MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON MONDAY 9TH FEBRUARY 2026, 6.35 - 9.35pm

PRESENT:

Councillors: Pippa Connor (Chair), Cathy Brennan, Thayahlan Iyngkaran, Mary Mason, Sean O'Donovan, Felicia Opoku

Co-optee: Helena Kania

47. 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'.

48. APOLOGIES FOR ABSENCE

Apologies for lateness were received from Cllr Iyngkaran.

49. 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.

50. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

51. MINUTES

Cllr Opoku requested a correction to her declaration of interest from the previous meeting. She had placed on record that she worked closely with the NWL ICB (North West London Integrated Care Board) but this had been incorrectly recorded as NCL ICB (North Central London Integrated Care Board).

Following this amendment, the minutes of the previous meeting were approved as an accurate record.

RESOLVED – That the amended minutes of the meeting held on 16th December 2025 be approved as an accurate record.

52. ITEMS OF URGENT BUSINESS

Cllr Connor explained that this urgent question was being raised by the Panel following a meeting the previous week with members of the Joint Partnership Board (JPB). At this meeting, concerns were heard from several people about the difficulties in making safeguarding referrals. An example given was an organisation trying to call the relevant numbers but not being able to get through to anyone, then filling out the online referral form but not having received a response over a week later.

The Panel's main concerns were:

- No one answering the Safeguarding phone line.
- If a call was put through, no information provided as to when they would hear back regarding their concerns.
- If they filled out the safeguarding form, there was no recognition from the service that this had been received.
- Long waits to hear if the referral had been accepted.
- No way of finding out who to contact if they didn't hear anything once the form had been submitted.
- No reference number that they could use in a follow up email to track what was happening.
- When contact from the Council was made, no timeframe for when any next steps would happen.

The Panel was therefore keen to understand more about how the process currently operates and are particularly keen to ensure that, once a referral is made, the person who has submitted it should always receive details including a reference number, how long they should expect to wait for a response and how to get in touch if a response was not received within that timeframe.

In response to the concerns raised, Cllr das Neves, Cabinet Member for Social Care & Wellbeing, commented that these concerns were difficult to hear but not taken lightly and did validate the issues that had been previously identified and included in the Improvement Plan.

Jo Baty, Director of Adult Social Care made a number of observations about safeguarding referrals:

- Safeguarding referrals into Adult Social Care were received through ‘front door’ arrangements, the purpose of which was provide a single consistent route into the service. There was no separate, direct safeguarding telephone line. Safeguarding referrals could be made by telephone, an online form or written correspondence from partner agencies. When safeguarding referrals were received, the focus was on consistent triage and having a clear recording and audit.
- It was recognised that callers may experience difficulties in getting through by telephone at peak time. Callers are then queued, directed through callback arrangements or provided with information about how to access information through the website.
- It was also recognised that, while online referrals were screened and processed internally, the visibility of how this was being progressed could be improved.
- Demand was a big issue and was therefore a cornerstone of the Improvement Plan and the work of the independent safeguarding review that had been commissioned to look at the role and function of the Safeguarding Board and how the Council performed its statutory duties.
- A Strategic Programme Lead for Safeguarding had been appointed to manage the transitional phase while the recommendations from the safeguarding review were being established. The new appointment to Deputy DASS would be leading on performance across the service, including in safeguarding. A new Principal Social Worker would be joining in March 2026 who would focus on practise at the front line.
- The digital roadmap was an important part of the improvement journey as some practices in the service were outdated.
- Safeguarding referrals were professionally screened to determine the level of risk, whether the concerns met the Section 42 threshold and whether immediate protective action was required. Safeguarding investigations could be complex with variations in the amount of time required.
- Monthly meetings took place with providers to discuss the responses to their safeguarding enquiries.
- Progress was underway with the transformation of the ‘front door’ to Adult Social Care which was expected to make a huge difference in how responsive and person-centred the service was.

