Middlesbrough
moving forward

Legal and Governance

PEOPLE SCRUTINY PANEL

Date: **Monday, 15 July 2024**
Time: **4.30 p.m.**
Venue: **Mandela 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 - People Scrutiny Panel - 10 June 2024 — 3 - 8

5. Minutes - Former Scrutiny Panels - For Information — 9 - 30

6. Overview of Service Areas — 31 - 84

   The Directors of Adult Social Care, Children's Services and Public Health will be in attendance to provide the Panel with an overview of the services provided across their Directorates, and to highlight the strategic and departmental priorities for the coming year.

   The Deputy Director of Delivery for the North East and North Cumbria Integrated Care Board (ICB) will be in attendance to provide the Panel with an overview of the Tees Valley health landscape; key health issues, challenges and opportunities; and matters for Members to note over the next twelve months.

   Recommendation: That the Panel notes the information provided and considers the information when formulating its Work Programme (next agenda item).

7. Setting the Scrutiny Panel's Work Programme 2024/2025 — 85 - 92

   The Scrutiny Panel will be asked to consider its work programme for the 2024/2025 Municipal Year.

8. Proposed Schedule of Meeting Dates for 2024/2025 93 - 94

Recommendation: The Panel is asked to consider the proposed schedule of meeting dates for 2024/2025 and to agree a finalised schedule.

9. Date and Time of Next Meeting

10. Any other urgent items which in the opinion of the Chair, may be considered.

Charlotte Benjamin
Director of Legal and Governance Services

Town Hall
Middlesbrough
Friday, 5 July 2024

MEMBERSHIP

Councillors E Clynch (Chair), J Walker (Vice-Chair), J Banks, L Hurst, D Jackson, M McClintock, J Nicholson, M Nugent, S Platt, J Ryles, S Tranter and G Wilson

Assistance in accessing information

Should you have any queries on accessing the Agenda and associated information please contact Claire Jones / Chris Lunn, 01642 729112 / 01642 729742, claire_jones@middlesbrough.gov.uk / chris_lunn@middlesbrough.gov.uk

PEOPLE SCRUTINY PANEL

A meeting of the People Scrutiny Panel was held on Monday, 10 June 2024.

PRESENT: Councillors E Clynch (Chair), J Walker (Vice-Chair), J Banks, D Jackson, M McClintock, M Nugent, S Tranter and G Wilson

ALSO IN ATTENDANCE: I Bennett, Deputy Director of Quality & Safety, South Tees Hospitals NHS Foundation Trust
N Corrigan, Local Democracy Reporter, Evening Gazette
H Lloyd, Chief Nurse, South Tees Hospital NHS Foundation Trust
R Scrimgour, Compliance Manager, South Tees Hospital NHS Foundation Trust

OFFICERS: D Alaszewski, S Bonner and C Lunn

APOLOGIES FOR ABSENCE: Councillors L Hurst, J McConnell, J Nicholson, S Platt and J Ryles.

24/1 **DECLARATIONS OF INTEREST**

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

24/2 **SOUTH TEES NHS FOUNDATION TRUST - QUALITY ACCOUNT FOR 2023/2024**

The People Scrutiny Panel welcomed the opportunity to consider the South Tees NHS Foundation Trust's draft Quality Account for 2023/2024.

A formal written response, detailing the scrutiny panel's comments and feedback, needed to be submitted to the Trust by Friday, 14 June 2024.

The Trust's Chief Nurse, Compliance Manager and Deputy Director of Quality were in attendance to deliver a presentation, which outlined the priorities for improvement and the quality of services at the Trust. The presentation focused on the following matters:

- University Hospitals Tees.
- Mental Health Strategy.
- Maternity Care Quality Commission (CQC).
- Implementing Patient Safety Incident Response Framework (PSIRF) and Family Liaison Officers (FLO).
- Digital Journey - Electronic Prescribing and Medicine Administration (EPMA) and MIYA.
- South Tees Quality Priorities Update 2023/2024.
- Drafting and agreeing Quality Priorities for the year as a group.

Members were provided with background information regarding the Quality Account. It was explained that this was an annual undertaking that every Hospital Trust was required to do. The document reviewed performance over the last 12 months, focusing on areas such as:

- Patient safety.
- Progress made and impact on patients.
- The challenges faced and how these were addressed.

The document also set out the plans for the next 12 months and the priorities that would be looked at. The draft document was circulated to partners for comment/ feedback before it was finalised and shared with Parliament - this would take place at the end of June 2024.

Regarding group developments, Members heard that the last 12 months had been a busy period across the Tees Valley. The new group Chief Executive Officer was appointed in January 2024, with a wider group Executive Team being appointed in February/March 2024. The team would cover both South Tees and North Tees going forward. Group clinical boards had been established to deliver a clinical strategy across the Tees Valley (entitled 'Caring Better Together'), and a new group name and identity announced, i.e., University Hospitals

Tees. It was highlighted that the existing names of the statutory organisations, i.e., University Hospital of North Tees, The James Cook University Hospital and Friarage Hospital, would remain in use.

Details regarding the South Tees Hospitals Mental Health Strategy 2024 were provided to the panel. Members were informed that the strategy had been developed last year as part of a three-year approach. Some of the elements had already been delivered in their entirety, whereas others continued into years two and three. The strategy had been developed, approved and published on the Trust intranet. The focus was to develop, improve, learn from, and enhance the provision of mental health care for patients, alongside their physical health needs. Next steps pertaining to the Mental Health Strategy were outlined, which included:

- Commencing development of a Mental Health dashboard.
- Reviewing tools used within the Emergency Department during triage to deliver safe and effective care.
- Improve mental health training compliance across the Trust.
- Review mental health strategies across the group.

In terms of regulated activity carried out by the CQC, Members were advised that, overall, the rating for the Trust remained 'Good', although Maternity Services at James Cook University Hospital were rated as 'Requires Improvement' for Safe and Well-Led. At the Friarage Hospital, Maternity Services were rated as 'Good' for Safe and 'Requires Improvement' for Well-Led. This gave an overall rating for Maternity Services as 'Requires Improvement'.

Information regarding PSIRF was provided to Members. It was explained that the Trust had successfully transitioned to PSIRF on 29 January 2024, which had changed the way the NHS investigated, reported and learnt from incidents. The Trust went live with the national Learning From Patient Safety Events (LFPSE) reporting platform on 20 November 2023 and incident reporting levels had remained consistent. Training had been delivered in line with the National Patient Safety Syllabus (NPSS). The Family Liaison Officer (FLO) role had been embedded across the Trust, with 70 FLOs trained to date and further training cohorts planned in 2024.

Reference was made to the Trust's digital journey and implementation of the Electronic Prescribing and Medicine Administration (EPMA) and MIYA systems. It was indicated that implementation of EPMA in the Trust had commenced in June 2022 to improve clinical effectiveness and patient safety. The systems for monitoring compliance had been heavily facilitated and were immediately available. EPMA was currently live using the Better Meds system on 51 inpatient wards and clinical areas, with plans to roll out Trust wide. Several benefits had been achieved to date, which included:

- A reduction in medication errors and omitted doses.
- A 100% compliance rate in respect of clinical screening questions and patient medication allergy status.
- A reduction in drug interactions interventions.

Members were provided with an update regarding the South Tees Quality Priorities 2023/2024, which focused on Patient Safety, Clinical Effectiveness and Patient Experience. There had been eight Quality Priorities identified for 2023/2024, three of which had been fully implemented. As the priorities were part of a three-year strategy, work would continue in respect of the areas that had been part implemented, which had been carried forward into the University Hospitals Tees 2024/2025 Quality Priorities.

In terms of the University Hospitals Tees Quality Priorities for the year ahead, it was indicated that these had been developed with clinical colleagues and shared with the Council of Governors at both North Tees and Hartlepool and South Tees Hospitals NHS Foundation Trusts. The importance of continuous learning, working effectively with partners and sharing best practice was highlighted to the panel.

The Chair thanked the representatives for the information conveyed and invited questions from Members.

A Member made reference to the outcome of the CQC inspection and raised concerns regarding Maternity Services, which despite the overall 'Good' rating of the Trust, was a

significant issue. It was felt that the report reported this as a minority issue. In response, the representatives affirmed that the findings of the CQC were taken very seriously, which the reporting style of the Quality Account may have underplayed. It was explained that seven 'must do' actions had arisen from the focused inspection. One of the main focuses referred to the lack of facilities around birthing pool provision, which had now been resolved. Another area of national focus for the CQC was around the triaging of support for mothers seeking help and advice. It was explained that the Trust had been very responsive in addressing this issue, being one of the first to implement a robust system that provided a 24-hour triage/ support line. In addition to this work, two Maternity Safety Boards had been established. An action plan had been put in place and where objectives had not yet been completed, it was indicated that all were on track to being completed over the coming months. In terms of this information being overlooked in the report, it was acknowledged that these comments would be taken on board.

A Member commented that statistics around the workforce and the current number of vacancies were absent from the report. In response, Members were advised that there was a related statement from the CEO, Chief Nurse and Medical Lead at the beginning of the report, and appendices detailing feedback from system partners could also be found in the report. The Member acknowledged this, but felt that further work to include visual tables and statistics was required for the finalised version of the report. The representatives welcomed this feedback; it was indicated that the Trust performed very well in terms of the recruitment and retention of staff. At present, there were currently no vacancies in nursing at South Tees Hospitals; Nurses and Midwives currently studying at Teesside University and due to graduate this year had been recruited and were expected to commence in post in September 2024.

A Member referenced Accident and Emergency waiting times, which were a national issue, and commented that it would be helpful to include these in the report. The representatives welcomed this feedback; mention was made of the support provided by the Integrated Care System (ICS) in the Trust establishing a brand-new Urgent Treatment Centre (UTC).

A Member made reference to mental health and treating the whole person; it was commented that a particularly stressful element of attending hospital was locating a car park space. It was indicated that patients may not have been able to navigate public transport easily, and that this needed to be considered and referred to in the Quality Account report. In response, representatives acknowledged this point. It was indicated that although there was no immediate solution in terms of remedying car park issues, discussions around this were taking place.

A Member referred to mental health and commented that related issues could be experienced at any age across the lifespan. It was queried how many outside bodies were available to support all those affected by mental health issues. In replying, representatives advised that the query would be forwarded to Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust for a response, but indicated that it was about linking primary and secondary care providers and the Voluntary and Community Sector (VCS) to provide a range of support services.

A Member referred to suicide rates among young men and commented that several years ago, Middlesbrough's rate was significantly higher than other areas of the country. It was felt that this situation seemed to be repeating itself again; clarification was sought as to whether this was the case. It was agreed that this enquiry would also be forwarded to TEWV for a response.

An officer referred to the Mental Health Strategy and queried whether any patient input had been incorporated into that. In response, representatives explained that work had been undertaken with Healthwatch and organisations across Redcar and Cleveland and the Tees Valley. Eight focus groups had been held with individuals with lived experience, to look at the design and priorities of the strategy; patient involvement had been key. Implementation of the strategy would be reviewed in due course.

A Member referred to page 28 of the Quality Account and commented on the metrics used in terms of exceeding targets; it was indicated that nothing had been used to identify any targets for the following year. It was queried whether local targets were set against national targets. In response, representatives made reference to the national patient survey as a performance measurement tool; further consideration would be given towards a benchmarking approach.

A Member referred to Maternity Services and the CQC inspections and queried whether any follow-up visits would be scheduled in. In response, representatives explained that the CQC set out to undertake inspections nationally. It was unsure as to what the next steps would be; a report would be produced prior to a decision being taken in this regard. It was reiterated that progress had been achieved and a new regime was now in place. A return by the CQC would be both expected and welcomed. The CQC assessed on a risk basis and could therefore return at any point if a risk or concern had been identified. Regular engagement work was carried out between the Trust and the CQC.

A Member referred to the joining up of North Tees and South Tees and queried the impact to date. In response, representatives explained that this had been very positive. Bringing supplies together had been challenging, but the impact very positive. There was a strong appetite to deliver things together; occasionally the language was different, but the same messages were shared by both.

A Member referred to the CQC inspection work and queried whether a statement was placed on the Trust website in this regard. In response, it was explained that details were placed on the website and displayed around the organisation.

The Chair thanked the representatives for their attendance and contributions to the meeting. It was agreed that the feedback from the meeting would be forwarded to the Deputy Director of Quality by 14 June 2024.

AGREED

1. **That the South Tees Hospitals NHS Foundation Trust's 2023/2024 draft Quality Account document be noted.**
2. **That a letter containing the comments made by the People Scrutiny Panel, in respect of the 2023/2024 draft Quality Account, be sent to the Trust by 14 June 2024**.
3. **That the two queries raised in relation to mental health (provision of support for those experiencing mental health issues; and male suicide rates in Middlesbrough) would be forwarded to TEWV NHS Foundation Trust for a response.**
4. **That the information, as provided, be noted.**

24/3 **TEES, ESK AND WEAR VALLEYS (TEWV) NHS FOUNDATION TRUST - QUALITY ACCOUNT FOR 2023/2024**

The People Scrutiny Panel welcomed the opportunity to consider the TEWV NHS Foundation Trust's draft Quality Account for 2023/2024.

A copy of the Quality Account document had been provided to Members in advance of the meeting.

A Member raised concerns that there were no representatives from TEWV in attendance at the meeting, given that representatives from South Tees Hospitals NHS Foundation Trust had been in attendance to present the information and answer questions. It was commented that concerns about the TEWV report were more serious than those relating to the South Tees report. In response, the Democratic Services Officer explained that, unfortunately, a late scheduling conflict had been presented and was unavoidable. The Chair commented that, as the People Scrutiny Panel was one of several bodies reviewing the draft Quality Account, it was hoped that as the process continued, any questions would be asked. The Democratic Services Officer explained that if Members had any further questions or comments, these could be emailed to the Democratic Services Officers for forwarding to the Trust.

AGREED

1. **That the TEWV NHS Foundation Trust's 2023/2024 draft Quality Account document be noted.**
2. **That Members forward any questions or comments to the Democratic Services Officers, for responses to be obtained from TEWV NHS Foundation Trust.**
3. **That the information, as provided, be noted.**

24/4 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

None.

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ADULT SOCIAL CARE & SERVICES SCRUTINY PANEL

A meeting of the Adult Social Care and Services Scrutiny Panel was held on 26 March 2024.

PRESENT: Councillors: J Walker (Chair), Jackson (Vice Chair), Nugent, Tranter and Wilson.

OFFICERS: J Dixon and E Scollay.

AN APOLOGY FOR ABSENCE was submitted on behalf of Councillor Grainge.

**** DECLARATIONS OF MEMBERS' INTERESTS**

There were no Declarations of Interest made by Members at this point in the meeting.

MINUTES OF THE PREVIOUS MEETINGS OF THE ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL HELD ON 19 DECEMBER 2023, 9 JANUARY AND 27 FEBRUARY 2024

The minutes of the previous meetings of the Adult Social Care and Services Scrutiny Panel held on 19 December 2023, 9 January and 27 February 2024 were submitted and approved as a correct record.

INTEGRATION OF HEALTH AND SOCIAL CARE – VERBAL UPDATE

The Director of Social Care and Health Integration advised the Panel that this had been a standard item at a time when Health and Adult Social Care Services were initially integrating and, therefore, more relevant.

In terms of providing an update it was highlighted that one key issue to note was a restructuring of the ICB (Integrated Care Board) which would result in a new link person for Middlesbrough Council in terms of contact between the Council and ICB.

NOTED

RETENTION AND RECRUITMENT OF STAFF WITHIN ADULT SOCIAL CARE – UPDATE ON PREVIOUS REVIEW

E Scollay, Director of Adult Social Care and Health Integration, was in attendance at the meeting to provide the Panel with an update on progress on recommendations of a previous review undertaken by the Panel in 2022 – "Retention and Recruitment of Staff within Adult Social Care".

A copy of the Scrutiny Panel's Final Report and the subsequent Service Response had been circulated with the agenda.

By way of background, the Panel was advised that recruitment and retention remained a challenge nationally across a range of social care fields. At the time of the review, a number of Social Workers had retired and initially when recruiting replacements to the roles, Assessed, Supported Year in Employment (ASYE) Social Workers were coming through. This meant that whilst they were qualified Social Workers through the ASYE programme, they required additional supervision and time for learning and could only be allocated limited caseloads.

The Director provided a summary of the Panel's recommendations, together with an update in relation to the action taken/progress made in respect of each, as follows:-

1. Consideration of a 'Golden Hello' for new staff in shortage areas.

   Following further exploration with LMT and HR, it was decided that the salary and conditions of employment needed to be more attractive to suitable applicants, rather than a one-off payment.

Conversations with Social Workers were held and it was ascertained that their main concerns were starting salary and career progression. As a result, the scale point on which Social Workers commenced employment was increased, which brought Middlesbrough in-line with neighbouring local authorities.

In addition, Advanced Practitioners were previously employed at Grade 'L' and could not progress beyond the grade so a system was devised whereby a newly qualified Social Worker could start at Grade 'I', complete their ASYE, then be allowed to work their way up through the scale points. A Panel was in place to progress this without the need for a vacancy to come up for a Social Worker to move in to. Once they reached Grade 'K' and were ready to progress to Advanced Practirioner at Grade 'L', the Panel would consider whether they were suitably experienced to progress. This had been successful and ensured improved career progression plus the workforce feeling valued.

2. Exploration of Recruitment and Retention payments for key job roles.

   In March 2023, a recruitment and retention payment was introduced. It was considered that this measure, in conjunction with the measures taken in 1. above, had helped to stabilise the workforce. Between April 2022 and March 2023 there had been a 17.8% turnover in the workforce, however, between April 2023 and March 2024, turnover had reduced to 10.9%. The vacancy rate had also reduced. There were currently nine vacant Social Worker posts in Adult Social Care, which was approximately half of the number of vacancies at the time the review was undertaken. The measures had also resulted in a more experienced workforce.

   The recruitment and retention payments were in place for all Adult Social Care Social Workers, Advancer Practitioners and Team Managers, and were approximately 10% of the individual's salary. The recruitment and retention policy was closely monitored and reviewed by LMT and would remain in place for 2024/25. The policy had reduced the salary gap between Team Managers and Service Managers and there were currently no vacancies in these posts. An exit strategy for recruitment and retention payments would be considered and explored as part of the Council's wider transformation plans.

3. Consideration of restructuring of Social Work and Occupational Therapy roles to support priority areas.

   The Panel was informed that this had not been necessary to date as the introduction of the recruitment and retention policy and changes regarding career progression had resulted in adequate stabilisation of the workforce. It was acknowledged that there may be some potential changes as part of the Council's wider transformation programme.

4. Development of awareness-raising activities and work with Universities to promote social work roles.

   There had been increased focus on joint working with Universities, particularly Teesside and Northumbria, and Social Work apprenticeships. Work continued on raising awareness of social work roles and increasing interest from newly qualified Social Workers/ASYE to come and work in Middlesbrough.

5. Promote social care roles in media outlets.

   Promotional articles on adult social care roles had been run in Love Middlesbrough and on various social media platforms. It did not appear that this had made a tangible impact on recruitment, however, the Service had begun to use the LinkedIn platform for adverts and this appeared to be making progress.

6. Create e-learning opportunities for staff and Elected Members to better understand adult social care.

A range of new learning opportunities had been developed and were available to all Council staff and Elected Members on Middlesbrough Learns (The Council's e-learning platform). In addition, Adult Social Care elements now formed part of the Council's corporate induction.

A discussion ensued and the following issues were raised:-

- In response to a query around staffing, the Director advised that staff had been surveyed and the main pressures they identified were in relation to the increasing complexity of cases. It was hoped that some of these pressures would be eased through measures that would form part of the transformation plans.

