MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON THURSDAY 1ST OCTOBER 2026, 6.30 - 9.00pm

PRESENT:

Councillors: Anne Gray (Chair), Eva Bell, Luisa Brands, Makbule Gunes & Melanie Gingell.

Co-Optees: Helena Kania

1. 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'.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Michael Brookes and Cllr Andrea Hodgson.

Cllr Melanie Gingell attended the meeting as a substitute for Cllr Andrea Hodgson.

Cllr Imad Ahmed attended the meeting online.

3. ITEMS OF URGENT BUSINESS

None.

4. DECLARATIONS OF INTEREST

None.

5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

6. MINUTES

The minutes of the previous meeting were approved as an accurate record.

RESOLVED – That the minutes of the meeting held on 9th February 2026 be approved as an accurate record.

7. Q1 FINANCE UPDATE

The Panel considered the Quarter 1 finance update for 2026/27, focusing on the Adult Social Care budget and the Adults, Housing and Health forecast set out in Appendix 1B.

- In response to a question regarding the revised zero net budget for the Director of Public Health, the Head of Finance explained that Public Health was funded through the ring-fenced Public Health Grant, with the budget forecast to balance in-year. The Director of Public Health advised that the grant totalled approximately £29 million and funded statutory services, including sexual health, school nursing, and drug and alcohol services, alongside contributions to wider Council services supporting public health outcomes. Officers offered to provide the Panel with a further breakdown of the grant expenditure at a subsequent meeting.
- The Panel questioned the forecast £713,000 overspend in Adult Social Care, which was attributed primarily to pressures relating to the emergency response service and increased legal costs. Officers explained that the legal costs related to potential litigation with a provider over fees, which was progressing positively. In relation to the emergency response service, officers highlighted the challenges of forecasting demand-led services, including Connected Care, where a shortfall against the planned savings target had contributed to the pressure. Mitigations were being explored, and the forecast was considered broadly proportionate in the context of the overall Adult Social Care budget of approximately £150 million.
- In response to questions about savings delivery and the implications for future budgets, officers reported that Adult Social Care had delivered 86% of its savings in the previous financial year. The supported living savings target remained at risk following the diversion of resources to address the failure of a national community equipment provider, which had affected 21 London boroughs. Officers confirmed that the intention remained to deliver the saving, although the anticipated timeframe had been extended from two to three years to three to four years.
- The Panel was advised that £3.6 million of recurrent funding had been allocated to additional staffing in the current year to support improvements in Adult Social Care. Officers also highlighted ongoing work to strengthen prevention, support carers, review day opportunities and respite provision, improve transitions from children's to adult services, and develop local residential and nursing care provision.
- In response to a question about the relationship between national government funding and local demand, officers explained that the Fair Funding Review considered factors including demographics, deprivation and councils' revenue-raising capacity, rather than actual expenditure alone. The Director of Public Health and other officers highlighted the additional demand and complexity experienced in Haringey, including higher-than-average levels of working-age adults receiving care and support, and lower healthy life expectancy, which placed further pressure on the budget.

- The Panel also raised concerns about the impact of rising interest rates on the cost of servicing Council debt and the implications for Adult Social Care. The Head of Finance advised that the wider implications for Council debt servicing would be more appropriately addressed through overall scrutiny. The Chair requested that a response be sought from the relevant officer before the next meeting.
- The Panel further discussed the management of adult social care debt, including a debt write-off of £101,465. Officers explained that work had been undertaken to improve the timeliness of financial assessments and ensure that residents were informed of potential care costs at an early stage. This included staff training, guidance on financial conversations, support from external specialists and work to improve the accessibility of correspondence with residents. Officers noted that historic debt continued to be addressed and that provision for bad debt was incorporated into the budget and forecast.

8. GAMBLING HARMS

The Panel received a report and presentation on gambling harms in Haringey.

Officers advised that gambling was increasingly recognised as a significant public health issue, with adverse impacts on financial wellbeing, physical and mental health, relationships and wider communities. It was noted that gambling harms disproportionately affected residents in deprived communities and that Haringey had one of the highest densities of gambling premises in the country, particularly within areas of higher deprivation.

The Panel was informed that the Department of Health and Social Care had recognised gambling harms as a public health concern and that funding generated through the Gambling Levy was now being provided to local authorities. Haringey had received approximately £60,000 to support work relating to gambling harms and was considered to be ahead of many other authorities due to its established programme of work in this area.

Officers reported that an estimated 3.5% of Haringey residents, equivalent to approximately 7,000 people, experienced severe gambling harm. It was noted that the impact extended beyond those directly affected and also significantly affected families and other connected individuals.

The Panel heard that Haringey's Gambling Harms Reduction Programme adopted a whole-system public health approach and that the borough was recognised as a national leader in this field. The programme included partnership working, research, staff training, public awareness campaigns, youth engagement, licensing and planning work, and the development of referral pathways into support services.

Members were advised that over 400 staff had previously received gambling harms awareness training and that further training was planned for Adult Social Care and Revenue and Benefits staff. Officers also reported ongoing work with primary care

services to improve the identification, screening and referral of residents experiencing gambling harms.

The Panel noted that gambling harms awareness had become a statutory requirement within the school curriculum and that work was underway to provide awareness sessions across Haringey schools. Officers highlighted growing concerns regarding online gambling and gambling-related activity targeting young people.