Sara Sutton, Corporate Director of Adults, Housing & Health, emphasised the importance of the Improvement Plan and the recognition of staffing and capacity levels which had been discussed under the Haringey Safeguarding Adults Board (HSAB) agenda item at the previous Scrutiny Panel meeting. An additional £3.6m of staffing investment had been proposed for the 2026/27 Budget. In addition:

- The new Adult Social Care Directory would improve the availability of up-to-date information for signposting.

- The Connected Communities had now been integrated into the Adult Social Care service which would further increase capacity.
- There was scope for complex cases across adults and housing to be supported in a different way to promote early intervention/prevention and meet demand challenges.

Cllr das Neves, Sara Sutton and Jo Baty then responded to questions from the Panel:

- Helena Kania expressed concerns about various aspects of the service including the length of time people waited for a response, the lack of information about when a response could be expected and the difficulties that people experienced in using the website.
- Cllr Brennan referred to the recent evidence from JPB members who had said that phone lines were not answered and commented that this was unacceptable for a safeguarding service. She added that it was not obvious from the website how to find an emergency safeguarding telephone number.
- Cllr Mason reported that she had experienced difficulties in contacting Adult Social Care on behalf of local residents including those who use food banks. She observed that this inhibited opportunities for early intervention and prevention for people who required support which was likely to led to greater demand at a later stage.
- Mark Howe, Deputy DASS, responded to the points above commenting that the feedback was helpful and fit with the challenges that the service was working on improving. He added that safeguarding services were overloaded in local authorities across the country and acknowledged the worry and concern that this caused to people who have having difficulty in accessing services. The Council fully understand that there were system issues and was working to put those right. He highlighted the effective professional judgment and sound integrity that he had seen in the safeguarding team since his recent appointment but that the limitations on the team were due to the volume of the demand.
- Cllr Connor said that the feedback from the JPB meeting had been clear which was that when somebody calls the Council regarding a safeguarding issue, they want the call to be answered, to be told how long the process would take and for a reference number and a future means of contact to be provided so that they could be kept updated.
- Cllr O'Donovan made a number of observations:
    - That the main landing page of the Council website, the most prominent sections linked to areas such as parking or Council Tax. Sections relating to Adult Social Care were much lower down and safeguarding information was not prominently displayed. He suggested that this information needed to be easy for people to find, both on the website and from search engines.

    - He queried why residents did not appear to receive an automatic acknowledgement after submitted a safeguarding concern online and suggested that should include useful information such as anticipated timescales for a response and a reference number.
    - He noted that residents were required to download a form as a Word document, complete it and then email the document. He queried why this could not simply be done through an online form which would be easier, particularly for those using a mobile device.
    - He noted that there was a main number for adult social care (ending 1400) and a separate safeguarding number. He suggested that these numbers should be easy to find and made clear which numbers were appropriate for specific purposes.
    - He commented that some residents, particularly older people, did not use the website and that contact information for safeguarding could be included along with the other contact information published in Haringey People magazine.
- Cllr Opoku highlighted a number of concerns:
    - She commented that people using the telephone system, were placed on hold and selected the option for a callback to be made, found that they were often not subsequently contacted. She queried whether there was a problem with the callback system.
    - She said that residents should receive an automated response when completing an online form and that this should be a quick issue for the Council to fix.
    - She highlighted a concern raised by a JPB member who experienced difficulties in completing an online form on the Council website because it would 'time out' after a certain period of time, although the time limit was unclear and not displayed. This led to information being lost and the resident needing to fill all the details out from the beginning.
    - Noting that some community organisations dealt with cases on behalf of residents, she suggested that they could be provided with separate contact details in order to expedite these cases.
- Responding to this wide range of suggestions, Cllr das Neves:
    - Emphasised that some of the issues were being addressed through the Improvement Plan.
    - Expressed disappointment that partners had not raised their concerns with her directly and that many did have escalation routes and direct contact information.
    - She added that she was passionate about prevention, that this was an agenda that the Council had been advancing for some time, including through the neighbourhood health work for example.
    - She noted that a lot of the comments related to how the website was managed and that a broader session with Councillors on this could be worthwhile. She noted that there was data on the routes that people

used to access information (for example, search terms from Google) and so the design of the front page may be informed by that.

