

Adult Social Care and Health Select Committee

A meeting of the Adult Social Care and Health Select Committee was held on Tuesday 22 September 2026.

Present: Cllr Marc Besford (Chair), Cllr Carol Clark, Cllr John Coulson, Cllr Lynn Hall, Cllr Jack Miller, Cllr Vanessa Sewell, Cllr Sylvia Walmsley

Officers: Angela Connor, Sarah Garside, Carol Malham, Sarah Medd, Carolyn Nice, Rob Papworth (A,H&W); Marie Carney, Fallon Dunleavy, Chris Renahan (R&IG); Martin Skipsey, Gary Woods (CS)

Also in attendance: None

Apologies: None

ASCH/34/26 Livestreaming

The Chair announced to those present that the meeting would be livestreamed.

ASCH/35/26 Evacuation Procedure

The evacuation procedure was noted.

ASCH/36/26 Declarations of Interest

There were no interests declared.

ASCH/37/26 Minutes

Consideration was given to the minutes from the Committee meeting held on 21 July 2026, with specific attention drawn to the following item:

- Healthwatch Stockton-on-Tees – Annual Report 2025-2026: Members were reminded of the additional information provided by Healthwatch Stockton-on-Tees (shared via email on 24 July 2026) in relation to how University Hospitals Tees (UHT) had made alterations following Healthwatch input / feedback, as well as evidence of Healthwatch's 'you said, we did' feedback which aimed to ensure that local people could see how it had informed the UHT programme.

AGREED that the minutes of the meeting on 21 July 2026 be approved as a correct record and signed by the Chair.

ASCH/38/26 Monitoring the Impact of Previously Agreed Recommendations - Reablement Service

Consideration was given to the assessments of progress on the implementation of the recommendations from the Committee's previously completed review of Reablement Service.

Presented by the Stockton-on-Tees Borough Council (SBC) Service Manager – Strategic Commissioning, this was the first progress update following the Committee’s agreement of the action plan in February 2026. Developments regarding those actions linked to the Committee’s recommendations deemed ‘fully achieved’ were highlighted as follows:

- Recommendation 2 (North Tees and Hartlepool NHS Foundation Trust (NTHFT) reviews its discharge processes to ensure that eligible individuals who are ready to leave hospital are made fully aware of local reablement provision and are referred to it upon discharge from hospital): A review (with representation from SBC and NTHFT) of Pathway 1 (Reablement) was completed on 5 February 2026, with the pathway (from admission to discharge) mapped out and agreed by all parties. All eligible individuals who were ready to leave hospital were made fully aware of local reablement provision and were referred to it upon discharge from hospital. All eligible patients requiring reablement were given the current leaflet from the Trust by volunteers. Daily discharge meetings between SBC and NTHFT continued.
- Recommendation 5 (Regarding the future local reablement offer, SBC:
 - a) provides a summary of any differences in the findings of the Peopletoo review and reablement-related commentary from the Care Quality Commission (CQC) following its late-2024 inspection of SBC adult social care services): A summary was discussed at the Steering Group in June 2026 and scheduled again for September 2026 (alongside preparation for the CQC inspection and sign-off of benefits tracker).
 - b) confirms further planned changes to existing service delivery (structures, workforce) and the funding required to support this, and provides assurance on appropriate training uptake for new and existing staff): A report on the proposed new structure for reablement was developed and agreed at Adult Social Care Senior Management Team on 21 May 2026, alongside changes to the way the Trusted Assessors would work in hospital to ensure people were directed to the most appropriate route.
 - c) explores whether any of its existing social care workforce outside the current SBC Reablement Service structure (e.g. Community Support Workers) can be utilised to increase staffing capacity for reablement provision): A working group had looked at the options for internal capacity for reablement and had identified that:
 - For people with a learning disability, autism and mental health, delivering enablement within the teams using community support workers was the most effective option. This was consistent with the discussions with Peopletoo (external consultants) who believed, from experience in other Local Authorities, this may be an option but were unable to provide evidence for SBC at the time. A pilot was currently underway to test the model.
 - For overnight support, to give people the opportunity to be discharged to / maintained at home rather than to / within a residential care setting, the contract for Care at Home had been used to commission a care provider to deliver out-of-hours support alongside SBC OneCall – this would go live in late-September 2026.

It was noted that the agreed actions in relation to the remaining six Committee recommendations were either still 'on track' (recommendations 1, 3, 6 and 8) or had 'slipped' (recommendations 4 and 7), with evidence provided on the progress to date.

