

## ADULT SOCIAL CARE AND HEALTH SCRUTINY PANEL

<p><b>Date:</b> Monday, 8 September 2025  <b>Time:</b> 5.00 pm  <b>Venue:</b> Mandela Room, Town Hall</p>
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### 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 22 July 2025 3 - 4
5. Communications with South Tees Hospitals NHS Foundation Trust  
  
Councillor Coupe will provide a verbal update as a member of the Trust's Council of Governors.
6. Health Determinants Research Collaboration 5 - 14  
  
The Senior Organisational Development Business Partner for HDRC South Tees will deliver a presentation: 'HDRC South Tees: Embedding a Positive Research Culture in Local Authority'.
7. Care Quality Commission (CQC) September Update 15 - 24  
  
The Director of Adult Social Care and Health Integration will present the CQC September update.
8. Scrutiny Topic Overview - 'Healthy Placemaking Across the Life Course with a Focus on Children and Young People' 25 - 34  
  
The Health Improvement Manager for Public Health South Tees and the Program Director for 'You've Got This' will be in attendance to provide an introduction to the Panel's new

scrutiny topic; there will be a focus on childhood obesity.

Following the presentation, Members will be asked to consider the next steps for the review.

9. Overview and Scrutiny Board Update
10. Date and Time of Next Meeting - 20 October 2025 at 4.00 p.m.
11. Any other urgent items which in the opinion of the Chair, may be considered.

Charlotte Benjamin  
Director of Legal and Governance Services

Town Hall  
Middlesbrough  
Friday 29 August 2025

#### MEMBERSHIP

Councillors J Kabuye (Chair), D Coupe (Vice-Chair), J Banks, D Branson, D Jackson, M McClintock, T Mohan, S Platt and Z Uddin

#### **Assistance in accessing information**

**Should you have any queries on accessing the Agenda and associated information please contact Claire Jones / Rachael Johansson, 01642 729112 / 01642 726421, [claire\\_jones@middlesbrough.gov.uk](mailto:claire_jones@middlesbrough.gov.uk) / [rachael\\_johansson@middlesbrough.gov.uk](mailto:rachael_johansson@middlesbrough.gov.uk)**

**ADULT SOCIAL CARE AND HEALTH SCRUTINY PANEL**

A meeting of the Adult Social Care and Health Scrutiny Panel was held on Tuesday 22 July 2025.

**PRESENT:** Councillors J Kabuye (Chair), D Branson, D Coupe (Vice-Chair), D Jackson, M McClintock, T Mohan, S Platt and Z Uddin

**OFFICERS:** L Cook, L Grabham, C Jones and C Lunn

**APOLOGIES FOR ABSENCE:** Councillors J Banks

25/7 **WELCOME AND FIRE EVACUATION PROCEDURE**

The Chair welcomed all attendees to the meeting and explained the fire evacuation procedures.

25/8 **DECLARATIONS OF INTEREST**

Name of Member	Type of Interest	Item / Nature of Business
Cllr David Coupe	Non-Pecuniary	Councillor-Governor, South Tees NHS Trust

25/9 **MINUTES- ADULT SOCIAL CARE AND HEALTH SCRUTINY - 1 JULY 2025**

The minutes of the Adult Social Care and Health Scrutiny meeting held on 1 July 2025 were submitted and approved as a correct record.

25/10 **SETTING THE SCRUTINY WORK PROGRAMME 2025/26**

The Democratic Services Officer submitted a report, the purpose of which was to assist Members in considering and agreeing the Panel's work programme for the 2025/2026 Municipal Year which should include two Scrutiny Investigation Topics and various standard updates.

As part of the process for establishing the Panel's work programme, Democratic Services gathered information and views from a number of sources. Following an annual consultation exercise which ran between 3 April 2025 and 9 May 2025, several topics were suggested by Councillors, residents, officers, and other stakeholders which were listed in Appendix One. Members were advised that the list was not exhaustive and that additional topics could be added and considered by members at the meeting.

It was agreed, following discussion, that one topic related to health and one related to adult social care would be selected for scrutiny.

Upon reviewing Appendix One, Members raised concerns about obesity levels in the town (specifically childhood obesity), the influence of unhealthy food advertising and mental health issues. In light of these concerns, the topic 'Healthy Placemaking Across the Life Course, with a Focus on Children and Young People', was identified as addressing these issues and was selected as the first scrutiny topic.

Members also expressed concerns around children's dental health, leading to a discussion about the possibility of a joint review by both the Children's Scrutiny Panel and the Adult Social Care and Health Scrutiny Panel. The Panel was informed that a review of dental health had been conducted by the Health Scrutiny Panel in 2023/24 and it was resolved that the matter would be brought to OSB's attention through the Chair's update.

A discussion was held regarding domestic abuse. The Director of Adult Social Care and Health Integration emphasised that this remains of high priority for the department and reminded members of the recent Council motion on tackling violence against women and girls. It was agreed that 'Violence Against Women and Girls: How to Tackle It' would be selected as

the second scrutiny topic.