- Jo Baty reiterated that the key issues including capacity, workforce development, digital response, information, advice and guidance were all in the process of being addressed. She added that the Council had a strong relationship with the Joint Partnership Board and worked closely with them, with representation on each of the reference groups. Her view was that the routes of escalation and interface with safeguarding would grow from the grassroots up. In the short term, the transitional arrangements for safeguarding could be reviewed in light of the practical points that had been raised and she would also have further discussions with the JPB at forthcoming meetings. This commitment was welcomed by Cllr Connor.

53. SAFEGUARDING: GROUP-BASED CHILD SEXUAL ABUSE(CSA DATA)

Cllr Connor explaining that this item had been scheduled to discuss safeguarding issues arising from recent discussions at meetings of the Adults & Health Scrutiny Panel and the Children & Young People's Scrutiny Panel. The Panel had requested a crime data analysis report from the Metropolitan Police North Area BCU. However, Cllr Connor reported that she had received a message from the Metropolitan Police stating that they would not be able to attend the meeting. She had responded to express her disappointment at this as it was difficult for the Panel to understand how Council services should respond without the information requested. Cllr Connor explained that she had spoken to the chair of the Overview & Scrutiny Committee and it had been agreed that this item could be added instead to the Overview & Scrutiny Committee's agenda in March. **(ACTION)**

Cllr Makbule Gunes, Chair of the Culture, Community Safety and Environment Scrutiny Panel and Helena Kania also expressed their disappointment at the postponement of this item. Cllr Mason added that a lot of the information requested was already in the public domain and so it should not have been a problem for the Metropolitan Police to provide this data. Cllr O'Donovan commented that the Metropolitan Police were re-examining up to 9,000 historic cases of abuse across London but the criteria for this were broad-based and not necessarily under the definition of grooming gangs. He suggested that it would be helpful to receive data on how many of these cases related to Haringey. **(ACTION)**

54. QUALITY ASSURANCE/CQC OVERVIEW

The report for this item was presented by Richmond Kessie, Commissioning & Quality Assurance Officer. The report outlined the quality assurance activities across Haringey's adult social care provider market to safeguard quality, support improvement and ensure that residents received safe and person-centred care. Richmond Kessie highlighted some key points:

- The past year had continued to be challenging for care providers with inflation and rising workforce costs, placing pressure on service sustainability. The Council had mitigated these pressures as far as possible through the annual inflation uplift.

- Engagement with the market had been strengthened, including through well-attended monthly provider forums which provided an important space for open dialogue, shared learning and early identification of risk.
- Over the period covered by the report, the Council had commissioned care from more than 220 CQC-registered providers, both in-Borough and out of Borough, and had supported over 5,300 residents.
- Market shifts had included an increase in out-of-Borough placements and a rise in unrated providers. The Council's policy of avoiding new placements with unrated providers remained in place.
- The quality assurance team continued to play a critical role in identifying and supporting providers requiring intervention. This included those with declining CQC ratings, safeguarding concerns or operational risks. Several providers had been supported to make measurable improvements through welfare checks, improvement plans and joint working with the CQC.
- The quality assurance and contract management framework had been embedded across adult social care and this strengthened governance, risk oversight and coordination between commissioning, safeguarding and contract management functions.

Andreas Schwarz, Operation Manager, North West & North Central London ASC Team 2 and Muhammed Koodoruth, Adult Social Care Inspector, both from the Care Quality Commission (CQC) then presented slides to the Panel which included the following details:

- In terms of CQC ratings, services in Haringey had better overall ratings when compared to the London and national averages.
- The CQC had committed to completing 9,000 assessments by the end of September 2026 and to recruit more registration inspectors.
- Current CQC priorities included responding quickly to emerging risk, examining services which had not previously been assessed, had not been assessed for a long time or were flagged as being high risk.
- Long-term plans for improvement included the redesign of the entire regulatory process. This included the use of new technology and looking at how AI could be utilised to speed up the assessment process. The online portal had been improved to make it easier for providers to communicate with the CQC.

