

ADULT SOCIAL CARE AND HEALTH SCRUTINY PANEL

Date: Monday 23rd February, 2026
Time: 4.00 pm
Venue: Spencer 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 - 12 January 2026 3 - 8
5. Overview and Scrutiny Board Update
6. Cleveland Police and Crime Commissioner - Priorities for Tackling VAWG 9 - 32

The Policy, Partnership and Delivery Manager from the Office of the Police and Crime Commissioner for Cleveland will be in attendance to provide further evidence on the Panel's scrutiny topic 'Violence Against Women and Girls: How to Tackle It', with a presentation focusing on the PCC's priorities for addressing VAWG.
7. White Ribbon - Overview 33 - 68

The Domestic Abuse Strategic Lead will be in attendance to provide further evidence to the Panel on the scrutiny topic 'Violence Against Women and Girls: How to Tackle It', with a presentation outlining the White Ribbon campaign the accreditation process.
8. Terms of Reference - Violence Against Women and Girls: How to Tackle It - Discussion Item

The Panel is asked to consider the Terms of Reference for its current scrutiny investigation "Violence Against Women and Girls: How to Tackle It".

9. Draft Final Scrutiny Report - Healthy Placemaking with a Focus on Childhood Obesity 69 - 88

Recommendation: That the Panel considers and agrees the content and recommendations of the draft Final Report.

10. Date and Time of Next Meeting - 13 April 2026, 4.00pm
11. Any other urgent items which in the opinion of the Chair, may be considered.

Charlotte Benjamin
Director of Legal and Corporate Services

Town Hall
Middlesbrough
Friday 13 February 2026

MEMBERSHIP

Councillors J Kabuye (Chair), D Coupe (Vice-Chair), J Banks, D Branson, D Jackson, 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 / 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 Monday 12 January 2026.

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

ALSO IN ATTENDANCE: D Hodgson (Local Democracy Reporter)

OFFICERS: L Grabham, R Johansson, C Jones, C Moore and K Watkins

25/40 **WELCOME AND FIRE EVACUATION PROCEDURE**

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

25/41 **DECLARATIONS OF INTEREST**

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

25/42 **MINUTES- ADULT SOCIAL CARE AND HEALTH SCRUTINY - 1 DECEMBER 2025**

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

SUSPENSION OF COUNCIL PROCEDURE RULES – ORDER OF BUSINESS

In accordance with Council Procedure Rules 4.8.1 (d) and 4.8.25 (iii) the Chair proposed a motion to change the order of business at the meeting. The motion proposed was that Agenda Item 7 'Overview and Scrutiny Board Update' be heard next.

AGREED that the order of business for the remainder of the meeting be items 7, 5, 6, 8 and 9.

25/43 **OVERVIEW AND SCRUTINY BOARD UPDATE**

The Chair provided an update on items discussed at the Overview and Scrutiny Board meeting held on 18 December 2025 which included updates from:

- The Executive Member for Adult Social care on activity progress within the portfolio.
- The Executive Member for Finance and the Director of Finance and Transformation regarding Council's finance position at Quarter 2, 2025/2026.
- The Mayor on the Council's performance position at Quarter 2, 2025/2026, and presented the draft budget and the medium-term financial plan.

NOTED.

25/44 **QUARTERLY UPDATE - ADULT SOCIAL CARE - CARE QUALITY COMMISSION (CQC) IMPROVEMENT PLAN**

The Panel received a quarterly update on progress against the Adult Social Care CQC (Care Quality Commission) Improvement Plan, presented by the Adult Social Care Service Improvement Manager.

Members were advised that the CQC assessment had resulted in adult social care services being rated '*requires improvement*', which triggered the development of a formal Improvement Plan aligned to the CQC's assessment themes. The CQC report had been published in February 2025, and progress against the Improvement Plan was monitored through the Improvement Programme Board and Councils scrutiny. It was also noted that the quarterly progress updates submitted to the Department of Health and Social Care had resulted in de-

escalation from formal monitoring.

The Service Improvement Manager outlined the structure of the Improvement Plan, which consisted of one corporate project, six directorate level projects, and several key initiatives and business-as-usual improvements. Governance arrangements included oversight through the Programme Management Office (PMO), monthly reporting to the Programme Board, and risk and performance monitoring through project plans and Risk, Assumptions, Issues and Dependencies (RAID) logs.

Key focus areas arising from the CQC report were highlighted, including developing a clear vision and strategy, improving support for unpaid carers, and strengthening the workforce strategy with an emphasis on:

- Equality, diversity and inclusion.
- Tackling digital exclusion.
- Enhancing the promotion and visibility of services.
- Embedding partnership working.
- Undertaking a deep-dive review of homelessness and related vulnerabilities.

Members were informed that these priorities had been translated into formal projects with clear delivery and governance arrangements.

Additional initiatives included the development of a new performance framework, the rollout of transcription tools to support social workers, and the implementation of a conversational approach to wellbeing and care planning.

During discussion, Members explored how the Improvement Plan aligned with the wider Council Plan and directorate priorities. It was confirmed that the plan was being reviewed jointly with the Programme Management Officer Lead to ensure alignment with corporate objectives and that performance measures were consistent with the Local Government Outcomes Framework.

Members welcomed the emphasis on restoring a strength based, relational approach to social work practice. The Director of Adult Social Care and Health Integration explained that the '*Three Conversations*' model had been integrated across teams, supported by regular team huddles and reflective practices. This approach focused on understanding individual needs, strengths, and aspirations, which had represented a shift away from process driven practice. The rollout of this model was described as a significant milestone in improving practice and culture.

The use of digital tools and transcription software was discussed. Members were advised that mobile technology and transcription tools supported social workers to spend more time with service users and less time on administrative tasks. Early evidence suggested improved recording quality and increased direct contact time. While the primary benefit was improved capacity and quality rather than direct savings, baseline data was being developed to evidence time savings and cost avoidance.

In response to questions on digital inclusion, Members were informed that work was underway with partners to refurbish donated digital devices and provide them to residents who lacked access to technology. Support was also being provided to help people develop digital skills, including online shopping, prescriptions and maintain contact with services, to ensure residents were not excluded.

Members asked about support for unpaid carers and whether gaps remained. The Director of Adult Social Care and Health Integration outlined the range of services available to carers, including practical support. It was noted that discussions with Redcar and Cleveland Carers Together and feedback provided to the CQC had identified gaps, particularly around sitting services and respite. Work was underway to strengthen the user experience and partner services with carers, recognising their role in shaping effective support.

A Member queried the main risks to delivering the Improvement Plan. The Director of Adult Social Care and Health Integration explained that the CQC inspection was the first of its kind for adult social care and that the framework had been challenged nationally. The factor of an interim Chief Executive Officer at the time of inspection had also been a factor; however, this had since been resolved. The Council had narrowly missed a higher rating and was better

prepared for future inspections. A strong emphasis was being placed on partnerships and capturing the voice of people using services, supported by Healthwatch.

Members discussed increasing demand and financial pressures. The Director of Adult Social Care and Health Integration confirmed that while demand had risen, the most significant challenge was the increasing complexity of need, including mental health issues, learning disabilities and aging-related factors. Funding pressures had limited investment in recent years; however, the latest funding settlement placed the Council in a stronger position to manage demand and further develop preventative approaches.

Mental health trends were also discussed, and the impact of austerity was highlighted, the Covid-19 pandemic and reduced early intervention, particularly for young people transitioning from children to adult services. A correlation between substance misuse and mental health need was noted.

Members asked about case volumes, review processes and engagement with carers. It was confirmed that statutory reviews were undertaken annually, although a backlog had developed due to staffing pressures. Work was ongoing to address this. It was acknowledged that not all carers wished to engage digitally, and alternative contact methods, including regular check-ins and peer support groups, were being explored.

Homelessness and the impact on adult social care was discussed. The Director of Adult Social Care and Health Integration reported that homelessness was increasing, and rough sleeping was on the rise and continued to place pressure on services. A review of homelessness services was underway, alongside close working with the Strategic Housing Lead to develop clear pathways. While temporary accommodation was available, the lack of permanent housing remained a challenge. It was emphasised that the homelessness team was delivering positive outcomes, although progress often took time which required persistence, compassion and empathy.

NOTED.

25/45

SCRUTINY TOPIC INTRODUCTION - VIOLENCE AGAINST WOMEN AND GIRLS (VAWG)

The Panel received an overview for the second topic-focused scrutiny item for the 2025/2026 municipal year; Violence Against Women and Girls (VAWG) - How to Tackle It. This was presented by the Domestic Abuse Strategic Lead, who provided an outline of the local strategic approach, current activity and challenges.

At the outset, the Strategic Lead advised that the presentation had been prepared prior to the Christmas period and ahead of the publication of the Government's national VAWG strategy. At the time of preparation, there was no agreed national definition of VAWG, and therefore reference had been made to the United Nations definition, which describes VAWG as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women and girls, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It was noted that it was hoped the national strategy would provide greater clarity and consistency in definition going forward.

Members were advised that the local VAWG approach focused on:

- Supporting victims and survivors.
- Prevention and education.
- Professional Training.
- Partnership Working.
- Engagement to address perpetration.

Examples of behaviours captured within VAWG were outlined by the Strategic Lead, with Members advised that these included a wide range of abusive behaviours and that the list was not exhaustive, reflecting the breadth and complexity of violence experienced by women and girls.

Information was provided about the range of commissioned services available, including independent domestic violence advocacy, housing related support, counselling services for children and young people, safe accommodation provision, and support for individuals with

complex needs, including those with immigration or language barriers.

The Strategic Lead addressed common myths and misconceptions associated with VAWG, including assumptions that violence is most likely to be perpetrated by strangers, occurs predominantly at night, or is associated with particular backgrounds or communities. It was emphasised that such myths obscure the reality of abuse and can create barriers to prevention, reporting and effective intervention.

The Panel noted the emphasis on early intervention and prevention, particularly through work in schools, colleges and universities. Members were informed that education programmes exposed gendered expectations, equality, healthy relationships, consent and boundaries; with delivery taking place across several primary and secondary schools. Social action projects and work with further and higher education institutions were also highlighted as part of a wider preventative approach.

Further detail was provided on education-based prevention activity. Members were advised that work with schools focused on challenging socially constructed views, gendered expectations and inequality. It was reported that 29 of 49 primary schools had participated in this work, reaching 3,605 pupils, with sessions exploring elements of toxic relationships, respect, boundaries, consent and healthy relationships. In secondary education, 6 of 8 schools had participated, reaching 2,173 pupils. Social action projects were also referenced, alongside engagement with two colleges and the local university.

Mandatory training for professionals across adult and children's services was discussed, including the development of partnership wide electronic learning resources to improve consistent and effective responses to victims and survivors. The Panel noted the importance of ensuring that all Council employees had a clear understanding of domestic abuse and VAWG.

Members discussed town centre safety initiatives, including partnership work with licensed premises, awareness campaigns, and projects aimed at improving public safety in night-time economy and public spaces. The Panel noted that these initiatives aligned with wider community safety objectives.

Misogyny was highlighted as a significant underlying factor within VAWG. Members were advised that sexism, objectification and restrictive gender roles contribute to a culture of misogyny, which perpetuates violence and creates barriers to equality. Reference was made to international definitions of misogyny and the recognition that VAWG is occurring at epidemic levels globally, with profound impacts on women's life outcomes.

The Strategic Lead also outlined a range of systemic barriers faced by survivors when seeking help. These included under-reporting, fear of judgement, gaps in service access and delays in legal protection. Particular challenges were highlighted for migrant survivors, those with mental health needs, disabilities, women who were pregnant, younger victims, those experiencing abuse later in life, and risks associated with suicide and self-harm.

The Strategic Lead outlined local challenges, including increasing demand for services, rising costs, funding uncertainty, economic hardship, housing pressures, online abuse, and low engagement with perpetrator programmes. Members noted concerns about increasing number of young people experiencing or perpetrating domestic abuse and the impact of online influences and misogynistic content.

Global, national and local data was presented to provide context and insight. Global data highlighted that one in three women worldwide had experienced physical or sexual violence in their lifetime, with figures remaining largely unchanged since 2000. National data from 2024 was described as bleak, with Members advised that 2.3 million adults experienced domestic abuse in the year ending March 2024, and that women were significantly more likely to experience repeated, prolonged and severe abuse.

Local data demonstrated that Cleveland records the highest volume of domestic abuse-related incidents and crimes of all police forces nationally. Members noted concern that only a small proportion of recorded offences result in charges or summons, with evidential difficulties and victim withdrawal cited as key factors.

It was further highlighted that Cleveland has one of the highest rates of repeat cases discussed at MARAC, and the highest rate of stalking and harassment offences nationally, a significant proportion of which are domestic abuse related. Middlesbrough was also identified as having a higher rate of sexual offences per 1,000 population compared to regional and comparable local authority averages.

The Strategic Lead highlighted areas of good practice locally. These included the IRIS programme working with primary care, noting that Middlesbrough is one of the few areas in the North East delivering this model, the existence of a survivor-led panel, the provision of a flexible flee fund, and the use of a dedicated analyst and dashboard to support service planning and oversight.

Members also discussed the White Ribbon accreditation and its role in promoting cultural change in workplaces and communities. The Panel was provided with information on the previous White Ribbon Middlesbrough Town Action Plan supported by Middlesbrough Football Club, Cleveland Fire Authority and the Council, with White Ribbon positioned as a mechanism to promote positive male role models and counter negative influences, including harmful online content. Members requested further information on White Ribbon accreditation.

During discussion, Members raised questions around cultural attitudes, public awareness, and long-term impact of societal change, including the effects of the Covid-19 pandemic, online content, and wider social pressures. The importance of changing attitudes over time, particularly among young boys and men, was emphasised, alongside the need for consistent messages around consent, respect and healthy relationships.

One Member commented that the data presented was harrowing and expressed concern that the local area continued to rank highly for VAWG-related indicators. The Member queried the correlation between deprivation and VAWG and what factors contribute to shaping the next generation. In response, the Lead Officer advised that generational abuse, cultural acceptance, socio-economic disadvantage, housing pressures and substance misuse all play a role. It was also highlighted that many young people lack understanding of what constitutes a healthy relationship, and that online influences, including misogynistic content, pornography and figures promoting harmful behaviours, are contributing factors. Members were advised that the Government's national strategy aims to address these online harms.

A Member also queried the relatively low levels of school engagement. It was explained that pressures within the school curriculum limit the available time for specialist interventions during the school day, despite willingness to engage. The Panel discussed engagement with schools and recognised the pressures on education settings, noting that while progress had been made, further work was required to increase participation and ensure consistent delivery. Members highlighted the importance of collaboration with education leaders and other partners to strengthen preventive work.

It was also highlighted that the importance of ensuring services were culturally responsive and accessible to all communities, including Black and minoritised communities, and noted that increased reporting reflected growing trust in services.

