and the introduction of trauma-informed care training for staff. It was further highlighted that the Trust worked closely with Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust, including through shared meetings recognising that a significant proportion of patients accessing hospital care experienced mental health issues. As part of this approach, a dedicated vulnerable persons group had been established to support improved care and coordination for these patients.

In respect of urgent and emergency care, improvements had been made in ambulance handover times and patient flow across both sites.

Representatives advised that the Trust had improved performance across key emergency care indicators over the previous year. However, ongoing pressures remained, including high demand and instances of corridor care, which the Trust continued to monitor closely as a patient safety concern. It was noted that this would remain a key focus for improvement moving forward.

It was noted that staff culture and workforce remained a key priority, with an increased focus on promoting a positive reporting culture, including the role of Freedom to Speak Up Guardians in supporting staff to raise concerns. Attention was also drawn to addressing inappropriate behaviours and improving staff experience across the organisation.

Looking ahead, the Trust outlined its proposed Quality Priorities for 2026/2027, with a continued focus on patient safety, patient experience and clinical effectiveness. Members were also invited to provide feedback on the “plain English” presentation of the priorities.

The Chair thanked the representatives for the information provided and invited questions from Members.

A Member queried the main challenges faced by the Trust in recent years. In response, representatives highlighted a number of key issues. Firstly, healthcare associated infections continued to present a significant challenge. Whilst this was recognised as a national issue, it was noted that the Trust served areas of high deprivation, with patients often presenting with complex comorbidities, increasing their susceptibility to infection. Representatives emphasised that strong antimicrobial stewardship arrangements were in place and that operational measures, including the use of a decant ward to enable planned deep cleaning of clinical areas,

18 May 2026

supported infection prevention and control activity. Secondly, the complaints process was identified as an area for improvement, with it being acknowledged that it could at times be overly complex. Work was underway to simplify processes, benchmark performance against other organisations, and improve both the timeliness and quality of responses, supported by targeted staff training. Finally, representatives referred to the ongoing challenge of balancing available financial resources with the need to maintain and improve quality of care, ensuring that statutory financial responsibilities were met alongside the delivery of safe and effective services.

A Member raised concerns regarding the complaints process and whether patients and staff were sufficiently aware of how to raise concerns. In response, it was acknowledged that the process could be complex, and work was ongoing to simplify approaches, encourage resolution at the point of care, and improve timeliness through new digital systems and strengthened oversight arrangements.

A Member referred to demographic pressures and queried whether an ageing population was a growing concern locally. In response, representatives advised that, while the population was ageing, the Trust also experienced higher levels of ill health at younger ages compared to other areas, linked to deprivation. It was noted that this position was reflected in the Director of Public Health (DPH) Annual Report, which provided further detail on local population health trends. Representatives highlighted that this created additional challenges, particularly in relation to discharge planning, as it could be difficult to arrange discharge where there was a lack of stable living conditions or appropriate support in place within the home environment.

A Member queried the nature of mental health training provided to staff, noting the number of staff reported within the presentation as having received such training. In response, the Trust advised that 1,267 staff had undertaken mental health awareness training. It was explained that this included both online and face-to-face elements, including trauma-informed practice, to better equip staff to respond to patients with both physical and mental health needs.

A Member asked how language barriers were addressed within the Trust. Representatives confirmed that translation services were commissioned to support communication with patients.

A Member referred to mortality data, recalling that this had been raised at the previous year's Quality Account meeting in relation to avoidable deaths, and noted that this did not appear to be explicitly referenced in the current report. The Member sought clarification on how mortality and avoidability were being measured, and how this compared across the two Trusts. In response, representatives advised that national metrics, including the Summary Hospital-level Mortality Indicator (SHMI), were used and that both organisations were operating within the expected range. It was highlighted that the level of deaths judged more likely than not due to problems in care remained extremely low (0.01%), and that strengthened mortality review processes, leadership and governance arrangements had been implemented across University Hospitals Tees.

A Member raised questions regarding infection rates and whether these were linked to hygiene practices. In response, representatives highlighted the broader context, including antimicrobial resistance, deprivation, and patient complexity, noting that these factors increased patients' susceptibility to infection. It was further explained that operational measures were in place to support infection prevention, including the use of a dedicated decant ward to facilitate the temporary relocation of patients and enable deep cleaning of clinical areas.

The Chair thanked the representatives for their attendance and contributions to the meeting. It was confirmed that a formal written response would be provided to the Trust, including feedback from the Panel, and comments on the "plain English" format of the Quality Account.

AGREED that:

1. The University Hospitals Tees draft Quality Account for 2025/2026 be noted;
2. A letter setting out the comments of the Adult Social Care and Health Scrutiny Panel be submitted to the Trust.

25/24

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

None.



**North East and
North Cumbria**

North East and North Cumbria Integrated Care Board

Neighbourhood Health South Update

June 2026

2026/27 Context...



NENC ICB Draft Five Year Strategic Commissioning Plan...

- **10 year strategy: Better health and wellbeing** for all in place since 2023, but we have a requirement to respond to:
 - National direction: NHS England 10 Year Health Plan
 - Hospital → Community: Care closer to home
 - Analogue → Digital: Data, technology and automation
 - Sickness → Prevention: Tackling root causes, not just symptoms
 - ICB becoming a strategic commissioning organisation
 - National and local priorities including operational performance, quality and finance
- To this end, a 5-year strategic commissioning plan has been developed that builds on the strategy, focussing on:



Longer, Healthier and Fairer Lives and Fairer Outcomes for All...

Focus on tackling the primary causes of poor health:

- Healthy Weight & Obesity
 - Sustainable Tier 3 services
 - Primary care prescribing pathways
 - Childhood obesity prevention
- Alcohol & Tobacco
 - Alcohol Care Teams in all trusts
 - Tobacco Dependence Treatment Services
 - Continued regional tobacco control via FRESH
- Reducing Health Inequalities
 - Core20PLUS5 embedded across commissioning
 - Focus on most deprived communities
 - Health literacy and inclusion health
 - Poverty proofing of services
- Long Term Conditions (LTCs)

Better Health and Care Services...