Thanking officers for the action undertaken thus far, the Committee expressed some frustration over delays in progressing some of its recommendations, though acknowledged that this was, in part, due to recent changes in the SBC 'front door' arrangements. On this note, Members felt it would be useful to receive further feedback on how the front door review had led to recommendations 4 and 7 not being achieved by the agreed due date. In response, SBC officers stated that the Council's new front door arrangements were always scheduled to go live in October 2026, and that the reablement offer was a constantly evolving service which was being continually monitored (internally) on a weekly basis.

With regards recommendation 5, Members welcomed developments, though requested that further detail be shared with the Committee to understand what information had been considered by SBC to shape the present / future offer, as well as provide assurance that the workforce could meet demand. The importance of continuing to seek feedback from service-users was also stressed.

AGREED that:

- 1) the Reablement Service progress update be noted, the assessments for progress be confirmed as stated, and further information be provided as identified.
- 2) a further update on progress of outstanding actions be provided in approximately six months (prior to the end of the current four-year Council term in May 2027).

ASCH/39/26 SBC Adult Social Care Complaints Report 2025-2026

The Committee was presented with the Stockton-on-Tees Borough Council (SBC) Annual Social Care Complaints Report 2025-2026, an annual account which reviewed SBCs handling of complaints related to adult social care over the twelve-month period between 1 April 2025 and 31 March 2026. The report shared information about complaint themes and the learning taken from those complaints to improve the quality of social care services.

Introduced by the SBC Director of Adults, Health and Wellbeing, and supported by the SBC Assistant Director – Procurement & Governance and the SBC Assistant Director / PSW – Adult Social Care, reference was made to an accompanying summary document which highlighted key elements of the main annual report as follows:

- Overall Position: SBC Adult Social Care continued to operate in a challenging environment, receiving 16,143 requests for support, providing short-term support to 5,395 people, long-term support to 3,450 people, and undertaking over 4,000 reviews during the year. Despite this scale of activity, only 34 formal complaints were received, a slight reduction from 35 complaints in 2024-2025.

The report demonstrated a positive complaints culture, with complaints viewed as an important source of learning and service improvement rather than solely as a measure of dissatisfaction. Feedback had led to changes in practice, procedures, training and communication across several service areas.

- Key Performance Highlights: Data showed that:
 - Complaints reduced slightly from 35 in 2024-2025 to 34 in 2025-2026.
 - Over half of all complaints (56%) were resolved through Early Resolution (where staff made contact with the complainant to resolve an issue) compared with 46% in the previous year.
 - 90% of Early Resolution complaints were resolved within the target timescale.
 - No complaints were received regarding commissioned care services during the year, suggesting concerns were generally being resolved locally by providers before escalation.
 - Adult social care complaints considered by the Ombudsman did not require investigation because the Council had already acknowledged fault and implemented remedies.
- Complaint Themes: The most common complaint theme remained care planning and assessment (10 complaints recorded), with service accessibility and availability remaining unchanged at five complaints. An increase was noted in safeguarding-related complaints (rising from two to five) – the result of a change in how these were recorded to align with Care Quality Commission (CQC) themes. However, the report highlighted that learning from these cases had already been used to strengthen practice and improve processes.
- Complaint Outcomes: Of the 34 complaints received, 19 were resolved through Early Resolution, two were upheld in full, eight were partially upheld, four were not upheld, and one complaint remained active at year-end. Where fault was identified, remedies included apologies, reassessments, policy and procedural changes, staff guidance, improved communication and, where appropriate, financial redress.
- Learning and Service Improvement: The annual report evidenced tangible improvements as a result of complaints. Examples included:
 - Improved guidance and support around Court of Protection processes.
 - Better recording of legal information and appointment of a Deprivation of Liberty champion.
 - Enhanced consultation and communication during DoLS and Court of Protection processes.
 - Strengthened homelessness referral and follow-up procedures.
 - Refresher training and process improvements in deferred payment arrangements.
 - Improved communication with families regarding financial matters and information sharing.
 - Service changes following issues related to safeguarding, hospital discharge planning and advocacy provision.
- Compliments and Positive Feedback: A new compliments recording process was introduced following feedback from the CQC. Initial feedback demonstrated a highly positive picture of SBC Adult Social Care, with recurring themes including staff kindness, compassion and empathy; professionalism and expertise; good communication and listening; going above and beyond expectations; building confidence and independence; quick responses and co-ordinated support; making people feel safe and reassured.

