

MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON MONDAY 18TH SEPTEMBER 2023, 6.30-9.20pm

PRESENT:

Councillors: Pippa Connor (Chair), Cathy Brennan, Thayahlan Iyngkaran, Sean O'Donovan, Felicia Opoku, Ali Amasyali (Co-Optee) and Helena Kania (Co-Optee)

12. FILMING AT MEETINGS

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

13. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Mary Mason and Cllr Sheila Peacock.

14. ITEMS OF URGENT BUSINESS

None.

15. DECLARATIONS OF INTEREST

Cllr Pippa Connor declared an interest by virtue of her membership of the Royal College of Nursing.

Cllr Pippa Connor declared an interest by virtue of her sister working as a GP in Tottenham.

Cllr Thayahlan Iyngkaran declared an interest by virtue of his membership of the Royal College of Radiologists.

16. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

17. MINUTES

With regard to the LGA Commissioning Review item at the previous meeting, Cllr Connor noted that the strategic plan was expected to be in place by January 2024 and that this should be recorded in the Panel's work programme to be included in the next update on this issue. **(ACTION)**

It was noted that the action points from the previous meeting were still outstanding and so these would be followed up with the responses circulated by email.

The minutes of the previous Adults & Health Scrutiny Panel meeting were approved as an accurate record.

RESOLVED – That the minutes of the meeting held on 22nd June 2023 be approved as an accurate record.

18. SUICIDE PREVENTION

Chantelle Fatania, Consultant in Public Health, began this item by presenting slides on suicide prevention work in Haringey, acknowledging that each suicide is tragic and has a significant ripple event on families and friends:

- A graph displaying the suicide rates in England, London and Haringey from 2001 to 2021 was shown, illustrating that there had been a general decline in the Haringey rates over the last 10 years and that, from 2019 to 2021, the Haringey rate had been lower than the England and London rates.
- There were a total of 50 suicides in Haringey between 2019 and 2021. There were three times as many male suicides as female suicides and a higher proportion were single/divorced than married. The highest rates were seen in the 25-44 age group.
- There was a Haringey multi-agency Suicide Prevention Group which was funded by Public Health and the Integrated Care Board (ICB) and hosted by MIND in Haringey. It was chaired by Professor David Mosse, a national expert in suicide prevention, and had a good range of partner organisations involved including the mental health trust, GPs, Police, housing services and local voluntary organisations. A new action plan was developed in collaboration with the group each year.
- There was an existing 2020-23 local suicide prevention plan for Haringey and a new local plan for 2023-28 was in development. The Government's latest national suicide prevention strategy had just been published the previous week and this would be used to inform the development of the new Haringey plan.
- Haringey Council had developed an online Mental Health Resource Hub containing a wealth of diverse resources to support people with their mental health and wellbeing, including direct links to the websites of partner agencies, both locally and nationally. This provided access to information about issues such as bereavement, cost of living, gambling and men's mental health.
- Haringey also had a Safe Haven Crisis Hub, providing short-term support for people in crisis including suicidal thoughts, and The Listening Place which

- provided listening support by trained volunteers. Other support services available to Haringey residents included Samaritans, Papyrus, Childline, Good Thinking, Kooth, Open Door, MIND in Haringey, Young Minds and CAMHS.
- A suicide 'postvention' service to provide support after a suicide had been set up in recent year in North Central London, funded by Public Health and the NHS. This provided individual support, peer-to-peer support and group therapy for people bereaved by suicide. The service was due to be delivered by a different provider from October 2023.
 - A 'Great Mental Health Day' was delivered by the Council in January 2023 with 42 events held across the borough and the feedback had been positive. World Suicide Prevention Day was in September 2023 and had provided an opportunity to promote Haringey's resources and training packages to residents including the free 20-minute Zero Suicide Alliance online training course and 'mental health first aid' training courses.
 - In August 2023, the Government announced a £10m fund to support suicide prevention activities in England to be delivered by the voluntary and community sector from 2023-25. This would include interventions to support higher risk groups including children & young people, middle-aged men, people who have previously self-harmed and/or been in contact with mental health services. Voluntary and community organisations in Haringey were currently working with partners to apply for funding.