Neighbourhood Health is the engine of transformation

Integrated Neighbourhood Health	Primary and Community Care	Community Pharmacy, Optometry & Dentistry	Mental health, learning disabilities and neurodivergence	Secondary Care Transformation	Demand Management
<p>Page 11</p> <ul style="list-style-type: none"> Neighbourhood Urgent Care & Recovery Neighbourhood Proactive & Preventative Care Outcome-based commissioning and Left Shift 	<ul style="list-style-type: none"> Stronger PCNs and neighbourhood leadership General practice sustainability Workforce diversification (ARRS) Digital tools and data-driven care 	<ul style="list-style-type: none"> Pharmacy First expansion Improved urgent dental access Oral Health and Dental Strategy 2025-27 Optimise eye care pathways and enhancing links between primary care and secondary care (incl. I.S.) 	<ul style="list-style-type: none"> Mental health is embedded within neighbourhood health Community-based, trauma-informed models Reduced inpatient and out-of-area care Earlier diagnosis and intervention Integrated crisis response 	<ul style="list-style-type: none"> Urgent & Emergency Care: alternatives to admission, better flow Elective Care: productivity, pathway redesign Diagnostics: community access and digital optimisation Cancer: earlier diagnosis, neighbourhood models, reduced variation 	<ul style="list-style-type: none"> Redesign whole-system pathways Reduce inappropriate demand into secondary care ENT, eyecare, MSK and endoscopy transformation Value-based commissioning embedded in contracts

Giving our children and young people the best start in life...

- Maternity
 - Safer, more personalised maternity care
 - Respond to the SoS independent investigation into maternity and neonatal care
- Children and Young People
 - Integrated neighbourhood teams for CYP
 - Reduced waiting times in community services
 - Family-based, preventative approaches
 - Tackling childhood obesity and perinatal mental health

Neighbourhood Health...

- Recent guidance produced in relation to neighbourhood health
- Compliments the 10-year health plan and aims to support partners to work together in a collaborative way to deliver the left shift agenda, driving care from hospital to community and supporting a shift in focus from sickness to prevention
- Key aims include:
 - Improving outcomes
 - Providing more personalised care closer to home, reducing pressure on acute hospitals
 - Build public confidence through improvements in access and continuity

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6 core components...

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

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

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

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

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

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

Neighbourhood Health:

A Multi-Agency Approach

Responding to Population Health Needs



Neighbourhood Framework – two stages...

STAGE 1: IMMEDIATE FOUNDATIONAL ACTIONS (2026-27)

ICBs Ensure Delivery of Basic Foundations & Begin Joint Planning with HWBs and Partners



REDUCING HOSPITAL DEMAND

- Develop initial plan: non-elective admissions & bed days
- Expanded urgent care, rehab, reablement (neighbourhood level)
- Informed by risk register analysis



IMPROVING GENERAL PRACTICE ACCESS

- Agree plans to tackle unwarranted variation & improve access
- Ensure GP practices meet core hours & new urgent requirements (GMS contract)



ESTABLISHING NEIGHBOURHOOD STRUCTURES

- Agree neighbourhood footprints (natural communities)
- Plan INT development for high-priority cohorts (explore devolved budgets)



ELECTIVE CARE REFORM

- Begin planning neighbourhood-based elective pathway
- Support RTT standards & use devolved commissioning budgets



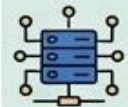
REDUCING COMMUNITY HEALTH WAITING TIMES

- Confirm plans to meet 18-week waits & eliminate 52-week waits



FUNDING & PARTNERSHIP

- Confirm pooled Better Care Fund (BCF) use
- Improve primary-secondary interface (Red Tape Challenge)
- Confirm organisational ownership of deliverables



DATA & EVALUATION

- Robust data-sharing for patient ID, monitoring & evaluation



OVERSIGHT

- Regional NHS teams work with ICBs to monitor implementation

STAGE 2: LONGER-TERM REFORM (APRIL 2027 – MARCH 2029)

ICBs, HWBs and Local Partners Develop locally owned Neighbourhood Health Plan for fundamental reform and delivering national objectives

REQUIREMENTS FOR THE NEIGHBOURHOOD HEALTH PLAN

(A) THE THREE NATIONAL REFORM AGENDAS



- **Reform agenda 1:** improve services for people who need routine healthcare, so neighbourhood health benefits everyone



- **Reform Agenda 2:** Proactive care for people with complex needs



- **Reform Agenda 3:** Deliver better alternatives to hospital care

(B) WIDER LOCAL GOALS & INEQUALITIES



- Describe local delivery of the three agendas
- Support wider goals, reduce health inequalities, contribute to broader reform

(C) INFORMED BY ASSESSMENTS



- Local objectives informed by JSNA & other assessments

(C) INFORMED BY ASSESSMENTS



- Local objectives informed by JSNA & other assessments

(D) CONFIRM GEOGRAPHIES



- Confirm final neighbourhood geographies for delivery

(E) ORGANISATIONAL RESPONSIBILITIES



- Set out responsibilities: who delivers what

(F) GOVERNANCE & PARTNERSHIP



- Define governance & operational arrangements

(G) ALIGN WITH LOCAL INITIATIVES



- Align with Best Start Family Hubs, mental health hubs, housing, Pride in Place, employment support

Local development of plans...