The Council and CQC officers then responded to questions from the Panel:

- Asked by Cllr Brennan about the high number of care providers that had not been inspected, Andreas Schwarz responded that this was a national issue with a similar proportion of providers being uninspected in other similar Boroughs. Cllr Mason queried how a service could be opened without being rated. Andreas Schwarz explained that, once a service was registered, it could provide a regulated activity and take on service users. However, this would often be for private service users because local authorities would not typically place residents with unrated services. These providers still had to adhere to regulation and work within statutory requirements. He added that some unrated providers were dormant and no longer offered services.
- Asked by Cllr Connor about the Council's approach to unrated services, Richmond Kessie said that the Council had a policy not to place residents with any provider that did not have a rating of 'Good' or higher.

- Cllr Opoku referred to a table in the report which showed that there were four unrated providers which had been commissioned by Haringey Council. Richmond Kessie explained that providers could sometimes change hands and so residents who had been placed under the previous provider could end up in unrated services. He added that the Council had quarterly meetings with the CQC where there could raise service providers that they felt ought to be prioritised for a future inspection. The Council could also engage with these providers for quality assurance purposes.
- Cllr Iyngkaran commented that the number of providers being used by the Council had dropped by around 30 since last year and queried the reasons for this. Richmond Kessie explained that the provider market had been difficult recently and so a number of providers had exited the market and that this was also reflected in the wider national picture. Cllr Iyngkaran expressed concern that fewer providers could lead to higher prices in the local market. Cllr das Neves commented that the system was not functioning healthily and that some providers were exiting the market due to financial challenges. Some providers were small and may struggle while others may choose to position themselves in other areas that were more profitable. Her opinion was that these circumstances did not always deliver the best value and so it was an area that she would like to see work differently. Sara Sutton added that there was an annual uplift to providers and that the Council was finalising this for the following year as part of a process that included benchmarking across the North Central London (NCL) area and focusing on what was a sustainable price for providers. At a national level there were ongoing discussions around the Fair Pay Agreement and the implications for the care workforce. Jo Baty commented that the commissioning team had good, strong relationships with providers and that it was particularly important to try to protect the smaller providers that were rated Good or Outstanding and keep them engaged in the market.
- Cllr Connor referred to the report which stated that the quality assurance team had raised concerns about the low inspection frequency for some providers and asked how the CQC could improve this situation. Andreas Schwarz responded that, since November, the CQC had reverted to specialist teams which had increased inspection activity. The team looked at services which had an older rating, no rating or was considered to be high risk and then prioritised them accordingly. There was also ongoing work to streamline the inspection process which should increase inspection activity. Cllr Connor suggested that it would be useful to see the details of how these improvements were working in practice as part of a future report. **(ACTION)**

55. FINANCE UPDATE - Q2 2025/26

Rachel Boston, Finance Manager, introduced the report which set out the Council's in-year financial position at the end of Quarter 2 for 2025/26 and included the following key points:

- A favourable movement was reported at Q2 compared to Q1.
- Work had been ongoing with the services to review budgets and it had been possible to identify £1.8m of income that had not been fully accounted for.

- Services for older people had stabilised and the average unit cost was decreasing.
- However, there was growth in services for the 18-64 age group, predominantly within mental health and physical disability. The Council had been working closely with the local NHS Integrated Care Board (ICB) and there was now a better contribution for packages of care from the ICB.