Chantelle Fatania, Lynette Charles, CEO of MIND Haringey, and Mark Pritchard, Senior Service Lead - Haringey Community Services at Barnet, Enfield & Haringey Mental Health Trust (BEH-MHT), then responded to questions from the Panel:

- Helena Kania referred to the suicides reported in the over-65 age groups and asked what support services were available to them. Lynette Charles acknowledged that this was known to be an at-risk group and that mental health first aid training was delivered by MIND in Haringey in partnership with Public Voice's Reach and Connect service including to residents over 50. Helena Kania commented that Reach and Connect was currently stretched and that targeted support for older age groups was needed. Lynette Charles acknowledged that Reach and Connect was stretched but that it also delivered reading groups, befriending groups and other activities which helped to bring older populations together and signpost them to services. Mark Pritchard added that the Trust's older adults mental health service was expanding its voluntary sector service offer across Haringey which would mean additional care for older adults at risk of suicide.
- Asked by Helena Kania about suicide rates by ethnicity, Chantelle Fatania explained that data in this area was very limited but that it was important to have a whole population approach with accessible prevention and early intervention for all groups without discrimination.
- Cllr Iyngkaran noted that the latest suicide data presented was from 2021 and asked whether any more recent data was available. Chantelle Fatania explained that there was typically an 18-month delay in the finalised data becoming available.

- Asked by Cllr Lyngkaran why the suicide rate in London was lower than the national average, Lynette Charles commented that suicide rates were typically higher in areas of high deprivation outside of London, particularly in post-industrial areas where economic opportunities were limited, and that this contributed to the disparity.
- Cllr Brennan and Cllr Connor noted that domestic abuse was a contributory factor to suicide and asked how the information gathered from risk assessment tools were used. Chantelle Fatania said that this information was used internally to support clients, but that information gathered was not necessarily uniform across all monitoring services. However, she noted that VAWG (Violence Against Women & Girls) services were shortly being recommissioned and this would aim to improve consistency in the information obtained. Cllr Lucia das Neves, Cabinet Member for Health, Social Care and Well-being added that Councillors would be engaged with as part of this recommissioning process.
- Cllr O'Donovan suggested that the social infrastructure in Haringey may be a factor in the lower suicide rate and queried whether this would impact on the proportion of funding that Haringey would receive from the £10m for suicide prevention work recently announced by the Government. Chantelle Fatania acknowledged that Haringey would not be regarded as a priority based on the suicide rate but said that innovation was also a consideration and so it may be possible to obtain funding on that basis.
- Asked by Cllr O'Donovan about the possible underreporting of suicide, Chantelle Fatania acknowledged that this could be possible in some demographics for cultural/religious reasons.
- Asked by Cllr Connor about support for construction workers which had been identified as a higher risk group, Chantelle Fatania explained that Deborah King from MIND in Haringey attended the construction partnership meetings regularly. Mental health first aid training was offered along with services through the Haringey Wellbeing Network and digital tools.
- Referring to the Haringey Suicide Prevention Group, Cllr Connor queried whether there was any groups/demographics that were not currently being represented. Lynette Charles noted that there were several lived experience groups that were involved including Survivors of Bereavement by Suicide (SOBS). She added that it may be possible to obtain greater involvement from grassroots organisations and community members from local mosques, churches and other faith groups.

Cllr Connor recommended that further details be provided from the public health team on multi-agency working on suicide prevention including how funding was joined up.

(ACTION)

Temmy Fasegha, Lead Commissioner for Adult Mental Health at the North Central London Integrated Care Board (NCL ICB) and Haringey Council, introduced the

second section of this item by providing details on suicide prevention support services in NCL ICB:

- The triangle on the first slide illustrated services available at different stages to enable people to maintain their mental health and wellbeing and prevent suicide. The stages were:
 - **Maintaining mental wellbeing** – this included universal support such as digital platforms and Connected Communities;
 - **Rising risk and need** – this included early help and prevention such as support through the Haringey Wellbeing Network and mental health first aid training. It also included accessible community treatment such as the Primary Care Mental Health Teams which were jointly funded by GPs and the ICB;
 - **Complex needs** – this included acute & crisis care and integrated community care such as the five crisis cafes in NCL and the Safe Haven Crisis Hub run by MIND in Haringey which provided out of hours services. The crisis cafes were staffed by people with lived experience and the issues presented by those attending could include social issues such as debt or housing issues which may be contributing to their crisis situation. The support offered was on a short-term basis until they were stepped down into other services offered through the Haringey Wellbeing Network. There was also the Crisis Prevention House, offering an alternative to A&E presentation and inpatient admissions, providing a therapeutic, recovery-focused and person-centred environment away from usual place of residence for up to 14 days for people experiencing a mental health crisis. There were plans to increase the number of beds from 7 to 14 and to co-locate the new service at Canning Crescent.
- The crisis cafes had protocols on the eligibility criteria for access to services meaning that someone who was actively suicidal should be treated by crisis teams or inpatient services.