Health and Well Being Board will co-lead the development of neighbourhood health alongside ICBs. ICB will act as strategic commissioner, with leadership through a place partnership and the role of the HWBB



JSNA priorities will be reflected in plans. Plans are being developed through partnership working across Middlesbrough



Plans will integrate with wider public sector reforms, through partnership working



Plans will align with programmes such as Pride in Place, Best Start in Life, SEND reforms, housing programmes etc



Local Partnership Steering Group implemented which reports to the Health and Well Being Board, Chaired by the Director of Public Health across Middlesbrough and Redcar & Cleveland – building on existing work across partners



Draft 'neighbourhoods' developed based on existing communities through discussion with partners

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Public Health South Tees

ASC and Health Scrutiny Panel 23 June 2026

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Mark Adams
Joint Director of Public Health

Agenda Item 6



Public Health South Tees

Mark Adams
Joint DPH

Louise Mason Crowe

Service Manager PH Partnership

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Health Improvement
Community Development Team
Business Support Team
Social Prescribing

Ali McKenna

Vulnerabilities Service Manager

Migrant Health
THRIVE Partnership
Changing Futures
Domestic Abuse
Homelessness

Lindsay Cook

Health Improvement Manager

Health Improvement
Healthy Weight
Mental Health
Work & Health
The Live Well Centre

Rebecca Scott

PH Principal

Health Protection
Ill Health Prevention (Public Health Delivery Services)
Public Health Intelligence

Michelle Stamp

Consultant in PH (Joint Post)

Ill Health Prevention
Health Care Inequalities
Anchor Institutions

Jonathan Bowden

Head of Inclusion Health

Inclusion Health
Grant funded programmes
External Partnerships

Nicole Ahmed

Consultant in PH (Start Well)

HWB Strategy
Start Well lead
CYP Prevention
Start Well into PH Programmes

Mark Fishpool

Programme Director You've Got This

You've Got This
Sport England Local Delivery Pilot

Priorities 2026/2027

Creating Healthy Environments

- Embed whole system prevention and leadership approach (Healthy Weight Declaration)
- Tackling inequalities through targeted school programmes – Eat Well Awards, Tees Valley Active Schools, HAF
- Embed Health Impact Assessments in planning and healthy placemaking principles
- Increase value of green space, and encourage greater community engagement, through Tees Urban Nature Network
- Via You've Got This funding, integrate physical activity into healthcare (secondary care and care settings) and communities
- Build community capacity through robust public health training offer
- Refresh and implement Better Health at Work model
- Ensure the Healthier Advertising Policy is embedded across LA contracts and robust evaluation is carried out to evaluate progress
- Review how the LA currently interacts with Unhealthy Commodity Industries through contracts, grants, and sponsorships and provide a governance framework for decision makers
- Progress work on food procurement through DEFRA LA Food Procurement grant

Priorities 2026/2027

Start Well

- Develop a Public Health approach to improve school readiness through strengthened Best Start pathways, high quality parenting & infant feeding support, and early development opportunities
- Develop and roll out an infant feeding strategy in South Tees
- Implement Breastfeeding Boroughs commitments in South Tees
- Deliver targeted health interventions in Newport and Central wards through Thrive at Five partnership
- Develop a Public Health offer to schools that supports whole-school health, strengthens PSHE delivery, and reaches all school-age children
- Design and implement a new Healthy Child Programme delivery model for children aged 11-19
- Develop school health profiles for selected school settings and undertake school health audits

Priorities 2026/2027

Ill-Health Prevention

- Develop and deliver two-year ill-health prevention plans
- Implement Stop Smoking recommendations and Audit-C for alcohol detection in primary care
- Develop CVD pathway
- Reduce harm through smokefree actions
- Expand social prescribing across the system
- Develop Tees Valley Anchor Network priorities
- Increase cancer screening uptake and reduce inequalities using targeted, personalised approaches

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Mental Health and Emotional Wellbeing

- Improve male mental health engagement and early intervention and low-level support access
- Develop universal wellbeing pathway
- Deliver suicide prevention strategy actions and dementia focused work
- Implement targeted interventions in primary and secondary settings to improve attendance through supporting resilience in pupils.

Priorities 2026/2027

Health Protection

- Develop and delivery two-year health protection plan
- Strengthen preparedness for infectious disease outbreaks, pandemics and extreme weather
- Reduce harm through TB screening and asylum seeker support and infection prevention in care settings
- Develop and launch a multi-agency, evidence based South Tees Sexual Health Strategy to reduce STI's, unintended pregnancy and reduce inequalities
- Deliver targeted action on HIV and syphilis
- Lead the Tees Valley Local Immunisation Steering Group to improve uptake of all vaccination programmes (maternal, childhood, teenage, seasonal, and older adults).
- Explore working with educational settings to increase awareness of air quality
- Create and implement an annual workforce development plan to build health protection capacity across wider council, communities and key partners

Priorities 2026/2027

Vulnerable People / Health Inclusion

- Reduce drug/alcohol related deaths
- Reduce harm caused through gambling
- Increase number of people offered detox/rehab
- Increase the number of young people accessing treatment who need support

Page 25 – Embed lived experience within service design and commissioning during 2026/27.

- Increase numbers in treatment as well as quality of delivery across all service areas – DATRIG ambitions
- Strengthen collaboration across organisations to improve integration and support long-term system sustainability.

