Middlesbrough moving forward | **Executive Member**

EXECUTIVE MEMBER UPDATE TO COUNCIL

EXECUTIVE MEMBER: Councillor Julia Rostron - Executive Member for Adult Social Care

DATE OF MEETING: 09 September 2026

The purpose of this report is to provide an update to members on areas of activity within my portfolio including performance against strategic priorities.

COUNCIL PLAN PRIORITIES

- A Healthy Place
- Safe & Resilient Communities

1. Update:

1.1 Middlesbrough's Adult Social Care Academy

1.1.1 We have concluded our first term of the Adult Social Care Academy (referenced in July report to Council). The academy aims to strengthen our workforce capability, improve practice quality and embed continuous learning across Adult Social Care. Its founding principle is "from potential to practice – growing our own" in which we aim to nurture internal talent, build sustainability and reduce reliance on external recruitment.

1.1.2 Following the conclusion of the first term an evaluation has been undertaken to determine how participants found the experience and what could be learnt for future terms.

1.1.3 The evaluation outcome highlighted:

- 95% overall satisfaction with the course
- 95% of attendees would recommend the programme
- 85% felt their confidence has improved as a result of attendance
- 88% felt there was real value in the networking opportunity

1.1.4 Strengths were identified as having excellent facilitators, and a positive learning environment. Some improvement opportunities that were identified were having more practical examples and showcasing more stories of difference. Content of the academy programme for the autumn term will now reflect the improvement opportunities identified.

2. HIGHLIGHTS

Update:

2.1 Principal Occupational Therapist:

2.1.1 A **Principal Occupational Therapist (Principal OT)** is the most senior occupational therapy professional within a local authority, typically providing strategic leadership for occupational therapy services across adult social care, housing, health integration, and prevention services. While they may not usually hold a large caseload themselves, they are responsible for ensuring that occupational therapy expertise influences organisational strategy, service design, workforce development, commissioning, and practice standards.

2.1.2 Occupational therapists are uniquely trained to focus on what people **can do**, rather than what services they require. A Principal OT helps shift organisational culture towards:

- Prevention rather than crisis response.
- Independence rather than dependency.
- Enablement rather than long-term care provision.

2.1.3 This aligns directly with the Care Act's wellbeing principle and strengths-based practice. The Benefits are:

- Reduced demand for long-term care.
- Improved citizen outcomes.
- Better use of resources.

2.1.4 Whilst the authority is not mandated to have a Principal Occupational Therapist, we are exceptionally pleased that we have recently created and recruited to this position as part of the strategic direction to move toward prevention-based support. I am really pleased to welcome Amanda Sparrow into this critical post which will help shape the future of Adult Social Care, particularly in light of the national announcements linked to expediated reform.

2.2 National Plan to End Homelessness

2.2.1 The recently published national plan to end homelessness represents a significant opportunity to deliver a more coordinated and preventative approach to tackling one of the most pressing social challenges facing our communities. The plan recognises that homelessness is not solely a housing issue but is often linked to wider factors including poverty, mental ill health, substance misuse, domestic abuse, and a lack of appropriate support. It has an emphasis on prevention, early intervention, and partnership working.

2.2.2 The national plan provides a framework to strengthen local responses and improve outcomes for residents at risk of homelessness. This includes a focus on identifying people earlier, supporting individuals and families before a housing crisis develops, and ensuring access to suitable and affordable accommodation. The plan also recognises the importance of delivering person-centred services that address the underlying causes of homelessness rather than responding only when a crisis has occurred.

2.2.3 We welcome the commitment to closer collaboration between central government, local government, the NHS, and community organisations. Homelessness can have profound impact on health, wellbeing, employment, and community cohesion, and therefore requires a whole-system response. Integrated approaches that combine housing support with health, social care,

and employment services offer the best opportunity to support people to achieve sustainable independence and improve their quality of life.
We will be presenting our response to the national plan through our revised Homelessness Prevention and Rough Sleeper Strategy at Executive in October, which has been co-produced with individuals with lived experience.