Temmy Fasegha and Mark Pritchard then responded to questions from the Panel:

- Cllr Connor sought clarification on circumstances where someone called the crisis line but did not have an active suicide plan as she was concerned that this person may not be supported or referred to other services as they did not reach the eligibility threshold for crisis services. Temmy Fasegha explained that, when setting up the Safe Haven Crisis Hub, a project group was set up which determined that the crisis line was meant to make a number of referrals to the Safe Haven Crisis Hub. He suggested that the Panel's comments be taken back to the service leads to ensure that these referral links were operating correctly. **(ACTION)** He added that the NHS111 service would be providing access to mental health support from the Autumn and the North London Mental Health Partnership (BEH-MHT and C&I Trust) were currently recruiting to develop the single point of access to that service. There would also

be a range of staff training to support this. Lynette Charles added that there were clear step-up and step-down processes with the Safe Haven Crisis Hub with referrals to other services according to the person's level of need. She noted that local service leads met regularly and so people should never call the crisis line and be told that there is no alternative service available. Mark Pritchard said that he had previously overseen the crisis telephone service and, at the time, there had been a lot of work to develop a strength-based decision tool for calls and there was also a resource directory, so it may be useful for the Panel to get an update on how that was currently working and what options were routinely being used. **(ACTION)**

- Asked by Cllr Iyngkaran about the possible gaps in services, Mark Pritchard said that this issue had been specifically identified as part of the NHS Long Term plan as there were a group of clients who were too unwell for talking therapy services but not unwell enough for secondary mental healthcare.

The issue of gaps in services was then explored further in another slide which was presented by Evi Aresti from Whittington Health NHS Trust and Sandra Hadley, Clinical Lead for the Haringey Primary Care Mental Health team:

- Evi Aresti described NHS Talking Therapies (previously known as IAPT) as a service for patients with mild to moderate common mental health problems such as depression and anxiety. She explained that this might not be the right service for people at a high-risk of suicide, although it was also recognised that suicidal thoughts could often be part of depression so this was not an exclusion criteria. A risk assessment was therefore carried out at the beginning of every new contact with a referral made to the crisis team if it was not considered to be safe to leave somebody on a waiting list for talking therapies. There were also conversations with the Primary Care Mental Health Teams on the appropriate services for individuals.
- Sandra Hadley highlighted people with autism as a high-risk group for suicide, noting that they were under-diagnosed as a group, particularly women. She explained that the Primary Care Mental Health Team was needs-led rather than diagnostic and would often see people who were excluded from NHS Talking Therapies but in need of an intervention or people who were unable to engage with secondary mental health services. The level of complexity could therefore be quite high. The Team would offer an appointment within 28 days and were flexible in what was offered. She explained that there could be circumstances where someone had made a suicide attempt and were therefore excluded from Talking Therapies services for 6 months so the Primary Care Mental Health Team would offer alternative interventions. They would also have weekly interfaces with NHS Talking Therapies to ensure that people weren't being double-referred or bounced back to their GP. The Team would also have contact with secondary care services to facilitate the entry of a patient into

these services where appropriate and ensure that they were not falling through the net.

- Mark Pritchard spoke about the Core Mental Health Teams which provided an expanded multi-disciplinary offer with broad entry criteria, not specific to diagnosis or severity. There was an expectation for services to be more responsive with assessment to be carried out and treatment to commence within four weeks.