The regular updates were also noted to be included in the programme as follows:

- Quarterly Monitoring of the Care Quality Commission (CQC) Improvement Plan Teeswide Safeguarding Adults Board (TSAB) - Annual Report
- Director of Public Health, Annual Report
- Updates from the Tees Valley Joint Health Scrutiny Committee
- South Tees Hospitals NHS Foundation Trust - Draft Quality Account
- Tees, Esk and Wear Valleys NHS Foundation Trust - Draft Quality Account

A Member raised the issue of service coordination within Adult Social Care, which had been discussed at a previous Panel meeting. It was agreed that an update be scheduled and brought back to the Panel.

**AGREED** as follows that:

1. The information provided was received and noted.
2. The topics, 'Healthy Placemaking Across the Life Course, with a Focus on Children and Young People' and 'Violence Against Women and Girls: How to Tackle It' be submitted to the Overview and Scrutiny Board for approval.

25/11

**DATE AND TIME OF NEXT MEETING - MONDAY 8 SEPTEMBER, 5PM**

A discussion took place around the start time of Adult Social Care and Health Scrutiny meetings.

**AGREED** that where possible, future meetings of the Adult Social Care and Health Scrutiny Panel would commence at 4pm.

25/12

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

A Member updated the Panel on a meeting between some former Members of the People Scrutiny Panel and representatives from South Tees NHS Trust which followed the Trust's presentation of its Quality Account at a previous People Scrutiny Panel meeting.

Members had met with the Chief Executive, Director of Communications and the Chairman of the Trust to discuss concerns regarding preventable deaths, patient experience including carparking and various national comparative statistics which were only covered briefly during the Quality Account presentation.

The Member highlighted the constructive atmosphere of meeting and informed the Panel that the representatives expressed a willingness to engage with the Panel on a regular basis. It was noted that such ongoing dialogue would be particularly valuable in the context of changes within the North and South Tees Hospital Group, developments in partnership working and the evolving role of the ICB.

Following a Member's suggestion, it was agreed that the Chair and Democratic Services Officer would look at further developing communication links between the Panel and the Trust.

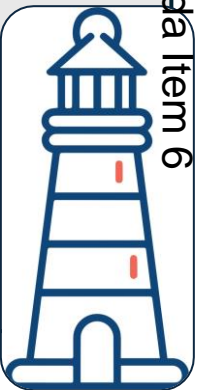
# HDRC South Tees: embedding a positive research culture in local authority

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Rachel Summerhill, Senior Organisational Development Business Partner

Hayley Cotson, Organisational Development Business Partner

Agenda Item 6



# Health Determinants Research Collaboration

- Funded by the National Institute for Health and Care Research (NIHR)
- HDRCs boost research capacity and capability within local government and embed a culture of evidence-based decision making
- Our focus is on wider determinants of health and tackling health inequalities
- HDRC South Tees is
  - one of 30 funded across the UK
  - a collaboration between Redcar and Cleveland and Middlesbrough Councils and Teesside University



### Research support process & coordination

Facilitating research  
collaboration:

- ★ Contact form
- ★ Research co-ordinators
- ★ Matchmaking'

### Organisational development

Embedding research and  
building research capacity:

- ★ Sandpits
- ★ Training
- ★ Incorporate research into  
LA processes and practices
- ★ HDRC Ambassadors

### Creating a research ecosystem

**Light touch system of  
managing research in LA**

- ★ **Governance**
- ★ **Ethical**
- ★ **Robust**

### The Community-based Research Programme

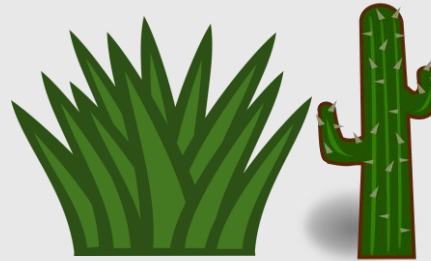
- ★ Delivered by Redcar  
and Cleveland Voluntary  
Development Agency
- ★ 10 Community based  
researchers trained in  
research methods
- ★ Identify research  
questions of importance  
to disadvantaged  
communities



## Adopting Ecosystem thinking



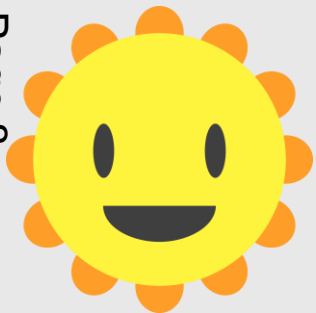
**Confront culture  
killers**



**Be clear on what we're trying to grow**



**Upskill in the right  
places**



**Provide positive  
solutions**



**Give space and the right platform to  
try new things**



**Know the right conditions for people  
to thrive**



**Celebrate successes  
and value ideas**





## ODs areas of focus for a positive research culture

### Building awareness of the value of research

- Corporate & local inductions
- Social Work academy training plans
- Appraisals and performance review frameworks
- Delivering cross-org sandpit sessions throughout org

### Learning events and resources

- Growing talent across all directorates
- Delivering high quality training to unlock research potential for all colleagues across the organisation
- Championing and developing those who already use research practices in their services
- Routes to research

### Taking elected members on the journey

- Establishing a working group to encourage collaborative working for mission and goals of programme
- Joining forces with community-based researchers
- Understanding how research and evidence can shape decision making and scrutiny

### Engaging leaders and promoting sustainable outcomes

Providing a range of mechanisms to facilitate increased engagement and confidence in senior leadership to inform future research and using existing evidence more confidently.

