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## ADULT SOCIAL CARE AND HEALTH SCRUTINY PANEL

A meeting of the Adult Social Care and Health Scrutiny Panel was held on Monday 13 April 2026.

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

**OFFICERS:** C Cannon, L Grabham, R Johansson, C Jones, C Moore and M Stamp

**APOLOGIES FOR ABSENCE:** Councillors J Banks and D Coupe

### 25/11 WELCOME AND FIRE EVACUATION PROCEDURE

The Chair welcomed all present to the meeting and described the fire evacuation procedure.

### 25/12 DECLARATIONS OF INTEREST

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

### 25/13 MINUTES- ADULT SOCIAL CARE AND HEALTH SCRUTINY - 23 FEBRUARY 2026

The minutes of the Adult Social Care and Health Scrutiny meeting held on 23 February 2026 were submitted and approved as a correct record.

### 25/14 OVERVIEW AND SCRUTINY BOARD UPDATE

The Chair provided an update on items discussed at the Overview and Scrutiny Board meeting held on 18 March 2026, which included an update from the Executive Member for Environment and Sustainability and the final scrutiny reports on Barriers to Regeneration and Healthy Placemaking; both reports were endorsed by the Overview and Scrutiny Board.

### 25/15 VAWG - FINAL TERMS OF REFERENCE - FOR APPROVAL (TABLED)

The Chair acknowledged the contributions received from Members in relation to the terms of reference for the scrutiny topic 'Violence Against Women and Girls – How to Tackle It'. The contributions had been submitted to the Democratic Services Officer following a request at the previous meeting and were tabled for consideration.

**AGREED** that the following terms of reference be approved:

1. To understand the extent and nature of Violence Against Women and Girls (VAWG) in Middlesbrough, including analysis of available data, trends, and comparison with regional and national positions, and to consider the underlying causes and contributing factors.
2. To examine current approaches to prevention and early intervention, including work with young people, education settings and community-based initiatives aimed at addressing attitudes, behaviours and cultural norms linked to VAWG.
3. To consider the Council's strategic response to VAWG, including alignment with national policy and to explore opportunities to strengthen leadership, coordination and long-term cultural change (including initiatives such as the White Ribbon accreditation)

### 25/16 VAWG - FURTHER EVIDENCE - CHILDREN'S SERVICES (VERBAL UPDATE)

The Chair introduced the Interim Director of Education and reminded the Panel that, at its previous meeting, it had been agreed that Children's Services would be invited to provide evidence in relation to current work on Violence Against Women and Girls (VAWG). This was to include a focus on the role of education, healthy relationships, prevention and early intervention, and alignment with the national VAWG strategy.

The Interim Director of Education provided an overview of the key responsibilities of the education directorate, noting that these had evolved over time, particularly in the context of

13 April 2026

increased academisation. These responsibilities included ensuring sufficient school places, oversight of Special Educational Needs and Disabilities (SEND), and a range of safeguarding duties, such as elective home education, children missing from education, alternative provision, exclusions, and supporting those at risk of exclusion.

The Interim Director of Education advised that responsibility for curriculum delivery, including education relating to healthy relationships, sits with individual schools and academy trusts and curriculum is monitored through the national inspection framework. It was emphasised that the local authority does not deliver this aspect of education and has limited direct involvement in overseeing curriculum content.

A Member referred to Violence Against Women and Girls (VAWG) data presented at a previous meeting, noting that the figures were concerning, and queried the role of Children's Services in addressing this. In response, the Interim Director of Education referred to the national VAWG strategy, including proposals for increased investment in training for schools and the development of pilot hubs to share good practice. It was noted that any relevant information or updates would be shared with schools through existing forums, such as Headteacher panels. The Director also suggested that the Panel may wish to seek evidence directly from schools to understand how these themes are reflected within the curriculum.

A Member acknowledged that relationships between the local authority and schools are now more indirect and queried what mechanisms were in place to identify and respond to concerns where a pupil may be affected by issues related to VAWG. In response, the Interim Director of Education outlined a number of existing arrangements, including the safeguarding partnership, the Inclusion and Outreach Service, and the Educational Psychology Service, which provide support to schools and assist in identifying and addressing safeguarding concerns.

A Member queried whether there was a consistent curriculum model in place across schools to support the teaching of healthy relationships. The Director reiterated that responsibility for curriculum delivery rests with individual schools and suggested that the Panel may wish to seek assurance directly in this regard.

It was further queried what preventative work with young men was being undertaken through Early Help services and Children's Safeguarding. In response, the Interim Director of Education advised that some relevant activity was likely to take place through the Safeguarding Partnership, and that schools may also commission their own training and support. However, it was noted that further information would need to be obtained, and the Director undertook to provide a response to the Panel outside of the meeting.

A Member queried whether there were designated officers within schools to whom concerns could be raised. In response, the Interim Director of Education advised that safeguarding arrangements had strengthened over time, with designated safeguarding leads now well established.

A Member asked whether there were any links between children missing education and VAWG. In response, it was advised that processes for tracking children missing education had been strengthened through recent legislative developments, including the Children's Wellbeing and Schools Bill.