Members recognised that tackling VAWG required sustained, long-term cultural change and a whole system approach involving education, policing, health, housing, community safety and communications. The Panel agreed that scrutiny has a role in supporting prevention, promoting positive messages, exploring public attitudes and encouraging partnership working to address emerging risks.

NOTED.

25/46

DATE AND TIME OF NEXT MEETING - 23 FEBRUARY 2026, 4:00PM

The next meeting of the Adult Social Care and Health Scrutiny Panel was scheduled for 23 February 2026 at 4:00pm in the Spencer Room, Middlesbrough Town Hall.

NOTED.

25/47

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

NONE.

Cleveland Police and Crime Commissioner Priorities for Tackling VAWG



Tracey Brittain
Policy, Partnerships and
Delivery Manager

Middlesbrough VAWG Enquiry

- The PCC' strategic priorities for tackling VAWG across Cleveland, including how Middlesbrough fits within the wider regional picture.
- Performance and assurance information, including your assessment of Cleveland's Police Progress and remaining challenges in responding to VAWG and domestic abuse.
- Commissioned victim support services, including any pressures, gaps, or emerging needs the PCC is seeing through its work with providers.
- Partnership working, especially where collaboration between agencies is working well and where it could be strengthened.
- Expectations from local authorities, including any areas where you feel Middlesbrough Council could support or add value to the wider VAWG agenda.

Police and Crime Plan Priorities and Measures



Priority	Outcome	Measures
 Reduce crime, antisocial behaviour and harm	Cleveland will be a safer place to live, work and visit, with less crime, violence and antisocial behaviour.	<ul style="list-style-type: none"> • Overall recorded crime • Recorded antisocial behaviour • Recorded violent crime • Public satisfaction and confidence surveys
 Deliver more visible and effective policing	Police understand local concerns and provide a visible and proactive response.	<ul style="list-style-type: none"> • Public satisfaction and confidence surveys • Number of police officers, staff and volunteers • Public contact performance • Arrest rates and solved crime rates
 Improve safety for women and girls	Women and girls in Cleveland will feel safe and supported. Perpetrators will be held accountable.	<ul style="list-style-type: none"> • Use of preventative and protective orders • Recorded VAWG offences • Use of disclosure schemes • Arrest rates and positive outcome rates
 Ensure the right support for victims and vulnerable people	Victims and vulnerable people feel supported and listened to, with access to high-quality services at the right time.	<ul style="list-style-type: none"> • Victim satisfaction surveys • Victims referred and supported • Compliance with the Victims Code of Practice (VCOP) • Feelings of safety
 Build trust and confidence in policing and the criminal justice system	People have more confidence in the police and wider justice system.	<ul style="list-style-type: none"> • Public satisfaction and confidence surveys • Use of police powers • Timeliness of the local justice system • Police complaints
 Tackle offending and reoffending	There is a reduction in offending in Cleveland. Projects will seek to address the root causes of crime.	<ul style="list-style-type: none"> • Cleveland reoffending rate • First-time entrants to the criminal justice system • Use of Out of Court disposals • Use of Restorative Justice

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Improve safety for women and girls

Performance Measures Overview to 30th September 2025

- VAWG offences account for 22.5% of total recorded crime in Cleveland (12 months to September 2025). This is a 8.16% reduction (-1,402 offences) compared to the previous year.
- During the reporting period the number of VAWG crimes relating to Domestic Abuse reduced by 4.47% (-403 crimes), whilst the number of VAWG crimes relating to Sexual Violence seen a 16.22% (+282 crimes) increase.
- VAWG arrest rates have seen small increases year on year between September 2023 to September 2025 with a 2.0pts increase during the last 2 months (to September 2025).
- Page 12 the 12 months up to September 2025, the force received 2,566 Clare's Law applications which represented a 12% increase to the previous 12 months. The applications resulted in a disclosure rate of 35.5%.
- The Voluntary Community Sector continue to deliver high quality specialist services to VAWG victims. Despite significant demands placed upon them and the increase in case complexity, services continued to handle the below referrals (12 months ending September 2025):
 - 723 referrals to the Independent Sexual Violence Advisor Service (5.5% increase on the previous year)
 - 8,518 referrals to the Independent Domestic Violence Advocate Service (0.2% increase on the previous year)
 - 34 referrals to the Independent Stalking Advocacy Service (3% increase on the previous year)



Police and Crime Plan Priority: Improve safety for women and girls

Strategic Outcome: Women and girls in Cleveland will feel safe and supported. Perpetrators will be held accountable.

Strategic Deliverables:

- Commissioning and co-commissioning of services to support victims
- Improving reach and voice of underrepresented victims to improve engagement with police and victim support services to increase confidence, reporting and recovery
- Improve safety for women and girls
- Focus on prevention through education and earlier interventions
- Whole system approach to tackling and holding perpetrators to account
- Ensuring an effective and efficient criminal justice system response to VAWG via LCJB arrangements
- Partnership and collaborative approach to understanding and tackling VAWG through synergy between other strategy's, and multi-agency partnerships, where VAWG intersects



Police and Crime Plan Priority: Improve safety for women and girls

Key Activities: Commissioning

Middlesbrough:

- My Sister's Place – Domestic Abuse Advocacy and Groupwork inc. male victims IDVA and children's IDVA

Cleveland Wide, includes Middlesbrough:

- Mountain Healthcare – SARC
- Arch – ISVA Service
- My Sister's Place – FCR IDVA
- Harbour – Court IDVA, Hospital IDVAs
- The Suzy Lamplugh Trust - Stalking Advocacy
- Halo – Illegal Cultural Harms
- A Way Out - Sexual Harms Transitions Work (14-26 yrs)
- Barnardo's - Youth Worker co-located with Cleveland Police to support young people involved in complex exploitation
- The Ivison Trust – Community Guardians are local volunteers able to raise concerns where young people are at risk of exploitation

Stockton, Hartlepool, Redcar and Cleveland

- Harbour -Domestic abuse advocacy and group work, Hospital IDVA, Mental Health IDVA, Adolescent Relationships IDVA

Redcar



Police and Crime Plan Priority: Improve safety for women and girls

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Stockton, Hartlepool, Redcar and Cleveland

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Redcar

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Ensure the right support for victims and vulnerable people

Protect and support fund

Protect and Support Fund aims to:

- Enhance support and protection for vulnerable victims
- Seek to reach and support underrepresented groups

The PCC wants to make sure that every victim in Cleveland has access to the right support at the right time to help them recover, become more resilient and give them the confidence to live their lives in the fullest way possible.

Funding for this opportunity came from the Police Property Act Fund and was open to registered charities.

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Ensure the right support for victims and vulnerable people

Protect and support funding for Middlesbrough:

- My Sister's Place – Online multi-lingual chat service for DA victims
- Arch – Survivor support navigation
- Age UK – Befriending Pathway supporting older victims of DA
- Halo – Crisis Intervention Project supporting victims of illegal cultural harms
- Creative Minds – Support for Black and Global Majority Women

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Improve safety for women and girls - Challenges

Independent Sexual Violence Advisor (ISVA) Support Provision

Sexual Violence has seen a 16.22% increase based on the previous 12-month period. This correlates with the increased demand we have seen on our local ISVA Service delivered by Arch Teesside - and commissioned by my office - who have reported an increase in referrals of 5.5% during the same period.

Whilst Arch continue to provide a fantastic service to victims (as reported by victims) - increased demand and complexity of cases is a growing challenge. This evidences why the PCC's fairer funding campaign is essential to ensure our local services are sufficiently resourced to deal with the demands facing them on a daily basis.

I don't really know where to begin but thank you for everything doesn't seem enough. You have been there for all the times I have needed you. All your patience, listening to me rant and rave lol. You are a calm and reassuring person (the ISVA) who is amazing at her job. Once again THANKS YOU for everything it has meant the world to me.

Arch Teesside Service User Feedback





Improve safety for women and girls - Opportunities

New Measures to tackle Honour-based abuse

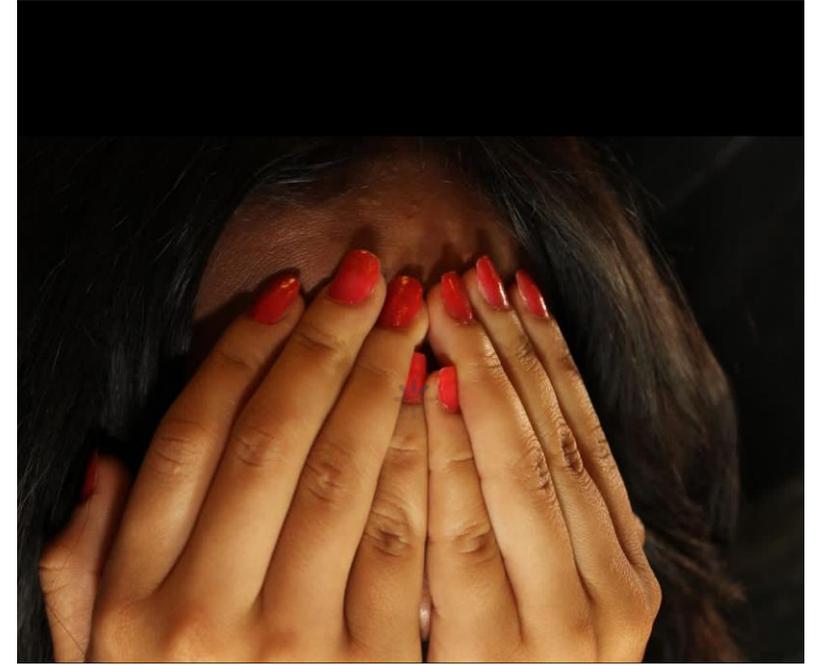
The PCC welcomed new measures to protect vulnerable groups from honour-based abuse.

New government guidance will help to define honour-based abuse. The term includes a wide range of domestic abuse, which is carried out because the abuser feels some-one has brought – or could bring – dishonour on themselves, their family and community.

New statutory guidance and a legal definition of so called honour-based abuse will help police, social workers and other professionals to spot potential cases and better support victims. In addition, the government have committed to a community awareness campaign to encourage potential victims to come forward and seek support.

As this guidance is implemented, the PCC will continue to work with The Halo Project to ensure victims can access specialist support to meet their needs. Year to date (April – September 2025), Halo have received **39 new referrals** into their support worker funded by the OPCC.

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HALO PROJECT
Break the Silence



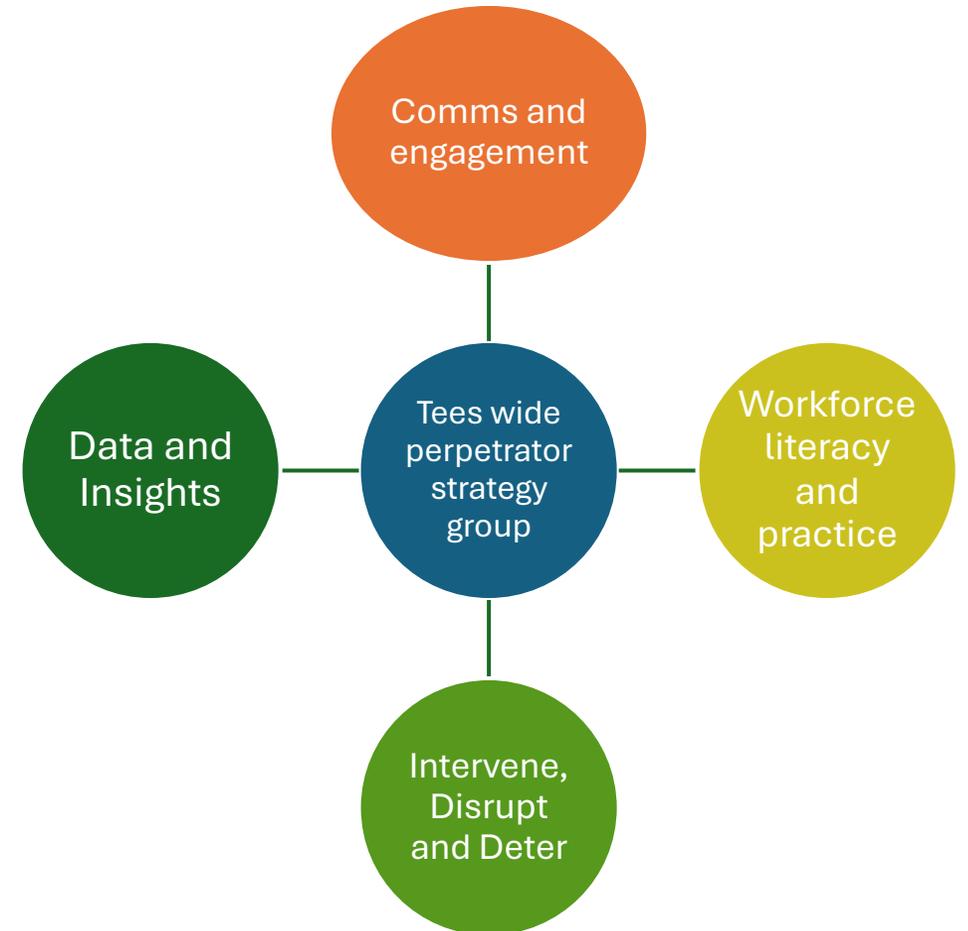
Improve safety for women and girls – Tackling Perpetrators

Tees-wide Multi-agency Tackling Domestic Abuse Perpetration Strategy – 2025 – 2035

10-year strategy to address the behaviours of people who commit violence and abuse against women and girls (VAWG), and tackle the enablers of domestic abuse work has progressed to create a delivery and governance structure to oversee the work and impact of the strategy – providing support, accountability and challenge.

This has resulted in the creation of four key workstreams which includes;

- Data and Insights
- Communications and engagement
- Workforce literacy and practice
- Intervene, Disrupt and Deter





Deliver more visible and effective policing

Letter to Treasury to mark launch of fairer funding campaign

During the reporting period the PCC launched a campaign for fairer police and victim support funding.

Backed by local victim services and members of parliament, Matt Storey's **Fairer Funding, Safer Cleveland** campaign highlights disparities between demand and the outdated funding formula used to set levels of police funding in England and Wales.

The PCC penned a letter, calling for the Chancellor to allocate a fairer share of funding in Cleveland.

Funding provided by the Ministry of Justice for victim support is calculated on the population of the police force area, not on crime rates or demand on victim services.

This has led to the situation where the five forces in England and Wales with the lowest crime rates receive around **£19 per crime** for victim support services. Cleveland, with the highest crime rate in the country, receives **just £7 per crime**.





Ensure the right support for victims and vulnerable people



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I welcome the opportunity to have more dialogue with partners about pressures in the criminal justice system, including how we can improve the victim experience and ensure justice is served efficiently and effectively.