Identifying champions at senior level to advocate for better use of research when making decisions

**We're dedicated in ensuring relationships are developed through understanding barriers and offering opportunities to colleagues and partners at all levels.**



# MH Research Cases: Routes to Rights [0044]

Title: **Routes to Rights: Evaluating a system response to social welfare needs**

HWB Ref: LW1 / LW6, LW10 / AW1 / DW1

Status: Submitted

## Overview:









- The proposal makes the best use of available services and agencies through a 'shoulder-to-shoulder' peer approach to mobilising a more informed workforce and connecting services through shared learning.

## Mental Health Focus:

- Reduce levels of harmful debt through advice and support around available benefits
- Increase community cohesion, resilience and engagement through joined-up working and shared learning
- Improve outcomes for inclusion health groups by improving advice and support offered to those approaching the end of life or with life-limiting illnesses
- Reduce loneliness and isolation by working with individuals to ensure they receive all the support available to them
- Improve end-of-life care



# MH Research Cases: Routes to Rights [0044]

Principal Investigator (PI)	Co-applicant – Original Idea	Co-applicant
<p>Prof Hannah Hesselgreaves Professor of Public Service Reform and Director of PERU</p> 	<p>Dr Colette Hawkins Academic Palliative Care Consultant</p> 	<p>Dr Madeline Carter Assistant Professor, Organisational Psychologist</p> 
Co-applicant	Co-applicant	Co-applicant
<p>Prof Mark Smith Visiting Professor of Public Service Innovation</p> 	<p>Prof Paul Crawshaw Professor in Public Policy</p> 	<p>Dr Mandy Cheetham Assistant Professor</p> 
Co-applicant – LA	Co-applicant Lived Experience	Facilitator
<p>Mark Adams Director of Public Health</p> 	<p>David Black Lived Experience Experts</p>	<p>Abby List Research Coordinator</p> 



## 2.MH Research Cases: Dementia Diagnosis [0075]

Title: **Exploring the barriers to accessing health services and diagnosis of dementia in the South Asian community in Middlesbrough**

HWB Ref: AW1 / AW2 / AW3

Status: In Progress

Overview:












- Working with the South Asian communities in Middlesbrough to explore the reason for low dementia diagnosis rates, as well as raising awareness and education

Mental Health Focus:

- Reducing loneliness and isolation through awareness of the support available
- Ensure our communities are dementia-friendly through education, training and awareness



# MH Research Cases: Dementia Diagnosis [0075]

<b>Dr Catherine Parker</b> Public Health Consultant  	<b>Emma McInnes</b> Health Improvement Specialist  	<b>Aliyah Akhtar</b> Service Manager  	<b>Sarah Dallal</b> Strategic Lead for Equality, Diversity and Inclusion  
<b>Dr Ventatesh Muthukrishnan</b>  	<b>Idrees Rashid</b> BME Network Coordinator  	<b>Jane Rogers</b> Team Manager  	<b>Shazia Noor</b> Director  Nur Fitness
<b>Dr Ahmad Khundakar</b> Senior Lecturer  	<b>Matthew Ford Higgins</b>  	<b>Dr Andrew Divers</b> Community and Ethics Lead  	<b>Abby List</b> Research Coordinator  



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# CQC Report – September Update

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# Recap

- LAIR (local Authority Inspection return ) submitted 11th June
- Onsite inspection- end Oct 2024
- Draft report – 11th Dec 2024
- Final report - 21<sup>st</sup> February 2025
- “Requires Improvement”

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# Overarching Summary

## Areas for Improvement

- **Significant waiting** times are impacting on peoples outcomes, including for those waiting for a planned review.
- **Unpaid carers** – large waiting lists, lack of communication
- **Housing availability** – particularly for those presenting as homeless / and people who required accessible adapted accommodation.
- **Equality, diversity and inclusion** was not embedded at a strategic level – no clear strategy on how we engaged with all communities
- **No defined plan around “co-production”**. Providers did not feel involved in “co-production”
- **Lack of assurance at CEO level** with regard to obligation's relating to the Care Act and safeguarding
- **Lack of ownership corporately with regard to ASC** – though signs this is changing
- **Scrutiny & Data** – data development n early stages, there is a need to create process to share with frontline staff. Gaps in data were noted.

# What are we Doing About It

- We have developed a Directorate Improvement plan which incorporates:
  - CQC Improvement Actions
  - Audit Actions
  - Actions from Peer reviews
  - BAU identified improvements.
  - Corporate Projects / Savings – Levick

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## Performance Management Framework

- Key Indicators that tell us how well we are doing
- Reviewing and understanding our data

Underpinned by a robust process for monitoring progress.