Responses were then provided to questions from the Panel:

- Cllr Opoku commented that the 18-64 age group was broad and that it would be helpful to see a more detailed breakdown to understand which age groups were most impacted. Rachel Boston clarified that a lot of younger people under 35 requiring mental health support were coming through the system, whereas with cases involving physical health this tended to be from people above the age of 50.
- Referring to paragraph 1.2 of the report, Cllr Connor noted that the outturn variance for the General Fund was £23.4m which represented an improvement of £10.7m. She queried whether further improvements could be expected later in the year. Rachel Boston confirmed that further improvements were expected because of factors such as the ICB contributions. It would be necessary to recast the Council's demand modelling and pressures for next year to establish a clear position for the budget going forward.
- Cllr Iyngkaran asked whether the trends in demand for services, such as growth in the 18-64 age bracket could be expected to continue in future years. Sara Sutton commented that it was very difficult to make predictions for demand-led services and that there were many variables to build into the modelling assumptions. The team was working on three different scenarios with detailed analysis to improve modelling and forecasting. However, she added that the position was much improved compared to last year which had a considerably higher overspend position.
- Referring to Table 2 in the report, Cllr Connor noted that the total variance for Quarter 1 for Adult Social Services was around £7.5m and that the movement from Q1 to Q2 was £1.8m, resulting in a variance at Q2 of £5.7m. Rachel Boston explained that the £5.7m was expected to reduce further later in the year due to the formal agreement with the ICB over joint funding arrangements.
- Cllr Mason referred to paragraph 1.2 of the report which stated that there was a forecast overspend of £23.4m in 2025/26 with an additional £37m of budgeted spend from Exceptional Financial Support (EFS). She expressed concern about the likely difficulties with the Budget in 2026/27, including the repayment of funds already borrowed from the Government. Sara Sutton said that the draft Budget report for 2026/27 included these details and it was noted that this report would be discussed at the Cabinet meeting the following day. Dominic O'Brien, Scrutiny Officer, advised the Panel that the Overview & Scrutiny Committee would be receiving a report on the Q3 figures on 11th March 2026 and that any queries about this from the Panel could be referred to that meeting.
- Cllr Connor referred to Table 3 in the report which referred to savings and management actions and showed that £2.23m out of the £3.963m savings for

adult social care were currently projected to be fully delivered. She asked for assurances that a greater proportion of the savings would be achieved by the end of the financial year. Jo Baty explained that there had been some delays with bringing in the new commissioning staff who would make a difference as they would be leading on savings delivery next year. The NRS provider failure also held up the service as this became a significant focus of the service for three to four months. The other point to note was that there were interdependencies with other areas of the Council which were also trying to make savings. Any savings not achieved this year would be rolled forward to next year.

Cllr Connor then referred to the 2025/26 savings table on page 43 and commented that it would be useful to have reference numbers next to each saving so that it would be easier to cross-reference these with previous papers. Sara Sutton said that it would not be possible to do this for Q3 as the papers had already been prepared but could refer this suggestion to the finance team as an action for next year. **(ACTION)**

The Panel then asked questions about the specific savings in the table:

<u>Transitions</u>

- Cllr Connor noted that the expected cost of transitions was now lower than forecast in 2023 and queried the robustness of the data. Jo Baty said that the finance team had done a lot of work on transitions and that there was a good grip of the data in this area with a known cohort. She added that this was underpinned by governance around transitions that had not been in place 18 months previously.
- Cllr Iyngkaran noted the costs of the growth in the number of cases in the 18-64 age bracket, particularly with mental health, and queried whether there could be some underestimation of issues and therefore an underinvestment in services. Rachel Boston said that it had been possible to profile the data and cohort much better over the last few months and that, while there was a reduced number of cases this year, a rise was expected in 2027/28. While some variance was to be expected, the data was now considered to be more stable.
- Cllr Mason raised the issue of legal challenges on behalf of young people going through transitions, including the costs to the Council and the impact on the young people if they did not receive the services that they required. She asked whether the number of legal challenges had increased in recent years. Jo Baty responded that she did not have the data for this but was happy to look into this. **(ACTION)** She added that a particular challenge for parents and carers in this area was that the availability of services for adults was significantly lower than for children and so the wraparound support that children received at school changed when people transitioned to adulthood. It was therefore important to work with schools and colleges to manage expectations from the age of 14 onwards about transition arrangements and to improve the planning for this. Other issues included late diagnosis and the length of time required to obtain an autism diagnosis. Cllr das Neves

highlighted circumstances of children aged 14 or 15 who would be in children's services but about to leave by the time of receiving their diagnosis. She suggested that this could be a useful future topic to discuss at a joint meeting of the Adults & Health and the Children & Young People Scrutiny Panels. Cllr Connor concurred with this and noted that the Chairs of these Panels had previously agreed to conduct further scrutiny of the data around transitions. **(ACTION)** Cllr das Neves added that it was important to make the distinction between, mental health, autism, and learning disabilities.