Current Projects

Creating Healthy Environments

- Tees Urban Nature Network
- Active Hospitals and Care Settings
- Eatwell Awards – EY and Schools
- Tees Valley Active Schools
- Better Health at Work review
- Development of Community Food Skills & Healthier Weight Capacity Building Model
- Implementation of Health Scrutiny recommendations
- Further development of the Homeless Football project incl. EOI to host the Homeless World Cup in 2030

Current Projects

Health Protection

- Development of Sexual Health Strategy
- Lead forward South Tees Teenage Pregnancy Partnership with the key aim to reduce teenage pregnancy rates
- Third trimester screening pilot for syphilis in pregnancy
- HIV care pathway work to develop a plan to increase testing, people into treatment and reduce stigma
- Sexual health prevention pilot projects – universal free condoms and HIV Prevention and support
- Implement a new targeted approach to reduce harm caused by second hand smoke
- NENC ICB funded immunisation project for maternal, childhood and teenagers

Current Projects

III-Health Prevention

- Implementation of Smoke Free Strategy targeting underrepresented groups, early identification of harmful drinking and integrating physical activity in secondary care
- Increase uptake of cancer screening targeting inequalities through Health Inequalities Care Navigator
- Improve uptake of prevention services through proactive case finding of at-risk groups
- Reduce premature morbidity and mortality for CVD prevention by preventing, detecting and managing risk factors through development of CVD prevention plan for South Tees
- Work with core20plus5 communities to understand barriers to preventative healthcare through HNA Inclusion health

Current Projects

Start Well

- Breastfeeding Boroughs
- Development of 11+ HCP offer
- Fluoride Varnish Programme in schools
- Healthstart / schools PH approach offer
- Young People's Health Researcher Initiative

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Mental Health and Emotional Wellbeing

- Development of Age Well strategy
- Suicide Prevention training to Nursing students and ASC
- Suicide postvention pathway review
- Targeted Attendance Secondary School Pilot – schools
- Dementia awareness e-learning training



Current Projects

Vulnerable People / Inclusion Health

- Park House development for service delivery/relocation
- Cromwell House 'prehab' pilot (under review)
- Night Clinic for people involved in sex work - review ongoing sustainability
- Stigma programme
- Inclusive Recovery City status
- South Tees Recovery service development to commence 2026
- Development of a local detox bed-space within JCUH, due to be operational in July 2026.
- Co-producing Gambling Harms resources with stakeholders and people with lived experience.
- Preventing Drug related Deaths Pilot for overdose alert device
- Text drug alert system- due to begin in 26/27



Challenges

Vulnerable People / Health Inclusion

- DATRIG funding reduction
- Capacity and infrastructure challenges and availability of suitable delivery space
- The rising cost of out-of-area inpatient detox placements
- Delivering sustainable growth within accommodation-based support
- No comprehensive local support provision for reducing gambling harms

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Creating Healthy Environments Programme

- YGT funding until March 2028
- HIA still to be approved in Local Plan
- Lack of senior level engagement in relation to implementing the HWD recommendations
- Increasing obesity rates in both adults and children
- Unhealthy Commodity Industries activity makes prevention harder and challenges efforts to improve population health and reduce inequalities.



Challenges

III Health Prevention

- Integrating our work into neighbourhood health agenda
- Changes, staff reductions in ICB and other organisations
- Short term funding for services/interventions
- Increase costs for HHC

Health Protection

- Ongoing issues with Sexual Health data management/compliance
- Teenage immunisation uptake remains low
- Immunisation and screening information - health literacy and language barriers
- Higher than national rates for teenage pregnancy
- Persistently high burden of STI's
- Falling chlamydia testing and detection rate

Challenges

Start Well

- Resolving data compliance issues with Healthy Child Programme provider
- Balancing population demands for 11-19 service – supporting the most vulnerable vs universal provision

Mental Health and Emotional Wellbeing Programme

- Capacity in HeadStart
- ICB changes impacting on system capacity and funding reductions

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Corporate Performance Measures

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<p>People live healthier lives for longer and health inequalities are reduced.(MA)</p>	<p>People will have access to healthy food as well as safe and tidy streets and green spaces.</p>	<p>Proportion of schools engaged in Eat Well Schools Programme (%)</p>
		<p>Proportion of Year 6 children classified as obese (%)</p>
	<p>Preventable illness and premature death will be reduced</p>	<p>Proportion of successful quits in the stop smoking service (%)</p>
		<p>Adult smoking prevalence (%)</p>
		<p>Attendances at Everyone Active leisure centres (No.)</p>
		<p>Adults who are physically inactive</p>
	<p>Health outcomes for those with multiple vulnerabilities will improve.</p>	<p>Proportion of clients in substance misuse treatment services that are showing substantial progress (%)</p>



Questions?

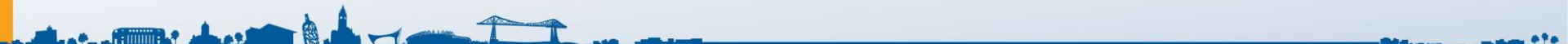


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Adult Social Care & Health

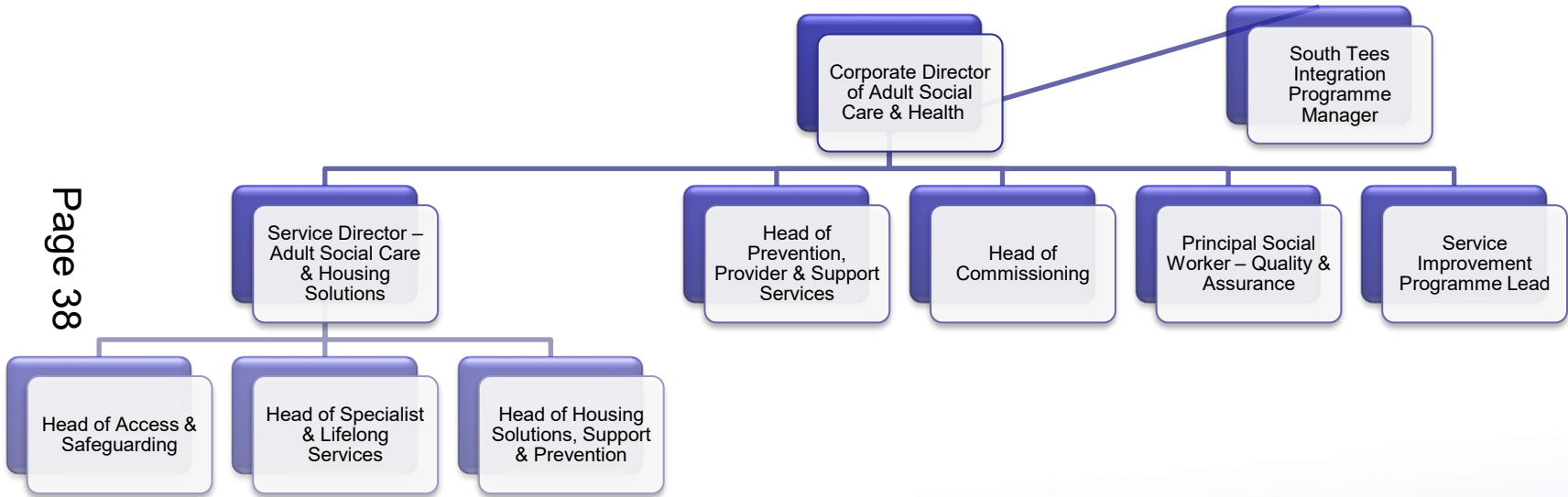
Adult Social Care & Health Scrutiny Panel 23rd June 2026