# Themed Improvement Plan Actions

- **Adult Social Care Vision & Strategy** – 10 year strategy with annual delivery plan
    - Draft strategy prepared – for consultation with key stakeholders
  - **Co-Production**
    - Commissioned support – Healthwatch
    - User experience across all we do.- process being developed to gather feedback
  - **Housing**
    - Working with strategic colleagues – new Head of Housing Post now in place
    - Working with housing providers linked to our Market Position Statements to expand specialist housing options to meet social care need, and general housing options linked to homelessness.
- Strength based Approach**
- Embedding the 3 C model where appropriate – the strength based working has concluded 2 innovation sites and will be rolled out to directorates from 1<sup>st</sup> October.
- **Workforce Development**
    - Developing our workforce strategy / workforce planning / training
    - Implementing Tri.X
    - Choose to stay interviews with agency workers
  - **EDI**
    - Diverse by Design – workforce & communities – current focus is on workforce linked to workforce development strategy
    - Implementing the Workforce Race equality Standards

# Improvement Actions

- Strengthening relationships with Health incl Public Health
- Progressing neighbourhood working
  - Link to Corporate Transformation Plans – currently designing how this would work for ASC as the pilot
- Promotion of Adult Social care
  - Website review
  - Celebrating the good news
  - Improving communication / Social Media?
- Focus on unpaid carers –review process / assessment / support / awareness raising
  - Working with Redcar Carers together to consider change in process
- Practice
  - Waiting lists / Resources – temporary staff to progress back logs
  - Assessments – two Innovation sites concluded for three conversations
  - Reviews – Modelling work in progress to match resources to new model
  - Access to OT / Home Adaptations – temporary staff to work on the 15 week waiting time.

# Improvement Actions

- **Preparing for Adulthood – working with Children’s services**

- Working group to be set up to begin to understand the demand flowing through

- **Digital**

- Digital Inclusion for our users / carers
- Exploration of wider digital support opportunities
- Magic Notes – trial completed and being rolled out to wider Directorate

- **Reablement First Ethos**

- Review of reablement in progress with current development of improvement action plan

## **Homelessness**

- Prevention and support – Additional support completing review of the ACT service – including mapping resources against demand.
- Transformation programme customer model has been processing mapping the customer journey through homelessness

### Note

Permanent Director of Adult Social Care Recruited

Clear lines of accountability through to the CEO

Appointment of new lead member of Adult Social Care

# Monitoring our Progress

- There's a lot to do – some actions from CQC we did not agree with – and the work demonstrates we are doing things well
- Not everything can / will be done at once – any change needs to be carefully managed.

Communication is key

Report to DHSC – 10 day response + quarterly updates – 3<sup>rd</sup> update has been submitted

- Quarterly reports to Adult Social & Care Scrutiny Panel
- Directorate Improvement Plan
  - Monthly Board to oversee progress / address barriers / make decisions
- Change Board
  - Monthly for initiatives linked to Health / wider system
  - Changing Health Landscape

# Any Questions?



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# Healthy Placemaking Health Scrutiny

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**Lindsay Cook, Health Improvement Manager, Public Health South Tees**  
**Mark Fishpool, Programme Director, You've Got This**