Officers outlined the work of the North London Tackling Gambling Harms Coalition and reported on a public awareness campaign delivered during the FIFA World Cup, which achieved significant national reach and generated a high number of referrals to confidential support services.

During discussion, Members welcomed the progress that had been made in addressing gambling harms and emphasised the need for further engagement with underrepresented groups, including women, older people, neurodivergent residents, LGBTQ+ communities and ethnic minority communities. Officers acknowledged existing evidence gaps and advised that further qualitative research was planned.

Members raised concerns regarding access to therapeutic and clinical support for residents experiencing gambling harms. Officers outlined the support available through GamCare, the Primary Care Gambling Service and specialist NHS treatment services, and emphasised the importance of improving screening and referral processes.

The Cabinet Member for Health, Social Care and Wellbeing reaffirmed the administration's commitment to tackling gambling harms, including continuing work to reduce gambling advertising and address the inequalities associated with gambling-related harm. Consideration was also given to incorporating gambling harm screening into wider health assessments and increasing the confidence of healthcare professionals in raising the issue with patients.

The Panel discussed the challenges associated with licensing and planning powers in relation to gambling premises. Officers advised that proposed legislative changes could strengthen local authority powers in the future and highlighted the importance of encouraging residents and ward councillors to engage with licensing processes.

Members also discussed the accessibility of public awareness campaigns, particularly for residents who did not speak English as a first language and those who were digitally excluded. Officers advised that future campaigns would seek to make greater use of community networks and translated materials where appropriate.

The Panel noted the update and agreed that the importance of encouraging residents and councillors to engage in licensing processes relating to gambling premises should be highlighted to the Licensing Committee.

9. ADULT SOCIAL CARE IMPROVEMENT PLAN

The panel received a report and a presentation on Adults Social Care Improvement Programme.

A Member referred to the reported impact of the improvement programme and noted that the data was measured from June 2024, whereas the CQC assessment had taken place in February 2025. The Member sought clarification on whether the reference to June 2024 was accurate and, if so, what event, pressure, or incident had led to that date being used as the baseline for measurement.

Officers confirmed that the data had been provided in June 2024 and explained that this date had been used as the comparison point in order to provide a clear line of sight across a 12-month period.

In response to a question regarding the recruitment, training and retention of staff within Adult Social Care, officers outlined a range of workforce development initiatives. These included an in-house social work apprenticeship programme, delivered in cohorts, and the Social Work Officer role, which provided an entry route into the profession. Officers highlighted several examples of staff progressing from support roles into qualified social work positions through training and apprenticeship pathways.

Officers further explained that work was undertaken across the wider health and care landscape to support workforce development and integration. Opportunities were being explored to create pathways from voluntary and community sector roles into formal social care positions. A workforce development plan had been established, covering entry-level roles through to senior positions, alongside collaborative work with Haringey Works to support residents into employment within health and social care settings.

Members were informed that the recruitment and retention programme was well established and that staff retention rates remained strong. Officers reported that the average length of service for permanent staff in Adult Social Care was approximately 12 years and that turnover rates remained low. Officers stated that this demonstrated the authority’s ability to recruit and retain high-quality staff.

Officers also highlighted supported internship opportunities for residents with learning disabilities and graduate development initiatives. It was noted that over 130 members of staff had completed more than 20 years of service, reflecting a highly experienced workforce. Officers described engagement with these long-serving employees as valuable in capturing organisational knowledge and supporting workforce development.

It was further noted that a number of team managers and operational managers had progressed internally from social worker roles. Officers advised that case studies demonstrating career progression had been shared with CQC and offered to present further information on workforce development at a future meeting.

In response, a Member welcomed the examples provided and expressed interest in reviewing the case studies. The Member noted that an inspection had recently taken place and recognised the significant amount of improvement work undertaken over the previous 18 months. The Member stated that it would be useful to understand the inspectors' findings once available and highlighted the importance of strengthening the links between housing services and the aids and adaptations programme to improve efficiency and maximise value for money.

Officers responded that work was already underway through a dedicated aids and adaptations working group. It was explained that the objective was to ensure that the appropriate professionals carried out the functions best aligned to their expertise, with Adult Social Care focusing on occupational therapy assessments while housing colleagues led on surveying and building works. Officers confirmed that this formed part of the three-year Adult Social Care improvement plan and acknowledged that further work remained to be undertaken in this area.

10. WORK PROGRAMME UPDATE

The Panel discussed agenda items for the rest of the 2026/27 schedule. It was clarified that there were only four panel meetings in 2026/27 instead of the usual five meetings. This was because the first round of meetings had not taken place due to the timing of the local elections and the establishment of new committees.

Cllr Gray suggested that a joint meeting could be held with the Children & Young People's Scrutiny Panel to discuss transitions from Children's Services to Adult Services. Similar meetings had been held in previous years and this meeting would be additional to the regular Panel schedule.

Potential issues for future agenda items included co-production, the neighbourhood health approach, hospital discharge, aids & adaptation to homes, Continuing Healthcare, homeless services and care for migrants, mental health crisis support, alcohol support services, vaccinations and care for older adults. It was also noted that a topic for a future Scrutiny Review would need to be selected by the Panel soon.

11. DATES OF FUTURE MEETINGS

- 15th Dec 2026 (6.30pm)
- 22nd Mar 2027 (6:30pm)

CHAIR: Councillor Anne Gray

Signed by Chair ……..

Date ……