Independent Review of Criminal Courts

In July 2025, I responded to the Government's Independent Review of Criminal Courts – which has made 45 recommendations to make the justice system more effective and improve victim experiences.

Through the Local Criminal Justice Board – of which I chair – I have discussed the recommendations and we look forward for further information and progress being made in due course.

SAFE STRONG & CONFIDENT COMMUNITIES

SAFE STRONG & CONFIDENT COMMUNITIES

Synergy through Partnership Working

- Safer Cleveland Board
- TSAB and Children's Safeguarding Partnerships
- LCJB
- Youth Justice Boards
- Domestic abuse partnerships
- Strategic MARAC
- Sexual Harms Network
- Anti Slavery Network
- Tees Tackling DA Perpetration Partnership Board
- Adult Exploitation and Harm Outside the Home

Key Activities in Development

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- Multi Agency Stalking Intervention Approach
- DRIVE (high risk, high harm and persistent repeat DA perpetrators case management approach)
- Lived Experience under-represented victim-survivor panel
- Child and Adolescent to Parent Violence and Abuse (CAPVA) T&F
- Counter-allegations (primary perpetrator/primary victim identification) in domestic abuse T&F

PCC Scrutiny and Assurance (Policing)

Management of Sexual or Violent Offenders (MOSOVO)

PCC Scrutiny Panel 22 October 2025

- What governance structures, operational frameworks and oversight and accountability arrangements are currently in place within the Force to ensure the effective identification, assessment, and management of risks posed by sexual offenders, violent offenders, and PDPs living within Cleveland's communities?
- What range of proactive measures does the Force have in place to protect, safeguard, and support victims and potential victims of sexual harms?
- What innovative solutions has the Force considered and/or implemented to reduce reoffending among RSOs and enhance public protection?

PCC Scrutiny and Assurance (Policing)

Management of Sexual or Violent Offenders (MOSOVO)

PCC Scrutiny Panel 22 October 2025

- In light of the increasing number of RSOs within the community (both nationally and locally), what specific measures is the Force implementing to ensure that the MOSOVO unit is sufficiently resourced, and that staff workloads remain both manageable and sustainable?
- In relation to any overdue visits, what governance arrangements and operational measures does the Force have in place to ensure that visits to very high, high, and medium-risk offenders are consistently conducted within mandated timeframes, and that any potential delays are proactively identified, mitigated, and avoided?
- What progress has the Force made in implementing the recommendations outlined by Mick Creedon QPM, and what specific measures have been taken to address each recommendation?

- **ASSURED**

PCC Scrutiny and Assurance (Policing)

Policing of Violence Against Women and Girls (VAWG)

PCC Scrutiny Panel 24 November 2025

Part 1 – Violence Against Women and Girls

- Data overview including force comparison
- Actions taken since last scrutiny panel (25 Jan 2025)
- Partnership working and collaboration
- Training provision and evaluation
- Victim satisfaction and confidence
- 16 Days of Activism Campaign
- Op Unified update

- **ASSURED**

PCC Scrutiny and Assurance (Policing)

Policing of Violence Against Women and Girls (VAWG) PCC Scrutiny Panel 24 November 2025

Part 2 – Angiolini Enquiry and Vetting Reforms

- Update on recommendations
- Misconduct and Vetting regulations
- Reassuring the public (Panorama)
- Organisational Learning (Panorama)

- **ASSURED**

VAWG will be embedded in the CURV Response Strategy



Vision

“The Serious Violence Prevention partnership’s vision is for Cleveland to be a safe space for everyone to live, learn and work free from the fear, effects and consequences of violence”

Partnership’s Strategic Objectives

Improve data sharing

Improve multi-agency working

Improve co-commissioning

Improve sustainability

Primary Priorities

Cohort identification

Youth Violence ‘Prevention’

18-25s ‘Support’

32-45 year olds ‘Support’

Violence in defined public spaces

Priority Wards

Actions

- Access the appropriate data from partners
- Agree a common recognised picture across the partnership.
- Develop modelling tools to identify high-risk individuals.
- Use data to improve commissioning.

- Identify children at most risk of offending and target support appropriately.
- Expand and scale the Prevention Partnership pilot
- Broaden the navigator programme into schools.
- Include the voice of young people in decision making
- Support education on VAWG and county lines/OCC

- Identify individuals at most risk of offending and re-offending, and target support appropriately.
- Enable access to EET.
- Challenge misogyny at source to improve safety for women and girls

- Identify repeat offenders & work with partners to prevent re-offending.
- Enable access to EET.
- Improve awareness of available support.
- Prioritise efforts to reduce VAWG
- Identify lived experience
- Isolate belligerents

- Understand how economic areas create risk.
- Develop collaborative partnerships.
- Create safe environments in town centre and economic spaces.
- Support safe travel.
- Improve the feeling of safety
- Listen to affected stakeholders

- Understand drivers of serious violence in priority wards.
- Develop collaborative partnerships to tackle the challenges.
- Listen to the affected communities.
- Build sustainable solutions

Night Time Economy Action Plan



- Objective to deliver Cleveland wide initiatives that seek to reduce serious violence in the defined public space of the NTE.
- Radios supplied to licensed premises and street angel groups to safeguard vulnerable customers and identify risks quickly.
- Ask for Angela Training for licensed premises. Mystery Shopping exercise carried out by the Professional Witness Service to support.
- ARCH funded to deliver sessions in colleges around the social norms of the NTE, specifically around consent.
- Barnardo's funded to deliver Child Exploitation training to hotels, in support of Operation Makesafe.
- NTE Safety campaign in collaboration with Middlesbrough Council.

Town Centre Violence Reduction Plan



- Extension of the Night Time Economy Action Plan, objective of improving safety in the defined areas where NTE and DTE merge with the goal of reducing public space serious violence.
- Launch of the Business Against Abuse scheme – training of businesses across VAWG, CSE and bleed control.
- Funding allocated to support the Business Crime Reduction Partnership.
- Drug Safes to be distributed to licensed premises.
- Funding provided to support the launch of the Night Clinic and Street Marshalls Grip Bid.
- Transport Survey recommendations to be delivered through the Transport Safety and Security Partnership.
- OPCC/CURV funding of the community Guardian scheme

Middlesbrough Council

Expectations from local authorities, including any areas where you feel Middlesbrough Council could support or add value to the wider VAWG agenda?

- Collaborative discussions regarding national policy drivers, horizon scanning and local planning
- Joined up commissioning approach
- Continued engagement in strategic partnerships at a Tees-wide level

Scrutiny

Violence Against Women and Girls

White Ribbon Overview

To make a change

It takes all of us !

23 February 2026

White Ribbon Accreditation

- What is White Ribbon Accreditation
- Ethos/Approach
- What it means to be accredited as an organisation
- Pre-application steps
- Roles/responsibilities
- Steering group
- Ambassadors & Champions
- Local Authority led Action plan
- Fees

What is White Ribbon

- International prevention campaign encouraging men never to commit, excuse or remain silent about male violence
- White Ribbon UK is leading charitable organisation in England and Wales engaging men and boys and working with organisations to become white ribbon accredited by implementing a three-year action plan to change workplace culture, coordinate prevention work across the town and raising awareness
- How they work – grassroots campaigning, advocating for a preventative approach, engaging with diverse partners, knowledge sharing (webinars, training and resources), reports, engagement in education and youth spaces, workplace programmes and consulting.

The White Ribbon Ethos/Approach:

Preventative - Encourages a preventative approach to VAWG by aiming to address the root causes – attitudes, behaviours and systems around rigid/restrictive gender norms & harmful expressions of masculinity that uphold gender inequality and gender-based violence

Intersectional – Recognising how different disadvantages and forms of discrimination intersect with VAWG and that someone's experience of abuse or violence is often based on their identity

Collaboration and positive culture change – Recognising that not all men are violent, but all have a role to play in eliminating VAWG. Encourage men to: learn about how restrictive gender norms are harmful to everyone and to challenge these in wider society, reflect on the impact of these on their behaviours, relationships and overall violence, explore how to positively express masculinity, build open connections and communities between men and emphasise the difference that ambassadors can make.

Allyship at the centre – men and boys taking responsibility for challenging the things that contribute to VAWG and being ambassadors everyday to stop VAWG before it occurs leading to a cultural shift

What it Means to be Accredited:

- As a local authority White Ribbon accreditation will showcase that we have made a commitment to work towards transformational culture change in our workplace, systems, staff culture and our communities.
- Demonstrating that we prioritise preventing VAWG
- Upskill staff across partnership and develop a shared action plan to understand and challenge the root causes of VAWG.
- Gives confidence as a local authority we are inclusive and have safe practices, including equipping staff with knowledge and skills to address troubling behaviour or attitudes e.g. sexism or harassment
- We will be ahead of the curve in terms of the Government's VAWG strategy – e.g. “harness the power of sport to ensure fewer boys and young men are left vulnerable to loneliness and isolation”, “work with employers to maximise employment opportunities and provide support for those experiencing domestic abuse in the workplace”, “launch a long-term national programme of behaviour change campaigns to deliver a generational shift in the awareness, attitudes, and behaviours underpinning abuse”

Steps Needed Prior to Applying:

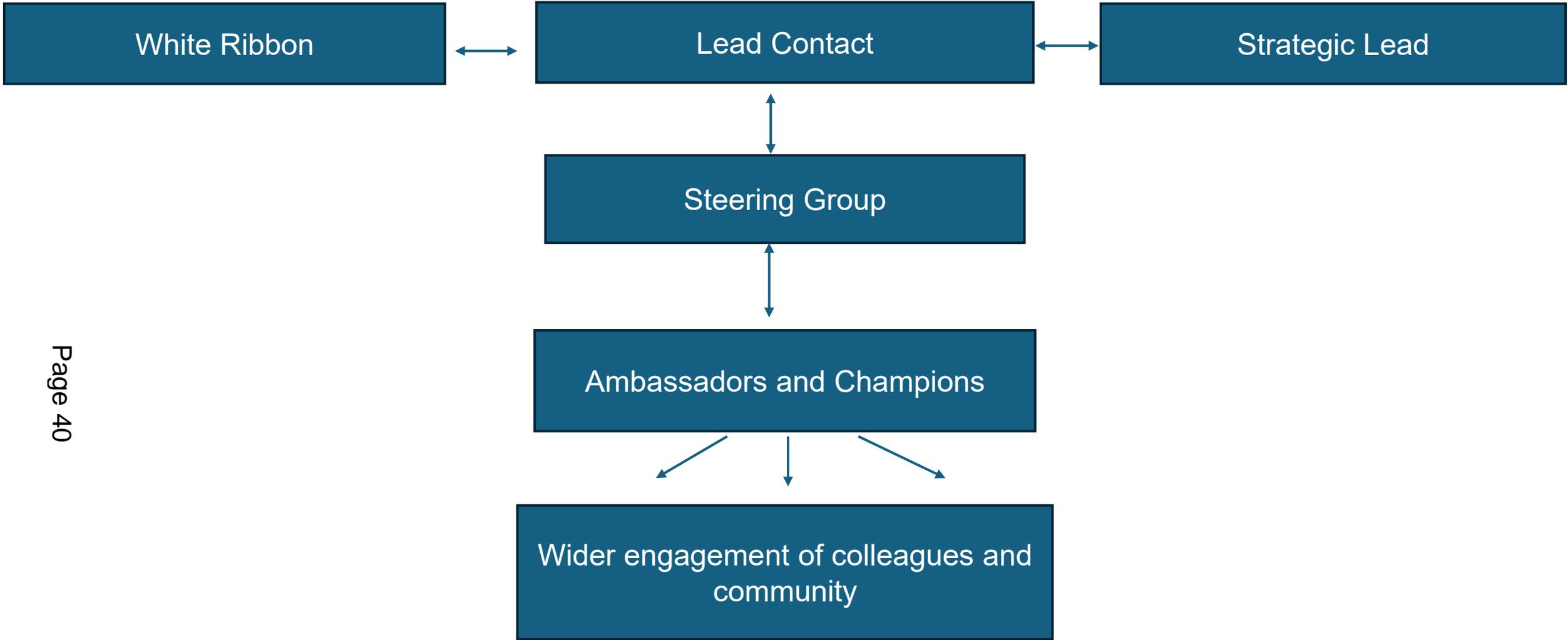
- 1.) Appoint a **Lead Contact**
- 2.) Make the strategic/executive decision to become White Ribbon Accredited
- 3.) Appoint a senior leader to act as the **Strategic Lead.**
- 4.) Organisation's agreement to develop and implement a three-year **Action Plan**
- 5.) Establish a **White Ribbon Steering Group**
- 6.) Ensure that your Lead Contact, Strategic Lead, and all members of the **White Ribbon Steering Group register as White Ribbon Ambassadors and Champions.**

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Roles/Responsibilities:

- Lead contact – acts as project manager – keeps overview of the accreditation and progress of action plan, brings together steering group and liaises with White Ribbon.
- Strategic lead - person(s) who are senior within the Council and have significant responsibility for decision making. Encouraged but not essential that this is a man (or someone who identifies as such)
- Steering group - responsible for guiding the development, implementation, and management of three-year action plan and ensure that the programme meets its objectives, adheres to best practices, and achieves desired outcomes.
- Male Ambassadors – wear the White Ribbon, actively engage with other men and members of the Council and community to raise awareness, organise events and positively influence the culture around VAWG.
- Champions are women – encourage men and members of the Council and community to participate and support the mission through presentations, conversations, and social media. They inspire others to join the movement and help create a supportive environment for positive change

Page 3



Operational Steering Group:

- Strategic Oversight and Governance White Ribbon DASP or CSP
- Duties of Steering Group – planning, stakeholder engagement, monitoring and evaluation, resource management and communication
- Composition – Chairperson, Coordinator, Lead Ambassadors/ stakeholder representatives identified in organisations across partnership, lead contact, subject matter experts (DA, education, quality assurance, comms etc
- All steering group members register as ambassadors or champions – at least 4 ambassadors within Council (not necessarily part of steering group) that range in staffing level and department. Recruited via Domestic Abuse Workplace Policy.

What can Ambassadors/Champions Do:

- Promote White Ribbon among their friends, colleagues and communities.
- Share White Ribbon online content and resources.
- Know how to signpost people towards help.
- Get involved with White Ribbon Day 25th November.
- Educate themselves about what male violence is, its root causes and the effects it has on equality.
- Look to positively influence other men and boys and promote the message.
- Where safe to do so, challenge and encourage positive behavioural change.

I PROMISE TO...