- Ombudsman Performance: The Local Government and Social Care Ombudsman responded to 51 complaints and enquiries about the Council during 2025-2026, seven of which progressed to investigation (two related to adult social care). In both adult social care cases, the Ombudsman decided not to investigate because the Council had already identified the fault, provided an appropriate remedy, and implemented learning to prevent recurrence. This provided strong external assurance regarding the quality and robustness of the Council's complaint investigations and its willingness to put matters right.
- Key Priorities for 2026/27: The report identified eight priorities: Strengthen Early Resolution; Improve timeliness and performance monitoring; Further embed learning from complaints; Promote learning from compliments; Continue workforce training and awareness; Enhance the quality and consistency of complaint responses; Strengthen partnership working with health organisations; Maintain oversight and scrutiny arrangements.
- Conclusion: The 2025-2026 report presented a positive picture of SBC Adult Social Care complaint handling. Complaint numbers remained low relative to service demand, early resolution rates had improved, several complaint themes had reduced significantly, and there was clear evidence that feedback was driving meaningful service improvements. The Ombudsman's decision not to investigate the two Adult Social Care complaints further supported confidence in the Council's complaint handling arrangements. Overall, the report demonstrated a learning culture and a continued commitment to improving outcomes for residents through effective complaints management.

Thanking officers for the information provided, the Committee welcomed the low level of complaints received in relation to SBCs adult social care offer, the evidence of positive partnership-working which was benefitting those accessing services, and the learning which had emanated from complaints received by the Council. Members also commended the inclusion of compliments within the report, felt the value of the Rosedale Rehabilitation and Assessment Centre had been well recognised, and relayed praise from a local carer who had experienced local reablement provision.

The Committee queried if any issues had been raised around hospital discharge and multi-agency working matters but was informed that neither of these topics had emerged as one of the main complaint themes.

A separate 'Compliments Received into Adult Social Care' report was also shared with the Committee which reflected upon a new electronic compliments process that was introduced in October 2025 to systematically record, analyse and learn from the positive feedback received about SBC Adult Social Care services. The report summarised further progress made and compliments received from 1 April 2026 to date, and an accompanying presentation drew attention to the following:

- Background: A new system for recording compliments had been implemented, with real-time reporting (including a BI dashboard) developed, and a focus on compliment visibility across the service which helped learning and service improvement. 154 compliments had been recorded (April – September 2026).
- Key Messages: Strong positive feedback across SBC Adult Social Care, with most compliments relating to direct services (those actually providing the care). 85% of compliments were from people, families and carers, with 15% from professionals.

- Themes Identified: Emerging themes were in relation to compassion and kindness, person-centred support, professionalism and expertise, trusted relationships, and staff going above and beyond expectations.
- Impact: Examples were given of quotes praising the impact of the service they had received / experienced.
- Next Steps: SBC aimed to embed the compliments process, share learning from positive feedback, recognise excellent practice, and celebrate success.

Again, welcoming this focus on compliments, the Committee thanked the whole SBC Adult Social Care team for its hard work and echoed the notion that it was important to praise staff when their efforts had been recognised. Senior SBC officers noted that all individual staff members who earned a compliment for their work also received a personalised thanks from the SBC Director of Adults, Health and Wellbeing and the SBC Assistant Director – Adult Social Care / PSW. In addition, a letter to the units and direct care services (where an individual staff member was not named) giving thanks and recognising the number of compliments received was sent to services (for sharing on an annual basis) to celebrate success.

Regarding the number of compliments received, Members queried if SBC might not be recording some positive feedback on its offer, and also asked if any data for the 2025-2026 period was available for comparison. On the latter point, there was no previous statistical information as the Council did not have a system for formally logging compliments (though they were captured informally). On the former, it was likely that not all praise was being picked up, but, moving forward, SBC was attempting to capture this through its new system.

AGREED that the Stockton-on-Tees Borough Council (SBC) Annual Social Care Complaints Report 2025-2026, and the supplementary compliments report and presentation be noted.