Temmy Fasegha, Mark Pritchard, Lynette Charles and Evi Aresti then responded to questions from the Panel:

- Asked by Helena Kania what information was provided to people who contacted the Safe Haven Helpline after it closed at 10pm, Lynette Charles explained that they would be able to send a text message which would be picked up by the Haringey Wellbeing Network. People could also physically visit the Safe Haven between the hours of 5pm-10pm and there was information and contact numbers displayed outside the building. Temmy Fasegha added that people were signposted out-of-hours to the Mental Health Trust's crisis telephone service (which operated 24 hours a day, 7 days a week) while people in an emergency would be signposted to A&E. He suggested that the Panel could look further into the issue of crisis lines and the expansion of the NHS111 service on mental health at a future meeting. Cllr Connor recommended that the Panel should request the data on the outcome of crisis line calls in terms of referrals to services and calls that are dropped. **(ACTION)** She also recommended that the Panel should continue to monitor the development of the single point of access to support the NHS111 expansion on mental health. **(ACTION)**
- Cllr O'Donovan asked whether the targets previously referred to (e.g. Talking Therapies/Primary Care Mental Health Team to offer an appointment within 28 days and Core Mental Health Teams to commence treatment within 4 weeks) were being achieved. Evi Aresti said that the Talking Therapies service assessed 90-95% of people within 2-3 weeks and some would be contacted on the same day if they were prioritised due to risk level. They would then go on to different treatment options, some of which were quick while others could involve longer waits of up to four months. She acknowledged that there could be an issue with staffing levels and vacancies which was not necessarily caused by funding issues. Sandra Hadley explained that the Primary Care Mental Health Team offered therapies within 28 days but that referrals were capped in order not to have waiting lists and that this involved working together with others to avoid over-referrals. Lynette Charles said that the Haringey Wellbeing Network would usually contact people within 48 hours and begin services within a week. Temmy Fasegha emphasised that the targets of up to 28 days were set nationally and that services would typically triage and prioritise cases based on their needs. He added that the 4 week target for BEH-

- MHT services was a new target under the NHS Long-term Plan and the publication of data on this was expected in a few months time.
- Cllr O'Donovan raised the issue of social infrastructure (e.g. food banks, older people's groups) as a means of supporting people who would not necessarily self-refer to mental health services for cultural or personal reasons. Lynette Charles commented that a project had been funded and delivered for nearly two years which enabled grassroots organisations to support those with mental health issues and signpost people to services as part of their regular activities. This has included work with the Eastern European, Afro-Caribbean and Turkish communities as well as street homelessness work. Sandra Hadley added that this grassroots work included a 'stepped care' offer by building relationships and having conversations with the local groups so that people could be directed to the right services for them.
 - Asked by Cllr Connor about specialist mental health support for people with autism/learning disabilities, Sandra Hadley referred to the multi-disciplinary learning disability service and partnership working with the Autism Hub with tailored psychological interventions as part of a package of care adapted to people with autism/learning disabilities. Temmy Fasegha added that there was some new funding coming from the ICB to put together a small multi-disciplinary team involving social workers and health professionals to provide additional support. Mark Pritchard noted that the BEH-MHT was working closely with the ICB and others on this as a lot more diagnosis was being seen in this area. Cllr Connor requested that some additional details on this service be provided to the Panel in writing, including details on how the new funding was being used and how the needs of residents were being met. **(ACTION)**

19. LIVING THROUGH LOCKDOWN REPORT - COUNCIL RESPONSE

Sara Sutton, Assistant Director for Partnerships & Communities, introduced this item by highlighting the focus on new initiatives and how the Living Through Lockdown report continued to influence the services delivered, approach to health inequalities and the relationships with partners three years after the first lockdown. She added that there had been a number of recommendations in the report that had now been implemented as 'business as usual'.

Sara Sutton and Vicky Murphy, Service Director for Adult Social Services, and Cllr Lucia das Neves, Cabinet Member for Health, Social Care and Well-being, then responded to questions from the Panel:

- Cllr Opoku commented that she was aware of some community groups that found it difficult to distribute food to people who needed it through food networks and asked what more the Council could do to improve this. Sara Sutton explained that there was a Food Network Coordinator that the groups and individuals could contact to connect and coordinate with other members of the network. She acknowledged that there were challenges specific to the