NEVER
USE, EXCUSE OR
REMAIN SILENT ABOUT
MEN'S VIOLENCE
AGAINST WOMEN

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Action plan:

- Template for LAs provided by White Ribbon
- 6 months from application to prepare and begin implementing action plan
- Live document that will grow and evolve – White Ribbon accreditation is a long-term commitment rather than an end goal

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Template not restrictive can be adapted and creatively applied

• 4 sections – strategic leadership, engaging men and boys, changing culture and raising awareness

- First section of strategic leadership completed prior to application (the 6 steps)

Fees:

Bracket	Organisation's Annual Turnover / Budget Revenue	Fee
1	Up to £50 million	£345 p/a
2	£50 million to £125 million	£495 p/a
3	£125 million to £250 million	£995 p/a
4	£250 million to £500 million	£1,595 p/a
5	£500 million to £1 billion	£2,495 p/a
6	£1 billion to £10 billion	£4,900 p/a
7	Over £10 billion	£9,500 p/a

*The full amount of all three-years in one lump sum means a 5% discount will apply, will also be protected from any future annual fee increase.

Fee for MBC £995



END MEN'S VIOLENCE AGAINST WOMEN

WHITE RIBBON ACCREDITATION ACTION PLAN

[Insert name of Local Authority here]

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Contents:

Section 1:	Strategic Leadership
Section 2:	Engaging Men and Boys
Section 3:	Changing Culture
Section 4:	Raising Awareness

Lead Contact..... Date.....
 E-mail..... Tel.....

The Lead Contact will be the Local Authority's nominated individual who will coordinate and oversee the three-year White Ribbon Action Plan and be the point of contact with White Ribbon UK.

They will monitor the Action Plan's progress and report back to White Ribbon annually.

INTRODUCTION:

Men's violence against women and girls in our society is shockingly prevalent, and we can only change those cultures that give rise to it by promoting a message of respect and tolerance and leading by example. Organisations can achieve a considerable amount through their staff, their policies, and their day-to-day work; as well as their role within the communities in which they are based.

Organisations applying for White Ribbon Accreditation commit to developing a three-year Action Plan. This will demonstrate how core criteria are to be met as well as criteria that are sector specific. The Action Plans are focused around four core criteria and offer achievable goals for organisations to bring about genuine change.

During the application process to become White Ribbon Accredited, you will have completed the criteria that is highlighted in bold in Strategic Leadership 1. You now have 6 months to develop and start to deliver on the remaining criteria of your Action Plan.

White Ribbon template Action Plans are designed as a guide. If you have questions about how it will work in practice in your context, we will be very happy to discuss that with you. White Ribbon Accreditation is not an end goal, it is a long-term commitment. This is useful to keep in mind as you complete and deliver on your Action Plan. Think of it as a live document which will evolve as you grow in knowledge and application throughout this journey. Often the most successful Action Plans are where an organisation has applied creativity and their own experience so, please do not feel restricted by the template.



[Insert name of LA here] Action Plan

Criteria for delivering on White Ribbon Accreditation:	Planned actions/activities: (How and what will you do to meet the criteria?) <i>Please delete text in italics when completing</i>	Target Date (Y1/2/3):	Evidence: (How will you demonstrate that you have delivered on the action/activity?)	Planned outcomes: (What will be achieved, who will benefit and by when? Your outcomes are the effects or changes resulting from your actions/activities)	Lead person/s: (Name, job title, Inc. tel. & email):	Achieved Date (Complete once achieved)
1a. Strategic Leadership	The criteria for Strategic Leadership 1a have already been completed in your application form. Please insert the information from your application form into the appropriate place under 1a. While you have already completed these actions, it is important that they remain part of your Action Plan should any of their details change, or you decide the actions or outcome is beyond what you've previously written into the application form.					
A strategic decision made formally at senior level by the Local Authority to seek Accreditation. This includes a commitment to develop a three-year Action Plan.		To be completed before applying for Accreditation.				
At least one senior leader in the Local Authority becomes a White Ribbon Ambassador or Champion and will act as Strategic Lead for the White Ribbon Accreditation.		To be completed before applying for Accreditation.				
Nomination of a Lead Contact to be the Local Authority's main contact who will coordinate and oversee the		To be completed before applying for Accreditation.				

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WHITE RIBBON UK OFFICIAL TEMPLATE

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<p>three-year White Ribbon Action Plan.</p> <p>This person will monitor the Action Plan’s progress and report back to White Ribbon.</p> <p>This person must be a registered White Ribbon Ambassador or Champion.</p>						
<p>Establish a White Ribbon Steering Group to oversee the development and implementation of the White Ribbon Action Plan.</p> <p>All members of the steering group must be registered White Ribbon Ambassadors or Champions.</p> <p>The Steering Group should draw members from across the organisation.</p> <p><u>Please keep an up-to-date record of your Ambassadors and Champions to utilise them throughout Accreditation.</u></p> <p><u>White Ribbon can share your registered Ambassadors and Champions upon request.</u></p>		<p>To be completed before applying for Accreditation.</p>				
<p>1b. Strategic Leadership</p>	<p>The following to be planned over the three years of Accreditation</p>					

WHITE RIBBON UK OFFICIAL TEMPLATE

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<p>HR policy/policies adequately cover men’s violence against women and domestic abuse, and these are shared and understood.</p>						
<p>Staff training includes aspects of men’s violence against women (sexual violence, coercive control, consent, and domestic abuse).</p>	<p><i>Consider developing a staff training strategy to improve the knowledge and capabilities of all staff on VAWG.</i></p>					
<p>All policies and programmes are aligned with the Home Office Violence Against Women and Girls National Statement of Expectations.</p>						
<p>White Ribbon Accreditation is built into the commissioning process as a social value indicator.</p>						
<p>In collaboration with key local partners there is a joint strategic approach to ending men’s violence against women.</p>	<p><i>Detail who your key partners are, they could include Schools, Emergency Services and Health.</i></p>					
<p>There is support and housing services for women and children experiencing/fleeing domestic abuse.</p>						

WHITE RIBBON UK OFFICIAL TEMPLATE

Criteria for delivering on White Ribbon Accreditation:	Planned actions/activities: (How and what will you do to meet the criteria?) <i>Please delete text in italics when completing</i>	Target Date (Y1/2/3):	Evidence: (How will you demonstrate that you have delivered on the action/activity?)	Planned outcomes: (What will be achieved, who will benefit and by when? Your outcomes are the effects or changes resulting from your actions/activities)	Lead person/s: (Name, job title, Inc. tel. & email):	Achieved Date (Complete once achieved)
2. Engaging Men & Boys						
There are at least 4 White Ribbon Ambassadors from within all staffing levels and departments of your organisation. All White Ribbon Ambassadors are required to agree to the White Ribbon Code of Conduct and Make the Promise.	<i>What is your Ambassador recruitment strategy? E.g. How do you intend to recruit Ambassadors? How will you reach all departments and staffing levels?</i>					
Promote across your male workforce: <ul style="list-style-type: none"> • Making the White Ribbon Promise • The importance of wearing the White Ribbon amongst your staff. • Knowing and able to have a conversation about what it means to wear a White Ribbon. 	<i>Planned activities will have specific content that encourages men and boys to make the White Ribbon Promise.</i> <i>Activities may focus on settings and groups where a greater number of men and boys are present.</i>					

WHITE RIBBON UK OFFICIAL TEMPLATE

<p>White Ribbon Ambassadors and Champions have opportunity to become well informed about their role and confident about what men and boys can do to challenge violence against women and girls.</p>						
<p>Ambassadors are promoted and supported to deliver White Ribbon activity and engage with areas of the workforce that are male dominated.</p>	<p><i>How will Ambassadors work with and encourage harder to reach staff to Make the White Ribbon Promise?</i></p>					
<p>Educational programmes about domestic abuse and healthy relationships have specific content directed towards boys, such as within the PSHE and RSHE curriculum in schools.</p>						
<p>Ambassadors have opportunity to engage with men and boys in the community.</p>						

WHITE RIBBON UK OFFICIAL TEMPLATE

Criteria for delivering on White Ribbon Accreditation:	Planned actions/activities: (How and what will you do to meet the criteria?) <i>Please delete text in italics when completing</i>	Target Date (Y1/2/3):	Evidence: (How will you demonstrate that you have delivered on the action/activity?)	Planned outcomes: (What will be achieved, who will benefit and by when? Your outcomes are the effects or changes resulting from your actions/activities)	Lead person/s: (Name, job title, Inc. tel. & email):	Achieved Date (Complete once achieved)
3. Changing Culture						
Male staff know how to uphold White Ribbon values and model positive masculine traits and allyship to other men and boys.						
All staff do not behave in sexist, harassing and abusive behaviours, and understand that they are unacceptable in all contexts.	<i>Consider communicating this through staff induction, training and ongoing communications.</i>					
There is a zero-tolerance approach to sexist, harassing and abusive behaviours.						

WHITE RIBBON UK OFFICIAL TEMPLATE

<p>There is a clear report-handling mechanism for making, assessing, dealing with and informing on incidents of violence against women and girls (sexism, harassment, abuse, sexual assault, domestic) for the Local Authority.</p>	<p><i>Is the reporting system survivor-centred? Is it gender and minorities responsive? Is it accessible and understood by all users, including for e.g. people with disabilities?</i></p>					
<p>There is a support function for those involved in a report (victim, reported and whistle-blower).</p>						
<p>There is a process in place to ensure no organisational promotional materials use abusive or sexist imagery.</p>						
<p>Undertake a review of the authority's Sexual Entertainment Venue licensing policy during the period of Accreditation and work towards a presumption against SEV's.</p> <p>There is support for women and others within and exiting the sex industry.</p>	<p><i>This may have already been established. If so, how do you intend to deliver on any recommendations?</i></p>					

WHITE RIBBON UK OFFICIAL TEMPLATE

<p>The organisation manages the safety of its evening and night-time economy.</p>	<p><i>Consider employing a scheme that promotes a safer culture in the night-time economy.</i></p>					
<p>Work towards commissioning perpetrator programmes.</p> <p>Consider the RESPECT-accredited perpetrator programme.</p>	<p><i>This may already be in place, if so please provide details.</i></p>					
<p>Confidence that staff at entertainment venues are adequately trained to recognise, handle and report incidences of abuse.</p>	<p><i>This should include training on drink spiking and the use of substances to perpetrate abuse.</i></p>					
<p>Communicate to local communities and through your networks/partnerships your commitment to ending men's violence against women and to promote the White Ribbon promise.</p>						

Criteria for delivering on White Ribbon Accreditation:	Planned actions/activities: (How and what will you do to meet the criteria?) <i>Please delete text in italics when completing</i>	Target Date (Y1/2/3):	Evidence: (How will you demonstrate that you have delivered on the action/activity?)	Planned outcomes: (What will be achieved, who will benefit and by when? Your outcomes are the effects or changes resulting from your actions/activities)	Lead person/s: (Name, job title, Inc. tel. & email):	Achieved Date (Complete once achieved)
Raising Awareness						
There is a comprehensive communications plan for the Local Authority that identifies engaging with men and boys against violence against women and girls.	<i>Does it engage with men and communicates clearly and effectively your commitment to ending violence against women?</i>					
Information about where people can get help and advice is clearly displayed and accessible to all.	<i>Information should be displayed in key public places.</i>					
White Ribbon UK messaging and the White Ribbon is displayed visibly in a wide range of settings such as on a						

WHITE RIBBON UK OFFICIAL TEMPLATE

website, signage and promotional materials.						
All staff, and others (e.g. partners, service users, contractors and community members), are encouraged to wear the White Ribbon and make the White Ribbon Promise.						
White Ribbon awareness raising materials are displayed and utilised.						
<p>Mark the following dates:</p> <p>November 25th: White Ribbon Day- The International Day to End Male Violence Against Women.</p> <p>November 25th – 10th December: The following 16 days of action.</p>	<p><i>Please link in with us on social media so we can publicise your events.</i></p>					
Maximise opportunities to raise awareness in the local community.	<p><i>Consider specific opportunities to engage men and boys.</i></p>					
Identify and forge links with local sports clubs to raise awareness, gain support and encourage accreditation.						
Links are identified and maintained with local music venues to raise awareness of violence against women						

WHITE RIBBON UK OFFICIAL TEMPLATE

at music venues to gain visibility, support and encourage accreditation.						
Encourage any other key partner organisations, service providers and suppliers to consider White Ribbon Accreditation.						



White Ribbon Steering Group Fact Sheet

Purpose of the Steering Group

The Steering Group is responsible for guiding the development, implementation, and management of a three-year Action Plan for the Accreditation programme. The group will ensure that the programme meets its objectives, adheres to best practices, and achieves desired outcomes.

Key Responsibilities

- **Strategic Planning:** Develop a comprehensive three-year Action Plan for the Accreditation programme.
- **Governance:** Provide oversight and governance to ensure the programme's objectives are met.
- **Stakeholder Engagement:** Engage with stakeholders to gather input, feedback, and support for the Accreditation programme.
- **Monitoring and Evaluation:** Establish metrics and processes to monitor progress and evaluate the success of the programme.
- **Resource Management:** Ensure that resources (financial, human, and technical) are effectively managed and utilised.
- **Communication:** Maintain clear and consistent communication with all stakeholders throughout the programme's Accreditation cycle.

Composition of the Steering Group

- **Chairperson:** Leads the group and ensures effective meeting facilitation and decision-making.
- **Programme Manager:** Oversees the day-to-day operations of the Accreditation programme.
- **Subject Matter Experts:** Individuals with expertise in the relevant fields (e.g., education, quality assurance, industry standards).
- **Stakeholder Representatives:** Members from key stakeholder groups (e.g., institutions seeking Accreditation, accrediting bodies, community representatives).
- **Financial Advisor:** Provides guidance on budgeting, financial planning, and resource allocation.
- **Administrative Support:** Handles scheduling, documentation, and logistical support for the Steering Group.



White Ribbon Steering Group Fact Sheet

Steps to Establish the Steering Group

1.) Define Objectives and Scope:

- Clearly outline the purpose, goals, and scope of the Accreditation programme.
- Identify the key outcomes to be achieved over the three-year period.

2.) Identify and Invite Members:

- Select individuals with the necessary expertise, experience, and stakeholder representation.
- Send formal invitations and provide a clear overview of expectations and time commitments.

3.) Develop Terms of Reference (ToR):

- Draft a ToR document that outlines the roles, responsibilities, and expectations of the Steering Group members.
- Include details on meeting frequency, decision-making processes, and conflict resolution mechanisms.

4.) Initial Meeting:

- Hold an inaugural meeting to introduce members, review the ToR, and establish initial priorities.
- Set a regular meeting schedule and define key milestones for the first year.

5.) Develop the Three-Year Action Plan:

- Conduct a situational analysis to understand the current landscape and needs.
- Set specific, measurable, achievable, relevant, and time-bound (SMART) goals.
- Outline key activities, timelines, and responsible parties for each goal.
- Establish metrics for monitoring progress and evaluating success.