- A Panel Member made reference to Social Worker apprenticeships. The Director advised that there were some apprentice Social Workers and where staff were in Social Care roles if it was felt that they were able to progress towards training they would be selected to go forward for an apprenticeship. Apprenticeship places were generally given to people already working within the authority rather than external placements.

- In response to a query regarding home-care care workers and their terms and conditions of employment, it was confirmed that the Council operated with a number of domiciliary care agencies following a procurement process which gave weight to a number of regulations and contract stipulations built in by the Council. All of the Companies must be registered with the Care Quality Commission (CQC) and were inspected and regulated by them. Some terms and conditions of the Agencies' employees would be set by the Council within the contract and others would be set by the CQC. It was highlighted that they were independent businesses and required a degree of flexibility in order to operate.

- A query was raised in relation to whether some residential care home operators also operated domiciliary care. The Director stated he was not aware of any residential care homes in Middlesbrough that also provided domiciliary care. Independent supported living may be provided by some domiciliary care companies. Residential care home operators were required to hold a specific registration with the CQC and be appropriately staffed.

- In response to a query it was confirmed that the Council operated one residential care home.

The Director was thanked for his attendance and for the information provided.

AGREED that the information provided be noted.

PREVENTION SERVICES IN MIDDLESBROUGH – NEXT STEPS

The Chair highlighted that the Panel would commence a review of Prevention Services in Middlesbrough and that the Council's transformation programme would be relevant to the review.

The Chair would discuss possible lines of enquiry for future meetings with the Director of Adult Social Care and Health Integration.

NOTED

OVERVIEW AND SCRUTINY BOARD UPDATE

The Chair provided a verbal update in relation to the business conducted at the Overview and Scrutiny Board meetings held on 7 and 28 February and 6 March 2024, namely:

Each meeting considered:-

- Executive Forward Work Programme
- Scrutiny Chairs' Updates

7 February 2024

- Ward Boundary Update
- OSB Work Programme discussion

28 February 2024

- Executive Member Update – Environment
- Local Government Boundary Review Update

6 March 2024

- Executive Member Update – Community Safety

DATE AND TIME OF NEXT MEETING

The next meeting of the Adult Social Care and Services Scrutiny Panel was scheduled to take place on Tuesday, 23 April 2024 at 4.00pm.

CHILDREN AND YOUNG PEOPLE'S SCRUTINY PANEL

A meeting of the Children and Young People's Scrutiny Panel was held on Monday, 8 April 2024.

PRESENT: Councillors E Clynch (Chair), L Hurst, D Jackson, J Kabuye, M Nugent and S Platt.

OFFICERS: L Garforth, C Lunn, M McCready, L Mitchell and J Tynan.

APOLOGIES FOR ABSENCE: Councillors J Walker, S Hill and J Nicholson.

23/38 **DECLARATIONS OF INTEREST**

Name of Member	Type of Interest	Item/Nature of Interest
Councillor E Clynch	Non-Pecuniary	Teacher - Macmillan Academy.
Councillor D Jackson	Non-Pecuniary	Chair - Park End Primary School.
Councillor J Kabuye	Non-Pecuniary	Governor - Sacred Heart Primary School.

23/39 **MINUTES - CHILDREN AND YOUNG PEOPLE'S SCRUTINY PANEL - 11 MARCH 2024**

The minutes of the Children and Young People's Scrutiny Panel meeting held on 11 March 2024 were submitted and approved as a correct record.

23/40 **SCHOOL ATTENDANCE - FURTHER EVIDENCE**

The following officers were in attendance at the meeting to provide information to the panel:

- The Attendance Manager;
- An Education Welfare Officer;
- The Executive Director of Children's Services; and
- The Specialist Senior Educational Psychologist.

The Specialist Senior Educational Psychologist delivered a presentation detailing the Providing Rich Opportunities for Children who are Looked After In Middlesbrough (PROCLAIM) programme. The presentation covered the following topics:

- Overview and historical context of the PROCLAIM programme.
- Why PROCLAIM was important.
- The theoretical underpinnings of PROCLAIM.
- The practical implementation of PROCLAIM.
- The impact that PROCLAIM had had on school attendance to date.
- Further resources for information regarding the PROCLAIM programme.

The panel was informed that PROCLAIM's journey began in 2018. The aim of the programme was to support all schools in Middlesbrough to become more attachment and trauma informed by 2025, so everyone could enjoy, achieve and thrive in school. An initial pilot training programme had commenced with one secondary school and one primary school. Following very positive feedback, a more formal offer was devised for schools, which included an application process and a larger team.

It was explained that the programme now had a significant strategic team at its core, which involved the Educational Psychology Service, virtual schools, therapists, training personnel, and a consultant with links across the UK who could advise on the work of both the local team and others based elsewhere. The programme was research based and the team heavily strategically focused.

In terms of the importance of delivering the programme to schools, it was explained that attachment theory referred to relationships people had and developed; the example of those

between children and influential adults, such as primary caregivers and teachers, was provided. Secure relationships built on safe space had an impact on social, educational and development success, and it was important that school staff knew about this in order to develop competent skills. Members heard that Looked After Children experienced disruptive relationships in their lives, and it was secure relationships that helped children to develop skills to learn. PROCLAIM was needed to help adults in school understand how traumatic events, such as loss, abuse and neglect, impacted young people, and how basic needs had not been met.

Reference was made to Adverse Childhood Experiences (ACEs), such as loss, separation, abuse and neglect, and it was highlighted that safety and security provided the basis for forming relationships at home, in school and in the workplace. Trauma affected both the brain and body, with the brain wiring differently after traumatic events. It was indicated to the panel that following such instances, individuals were less likely to develop the skills necessary to focus, organise and plan, and would likely become hyper vigilant of their surroundings. Reference was made to a series of psychological studies that had been undertaken in relation to this, which looked at the impact of traumatic events on past experiences.

Members were informed that trauma initiated a 'fight or flight' response. In schools, this could result in behaviour being viewed as disruptive or challenging, when in fact it could be reflective of a child's unmet need, anxiety, frustration or other.

The panel heard that PROCLAIM was a programme for the whole school; originally it was intended for Looked After Children, but this was later deemed too narrow as the output could be beneficial for all children. Work in schools was to help staff understand the interrelated experience of attachment and trauma, and that positive relationships could provide a healing process. It was indicated that some staff had already developed a very good understanding of this; however younger teachers may not have received training during their early professional development. It was felt imperative to develop staff understanding, with the intention that all or most schools would have started the journey to becoming more attachment aware and trauma informed by 2025; a three-year programme would be set for each school.

It was explained to Members that PROCLAIM was for learning and behaviour; the following points were made:

- Individuals learnt best when secure relationships created the safety that helped them to take on the challenge of learning new things with confidence.
- High expectations for behaviour were achieved through relationship-based responses, for example:

    - We noticed children doing well.
    - We helped children learn to self-regulate by our own self-regulation.
    - We reflected on the impact of our behaviour on others.
    - We repaired relationship and damage we have may have caused.

The panel was informed that PROCLAIM provided security, safety and confidence in the classroom; getting things wrong was part of the learning process. It was about changing the narrative around young people, whilst concurrently setting boundaries and firm expectations with them, and dealing with difficult issues in new and different ways.

In terms of the impact of the PROCLAIM programme to date, the panel was provided with the following comparison data pertaining to the 2021/2022 and 2022/2023 academic years:

- For the 2021/2022 academic year, there were 238 suspensions, for 440 days, by 60 children. For the 2022/2023 academic year, there were 158 suspensions, for 308 days, by 49 children.
- There had been a 33.6% reduction in the number of suspension episodes in 2022/2023 compared to 2021/2022.
- There had been a 30% reduction in the number of days suspended in 2022/2023 compared to 2021/2022.
- There had been an 18.3% reduction in the number of children suspended in 2022/2023 compared to 2021/2022.
- There had been a 40% reduction in the number of suspensions from PROCLAIM schools in 2022/2023 compared to 2021/2022 (there had been a 30.4% reduction in

the number of suspensions from non-PROCLAIM schools in 2022/2023 compared to 2021/2022).

- There had been a 40.5% reduction in the number of days suspended from PROCLAIM schools in 2022/2023 compared to 2021/2022 (there had been a 24.5% reduction in the number of days suspended from non-PROCLAIM schools in 2022/2023 compared to 2021/2022).
- There had been a 19% reduction in the number of children suspended from PROCLAIM schools in 2022/2023 compared to 2021/2022 (there had been a 15.4% reduction in the number of children suspended from non-PROCLAIM schools in 2022/2023 compared to 2021/2022).

	September 2021 - July 2022		**September 2022 - July 2023**	
	PROCLAIM Schools	Non - PROCLAIM Schools	PROCLAIM Schools	Non-PROCLAIM Schools
Suspension Episodes	80 (33.6%)	158 (66.4%)	48 (30.4%)	110 (69.6%)
Days Suspended	150.5 (34.2%)	289.5 (65.8%)	89.5 (29.1%)	218.5 (70.9%)
Children Suspended	21 (35%)	39 (65%)	17 (34%)	33 (66%)

In terms of the impact of the PROCLAIM programme on attendance, it was highlighted that encouraging signs of schools' involvement with it were being seen. The following details were provided to the panel:

- Children on Child Protection Plans had 13% better attendance in a PROCLAIM school than those children in the wider school population.
- Whole school attendance improved by 2% from 87% to 89%.
- Attendance by children on a Child Protection Plan had improved by 3% from 83% to 86%.
- Attendance by children on a Child in Need Plan had improved by 5% from 73% to 78%.
- Attendance of previously Looked After Children had improved by 6% from 71% to 77%.

It was highlighted to Members that there were many reasons to continue on with this work, with some very positive results being seen. Members were advised that further information regarding the programme was available upon request, with reference being made to a 20-minute film that had been produced.

The Chair thanked the Specialist Senior Educational Psychologist for the presentation and invited questions from the panel.

In response to a query, it was explained to Members that PROCLAIM was a Middlesbrough programme, and that thought to expanding this was currently being given. Further consideration as to how this would translate in practice, i.e. whether it could be sold to other Local Authorities or shared, was required.

A Member queried the number of schools currently involved with the programme. In response, the panel heard that in year one, ten schools had been involved. However, this had since increased to the current number of 26 establishments, across a range of settings, which included primary schools, secondary schools and further education colleges, the Inclusion Service, and Curve, which was a Cleveland Police project. It was intended that the number of participating organisations would increase further in September 2024. There was currently a good balance of secondary and primary schools; the ethos was about providing safe and

secure environments.

In response to a query regarding the issues that prevented some establishments from participating in PROCLAIM, it was indicated to Members that staff turnover had been a factor. Although some schools had not provided any reasoning for choosing not to get involved, it was noted that the programme had been made available to all schools, with representatives from each invited to launch events.

A Member queried the amount of work for Head Teachers in signing up to the PROCLAIM programme. In response, Members heard that there was a commitment, but this was more time based as opposed to financial. There was no financial cost to any establishment signing up to PROCLAIM, as it was funded through the Virtual School's Pupil Premium. However, schools did need to fully commit. This involved attendance at training days, workshops and half-termly meetings, and schools were also asked to provide data around attendance, suspension and attainment.

A Member made reference to the issue of trauma and queried data around it. In response, it was explained that trauma was a series of events, or an event, where a relationship had been impacted and which had affected emotional awareness and practicing skills. The impact of trauma was spectrum based and different for everyone.

The Member subsequently enquired about the success of the programme to date and was informed, in response, that the first cohort was in September 2022; the second cohort in September 2023; and the third cohort would participate from September 2024. Work was currently taking place with other Local Authorities and research partners to determine outcomes, but due to the infancy of the programme, data was limited. Further analysis would be undertaken in due course.

Members discussed the importance of a whole school approach to ensure that all followed the same practice. It was indicated to the panel that some schools had embedded the practicalities easier than others, with some requiring additional support to discuss barriers, staff turnover and the role of Senior Leadership Teams.

The Attendance Manager introduced herself to the panel and provided information to Members regarding the Education Welfare Service, which was a statutory service.

The panel was advised that in April 2013, the Local Authority's team of Education Welfare Officers (EWOs) was disbanded, with funding being devolved to schools for them to procure their own attendance support services.

The Education Welfare Service continued to deliver the Local Authority's statutory functions relating to attendance, i.e., Legal Interventions, using the full range of parental responsibility measures where voluntary support had not been successful or engaged with.

Referrals received into the service from schools were accessed to ensure support had been offered or attempted by school in relation to identified issues impacting on attendance, prior to the decision being made to issue Fixed Penalty Notices (FPNs) or prepare a prosecution file.

The following statistics identifying the number of FPNs and Prosecutions for the last three years were provided:

Post Covid	FPNs Issued	Prosecutions
2021/22	904	287
2022/23	2026	577
2023 to date (8 April 2024)	1081	455

Members were informed that the Department for Education (DfE) was supporting Middlesbrough in its effort to raise school attendance across the town. As part of this support, funding had been provided to recruit a team of EWOs on a temporary basis. The Local Authority had found it particularly challenging to source staffing with the experience and necessary skill set required for these roles, and it had been recognised that schools also faced the same issues recruiting in this area.

The Local Authority currently had four EWOs in post since recruiting to post in January and

February 2024. A further three posts, one being Special Educational Needs (SEN) Focused, were being re-advertised due to applicants accepting a position and then withdrawing very close to the proposed start date. One officer had worked her notice after commencing with the Local Authority in January 2024, having sourced permanent employment within a Middlesbrough secondary school.

The EWOs were receiving a thorough induction, equipping them with the skills and knowledge to be confident in fulling their role. Schools had been extremely supportive during the EWOs induction and continued to be, allowing newly appointed officers to spend a substantial amount of time in schools shadowing their attendance teams, identifying cohorts, accompanying on home visits, and sitting in on Attendance Case Conferences. The Education Welfare Service greatly appreciated this support. Three EWOs were now at the stage of accepting attendance referrals from schools to manage their own caseload under supervision.

The Local Authority's Early Help team had also played a significant role in the induction process by arranging for EWOs to shadow their staff. Not only was this an excellent opportunity to gain valuable experience and knowledge, but strengthened working relationships by developing a multi-agency approach when attendance issues were identified as a factor in family support casework.

The proposed allocation model for the DfE's EWO support was provided to Members, as follows:

- Three secondary schools with lowest attendance - three days per week.
- Five secondary schools remaining - one day per week.
- Ten primary schools with lowest attendance - one day per week.
- Thirty-one primary schools remaining - one day per term.

Special schools would have a dedicated EWO, whereas independent schools would be offered targeted support meetings.

The panel was advised that, in line with DfE 'Working Together to Improve School Attendance' statutory guidance, published in February 2024, the Local Authority was currently implementing targeted support meetings in schools, which would strengthen relationships and facilitate collaborative working. These face-to-face focussed meetings would identify cases where out of school barriers to attendance may have existed, and which therefore required a coordinated multi-agency approach. The Education Welfare Service would continue to strengthen the working partnership with Early Help to allow multi-agency whole-family support to tackle identified issues impacting on attendance.

With regards to data sharing, Members heard that up-to-date attendance data had recently become available to access via the DfE's 'Monitor Your School Attendance' service. This ensured an accurate view on attendance for all schools and all cohorts, which could be shared widely with partners and used to identify best practice and area wide barriers. It was felt that access to live data, for the first time, would have a significantly positive impact on attendance data.

The panel noted that from September 2024, all schools would have a named officer to approach for advice and guidance. The service would continue to hold networks and drop-ins for school attendance staff to share good practice, and bring forward any emerging issues that the service and its colleagues could support with.

The Chair thanked the Attendance Manager for the information and invited questions from the panel.

In response to a query regarding current attendance levels at schools in Middlesbrough, Members were advised of the following:

- Secondary schools – 89%.
- Primary schools – 94.1%.
- Special schools – 87.7%.
- Overall attendance – 91.8%, which placed Middlesbrough at second bottom in the country.

A short discussion ensued in relation to the potential reasoning for this. Members acknowledged that there was no one clear determining factor for absenteeism - there were varying factors at play. The issue was a national one, was incredibly complex and not easy to address. Members discussed the impact that Covid had had on school attendance, with issues such as parental anxiety being passed to their children, which in turn had impacted youngsters' mental health. In some cases, parents did not simply recognise the value of education and consequently did not force their children to attend school. In these scenarios, it was explained to the panel that the Local Authority would contact the family to undertake an initial assessment. This would determine next steps in terms of necessary support. Some families would refuse an initial assessment; non-compliance would lead to prosecution. Not every case was a quick win and was a complicated process. It was indicated that three custodial sentences had been handed to parents in Middlesbrough; parents sentenced to 12-weeks in prison whilst children were taken into care. The Attendance Manager provided details of a case study of one of the custodial prosecution cases, which evidently had had a very positive outcome by way of the parent completely changing their life around.

In response to a query regarding the targeting of support for low attendance, Members were advised that the three lowest performing schools had been approached.

A Member queried the reasoning as to why the EWO posts were temporary, given the importance of attendance at school. In response, it was explained that the roles were DfE funded for a period of one year. This could potentially be extended, but it would depend on the performance and outcome of year one. Further discussion around the complexity of the issues facing Middlesbrough that contributed to absenteeism was held, which included: significant levels of deprivation; Looked After Children figures being double to other areas; and poor generational attitudes towards education. However, it was again acknowledged that poor school attendance affected many areas nationally and was not solely applicable to Middlesbrough. It was a continuous challenge to address low attendance and improve performance, and therefore important to acknowledge the excellent work being undertaken by schools and EWOs in supporting this.

A discussion ensued in relation to FPN fines. Members heard that the amounts charged followed a national framework and would be increasing in the autumn. Depending upon how quickly fines were paid, and whether there were any previous offences, would determine the amount payable, or whether the case would be expediated immediately to court. The panel discussed school holidays and children being taken out of school during term time for financial reasons. It was indicated that parents in affluent households also carried out this practice, though there were no statistics currently available relating to this. It was highlighted to Members that the decision as to whether children could be excused during term time remained at the discretion of Head Teachers; some schools in Middlesbrough fined for absence of five days or more, whereas others did not.

The EWO in attendance at the meeting addressed the panel. Information regarding the EWO's previous work experience, together with details of the EWO role and the activities undertaken were provided. Members thanked the EWO for sharing details of those experiences and providing information around the protocols in place for staff.

The panel discussed the role of the Early Help team and its significance in providing early support to families, such as signposting and referring to monetary advice services. Reference was also made to the role of other agencies as part of the Middlesbrough Multi-Agency Children's Hub (MACH), where referrals were triaged and forwarded to appropriate support services. A Member queried the role of community groups and organisations in assisting with this Early Help process. In response, it was explained that some community groups had assisted previously, whereas some had not become involved. It was felt to be a very good service with good connections and would hopefully continue to develop. Consideration was given to the promotion of the Early Help service, with suggestions being made for it to be publicised through the Council's website and social media channels, dependent upon existing arrangements and strategies.

The Chair thanked all of the representatives for their attendance and contributions to the meeting. As this was the final meeting of the current Municipal Year, the Chair thanked Members for their dedication over the last year and explained that the next stages for the review would be picked up in the new Municipal Year, as appropriate.

NOTED

23/41 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

None.

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HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on Tuesday, 19 March 2024.

PRESENT: Councillors J Banks (Chair), M Storey (Vice-Chair), C Cooper, D Coupe, D Jackson, J Kabuye and S Tranter

ALSO IN ATTENDANCE: C Blair (Director) (North East & North Cumbria Integrated Care Board), C Mills (Transformation and Delivery Manager - Prevention) (NHS North of England Commissioning Support Unit), J Quine (Strategic Lead for Population Health, Prevention and Healthcare Inequalities) (NHS North of England Commissioning Support Unit) and M Stamp (Consultant in Public Health)

OFFICERS: M Adams and G Moore

APOLOGIES FOR ABSENCE: Councillors J Walker

23/39 **DECLARATIONS OF INTEREST**

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

23/40 **MINUTES - HEALTH SCRUTINY PANEL - 19 FEBRUARY 2024**

The minutes of the Health Scrutiny Panel meeting held on 19 February 2024 were submitted and approved as a correct record.