- distribution of perishable foods. She added that the Council was working on a new Food Action Plan, the development of which was being supported by members of the Food Network. There would also be opportunities for community engagement as part of the development of the Action Plan.
- Cllr Brennan highlighted challenges faced by carers including financial assistance for those who were struggling. Vicky Murphy said that funding from the Better Care Fund had recently been obtained to help enhance carer support. The aim was to create an environment where carers could meet each other and social care staff and help to reshape how services were delivered. This would begin with community meetings held in three localities in September/October which Councillors were welcome to attend. Sara Sutton added that the Household Support Fund, which was originally funded by Government to support people during the pandemic, was now used to support people during the cost-of-living crisis. The Council used a data-driven approach to target those most in need. There was also the local assistance welfare scheme known as the Haringey Support Fund which supported people in crisis, and the Here to Help campaign which assisted people in claiming benefits that they were entitled to. Cllr das Neves added that there may be some learning from the warm spaces initiative during the pandemic. Cllr Connor commented that the finance support team had provided good support with local casework issues and recommended that other Councillors make use of this resource. Cllr Connor and Cllr Brennan added that the Here to Help initiative provided excellent resources and recommended that the initiative's section on the Haringey Council website be kept regularly updated and that this be highlighted to residents through the Council's communications channels. **(ACTION)**
 - Asked by Cllr Brennan about digital exclusion, Sara Sutton said that resources were provided for a pan-London approach to digital exclusion through the London Office of Technology and Innovation and that there was coordinated activity across the Council to focus on this and promote digital inclusion in local communities.
 - Cllr Brennan asked about the concerns regarding 'do not resuscitate' policies and extra parking for blue badge holders, as highlighted in the Living Through Lockdown report, and it was agreed that written responses on these points would be obtained from health and environment colleagues. **(ACTION)**
 - Asked by Cllr lyngkaran about the outcomes and value for money of the initiatives described in the report, Sara Sutton said that it was too early for evaluation and outcome monitoring, but that further feedback and evaluation was expected towards the end of the financial year. Cllr Connor recommended that this information could be reported to the Panel when it became available. **(ACTION)**
 - Cllr O'Donovan asked whether the recommendations of the report would be fed into the London-wide and national debate on what could be done better in future. Sara Sutton said that the Council was actively participating in the Covid-

19 enquiry through London Councils and the Local Government Association. This was still at an early stage, but the Council would be making submissions including details of learning from the experience of lockdown.

- Helena Kania requested further details of the extension of bereavement support referred to in paragraph 3.1.1 of the report. Sara Sutton explained that the details had not yet been finalised as discussions were ongoing with the Integrated Care Board and that further details could be provided to the Panel in due course. **(ACTION)**
- Helena Kania noted the activity through community networks described in paragraph 3.3 of the report and asked if the Eastern European community was being included in this. Sara Sutton confirmed that there was an active Eastern European network including voluntary and community organisations. Cllr das Neves added that there were Welcome Hubs across the borough, including one in Wood Green, that was run by members of the Eastern European community.
- Asked by Helena Kania for further details on the response to recommendations about parks, it was agreed that a written response would be obtained from environment colleagues. **(ACTION)**
- Asked by Cllr Connor about improving access to face-to-face GP appointments, Sara Sutton observed that the online appointments worked well for many people but that a balance had to be struck to ensure that face-to-face appointments were still available for people who needed it.
- Cllr Connor highlighted the importance of support for care home residents to be able to contact relatives, noting that this had involved initiatives with digital devices during the pandemic, but that this was still relevant for residents whose relatives lived a long distance away. Vicky Murphy explained that contact with relatives should be addressed as part of a resident's care and support plan and that none of the digital equipment had been removed so she would expect the same methods of communication to be available. However, she would check that this was the case and report back to the Panel. **(ACTION)**
- Cllr O'Donovan highlighted the importance of the coordination group addressing racial equity in health and care, as described in paragraph 3.4 of the report and welcomed the work being done in this area.

Beverley Tarka, Director of Adults, Health & Communities, concluded by thanking the Joint Partnership Board for initiating the Living Through Lockdown report and for all the work carried out in co-producing the report and the recommendations.

20. CABINET MEMBER QUESTIONS

Cllr Lucia das Neves, Cabinet Member for Health, Social Care and Well-being, responded to questions from the Panel on issues related to her portfolio:

- Cllr Brennan expressed concerns about the need to make budget savings across the Council and asked how this would be approached in adult social

care given the demand pressures on services. Cllr das Neves said that local authorities across the country were deeply frustrated by the Government's refusal to look at systematic change and properly fund services. There were also issues around workforce and the availability of placements. She acknowledged that these were challenging times, that the Department would work hard to support residents and deliver effective services, and that there would be a detailed discussion session held with Members about the Council's approach.