6.) Stakeholder Engagement:

- Develop a stakeholder engagement strategy to involve key stakeholders throughout the process.
- Schedule regular updates and feedback sessions with stakeholders.



White Ribbon Steering Group Fact Sheet

7.) Implementation and Monitoring:

- Assign tasks and responsibilities to Steering Group members and relevant staff.
- Monitor progress regularly and adjust the action plan as needed based on feedback and evaluation results.

8.) Evaluation and Reporting:

- Conduct annual reviews to assess progress against the Action Plan.
- Prepare and disseminate annual reports to stakeholders, highlighting achievements, challenges, and future plans.

Best Practices

- **Regular Communication:** Maintain open lines of communication within the Steering Group and with stakeholders.
- **Transparency:** Ensure transparency in decision-making and reporting processes.
- **Flexibility:** Be prepared to adapt the action plan based on changing circumstances and feedback.
- **Continuous Improvement:** Foster a culture of continuous improvement by regularly evaluating and refining the programme.

Contact Information

For further information or assistance in setting up the Steering Group, please contact:

[Your Name]

[Your Title]

[Your Organisation]

[Email Address]

[Phone Number]

This fact sheet provides an overview of the essential steps and considerations for establishing the White Ribbon Steering Group to develop and manage the three-year Action Plan for the Accreditation programme. By following these guidelines, the Steering Group can effectively guide the programme towards achieving its goals and making a positive impact.

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White Ribbon Accreditation Application Form

Preparing for your application

IMPORTANT - It is recommended that you read this summary page before you begin your accreditation application.

You will need to refer to the following **2 supporting documents** that are available on the **Accrediting Organisations Hub**:

- 1.) The Steering Group Fact Sheet
- 2.) An Action Plan Template

There are **6 important actions** that need to be in place and evidenced in preparation of completing your Accreditation Application:

- 1.) Appoint a **Lead Contact**.
- 2.) Ensure that a strategic decision has been made to become White Ribbon Accredited, for example from the board/director level, the governance body or senior management.
- 3.) Appoint a senior leader to act as the **Strategic Lead**.
- 4.) Gain your organisation's agreement to develop and implement a three-year **Action Plan**. (The sector specific template **Action Plan** is included in the Application Pack).
- 5.) Establish a **White Ribbon Steering Group** that will oversee the **Action Plan**, with details of the core members.
- 6.) Ensure that your Lead Contact, Strategic Lead, and all members of the White Ribbon Steering Group register as White Ribbon Ambassadors-Champions.

About the Lead Contact

White Ribbon Lead Contacts act as the project manager for White Ribbon Accreditation. This requires keeping an overview of the Accreditation journey and progress of the Action Plan. They bring together the White Ribbon Steering Group and liaise with White Ribbon UK. White Ribbon organisations are so diverse the Lead Contacts come from really different backgrounds. They may be from an HR department, a Chief Executive's office and in organisations that provide services the lead contact may be located there. In small organisations this person may also be the Strategic Lead.

About the Strategic Lead

White Ribbon Strategic Leaders are person(s) who are senior in your organisation and have significant responsibility for decision making. White Ribbon Strategic Leaders include Chief



White Ribbon Accreditation Application Form

Executives, Directors, Chairs of Boards, Headteachers, Council Leaders and Portfolio Holders. Because of White Ribbon's focus please encourage men to take on this role.

About the Steering Group and the Action Plan

A White Ribbon Steering Group is responsible for guiding the development, implementation, and management of a three-year action plan for an Accreditation programme. The group will ensure that the programme meets its objectives, adheres to best practices, and achieves desired outcomes. There is a Fact Sheet contained in the Accreditation Application pack that provides an overview of the essential steps and considerations for establishing your Steering Group.

About Ambassadors and Champions

Central to the success of White Ribbon Accreditation will be your Ambassadors and Champions. Ambassadors are men who have committed to the White Ribbon Ambassador Code of Conduct, have made the White Ribbon Promise, and who actively engage with other men within their organisations and communities. They raise awareness by wearing a White Ribbon, organising events and look to positively influence their friends to change the cultures that leads to violence against women and girls.

White Ribbon Champions are women and people who do not identify as men. Champions play an essential role by encouraging men to participate and supporting the mission through presentations, conversations, and social media. They inspire others to join the movement and help create a supportive environment for positive change. Champions represent an important voice in White Ribbon which we hold ourselves accountable to.

Please note that the registration for Ambassador and Champions is self-selecting, enabling individuals to choose the role that feels appropriate for them. Registration is via the White Ribbon UK website: [ambassadors-champions](#)

Organisation Details

Name of Organisation	
Number of Employees	
Address	
Website Address	



White Ribbon Accreditation Application Form

Strategic Commitment

(i) Lead Contact

Detail below of who will act as the **Lead Contact** for accreditation.

*****IMPORTANT - This person will need to complete their Ambassador/Champion registration prior to submitting your application*****

Lead Contact Name	
Position/Job Title	
Email	
Contact Number	

Provide a short statement in the box below detailing what being the White Ribbon Lead Contact means to you. Please consider:

- Your commitment to ending violence against women and girls and tackling gender inequality.
- The purpose and value of White Ribbon and how it can make a difference.
- Your understanding for how to embed White Ribbon organisational approach.

(ii) Strategic Lead

Detail below a senior leader who will act as the **Strategic Lead** for accreditation.

*****IMPORTANT - This person will need to complete their Ambassador/Champion registration prior to submitting your application*****

Senior Leader Name	
Position/Job Title	
Email	
Contact Number	



White Ribbon Accreditation Application Form

Governance

You will be required to provide evidence of the formal agreement by senior leadership to become White Ribbon Accredited, e.g. minutes of the relevant meeting or a confirmation email from senior management.

*****IMPORTANT – please include an attachment when submitting your application form*****

Steering Group

Establish a **White Ribbon Steering Group** to oversee the development and implementation of the White Ribbon Action Plan. The Steering Group should draw members from across the organisation. All members of the Steering Group should be **White Ribbon Ambassadors or Champions**.

Give details below of your White Ribbon Steering Group arrangement, e.g. process for selection, breadth of diversity, departments accounted for, how many members, how often you will meet.

--

Detail below the core members of the Steering Group who have registered as Ambassadors and Champions:

Member 1 Name	
Position/Job Title	
Email	
Contact Number	

Member 2 Name	
Position/Job Title	
Email	
Contact Number	

Member 3 Name	
Position/Job Title	
Email	
Contact Number	

Member 4 Name	
Position/Job Title	
Email	
Contact Number	



White Ribbon Accreditation Application Form

Member 5 Name	
Position/Job Title	
Email	
Contact Number	

Member 6 Name	
Position/Job Title	
Email	
Contact Number	

Continue with a separate sheet to add more core member details.

Three-year Action Plan

Tick the boxes confirm the following commitments:

- We agree to develop and implement the three-year White Ribbon Action Plan.
- We will develop actions across the four key criteria: Strategic Leadership; Engaging Men and Boys; Culture Change; and Raising Awareness.
- We will submit our Action Plan to White Ribbon within 6 months of gaining Accreditation.

Action plans are expertly reviewed, and feedback provided.

Communications

Please include a JPEG of your organisation's logo for our website to this application.

Give details below of who will be your communications contact, who will receive White Ribbon communications, updates and assets including invitations to join webinars.

Communications contact Name	
Position/Job Title	
Email	
Contact Number	

Details of Social Media Accounts:

Facebook	
Instagram	
LinkedIn	
X (formerly Twitter)	



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Annual Accreditation Fee

The Accreditation fee brackets are shown below, the fee is an annual fee paid each year and is based on your organisation's annual turnover/budget revenue.

Insert your: budget revenue for public sector annual turnover for private sector	£
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Tick the box below to confirm your annual fee bracket. Accreditation fees will be subject to VAT.

- | | |
|-------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Bracket 1 – up to £50m - £345 | <input type="checkbox"/> Bracket 5 - £500m to £1bn - £2495 |
| <input type="checkbox"/> Bracket 2 - £50m to £125m - £495 | <input type="checkbox"/> Bracket 6 - £1bn to £10bn - £4900 |
| <input type="checkbox"/> Bracket 3 - £125m to £250m - £995 | <input type="checkbox"/> Bracket 7 – over £10bn - £9500 |
| <input type="checkbox"/> Bracket 4 - £250m to £500m - £1595 | |

Payment Options

Tick box below to confirm your preferred payment option:

- The full amount of all three-years in one lump sum and a 5% discount will apply. Take the annual fee shown above, multiply by 3 years and deduct the 5% discount. You will also be protected from any future annual fee increase.
- Three separate payments each year of your three-year accreditation cycle.

Method of payment

Tick box below to confirm preferred method of payment:

<input type="checkbox"/>	Visa/Debit card payment (this is the preferred method of payment).
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<input type="checkbox"/>	BACS payment upon receipt of White Ribbon UK's invoice. Please complete invoicing details below:
Organisation name & address for invoicing	
Contact name for raising PO's & processing invoices	



White Ribbon Accreditation Application Form

Position/Job Title	
Email	
Contact Number	

Purchase Order

Do you need to raise a purchase order for the above payment?	<input type="checkbox"/> YES If yes, insert PO number and include the PO document when submitting this application. <input type="checkbox"/> NO
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Ambassador and Champion Badges

As part of your Accreditation offer, we will send you an Accreditation Resources Pack, which includes:

- Plaque to showcase your Accreditation.
- Resources Pack containing a selection of posters, leaflets, fabric white ribbons, stickers, find help and promise cards and a lanyard. (A 10% accreditation discount is available for any order(s) placed via our online shop: <https://www.whiteribbon.org.uk/shop>).
- Pack of Ambassador and Champion badges to distribute to staff members who register for these roles. The number of badges you will receive is based upon your fee bracket as indicated:

Bracket 1 – 10 badges

Bracket 2 – 20 badges

Bracket 3 – 40 badges

Bracket 4 – 60 badges

Bracket 5 – 80 badges

Bracket 6 – 100 badges

Bracket 7 – 120 badges

Please insert the delivery details below.

Name of recipient	
Delivery address	

If you require more badges, you can order them via the White Ribbon Shop: [Ambassador and Champion White Ribbons — White Ribbon UK](#)

Declaration



White Ribbon Accreditation Application Form

The information on this form is correct and confirms formal application for White Ribbon Accreditation.

I confirm that both myself as the named Lead Contact and the named Strategic Lead have completed our Ambassador/Champion registration and I have included/attached evidence of the formal agreement to become White Ribbon Accredited.

Please either scan and insert your signature electronically or select the 'Draw' tab, click the pen and sign on screen using your mouse/touch pad.

Signed by Lead Contact	Date
Print Full Name	Position/Job Title

Please email your completed and signed Application to the Accreditation team.
organisations@whiteribbon.org.uk

Your application will be reviewed and sent to our expert Accreditation Panel for assessment and approval within 7 to 10 days. Once approved, you will receive an official confirmation email, and your Resources Pack will be sent out in the post.

Thank you

MIDDLESBROUGH COUNCIL

Final Report of the People Scrutiny Panel

HEALTHY PLACEMAKING WITH A FOCUS ON CHILDHOOD OBESITY

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THE AIMS OF THE SCRUTINY REVIEW

1. The aims of the review are to:
 - Understand the current issues and prevalence of childhood obesity in Middlesbrough, including local trends and variations.
 - Examine the role of healthy placemaking in creating environments that support healthier food choices, active lifestyles and overall wellbeing.
 - Identify evidence-based recommendations on how healthy placemaking and partnership working can be embedded more effectively into local policy, strategy and delivery.
2. The review also aims to assist the Local Authority in achieving the following priorities from the Council Plan 2024-2027:
 - **A Healthy Place** - Improve life chances of our residents by responding to health inequalities.
 - **A Healthy Place** - Promote inclusivity for all.

TERMS OF REFERENCE

3. The Terms of Reference for the Scrutiny Panel's review, are as follows:
 - A. Establish an understanding of childhood obesity in Middlesbrough, including current prevalence rates, trends over time, variation by ward or demographic group and links to deprivation, ethnicity, and other social determinants.
 - B. Identify the key aspects of healthy placemaking and assess current and planned activity within Middlesbrough, such as public health, planning, transport and environment matters.
 - C. Examine how partnership working contributes to the current reduction of childhood obesity and identify how this could be further developed by considering areas of best practice.
 - D. Explore how healthy placemaking can be embedded more effectively into local council policies and strategies.

BACKGROUND INFORMATION

4. Childhood obesity remains one of the most significant public health challenges in England, contributing to preventable disease, reduced quality of life and widening health inequalities. National surveillance shows that excess weight in childhood has remained persistently high. The Health Survey for England 2022 reported that around one in seven children (15%) aged 2-15 were living with obesity (Health Survey for England 2022, Part 2 – NHS England). This national pattern is reflected locally. Middlesbrough consistently records prevalence rates above both the North East and England averages and obesity remains more concentrated in the town's more deprived wards.
5. According to the NHS, "the term obese describes a person who has excess body fat", which can lead to a range of health problems such as type 2 diabetes, asthma and high blood pressure (NHS, 2024). Children who are overweight or obese are more likely to remain so into adulthood, increasing their risk of developing long-term health conditions and experiencing poorer mental

wellbeing. The causes of obesity are complex and influenced not only by individual behaviours but also by wider social, economic and environmental factors. The financial impact is also significant: the NHS spends around £6.5 billion per year on treating obesity-related ill health across all age groups in England. In response, national bodies continue to introduce targeted services designed to support children, young people and families to achieve a healthier weight and improve their health.

6. Recognising the multifaceted nature of obesity, national guidance such as Public Health England's Whole Systems Approach to Obesity (2019) emphasises the need for a coordinated approach to achieving a healthy weight, one that brings together planning, transport, education, public health and community partners to support environments that enable and encourage healthier lifestyles. Central to this is the concept of healthy placemaking, described by the World Health Organisation as 'health setting'. When talking about healthy placemaking, the World Health Organisation describes the term as "the place or social context in which people engage in daily activities in which environmental, organisational and personal factors interact to affect health and wellbeing"
7. This review examines how healthy placemaking principles can be embedded more effectively across Middlesbrough's local policies, planning processes and partnership arrangements. Tackling childhood obesity requires a coordinated, system-wide approach that brings together the built environment, transport and infrastructure, public health programmes and engagement with schools and communities. Local Authorities play a crucial role in shaping the conditions that support healthy weight, for example through integrating health considerations into planning and regeneration schemes, designing neighbourhoods that encourage walking and cycling, promoting active travel routes to schools and influencing local food environments and through partnership working and policy. Middlesbrough Council already undertakes a range of initiatives in these areas, but there is an ongoing need to strengthen how these efforts connect and complement one another. This review therefore aims to identify opportunities to enhance integration and embed healthy placemaking principles across all aspects of local policy, helping to create environments where children can lead healthier, more active lives.