23/41 **AVOIDABLE DEATHS AND PREVENTABLE MORTALITY - FURTHER EVIDENCE**

The Health Scrutiny Panel continued to gather evidence in respect of its current review of Avoidable Deaths and Preventable Mortality.

Representatives from the NHS North of England Commissioning Support Unit (NECS) and the North East and North Cumbria Integrated Care Board (ICB) were in attendance to provide:

- key data and information held by the NHS/ICB on Middlesbrough's leading causes of avoidable deaths (those that are either preventable or treatable) and risk factors for ill health;
- information on the role of the NHS and ICB in helping people to make healthier lifestyle choices and treat avoidable illness early on;
- an overview of the work undertaken by the NHS/ICB to reduce the number of avoidable deaths, e.g., healthcare interventions; and
- information on evidence-based best practice that could further contribute towards tackling the local population's major risk factors driving preventable ill health and avoidable deaths.

The Director of Place Delivery advised that two presentations had been prepared for the meeting, one planned to provide information on the North East and North Cumbria Integrated Care Board's (NE&NC ICB) Healthier and Fairer Programme and the second presentation focussed on reducing health inequalities in South Tees NHS Hospitals Foundation Trust.

The Transformation and Delivery Manager explained that the NE&NC ICB's Healthier and Fairer Programme aimed to tackle health inequalities, improve life expectancy and narrow the gap in healthy life expectancy for areas throughout the North East and North Cumbria. The programme also aimed to address the social and economic deprivation that was prevalent in the area.

The Healthier and Fairer Programme was system-wide and involved the NHS and local authorities working in partnership. In terms of the Healthier and Fairer Advisory Group and its workstreams, a joint leadership, co-led approach had been adopted with both NHS medical directors and public health directors. The three workstreams that had been developed included:

1. Prevention (focusing on the modifiable risk factors i.e., alcohol, tobacco, obesity, cardiovascular disease (CVD) and prevention in maternity);
2. Healthcare Inequalities (i.e., Core20PLUS5 (children and young people), Core20PLUS5 (adults), deep end practices, inclusion health and Waiting Well); and
3. Broader Social and Economic Determinants (i.e., the anchor network, poverty proofing, digital inclusion and health literacy).

The principles of the Healthier and Fairer Programme involved creating an evidence-base for informed decision-making by identifying those projects/practices/initiatives that would have the greatest positive impact. For example, an approach had been taken to introduce health champions, which built on the excellent work that had been undertaken during the pandemic. Health champions promoted, identified, and signposted people to health and wellbeing services. It was planned that the health champion approach would be rolled out further across the North East and North Cumbria.

In terms of funding, the NE&NC ICB had received ring-fenced health inequalities funding of £13.6 million for a three year period and funding had recently been secured for a further two years. In addition, it was commented that service development funding had been received from NHS England and there had also been a contribution from the Northern Cancer Alliance. Furthermore, prior to the current year, a significant amount of NECS transformation funding had been provided, which had initially assisted with developing a new model of working and funding the introduction of public health consultants.

The prevention workstream focussed on smokefree and tobacco dependency and a whole system, partnership approach was taken. It was highlighted that the North East and North Cumbria had encountered the biggest reduction in smoking prevalence in any region. Furthermore, the gap between the region and the England average was narrowing. To achieve that, the NE&NC ICB had worked in partnership with Fresh, which was an organisation that worked at a population level to encourage a societal shift around tobacco and alcohol use.

In respect of each NHS hospital trust throughout the region, there were tobacco treatment dependency services for in-patients and maternity services. An incentive scheme had recently been rolled out to encourage pregnant women to stop smoking by providing them with shopping vouchers, which had proven to be popular. A pilot was also being delivered, which focussed on providing support to those who suffered from severe mental illness, to enable them to stop smoking.

In terms of alcohol, the prevention workstream focussed on primary prevention by building a social movement to reduce alcohol harm and increase awareness of alcohol risk. There had been media campaigns conveying that, like tobacco, alcohol could cause cancer. It was explained that alcohol care teams had been introduced into each NHS hospital trust throughout the region. Each alcohol care team involved specialists who supported patients throughout the hospital to reduce, quit or use alcohol more safely. In addition, there were recovery navigators, who focussed on bridging the gaps between secondary care and the community. Furthermore, a programme of alcohol studies had been recently launched to increase staff awareness and a fibroscan referral pathway was being developed to promote earlier detection of liver disease.

The newest prevention workstream focussed on healthy weight and treating obesity. Members heard that South Tees NHS Hospitals Foundation Trust (STFT) was working to develop Tier 3 weight management services, which planned to focus on tackling and addressing inequalities. In addition, it was advised that an injectables pilot was being planned with NHS England. Furthermore, a digital weight management approach had been developed, which focussed on enabling people living with obesity to manage their weight, improve the quality of their life and improve longer term health outcomes.

The Strategic Lead for Population Health, Prevention and Healthcare Inequalities advised that there was a cardiovascular disease (CVD) InHIP project. InHIP stood for innovation in healthcare inequalities programme, which was a national programme funded by NHS England. The programme, delivered by Health Innovation North East and North Cumbria, had identified 3 CORE20 communities:

- Black Africans;

- South Asians; and
- underserved indigenous white groups.

It was explained that CORE20 focussed on the 20% of the population in the lowest deprivation quintile across England. By working with the identified communities, the project had been co-designed to increase engagement with CVD risk assessment, support people in modifying health behaviours and promote access to treatment. It was highlighted that one of the largest causes of preventable death was CVD. The project had been delivered in collaboration with Teesside University Sports Science and the Middlesbrough Football Club Foundation, through the use of a health bus to target health checks in local community hubs with relevant community partners. The health bus had visited Black African churches and South Asian women's groups (Nur Fitness) within deprived wards in Middlesbrough and had parked up outside the Riverside Stadium on match days. Members heard that the project was on track to have engaged over 400 residents that would not have otherwise accessed screening.

Members heard that the Deep End Network was a network of GP practices, which worked within areas of blanket deprivation, where 50% or more of the practice list lived within the 15% most deprived Lower Layer Super Output Areas (LSOAs) as measured by the Index of Multiple Deprivation (IMD). For 2024/25 there were 14 Middlesbrough practices, out of a total of 52 across the North East and North Cumbria. It was highlighted that Middlesbrough had the greatest density of deep end practices in the Tees Valley. It was outlined to the scrutiny panel that the projects supporting Middlesbrough's deep end practices included:

- An immunisation catch-up team undertaking work to increase the low uptake of pre-school immunisations, by providing additional clinics or home visits.
- An opioid and gabapentinoid deprescribing project being delivered for people waiting surgery, in collaboration with the Waiting Well project.
- Funding being allocated to each deep end practice to employ/commission a dedicated link-worker to address the social determinants of health that the practice had identified.

Deep end practices were also provided with the opportunity to become training practices to increase GP recruitment, support networks for administration staff and nursing staff working in deep end practices, and researcher-led patient and community engagement for patients of deep end practices.

In terms of the CORE20Plus5, the CORE20 referred to the 20% most deprived communities nationally. In the area of North East and North Cumbria, over a third of the population lived in deprived communities. Therefore, there were disproportionate levels of deprivation in the region and there were significant disparities in England. The Plus referred to those groups that were marginalised and stigmatised and the 5 referenced five clinical pathways where the greatest amount of health inequalities existed. It was commented that in respect of the CORE20Plus5, there were two frameworks, one for adults and the other for children and young people. For adults, the five clinical pathways were maternity (ensuring continuity of care), severe mental illness (ensuring annual physical health checks), respiratory disease (increasing the uptake of Covid-19, flu and pneumonia vaccination), early cancer diagnosis (ensuring 75% if cases were diagnosed at stages 1 and 2) and cardiovascular disease (hypertension case finding and lipid optimal management). For children and young people, the five clinical pathways were asthma (reducing reliance on reliever medication), diabetes (increasing access to real-time continuous glucose monitors and insulin pumps), epilepsy (increasing access to nurse specialists, especially in the first year of life for children with autism and/or a learning disability), oral health (addressing the rates of tooth extractions in those under 10) and mental health (improving access rates to services for children 0-17).

Members heard that inclusion health was an umbrella term used to describe people who were socially excluded, who typically experienced multiple interacting risk factors for poor health, such as stigma, discrimination, poverty, violence and complex trauma. It was identified that those people experienced significantly poorer health outcomes. There were 16 recognised inclusion health groups within scope of the approach, which included veterans and service personnel; those who had experienced or were at risk of homelessness; those who had experiences of the care system; those in contact with the justice system; the Gypsy, Roma and Traveller (GRT) community; sex workers; migrants and refugees. The Inclusion Health Project was a programme being developed that aimed to identify and support people from those communities that suffered inequalities in terms of access, uptake, experience and

outcomes of healthcare services.

A Member raised a query on the wider determinants of health. In response, the Strategic Lead for Population Health, Prevention and Healthcare Inequalities commented that there was an awareness that gambling, smoking, alcohol and ultra processed foods resulted in ill-health and subsequently required intervention from healthcare services. Wider determinants of health typically created an environment for poor health and poor outcomes. It was commented that often healthcare was about trying to address behaviours and environments that people had been exposed to. One area referenced was advertising, which encouraged behaviours that negatively impacted on a person's health. The Transformation and Delivery Manager commented that there was a growing consensus in the region that further work was required to address the commercial determinants of health. It was commented that, working alongside the Association of Directors of Public Health (ADPH), a commercial determinants of health position statement required development and there was a need to raise awareness throughout the health workforce.

A Member raised concerns regarding the increased use of vapes. In response, the Transformation and Delivery Manager advised that work was being undertaken in partnership with Fresh to create an evidence base on the effectiveness and the potential risks of vaping.

A Member raised a query regarding the CORE20 communities. In response, the Strategic Lead for Population Health, Prevention and Healthcare Inequalities advised that working with the local population to understand and acknowledge the challenges, barriers and complex issues experienced by CORE20 communities was of the utmost importance. Members heard that once that evidence was collected and analysed it would facilitate the delivery of solutions aimed to effectively tackle health inequalities.

A Member raised a query regarding health champions. In response, the Transformation and Delivery Manager advised that further funding would be awarded to support the health champions approach.

A Member raised concerns about smoking outside of hospitals. In response, the Consultant in Public Health advised that each NHS hospital trust had no smoking policies. However, the Director of Place Delivery confirmed that the hospitals were unable to legally enforce against smoking outside.

A Member raised a query regarding vaping prevention work in schools. In response, the Director of Public Health advised that the Team Manager for Substance Misuse had visited schools in Middlesbrough to raise awareness of potential harms of youth vaping. It was commented that although vapes could be an effective tool in supporting smoking cessation, the number of children using vapes had increased significantly and due to nicotine content and the unknown long-term harms, vaping carried the risk of harm and addiction for children.

A Member raised a query regarding access to data in respect of the use of vapes among children and young people. Although there was currently no prevalence data at a local authority level, the Director of Public Health advised that, following the meeting, national statistics would be circulated to the scrutiny panel.

A Member raised a query regarding the injectables pilot. In response, the Director of Public Health advised that injectables had been subject to randomised control trials that had proven their effectiveness. A concern of the NHS was that, as obesity was caused by social and environmental factors, although the injectables were proven to work, introduction of injectables would not tackle those causes. The Director of Place advised that although injectables were an effective treatment, they needed to be used in conjunction with other prevention measures to achieve behaviour change. It was also added that there would be an expectation that the injectables pilot would form part of a weight management programme, which would include regular, potentially prescribed, exercise. It was envisaged that people would need to demonstrate how they were trying to lose weight, by eating a healthy diet and exercising, before being offered the injectables. The Transformation and Delivery Manager confirmed that a holistic, multi-disciplinary approach would be taken.

The Consultant in Public Health provided the scrutiny panel with information on reducing health inequalities in South Tees NHS Hospitals Foundation Trust (STFT).

It was explained that health inequalities were:

- unfair and avoidable differences in health across the population, and between different groups within society; and
- arose because of the conditions in which people were born, lived, worked and aged.

Members heard that health inequalities resulted in poor health being experienced from a younger age, at a higher intensity for a greater proportion of life and ultimately in premature death.

A graph showed that of the 59 most deprived local authority areas across England, Middlesbrough was the third most deprived.

It was explained that the STFT had a Health Inequalities Group. The group was chaired by the Chief Medical Officer and the Director of Public Health South Tees was the Vice-Chair. The group reported to the Quality Assurance Committee and the Clinical Policy Group on a six-monthly basis and information was then disseminated to the clinical leads across the whole of the organisation. There was a number of different groups that fed into the Health Inequalities Group, those included, the:

- Vulnerabilities Group;
- Prevention Group;
- Fairer Access to Working Group;
- Making Every Contact Count Group; and
- Anchor Group.

It was commented that the Prevention Group had a number of different groups feeding into it and those covered areas such as alcohol admissions, treating obesity, smoke-free, population health in maternity, Waiting Well, mental health and veterans.

In terms of the workstreams associated with the Health Inequalities Group, those included:

1. Understanding inequalities in the organisation
2. Addressing inequalities in access, experience and outcomes
3. Opportunities for preventative programmes
4. Identifying and addressing social determinants of health
5. Looking after the workforce and the inequalities in the workforce
6. Partnership working to reduce health inequalities
7. Strengthening the STFT's role as an anchor institution

In respect of understanding inequalities in the organisation, the Business Intelligence Team had developed a health inequalities dashboard, which focussed on patients who Did Not Attend (DNA) or Was Not Brought (WNB) for their outpatient appointment, filtered by clinics and by postcode. The following data/information was outlined to the scrutiny panel:

- There was a clear and significant social gradient in access to all STFT outpatient services.
- The most deprived populations were twice as likely to be unable to attend as the least deprived (16% and 8%).
- There was inequity of access to STFT services between white and non-white populations.
- DNA/WNB rate for all non-white persons was 15% compared with 12% for white.
- For Southern Asian people (the main non-white group), there was a less marked social gradient with high rates across all quintiles (that meant ethnicity impacted on access to services in even the most affluent groups).
- There were marked differences in attendance between age groups, which affected all specialties.
- Children under 4 were least likely to be brought to appointments.
- Older people over 60 were significantly more likely to attend than other age groups.
- The rate of WNB was 23% in the most socially disadvantaged children.
- A working group had been set up to further expand the dashboard, which planned to include additional indictors required by the NHS England and would include key clinical areas set out CORE20Plus5 as well as the collation of data by inclusion

groups.

In terms of addressing inequalities in access, experience and outcomes, there were a number of pieces of work being progressed by the STFT, those included:

- A DNA/WNB Pilot - The pilot focused on paediatrics, maternity and patients with learning disabilities from decile one across selected clinics. The STFT was contacting patients via telephone 2 weeks prior to their appointment to confirm awareness of appointment and identify barriers to attending. A suite of interventions was then offered to encourage attendance, which included hospital transport, reimbursement of travel costs, translator support, rearranging appointment, revisiting the location or type of appointment. It was added that, although the pilot was currently ongoing, initial evidence suggested that the telephone reminder was having a positive impact on reducing DNA/WNB rates.
- Qualitative Maternity - The STFT was working with Teesside University to explore experiences and perceptions impacting on ethnic minority pregnant women, in relation to access and outcomes of their maternity care. Interviews and focus groups were being arranged to gather insights into barriers and challenges, with an aim to understand the reasons for ethnic minority women not seeking antenatal care.
- Travel Reimbursement Scheme - The Travel Reimbursement Scheme was a national scheme. To qualify, a patient had to be receiving benefits or be on a low income. A poster had been developed for STFT reception areas to raise awareness and information on the scheme was provided on the hospital website and by GPs on referral.

In terms of the prevention workstream and the STFT's role in preventing ill-health, information was provided on the following services:

<u>Tobacco Dependency Service (TDS)</u>

- The aim of the service was to offer support to all those admitted to hospital who smoked.
- Since September 22, 1613 inpatients had been reviewed, 1545 (95.79%) were smokers, with 558 (36%) accepting support and 241 (15.6%) referred to community Stop Smoking Services (SSS).
- A mandatory smoking field in the Electronic Patient Record (EPR) had been introduced for inpatients, which triggered automatic referral to TDS and was now live on 15 wards.
- A vaping policy was being developed for staff and patients onsite.
- All staff working in the TDS were now on permanent contracts to ensure the sustainability of service.
- The smoking at time of delivery rate across South Tees was higher than England, however, since introduction of TDS in maternity services there had been a significant decrease from 12.4% in March 2022 to 10.7% December 2023. During 2023, there had been 413 referrals made, with 153 women engaging. Since January 2023, 45 babies had been born into smokefree homes.
- A successful incentive scheme had been put in place, offering successful quitters a maximum of £380 Love to Shop vouchers, across the course of the pregnancy.
- The NE&NC ICB had been successful in securing funding to offer vapes to women and partners, as aid to increase quit rates.

<u>Alcohol Care Team (ACT)</u>

- The aim of the Alcohol Care Team (ACT) was to provide specialist alcohol care for patients with alcohol dependence to demonstrate admission avoidance, reduce length of stay and improve management of withdrawal, in addition to increasing STFT wide expertise, training and early identification of risky levels.
- In its first year, ACT had received 694 referrals from the emergency department and 614 referrals from inpatient services. Most of those referrals were dependant drinkers (however, that was only a fraction of those attending with alcohol-related issues).
- Once the alcohol use disorders identification test (AUDIT C) had been implemented across the STFT to identify those drinking at risky levels, it was envisaged that referrals would dramatically increase.
- The ACT had been working with I.T. to implement a mandatory alcohol field, which

would be used to trigger referrals.
- The ACT was only funded until 24/25 by the NE&NC ICB, therefore, there was a risk if the team was not mainstream funded beyond 2025.
- In terms of next steps, a service review would be undertaken to develop a new model and vision for the ACT.

Public Health in Maternity

- There were healthy weight clinics at James Cook University Hospital (JCUH) and the Friarage Hospital for all pregnant women with a BMI over 40. Healthy lifestyle/diet advice was provided to keep weight between 5-7kg.
- There was a dedicated vaccination nurse JCUH, who worked with Public Health South Tees to increase education/uptake of vaccines in pregnancy (total vaccines given during 2023 Flu - 898, Pertussis - 2271).
- Funding had been secured to deliver a maternal mental health service, which included a midwife and a part-time psychologist.
- Contraception had now been embedded in postnatal care. Midwives/maternity nurses had been trained to fit postnatal implants and doctors had been trained to fit coils, post birth. There was also a robust follow-up service in place with sexual health services (total numbers fitted since May 2023, Coils 56, Implants 82).
- There was a cervical screening drop-in clinic held at the Friarage Hospital for staff members and the public.
- Poverty proofing work was being undertaken to establish a booking pathway, which planned to involve health literacy.

Obesity

- Work was underway to carry out a healthy weight mapping exercise, which included promoting healthy workplaces. The exercise planned to examine the offer for staff, the provision of weight management programmes, the physical environment, access to green spaces, the enabling of active travel and public transport and initiatives aimed at preventing obesity in children and families.
- A working group had been set up to introduce an active hospital approach, which involved STFT staff members and a range of external partners.
- There was a Tier 3 specialist weight management service, which supported 1500 patients per year.
- There was a Tier 4 bariatric surgery service for children.

High intensity users (HIUs) were those who used healthcare more often than, or differently than expected (e.g., for instance they presented to the emergency department five or more times within a year). It was highlighted that HIUs had a significant impact across the non-elective care pathway, ambulance arrivals at the emergency department, visits to the emergency department, emergency admissions and inpatient bed days. It was commented that the HIUs cost an estimated £2.5 billion per year.