2.2.4 In addition, as set out in the National Plan to End Homelessness, the government has committed to a national target to halve long-term rough sleeping by the end of this Parliament. There is a recognition that resolving rough sleeping is not solely a responsibility of councils as it requires a multi-agency approach which considers a person's health, wellbeing, and housing in addition to considering ways in which we can prevent people rough sleeping.

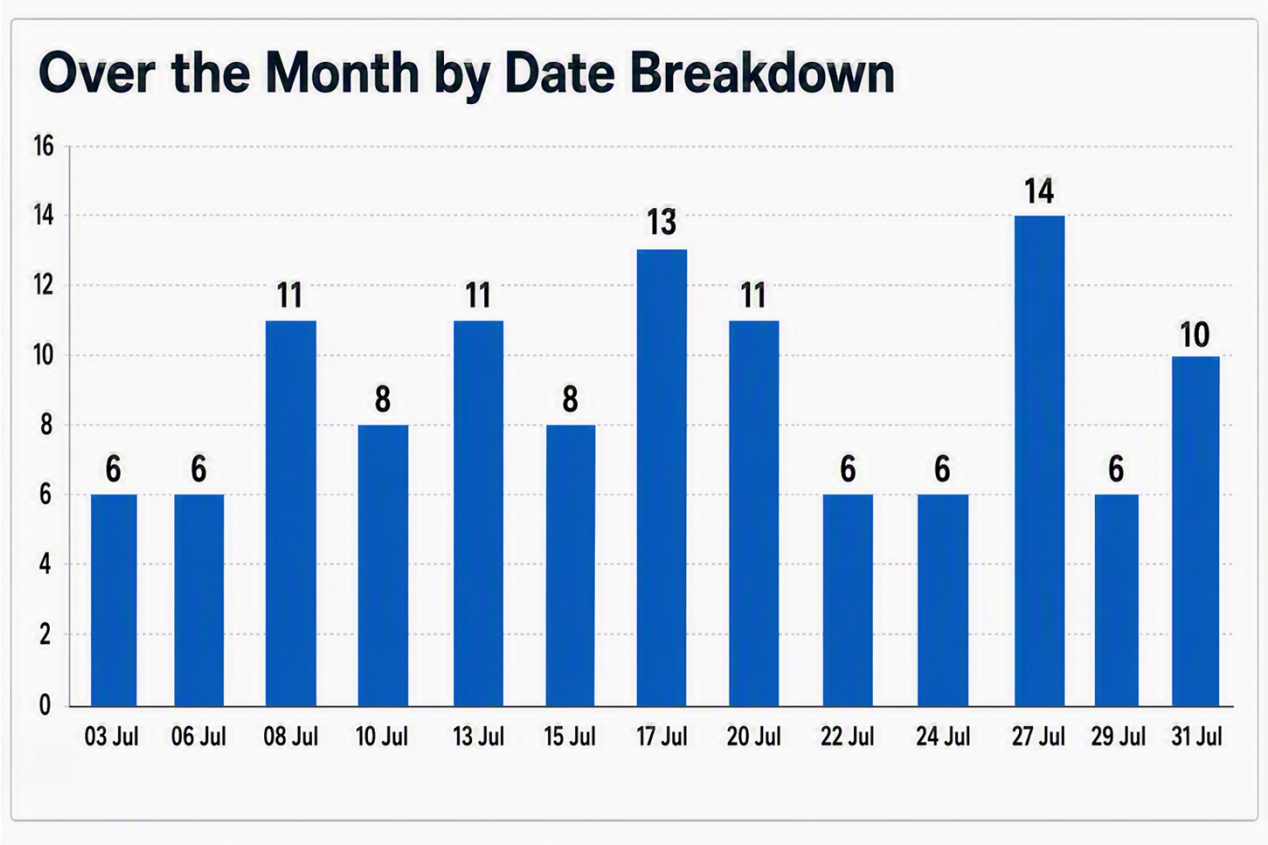
2.2.5 Middlesbrough has high levels of rough sleeping and as a result has been asked to develop a local Long-Term Rough Sleeping Partnership Plan that contributes to the national target. Plans must go beyond incremental improvements and identify ambitious improvements to the way that the systems supporting individuals with complex needs are working. This may include testing and embedding new and innovative ways of working, strengthening partnership delivery, and generating models of best practice that can be scaled and applied more widely. The Partnership Plan should align with and complement our homelessness strategy and form part of a wider action plan to improve performance against the Local Outcomes Framework (LOF) metrics relating to homelessness and rough sleeping.