Louise Grabham



Adult Social Care & Health

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Priorities 2026/2027

- CQC Inspection framework planning
- Progression of Improvement Plan
- Improving Data Quality
- Working with health partners – changing landscape
- ASC Vision & Strategy / Partnerships
- Academy launch and development

Council Plan priorities

Ref	Council Plan Initiative	Council Plan Priority	Start	Finish	Lead	Outcome
CP-ASC-01	Prevent and / or delay the need for formal service provision through improved access to reliable and timely advice and information, to support independent and healthy living	A healthy place	27/06/2025	31/07/2026	S Hodge	All adults are supported through strength-based practice to live the lives they choose.
CP-ASC-02	Increase pathways offer for homeless households that embody choice; safety and dignity and provide routes into sustainable, long-term accommodation.	A successful and ambitious town	01/04/2024	30/09/2026	R Musicka	We will ensure housing supply meets local demand
TBC	Embed Directorate wide roll out of strength based practice	Safe and resilient communities	01/04/2026	31/03/2027	R Musicka	All adults are supported through strength-based practice to live the lives they choose
TBC	Improve access and support for individuals at risk of homelessness and domestic abuse, through the development of new first contact point and improved advise and information	A successful and ambitious town	01/04/2026	31/01/2027	R Musicka	We will ensure housing supply meets local demand
TBC	Develop the smart house to support technology enabled care delivery, along with a digital house for on-line self-assessments.	Safe and resilient communities	01/08/2026	31/07/2027	C Thompson	All adults are supported through strength-based practice to live the lives they choose
TBC	Develop an autism strategy, and pathways for support	Safe and resilient communities	01/04/2026	30/06/2027	S Didsbury	All adults are supported through strength-based practice to live the lives they choose
TBC	Undertake a full review of reablement to maximise the opportunity to promote independence at all key touchpoints including the front door, review, and hospital discharge.	Safe and resilient communities	01/05/2026	30/06/2027	S Hodge	All adults are supported through strength-based practice to live the lives they choose
TBC	Embed a quality framework across adult social care, ensuring an ethos of co-production	Safe and resilient communities	01/04/2026	30/06/2027	K Grainger	All adults are supported through strength-based practice to live the lives they choose
TBC	Develop the care academy	Safe and resilient communities	01/04/2026	31/03/2027	K Grainger	All adults are supported through strength-based practice to live the lives they choose
TBC	Obtain white Ribbon Accreditation	Safe and resilient communities	01/04/2026	31/03/2027	R Musicka	All adults are supported through strength-based practice to live the lives they choose

Current Projects

- Development of Smart House
- Completion of Conversation Roll Out
- Co-production
- Digital Inclusion
- Support for unpaid carers
- Homeless Strategy & pathway
- PCH Transitions
- DA Re-commissioning – safe accommodation

Challenges

- Finance / Budget Management
- Co-production
- Changing health landscape
- Legislative changes
- Sufficiency / provider markets
- Transitions
- Staffing – Skills / caseloads
- Demand – Waiting lists / Reviews
- Supported Housing needs assessment / strategy

Corporate Performance Measures

- *ASC performance report & clinic – to be reported to scrutiny:*
 - *Vital Signs*
 - *Complaints / Compliments*
 - *FOI / SARS*
 - *Most significant stories of Difference*
 - *Audit Outcomes*

Council Plan Priority	Outcome	KPI Measure	Baseline	2026/7 Target / Ambition	Update frequency
A successful and ambitious town	We will ensure housing supply meets local demand	% reduction of homeless applicants owed a relief duty	64.2%	52%	Monthly
		% increase of individuals / families accessing prevention services	29.6%	40%	Quarterly
		Increase in enquiries resolved at first contact (those enquiring don't progress to an open case)	49%	30%	Quarterly
		Number of households with children in temporary accommodation	31	25	Quarterly
		Number of families in B&B over 6 weeks	0	0	Quarterly
		Number of people sleeping rough on a single night	28	11.3	Quarterly
		Number of people sleeping rough over the month who are long term	31	9	Quarterly
Safe and resilient communities	All adults are supported through strength-based practice to live the lives they choose.	The number of adults aged 18 to 64 whose long-term support needs are met by admission to residential and nursing care homes (per 100,000 population)	34.9	30.9	Annual
		2C - the number of adults aged 65 and over whose long-term support needs are met by admission to residential and nursing care homes (per 100,000 population)	862.2	862.2	Annual
		Repeat safeguarding concerns rate	32%	32%	Quarterly
		Time taken (days) to complete section 42 enquiries	81	28	Quarterly
		Proportion of safeguarding enquiries where the person reports their desired outcomes were achieved	90%	90%	Quarterly
		Number of clients living in Extra Care Housing	106	107.25	Quarterly
		% of people who leave reablement with no ongoing care needs, or reduced package of care		60%	Quarterly
		% of people whose long term care reduces or remains stable at the point of review	83.15%	83.14%	Quarterly

Safe & resilient Communities Page 45	We will promote digital inclusion	Number of individuals receiving digital skills support through the digital inclusion programme	105	60	Quarterly
		Number of focus session / engagement session regarding digital skills	118	40	Quarterly
		To maintain a minimum of 14 Digital Champions on the programme	24	14	Quarterly
		% of digital champions actively supporting individuals with digital skills	96%	70%	Quarterly
	We will continue to work with Voluntary and Community groups and individuals to improve the resilience of our communities	Individuals supported at domestic abuse safe accommodation services	664	492.3	Quarterly

Questions?