Between November 2022 and 2023, 1,446 HIUs had been identified with 11,330 attendances (between 5-66 attendances each). There was a clear link between HIUs and health inequalities, with 55% of HIUs in the 10% most deprived areas. There were two peaks in terms of age, from 20 to 29 years and those over 70 years. HIUs tended to have poor physical health, poor mental health, problems with substance misuse, involvement with criminal justice system and had experienced Adverse Childhood Experiences (ACEs). 50.9% of HIUs were female, 49.1% were male and 89.5% were white British.

Health inequalities funding had been secured to provide a dedicated keyworker based at STFT to deliver a project aimed at reducing the numbers of HIUs. It was commented that work would be undertaken to analyse local data and identify the target group (top 50 attenders). The dedicated keyworker would provide a non-medical approach, which focussed on providing HIUs with social, practical and emotional support. There were over 100 HIU programmes that had been developed and implemented across England and those had reported a 58% reduction in emergency department attendance, a 67% reduction in non-elective admissions, a 71% reduction in ambulance conveyances and a system saving of £432,000.

In terms of the hospital navigator project, violence was a major cause of ill health and poor wellbeing and it strongly related to inequalities. Work was being undertaken in partnership with Cleveland Unit for the Reduction of Violence (CURV). CURV had commissioned STFT to develop a hospital youth intervention programme to support/divert young people (aged 10 to 25) involved in crime. The aim of the project was to provide support to patients admitted with violent related injuries by addressing changeable risk factors. The project planned to use mentoring, counselling and onward referral to community services to help reduce violent re-injury, death, arrest etc. To deliver the project, two navigator posts had been created to work with children and adult presenting at Accident and Emergency (A&E)/admitted with injuries that were result of violence. The STHT had developed a new vulnerabilities group with an aim to co-ordinate/implement three navigator workstreams i.e., HIUs, violence and the ACT. Work was also planned to develop the emergency department dashboard and explore the metrics needed to support the workstreams.

In terms of addressing wider determinants and Making Every Contact Count (MECC):

- A working group had been established and a communications plan had been developed.
- Over 200 staff members across the organisation had been trained in MECC to support patients in respect of the wider determinants of health.
- MECC case studies/examples of good practice had been collated and evaluated.
- MECC STFT wide resources had been developed for patient facing services.
- A STFT MECC regional training film had been developed for maternity services, explaining the damaging effects of smoking.
- MECC was now part of the Trust induction process for new members of staff.
- There had been an official launch of MECC on 15 January 2024, which had involved collaboration between STFT, SERCO and Public Health South Tees and 49 areas had been visited.

In terms of the STFT being an anchor institute:

- Executive anchor leads had been identified across the STFT.
- A health anchor mapping questionnaire had been sent to all the NHS foundation trusts across the region and responses had been mapped against 4 pillars - widening access to good employment and apprenticeships, using buildings and estates to support local health and communities, contracting for local benefit and social value and leadership and partnership working.
- The mapping exercise had identified areas of good practice and gaps in provision that required further development.
- The STFT had widened access to employment by running a successful prospect programme. The programme had resulted in a 82% success rate of participants gaining employment within a 6 month period. Social mobility schemes were also offered to young people from disadvantaged backgrounds as well as a range of outreach activities into disadvantaged communities.
- The STFT had implemented the Green Plan, to become a leader in carbon management. The plan focussed on areas such as waste, clean air through provision of electric vehicle charging points, DR bike and a staff shuttle bus across sites.
- Procurement activities had been undertaken to examine food suppliers and it had been highlighted that the vast majority of food was sourced locally in the North East.
- Future work planned to identify gaps and priorities for action/collaboration, deliver collaborative projects through shared resources and a common approach, align with North East and North Cumbria's Integrated Care System (NE&NC ICS) priorities, develop a Tees Valley anchor network, complete baseline assessments across all anchor institutions and develop a set of metrics.

A Member raised a query regarding the project exploring the experiences of ethnic minority pregnant women. In response, the Consultant in Public Health advised that the research would be completed by the end of March 2024, therefore, it was envisaged that a report containing an analysis of the findings would be available in April 2024. It was commented that, once the report was published, it would be circulated to the scrutiny panel.

It was announced that the Director of Place Delivery was moving to a different role. The Chair expressed gratitude and appreciation for the Director of Place Delivery's valuable input and contributions, which ultimately aimed to improve the health and wellbeing of Middlesbrough's population.

AGREED

That the information presented at the meeting be considered in the context of the scrutiny panel's investigation.

23/42 **OVERVIEW AND SCRUTINY BOARD - AN UPDATE**

The Chair explained that at the meeting of the Overview and Scrutiny Board, which was held on 28 February 2024, the Board had considered:

- the Executive Forward Work Programme;
- an update from the Executive Member for Environment;
- an update on the Local Government Boundary Review 2023/24; and
- updates from the Scrutiny Chairs.

In addition, Members heard that at the meeting on 6 March 2024, the Board had considered:

- the Executive Forward Work Programme;
- an update from the Executive Member for Community Safety; and
- updates from the Scrutiny Chairs

NOTED

23/43 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

Next Meeting - 22 April 2024

The Chair put forward a proposal to cancel the next meeting of the Health Scrutiny Panel, which was scheduled to take place on Monday 22 April 2024.

Following discussion, the scrutiny panel was in agreement that the meeting should be cancelled.

AGREED

That the next meeting of the Health Scrutiny Panel, scheduled to be held on 22 April 2024, be cancelled.

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Adult Social Care and Health Integration

People Scrutiny Panel

Monday, 15 July 2024

Erik Scollay, Director of Adult Social Care and Health Integration

The (basic) ASC key legislation:

Legal literacy is key; we work within many pieces of legislation but the absolute fundamentals are (in no particular order):

1. The Care Act 2014 (inc. the wellbeing principle for eligibility)

2. The Mental Capacity Act 2005

(Note: these are Council duties, not Adult Social Care duties)

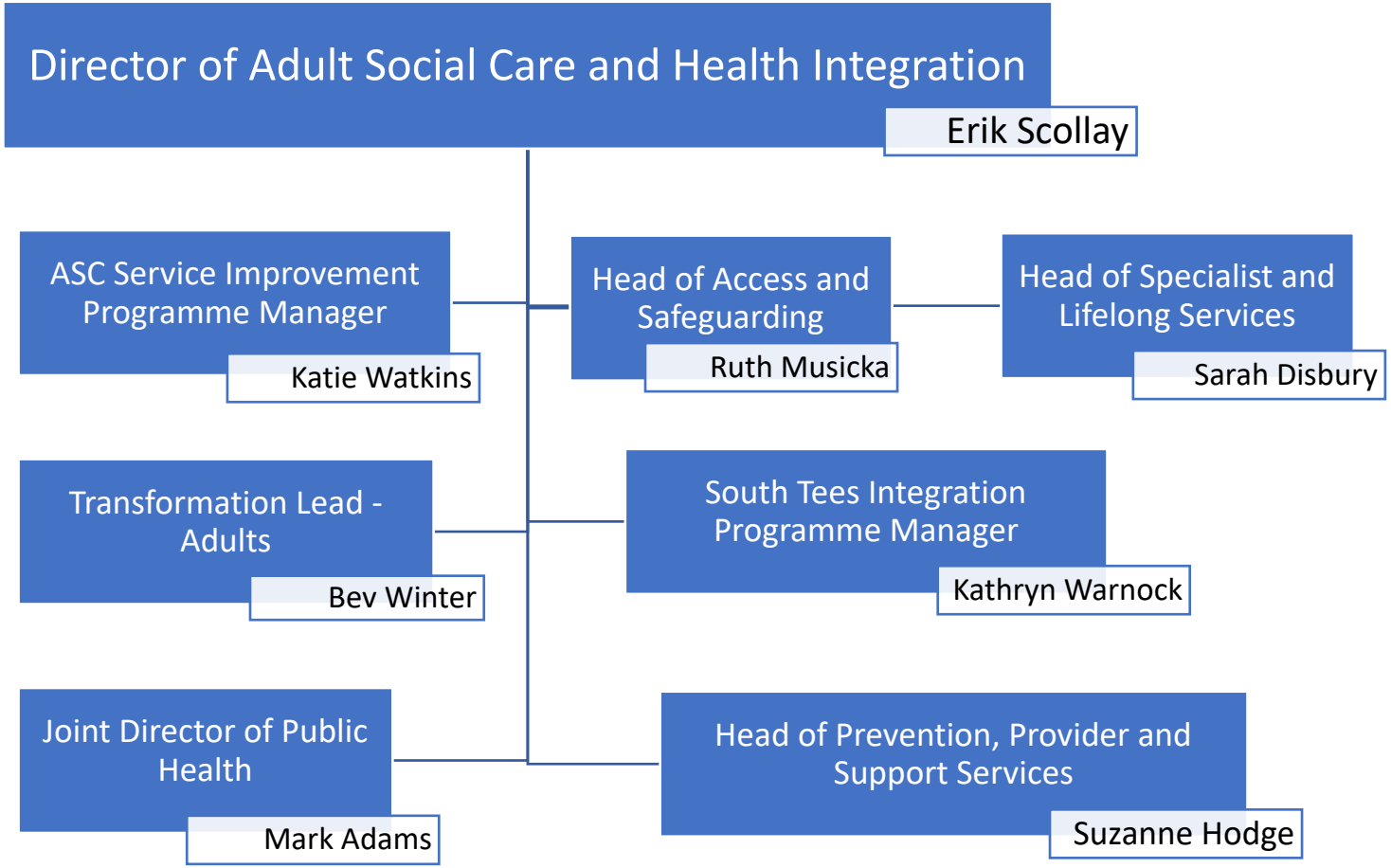
The (basic) ASC key legislation:

"The general duty of a local authority, … in the case of an individual, is to promote that individual's wellbeing".

Wellbeing has a broad definition; this is both empowering and challenging

Needs which meet the eligibility criteria: adults who need care and support
2.—(1) An adult's needs meet the eligibility criteria if—
(a)the adult's needs arise from or are related to a physical or mental impairment or illness;
(b)as a result of the adult's needs the adult is unable to achieve two or more of the outcomes specified in paragraph (2); and
(c)as a consequence there is, or is likely to be, a significant impact on the adult's well-being

The Care and Support (Eligibility Criteria) regulations 2014



29.05.2024 Org Chart v1.0

Who we are:

- Access and Safeguarding Team
- Hospital Social Work Team (inc. weekend service)
- East and West Locality Social Work Teams
- Learning Disability and Transitions Social Work Team
- Community Mental Health Team (inc. former Psychosis and Affective Disorder Teams)
- Older People's Mental Health Team
- Forensic Mental Health/Learning Disability Team
- Deprivation of Liberty Safeguards Team (BIAs)
- Approved Mental Health Professional Service (AMHP)s
- Estates Team
- Tees Community Equipment Service
- Occupational Therapy Team

Who we are (cont.):

- Homelessness Team
- Domestic Abuse Support
- Levick Court
- The Orchard Day Centre
- North Ormesby Day Centre (Frailty and Dementia)
- Community Inclusion Service
- Autism Day Centre
- Connect Service
- Reablement Team / Middlesbrough Mobile Reablement Unit
- Staying Put Agency (inc. Digital Inclusion developments)
- MAMMS (Handyperson) Scheme
- Service Improvement Programme
- South Tees Integration Programme

Key Relationships:

Key relationships (external)…

NHS Integrated Care System
Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
South Tees Hospitals NHS Foundation Trustees, Esk and Wear Valleys
Cleveland Police
Voluntary and Community Sector / MVDA
Independent Providers
Tees Safeguarding Adults Board (TSAB)

Key relationships (internal)…

Public Health
Environment and Community Services - Community Safety
Children's Services
Finance Directorate - ASC Finance, Financial Assessment and Welfare Rights
Finance Directorate – Contracts and Commissioning

Priorities (within ASC draft vision and strategy):

- Priority 1 - promoting wellbeing and personal and community resilience.

- Priority 2 - maximising recovery and promoting independence so people can live independently in their own communities for as long as possible.

- Priority 3 - improving the quality of life for people with care and support needs.

- Priority 4 - providing choice and control for people who have care and support needs.

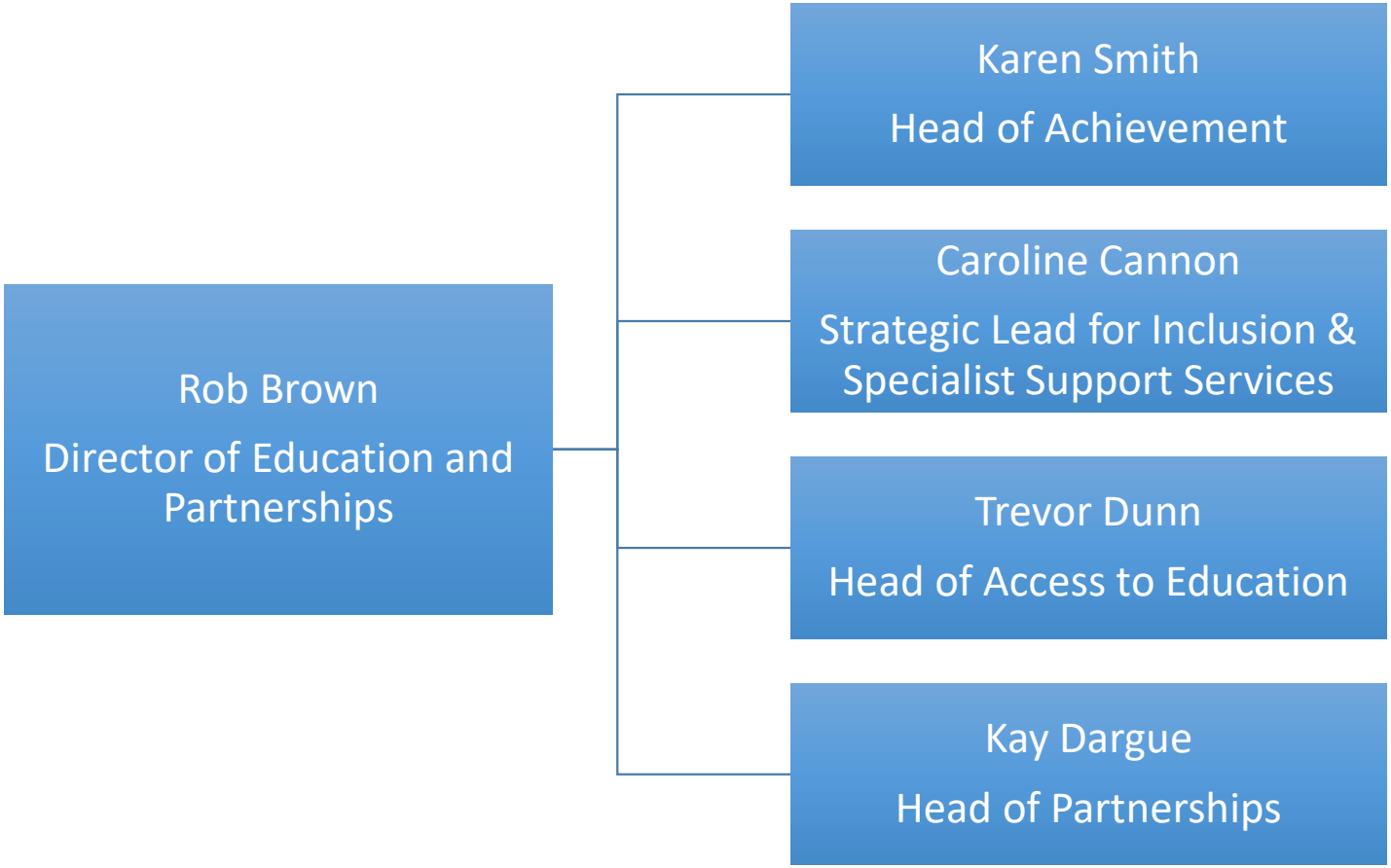
Key Issues and Challenges:

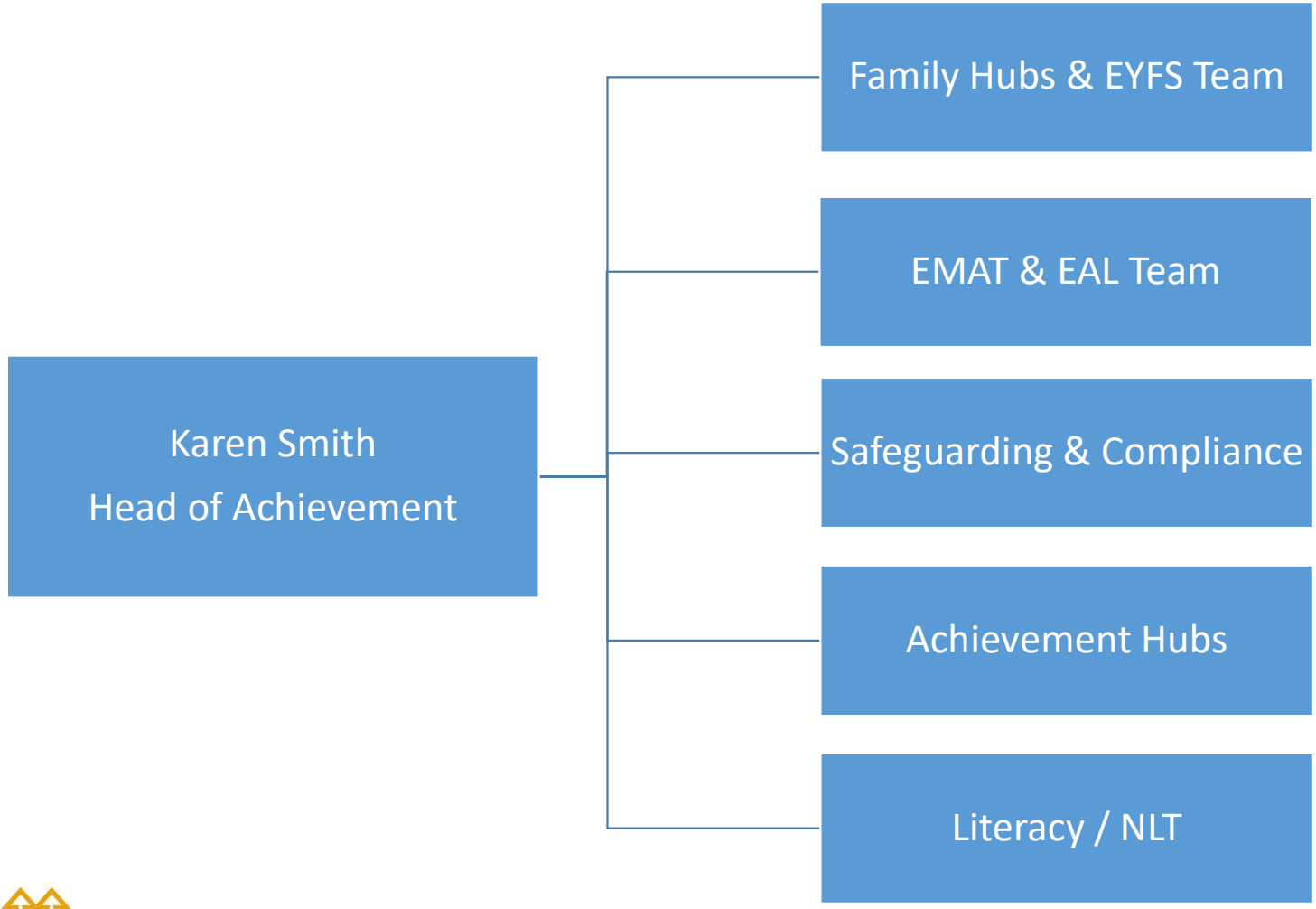
- Impending Care Quality Commission (CQC) inspection
- Financial Imperative to deliver ASC transformation plan (£5.75M in 24/25) – modernisation including “ The Three Conversations” approach / digital resources.
- Increasing complexity
- Rising/latent demand
- Recruitment / Staffing
- North East and North East Cumbria ICB (NENC) Changes/ relationship with Place Team
- Need to push towards greater focus on prevention – Locality Working / knowing our communities / reflecting our communities.
- Homelessness pressures
- Domestic Abuse prevalence
- Market sustainability – Care Act duty
- Understanding demand and commissioning approaches