In conclusion, officers highlighted that there are links between VAWG prevention and both education and wider Children's Social Care activity, including the work of the Safeguarding Partnership. It was noted that the national VAWG strategy places a strong emphasis on supporting young people and driving cultural change, particularly in relation to behaviours and attitudes. Members were advised that where preventative work is introduced, this can often lead to increased awareness and reporting and may therefore result in a rise in referrals to the Multi-Agency Children's Hub (MACH).

**Agreed that:**

- The information from the Interim Director of Education be noted.
- Further information to be sought from Children's Services on VAWG preventative work with young men through Early Help services and Children's Safeguarding.

The Corporate Director of Adult Social Care and Health presented the latest quarterly update on progress against the Care Quality Commission (CQC) Improvement Plan.

Members were reminded that the CQC report was published in February 2025. The Improvement Plan was monitored through the Improvement Programme Board and the Adult Social Care and Health Scrutiny Panel. It was also noted that progress updates had been submitted to the Department of Health and Social Care, which had resulted in de-escalation from formal monitoring arrangements.

Members noted that the CQC report had identified several critical areas requiring focused improvement, including the need to:

- establish a clear vision and strategic direction for the Directorate;
- improve support for unpaid carers;
- develop a robust workforce strategy with a strong focus on equality, diversity and inclusion;
- address digital exclusion to ensure residents were able to access services effectively;
- strengthen the promotion and visibility of services within the community;
- embed co-production so that people who use services had a meaningful role in shaping services; and
- undertake a deep-dive review of the ACT model to address homelessness and associated vulnerabilities.

It was reported that these priority areas formed the basis of the Directorate's improvement programme and had been translated into formal projects, supported by clear governance arrangements and delivery plans to enable sustainable change.

The following key focus areas were discussed:

**Vision and Strategy**  
Members were informed that the Adult Social Care Vision and Health Strategy 2025–2035 had been approved and published.

**Unpaid Carers**  
It was noted that the 'Mobilise' project continued to identify and support hidden carers. Members were advised that the Directors of Adult Social Care from Middlesbrough and Redcar and Cleveland were to co-chair a carers' forum.

**Workforce Strategy**  
Members were advised that the Workforce Strategy had been approved. It was reported that the Care Academy would launch on 1 May and that over 100 applications had been received for apprentice social worker roles.

A Member requested further information on the apprentice social worker role and asked whether the number of recruits could be increased in light of the high level of interest. In response, it was explained that a small number of places were usually advertised each year, typically internally. Members were advised that the CQC had highlighted that the workforce did not fully reflect the local population, and as a result vacancies had been advertised externally. It was hoped that numbers could be increased as part of a future growth bid. The Director also acknowledged the ageing workforce (over 55+) and advised that succession planning was under consideration.

**Tackling Digital Inclusion**  
Members were advised that the digital inclusion project had seen early success, with 24/25 digital champions appointed and approximately 199 individuals supported. The Director advised that this was a growing area of work and a source of pride for the Directorate. It was agreed that a dedicated presentation would be scheduled for the Panel during the 2026/27 municipal year.

**Promotion of Services**  
Members were informed that activity to promote services included the establishment of a working group, celebration of Social Work Week, and ongoing redesign of the Council's website.

**Co-production**  
Members were advised that Healthwatch had been appointed as the co-production delivery partner, with a lead officer due to be appointed in mid-December.

**Homelessness**

The Panel was advised that a Head of Housing Solutions, Prevention and Support had been recruited. It was also reported that there were plans for the Homelessness Team to relocate from Middlesbrough House to Broadcasting House, which would operate as a homelessness advice hub providing accessible support.

A Member queried progress on homelessness, noting the current rough sleeper camp and seeking clarity on how the issue was being addressed. In response, it was explained that providing accommodation alone did not always resolve homelessness, as some individuals were unable or unwilling to sustain housing due to factors such as mental health or substance misuse. The importance of relationship building and trust was emphasised, and it was noted that the Council was working in partnership with voluntary sector organisation Depaul, which would establish an outreach team to engage with rough sleepers, work with individuals at their own pace, and address the underlying causes of homelessness. Members also noted that visible rough sleeping represented only a proportion of homelessness, with others affected in less visible circumstances such as sofa surfing.

**Performance**

Members were advised that a new performance framework had been developed for 2026/27. It was agreed that details of the framework would be presented to a future meeting of the Adult Social Care and Health Scrutiny Panel.

**Framework****Magic**

Members were advised that Magic Notes transcription had been implemented, enabling social workers to undertake more meaningful conversations with people they supported and to improve the quality and accuracy of case recording.

**Notes****Conversational Approach to Wellbeing and Care Planning**

It was noted that this change in practice and culture was being led by the Principal Social Worker and was being rolled out across the Directorate.

**Growth**

Members were updated on the following areas of investment:

- appointment of a Service Director for Adult Social Care;
- growth within the review team, audit and practice functions, and Deprivation of Liberty Safeguards (DoLS) signatory capacity; and
- an ongoing review of the front-door model.