- Cllr O'Donovan observed that the Panel had previously received information about the Haringey Integrated Transition Service which aimed to reduce costs and queried whether the savings in this area was evidence that the service was now working. Jo Baty responded that the service was working for the people supported by it and noted that the service currently had around 50 cases. She added that there was a lot more to do and the aim was to work with more young people and families in a more integrated way.
- Asked by Cllr Brennan whether private companies could carry out assessments for educational care plans, Jo Baty confirmed that this was the case.

<u>Staffing savings for Adult Social Services</u>

- Asked by Cllr Brennan to provide further details of this saving, Sara Sutton explained that this related mainly to agency roles to support the CQC inspection which was not required in the long-term. However, the front-line capacity was being increased. It was also clarified that this did not involve reductions in the capacity of the commissioning team.

<u>Integrated Connected Communities</u>

- Asked by Cllr Connor for further details about the delivery of the savings, Sara Sutton explained that the consultation and engagement with the team had been completed and that the savings were on track to be delivered in full. A number of vacancies had been held and a number of people had been able to secure permanent roles at a higher level. There would be one compulsory redundancy as part of the changes but that related to an individual who did not apply for any roles as they were moving out of the area. The new Independence & Early Intervention (IEI) Team would have 17 full-time equivalent roles and would be part of the new 'front-door' to services being implemented from Q1 of 2026/27.

<u>Developing Community Support model</u>

- Cllr Connor observed that this saving relied more on a change in behaviour rather than direct budget cuts and asked what would happen if that change in behaviour did not transpire and why the full saving had not been achieved. Jo Baty explained that, while there would be a cultural shift, there would also be efficiencies and more use of digital within the front door redesign. Prior to the change, there were five teams all working differently

and this would be replaced with one team with a consistent offer. She added that the savings would be made through the front-door redesign and would require a consultation with staff. Sara Sutton explained that any shortfall in the savings by the end of the year would need to be mitigated.

- Helena Kania asked how the NHS budget cuts would impact on the saving, given that the service relied on collaboration with the NHS ICB. Sara Sutton acknowledged that the dynamics in the relationship with the ICB had shifted following their structure changes and so the Council would need to work more closely with providers. She suggested that a discussion on the collaborative approach and the neighbourhood health agenda could be a topic for a future Scrutiny Panel meeting. **(ACTION)** She added that another area potentially impacted by this was the Continuing Healthcare (CHC) work where there had recently been a lot of work to improve funding arrangements. Cllr das Neves commented that the forthcoming merger between the North Central London and North West London ICBs was notable as the spending on CHC was considerably higher in North West London. Cllr Connor informed the Panel that the meeting of the Joint Health Overview & Scrutiny Committee would be looking at the NHS 10-year plan which may be relevant to this discussion. Cllr Connor highlighted the risk to the Council receiving fair funding from health partners and recommended that the Panel continued to monitor this issue. **(ACTION)**

<u>Review of the Council's Reablement model</u>

- Asked by Cllr Connor about the implementation of the saving for patients, Jo Baty observed that the reablement service had fared well in the recent CQC report. She said that it was a good service but expensive because it required improvement and an updated approach so there were huge opportunities for savings. An initial report on this had been drafted by the Head of Integrated Care and brought through internal governance with a more structured discussion with staff expected to follow.