- Cllr Iyngkaran requested an update on mental health services at Canning Crescent. Cllr das Neves said that the services were currently being delivered in the way that they had previously been delivered, as opposed to the original vision of bringing the services all together. She added that the Council had been significantly let down by the contractor and was now picking up the pieces. Over the summer they had gone out to a range of contractors with plans and proposals being developed, but the project was now significantly delayed. Cllr das Neves said that the Council would need to consider whether there was anything that could have been done differently in the procurement process.
- Asked by Cllr O'Donovan about the Council's overall long-term vision for health, Cllr das Neves spoke about the importance of prioritising early intervention and prevention while also delivering core services. She added that it was necessary to bring this to every space with a focus on inclusion, health inequalities and working closely with local community/voluntary groups and the wider community through coproduction. These themes would be included in the Health and Wellbeing Strategy, which was shortly due to be renewed to provide a platform for this work over the next 10 years. It would also be important to overlay health and wellbeing in everything that the Council did, including housing and education.
- Helena Kania highlighted difficulties that residents often experienced with the NHS, for example in using digital services or gaining access to flu/Covid vaccinations, and asked what more the Council could do to support Haringey residents. Cllr das Neves responded that she advocated for residents on these and other issues in multi-agency forums such as Health and Wellbeing Board which she chaired, based on feedback from the local community. Will Maimaris, Director for Public Health, said that flu vaccinations were available in pharmacies and GP practices across the borough, but that more certainty needed to be provided locally on Covid vaccinations and that this would be progressed shortly through discussions at the Health and Wellbeing Board. The NCL ICB was leading on the roll-out, but the Public Health team would be working closely with the ICB and the GP Federation. Helena Kania commented that residents needed to have easy access to this information. Cllr das Neves acknowledged that communication with residents about access to various services was a regular area of discussion at the Health and Wellbeing Board

- and other forums. She also highlighted the practical issues caused by the Government's recent decision to bring Covid vaccinations forward.
- Cllr Connor highlighted issues with Member enquiries relating to adult social care and asked if the communications with Members and residents could be improved as it was sometimes necessary to make multiple enquiries to ascertain whether an issue had been resolved. Cllr das Neves acknowledged that improvements were needed to the service, including on the technology used to support it, but noted that a lot of enquiries had recently been cleared. Vicky Murphy added that the way that complaints were managed had been redesigned to ensure that they were followed through in a timely manner, but that there was still a lot of work to do on the digital platform to support this work. She added that a separate system had been created to deal with cases where a resident wanted to raise an issue without making a complaint.
 - Asked by Cllr Connor about progress on co-production and how this was being communicated to residents, Cllr das Neves acknowledged that this was a huge learning journey for the Council and that there were sometimes difficult legal and financial problems that had to be worked through as part of co-production engagement. She highlighted the recent Wood Green engagement as a good example of the principles and ideas of co-production being used to engage with a large number of people across a range of age groups on the future of that part of the Borough. Beverley Tarka added that an understanding in the community of what co-production means would not happen overnight but that there were now some excellent examples of where co-production had happened. She said that co-production provided an opportunity to enable a wider diversity of voices to be heard and that the Council was very committed to this way of working.

21. WORK PROGRAMME UPDATE

Cllr Connor commented that the last few sessions of the Panel's current Scrutiny Review were due to take place shortly and suggested scheduling an informal meeting of the Panel to discuss the approach to the Panel's next Scrutiny Review on digitalisation and communication with residents.

Cllr O'Donovan reported that, following the concerns raised at the Scrutiny Review sessions about people with dementia and people with no recourse to public funds after discharge from hospital, he had spoken to the Mulberry Junction service about this. The service had a hospital discharge co-ordinator role which had been vacant for the past three months but was expected to be filled by the end of September. He also spoke to the head of systems coordinator for out of hospital care at the ICB who would be happy to speak to the Panel about this.

Cllr Connor highlighted the agenda items for the remaining Panel meetings set out in the 2023/24 work plan and noted that there was a vacant slot remaining in the

February 2024 meeting. She also requested that the regular joint meeting with the Children & Young People's Scrutiny Panel in February be added to the work programme. **(ACTION)**

22. DATES OF FUTURE MEETINGS

- 16th Nov 2023 (6.30pm)
- 12th Dec 2023 (6.30pm)
- 22nd Feb 2024 (6.30pm)

CHAIR: Councillor Pippa Connor

Signed by Chair

Date