SUMMARY OF EVIDENCE:

Term of Reference A - Establish an understanding of childhood obesity in Middlesbrough, including current prevalence rates, trends over time, variation by ward or demographic group and links to deprivation, ethnicity, and other social determinants

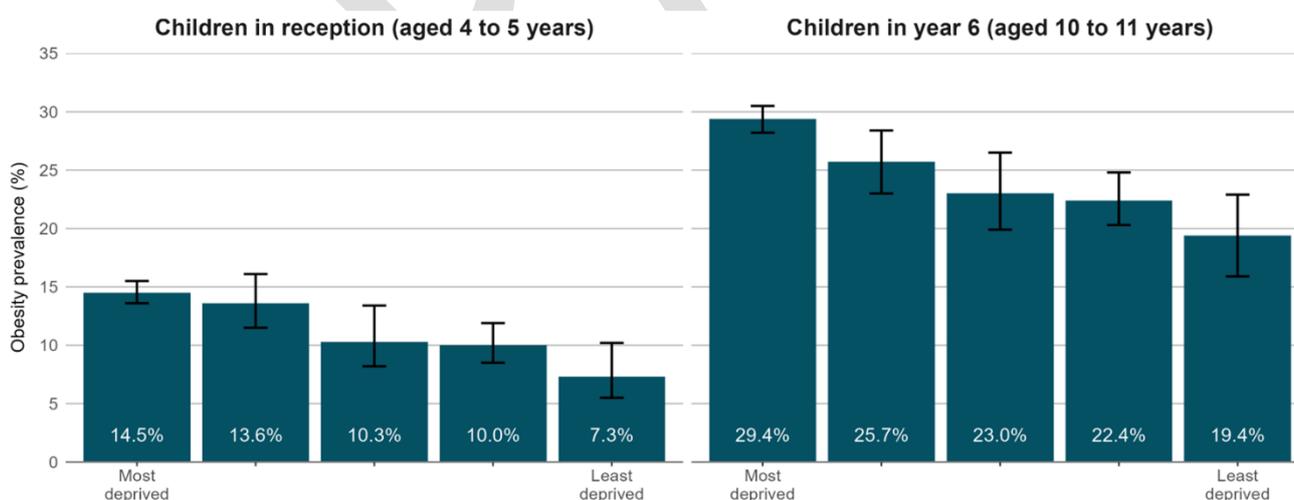
8. The National Child Measurement Programme (NCMP) records the height and weight of children in Reception (ages 4-5) and Year 6 (aged 10-11), in order to monitor patterns of overweight and obesity across England. Unlike adult measures, childhood Body Mass Index (BMI) classifications are based on age and sex specific growth references, which allow each child's measurement to be compared with expected population norms (A simple guide to classifying body mass index in Children, June 2011).
9. At the 8 September 2025 Panel meeting, Members received an overview of Middlesbrough's most recent NCMP data (2023/24). The figures show that 13.8% of Reception-age children in Middlesbrough were living with obesity or severe obesity, compared with 10.8% in the North East and 9.6% nationally. By Year 6, prevalence rose to 25.6%, slightly above the North East average of 24.5% and notably higher than the England rate of 22.1%.
10. Adult obesity levels in Middlesbrough remain significantly above national levels. In 2023/24, 71.4% of adults were overweight or obese, compared with 64.5% across England.

Indicator	Middlesbrough Value	North East Value	England Value	England Worst
Overweight (including obesity) prevalence in adults, (using adjusted self-reported height and weight) (18+ yrs)	71.4%	70.4%	64.5%	77.2%
Obesity prevalence in adults, (using adjusted self-reported height and weight) (18+ yrs)	35.3%	32.5%	26.5%	38.8%

Department of Health and Social Care – Public Health Profiles – Obesity, Health and Nutrition

Links to Deprivation

11. National data shows a strong socioeconomic gradient: obesity among Reception-aged children in the most deprived areas of England (12.9%) is more than double that in the least deprived areas (6.0%). Among Year 6 pupils, the gap widens further, 29.2% compared with 13.0% in the least deprived areas (NHS England, 2024)
12. The pattern in Middlesbrough mirrors this national trend.
 - Reception: 14.5% of children in the most deprived wards were classed as obese, compared with 7.3% in the least deprived wards.
 - Year 6: 29.4% in the most deprived wards, compared with 19.4% in the least deprived wards.



Ward Level Variation and Deprivation

13. To explore this inequality in more depth, Members received ward-level NCMP data (combined 2021/22-2023/24) presented at the 8 September 2025 Panel meeting. The data, which is illustrated in the bar charts below, shows obesity prevalence among Reception and Year 6 pupils across Middlesbrough’s wards, alongside their respective deprivation quintiles.

14. The charts clearly demonstrate that the highest levels of childhood obesity are concentrated in wards within the most deprived quintile (quintile 1), while the lowest rates are consistently found in the least deprived areas (quintile 5).

Reception (Ages 4-5)

15. Obesity levels in Reception vary considerably by ward. Some of the highest rates are seen in the most deprived areas including, North Ormesby (35.3%), Berwick Hills and Pallister (31.5%) and Brambles and Thorntree (31.1%). In contrast, quintile 5 wards such as Nunthorpe (16.9%) and Marton West (20.4%) report far lower rates. This illustrates that inequalities in healthy weight are already evident by school entry age.

Year 6 (Ages 10-11)

16. By Year 6, the gap widens further. All quintile 1 wards record obesity levels above 40%, with the highest observed in Ayresome (48.4%), Brambles and Thorntree (47.6%) and Longlands and Beechwood (47.0%). The only exception within quintile 1 is North Ormesby (36.3%), identified by Members as an outlier.

17. Following further discussion with officers, members noted that North Ormesby's lower-than-expected Year 6 obesity prevalence, when compared with its Reception figures, may be influenced by changes in the ward's population composition rather than reflecting a true cohort trend. Officers highlighted that North Ormesby has a greater migrant population than neighbouring wards - 75.8% of residents are UK-born (compared with 95.4% in Brambles and Thorntree), despite both wards having almost identical proportions of children aged 5–9 (8.1% and 8.2% respectively). This suggests that the composition of the group measured at Year 6 is unlikely to be the same as the cohort measured at Reception.

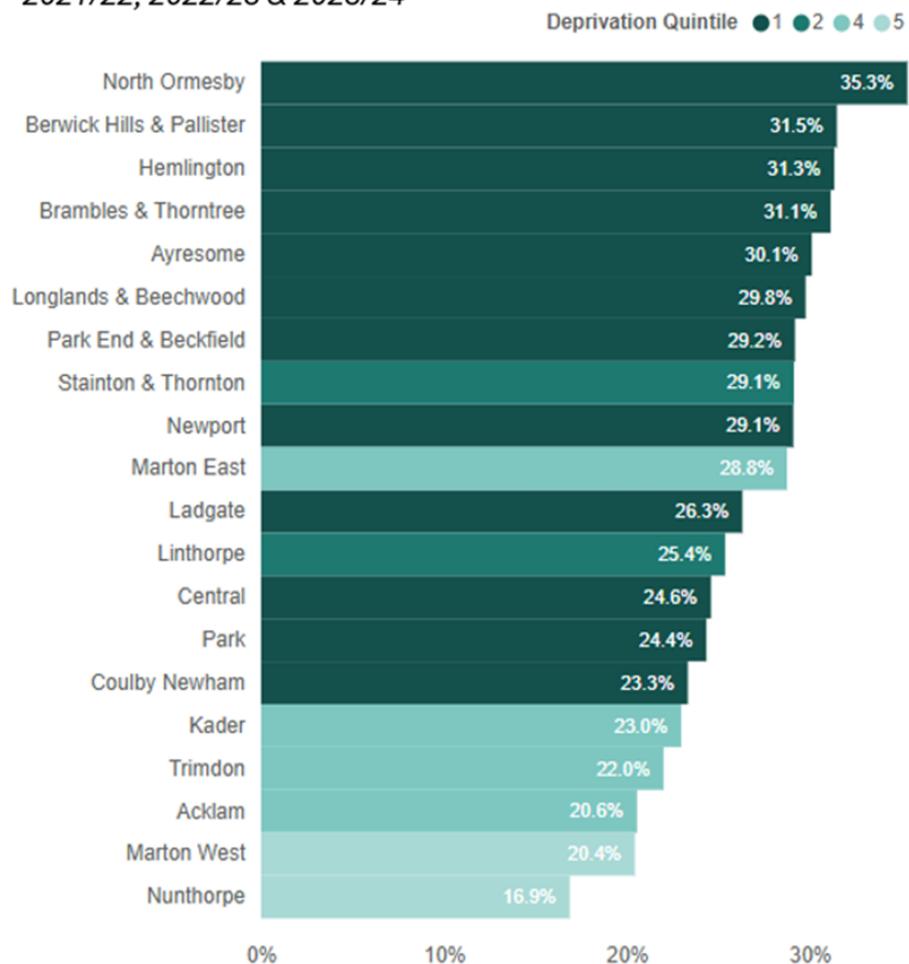
18. Members also recognised that part of the observed pattern may be an artefact of data collection processes, including coverage and participation differences at ward level. Overall, the discussion reinforced the importance of interpreting ward-level obesity data with an understanding of local demographic change, population churn and possible measurement effects.

19. At the opposite end of the scale, quintile 5 wards again show the lowest prevalence: Nunthorpe (25.9%) and Marton West (30.0%).

20. The ward-level data reinforces the strong relationship between deprivation and childhood obesity in Middlesbrough. The fact that differences are evident from Reception and become more pronounced by Year 6, indicates that inequalities accumulate through childhood. The accompanying bar charts provide a visual representation of these patterns and clearly demonstrate the extent of variation across Middlesbrough's communities.

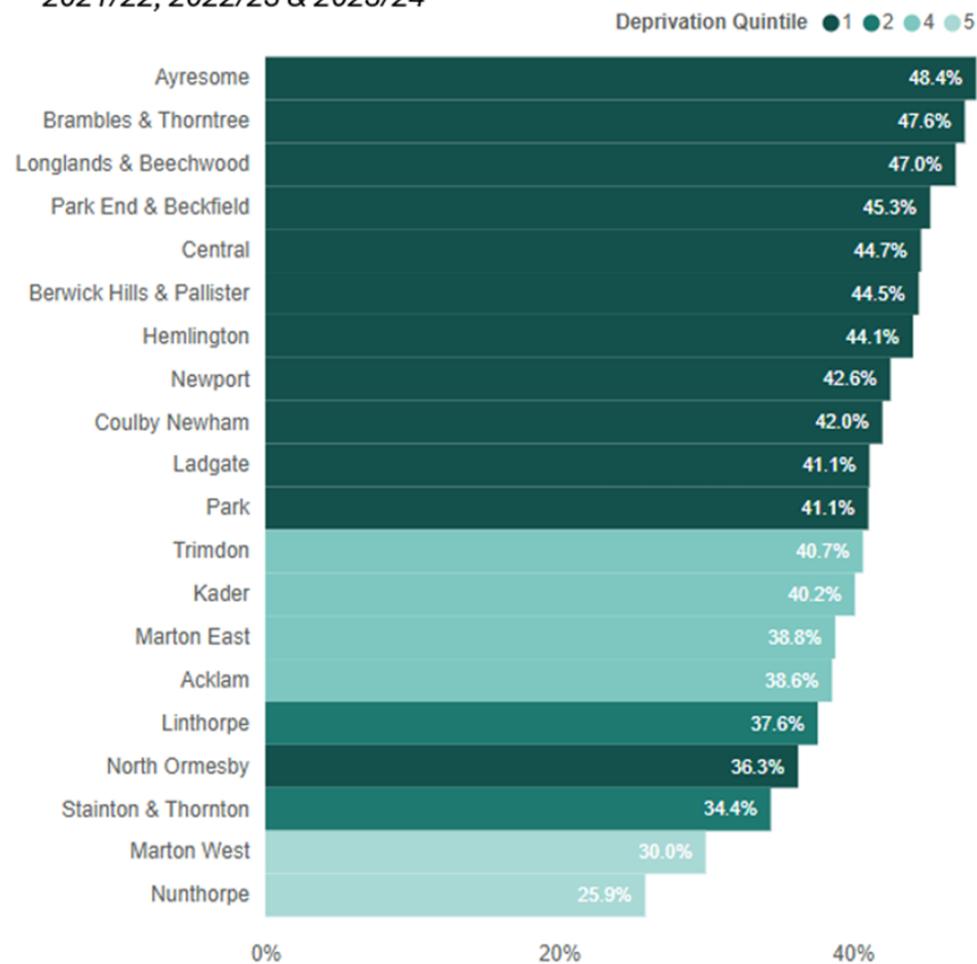
Reception - Overweight & Obese Pupils (%)

2021/22, 2022/23 & 2023/24



Year 6 - Overweight & Obese Pupils (%)

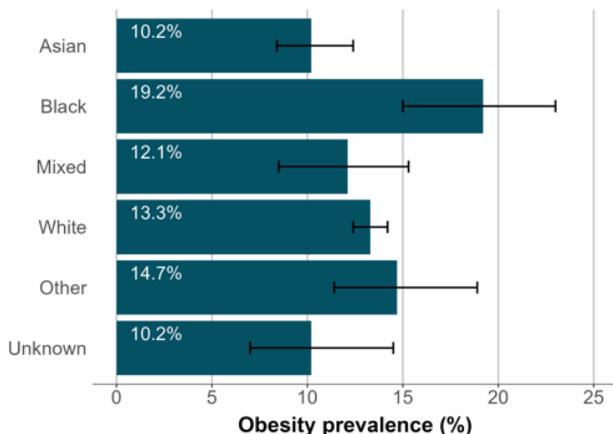
2021/22, 2022/23 & 2023/24



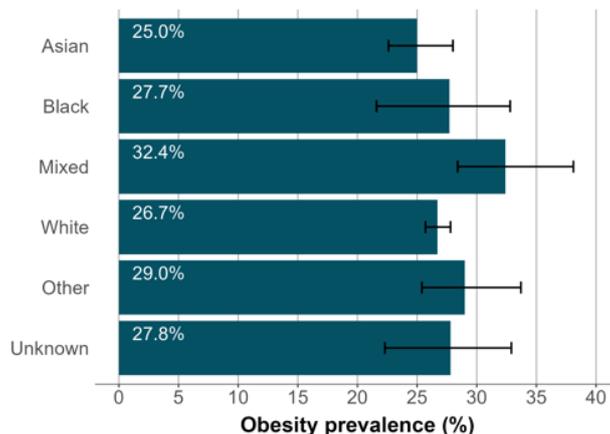
Obesity Prevalence by Ethnic Group in Middlesbrough

21. The National Child Measurement Programme data also highlights variation in obesity prevalence between different ethnic groups. The following charts illustrate the percentage of children living with obesity in Middlesbrough by ethnic group, for both Reception and Year 6.