2.2.6 Partnership Plans are expected to be collaborative and place-based, involving a wide range of partners, including commissioned and non-commissioned support providers, and partners from health, social care, housing, and community safety. Plans should be co-produced and co-signed by at least one Voluntary, Community and Faith Sector (VCFS) partner. Plans should also be signed off by the Health and Wellbeing Board and by a named senior lead from the Safeguarding Adults Board. In September, all partners will come together for a full day workshop to co-design Middlesbrough's Rough Sleeping Partnership Plan, which builds on dialogue already taking place at our Homelessness forum.

2.2.7 The partnership meeting will also afford the opportunity to discuss Middlesbrough's collective response to the Prime Ministers announcement that every rough sleeper will be offered accommodation this winter. Reference has been made to the response to rough sleeping during the covid pandemic called everybody in. This programme used a range of temporary accommodation (including hotels) to ensure people sleeping rough had a safe place to stay. Whilst it was successful in providing accommodation during the period of the pandemic, it was not the catalyst for change, and over time, many people supported returned to the streets, therefore the Plan will need to address a more sustainable response.

2.2.8 The Council has a Housing Solutions Rough Sleeper Team, that undertake multiple sweeps each week to both find, and engage with, all rough sleepers within Middlesbrough. As can be seen from the data below throughout the month of July 2026 the team have identified an average of 9 rough sleepers per each sweep undertaken. The same people will have been counted during the sweeps. Sweeps are undertaken early in the morning, and staff take the opportunity to

check on welfare, and provide advice and guidance. We have previously welcomed members whom have expressed an interest in attending a sweep to see the valuable work the team undertake.



2.2.9 Further data analysis and a detailed plan will from part of the Homelessness Prevention and Rough Sleeper Strategy, which is in development for October Executive, and will include the multi-agency approach locally to tackling rough sleeping.

3. THE TIME AHEAD

Update:

3.1 We are Social Care

3.1.1 Our annual "We Are Social Care Event" will be held on the 9th September in the Town Hall Crypt. This year's theme is "Making a difference every day". It will focus on the every day impact out staff have on people's lives, big or small and will shine a light on our improvements. This annual event is an opportunity to bring Adult Social Care staff together across the Directorate, celebrate the incredible work taking place across our services and hear inspiring stories from people with lived experience. In addition, there will be a performance from the wonderful Impact Drama Group.

3.2 Adult Social Care Reform

3.2.1 Recent announcements regarding social care reforms have renewed the focus on creating a more sustainable, person-centred care system that

promotes independence, prevention, and improved outcomes for people who draw on care and support. Alongside efforts to strengthen the adult social care workforce, improve integration with health services, and make better use of technology, there is increasing recognition of the need to involve citizens and communities in shaping future services. The Big Conversation has been launched which provides an important opportunity to engage residents, people with lived experience, carers, providers, and partners and the wider public in an open dialogue about the future of social care. A link to the Big Conversation is provided below and it would be appreciated if members can inform residents during ward surgeries of the opportunity to take part:

The Big Conversation on Care | The Casey Commission

3.2.2 Furthermore it is worth noting the ongoing Casey Review regarding the adult social care reforms has been expediated and will now report in 2027.