MIDDLESBROUGH COUNCIL

Report of:	Democratic Services Officer
Relevant Executive Member:	N/A
Submitted to:	Adult Social Care and Health Scrutiny Panel
Date:	23 June 2026
Title:	Setting the Work Programme 2026-2027, for the Adult Social Care and Health Scrutiny Panel
Report for:	Decision
Status:	Public
Council Plan priority:	A healthy place
Key decision:	No
Why:	Not applicable
Subject to call in?	No
Why:	Not applicable

Proposed decision(s)

That the Adult Social Care and Health Scrutiny Panel:

- **NOTES** the draft work programme for the 2026–2027 municipal year, as set out at Appendix One;
- **SELECTS** two Scrutiny Investigation Topics for inclusion in the work programme, taking into consideration the suggested topics at Appendix Two, Member proposals, and the information presented during the overview presentations at the meeting; and,
- **AGREES** any additional overview presentations (internal or external) to be incorporated into the work programme.

Executive summary

The Adult Social Care and Health Scrutiny Panel is asked to consider its work programme for the 2026/2027 municipal year.

At the meeting, Members will receive overview presentations from the North East and North Cumbria Integrated Care Board, Public Health, and Adult Social Care. These are intended to provide context on key priorities, challenges, and emerging issues to help inform the Panel’s work.

A draft work programme is provided at Appendix One, alongside a list of suggested scrutiny topics identified through consultation at Appendix Two.

Members are asked to:

- Select two Scrutiny Investigation Topics, taking into account the suggested topics and the information presented at the meeting;
- Note the proposed work programme and scheduled updates; and
- Identify any additional overview presentations they wish to include.

An effective work programme ensures that scrutiny activity is focused, proportionate, and aligned to areas where it can have the greatest impact on outcomes for residents and delivery of the Council Plan

1. Purpose of this report and its contribution to the achievement of the Council Plan ambitions.

1.1 Managing an effective work programme is essential to the success of scrutiny panels, ensuring activity is focused on the Council’s ambitions and maximises impact on performance and outcomes.

1.2 Scrutiny provides an open and transparent mechanism for Members to review, challenge, and influence decisions, policies, and performance.

1.3 Scrutiny investigations are carried out over a series of meetings, drawing on evidence to examine current practice and produce recommendations.

1.4 This report supports the Panel in establishing its work programme for 2026–2027, including selecting investigation topics, considering the draft programme, and identifying any additional overview requirements.

Our ambitions	Aims
A successful and ambitious town	<ul style="list-style-type: none"> • We will grow businesses and employment opportunities within the town. • We will close attainment gaps and work with education providers to increase the number of students who achieve their expected grades Ensure housing supply meets local demand. • We will ensure housing supply meets local demand. • sustainable accommodation. • Transport connectivity will improve
A healthy place	<ul style="list-style-type: none"> • People will live healthier lives for longer, and health inequalities will be reduced

	<ul style="list-style-type: none"> • The look and feel of the physical space in Middlesbrough will improve promote inclusivity for all. • We will be closer to our communities and involve them in decision making. • We will reduce and alleviate the impact of poverty to improve lives and life chances for people in Middlesbrough
Safe and resilient communities	<ul style="list-style-type: none"> • All adults will be supported through strength-based practice to live the lives they choose • We will support digital inclusion • We will continue to work with voluntary and community groups and individuals to improve the resilience of our communities. • Residents will feel safer
Delivering best value	<ul style="list-style-type: none"> • We will be a well-run Council that provides Value for Money Services. • We will set a balanced budget and medium-term financial plan.

2. Recommendations

2.1 That the Adult Social Care and Health Scrutiny Panel:

- Note the draft work programme for 2026–2027, including standard updates and presentations;
- Select two Scrutiny Investigation Topics, informed by consultation, Member suggestions, and overview presentations; and
- Identify any additional overview presentations to be incorporated into the work programme.
- The final work programme will be submitted to Overview and Scrutiny Board for approval.

3. Rationale for the recommended decision(s)

3.1 Scrutiny panels play a key role in supporting community leadership and improving outcomes for residents through reviewing services, influencing policy, and holding decision-makers to account.

3.2 Agreeing a focused and deliverable work programme ensures that the Panel’s activity is prioritised and aligned to areas of greatest impact.

4. Background and relevant information

4.1 Topics considered during 2025–2026 are set out below for Members’ information

Scrutiny Investigation Topics	
Achieved:	Ongoing:
Healthy Placemaking with a Focus on Childhood Obesity	Violence Against Women and Girls (VAWG): How to Tackle It (scheduled for the Panel’s approval – 21 st July 2026)

Updates / Presentations
Adult Social Care, Care Quality Commission (CQC) Improvement Programme – Quarterly Updates
North East and North Cumbria ICB Tees Valley update
Health Determinants Research Collaboration
Teeswide Safeguarding Adults Board (TSAB) - Annual Report
Director of Public Health Annual Report 2026
University Hospitals Tees, NHS Foundation Trust - Draft Quality Account

4.2 At the start of each municipal year, Scrutiny Panels are required to establish a work programme for the forthcoming year. This includes selecting topics for in-depth scrutiny investigations and noting standing updates and presentations that will be scheduled throughout the year.