ASCH/40/26 Tees Valley Care and Health Innovation Zone

Following the previous update at the last meeting in July 2026, the Committee received a further presentation on developments in relation to the Tees Valley Care and Health Innovation Zone, with specific focus on the role and achievements of the Stockton-on-Tees Borough Council (SBC) Care and Health Recruitment and Training Co-ordinator. Introduced by the SBC Assistant Director – Inclusive Growth and Development, and supported by the SBC Employment & Training Hub Manager and the SBC Care and Health Recruitment and Training Co-ordinator themselves, a presentation was given which covered the following:

- Creating the Workforce Needed for Future Growth (Why work, health and wellbeing matter to economic prosperity): Several benefits were highlighted – good health and wellbeing; people being able to access and sustain employment; higher skills, productivity and earnings; business growth and economic prosperity; increased household income and financial security; improved health, wellbeing and life chances.
- Supporting Workforce Growth (Focus on Care & Health): By creating pathways into health and care careers, workforce shortages were simultaneously addressed, improving employment outcomes for residents who may also face health

inequalities. This resulted in a virtuous cycle where better health, higher incomes and increased health literacy contributed to healthier families and communities over generations.

- Workforce Context and Opportunity: Of the Borough's population (circa 197,000), 120,000 were of working-age. Some 8.5% of residents were Managers, Directors and Senior Officials (higher than the North East average) and 35.6% were educated to degree level or above. However, 16.4% of the population were 'income deprived' and the Borough was the 50th most income deprived in the country (in the top 15%). 6.8% had no qualifications at all.

The overall rate of economic inactivity of working age residents was 27% (GB average was 21.4%). Low wages and low skills were particularly prevalent in certain labour market groups and locations, and the Borough had the second highest NEET (not in education, employment or training) rates in the country. These factors highlighted the importance of creating accessible pathways into health and care careers, particularly for young people, residents facing barriers to employment, and those seeking to progress their skills.

- Vision For The Tees Valley Care & Health Innovation Zone: A transformational place for health, care, skills and opportunity, which would create better connections (between Teesdale to Stockton and the wider Tees Valley), create jobs (estimated at 9,000) and deliver skills, tackle health inequalities, stimulate innovation (involving an Innovation Campus comprising academic research and medical school), and support sustainable and healthy places (e.g. community allotments).
- Supporting the Sector to Address Shortages & Creating a Talent Pipeline: The SBC Care and Health Recruitment and Training Co-ordinator played a key role in supporting employees, Tees Valley residents, and education providers across the whole Tees Valley footprint. This was achieved through 1:1 careers guidance, signposting people to education, training and qualification opportunities, supporting recruitment and retention by connecting people to employers, supporting workforce upskilling and career progression, supporting the development of the Tees Valley Care and Health Innovation Zone, and arranging events and raising the profile of the sector.
- Workforce Demographics, (Age) 2024/25 (working within the Adult Social Care Sector in England): Adult Social Care employed around 7,000 people in Stockton-on-Tees, with staff turnover at 20.7% (meaning around one-in-five workers left their employer each year, creating ongoing replacement demand). Approximately 60% of new starters were recruited from elsewhere within the care sector, meaning employers continued competing for experienced staff. The most frequently requested soft skills were communication, compassion / empathy, teamwork, resilience, reliability, and problem-solving.

Data (from Local Authorities and the independent sector only) showed an average of 7% of the Tees Valley workforce was under 25, highlighting an opportunity to attract the next generation of workforce to the sector.

- Role Impact: From April 2026 (when the SBC Care and Health Recruitment and Training Co-ordinator started their post) to July 2026, health and social care (HSC) activity facilitated via this role included 110 business engagements, 59 education engagements, 52 career support engagements (email / drop-in / telephone), and

61 1:1 support appointments. There had been 17 employment outcomes linked to events and programmes, and 15 residents had secured employment following 1:1 support.

- Delivering Impact Across the Sector: Further HSC-related activity since April 2026 included a career change event (26 attendees), a Dale Care event (attracting 174 job applicants), and a workforce survey launch and business engagements (providing valuable insights into local recruitment, retention and skills challenges). Other initiatives involved a HSC Youth Trailblazer (a four-day induction with 10 young people, with 10 transitioning to work placements), a HSC recruitment event (60 residents attending, along with 15 employers / education providers), and an NHS Foundation Apprenticeship Information Event (10 young people attended, with five from Stockton being supported to access Junior Healthcare Assistant roles).
- Health & Social Care Specific Youth Trailblazer (Targeting Youth Unemployment): This initiative aimed to attract young people into the HSC sector, support NEET individuals to develop skills, confidence and employability, provide hands-on experience and insight into HSC careers, create opportunities for young people while supporting future workforce needs in health and care, and improve pathways into qualifications, paid work placements, and sustainable employment.
- Priorities for 2026/27: Five key themes (with associated aims) had been identified – HSC Provider Recruitment Event, Education, Young People, Workforce Focus, and Raising the Profile of the Sector.