Agenda Item 8



## Living with Obesity

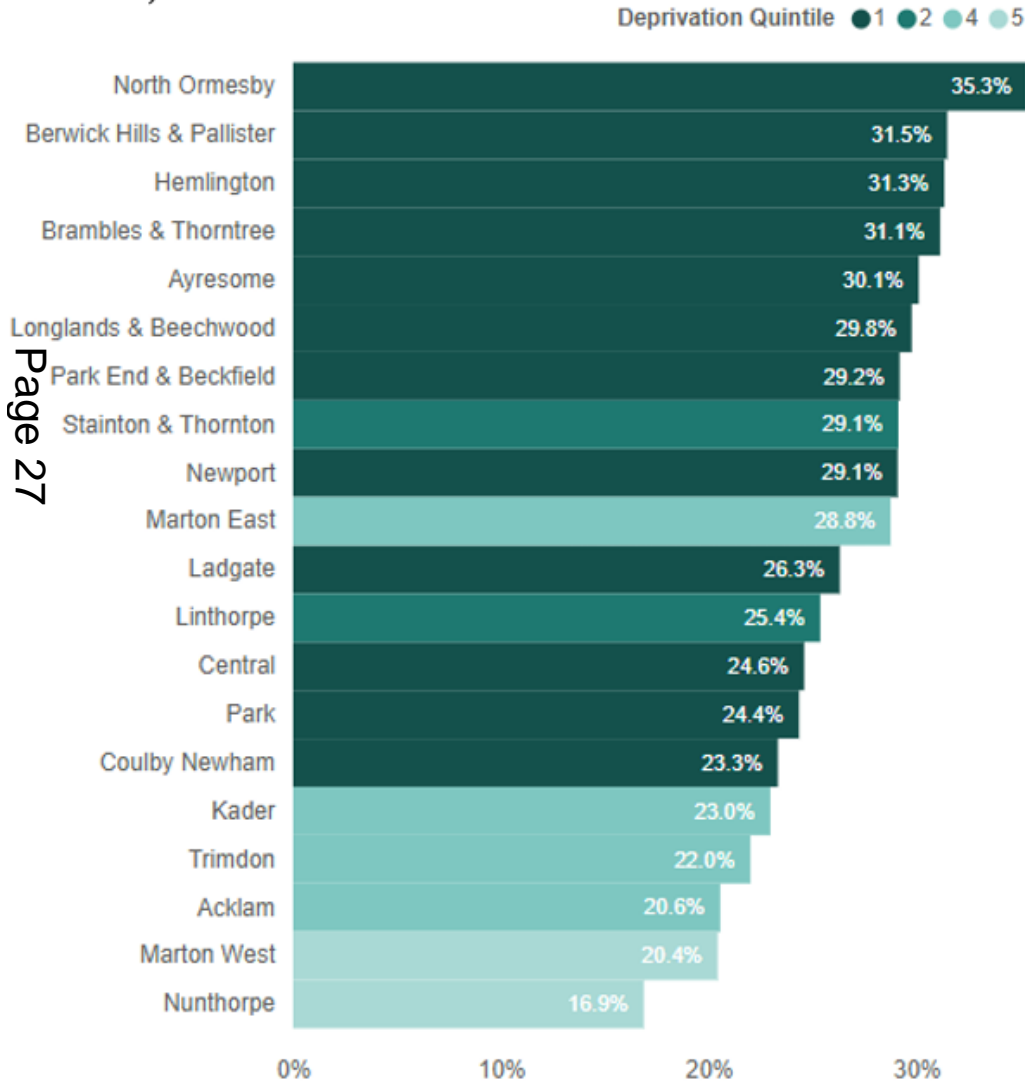
Year	Indicator	Middlesbrough	North East	England
23/24	Reception prevalence of obesity/severe obesity (4-5yrs)	13.8%	10.8%	9.6%
23/24	Year 6 prevalence of obesity/severe obesity (10-11 yrs)	25.6%	24.5%	22.1%
23/24	Overweight/obese adults	71.4%	70.4%	64.5%
23/24	Physically active adults (150mins+ per week)	61.1%	64.5%	67.4%

- Obesity **reduces** life expectancy and **increases morbidity** including cardiovascular disease, type 2 diabetes, at least 12 types of cancer and poor mental health.
- Evidence overwhelmingly suggests that obese children are **significantly more likely** to become obese adults, increasing their risk for long-term health problems like heart disease, diabetes, and certain cancers.
- NHS costs of obesity estimated **£6.5 billion per year**, nationally.
- Wider societal costs (loss of productivity, social care, etc.) estimated at **£58 billion per year**.
- Contributes to **16 million days** of sickness absence in UK.
- Influencing factors of **wider determinants of health** – not just individual choices.

# NCMP by levels of deprivation

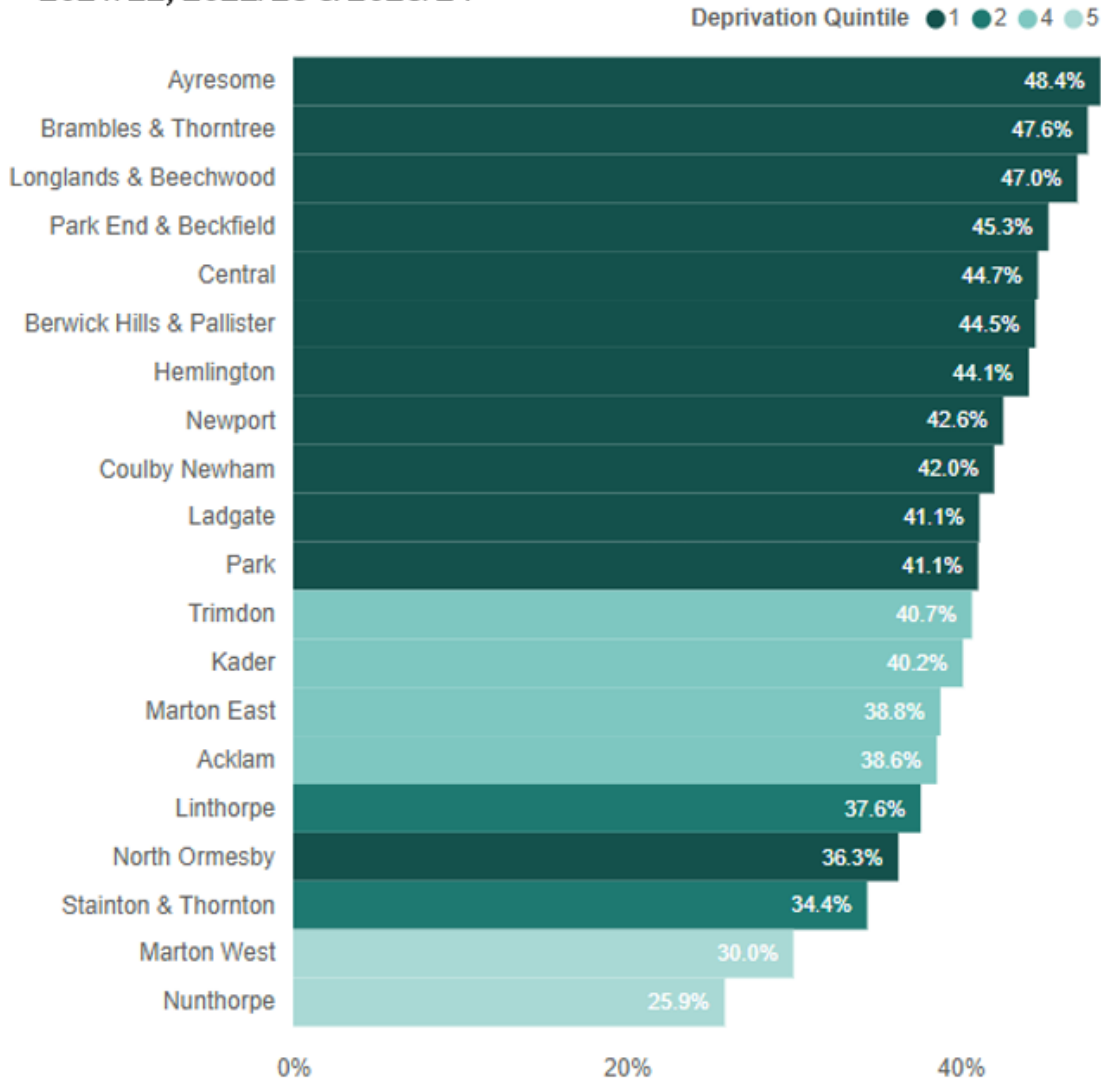
## Reception - Overweight & Obese Pupils (%)

2021/22, 2022/23 & 2023/24

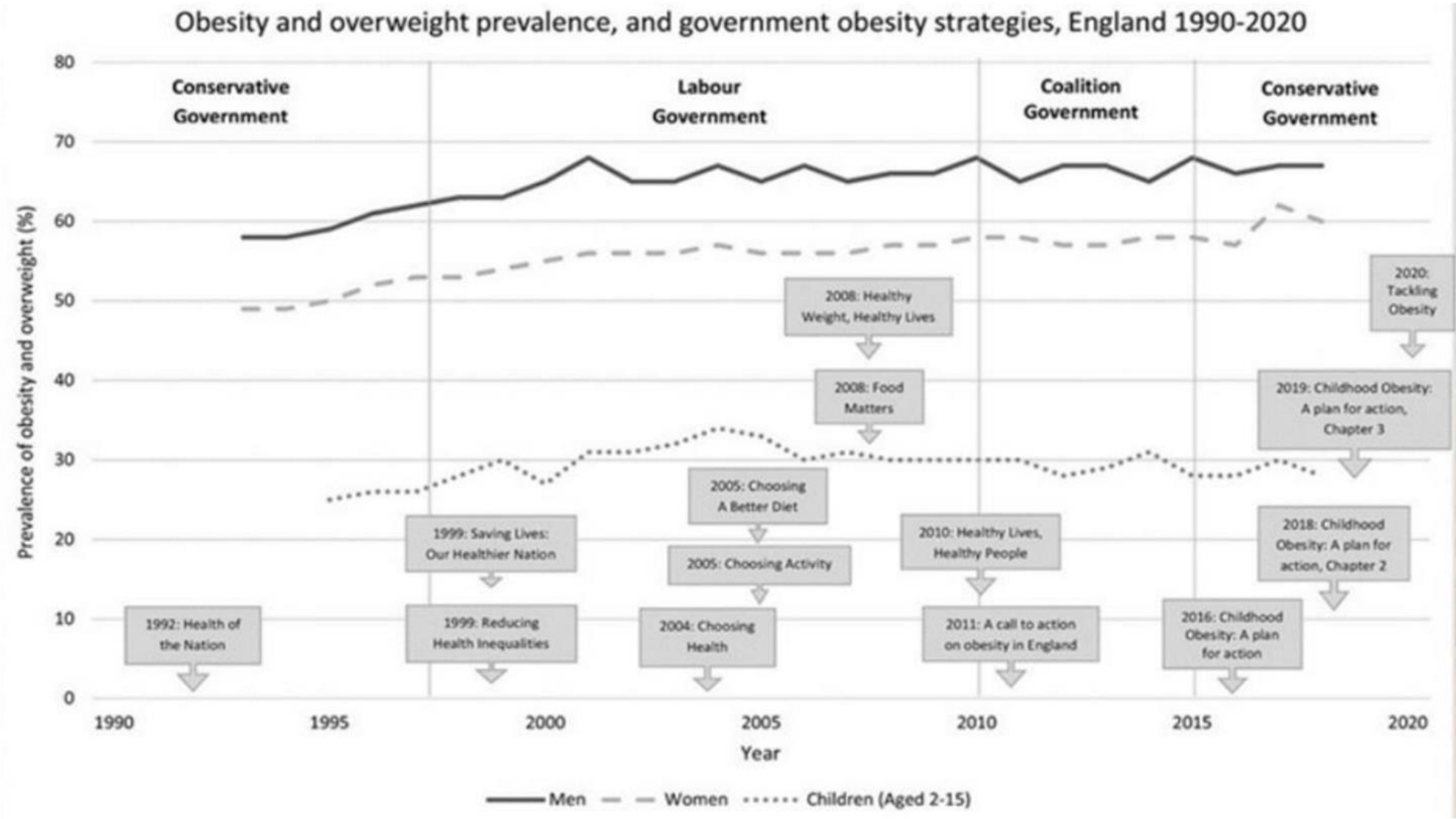


## Year 6 - Overweight & Obese Pupils (%)

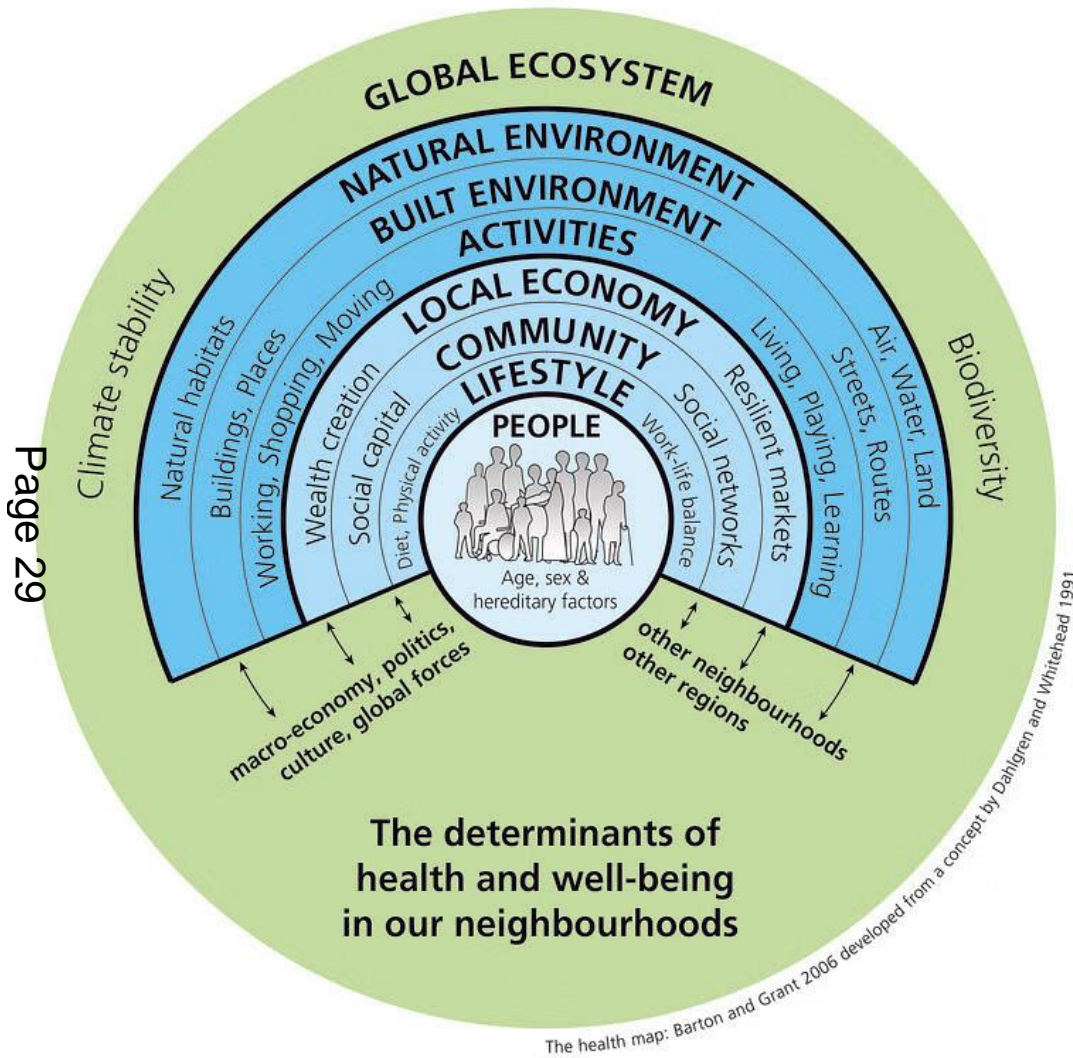
2021/22, 2022/23 & 2023/24



# National Context



## *Health is made at home, hospitals are for repairs*






People's **opportunities for health** are influenced by factors outside of the health and social care system.

They lie in the circumstances in which people are born, grow, live, work, and age: the **social determinants of health**.

These are the **'causes of the causes'** of ill health and they can enable individuals and societies to flourish, or not.

