

ADULT SOCIAL CARE AND HEALTH SCRUTINY PANEL

A meeting of the Adult Social Care and Health Scrutiny Panel was held on Monday 12 January 2026.

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

ALSO IN ATTENDANCE: D Hodgson (Local Democracy Reporter)

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

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

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

25/41 **DECLARATIONS OF INTEREST**

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

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

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

SUSPENSION OF COUNCIL PROCEDURE RULES – ORDER OF BUSINESS

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

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

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

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

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

NOTED.

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

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

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

escalation from formal monitoring.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOTED.

25/45

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

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

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

Members were advised that the local VAWG approach focused on:

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

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

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

complex needs, including those with immigration or language barriers.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOTED.

25/46

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

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

NOTED.

25/47

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

NONE.