Thanking officers for highlighting the achievements of the SBC Care and Health Recruitment and Training Co-ordinator, the Committee praised the initial impact of the role and felt the challenge now was to upscale the numbers being supported, particularly in order to address the Borough's high NEET numbers. In response to a query on what happened to those who did not secure employment following 1:1 assistance, Members heard that individuals would continue to receive support and could also access other programmes offered by / via the Stockton-on-Tees Employment and Training Hub.

The Committee looked forward to learning the results of the workforce survey (seeking insights into local recruitment, retention and skills challenges) that was launched in June 2026 – SBC officers confirmed that feedback could be shared / brought to a future Committee meeting.

With reference to the HSC Youth Trailblazer initiative, Members asked if young people from outside the Borough were being attracted to events, particularly since some were transient across the wider regional / sub-regional area. It was stated that SBC was leading on this work on behalf of the Tees Valley and that there were no boundaries when it came to individuals seeking to get involved, with engagement taking place with employers throughout the Tees Valley. It was also confirmed that there were no updates in relation to funding around this initiative.

AGREED that the Tees Valley Care and Health Innovation Zone update be noted.

ASCH/41/26 Scrutiny Review of Protection of Property

The first evidence-gathering session for the Committee's review of Protection of Property considered initial information from the Stockton-on-Tees Borough Council (SBC) Adults, Health and Wellbeing directorate. Presented by officers from the SBC Adult Social Care department, information included:

- Legal definitions interpretation: The Council had a duty (under Section 47 of the Care Act 2014) to protect movable property where statutory conditions were met. This applied when an adult was having needs for care and support met in a way that involved the provision of accommodation or had been admitted to hospital (or both), there was a danger of loss or damage to the adult's movable property, the adult was unable (either temporarily or permanently) to protect or deal with the property, and no suitable arrangements had been made by others to safeguard the property.
- Reasonable steps: The Act did not define 'reasonable steps', though in practice, this meant proportionate actions necessary to prevent foreseeable loss or damage. Examples may include the securing of doors and windows, removing valuables and important documents to safe storage, arranging disposal of perishable items, ensuring utility issues or obvious hazards were addressed, and liaising with family, attorneys, deputies, or landlords. Section 47 permitted actions that were reasonably necessary to prevent or mitigate loss or damage.
- Movable property: Although not specifically defined within the Act, guidance provided to staff involved possessions that could be moved and were not part of the land or building. Examples include removal of money and financial documents, jewellery / medals / watches, furniture and personal belongings, legal documents (such as wills and funeral plans), and household contents. Visiting officers provided intervention necessary to protect the individual's interests, and were given guidance on what actions should be taken. However, for some items, the visiting officer needed to make a judgement on what was valuable.
- Identification of eligible individuals: Referrals were mainly from adult social work teams and, occasionally, health partners, with eligibility dependent on property risk and absence of other alternative suitable arrangements. An individual may fall within Section 47 where they had been admitted to hospital and could not manage their home, or they had moved (permanently or temporarily) into residential or nursing care, lacked capacity (or were otherwise unable to decide themselves), and there was no family member, attorney, deputy or other representative able and willing to protect the property.
- Support provided: The Council would arrange to gain authorised access to the property and ensure keys were secured (locks may be changed where necessary). Initial visits were made to take inventories and photographs of the property, checking any required maintenance and identifying any risks. The Adult Social Care Financial Services (ASCFS) team would address any repairs and see that valuables and documents were removed and stored securely in a designated safe. The visiting officers would record all actions for audit purposes (note: there was currently no system to capture this work, therefore folders on word documents, desktops and spreadsheets were utilised). Where possible, visiting officers would try to obtain consent when possessions had been removed and would seek authorisation to liaise with family members regarding disposal of remaining

contents. Following death of an individual who was having their property protected, the team would transfer items to executors who were next of kin.