Children in reception (aged 4 to 5 years)



Children in year 6 (aged 10 to 11 years)



NCMP 2024/25 Data

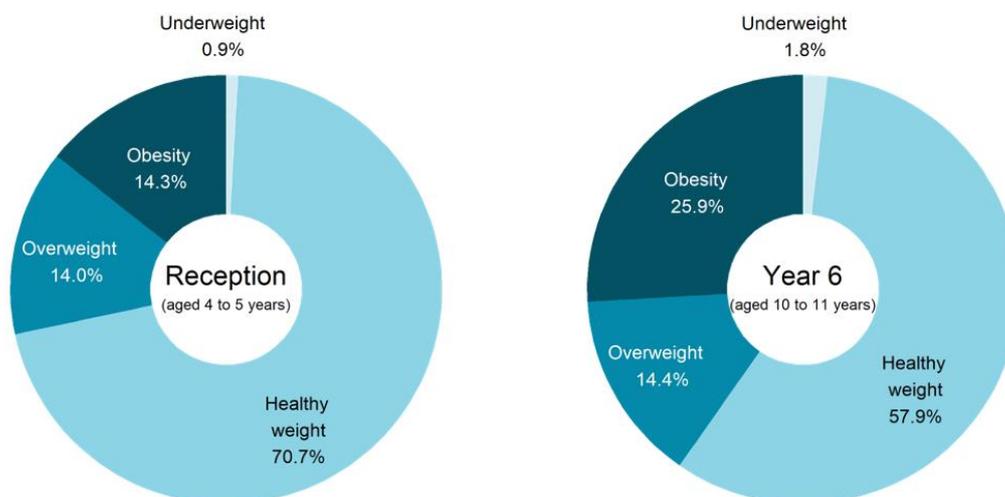
22. During the course of the review, the most recent NCMP results for 2024/25 were published on 4 November 2025. These figures show a slight increase in prevalence compared with the previous year. In Middlesbrough:

- 14.3% of Reception-age were classed as obese (up from 13.8% in 2023/24)
- 25.9% of Year 6 children classed as obese (up from 25.6% in 2023/24)

23. Although these changes are small, the overall pattern remains consistent with previous years and Middlesbrough is placed among the highest prevalence rates nationally.

BMI status of children by age in Middlesbrough

National Child Measurement Programme 2024 to 2025



Totals may not sum due to rounding

Table One – 2024/25 Obesity Prevalence

Indicator	Middlesbrough Value	England Value
	Single year prevalence data for children in reception, age 4 to 5 years 2024/25	
Reception prevalence of underweight	0.9%	1.1%
Reception prevalence of healthy weight	70.7%	75.4%
Reception prevalence of overweight	14.0%	13.0%
Reception prevalence of overweight (including obesity)	28.4%	23.5%
Reception prevalence of obesity (including severe obesity)	14.3%	10.5%
Reception prevalence of severe obesity	4.5%	2.9%
Single year prevalence data for children in year 6, age 10 to 11 years		
Year 6 prevalence of underweight	1.0%	1.6%
Year 6 prevalence of healthy weight	57.9%	62.2%
Year 6 prevalence of overweight	14.4%	13.9%
Year 6 prevalence of overweight (including obesity)	40.3%	36.2%
Year 6 prevalence of obesity (including severe obesity)	25.9%	22.2%
Year 6 prevalence of severe obesity	8.4%	5.6%
Five-year prevalence for local authority inequalities data 2020/21-2024/25		
Reception prevalence of obesity (including severe obesity), 5 years data combined	13.6%	9.8%
Year 6 prevalence of obesity (including severe obesity), 5 years data combined	27.2%	22.3%

Department of Health and Social Care – Public Health Profiles – Obesity, Health and Nutrition

[Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care](#)

24. This evidence demonstrates that childhood obesity in Middlesbrough emerges early in life and is strongly associated with deprivation. This provides the context for the Panel’s subsequent consideration of healthy placemaking, partnership working and system-wide prevention approaches.

Term of Reference B – Identify the key aspects of healthy placemaking and assess current and planned activity within Middlesbrough, such as public health, planning, transport and environment matters.

25. Healthy placemaking brings together the physical environment, local policy and service delivery to create places that support and enable healthier behaviours as part of everyday life. It recognises that health outcomes are shaped not only by individual choice, but also by wider factors such as urban design, transport systems and food environments. As part of this review, the Panel considered how healthy placemaking principles are currently embedded across key

Council functions, including public health, planning and transport and infrastructure. Each of these areas are considered below.

Public Health

26. In February 2024, Middlesbrough Council adopted the Healthy Weight Declaration (HWD) in recognition of the scale and complexity of obesity and the need for a coordinated, long-term response. The Declaration represents a town-wide commitment to supporting residents to achieve and maintain a healthy weight, with Public Health providing strategic leadership and coordination across the Council and wider system, underpinned by collaboration across Council departments and with external partners.
27. Officers advised the Panel that the HWD contains sixteen core commitments, designed to embed healthy weight considerations across policy development, decision-making and service delivery. These commitments are grouped under four overarching themes: strategic and system leadership; commercial determinants; health-promoting environments and organisational and cultural change. Taken together, the commitments provide a practical framework through which Public Health can influence multiple Council functions and partner organisations, addressing the wider environmental, social and economic factors that influence diet, physical activity and health outcomes.
28. Members were advised that the HWD supports a whole-system approach, recognising that progress in reducing obesity rates is gradual and that sustained action is required over time. Public Health officers emphasised the importance of maintaining confidence in the direction of travel, even where measurable population-level change may not be immediately apparent, particularly given the strong association between obesity and deprivation.
29. In addition to the HWD, the Panel heard about a range of public health activity supporting healthy placemaking and influencing the local environment in which people live, work and learn. This included work to support the implementation of government advertising restrictions, collaboration with the Council's marketing and communications teams to ensure appropriate messaging across Council websites, and initiatives such as the Eat Well Awards, breastfeeding promotion campaigns and Holiday Activity and Food programmes (HAF). These activities were presented as complementary to policy and planning interventions, reinforcing healthier choices across the life course.

Planning

30. The Panel received evidence from the Strategic Policy Manager (Planning) and the Creating Active and Healthy Spaces Lead (Public Health South Tees) on the role of the planning system in shaping healthier environments.
31. At the outset of the discussion, Members were introduced to the role of the hybrid public health-planning post 'Creating Active and Healthy Spaces Lead', and its importance in delivering healthier places. Officers explained that the role acts as a bridge between public health and planning, supporting a shared understanding of how the built environment influences long-term health outcomes. Members were advised that national evidence recognises that while healthcare services are vital, the places in which people live, work and move can have a greater long-term impact on health, particularly in addressing inequalities.
32. Officers highlighted the value of hybrid roles is reflected in national policy, including the NHS 10-Year Plan and the revised National Planning Policy Framework, which emphasise the need to embed health considerations into decision-making about place. Hybrid posts support planners and public health professionals to work to a common language and shared objectives, improving the use of health evidence in Local Plans, planning applications and design reviews.

33. Members heard that, in practice, these hybrid roles help to strengthen the planning process by embedding health and equity considerations at the earliest stages of development, rather than treating them as a 'tick-box' requirement. The roles support more robust and consistent use of Health Impact Assessments, provide clearer health guidance to developers, and to improve engagement with communities and elected Members. This helps to ensure local priorities inform placemaking decisions and supports the delivery of greener, healthier and more equitable environments.
34. Members were provided with an overview of national policy legislation, the National Planning Policy Framework (NPPF) and associated design and practice guidance. Officers highlighted specific NPPF paragraphs (including paragraphs 96(c) 97, 103 and 109 (e) and (f) which place clear emphasis on creating healthy, safe, inclusive and accessible places.
35. Members were informed that Middlesbrough's Local Plan, which is presently under examination, integrates health considerations throughout its policies. This alignment supports the Council Plan priority of creating a healthy place and links closely with the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment, particularly in relation to promoting wellbeing and reducing health inequalities.

Health Impact Assessments (HIAs)

36. A key feature of Middlesbrough's approach is the use of Health Impact Assessments (HIAs) within the planning process. Officers advised that only around 30% of planning authorities nationally routinely use HIAs and that Middlesbrough's approach represents good practice.
37. HIAs are used as a practical tool to assess the potential health and wellbeing impacts of major developments, informing decisions on design, layout and access. Examples include encouraging the development of usable green space, supporting opportunities for food growing and ensuring proximity to key amenities such as supermarkets within an 800-metre walking distance.
38. To illustrate how healthy placemaking principles are applied in practice, Members were provided with an example of the newly developed Stainsby residential estate, which was highlighted as an example of good practice in creating a healthier community through design.
39. Members noted that the Stainsby development demonstrates how the built environment can actively support healthier behaviours, particularly through the provision of connected and accessible walking routes, green corridors and safe links between homes, open space and local amenities. The masterplanning approach prioritised permeability, legibility and active travel, helping to make walking a realistic and attractive option for everyday journeys.
40. The Panel also noted that health considerations had been embedded at the design stage, including access to open green space, opportunities for informal physical activity and food and nutrition considerations, as reflected through the use of Health Impact Assessment principles. Members welcomed this as an early example of how early collaboration between planning, public health and developers can result in environments that support long-term wellbeing and contribute to the creation of a sustainable, healthy place.

Hot Food Takeaway Policy

41. Members received further evidence on the Council's approach to managing the concentration and location of hot food takeaways.
42. Middlesbrough Council formally adopted the Interim Hot Food Takeaway (HFT) Policy in July 2019, with an amended version adopted in March 2020. The policy applies to hot food takeaways (A5 use class) and sets thresholds to limit over-concentration, protect primary

shopping frontages and restrict new takeaways within a 400-metre walking distance of secondary schools. Hot food takeaways are also not permitted outside of defined centres.

43. Members were advised that since the introduction of the policy, the number of applications has reduced and refusal rates have increased, suggesting a deterrent effect:
- August 2015 – July 2019: 26 applications, 5 refused (19%)
 - August 2019 – July 2023: 18 applications, 10 refused (55%)
44. Officers explained that while existing outlets remain, the policy provides a robust framework for resisting new proposals in sensitive locations and supports wider healthy placemaking objectives. Progress is monitored through planning performance data, benchmarking against national good practice and ongoing assessment of planning decisions.

Transport and Infrastructure

45. The Panel received a presentation from the Head of Transport and Infrastructure and the Principal Planning Transport Officer on how transport policy, infrastructure investment and education programmes contribute to healthy placemaking. This included data on travel modes, travel to school patterns, road safety and an overview of key strategies and investment programmes aimed at supporting active and sustainable travel.
46. Members noted that Middlesbrough experienced high levels of childhood obesity and physical inactivity, despite low levels of car ownership with 33.1% of households having no car or van and short averages distances between home and school. Officers advised that 46% of children currently walk to school, with this figure having declined in recent years. This prompted concern among Members, particularly given the role that walking to school plays in supporting physical daily activity and reducing congestion at school gates.
47. Following the meeting, Members requested further information on vehicle ownership, broken down by ward. Census 2021 data, presented in the table below, shows that car ownership levels do not directly correlate with obesity prevalence. In fact, wards with higher obesity levels generally recorded lower levels of vehicle ownership, reflecting wider patterns of deprivation rather than transport access alone.

Ward	% households without cars/vans
Marton West	9.7
Nunthorpe/Marton East	10.1
Trimdon	12.6
Kader	15.1
Linthorpe	21
Coulby	24
Stainton/Hemlington	26.7
Easterside	31.9
Linthorpe East	32.1
Newport	33.5
Park	36.6
Berwick Hills	43.8
Beechwood	45.2
Thorntree	47
North Ormesby and Brambles	55
Central	55.8
Ayresome	62.4

48. Members discussed that while lower car ownership may result in higher levels of walking for everyday journeys such as travel to school, higher levels of car ownership, often associated with greater household income, may also enable access to a wider range of opportunities that support more active lifestyles. This includes the ability to travel to organised sports, leisure centres, swimming pools and green spaces as well as the financial capacity to afford sports clubs, classes and gym memberships. Members noted that these factors are less accessible to families experiencing deprivation and that this further reinforced the complexity of the issue and the influence of broader social and economic determinants of health.
49. While recognising that patterns of travel are influenced by a range of wider factors, the Panel noted that the Council already delivers a comprehensive programme of education and infrastructure initiatives to encourage safer and more active travel to school. These included Balancability training (74 places), Bikeability provision for Year 3 (1057 places) and Year 5/6 pupils (1,529 places) alongside school assemblies, Dr Bike/Fix-It sessions, guided rides and the installation of secure cycle parking. Officers emphasised that achieving a sustained shift away from car use at the school gate would require behavioural change, supported by clear communication and increased parental confidence, particularly around addressing perceptions around journey distance and safety.
50. Members also discussed the role of cycling infrastructure, including dedicated cycling lanes, in supporting active travel. Officers acknowledged that high-quality, well-connected infrastructure is an important enabling factor for cycling but emphasised that infrastructure alone insufficient to drive sustained behaviour change. Evidence presented to the Panel highlighted that perceptions of safety, confidence, convenience and cultural norms all strongly influence whether residents choose to cycle. Members therefore noted that cycle infrastructure is most effective when delivered as part of a joined-up approach, alongside education, engagement and supportive local environments.
51. The Panel acknowledged that improving active travel uptake is a long-term endeavour and forms a key component of a whole-system approach to healthy placemaking.

Term of Reference C – Examine how partnership working contributes to the current reduction of childhood obesity and identify how this could be further developed by considering areas of best practice.

52. Reducing childhood obesity was consistently described to the Panel as a complex, long-term challenge that cannot be addressed by any single organisation or service in isolation. Evidence presented throughout the review highlighted the importance of partnership working at local, regional and national levels to influence the wider determinants of health, including physical activity, food environments and education.

Cross-Council Partnership Working

53. Public Health officers explained that partnership working is embedded not only through collaboration with external organisations, but also through influencing decision-making across Middlesbrough Council. Public health expertise is integrated within core Council functions through Service Level Agreements (SLAs), enabling health considerations to be incorporated at the earliest stages of policy development, service planning and delivery.
54. This includes close collaboration with Planning, Transport and Infrastructure, Children's Services and Education, supporting a joined-up approach to healthy placemaking, active travel, food environments and school-based initiatives. Members heard that this internal partnership working is particularly important where decisions taken in one service area may have significant downstream impacts on health outcomes.

55. Strengthening cross-departmental working was identified as central to embedding a whole-system approach, ensuring that responsibility for reducing childhood obesity is shared and that health considerations are consistently reflected in Council decision-making.