4.3 As part of the process for developing the Panel's work programme, Democratic Services has undertaken a consultation exercise between 4 March 2026 and 8 May 2026. A number of scrutiny topic suggestions were received from Councillors, residents, officers, and other stakeholders. These are set out at **Appendix Two**. Members are advised that this list is not exhaustive and that additional topics may be proposed at the meeting.

4.4 In addition, at this meeting Members will receive overview presentations from the North East and North Cumbria Integrated Care Board, Public Health, and Adult Social Care. These presentations are intended to provide Members with an overview of key priorities, challenges, and areas of activity to help inform the selection of Scrutiny Investigation Topics and identify any areas where further overview presentations may be beneficial.

4.5 When considering topics for inclusion within the work programme, Members are asked to consider the following criteria to ensure that scrutiny activity is focused on areas where it can add value and have the greatest impact:

- Does the issue affect a large proportion of the Middlesbrough population or a specific area of concern?
- Is the issue strategic and significant?
- Will the scrutiny activity add value to the Council's overall performance?
- Is it likely to lead to effective and achievable outcomes?
- Does it avoid duplication of work undertaken elsewhere?
- Is it of concern to partners and stakeholders?
- Is it an issue of community concern?
- Are there adequate resources available to deliver the scrutiny activity effectively?
- Is the timing of the scrutiny activity appropriate?

4.6 A draft work programme for the 2026/2027 municipal year has been developed and is provided at **Appendix One** for Members' consideration. The draft programme outlines the proposed meeting schedule, including standing updates, key reports, and indicative timing for scrutiny investigations. This has been informed by previous work, statutory requirements, and service priorities.

4.7 Members are asked to consider the draft work programme alongside the suggested scrutiny topics at **Appendix Two**, the information provided through the overview

presentations, and any additional areas where further overview sessions may be required, in order to agree a finalised work programme.

5. Ward Member Engagement if relevant and appropriate

Ward Members were invited to submit topic suggestions as part of the consultation.

6. Other potential alternative(s) and why these have not been recommended

No other alternatives are put forward as part of the report.

7. Impact(s) of the recommended decision(s)

Topic	Impact
Financial (including procurement and Social Value)	Details of Financial impact (if any) will be dependent on recommendations made as part of a chosen review.
Legal	Details of Legal impact (if any) will be dependent on recommendations made as part of a chosen review.
Risk	Details of Risk impact (if any) will be dependent on recommendations made as part of a chosen review.
Human Rights, Public Sector Equality Duty and Community Cohesion	Details of Human Rights, Public Sector Equality Duty and Community Cohesion impact (if any) will be dependent on recommendations made as part of a chosen review.
Reducing Poverty	Details of Reducing Poverty impact (if any) will be dependent on recommendations made as part of a chosen review.
Climate Change / Environmental	Details of Climate Change / Environmental impact (if any) will be dependent on recommendations made as part of a chosen review.
Children and Young People Cared for by the Authority and Care Leavers	Details of Children and Young People Cared for by the Authority and Care Leavers impact (if any) will be dependent on recommendations made as part of a chosen review.
Data Protection	Details of Data Protection impact (if any) will be dependent on recommendations made as part of a chosen review.

Actions to be taken to implement the recommended decision(s)

Action	Responsible Officer	Deadline
Approved recommendations to be submitted to Overview and Scrutiny Board	Democratic Services Officer	

Appendices

1	Draft Work Programme for 2026/27
2	Suggested Scrutiny Topics for 2026/27

Background papers

Body	Report title	Date

Contact: Claire Jones

Email: claire_jones@middlesbrough.gov.uk

Adult Social Care and Health Scrutiny Panel – Draft Work Programme 2026-2027

Meeting Date:	Agenda Items:	Attendees
23 June 2026	<ul style="list-style-type: none"> • Overview – North East and North Cumbria Integrated Care Board • Overview – Public Health • Overview – Adult Social Care • Setting the Scrutiny Work Programme 	Director of Commissioning - Neighbourhood Health South, Tees Valley - North East North Cumbria Integrated Care Board Joint Director of Public Health, South Tees Corporate Director of Adult Social Care and Health Chair
21 July 2026	<ul style="list-style-type: none"> • Final Draft Report - Violence Against Women and Girls: How to Tackle It • Digital Inclusion in Adult Social Care • Artificial Intelligence Utilisation Plans in Adult Social Care 	Chair Prevention and Support Services Lead Officer Head of ICT and Digital
29 September 2026	<ul style="list-style-type: none"> • Topic One - Overview 	
27 October 2026	<ul style="list-style-type: none"> • Topic One – Further Evidence 	
24 November 2026	<ul style="list-style-type: none"> • Adult Social Care – Performance Framework • Tees Safeguarding Adults Board (TSAB) – Annual Report • Topic One – Further Evidence 	Corporate Director of Adult Social Care and Health Independent Chair, TSAB
22 December 2026	<ul style="list-style-type: none"> • Healthy Placemaking Review – Progress Update (6 month) • Final Draft Report – Topic One • Topic Two – Overview 	
19 January 2027	<ul style="list-style-type: none"> • Topic Two – Further Evidence 	
16 February 2027	<ul style="list-style-type: none"> • Topic Two – Further Evidence 	

16 March 2027	<ul style="list-style-type: none">• Violence Against Women and Girls: How to Tackle It – Progress Update (6 month)• Final Draft Report – Topic Two	Domestic Abuse Strategic Lead
19 April 2027	<ul style="list-style-type: none">• Director of Public Health Annual Report - 2027	Joint Director of Public Health, South Tees
May 2027 – Date TBC	<ul style="list-style-type: none">• Reserved for University Hospitals Tees, NHS Foundation Trust - Quality Account	

