

## OFFICER DELEGATED DECISION FORM

<b>State the Delegated Authority that you are relying on in order to make this decision:</b> e.g. specific (identified in constitution) or general
Officer delegated decision in accordance with 10.25.21 of the constitution.
<b>Subject of decision:</b> e.g. freehold disposal of land (16K-149K), contract extension, new policy
<p>The decision is to discontinue funding for Middlesbrough Environment City (MEC) beyond March 2026 for the Healthy Living, Nutrition and Food Poverty Grant. The Council committed to a 1-year funding agreement subject to satisfactory monitoring and evaluation of the services provided by MEC.</p> <p>The grant awarded to MEC for the Healthy Living work for 2025/26 is £69,691 and expires on 31<sup>st</sup> March 2026.</p> <p>The current grant arrangement will end on 31st March 2026, and no further funding will be provided under this grant arrangement.</p>
<b>Text of decision:</b> e.g. can include monies received by the Council, list any terms agreed, brief summary of the policy – Do not include any confidential information.
<p>Following a comprehensive review of the Healthy Living, Nutrition and Food Poverty Grant delivered by Middlesbrough Environment City (MEC) to ensure alignment with Council priorities and deliver best value, the delegated officer approves:</p> <ul style="list-style-type: none"> <li>• Discontinuation of MEC funding beyond 31st March 2026.</li> <li>• Notification to MEC that funding will not be granted after the current term ends.</li> <li>• Implementation of Option 3:               <ul style="list-style-type: none"> <li>○ Pause the grant to test and stimulate the market for a new provider allowing opportunity for other VCSE organisations to access grant funding and to contribute to local health outcomes.</li> <li>○ Strategic reset - an opportunity to pause and redesign the delivery model to better align with Council Plan priorities (poverty sprint, Healthy Weight Declaration, Good Food Local NE and PH Strategic Plan).</li> <li>○ Interim capacity building offer to VCSE organisations to upskill staff and volunteers in cooking, budgeting, and meal planning, creating sustainable community-led interventions and developing future potential providers.</li> </ul> </li> </ul> <p>The grant has been awarded to the same VCSE organisation for a significant number of years without market research or providing opportunities for other providers to bid, limiting opportunities and innovation in service delivery.</p> <p>To ensure alignment with Council priorities and deliver best value, the delegated officer approves:</p> <ul style="list-style-type: none"> <li>• Discontinuation of MEC funding beyond 31<sup>st</sup> March 2026.</li> <li>• Notification to MEC that funding will not be granted after the current term ends.</li> <li>• Implementation of Option 3:</li> </ul>

- Pause the grant to test and stimulate the market for a new provider allowing opportunity for other VCSE organisations to access grant funding and to contribute to local health outcomes.
- Strategic reset - an opportunity to pause and redesign the delivery model to better align with Council Plan priorities (poverty sprint, Healthy Weight Declaration, Good Food Local NE and PH Strategic Plan).
- Interim capacity building offer to VCSE organisations to upskill staff and volunteers in cooking, budgeting, and meal planning, creating sustainable community-led interventions and developing future potential providers.

**Reason for decision: e.g. benefits, new legislation requires a policy, review of opening hours, non- key decision, outside of agreed budget framework**

This is a non-key decision that supports a strategic reset, sustainability, and quality assurance, ensuring future interventions are impactful, inclusive, and evidence based.

The decision will:

- Pause the grant to allow market scoping and development of a refreshed delivery model aligned with the Council Plan and Public Health priorities.

**Other options considered (if any)**

Option 1: continue funding MEC Beyond March 2026

Benefits

- Maintains continuity for partnership and community relationships.
- Avoids disruption to service users engaged with MEC services.

Risks

- Limits ability to redesign the delivery model to better align with Council Plan priorities
- Limited evidence of evaluation and structured action plans.
- Financial risk with low return on investment (£69,691 grant not achieving core outcomes).
- Continued need for intensive public health oversight increasing resource burden on a small grant.
- Continuing to award the grant to the current VCSE provider, who has held it for a significant number of years, limits opportunities for other VCSE organisations to access funding and contribute to programme delivery.

Option 2: Tender for new provider

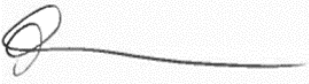
Benefits

- Opportunity to secure a provider with proven capacity and expertise in nutrition and food poverty interventions.
- Potential for improved accountability and performance monitoring through contractual obligations.
- Ability to set clear KPI's and service specification aligned with public health priorities.

Risks

- Time required for procurement and service development which could create a gap in service delivery after March 2026.
- Uncertainty around availability of providers with the required expertise in nutrition on food poverty interventions which may result in few or no suitable bids.

<p>Option 3: pause grant to scope new delivery model</p> <p>Benefits:</p> <ul style="list-style-type: none"> <li>• Strategic reset: opportunity to pause and redesign the delivery model to better align with Council Plan priorities (poverty sprint, Healthy Weight Declaration, Good Food Local NE and PH Strategic Plan).</li> <li>• Capacity building: strengthens VCSE organisations by upskilling staff and volunteers in cooking, budgeting, and meal planning, creating sustainable community-led interventions and developing future potential providers.</li> <li>• Scalable impact: trained facilitators can cascade knowledge within networks, creating a multiplier effect and reducing reliance on external providers.</li> <li>• Improved accountability: allows time to set clearer outcomes and monitoring frameworks before reintroducing funding.</li> </ul> <p>Risks:</p> <ul style="list-style-type: none"> <li>• Service gap: pausing the grant may lead to a temporary reduction in direct service provision, impacting current service users although this is a noncritical function.</li> <li>• Initial demand on staffing and financial resources to scope the market and develop a new capacity-building approach.</li> </ul>
<p><b>Has an Impact Assessment been completed Yes/No – if yes please attach to the decision.</b></p>
<p>Yes - Level 1 &amp; Level 2 Impact assessments completed (attached appendix 1 &amp; 2)</p>
<p><b>Declarations of Interest by any member or relevant local government body</b></p>
<p></p>
<p><b>Who have you consulted as part of the decision-making process e.g. Head of Service, Executive Member, Community Association, Surveyor?</b></p>
<p>Mark Adams discussed with LMT and The Mayor,</p>
<p><b>Date of decision</b></p>
<p>23 December 2025</p>
<p><b>Service area</b></p>
<p><b>Public Health</b></p>

<b>Name of Delegated Officer making decision - i.e. Officer who is designated the power in the Constitution</b>
<b>Mark Adams, Director of Public Health, South Tees</b> 
<b>Name of the Officer making the decision – if power has been sub-delegated to another Officer.</b>
<b>List of background papers (do not list if contain exempt/confidential information)</b>