Unhealthy Commodity Industries (UCIs)

56. The Panel was informed about Unhealthy Commodity Industries (UCIs), defined as profit-driven commercial sectors whose products are associated with significant adverse health outcomes. Examples discussed included tobacco, alcohol, gambling, certain food and beverage products and fossil fuels.
57. Officers explained that the products and practices of these industries are linked to a range of non-communicable diseases, including cancer, cardiovascular disease, stroke, poor mental health and overweight and obesity. Members were advised that non-communicable diseases account for a significant proportion of deaths and ill-health nationally and contribute to widening health inequalities.
58. Members heard that UCIs often influence behaviour through targeted advertising, marketing strategies and approaches that shift responsibility onto individuals rather than addressing wider commercial and environmental drivers of health. Examples relevant to local government were highlighted, including industry-funded training opportunities, sponsorship arrangements and grants to voluntary and community organisations.
59. Officers emphasised that addressing these influences requires coordinated partnership working across Council departments, supported by clear governance arrangements. This was considered important to ensure a consistent, transparent approach to engagement with UCIs and to support decision-making that aligns with public health priorities and the Healthy Weight Declaration.

External Partnerships and Programme Delivery

60. The Panel's meetings considered a range of external partnerships that support healthy behaviours among children and young people.

You've Got This (Sport England)

61. At the meeting on 8 September 2025, Members heard from a representative of You've Got This (Sport England), who outlined the purpose, scope and delivery of the programme. You've Got This is a Sport England-supported Local Delivery Pilot, one of a small number of place-based partnerships across England designed to explore innovative ways of increasing physical activity levels at a population scale and making "active lives a way of life". The programme was established in 2018 and focusses on addressing physical inactivity not simply as an individual behaviour change issue, but as a systemic challenge requiring insight-led, whole systems action across partners and communities. Locally it operates through wide partnership involving public health, local authorities, community organisations and sport providers to create activities, gather insight and support residents to become and stay more active.
62. Members were advised that the programme has a particular emphasis on insight and learning, identifying barriers to activity and testing approaches that work in a local context. Evidence highlighted the value of national partners working alongside local services and schools to deliver consistent messaging and accessible opportunities for participation.

Bring It On Boro – Holiday Activities and Food (HAF) Programme

63. Members also received detailed evidence on Bring It On Boro, Middlesbrough's Holiday Activities and Food (HAF) programme, delivered during 2024/25 for children and young people eligible for benefit-related free school meals and other vulnerable groups. Members reviewed the annual report 2024/2025 which outlined the scale and structure of delivery across the three

main holiday periods (Easter, Summer and Christmas) and demonstrated strong partnership working between Council, voluntary and community organisations and external providers.

64. The HAF programme aims to provide free, accessible activities alongside healthy food, promoting positive holiday experiences while addressing food insecurity, inactivity and social isolation. Its objectives include encouraging children to eat healthily, be physically active, take part in engaging and enriching activities, improve knowledge of health and nutrition, and enhance resilience, wellbeing and social connections.
65. Evidence presented to the Panel highlighted key outcomes from 2024/25, including:
- The equivalent of six weeks of face-to-face provision across Easter, Summer and Christmas holidays.
 - Activities delivered during the programme that combine healthy meals with sport, creative experiences and opportunities for social engagement, reinforcing both physical and emotional wellbeing.
66. Members noted that delivery was aligned with national HAF standards which require provision to include a combination of healthy food, physical activity and enriching experiences, supporting children to maintain positive routines and connections outside of the school environment.
67. Members acknowledged that the HAF programme contributes to broader healthy placemaking by:
- Providing structured opportunities for physical activity during school holidays, reinforcing daily activity habits.
 - Supporting social inclusion and wellbeing, particularly for families facing socioeconomic barriers.
 - Strengthening local partnerships, as delivery relies on community organisations, schools and voluntary groups working together to reach eligible children.
68. The programme was recognised as an example of how partnership working, blending national funding streams with local delivery expertise and community networks, can provide meaningful health-related outcomes in the short term while contributing to longer-term ambitions to reduce inequalities and foster healthier lifestyles.

Schools and Early Years Partnerships

69. Members discussed the importance of schools and early years settings as key partners in addressing childhood obesity. Evidence was provided on initiatives including the Eat Well Schools Award, which is available to all primary, secondary and special schools, both maintained and academies.
70. The Eat Well Schools Award is available to all schools in Middlesbrough. To achieve the award, schools are expected to serve healthy food and teach children about healthy and sustainable food. Achieving the award evidences that schools:
- provide meals which meet the government's school food standards (which is a legal requirement for schools)
 - teach children about the importance of healthy eating
 - support children to make healthy choices
 - support and promote breastfeeding
 - contribute to the changes needed to promote healthy weight and prevent obesity in the area
71. Members expressed interest in the role of schools in shaping food environments and healthy behaviours and noted the importance of continued engagement between Public Health,

education services and school leadership to promote consistent standards and share good practice.

72. The Panel also heard about wider initiatives such as Creating Active Schools, a programme piloted in Bradford, which supports schools to embed physical activity across the whole school day, including within lessons, playtimes, travel to and from school and wider school culture. The programme focuses on long-term behaviour change, supporting schools to create environments where being active becomes a normal and inclusive part of everyday life rather than an additional activity. Members noted the relevance of this approach for Middlesbrough, particularly in areas of higher deprivation where opportunities for physical activity outside of school may be more limited and recognised the potential value of learning from this best practice to inform future local delivery.

Behaviour Change and Cultural Factors

73. Throughout the review, Members emphasised that improving childhood obesity outcomes requires more than infrastructure and programme delivery alone. Officers highlighted the importance of addressing behavioural, cultural, social and environmental factors that influence everyday choices.
74. Members heard examples of long-term, system-wide approaches, including the London Borough of Waltham Forest, where sustained investment in active travel infrastructure combined with strong community engagement had successfully increased walking and cycling levels. Officers advised that such change takes time, persistence and confidence that interventions are having an impact, even where results may not be immediately visible.
75. The Panel recognised that partnership working is essential to tackling childhood obesity and that there are no quick or simple solutions. Members acknowledged that progress requires long-term commitment, shared responsibility and alignment across organisations, sectors and communities.
76. The evidence reinforced the importance of coordinated governance, whole-system thinking and sustained collaboration to support meaningful and lasting change

Term of Reference D – Explore how healthy placemaking can be embedded more effectively into local council policies and strategies

77. Throughout the review, the Panel consistently heard that tackling childhood obesity through healthy placemaking requires sustained leadership, clear governance and a whole-system approach embedded across Council policy, strategy and decision-making. Members recognised that there are no quick wins, and that meaningful change will take time, particularly in a context of high deprivation and widening health inequalities.
78. The Panel noted positively that Public Health is already embedded within core Council functions through Service Level Agreements (SLAs), enabling health considerations to inform policy development, commissioning and operational decision-making at an early stage. This approach was viewed as a strong foundation for embedding healthy placemaking more consistently across the organisation. Members agreed that further strengthening and formalising these arrangements would support a shared responsibility for health outcomes across departments, including Planning, Transport and Infrastructure, Education and Children's Services.
79. Evidence presented to the Panel highlighted the added value of specialist hybrid roles, such as the Creating Active and Healthy Spaces Lead, in bridging public health and planning functions. Members were particularly impressed by how this role supports the integration of

health evidence into spatial planning, the use of Health Impact Assessments and the consistent application of healthy placemaking principles. The Panel recognised the importance of maintaining and future-proofing this role, with clear links to wider Council teams, to ensure continuity, influence and accountability over the long term.

80. The Panel also considered how the Healthy Weight Declaration (HWD) provides a clear, evidence-based framework to support embedding healthy placemaking across Council activity. Members welcomed the HWD as a mechanism for driving leadership, aligning policies and influencing organisational culture, and noted the importance of using it as a living framework rather than a standalone commitment. The Panel agreed that ongoing senior leadership ownership and regular monitoring of progress against the Declaration's commitments would be essential to sustaining momentum and delivering long-term impact.
81. In exploring how healthy placemaking could be strengthened further, Members discussed the influence of Unhealthy Commodity Industries (UCIs) and the importance of a coordinated, transparent approach to engagement with commercial partners. Building on existing cross-Council working and SLAs, the Panel identified an opportunity to use these established governance structures to support a consistent approach to UCIs, ensuring that decisions relating to procurement, sponsorship, grants and partnerships align with public health priorities and the Council's wider commitment to reducing health inequalities.
82. Members were clear that healthy placemaking should not be interpreted solely as the delivery of physical infrastructure, such as cycle routes or highways schemes. While the built environment plays a critical role, evidence presented to the Panel demonstrated that health outcomes are also shaped by behavioural, social, cultural and economic factors, including parental confidence, perceptions of safety, food environments and, critically, levels of deprivation. The Panel noted that Middlesbrough's high levels of childhood obesity cannot be separated from the wider context of poverty and inequality, and that healthy placemaking must therefore address both place-based and socio-economic influences.
83. The Panel recognised that the Council does not have direct control over all factors affecting healthy weight, including national policy decisions, commercial behaviours and wider funding constraints facing local government. Members were clear that the focus of this review, and the recommendations arising from it, relate to areas within the Council's influence, including policy alignment, planning decisions, commissioning, partnership working and the effective use of existing resources. In this context, healthy placemaking was viewed as a long-term, cumulative endeavour, requiring sustained commitment and organisational alignment rather than short-term or isolated interventions.

CONCLUSIONS

84. Based on the evidence provided throughout the investigation, the Adult Social Care and Health Scrutiny Panel concluded that:
 - Childhood obesity remains a significant public health challenge in Middlesbrough, with 2024/25 NCMP data showing that 14.3% of Reception children and 25.9% of Year 6 children are living with obesity.
 - There is a strong and persistent relationship between childhood obesity and deprivation in Middlesbrough, with the highest prevalence rates overwhelmingly concentrated in wards within the most deprived quintiles. The Panel agreed that, without addressing the wider determinants of health and adopting a whole-system approach, progress is likely to remain uneven.
 - Healthy placemaking has an important role to play in tackling childhood obesity, particularly through shaping the built environment, food environments and opportunities for physical activity. The Panel noted positively that health considerations are increasingly being embedded into planning, transport and policy decision-making.

- Officers demonstrated strong commitment to this agenda, and the Panel was particularly encouraged by the development of the Creating Active and Healthy Spaces Lead role, recognising it as a promising model for sustained cross-departmental collaboration and leadership.

85. The Panel acknowledged that there are no 'quick wins' in addressing childhood obesity; meaningful change will require sustained leadership, partnership working and a long-term commitment before measurable improvements are seen. However, the Panel agreed that laying the foundations now—through coordinated, place-based action—will support long-term progress and help create the conditions for healthier futures for Middlesbrough's children and families.

RECOMMENDATIONS

86. The Adult Social Care and Health Scrutiny Panel recommends to the Executive that:

- A. The Council should strengthen visible leadership on healthy weight by ensuring LMT members sponsor and champion Healthy Weight Declaration commitments. A written progress update should be provided to the ASC and Health Scrutiny Panel within 12 months.
- B. The Council should build on the existing Public Health Service Level Agreements to formalise shared responsibility across all departments, ensuring health and equity considerations are applied in all decision making. A progress update should be provided to the ASC and Health Scrutiny Panel within 6 months.
- C. A review of the implementation of the Council's Advertising Policy should be undertaken to ensure it aligns with the emerging national restrictions on the promotion of unhealthy products, a progress update should be provided to the ASC and Health Scrutiny Panel within 12 months.
- D. A cross-departmental Steering Group should be established, supported by the Leadership Management Team, to review how the Council currently interacts with Unhealthy Commodity Industries (UCIs) through contracts, grants, sponsorships etc. The Steering Group should undertake a 12-month audit and provide guidance to ensure consistent decision-making aligns with public health aims. Progress should be reported back to the ASC and Health Scrutiny Panel by April 2027.
- E. Public Health and Children's Services should work jointly to increase the number of Middlesbrough schools participating in the Eat Well Schools Award, with a particular focus on schools located in the wards with the highest childhood obesity prevalence. A progress update should be reported back to the ASC and Health Scrutiny Panel by April 2027.
- F. The Council should continue to invest in safe, well-connected walking and cycling infrastructure, with a focus on improving access, safety and connectivity between homes, schools, green spaces and local amenities, particularly in more deprived areas. Progress should be aligned with existing transport programmes and reported to the ASC and Health Scrutiny Panel within 12 months.
- G. Transport and Infrastructure should support school-led development of Active Travel to School Action Plans, identifying a small number of priority schools using relevant indicators (e.g. obesity prevalence, school gate congestion and existing active travel rates). As part of this work, the service should engage directly with all parts of the school community including pupils, parents/carers, staff and governors, to understand the key barriers to walking and cycling. The findings should then be used to shape tailored interventions for

each school and progress reported back to the ASC and Health Scrutiny Panel within 12 months.

- H. Opportunities should be sought to extend the Creating Active Schools model to enable more schools in Middlesbrough to develop their own whole school programmes to increasing physical activity, working alongside the Eat well Schools programme to improve food quality and choices, particularly around schools with high levels of obesity and deprivation. Relevant indicators should be used to measure progress, such as activity monitors, and the findings reported back to the ASC and Health Scrutiny Panel in 12 months.
- I. The Council should maintain and, for as long as necessary, future-proof the strategic Creating Active and Healthy Spaces Lead role and the companion operational role of Healthy Placemaking Officer. It should also pilot the use of Health Impact Assessments (HIAs) ahead of adoption of the Local Plan. The Local Plan will require that HIAs are prepared for all residential developments of 100 or more dwellings, with other major developments screened on a case-by-case basis to determine whether an HIA is required. Going forward, outcomes should be monitored annually through KPIs, with the first summary report, produced during this transitional period, presented within 12 months to the ASC and Health Scrutiny Panel.
- J. Regular assurance should be provided to the ASC and Health Scrutiny Panel by reporting on a six-monthly basis, the number and location of hot food takeaways in the town. This should include new applications, refusals, closures, retrospective planning applications and related enforcement.
- K. The Council should continue to advocate to Government, for increased support to reduce child poverty in Middlesbrough, recognising its significant impact on childhood obesity and wider health inequalities.

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Dr David McAleavey, Creating Active and Healthy Spaces Lead, Middlesbrough Council

ACRONYMS

88. A-Z listing of common acronyms used in the report:

BMI	Body Mass Index
FSM	Free School Meals
HAF	Holiday Activities and Food
HIA	Health Impact Assessment
HFT	Hot Food Takeaway
HWD	Healthy Weight Declaration

NCMP	National Child Measurement Programme
NHS	National Health Service
NPPF	National Planning Policy Framework
SLA	Service Level Agreement
UCI	Unhealthy Commodity Industry

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Adult Social Care and Health Scrutiny Panel - reports/presentations to, and minutes of, meetings held on 8 September 2025, 20 October 2025 and 1 December 2025

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