Suggested Scrutiny Topics 2026/27

Adult & Health Scrutiny Panel

Ref	Suggested Scrutiny Investigation Topic	Source	Council Plan 2026-29, Ambition and Aim
1	<p><u>A major-in-depth review in Mental Health Services Capacity.</u></p> <p>I understand this was last carried out in 2013-14, looking at what services exist locally, what community provision is sufficient, impact of reduced services, out-of-area placements and outcomes.</p> <p>The previous scrutiny on this topic was in 2011, with a report 'No Health without Mental Health'.</p> <p>The minutes of last year states the Panel explicitly recognises mental health as a major concern, but it wasn't picked for a topic to be explored.</p>	Councillor	<p>A Healthy Place – <i>Health outcomes for those with multiple vulnerabilities will improve.</i></p> <p>Safe and Resilient Communities – <i>All adults will be supported through strength-based practice to live the lives they choose.</i></p>
2	<p><u>Stigma</u></p> <p>Public Health South Tees are part of the National Challenging Stigma Pilot Programme (a two-year initiative led by Liverpool John Moores University and collaborators across UK universities). The programme aims to work with local areas to help reduce stigma towards people using alcohol and other drug use.</p> <p>Stigma remains a significant barrier to care and recovery for people who use substances and can be a major factor in keeping people trapped in the cycle of drug abuse. Stigma is also a significant issue in other areas - including access to sexual health services and other Council services such as welfare rights, social care and housing.</p>	Director of Public Health	<p>A Healthy Place – <i>Health outcomes for those with multiple vulnerabilities will improve.</i></p> <p>A Healthy Place – <i>Preventable illness and premature death will be reduced.</i></p>

	Scrutiny can take the learning from the National Programme and examine how stigma across health, housing and wider services is affecting outcomes and what staff training and support and engagement mechanisms exist in key services to mitigate the impact of stigma and what more needs to be done.		
3	<u>Unpaid Carers</u> How are unpaid carers being identified and supported effectively.	Officer	Safe and Resilient Communities – <i>We will improve access to advice and information for adults and informal carers.</i> A Healthy Place – <i>We will consistently promote the conditions for improved health and wellbeing to users of our services and their carers.</i>
4	<u>Smoking and Youth Vaping</u> How effective is the Council in reducing smoking and vaping locally. To look at prevention and enforcement.	Officer	A Healthy Place – <i>Preventable illness and premature death will be reduced.</i> A Healthy Place – <i>People will live healthier lives for longer, and health inequalities will be reduced.</i>
5	<u>Loneliness and Social Isolation</u> How effective is the Council in identifying and reducing loneliness among vulnerable residents.	Officer	A Healthy Place – <i>Health outcomes for those with multiple vulnerabilities will improve.</i> Safe and Resilient Communities – <i>We will continue to work with voluntary and community groups to improve the resilience of our communities.</i>
6	<u>Barriers to Immunisation Uptake</u> Explore barriers to immunisation uptake in Middlesbrough and how Public Health and partners are working to improve coverage.	Officer	A Healthy Place – <i>Preventable illness and premature death will be reduced.</i> A Healthy Place – <i>People will live healthier lives for longer, and health inequalities will be reduced.</i>

7	<p><u>Launch of Middlesbrough’s Social Care Strategy 2025-2035</u></p> <p>“Be Heard” – How effectively are residents influencing the design and delivery of Adult Social Care Services</p>	Officer	<p>A Healthy Place – <i>Adult Social Care Services will further develop early intervention and prevention services to reduce the need for social care assessment.</i></p> <p>A Healthy Place – <i>We will be closer to our communities and involve them in decision making</i></p>
8	<p><u>Continuing Healthcare</u></p>	Corporate Director of Adult Social Care & Health	<p>A Healthy Place – <i>Health outcomes for those with multiple vulnerabilities will improve.</i></p> <p>Delivering Best Value – <i>We will deliver affordable and cost-effective outcomes for residents through effective partnership working.</i></p>
9	<p><u>Section 117 protocols</u></p>	Corporate Director of Adult Social Care & Health	A Healthy Place
10	<p><u>Neighbourhood Health Management</u></p>	Corporate Director of Adult Social Care & Health	A Healthy Place
11	<p><u>Sensory loss services</u></p>	Corporate Director of Adult Social	A Healthy Place

		Care & Health	
12	<u>Hospital Discharge Services</u>	Corporate Director of Adult Social Care & Health	A Healthy Place
13	<u>Social Care Transport</u>	Corporate Director of Adult Social Care & Health	A Healthy Place

**MIDDLESBROUGH COUNCIL
ADULT SOCIAL CARE AND HEALTH SCRUTINY PANEL**

**PROPOSED MEETING SCHEDULE –
2026/2027 MUNICIPAL YEAR**

PURPOSE OF THE REPORT

To agree the proposed schedule of meeting dates for the Adult Social Care and Health Scrutiny Panel for the 2026/2027 Municipal Year, as follows:

Date	Time	Venue
23 June 2026	4pm	Mandela Room, Town Hall
21 July 2026	4pm	Mandela Room, Town Hall
29 September 2026	4pm	Mandela Room, Town Hall
27 October 2026	4pm	Mandela Room, Town Hall
24 November 2026	4pm	Mandela Room, Town Hall
22 December 2026	4pm	Mandela Room, Town Hall
19 January 2027	4pm	Mandela Room, Town Hall
16 February 2027	4pm	Mandela Room, Town Hall
16 March 2027	4pm	Mandela Room, Town Hall
19 April 2027	4pm	Mandela Room, Town Hall
May 2027 – University Hospitals Tees NHS Foundation Trust, Quality Account	TBC	Mandela Room, Town Hall

**COUNCILLOR JOHN KABUYE
CHAIR OF THE ADULT SOCIAL CARE AND HEALTH SCRUTINY PANEL**

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