

**ADULT SOCIAL CARE AND HEALTH SCRUTINY PANEL**

A meeting of the Adult Social Care and Health Scrutiny Panel was held on Monday 1 December 2025.

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

**ALSO IN ATTENDANCE:** M Fishpool (Programme Director, 'You've Got This') and A Green (Independent Chair of Teeswide Safeguarding Adults Board)

**OFFICERS:** L Grabham, R Johansson, C Jones and L More

**APOLOGIES FOR ABSENCE:** Councillor T Mohan

25/32 **WELCOME AND FIRE EVACUATION PROCEDURE**

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

25/33 **DECLARATIONS OF INTEREST**

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

25/34 **MINUTES- ADULT SOCIAL CARE AND HEALTH SCRUTINY - 20 OCTOBER 2025**

The minutes of the Adult Social Care and Health Scrutiny Panel meeting held on 20 October 2025, were submitted and approved as a correct record.

25/35 **TEESWIDE SAFEGUARDING ADULTS BOARD (TSAB) ANNUAL REPORT - 2024/2025**

The Panel received the Teeswide Safeguarding Adults Board (TSAB) Annual Report, presented by the Independent Chair of the Board, which set out activity during 2024/25 to safeguard adults with care and support needs across Teesside. TSAB worked on behalf of the four local authorities and statutory partners to prevent abuse, promote good practice and ensure effective multi-agency responses.

**Training and Development**

TSAB continued to deliver a comprehensive multi-agency training programme. During the year:

- 7,582 learners from 631 organisations accessed safeguarding learning.
- Over 23,000 e-learning courses were completed, with an 82% completion rate.
- 1,427 learners completed Safeguarding Adults level 1.
- 558 delegates attended virtual or face-to-face courses, and 180 workbooks were completed.
- 21 webinars were delivered, providing 84 hours of structured learning.

Feedback indicated increased practitioner confidence in involving adults, responding to complex cases and applying trauma-informed practice.

**Priority 1: Joint Working**

The TSAB strengthened multi-agency collaboration by:

- Delivering a programme of multi-agency audits on exploitation, transitions and high-risk cases.
- Reviewing the Teeswide Inter-Agency Safeguarding Adults Procedure.
- Developing a new Adult Exploitation Strategy and establishing an implementation group.
- Holding a multi-agency workshop on transitions for young people at risk.

- Supporting local Domestic Abuse Strategy activity and wider community engagement.
- Producing updated guidance on collaborative working and information sharing.

### **Priority 2: People**

Workforce development remained a core focus. The TSAB:

- Introduced impact assessments to evaluate training effectiveness.
- Embedded learning from Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs).
- Delivered public-facing campaigns during Carers Week, Elder Abuse Day and Transitional Safeguarding.
- Launched a new Hidden Harms learning resource.
- Delivered GP engagement sessions and broadened voluntary-sector access to TSAB training.

### **Priority 3: Communication**

The TSAB continued to improve the accessibility of safeguarding information for the public and practitioners. Work included:

- Conducting an annual survey that received 697 responses.
- Commissioning 'Inclusion North' to produce new *Easy Read* safeguarding resources.
- Making improvements to the TSAB website to enhance accessibility.
- Delivering a series of public-facing campaigns throughout the Safeguarding Adults Week.
- Expanding and strengthening the Safeguarding Champions network to reach seldom-heard groups.

### **Priority 4: Services**

TSAB worked to ensure that adults at risk had access to appropriate services. Activity included:

- Redeveloping the Safe Place Scheme training video using insight from people with lived experience.
- Updating the 'Find Support in Your Area' webpage.
- Strengthening the Quality Assurance Framework (QAF) for commissioned services.
- Delivering awareness sessions for providers and community organisations.
- Monitoring partner performance through the multi-agency data dashboard.

### **Safeguarding Adult Reviews (SARs)**

Three SARs were published during 2024/25. The SAR Sub-Group:

- Considered eight notifications, with four progressing to SARs and four requiring no further action under the Care Act.
- Monitored fourteen open cases.
- Reviewed learning from local, regional and national SARs.
- Oversaw implementation of actions through updated guidance, new training, audits and campaigns.

A national CPS-related recommendation remained incomplete due to an absence of a formal response at both national and local levels.

### **Partner Contribution**

The Panel noted strong contributions from all statutory partners:

- Hartlepool Borough Council continued to promote safeguarding practice, supported TSAB campaigns and received positive external feedback.
- Middlesbrough Council delivered wide-ranging training and engagement during Safeguarding Adults Week and supported on the exploitation strategy.

- Redcar & Cleveland Borough Council strengthened *Making Safeguarding Personal* and embedded SAR learning.
- Stockton-on-Tees Borough Council developed transition pathways, promoted community engagement and achieved strong Quality Assurance Framework outcomes.
- Cleveland Police provided subject-matter expertise, strengthening Multi Agency Risk Assessment Conference (MARAC) arrangements and supported TSAB campaigns.
- NHS Trusts and the ICB improved safeguarding supervision, embedded learning and strengthened health-sector pathways.
- Healthwatch, Hartlepower and Thirteen Group supported awareness-raising, training and community engagement.

### **Safeguarding Activity Data**

The Panel noted continued high volumes of safeguarding concerns and Section 42 enquiries across Teesside, reflecting differing levels of need, types of provision and reporting behaviour across the four areas. Demand for Deprivation of Liberty Safeguards (DoLS) also remained high.

Members discussed Middlesbrough's data, noting 2,865 safeguarding concerns and 1,875 Section 42 enquiries, and queried the data. It was clarified that this was not a national KPI and that the Council had limited control over the volume of concerns received. The key requirement was to understand the data and apply thresholds consistently.

Although Middlesbrough is a smaller authority, its safeguarding numbers were higher than Redcar & Cleveland's. The Director of Adult Social Care and Health Integration explained that this reflected higher levels of need, greater deprivation, and more complex presentations in the borough. Providers sometimes reported cautiously, submitting concerns that did not always meet the safeguarding threshold. While some organisations raised concerns to manage their own risk, the local authority was required to apply the statutory threshold under the Care Act.

It was emphasised that under-reporting carried its own risks, and it was therefore preferable that concerns were raised, even if triaged out. The increase in reported concerns was describes as a process issue rather than an increase in actual harm. Domestic abuse, homelessness and wider social pressures continued to drive reporting activity.

Members also noted that providers did not always understand safeguarding thresholds or alternative intelligence-sharing routes. Despite the Council's overall 'Requires Improvement' Care Quality Commission rating, safeguarding performance remained strong. The Director of Adult Social Care and Health Integration was reviewing resourcing options to support the service given the sustained pressure and demand.

The Panel noted the new three-year TSAB Strategic Business Plan, which set out priorities under:

1. Information, Engagement and Involvement
2. Confident, Competent Practice
3. Emerging Challenges and Enabling Solutions

The Strategic Business Plan was received for information only.

Members acknowledged the scale of safeguarding activity delivered across Teesside and commended the strength of the multi-agency partnership and its continued focus on improving outcomes for adults at risk.

### **NOTED.**

### **HEALTHY WEIGHT DECLARATION**

The Health Improvement Specialist for Public Health South Tees attended the Panel to present an overview of the Healthy Weight Declaration (HWD) and the wider public health context relating to obesity in Middlesbrough.

Members were informed of current national policies around obesity prevention which included:

- Restrictions on unhealthy food advertising to children
- Soft drinks industry levy
- Calorie information on menus
- Restricted product placement in supermarkets
- School Food Standards
- International Code of Marketing of Breastmilk Substitutes
- National Planning Policy Framework
- Restrictions on multibuy deals

Upcoming future policies included:

- The introduction of 9pm watershed for unhealthy food advertisements on tv
- Full ban of unhealthy food advertisements online

### **Healthy Weight Declaration**

Members were reminded that Middlesbrough Council adopted the Healthy Weight Declaration (HWD) in February 2024. The Declaration was a Council-wide commitment to improve health and well-being of people who live and work in Middlesbrough. It was explained that a 'health in all policies' approach was advocated at leadership level to address wider determinants of health that impact food availability, food access and physical activity. The Declaration's 16 Key Commitments were provided to the Panel, for information.

The following key themes of the Healthy Weight Declaration, were discussed:

1. Strategic/System Leadership: Council's role in shaping the environment and ensuring preventative approaches were embedded across local systems.
2. Commercial Determinants of Health: Addressing private sector activity that affects people's health directly or indirectly via business actions.
3. Organisational Change and Cultural Shift: Embedding public health priorities across all departments.
4. Health-Promoting Environments: Creating an environment that enables the healthy choice to be the easy choice

Examples of the Healthy Weight Declaration in action were provided. This included recent engagement with the Council's Marketing and Communications Team which had supported the use of weight-inclusive messaging and strengthened the use of responsible imagery across Council channels, aligning with several of the Declaration's sixteen key commitments.

Members also heard about the Council's Eat Well Awards programme, which included the Eat Well Early Years Award and the Eat Well Schools Award, with a further Eat Well Business Award due to be launched in January 2026.

Discussion focussed on the Eat Well Schools Award, which was available to all schools including primary, secondary and special schools, across both maintained and academy settings. Achieving the award demonstrated a whole-school approach to promoting healthy eating and positive food environments.

Members expressed interest in the Eat Well Schools Award and its potential to support healthier behaviours among children. The Health Improvement Specialist welcomed Members' interest and encouraged them to support promotion of the award through their existing links with schools within their wards.

The challenges of the Healthy Weight Declaration were presented, as follows;

- Obesity is a complex issue
- Results of action can take a long time to be reflected in health data
- Working in a systemic way takes a long time and requires capacity from a broad range of departments and wider organisations
- Conflicting priorities of departments and organisations can slow progress

Members queried how progress on the Healthy Weight Declaration was monitored, and it was explained that the Healthy Weight Declaration commitments were supported by an action plan that tracked delivery.

### **Unhealthy Commodity Industries (UCIs)**

The Health Improvement Specialist then introduced the concept of Unhealthy Commodity Industries (UCIs), described as profit-driven commercial enterprises whose products are associated with adverse health outcomes. Examples highlighted included tobacco, gambling, food and beverage, alcohol and fossil fuel industries.

It was noted that the products linked to UCIs contributed to a range of chronic, non-communicable diseases (NCDs), including cancer, heart disease, stroke, mental health conditions, overweight and obesity. Members were informed that in 2019, NCDs accounted for 88.8% of all deaths in England and made a substantial contribution to disability, reduced health-related quality and widening health inequalities. Common industry practices were highlighted, including targeted advertising and marketing and approaches that shifted responsibility for health impacts onto individual consumers.

The Health Improvement Specialist provided examples of how UCIs may intersect with local government activity, including industry-funded training opportunities and grants supported by commercial interests.

It was noted that a coordinated, cross-council approach would be required to develop a consistent and transparent framework for engagement with UCIs, ensuring robust governance and informed decision-making across departments.

Members discussed the topic of healthy placemaking, with a focus on childhood obesity as a whole. One Member commented that childhood obesity was a complex issue and felt that meaningful progress would also require action at national government level, alongside local interventions.

A Member raised concerns about the availability of hot food takeaways across the town. Members were reminded of the Council's existing hot food takeaway planning policy, which seeks to restrict new takeaways in specific locations, including within proximity to schools, while recognising that existing outlets would remain. Officers advised that, as a result of this policy, new applications were now more likely to be refused where they conflicted with local thresholds.

A further Member highlighted a recent planning case involving a takeaway operating without planning consent and subsequently applying for retrospective permission, which was refused. This example was noted as reassurance that the policy was being consistently applied and enforced.

A Member queried if low levels of active travel were primarily linked to infrastructure issues. In response, the Programme Manager for the 'You've Got This' project (Sport England) emphasised that while infrastructure was important, sustained increases in walking and cycling also required changes in behaviour, supported by social, environmental and cultural factors.

The Programme Manager highlighted the London Borough of Waltham Forest as an example of good practice, where long-term system-wide investment in active travel, combined with strong community engagement, had successfully increased levels of cycling and walking. It was noted that such improvements took time to achieve and required ongoing commitment and perseverance.

A Member queried how cultural factors influencing childhood obesity could be addressed and changed over time. In response, the Programme Manager emphasised the importance of collaboration across organisations and sectors, and of embedding healthy placemaking principles into longer-term decision-making. It was noted that meaningful change in obesity prevalence would not happen quickly, and that confidence was needed in taking sustained action, with the understanding that the impact of these interventions would be realised over the longer term rather than delivering immediate results.

The Panel acknowledged the complexity of the issue and the long-term nature of the work. Members noted that Middlesbrough was already undertaking a range of positive activity, including the use of Health Impact Assessments, school-based food programmes and partnership initiatives. The Healthy Weight Declaration was recognised as providing a clear framework to support continued progress and embed healthier approaches over time.

**NOTED.**

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**OVERVIEW AND SCRUTINY BOARD UPDATE**

The Vice Chair provided an update on the recent Overview and Scrutiny Board meeting, held on 19 November 2025, which included an update from the Executive Member for Finance including the quarter one budget outturn report which was approved by Executive. There was also an update given on the Continuous Improvement Plan and the Executive Forward Work Programme.

**NOTED.**

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**DATE AND TIME OF NEXT MEETING - 12 JANUARY 2026, 4:00PM**

The next meeting of the Adult Social Care and Health Scrutiny Panel was confirmed for 12 January 2026, at 4:00pm.

**NOTED.**

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

None.