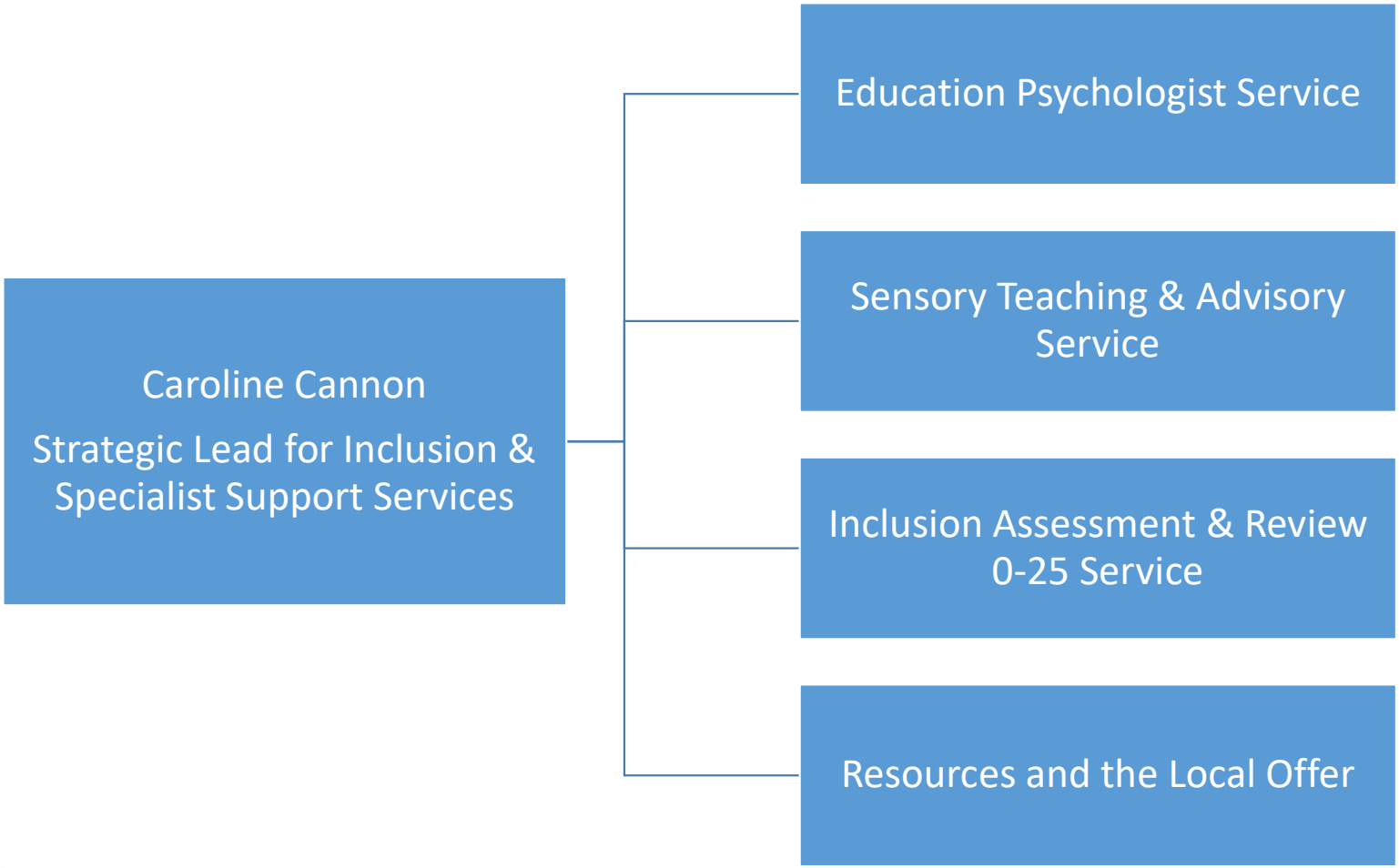
Questions?

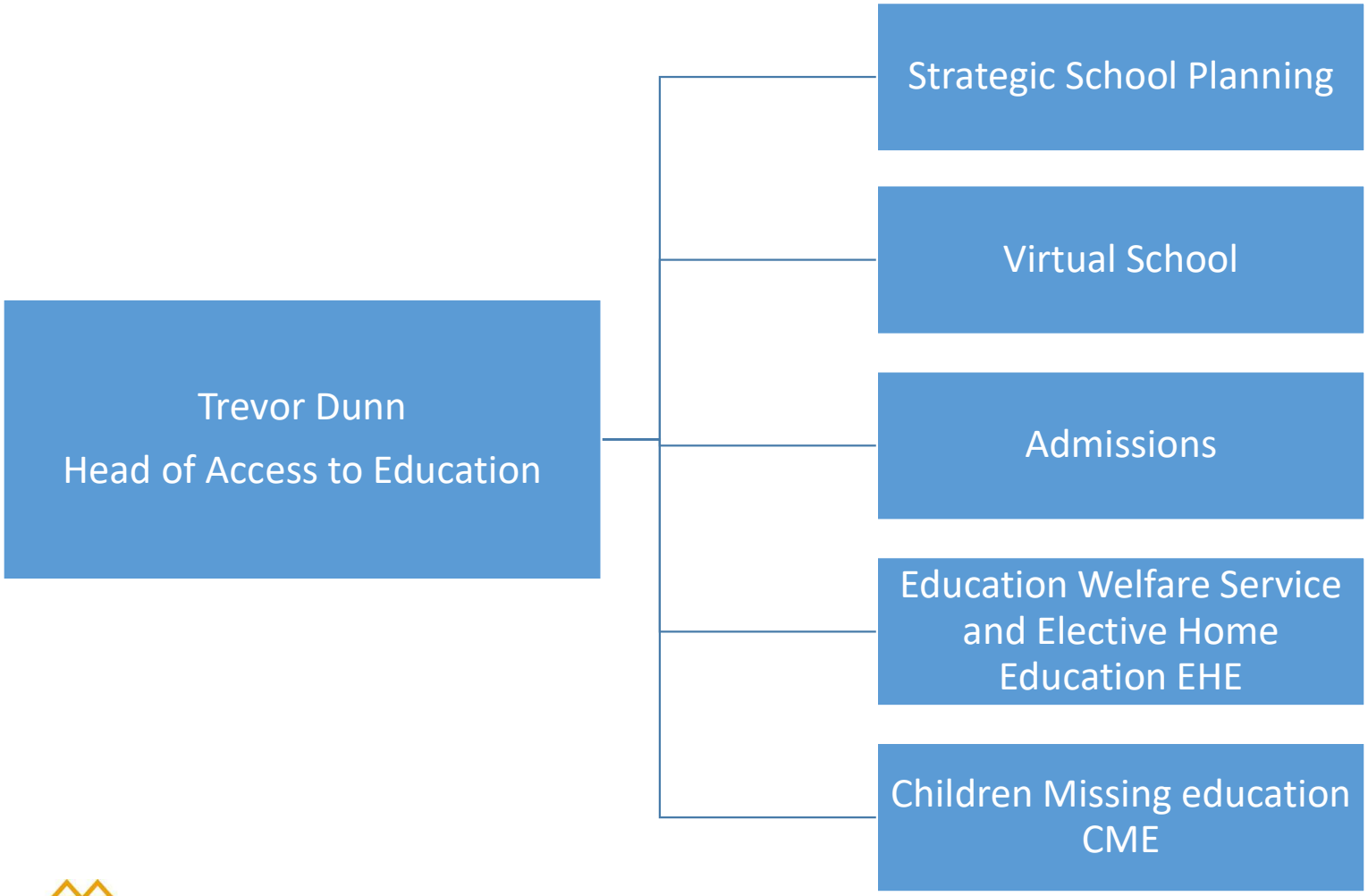
Scrutiny Panel

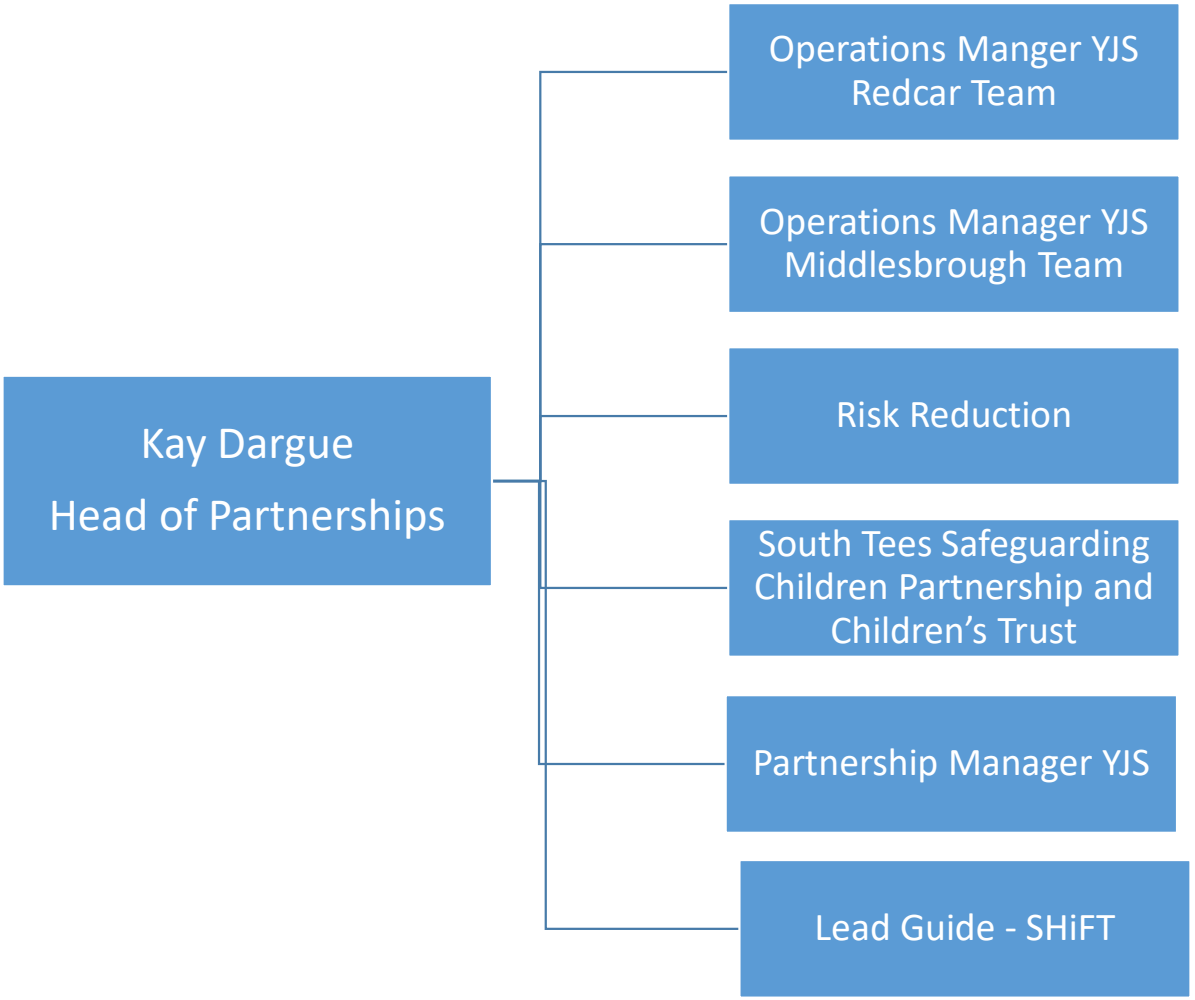
2024/25


Rob Brown
Director of Education and Partnerships
Karen Smith
Head of Achievement
Caroline Cannon
Strategic Lead for Inclusion & Specialist Support Services
Trevor Dunn
Head of Access to Education
Kay Dargue
Head of Partnerships


Karen Smith
Head of Achievement
Family Hubs & EYFS Team
EMAT & EAL Team
Safeguarding & Compliance
Achievement Hubs
Literacy / NLT


Caroline Cannon
Strategic Lead for Inclusion & Specialist Support Services
Education Psychologist Service
Sensory Teaching & Advisory Service
Inclusion Assessment & Review 0-25 Service
Resources and the Local Offer


Trevor Dunn
Head of Access to Education
Strategic School Planning
Virtual School
Admissions
Education Welfare Service and Elective Home Education EHE
Children Missing education CME


Kay Dargue
Head of Partnerships
Operations Manger YJS Redcar Team
Operations Manager YJS Middlesbrough Team
Risk Reduction
South Tees Safeguarding Children Partnership and Children's Trust
Partnership Manager YJS
Lead Guide - SHiFT

Priorities – Education & Parterships

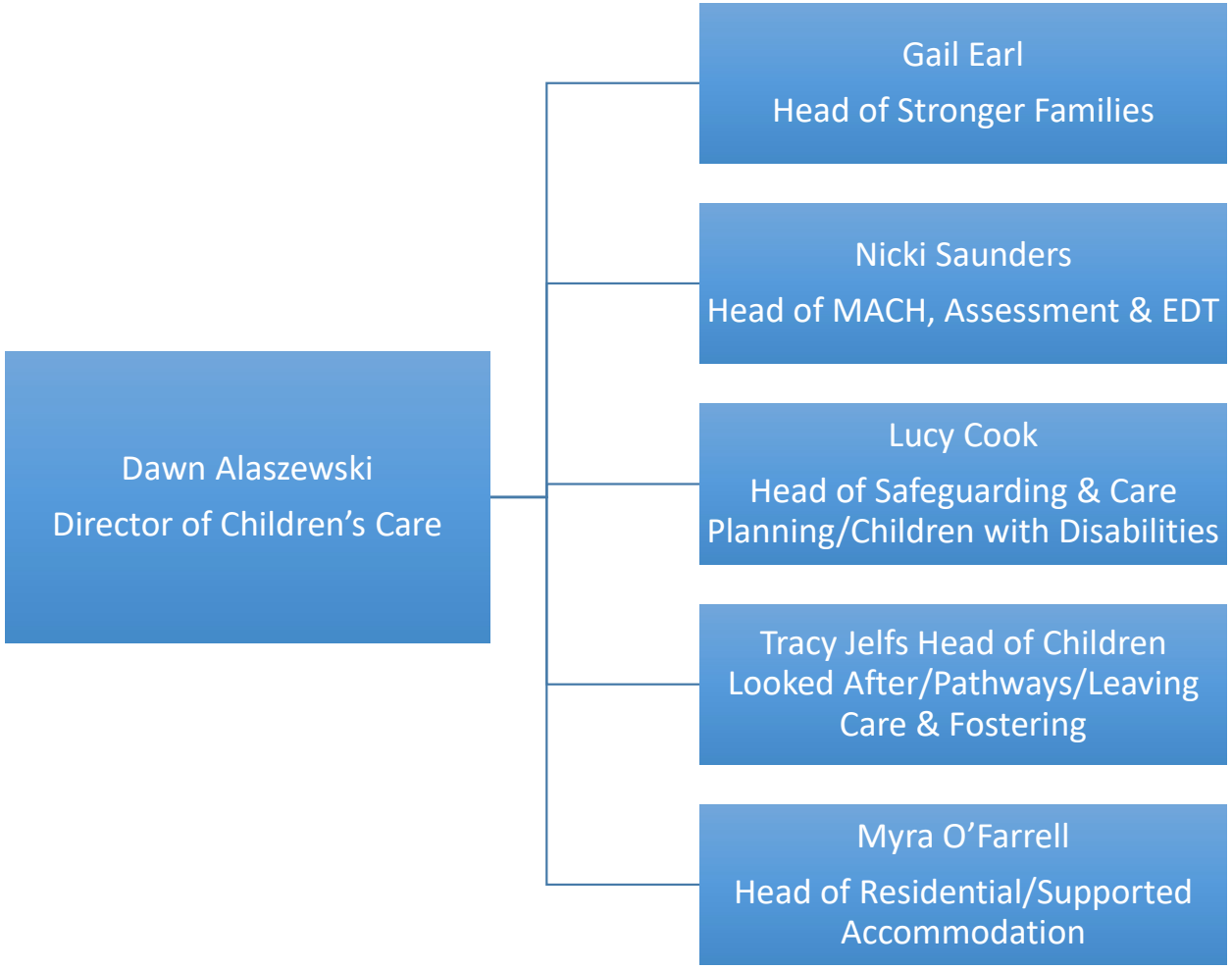
Challenges

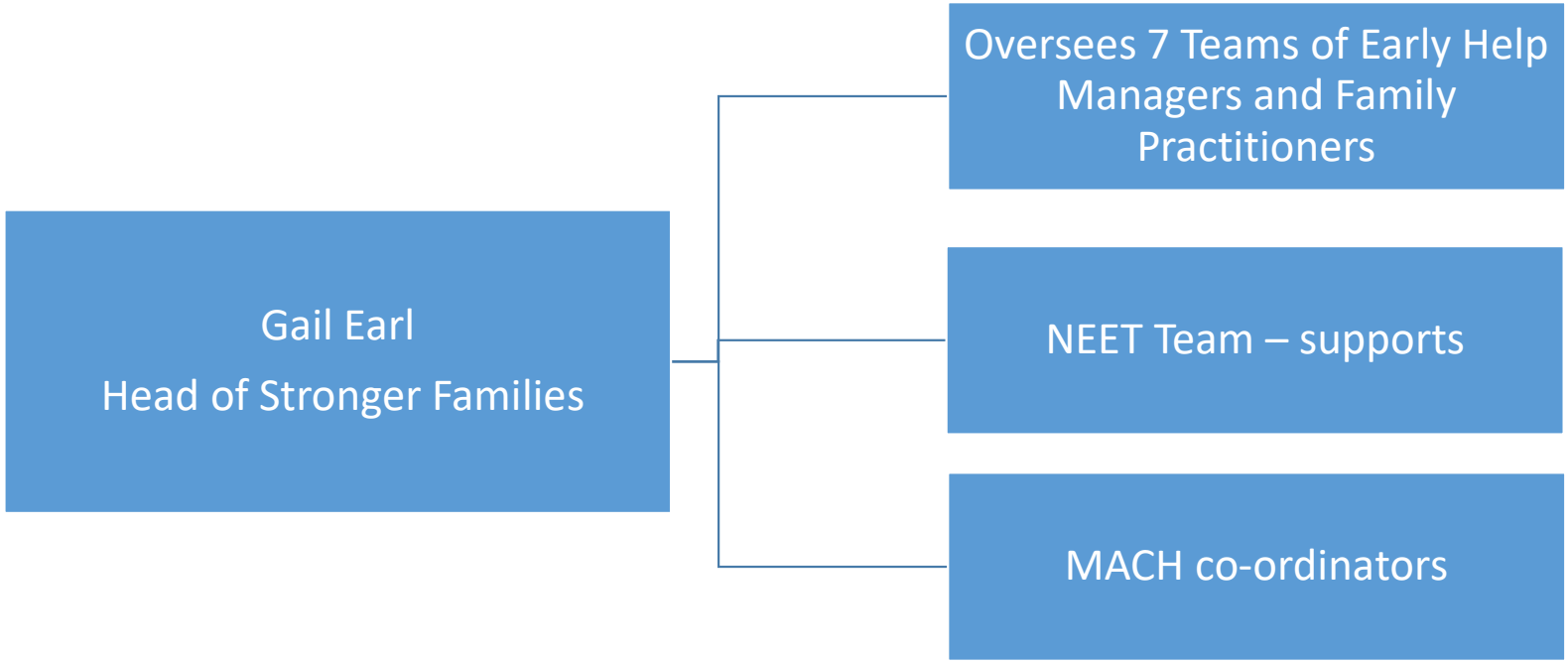
- Increasing Permanent Exclusions
- Increasing Education Health and Care Plans
- Increasing pressures on High Needs Funding
- Falling school roll contrasted with increasing pressure in some parts of town
- Low School Readiness
- Low attendance

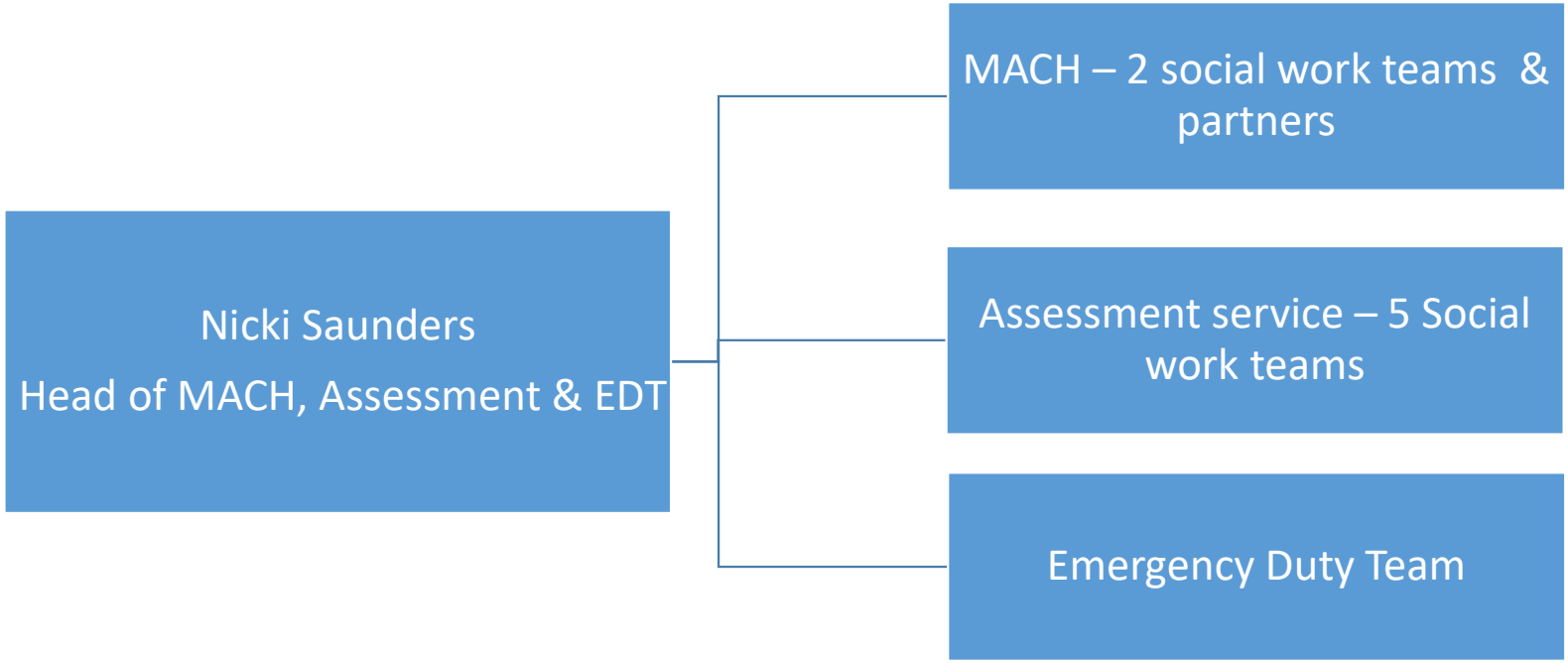
Innovation and Transformation

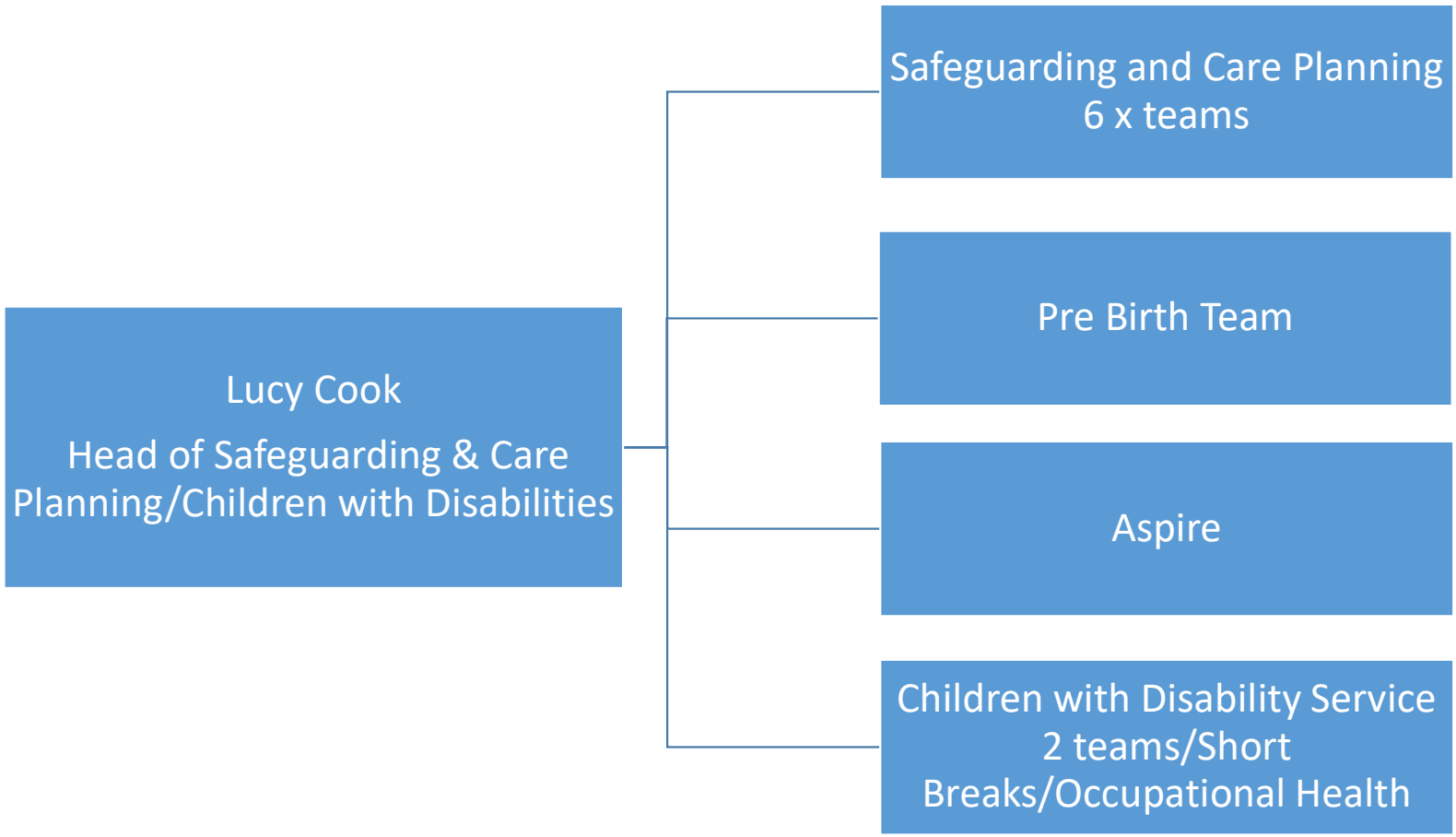
- Sector Led Improvement Partner (SEND)
- Inclusion and Outreach model
- Delivering Better Value Programme
  - SEND and Inclusion Clinics
  - Workforce Development
  - Review of Placements
  - Transitions
- Place planning
- Family Hubs
- Attendance project/ White Paper
- Turnaround / Instant Justice
- PROLCAIM
- Attendance strategy and VCAP project

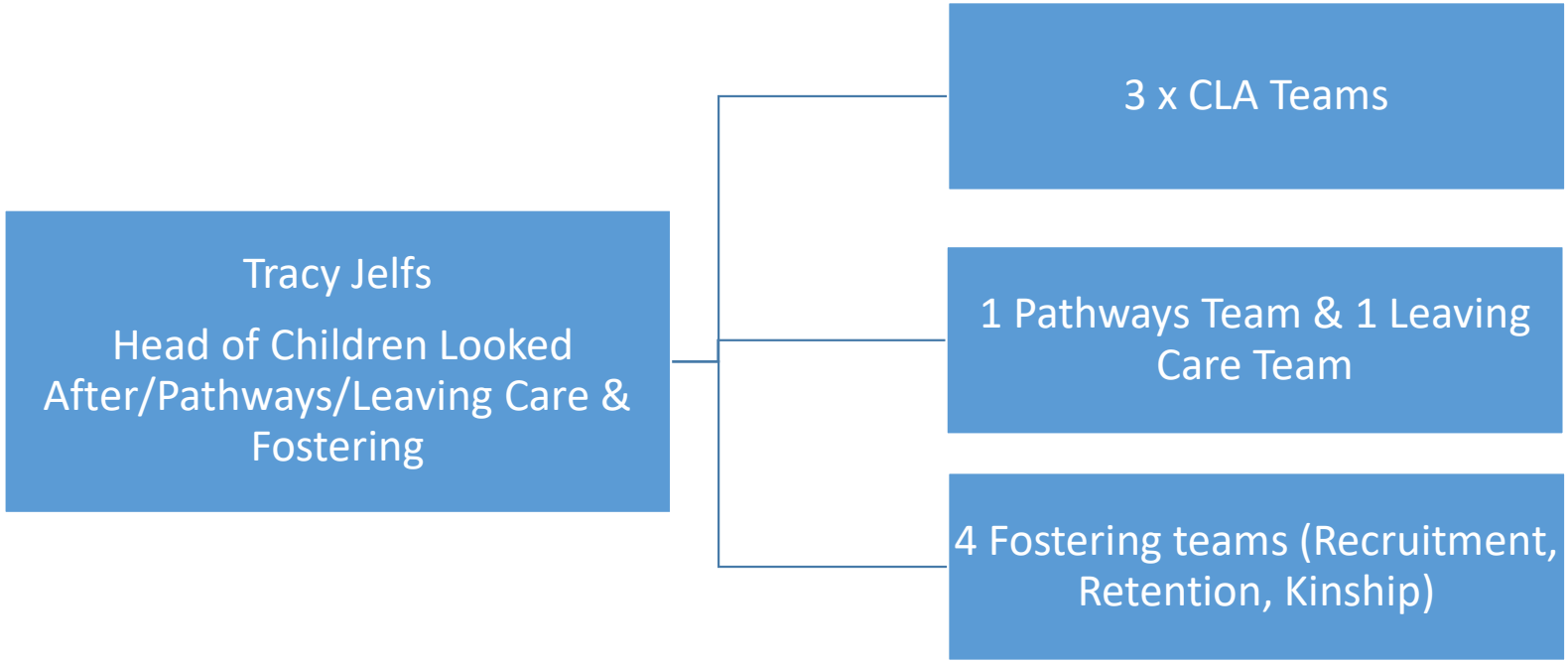
MIDDLESBROUGH CHILDREN MATTER

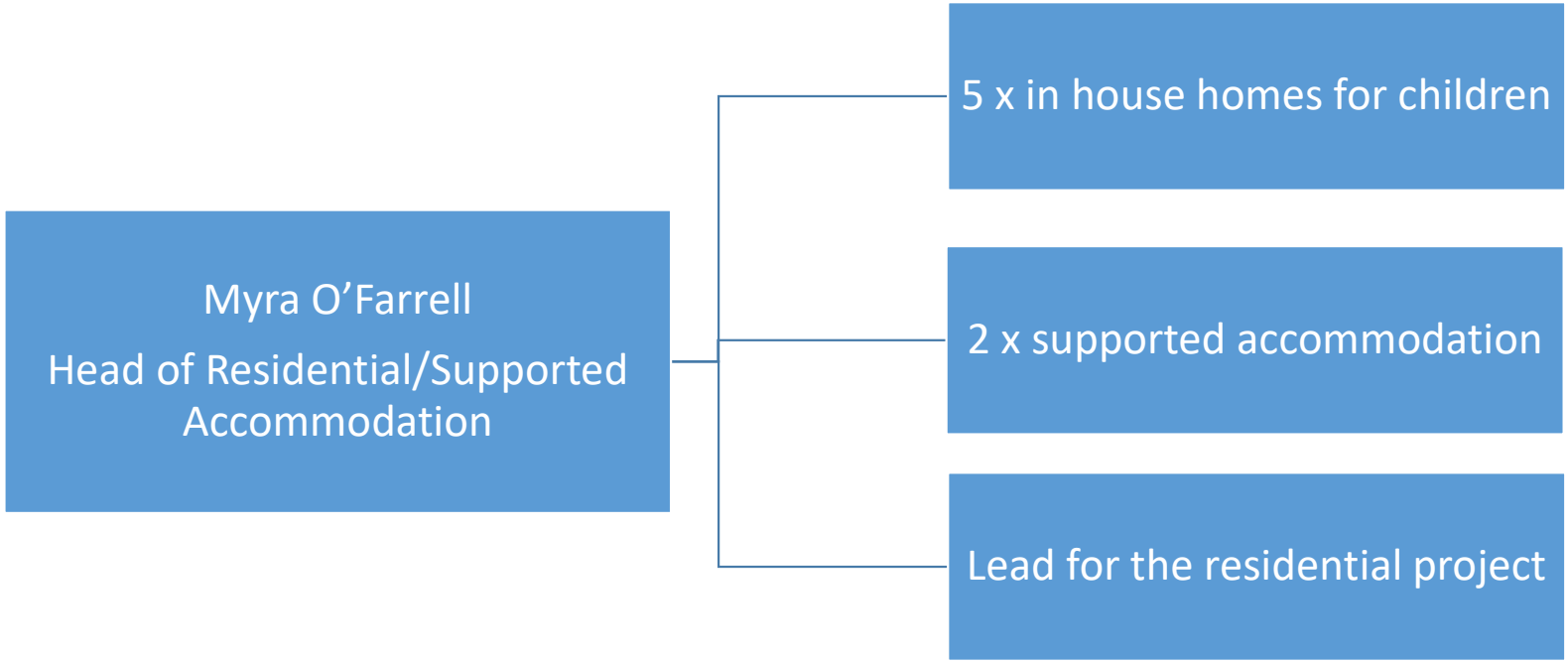

Dawn Alaszewski
Director of Children's Care
Gail Earl
Head of Stronger Families
Nicki Saunders
Head of MACH, Assessment & EDT
Lucy Cook
Head of Safeguarding & Care Planning/Children with Disabilities
Tracy Jelfs Head of Children Looked After/Pathways/Leaving Care & Fostering
Myra O'Farrell
Head of Residential/Supported Accommodation


Gail Earl
Head of Stronger Families
Oversees 7 Teams of Early Help Managers and Family Practitioners
NEET Team – supports
MACH co-ordinators


Nicki Saunders
Head of MACH, Assessment & EDT
MACH – 2 social work teams & partners
Assessment service – 5 Social work teams
Emergency Duty Team


Lucy Cook
Head of Safeguarding & Care Planning/Children with Disabilities
Safeguarding and Care Planning 6 x teams
Pre Birth Team
Aspire
Children with Disability Service 2 teams/Short Breaks/Occupational Health


Tracy Jelfs
Head of Children Looked After/Pathways/Leaving Care & Fostering
3 x CLA Teams
1 Pathways Team & 1 Leaving Care Team
4 Fostering teams (Recruitment, Retention, Kinship)


Myra O'Farrell
Head of Residential/Supported Accommodation
5 x in house homes for children
2 x supported accommodation
Lead for the residential project

Priorities – Children's Care

Challenges

- High demand
- High number of children who are in our care, subject to child protection/child in need plans
- Consistency of practice and performance
- Permanent staffing
- External placements for children
- Recruitment of foster carers
- In house homes for children
- Improvement notice from the DfE

Innovation and Transformation

- Investment in to the expansion of homes for children
- Partners in Practice (Islington)
- Family Hubs
- SHiFT
- Pitstop
- DfE grants – Reunification project
- Recruitment strategy
- Fostering Pathfinder
- Supporting families

Public Health South Tees

People Scrutiny Panel

Monday, 15 July 2024

Mark Adams, Director of Public Health

1

South Tees challenges

Higher levels of…

- Smoking
- Obesity
- Alcohol consumption and drug misuse
- Poverty
- Suicide
- CVD / Stroke / Diabetes / Cancer / Resp
- Dementia and age related illnesses
- Teenage and unwanted pregnancies
- Communicable diseases including STIs
- Mental ill health
- Complex needs and vulnerabilities

Lower levels of…

- Life expectancy
- Healthy Life expectancy
- Physical activity
- Engagement with screening and immunisations
- Ability to self care
- Housing standards
- Educational attainment & training
- Stigma for health inclusion groups

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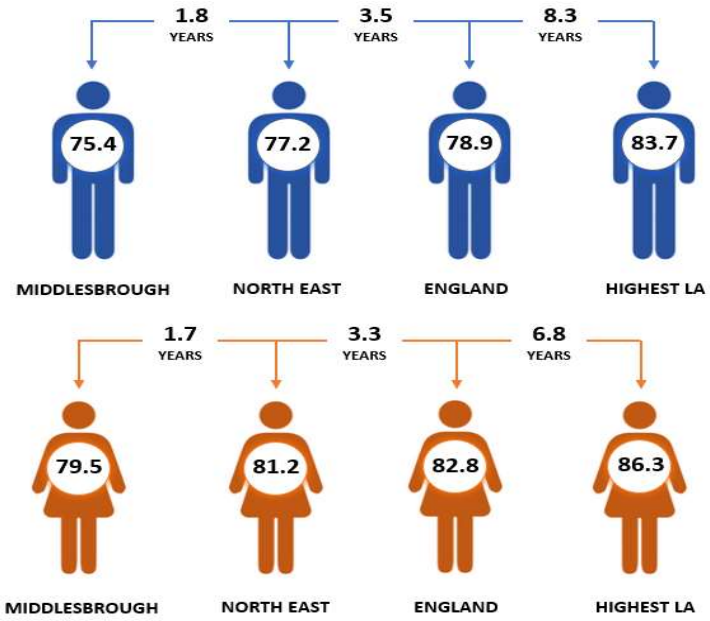
2

Life Expectancy at Birth *(2020-22)*



Source – ONS

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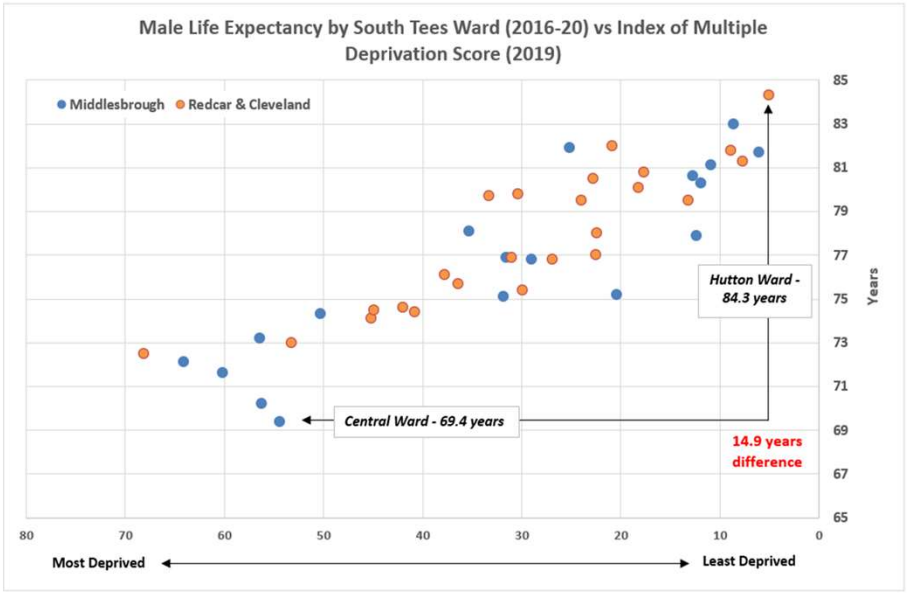
3

Male Life Expectancy at Birth by Ward



Source – Local Health, OHID & IMD

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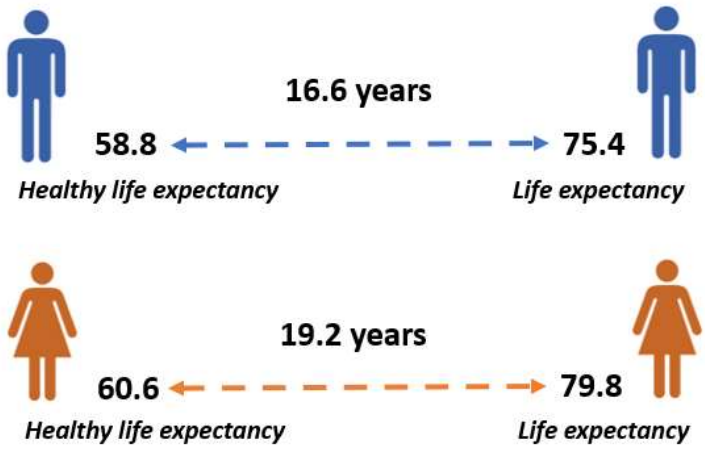
4

Healthy Life Expectancy *(2018-20)*

Middlesbrough Healthy Life Expectancy



Source – Fingertips, OHID

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5

PH Statutory Duties and Responsibilities

The Local Authority, via the Director of Public Health, has a duty to improve public health under **Section 12** of the **Health and Social Care Act 2012**. This duty is expected to be executed via the delivery of mandated and non-mandated functions that best meet the needs of the local population (including having regards to the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy)

Mandated functions include:

- Weighing and measuring of children at reception and year 6 (i.e. the National Weight Measurement Programme)
- NHS Health Check assessment and delivered, offered every 5 years to eligible residents who meet screening criteria;
- Provision of sexual health services;
- Provision of Public Health advice to the Clinical Commissioning Group;
- Health protection, including prevention, planning for and responding to emergencies;
- Oral health, including initiation, variations and termination of fluoridation; oral health promotion; oral health surveys; oral health needs assessment (subject to change)

Non-mandated functions that are conditions of the Public Health Grant:

- Drug and alcohol provision
- Children and young people (Health Visiting and School Nursing)

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6

PH Statutory Duties and Responsibilities

As part of it's Public Health functions, Local Authority's have a duty to participate in the local **Health and Wellbeing Board** of which Directors of Public must be a statutory member.

Together with the **ICB**, and via the Health and Wellbeing Board, Local Authorities have a duty to publish:

- **Joint Strategic Needs Assessment** (JSNA)
- **Joint Strategic Health and Wellbeing Strategy**
- **Pharmaceutical Needs Assessment** (PNA)

Programme Approach

5 Programmes	4 Business Imperatives	3 Levels of Intervention across the life-course:
▪ Creating environments for healthy food choices and physical activity ▪ Protecting health ▪ Preventing ill-health ▪ Reducing vulnerability at a population level ▪ Promoting positive mental health and emotional resilience	▪ Address health inequalities with a determined focus on the best start in life ▪ Better use of intelligence to inform decision-making ▪ Building purposeful relationships with key partners ▪ Improved financial efficiencies	▪ **Civic-level** – healthy public policy ▪ **Service-level** – evidence-based, effective, efficient and accessible services ▪ **Community-level** – family of community centred approaches

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8

3 Levels of Intervention

Using a place-based framework to deliver a high impact, population health approach, by tackling the causes and providing solutions at the civic, community and service level.

Components of the Population Intervention Triangle

Civic-level:
- Legislation; regulation; licencing; by-laws
- Fiscal measures: incentives/disincentives
- Economic development & job creation
- Spatial & environmental planning
- Welfare & social care policy
- Communication; information; campaigns
- Anchor-role

Service-Level:
- Delivering interventions systematically with consistent quality & scaled to benefit enough people
- Reduce unwarranted variation in service quality & delivery
- Reduced unwarranted variability in the way the population uses services & is supported to do so

Community-Level:
- Using the assets within communities, such as skills & knowledge, social networks, local groups & community organisations, as building blocks for good health

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9

Healthy Environments

Aim To develop and implement a system led approach to creating places that promote healthy eating and moving more

Priorities

- **Create environments for healthy food:** Supporting the Middlesbrough Food Partnership Gold Award bid; embedding School Food Standards; implementing the Eat Well South Tees and Eat Well Schools Award; delivering HAF and using it as a healthy eating education tool.
- **Creating environments for physical activity:** Working with YGT to embed physical activity into: clinical pathways such as Prepwell, Type 2 Diabetes, tackling chronic pain and Waiting Well; social prescribing; and schools through the Creating Active Schools framework.
- **Embedding system change through development and implementation of the healthy weight declaration:** Working with planning to embed physical activity and health in the planning process; reimagining active open spaces; and building community capacity through an LMS training offer.

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10

Protecting Health

Aim Protect the population of South Tees from the spread of communicable disease, prevent and manage outbreaks and protect from environmental hazards

Priorities

- Strengthen the local health protection response across South Tees, by facilitating a multi-agency South Tees Health Protection Assurance Partnership
- Protect local people from environmental hazards and incidents, focusing on the South Tees Clean Air Strategy and the severe weather plan
- Use local intelligence and relationships with key partners to improve the prevention, detection and management of communicable diseases and outbreaks. With a focus on current syphilis and gonorrhoea outbreaks
- Build community resilience and capacity to prevent and manage health protection issues through making every contact count and community champions approach
- Utilise community insights/behavioural science approaches in partnership with primary care, secondary care, SAIS and education, to increase immunisations uptake rates

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11

Preventing Ill Health

Aim To reduce inequalities in population health though the prevention and early detection of disease and support the people to manage their long term conditions

Priorities

- Lead the development of the South Tees Ill Health Prevention Board
- Develop Anchor Network across South Tees
- Improve co-ordination of local, regional and national primary prevention campaigns and Maximise opportunities for preventative programmes across the system
- Increase uptake of screening programmes and recognition of signs and symptoms of ill health to ensure early presentation, diagnosis and timely access to treatment
- Consider inequalities in access, service use, outcomes and experience across all commissioned and in house service provision.
- Support South Tees Hospital Trust to implement an approach to tackling health inequalities in secondary care
- Further develop the Health on the High Street offer, improving the accessibility of health services

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12

Reducing vulnerabilities at a population level

Aim To develop a person-centred approach across the full local Vulnerabilities system. This will enable a more holistic support package to be provided whereby all of the priority needs (multiple vulnerabilities) can be met simultaneously. Leading a co-ordinated and collaborative approach with key partners is the only way to achieve consistent, high quality delivery and remove duplication.

Priorities

- Developing a cross-programme partnership approach that addresses vulnerability in its broadest sense, making best use of both public health and the wider system resources to support the needs of the whole person;
- Further developing collaborative working to strengthen the interface between organisations ensuring that operationally people experience seamless systems and services, and ensure sustainability;
- Testing out more commissioning approaches, including inter-organisational/joint, to deliver better, people-centred services;
- Applying a lived experience model to support people with sustainable, positive behaviour change;
- Investing in more prevention programmes at individual, community and place level;
- Maximising system-wide leadership to create the conditions for change, communicating the vision throughout their individual organisations and our collective agendas;

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13

Promoting Positive Health and Emotional Resilience

Aim To work with key partners to ensure the population of South Tees are supported to be more resilient to achieve positive mental health and good emotional wellbeing.

Priorities

- Take a whole system approach to mental health and wellbeing that recognises the breadth of organisations supporting mental health and acknowledges and addresses the wider determinants of mental health, including poverty.
- To undertake review and maintain development of HeadStart Resilience Programme to ensure needs of pupils, schools and families are met.
- Maintain a Wellbeing Network across South Tees to connect wellbeing across communities and promote the use of the whole system approach.
- Strengthen protective factors for mental health – for example by supporting programmes that support wellbeing, social connections and asset-based community development
- Monitor commissioned programmes/services that address immediate needs for low level mental health support and mental health literacy e.g. bereavement support, training hub.
- Contribute to the reduction of local suicides and support the development and key areas of action in the Tees Suicide Prevention Strategic Plan
- Continue to develop Dementia Friendly Communities across South Tees

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14

Best Start in Life

Aim To ensure Children across South Tees have the best start in life

Priorities

- Reframing and System Transformation – the board will lead the local vision and develop a pathway for turning evidence into local practice.
- Intelligence-led approach – embedding evidence based research as the foundations for the work across agencies
- Workforce development – We will work with key partners to introduce a shared language for the community and professionals to talk about early child development and create an awareness of how critical early experiences are and the importance of early brain development. The workforce training will ensure all of the early year's workforce and key partners (such as housing and GP's) are able to communicate with families using the common narrative.
- Community engagement – Learning from our local communities and involving them in co-producing our local vision and delivery is key to reducing inequalities. We will work with our local communities to identify pressures impacting on their ability to provide the Best Start in Life and we will work with these communities to identify ways of reducing any barriers.

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15

Joint Strategic Needs Assessment

- The Joint Strategic Needs Assessment (JSNA) looks at the current and future health and Care needs of the local population and is vital to inform and guide service planning, commissioning and delivery of health, well-being and social care services to ensure the needs of our communities are met
- The development of a JSNA is statutory responsibility of the Health and Wellbeing Board (HWBB) with an expectation that key partners and organisations work together in the development to gain a greater understanding of community needs, agree key local action and encourage a system wide approach to tackling local challenges
- The LiveWell HWBB have agreed to a “mission-led” approach for the development of the JSNA, structured across the life course

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Joint Strategic Needs Assessment

- Each mission is a response to a significant local challenge, one where innovation, working together and aligning resources has a big part to play in driving large-scale change – missions cannot be resolved by any single agency acting in isolation
- The JSNA provides the intelligence behind the missions – it develops our collective understanding of the missions and broad contributing factors to the current outcomes experienced
- The missions each have a set of ambitious goals that further articulate and explain the mission
- The JSNA has been developed on a South Tees footprint and the recommendations are currently being developed to inform the South Tees Health and Wellbeing Strategy

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Missions and Goals

Lifecourse	Mission	Goals
Start Well *Children and Young People have the Best Start in Life*	We will narrow the outcome gap between children growing up in disadvantage and the national average by 2030	We want to eliminate the **school readiness** gap between those born into deprivation and their peers.
		We want to eliminate the **attainment** gap at 16 among students receiving free school meals
	We want to improve education, training and work prospects for young people	Extend offers of **apprenticeships, training and work placements** for young people to make the most of current and future local opportunities
		We will have no **NEETs** in South Tees through extended employment, apprenticeship or training offers for 18–25 year olds.
	We will prioritise and improve mental health and outcomes for young people	Embed sustainable **school based mental health support** and support education partners in the establishment of whole school based programmes
		Improve **access to mental health care and support** for children, young people and families, led by needs.
Live Well *People live healthier and longer lives*	We will reduce the proportion of our families who are living in poverty	We want to reduce levels of **harmful debt** in our communities
		We want to improve the levels of high quality **employment and increase skills** in the employed population.
	We will create places and systems that promote wellbeing	We want to create a **housing stock** that is of high quality, reflects the needs of the life course and is affordable to buy, rent and run.
		We want to create places with **high quality green spaces** that reflect community needs, provide space for nature and are well connected.
		We want to create a **transport system** that promotes active and sustainable transport and has minimal impact on air quality.
		We will support the **development of social capital** to increase community cohesion, resilience and engagement
	We will support people and communities to build better health	We want to reduce the prevalence of the leading **risk factors for ill health and premature mortality**
		We want to find more diseases and ill health earlier and promote clinical **prevention** interventions and pathways across the system
	We will build an inclusive model of care for people suffering from multiple disadvantage across all partners	We want to reduce the prevalence and impact of **violence** in South Tees
		We want to improve outcomes for **inclusion health groups**
		We want to understand and reduce the impact of **parental substance misuse** and trauma on children
Age Well *More people lead safe, independent lives*	We will promote independence for older people	We want to reduce the levels of **loneliness and isolation** in our communities and ensure our places promote healthy ageing
		We want to reduce the level of **frailty** to improve healthy ageing
		We want to ensure our communities are **dementia** friendly
	We will ensure everyone has the right to a dignified death	We want to improve the identification of people who are ready to die and enable choice around **end of life** - relating to planning about care and about life

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Health Determinants Research Collaboration

- The health of the public is fundamentally influenced by the wider determinants of health – for example, education, employment and transport
- The work of Local Government profoundly impacts on these drivers, but there is often little evidence around what can impact on these
- Hence why it is vital that Local Government is better supported to become more research-active and further build this evidence base
- In 2022, NIHR awarded over £50 million in funding to 13 Local Authorities across the UK to develop HDRCs in their localities
- Middlesbrough Council (as lead bidder), Redcar & Cleveland Borough Council and Teesside University applied for and were granted funding (£5.2 Million over 5 years) to establish a HDRC across the two Local Authorities in 2022

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Health Determinants Research Collaboration

- It will have an organisational wide focus as well as a specific programme of work to support research development in three Directorates in both Local Authorities (specifically 1. Children's and Families, 2. Adult Social Care and 3. Regeneration)
- The key point is that the HDRC will create the culture and infrastructure for and to facilitate research but not do actual research

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Health Determinants Research Collaboration

Vision		
South Tees will be an international beacon for research and innovation in tackling poor health outcomes and inequalities.		
Aims		
To build capacity and capability across both Councils to actively participate, use and develop research to inform innovation in practices and deliver real and sustainable impacts to population health.	To increase the amount of research investment in South Tees in relation to determinants of health.	To harness the anchor potential of key research contributors to build inclusive and sustainable economies as part of the overall research approach.
Objectives *HDRC is deliberately designed to target the wider determinants of health through our **"mission-led research approach"** that focusses on three Directorates in each Local Authority that have the greatest influence on these – namely **Children's Services, Adult Social Care and Regeneration.***		
A.1 To increase research capacity and capability through a dedicated research infrastructure	**B.1** To develop a multi-sector research partnership to increase scope and potential of our research to deliver real health impact and drive local research intensity	**C.1** To develop a cross-partnership Community-Based Research Programme to build inclusive and sustainable research capacity and use research as a tool to support community wealth building
A.2 To embed an inclusive and sustainable research culture across South Tees, through effective leadership, strategy and governance	**B.2** To commission an independent evaluation of our HDRC to support the potential for place-based research partnerships	**C.2** To build 'research literacy' in targeted communities through a 'routes to research' approach with schools, colleges and adult education
A.3 To develop a global dissemination strategy to support evidence-base development and wider replication of our HDRC approach	**B.3** To create a 10-year research investment programme beyond our HDRC horizon to create sustained investment in research	**C.3** To develop recruitment policies that create inclusive and diverse pipelines into research roles and support long-term career progression
Missions		
1. Create a sustainable and inclusive economy to minimise health and reduce inequalities	2. Give every child the best start to life	3. Enable all children, young people and adults to maximise their capabilities and control over their lives

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Horizon Scanning – Service Challenges

Uncertainty about future funding:

- Holiday Activities and Food (HAF)
- Head Start
- Vulnerabilities Funding Streams due to end in March 2025: SSMTRG, ICB and Changing Futures

Whilst we anticipate HAF and SSMTRG will continue in some form post 03/2025, until we have clarity this could result in significant staffing issues and impact on service capacity to deliver and meet demand which could reduce the quality of the service offer

YGT – shift to “widening and deepening” model

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NHS
North East and North Cumbria

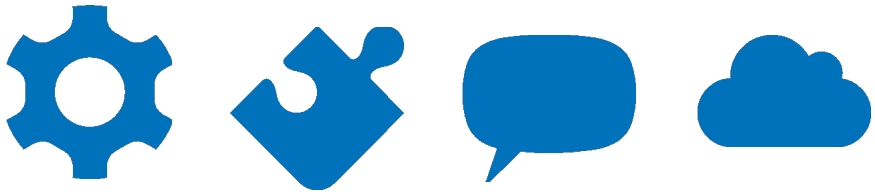
People and Scrutiny Committee

Katie McLeod – Deputy Director of Delivery, Tees Valley Local Delivery Team

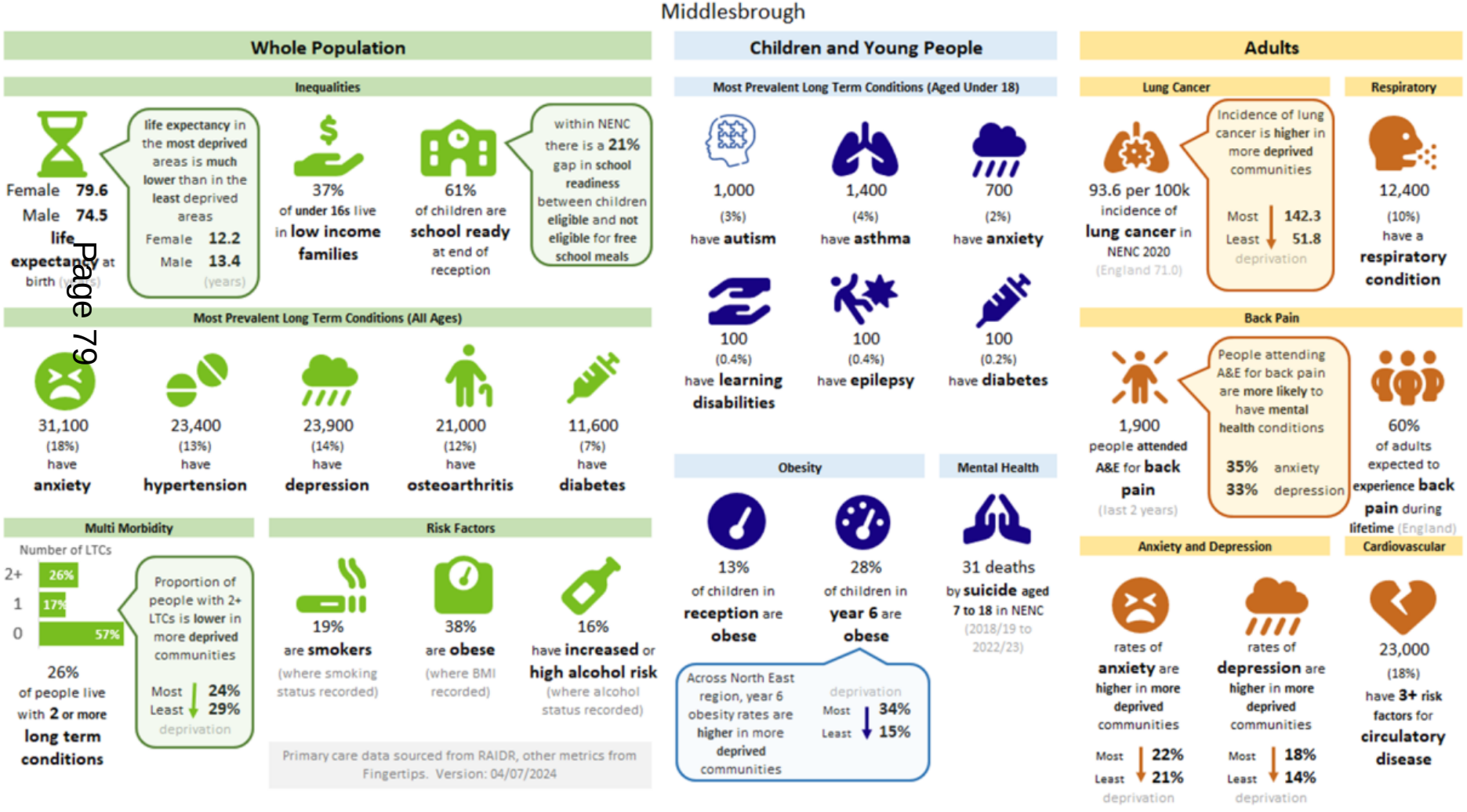
NENC Integrated Care Board

Overview

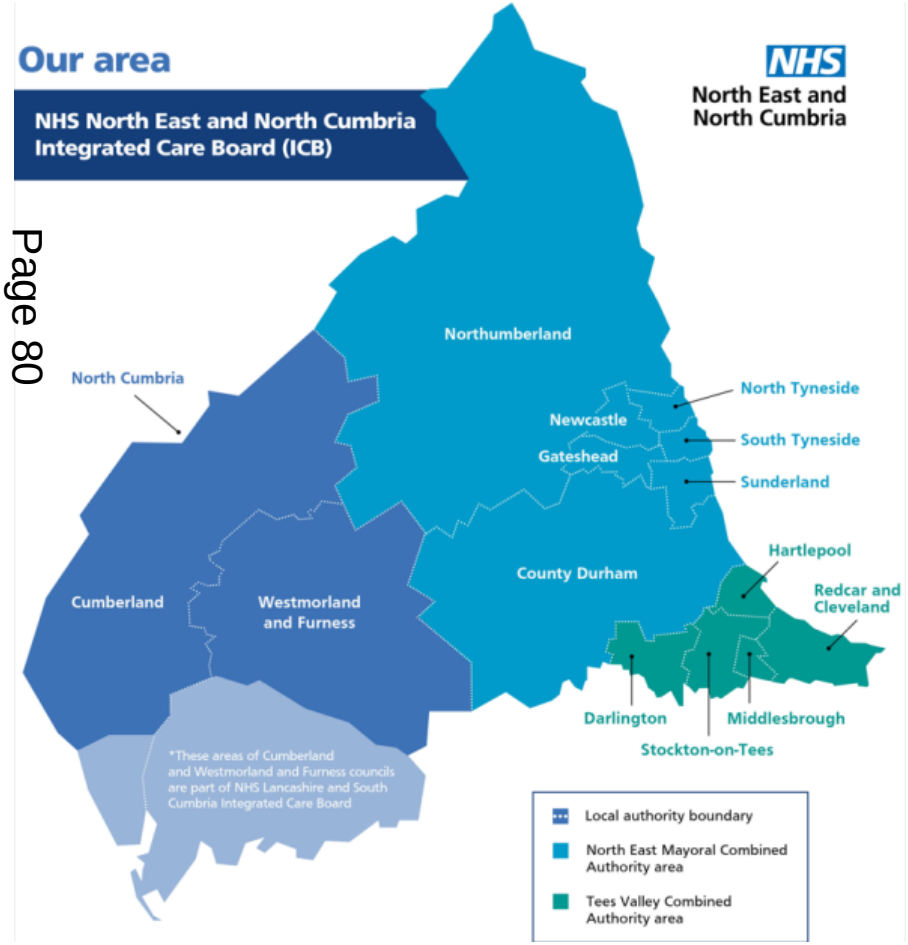
- The Tees Valley health landscape
- Our key health issues, challenges and opportunities
- Matters for the Committee to note over the next 12 months



The scale and size of our population health challenge



Our patch: the North East and North Cumbria



Local Delivery Team

- The **preservation of well-established place-based working** arrangements
- While ICSs/ICPs focus on strategic system enablers, place is the level at which most of the work to **join up budgets, planning and pathways** for health and social care services will need to happen.
- ICB to **delegate some functions** and budgets to Place-Based Partnerships
- Place-Based Partnerships typically focus on **understanding and working with communities**, joining up and co-ordinating services, addressing the social and economic factors that influence health and wellbeing, and **supporting the quality and sustainability of local services**
- The priorities of each place will vary depending on the **vision and goals agreed locally through Health & Wellbeing Boards**, while Place-Based Partnerships are then responsible for overseeing the delivery of this strategy, reporting to the HWB on a regular basis.

Key issues, challenges and opportunities

- Key clinical focus areas include: Respiratory Health, CVD Health, Anxiety and Mental Health, Autism and Learning Disabilities

- Ambitious Work programme focused on:

- Health and WellBeing Board Strategy Refresh

- Financial challenges across the Integrated Care System

- Partnership Place – based opportunity for discussion and review

Matters for the Committee to note

- **Special Allocation Scheme**

An Expression of Interest exercise was undertaken across practices in Middlesbrough and Redcar, to advise of an opportunity to provide the SAS Directed Enhanced Service (DES) in the South Tees area when the current contract ends on 30th September 2024. One expression of interest has been received and the ICB is now supporting conversations with the provider to secure this future provision back in the local area.

- **Dental recovery progress update**
- **Speech and Language CYP Services**

Tees Valley procurement process, engagement activities planned over the coming months to inform future service provision

- **Children's Mental Health**

Getting Help system review to improve equity and equality (Tees Valley)

Any Questions?

MIDDLESBROUGH COUNCIL

PEOPLE SCRUTINY PANEL

Setting the Scrutiny Panel's Work Programme 2024-2025

15 JULY 2024

PURPOSE OF THE REPORT

1. To invite the People Scrutiny Panel to consider its work programme for the 2024-2025 Municipal Year.

REVIEW OF 2023-2024

2. At a meeting of the Overview and Scrutiny Board held on 7 May 2024, a new structure for scrutiny arrangements in Middlesbrough was agreed. As a consequence, the People Scrutiny Panel is a new Panel for this year. Relevant topics considered by the former Adult Social Care and Services Scrutiny Panel; Children and Young People's Scrutiny Panel; and Health Scrutiny Panel in 2023/2024 are listed below for Members' information:

Scrutiny Investigations

Adult Social Care and Services Scrutiny Panel:
- Care Homes

Children and Young People's Scrutiny Panel:
- School Attendance**

Health Scrutiny Panel:
- Avoidable Deaths and Preventable Mortality***
- Dental Health and the Impact of Covid-19 - Evidence from Public Health South Tees.

Updates/Presentations

Adult Social Care and Services Scrutiny Panel:
- Council Budget 2024/2025 and MTFP Refresh - Adult Social Care
- Integration of Health and Social Care
- Overview of CQC Framework
- Recruitment and Retention of Staff within Adult Social Care
- Teeswide Safeguarding Adults Board (TSAB) - Annual Report
- What Makes Effective Scrutiny?

Children and Young People's Scrutiny Panel:

- An Introduction to 'You've Got This'
- Council Budget 2024/2025 and MTFP Refresh - Children's Services
- Increased Residential and Supported Accommodation for Children in Our Care and Care Leavers
- Overview of Children's Services
- South Tees Safeguarding Children Partnership (STSCP) - Annual Report 2022/2023.

Health Scrutiny Panel:

- Closure of Foundations (Acklam Road)
- Council Budget 2024/2025 and MTFP Refresh
- Opioid Dependency - What Happens Next?
- Overview of NHS Health and Public Health
- South Tees NHS Foundation Trust - Quality Account for 2022/2023
- Women's Health Services.

3. **Children and Young People's Scrutiny Panel – School Attendance

During the last municipal year, the Children and Young People's Scrutiny Panel commenced a detailed investigation into School Attendance. Some preliminary evidence including attendance statistics was presented to the Panel. The People Scrutiny Panel is asked to determine whether or not it wishes to continue with this investigation or note the work carried out to date and receive an update on school attendance statistics.

4. ***Health Scrutiny Panel – Avoidable Deaths and Preventable Mortality

During the last municipal year, the Health Scrutiny Panel commenced a detail investigation into Avoidable Deaths and Preventable Mortality. To date, preliminary evidence has been presented to the panel. The People Scrutiny Panel is asked to determine whether or not it wishes to continue with this investigation or note the work carried out to date.

BACKGROUND

5. At the start of every Municipal Year, scrutiny panels discuss the topics that they would like to review during the coming year.

6. Work programmes are useful as they provide some structure to a scrutiny panel's activity and allow for the effective planning and preparation of work.

7. As part of the process for establishing the work programme, support officers gather information/views from a number of sources. Following an annual consultation exercise which ran between 15 May 2024 and 14 June 2024, several topics were suggested by Councillors, residents and other stakeholders which are listed below. Members are advised that the list of possible topics is not exhaustive and that additional topics can be added and considered at the scrutiny panel meeting. Priorities from the Council Plan 2024-2027 are also listed below for information.

8. In the interests of openness and transparency, all suggestions appear as received. It should be noted that all suggestions are solely those of the individuals and not all requests will fall under the remit of the scrutiny function; this would be determined by individual panels.

9. In addition, the Overview and Scrutiny Board has suggested one topic for inclusion.

Suggestions

Suggestion	Details
Overview and Scrutiny Board	**Homelessness** Suggested by Members following discussion at the meeting held on 26 June 2024.
Councillor	**School Meals and the Use of Palm Oil** Palm Oil in private catering school meals and wider products and its consequences for health (and environment).
Council Officer	**Universal Services for secondary school young people (aged 11 to 16).** Funding to youth services by local authorities in England and Wales saw a real terms decline of 70 per cent between 2010/11 and 2018/19 (source Re-thinking local: youth services | Local Government Association). Qualified youth workers and their colleagues across the youth sector will have vital roles to play in supporting children and young people with social education – the things that they don't teach in schools and at home. Our town is a geographically compact and some communities do offer a youth provision. But, what is it? Can children and young people find it? Is it safe and regulated? Is it accessible? Does it happen at the right time? Middlesbrough Council's offer of a community based youth provision ended in 2012. A targeted youth provision was put in place. We have seen and are seeing a rise in antisocial behaviour in our communities. I would like the panel to look at the universal youth provision in Middlesbrough for 11 to 16 year olds to explore: • What are children and young people doing in our town that worries us? i.e. Threatening or hurting people in the community… • What would we see if those worries go away? i.e. children choosing to go to a youth club instead of damaging shops or cars… • Is there help and support in our town that can help tackle

	those worries? i.e. a youth offer in our communities that meets their needs and the publics needs… If the discussions lead to members being uncertain about the current offer being able to meet the universal needs of our young people, then the panel may wish to review the offer through a peer review, discuss the findings and implement change to eliminate those worries and create better life chances for children and young people.
NHS / North East Mental Health and Deafness Service	**Digital Flag** NENC Deaf wellbeing network is a group of individual members who are deaf, with hearing loss and their hearing supporters. We have recognised the additional barriers experienced by deaf people throughout their lives and burdens of their carers/families. The impacts of the changes following the covid19 pandemic and the implementation of digital transformation have been recognised. Members and supporters (including those from Middlesbrough such as the Middlesbrough Deaf Centre) come together to share information and act on lessons learned in order to promote Deaf people's access to services and information. At our last deaf wellbeing network meeting on 29/5/2024, deaf and hearing members reflected together on the success of the Deaf awareness week (6-12 May 2024) and the ongoing challenges about their accessibility to information and services and additional barriers from digital transformation. We would be grateful if the councillors could look into the roll out of the reasonable adjustments digital flag and how this could make it easier for deaf people and those with disabilities to use health services.
Resident	**Schools / Education** Outwood Ormesby School is failing to provide the education our children deserve. Bullying, assaults, and attacks are rampant, both in person and online. Some children are resorting to self-harm due to the stress. The school's response to these issues has been inadequate. This school is not fulfilling its duty to care for families and children, focusing instead on financial gains. Legal action is being considered to enforce necessary changes and ensure the safety and education of our children. Councillors should prioritize education and children's welfare, ensuring schools are properly managed. Outwood Ormesby has been placed in Ofsted special measures and received the lowest rating possible. As a parent with five children who attended this school, I have witnessed a decline in education quality since

	Outwood's takeover. The school appears to prioritize financial gains over students' needs, particularly for SEN children. Many parents share similar grievances, and it's time for action to support parents and children, turning Outwood from a money-focused institution into a proper educational facility.

Updates

Quality Accounts 2023/24	**COMPLETED** Annual review of South Tees Hospitals NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust's Quality Accounts.
South Tees Safeguarding Children Partnership	Annual update from the South Tees Safeguarding Children Partnership.
Teeswide Safeguarding Adults Board	Annual update from the Teeswide Safeguarding Adults Board.

Council Plan

Priority: A successful and ambitious town Maximising economic growth, employment and prosperity in an inclusive and environmentally sustainable way.
Priority: A healthy place Helping our residents to live longer, healthier lives.
Priority: Safe and resilient communities Creating a safer environment where residents can live more independent lives.
Priority: Delivering best value Changing how we operate to deliver affordable and cost-effective outcomes for residents and businesses.

10. It should be noted that the topics and updates outlined above are suggestions. When considering the work programme, the panel is advised to select topics that are of interest to it, as well as topics that the panel feels by considering, could add value to the Local Authority's work.

11. In addition to undertaking the agreed work programme, scrutiny panels have also previously responded on an ad-hoc basis to emerging issues - such as considering relevant new legislation, guidance or Government consultation documents. This approach occasionally results in further topics being identified for investigation or review throughout the year.

12. The scrutiny panel is also advised that, under the terms of the Local Government Act 2000, local authorities have a responsibility of community leadership and a power to secure the effective promotion of community well-being. Therefore, in addition to the scrutiny panel's generally recognised powers (of holding the Executive to account,

reviewing service provision, developing policy, considering budget plans and performance and financial monitoring), panels also have the power to consider ***any*** matters which are not the responsibility of the Council but which affect the local authority ***or*** the inhabitants of its area. For example, nationally, local authorities have undertaken scrutiny work on issues such as post office closures, rural bus services, policing matters and flood defence schemes.

Scrutiny work plan prioritisation aid

13. When considering topics for the work programme, Members may wish to use the aid attached at **Appendix 1** to prioritise issues where scrutiny can make an impact, add value or contribute to policy development.

PURPOSE OF THE MEETING

14. The scrutiny panel is asked to consider its work programme for the 2024/2025 municipal year. Further information can be requested from relevant officers if required, for example with regard to timely scheduling.

15. When considering its work programme, the scrutiny panel is asked to ensure that topics agreed for inclusion:

- Affect a group of people living within the Middlesbrough area.
- Relate to a service, event or issue in which the Council has a significant stake or over which the Council has an influence.
- Are not issues which the Overview and Scrutiny Board or the scrutiny panels have considered during the last 12 months.
- Do not relate to an individual service complaint.
- Do not relate to matters dealt with by another Council Committee, unless the issue deals with procedure.

16. It is suggested that the scrutiny panel has a mixture of working styles in its programme. This can include detailed and in-depth reviews, shorter topics, or one-off investigations.

RECOMMENDATION

17. That the scrutiny panel initially identifies no more than 3 topics it would like to include in its work programme for 2024/2025, for submission to the Overview and Scrutiny Board for approval.

BACKGROUND PAPERS

N/A.

Contact Officers:

Claire Jones, Democratic Services Officer
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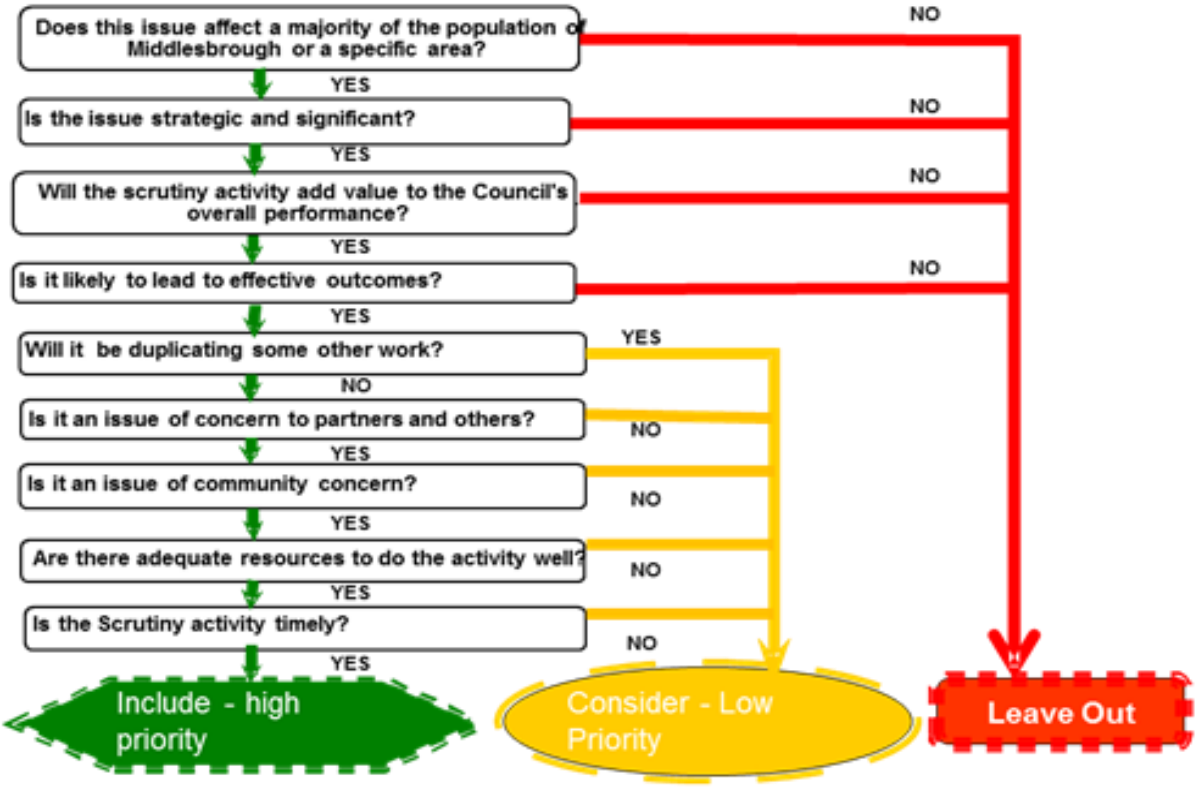
Chris Lunn, Democratic Services Officer
Tel: 01642 729742
Email: chris_lunn@middlesbrough.gov.uk

APPENDIX 1


Does this issue affect a majority of the population of Middlesbrough or a specific area?
NO
YES
Is the issue strategic and significant?
NO
YES
Will the scrutiny activity add value to the Council's overall performance?
NO
YES
Is it likely to lead to effective outcomes?
NO
YES
Will it be duplicating some other work?
YES
NO
Is it an issue of concern to partners and others?
NO
YES
Is it an issue of community concern?
NO
YES
Are there adequate resources to do the activity well?
NO
YES
Is the Scrutiny activity timely?
NO
YES
Include - high priority
Consider - Low Priority
Leave Out

MIDDLESBROUGH COUNCIL

PEOPLE SCRUTINY PANEL

15 JULY 2024

PROPOSED MEETING SCHEDULE – 2024/2025 MUNICIPAL YEAR

PURPOSE OF THE REPORT

To agree the proposed schedule of meeting dates for the People Scrutiny Panel for the 2024/2025 Municipal Year.

Date	Time	Venue
Monday, 16 September 2024	4.30pm	Mandela Room
Monday, 14 October 2024	4.30pm	Mandela Room
Monday, 11 November 2024	4.30pm	Mandela Room
Monday, 16 December 2024	4.30pm	Mandela Room
Monday, 20 January 2025	4.30pm	Mandela Room
Monday, 17 February 2025	4.30pm	Mandela Room
Monday, 24 March 2025	4.30pm	Mandela Room
Monday, 14 April 2025	4.30pm	Mandela Room

COUNCILLOR EDWARD CLYNCH
CHAIR OF THE PEOPLE SCRUTINY PANEL

Contact Officer:
Chris Lunn
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