The following next steps within the improvement programme were noted:

- continued identification of improvement opportunities;
- investment in continuous improvement, including post-recruitment review of reablement;
- establishment of a cross-functional group to explore artificial intelligence and automation opportunities;
- development of a Cost Avoidance Impact Model and framework to evidence cost avoidance linked to budget requirements and person-centred outcomes; and
- strengthened collaboration with ICT and the Corporate Centre through regular engagement aligned with wider digital strategies.

A Member expressed interest in how artificial intelligence could be embedded within the Directorate, and it was agreed that a presentation would be scheduled for the Adult Social Care and Health Scrutiny Panel during the 2026/27 municipal year.

Members thanked the Director for the presentation and for the honest assessment of service development.

**AGREED that:**

- the information provided by the Corporate Director of Adult Social Care and Health be noted; and
- the following items be added to the Adult Social Care and Health Scrutiny Panel work programme for the 2026/27 municipal year:
  - Performance Framework
  - Digital Inclusion

- Artificial Intelligence

25/18

## **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2026**

The Public Health Consultant for South Tees attended the meeting to present the Director of Public Health Annual Report 2026 on behalf of the Joint Director of Public Health.

The Public Health Consultant explained that the report focused on prevention and highlighted ongoing challenges in population health, including significantly lower life expectancy and healthy life expectancy compared with national averages, as well as wide inequalities between communities. Members were informed that Middlesbrough ranked third highest in England for preventable deaths, with life expectancy gaps of up to 16 years for men and 13 years for women across South Tees. These inequalities were largely driven by deprivation and preventable risk factors such as smoking, obesity, alcohol misuse and physical inactivity.

Members noted that the report set out the four levels of prevention; primordial, primary, secondary and tertiary and emphasised the importance of investing earlier in the life course to prevent ill health and reduce future demand on health and care services. It was highlighted that prevention required action across the wider determinants of health, including housing, education, employment, income and the built environment, and could not be delivered by public health alone.

Members were advised that South Tees continued to experience some of the highest rates of preventable mortality nationally, with Middlesbrough ranked among the highest areas in England. The Public Health Consultant outlined how system-wide partnership working, including collaboration between the NHS, local authorities, voluntary and community sector organisations and anchor institutions, was essential to addressing these issues and reducing health inequalities.

The Committee heard examples of preventative activity already underway, including:

- targeted smoking cessation initiatives, including work to reduce smoking in pregnancy;
- whole-system approaches to healthy weight, such as Eat Well South Tees;
- community-based alcohol recovery and harm reduction services;
- physical activity programmes aimed at children, families and communities; and
- early detection initiatives, including cancer screening and community blood pressure testing.

A discussion took place regarding smoking prevalence. It was noted that in South Tees approximately 480 deaths each year were attributable to smoking-related causes that were largely preventable. A Member raised concerns about this figure and asked whether it included vaping. The Public Health Consultant clarified that vaping was not included in the figures and advised that, while smoking prevalence was continuing to decline in Middlesbrough, significant progress was still required to achieve the Government's ambition of reducing smoking prevalence to 5% by 2030.

The Panel also discussed the successes of the Tees Valley Lung Cancer Screening Programme. It was reported that 79,561 invitations had been issued, with an initial scan uptake rate of 67.7%. In addition, 2,697 patients had been referred to stop smoking services, and 360 lung cancers had been diagnosed, with 77% detected at stages 1 and 2. A Member congratulated the service and shared feedback from a personal contact, who had found the process to be quick and straightforward, with scans readily available and clear communication throughout, including text message updates.

The importance of working closely with communities and using lived experience to co-design services was emphasised, alongside the role of research through the Health Determinants Research Collaboration in strengthening the local evidence base for prevention.

A Member queried how Public Health and the NHS had been working with specific communities. In response, the Public Health Consultant advised that this remained an ongoing area of development and outlined examples of successful engagement with minority communities. These included targeted maternity services for Black and Minority Ethnic groups, work with Inclusion Health groups, and liaison with Roma communities to support increased uptake of the MMR vaccination. It was emphasised that the approach focused on understanding community needs and co-designing services accordingly.

13 April 2026

The Panel noted that the report concluded with a series of recommendations, including the development of a South Tees Prevention Framework to embed prevention principles consistently across organisations and services, and to support a shared, system-wide approach to improving health outcomes and reducing inequalities.

**AGREED** that the information provided by the Public Health Consultant be noted.

25/19

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

The Chair reminded the Panel that this was the final meeting of the municipal year and thanked Members for their support and input over the course of the year. It was noted however, that an additional meeting in either the 2025/26 or 2026/27 municipal year may be required to consider the South Tees NHS Foundation Trust Quality Account. Further consideration would be given to this, particularly in light of the Quality Account also being presented at a regional level, and the Democratic Services Officer would update Members accordingly.

It was further noted that, following a suggestion from the Panel, work towards White Ribbon accreditation had commenced. Members were advised that a steering group was due to be established and were invited to express an interest in being involved. A Member indicated they would like to participate, and it was agreed that further information on this would be circulated to the Panel.

**NOTED.**