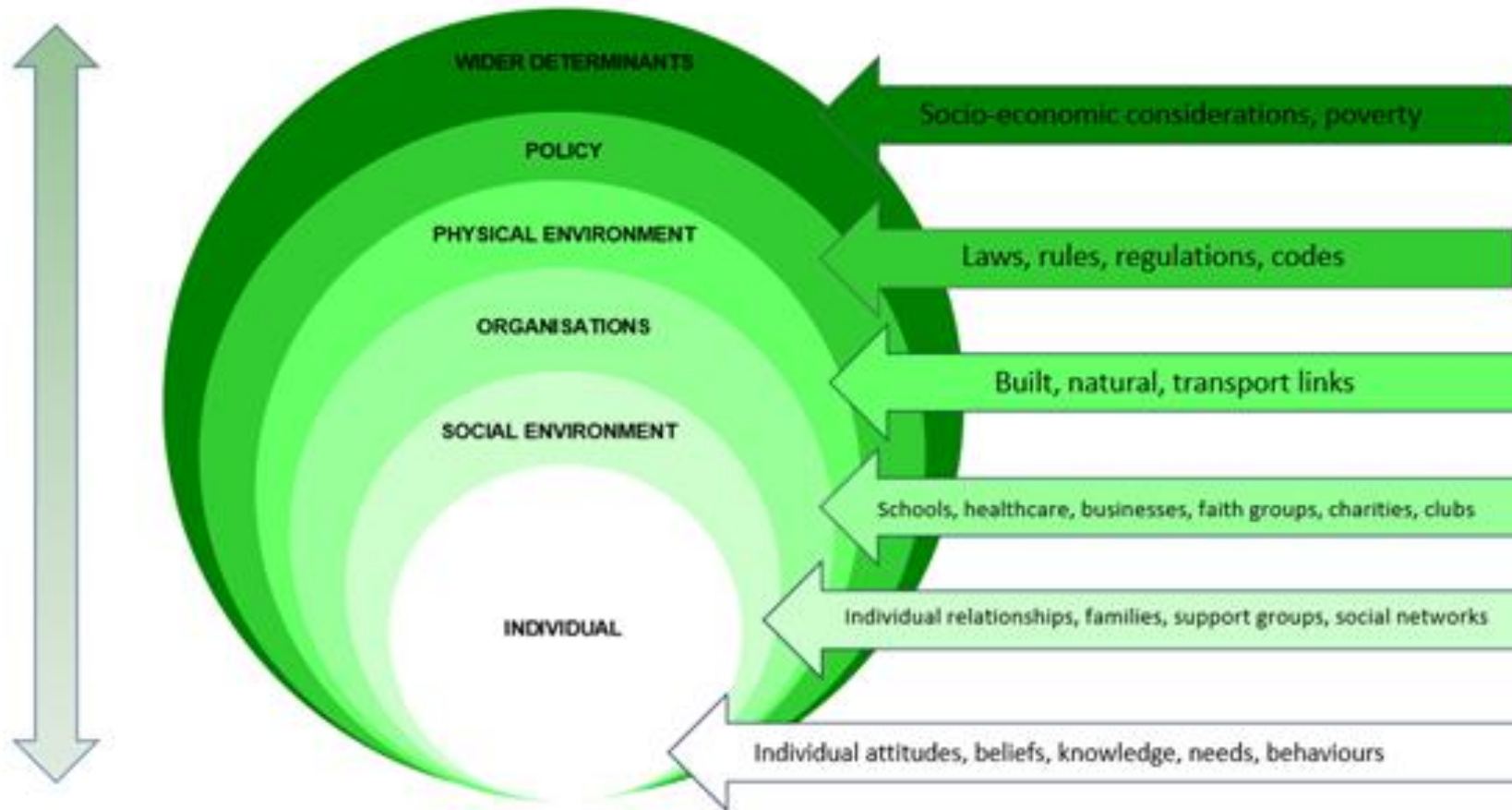
Source: NHS England

# There are three different types of problem:

		
<b>Simple</b> Following a recipe	<b>Complicated</b> Sending a rocket to the moon	<b>Complex</b> Raising a child



# Whole Systems Approach



# Whole System Approach

To tackle obesity we need to take action across many different areas...

Influencing what people buy and eat

Encouraging healthy schools

Expanding access to public sport and leisure services

Promoting active workplaces

Providing weight management programmes

Designing built and natural environments

Enabling active travel and public transport

Preventing obesity in children and families

Embracing system-wide approaches



# Creating Healthier Environments

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# Challenges

- Leadership for driving forward the HWD – taking a whole system approach, the role of Scrutiny.
- Conflicting priorities – such as the challenges of providing services in a constrained financial environment conflicting with health priorities.
- Taking a systemic approach to decision making that ensures the health of Middlesbrough's population is clearly articulated against other needs – the Scrutiny session on planning and health will bring this to the fore.
- Recognising the fundamental role of Best Start in Life, including pre-school, school and the wider influences on young people - embedding healthier food and physical literacy throughout the system.
- Eligibility for FSM - reducing stigma and increasing access and opportunities.