<u>Supported Living Contract</u>

- Noting that this saving had been delayed, Cllr Connor requested further details about the expected timescales for implementation. Sara Sutton said that a financial analysis on this was expected over the next few days so further details would be available soon, but she expected that some savings could be made in-year with a larger proportion of the savings rolled into delivery for next year. Work was ongoing to identify areas for mitigation based on opportunities in other areas.
- Cllr Connor referred to the Panel's previous concerns about the annual review of supported living contracts and asked about any current backlogs in this area. Sara Sutton clarified that the saving was not predicated on this but acknowledged that there were waiting lists in some areas and there were additional resources available to assist with reducing these. The actual substantive saving would be generated by changing the model of commissioning and the backlogs would be addressed over time by way of

the overall proposals around staffing capacity. Cllr Connor requested data on the current waiting lists for assessments. **(ACTION)**

5% Staff saving

- Asked for further details by Cllr Connor on this saving, Sara Sutton explained that this was partly included in the previously discussed saving while there had also been a saving in the public health team following a recent retirement of a staff member.

Public health

- Cllr Iyngkaran referred to the saving on 0-19 years Public Health Nursing Services efficiencies. He expressed concerns about the recent reductions in the uptake for vaccines and queried whether this saving would have an impact on vaccine delivery to the community. Sara Sutton explained that this saving was achieved through back-office efficiencies rather than staff reductions and therefore would not impact on the vaccination programme. Cllr das Neves spoke about the targeted work with specific representatives to increase vaccination rates in particular communities but noted that falling vaccination rates was a wider national problem.

The Panel then asked questions about the capital forecasts:

Aids, Adaptations & Assistive Tech – Home Owners (201)

- Cllr Connor noted that the status of this item was that it was on budget but not on time. Jo Baty explained that this related to the procurement of new contractors as part of the improvements necessary with aids and adaptations. Contracts had been signed recently and it was expected that the timescales would have improved by the time of the Q3 report.

Community Alarm Service (211)

- Asked by Cllr Mason for assurances about the delivery of this service, Jo Baty said that the digital IT platform had just been signed off so this was all in hand. Sara Sutton noted that this item referred only to the capital element of the budget for this service which was combined with a revenue element.

Canning Crescent Assisted Living (213)

- Cllr das Neves provided an update on this item, informing the Panel that services at the Roger Sylvester Centre - Canning Crescent had started operating in the autumn but that the formal opening had taken place earlier that week. All Councillors would soon receive an invitation to visit the Centre. This was a Council project with support from partners in the NHS and voluntary sector. The service operated as a neighbourhood mental health hub, providing more crisis beds and also hosted the Clarendon Recovery College.

- Asked by Cllr Connor about future income from placements, Sara Sutton explained that income wouldn't come to adult social care but that there would be rental income to Corporate Property. She welcomed the opening of the new facilities and added that this resulted in the overall number of available crisis beds increasing from 7 to 13. This would enable more people to be supported in the community and avoid hospital admissions and out-of-Borough placements.
- Panel Members welcomed the opening of the new facilities, commenting that it was important to have this support available to residents and placing on record their thanks to the officers and Councillors for their hard work on delivering this project.

Locality Hub (225)

- In response to a query from Cllr Connor on why this item was on hold, Sara Sutton explained that this related to the Neighbourhood Resource Centre and that there was a proposal to remove this item from the General Fund capital budget in next year's proposals and move it to the Housing Revenue Account (HRA) because it was an HRA asset. This was due to an anomaly in the historical papers.

56. WORK PROGRAMME

Cllr Connor advised the Panel that the Scrutiny Review report on discharge from hospital would be approved by the Overview & Scrutiny Committee shortly and was expected to be presented to the Cabinet before the pre-election period. The Scrutiny Review report on communications and adult social care was also nearing completion and was expected to be finished before the pre-election period, although the presentation to Cabinet was not likely to happen until the new administration was in place.

Cllr Connor also advised that dates would be explored for a joint meeting of the Adults & Health and the Children & Young People Scrutiny Panels and that any updates to the Panel's action tracker would be circulated by email.

As this was her last Adults & Health Scrutiny Panel meeting, Cllr Connor also placed on record her thanks to the Panel members and officers and said that it had been a privilege to serve as the Chair of the Panel.

CHAIR: Councillor Pippa Connor

Signed by Chair ……..

Date ……