- How long does the support continue: The legislation does not specify timescales, and support would normally continue until:
 - the adult resumed responsibility for their affairs
 - family, attorney or deputies took over arrangements
 - risk of loss or damage no longer existed
 - the property was emptied or disposed of appropriately
 - the person dies and items were transferred to their estate
- ASCFS capacity: The team covered a wide range of work (including management of appointee, court appointed deputy, deceased estates, and public funerals), and consisted of (full-time equivalent numbers in brackets) a Team Lead (1), Clerks (2.5), Finance Officer (0.8), Social Care Officers (1.5), Visiting Officers (2). The team currently managed 17 unoccupied properties and eight rented properties.
- Data on costs associated with this support: To be provided at the next evidence session for this review.
- How does the Council promote / raise awareness of this duty?: This was done through a combination of operational practice, professional networks, and staff development activities, with health partners made aware of the service and its referral pathways. Awareness was raised internally through staff training, professional guidance and learning events, including sessions delivered as part of the 'Festival of Learning'. The service was also supported by adult social care policies and procedures, which provided guidance to practitioners on when referrals should be made (note: as part of a review of these policies and procedures, the Council was considering opportunities to further strengthen awareness of this service, including refreshed guidance, communication materials, and engagement with key organisations).

The service benefitted from close working relationships with hospital discharge teams, social workers, and other professionals who may identify individuals requiring support to protect their property. Information was shared as part of case discussions, safeguarding and operational forums, and practitioner networks to ensure staff understood the Council's responsibilities and referral arrangements. This helped ensure vulnerable adults who met the criteria were identified at the earliest opportunity.

- Service evaluation – has it developed over time; is feedback sought from those whose property has been protected?: The service had developed over time in response to increasing number of cases and the need to ensure compliance with Section 47 of the Care Act 2014. Processes had been strengthened to include detailed inventories, photographic records, secure storage arrangements for valuables, and clear audit trails of action taken. The service also worked closely with social work teams, health partners, attorneys, deputies, executives, and family members (where appropriate).

At present, formal feedback from individuals whose properties had been protected was limited, as many people receiving the service may lack capacity, be in hospital, have moved to long-term care, or be deceased before the intervention

was completed. Informal feedback was received from people who used this service, family members, legal representatives, and professionals involved in cases. The service recognised the value of capturing feedback more systematically and would consider opportunities to develop a proportionate service evaluation process as part of the ongoing review of policies and procedures.

In response to the information provided, the Committee sought further detail on what happened when an individual, whilst having their property protected, passed away. Officers highlighted several actions, with an initial effort being to establish whether the person had a will or next of kin. If neither could be identified, social media appeals may take place, work could be initiated with genealogy companies, and a public health funeral may be required – however, this could all take significant time. It was emphasised that the Council did not wait for someone to die before trying to understand an individual's situation, with research commencing as soon as they began with the service.

On a wider level, it was noted that other Council departments (e.g. Environmental Health, Facility Services, Housing Services (Empty Homes Team)) were also involved as part of the local offer and, in reply to a further Committee query, it was confirmed that the weekly visits to properties were recorded. Members also asked if the best practice factsheets (referenced within the ASCFS webpage) could be shared with the Committee.

Noting differences in the way owner-occupied and rented properties were managed (either selling a property or ending a tenancy), it was stated that the team had established relationships with the larger local housing associations, with some demand also coming through private landlords.

AGREED that information provided by the SBC Adults, Health and Wellbeing directorate for the Committee's Scrutiny Review of Protection of Property be noted.

ASCH/42/26 Chair's Update and Select Committee Work Programme 2026-2027

CHAIR'S UPDATE

The Chair reminded Members of the forthcoming University Hospitals Tees (UHT) Annual General Meeting (AGM), details of which had recently been circulated to the Committee.

WORK PROGRAMME 2026-2027

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 20 October 2026 and was scheduled to include the first overview and performance report focusing on Stockton-on-Tees Borough Council (SBC) Public Health, the latest CQC / PAMMS quarterly update, and the annual Care and Health Winter Planning item. The next evidence-gathering session for the ongoing Protection of Property review would also take place.

Members were reminded of the following documentation which had recently been circulated to the Committee:

- University Hospitals Tees (UHT): Following a request by the Tees Valley Joint Health Scrutiny Committee at its last meeting in July 2026, UHT had provided further information in relation to waiting lists and cancer performance.
- Care Quality Commission (CQC): Further to the publication of the latest Adult Inpatient Survey (2025) by the CQC in August 2026, results for North Tees and Hartlepool NHS Foundation Trust (NTHFT) were relayed.

AGREED that the Chair's Update and Adult Social Care and Health Select Committee Work Programme 2026-2027 be noted.

Chair: