Adults & Health Scrutiny Panel

MONDAY, 29TH JUNE, 2015 at 6.30 pm HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Connor (Chair), Adamou, Beacham, Clare Bull, Sahota, Marshall and Opoku.

AGENDA

1. FILMING AT MEETINGS

Please note that this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on.

By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

The chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual or may lead to the breach of a legal obligation by the Council.

2. APOLOGIES FOR ABSENCE

3. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business (late items will be considered under the agenda item where they appear. New items will be dealt with at item 12 below).

4. DECLARATIONS OF INTEREST

A Member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

(i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and

(ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Members' Register of Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interest are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

To consider any requests received in accordance with Part 4, Section B, Paragraph 29 of the Council's Constitution.

6. MINUTES (PAGES 1 - 10)

To approve the minutes of the Adults and Health Scrutiny Panel meeting held on 18 March 2015.

7. TERMS OF REFERENCE - ADULTS AND HEALTH SCRUTINY PANEL (PAGES 11 - 18)

To note the terms of reference for the Adults and Health Scrutiny Panel for 2015/16.

8. PRIMARY CARE IN HARINGEY UPDATE (PAGES 19 - 24)

This report provides an update in relation to the work of the premises task and finish group, co-commissioning and the development of new models of primary care in Haringey.

9. THE PRINCIPLES AND METHODOLOGY THAT WILL SUPPORT THE CONSULTATION AND CO-PRODUCTION PROCESS FOR PROPOSED CHANGES TO ADULT CARE SERVICES (PAGES 25 - 30)

This paper informs Members of the principles and methodology that will support the consultation and co-production processes.

10. **QUALITY ASSURANCE AND THE CARE QUALITY COMMISSION IN HARINGEY (PAGES 31 - 44)**

This paper provides an update to Scrutiny on the Council's approach to quality assurance and its relationship with the CQC; options for keeping Scrutiny informed of CQC inspections; the work that is underway with Sevacare and the CQC in light of the recent inspection; and the progress that has been made in delivering the improvement plan for KLOE 5 – "Is the service well led?" in relation to the CQC Inspection of Haringey's Community Reablement Service.

11. **WORK PROGRAMME DEVELOPMENT (PAGES 45 - 92)**

The aim of this report is to assist the Adults and Health Scrutiny Panel in prioritising topics for inclusion in the scrutiny work programme for 2015/16.

12. **NEW ITEMS OF URGENT BUSINESS**

13. **DATES OF FUTURE MEETINGS**

The following dates are listed in the diary:

- Thursday 17 September 2015;
- Tuesday 1 March 2016;
- Plus one to schedule.

Bernie Ryan
Assistant Director – Corporate Governance and Monitoring Officer
Level 5
River Park House
225 High Road
Wood Green
London N22 8HQ

Christian Scade
Principal Scrutiny Officer
Level 5
River Park House
225 High Road
Wood Green
London N22 8HQ

Tel: 020 8489 2933
Email: christian.scade@haringey.gov.uk

Friday, 19 June 2015

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MINUTES OF THE ADULTS & HEALTH SCRUTINY PANEL
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Councillors   Connor (Chair), Adamou, Beacham, Mann and Stennett

Apologies   Councillor Bull, Patterson and Kania

AH18. WELCOME AND INTRODUCTIONS

The Chair welcomed members from the Children and Young People's Scrutiny Panel to the meeting to enable joint consideration of the following items:

-   Joint Mental Health and Wellbeing Framework (agenda item 6)

-   Transition from Child Mental Health Services to Adult Mental Health Services: Adults and Health Scrutiny Panel Project Report (agenda item 7)

AH19. APOLOGIES FOR ABSENCE

It was noted apologies for absence had been received from Councillor G Bull, Councillor Patterson and Helena Kania.

AH20. URGENT BUSINESS

There were no items of urgent business put forward.

AH21. DECLARATIONS OF INTEREST

No declarations of interest were made in relation to items on the agenda.

AH22. DEPUTATIONS/ PETITIONS/ PRESENTATIONS/ QUESTIONS

The Chair informed the panel that a request to speak in relation to NHS 111 and GP Out-of-Hours, agenda item 9, had been received from 38 Degrees and Defend Haringey Health Services. It was noted that this request would be taken as part of agenda item 9.

AH23. JOINT MENTAL HEALTH AND WELLBEING FRAMEWORK

Tamara Djuretic, Assistant Director of Public Health, introduced the draft Joint Mental Health and Wellbeing Framework. The panel was informed the proposed framework had been developed with a range of stakeholders and experts across the local health and social care economy. It was noted that the framework set out a high level vision for mental health and wellbeing in Haringey.

The panel was informed that the total spend on mental health in Haringey (including substance misuse) for 2013-14 was over £51 million. This equated to 11% of the total CCG budget and 6% of the Council's. Tamara Djuretic noted the level of spend going to acute services versus community services was unsustainable moving forward.

The panel discussed the aims of the framework and Tim Deeprose, Assistant Director, Mental Health Commissioning, Haringey CCG, advised that there were four priorities.

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- Promoting mental health and wellbeing and preventing mental ill health across all ages

- Improving the mental health outcomes of children and young people by commissioning and delivering effective, integrated interventions and treatments and by focusing on transition into adulthood

- Improving mental health outcomes of adults and older people by focusing on three main areas: meeting the needs of those most at risk; improving care for people in mental health crisis; improving the physical health of those with mental-ill health and vice versa

- Commissioning and delivering an integrated enablement model using individuals, families and communities' assets as an approach to support those living with mental illness to lead fulfilling lives

Tim Deeprose commented that recommendations from previous scrutiny reviews, relating to mental health, had been incorporated into the overall framework. The priorities had been shaped in line with these scrutiny recommendations.

The panel was asked to note that consultation feedback had been generally positive although suggestions for improvement, set out in the report to the panel, had been received.

During the discussion, reference was made to the following:

- The national and local policy context

- The role of Haringey's Mental Health and Wellbeing Framework Expert Reference Group

- The mental health needs of Haringey's residents

- Timescales and governance arrangements for delivery of the framework

- Lord Bradley's review (2009) of people with mental health problems or learning disabilities in the criminal justice system

- The mental health needs and the effectiveness of provision for young offenders in custody and in the community.

- Recent mental health inquiries conducted by Select Committees appointed by the House of Commons.

- The importance of having a whole system approach to integration and enablement including the need for effective pathways into employment and housing.

- The impact of population growth and the sources of information that had been used to develop the framework including the local Joint Strategic Needs Assessment on mental health in children, young people, adults and older people; Mental Health HaringeyStat; Public Health England's mental health profiles, and the CCG's and Council's financial information.

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- The importance of ensuring mental health services were appropriate for Haringey's diverse communities

- The redevelopment of the St Ann's Hospital site

- The services available for looked after children

- The use of strength and difficulties questionnaires

- Recent articles in The Times newspaper (12 March, 2015) concerning child mental health

- Services provided by Tavistock Portman

- The work being carried out by Catherine Swaile, Vulnerable Children's Joint Commissioning Manger, Haringey CCG.

The panel was informed that the framework would be finalised for the Health and Wellbeing Board meeting on 24 March 2015. The panel agreed it would be useful to receive an update on the actions outlined in Appendix V of the framework in 6-12 months time.

The Chair thanked Tamara Djuretic, Tim Deeprose and Catherine Swaile for their attendance.

RESOLVED:

1. That the report be noted.

2. That subject to further discussion with the Overview and Scrutiny Committee, the panel agreed an update on the Joint Mental Health and Well Framework, should be included in the scrutiny work programme for 2015/16.

AH24. TRANSITION FROM CHILD MENTAL HEALTH SERVICES TO ADULT MENTAL HEALTH SERVICES: ADULTS AND HEALTH SCRUTINY PANEL PROJECT REPORT

The Chair introduced the project report of the Adults and Health Scrutiny Panel.

It was recognised transition within mental health services at the age of 18 years could be problematic for many reasons. During discussion concerns were raised about the "cliff-edge of lost support". From a point where young people received regular, focused support for their mental health needs it was noted that by turning 18, young people could find themselves on their own, unprepared for the shift from a child-centred developmental approach to an adult care model.

It was explained that evidence had been gathered from a variety of stakeholders including; Barnet, Enfield and Haringey NHS Mental Health Trust, Haringey CCG, Mind in Haringey, Open Door, Young Minds, First Step, Camden and Islington Mental Health Services and importantly Haringey's front line staff in Children's and Adult Mental Health Services.

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The Chair highlighted a number of issues, set out in the panel project report, including:

- The need for young people to be supported right through from age 0-25

- The proposed "Heads-Up for Haringey" model

- The need for information sharing across agencies

- Concerns about levels of funding for Child and Adolescent Mental Health Services.

The panel agreed the new Joint and Mental Health Wellbeing Framework (discussed under item 6 on the agenda) was an opportunity to improve mental health services and to improve the mental health and wellbeing outcomes for Haringey residents. The Chair commented that taking the panel's recommendations forward, as part of the framework, would help ensure there was no "cliff-edge".

RESOLVED:

That the recommendations, set out in the Transition from Child Mental Health Services to Adult Mental Health Services: Adult and Health Scrutiny Panel Project Report, be agreed and that the final report be considered for approval by the Overview and Scrutiny Committee on 26 March 2015.

AH25. MINUTES

RESOLVED: That the minutes of the meeting held on 22 January 2015 be approved as a correct record.

AH26. NHS 111 AND GP OUT-OF-HOURS

The Chair informed the panel that a request to speak had been received concerning plans to commission an integrated 111 and GP Out-of-Hours service.

Dr Natasha Posner, on behalf of the Defend Haringey Services Coalition and 38 Degrees, addressed the panel and raised a number of points, including:

- Concerns that Clinical Commissioning Groups in Camden, Islington, Haringey, Barnet and Enfield were about to embark on a tendering exercise for a combined 111 and GP Out-of-Hours service across the five boroughs.

- The need to have local services with local GPs

- Concerns that the new service could be provided by a private company.

- The need for a pilot study to ensure the amalgamation of 111 with Out-of-Hours across five boroughs improved services.

- The need for better consultation and engagement with the public.

- Concerns about the proposed length of the contract

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The panel then received a presentation from Jill Shattock, Director of Commissioning, Haringey Clinical Commissioning Group (CCG), and Dr Sam Shah, Clinical Lead – NHS 111 Governance.

The panel was informed that Haringey CCG had been working with other CCGs in North Central London to integrate the NHS 111 service and the GP Out-of-Hours service to enable both services to work better together.

It was noted that 111 was a free telephone number that helped people with urgent, but not life-threatening, conditions to access the most appropriate service or to receive self-care advice. Ms Shattock advised the panel that between April 2013 and March 2014 an estimated 33,000 calls had been made to 111 from people living in Haringey.

The panel was informed that GP Out-of-Hours services ensured people could access primary care, for urgent problems, when their GP surgery was closed. It was noted that Barndoc provided the service in Barnet, Enfield and Haringey and that GP Out-of-Hours services were accessed via NHS 111.

The following points were discussed:

- GP co-operatives

- Telephone triage services

- The patient journey before 111

- The 111 patient journey

Dr Shah informed the panel that 111 had been introduced, as a pilot, in 2013 and had replaced NHS Direct. The panel was assured that a number of lessons had been learned, including:

- Combining 111 and GP Out-of-Hours services under a single contact had helped patients to get the right services quicker, with less time spent being passed from one call handler to another.

- Early input from a nurse, GP or pharmacist helped patients get the right advice/treatment more quickly.

- 111 could make better use of local community services

- The need for 111 to develop better online/app interfaces

- The majority of users of the 111 service were between 18 and 64 years old.

In terms of the proposal to commission an integrated 111 and GP Out-of-Hours service, Dr Shah advised that there would be an increased clinical mix in 111. This would include:

- The introduction of GP early intervention in 111 calls and rapid clinical reassessment of green ambulance dispositions.

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- GP consultation within Out-of-Hours for the overnight period.

- A pharmacist within 111.

- Better information systems to enable more integrated working.

Dr Shah informed the panel that the model for NHS 111 and GP Out-of-Hours across North Central London would be fully integrated with local health care services. This would enable: direct appointment bookings into other services, including home visits; better information sharing and access to patients' medical histories (for those involved directly in patient care); the immediate dispatch of an ambulance, if needed; and easy access to out of hours GP services, if needed.

The following issues were discussed:

- There was no evidence to suggest increased attendance at A&Es was a result of unnecessary referrals from the 111 service.

- About 47% of onward referrals from NHS 111 in North Central London were to GP Out-of-Hours. It was noted that this provided a strong case for integration.

- Data provided by the Commissioning Support Unit showing 111 caller locations by registered patients. It was noted there were no geographical 'clusters' for users of the 111 service since people did not necessarily call from home, but could access the service anywhere across the five boroughs. Any new model would therefore need to cover the whole North Central London area.

- The integration of IT systems for both services

- The procurement process and the specification. Dr Shah informed the panel that while price was a factor it was essential to ensure the correct balance between this and quality. It was noted that local clinicians had been very involved in developing the service specification for the procurement.

- The importance of contract monitoring and holding service providers to account.

Jill Shattock commented that all CCGs were in the process of developing local engagement plans and Haringey CCG had started a process of involving stakeholders and members of the public and would continue to do so.

The panel was informed that Haringey CCG would welcome the opportunity to meet with Defend Haringey Services Coalition, 38 Degrees, and other local groups, as part of this work.

The following milestones were noted:

- Public engagement: February – June 2015

- Establishing a reference group to inform the procurement process (with local Healthwatch organisations and patient representatives) – March 2015.

- Procurement process: April 2015 – March 2016

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- New service to start April 2016

The panel thanked Jill Shattock and Dr Shah for their attendance and encouraged Haringey CCG to fully engage with local groups to help improve 111 and Out-of-Hours GP services for Haringey.

RESOLVED: That the presentation by Jill Shattock, Director of Commissioning, Haringey Clinical Commissioning Group (CCG), and Dr Sam Shah, Clinical Lead – NHS 111 Governance, be noted.

AH27. CARE QUALITY COMMISSION INSPECTION OF HARINGEY ADULT SOCIAL CARE SERVICES

Beverley Tarka, Interim Director of Adult Social Services, introduced the report and outlined key aspects to the new inspection regime and the findings of the Reablement inspection carried out in July 2014 and reported in December 2014.

During the discussion, reference was made to the following:

- The new approach that had been taken by the Care Quality Commission (CQC) to regulating, inspecting and rating adult social care services.

- CQC's new approach included the use of Intelligent Monitoring to decide when, where and what to inspect.

- Under the new framework, inspectors would assess all health and social care services against five key questions: is a service: safe; effective; caring; responsive to people's need; and well-led?

- The Key Lines of Enquiry (KLOE).

- The work that had been facilitated by Gerald Pilkington Associates to help inform high levels proposals in relation to reablement.

The panel was informed that overall the Haringey Community Reablement Service had been rated as a good service. However, it was recognised areas for improvement had been highlighted in relation to KLOE 5 – "Is the service well led?" It was noted an improvement plan had been put in place to address identified areas and the panel discussed the progress that had been made in delivering the action plan. A variety of issues were discussed including staff supervisions, quality assurance tasks and processes.

It was noted, to date, that 979 adult social care services had been rated by CQC nationally under the new framework, with 1.2% being rated outstanding, 63.6% rated as good, 27.6% requiring improvement and 7.6% rated inadequate. The panel was informed that services rated as outstanding were normally re-inspected within 2 years; good services within 18 months; services requiring improvement within a year; and inadequate services within 6 months.

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> **RESOLVED:** That the report be noted and an update report (progress made in delivering the improvement plan) be prepared for consideration by the Adults and Health Scrutiny Panel during the 2015/16 Municipal Year.

AH28. CABINET MEMBER QUESTIONS - CABINET MEMBER FOR HEALTH AND WELLBEING

The panel received a verbal update on the work of the Cabinet Member for Health and Wellbeing, Councillor Peter Morton.

The following issues were discussed: :

- Haringey's approach to implementing Part 1 of the Care Act 2014. The panel was informed that proposals, agreed by Cabinet in March 2015, paid particular attention to new eligibility criteria and deferred payment arrangements.

- The work of the Health and Wellbeing Board in relation to improving Primary Care in Haringey. An update was provided on work being led by Haringey CCG and NHS England in relation to addressing access to primary care across the borough.

- The work that had taken place with a range of stakeholders and experts across the local health and social care economy to set a high level vision for mental health and wellbeing in Haringey.

- The importance of ensuring mental health services were appropriate for Haringey's diverse communities and ensuring appropriate monitoring arrangements were in place for the Joint Mental Health and Wellbeing Framework.

- The challenge of having a reduced budget and the need to find new and different ways to build more resilient communities supported by services that made evidenced and sustained improvement.

- The work that would need to take place over the coming months, including public consultation, to ensure priorities and outcomes outlined in the Council's Corporate Plan were delivered to "empower all adults to live healthy, long and fulfilling lives".

- Feedback on a recent Cabinet Member site visit to "Bringing Unity Back into the Community" (BUBIC). The panel was informed that BUBIC was an award winning community based organisation that provided peer support for drug users, ex-drug users, their family and friends. It was suggested scrutiny members should be invited to take part in similar site visits moving forward.

- The work that had been taking place to address childhood obesity and teenage pregnancies. It was noted data from the Office for National Statistics showed that between 2012 and 2013, the most up-to-date figures available, teenage pregnancies in Haringey had dropped by 37% falling faster than both the London and national averages. The panel agreed that the Council's approach to dealing with teenage pregnancy should be shared to enable improvements to be made across other service areas.

In addition, Cllr Morton provided an update concerning the Protect Our Women (POW) project that helped raise awareness of the dangers of gender-based violence. It was

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explained that this had been developed by the charity Solace Women's Aid in partnership with Haringey Council. It was noted that a group of young people had recently been recognised for completing this educational project.

RESOLVED: That the update from the Cabinet Member for Health and Wellbeing be noted and used to develop the work plan for the Adults and Health Scrutiny Panel for 2015/16.

AH29. WORK PLAN

RESOLVED: That the outstanding items from the panel's work plan for 2014/15 be noted.

AH30. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

AH31. DATES OF FUTURE MEETINGS

It was noted that the schedule of meetings for 2015/16 would be agreed by Full Council on 23 March 2015.

AH32. DURATION OF MEETING

18:35 hrs to 21:15 hrs

Cllr Pippa Connor

Chair

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Haringey Council

Report for:	Adults and Health Scrutiny Panel – 29 June 2015	Item Number:	

Title:	Terms of Reference – Adults and Health Scrutiny Panel

Report Authorised by:	Bernie Ryan, Assistant Director of Corporate Governance

Lead Officer:	Clifford Hart, Democratic Services Manager, 0208 489 2920 clifford.hart@haringey.gov.uk

Ward(s) affected: All	Report for Key/Non Key Decisions: N/A

1. Describe the issue under consideration

1.1. There are 5 scrutiny bodies in Haringey – an overarching Overview & Scrutiny Committee (OSC) with four standing sub-committees (panels), these being:

- Adults & Health;
- Children & Young People;
- Environment & Community Safety
- Housing & Regeneration.

1.2. The Overview and Scrutiny Committee agreed the terms of reference of each scrutiny body at its meeting on 8 June 2015. This report sets out the terms of reference for Adults and Health Scrutiny Panel.

2. Recommendations

2.1. That the terms of reference for the Adults and Health Scrutiny Panel be noted.

3. Other options considered

N/A

4. Scrutiny panels general

4.1. Within the Overview & Scrutiny structure, there is one overarching Overview and Scrutiny Committee and four scrutiny panels. The Scrutiny Panels have responsibility for scrutinising their own discrete areas of work, which are:

- Adults & Health;
- Children & Young People;
- Environment & Community Safety

- Housing & Regeneration.

4.2. Scrutiny panels are non-decision making bodies. The work programme and any subsequent reports and recommendations that each panel produces must therefore be approved by the Overview & Scrutiny Committee. Such reports can then be referred to Cabinet or Council under agreed protocols. Terms of reference are generic for all scrutiny panels.

4.3. The Overview and Scrutiny Committee has determined the terms of reference of each Scrutiny Panel. If there is any overlap between the business of the Panels, it is the responsibility of the Overview and Scrutiny Committee to resolve this issue. Areas which are not covered by the 4 Scrutiny Panels shall be the responsibility of the main Overview and Scrutiny Committee.

5. **Terms of Reference for Scrutiny Panels**

Policy Development and Review

5.1 Any Scrutiny Panels established by the Overview and Scrutiny Committee may, in accordance with Part Two, Article 6.03 (b) of the constitution:
   i. Assist the Council and the Cabinet in the development of its budget and policy framework by in-depth analysis of policy issues;
   ii. Conduct research, community and other consultation in the analysis of policy issues and possible options;
   iii. Consider and implement mechanisms to encourage and enhance community participation in the development of policy options;
   iv. Question members of the Cabinet and chief officers about their views on issues and proposals affecting the area; and
   v. Liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working.

Scrutiny processes

5.2 Any Scrutiny Panels established by the Overview and Scrutiny Committee may, in accordance with Part Two, Article 6.03 (c) of the constitution:
   i. Review and scrutinise the decisions made by and performance of the Cabinet and council officers both in relation to individual decisions and over time;
   ii. Review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
   iii. Question members of the Cabinet and chief officers about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects;
   iv. Make recommendations to the Cabinet or relevant nonexecutive Committee arising from the outcome of the scrutiny process;
   v. Review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the overview and scrutiny committee and local people about their activities and performance; and
   vi. Question and gather evidence from any person (with their consent).

Approval of findings and recommendations

5.3 Scrutiny Panels must refer their findings/recommendations to the main Overview and Scrutiny Committee for approval prior to referral to Cabinet or the Council as appropriate.

Policy Areas covered by scrutiny bodies

5.4 The policy areas covered by the Adults and Health Scrutiny Panel are as follows:
- Adult social care
- Public health
- Safeguarding adults
- Health and social care integration and commissioning
- Disabilities
- Voluntary sector engagement
- Working with CCG and NHS
- Children to adult social care transition

5.5 Full details of the policy areas covered by Overview & Scrutiny Committee and scrutiny panels are as set out in **Appendix A**.

6. Membership of scrutiny panels

6.1 As laid out in the Overview and Scrutiny Protocol, individual panels will be chaired by a Member of the Overview & Scrutiny Committee. The total membership of the panel will consist of between 3 and 7 non executive members and be politically proportional as far as possible (including the Chair), and that apart from the Chair, the other Panel members to be non-executive members who do not sit on the OSC.

6.2 Each Scrutiny Panel is entitled to appoint up to three non-voting co-optees while the Children and Young People's Scrutiny Panel membership, shall include the statutory education representatives of OSC.

6.3 The Overview and Scrutiny Committee, in developing a work programme for 2015/16, has agreed it is important to broaden the opportunity for community engagement in the scrutiny process. With this in mind, members of the Overview and Scrutiny Committee will be reviewing the use of co-option onto scrutiny panels. As a result, it is not intended to make any discretionary appointments until after this review has taken place.

6.3 The membership of the Adults and Health Scrutiny Panel has been agreed as:
- Cllr Pippa Connor (Chair)
- Cllr Gina Adamou
- Cllr David Beacham
- Cllr Clare Bull
- Cllr Raj Sahota
- Cllr Felicia Opoku
- Cllr Denise Marshall

7. Cycle of meetings

7.1 The meeting dates for the Adults and Health Scrutiny Panel, agreed by Full Council, are set out below:
- 29 June 2015
- 17 September 2015
- 1 March 2016
- Plus one to schedule

8. Comments of the Chief Finance Officer and financial implications

8.1 There are no financial implications arising from the recommendations set out in this report. Should any of the work undertaken by panels generate recommendations with financial implications, these will be highlighted at that time.

9. Comments of the Assistant Director of Corporate Governance and legal implications

9.1 The Head of Legal Services has been consulted on this report. Under the Local Government Act 2000 an Overview & Scrutiny Committee has the power to appoint one or more sub-committees to discharge any of its functions. In accordance with the Terms of Reference, the Scrutiny Panel may only report their conclusions/findings/recommendations to the Cabinet or Council with the approval of the main Overview and Scrutiny Committee.

10. Equalities and Community Cohesion Comments

10.1 Overview and scrutiny has a strong community engagement role and aims to regularly involve local stakeholders, including residents in its work. It seeks to do this through:

- Helping to articulate the view of members of the local community and their representatives on issues of local concern.

- Bringing local concerns to the attention of decision makers and incorporating them into policies and strategies.

- Identifying and engaging with hard to reach groups.

- Helping to develop consensus by seeking to reconcile differing views and developing a shared view of the way forward.

10.2 The evidence generated by scrutiny reviews / committee work helps to identify the kind of services wanted by local people. Scrutiny promotes openness and transparency. All meetings and documents are public and therefore open to local people.

11. Head of Procurement Comments

11.1 N/A

12. Policy Implications

12.1 Scrutiny has a policy development and review role across the Council and with local partners. It is therefore anticipated that Scrutiny Panels will, during the course of the year, make recommendations which may impact on the policies and practice of the Council and its partners. The implications of such policy changes will be assessed by the panel and highlighted in any recommendations to Overview & Scrutiny Committee and Cabinet.

13. Use of Appendices

13.1 **Appendix A** – Scrutiny Panel Remits, Memberships and Meeting Dates (2015-16)

14. Local Government (Access to Information) Act 1985

Appendix A

Overview & Scrutiny Committee and Scrutiny Panel Remit, Membership and Meeting Dates 2015-2016

Cabinet Link (s)	Areas of Responsibility	Scrutiny body	
Leader of the Council Cllr Claire Kober **Cabinet Member for Economic Development, Social Inclusion and Sustainability** Cllr Joe Goldberg **Cabinet Member for Resources and Culture** Cllr Jason Arthur	**Leader:** Growth and inward investment Commissioning Communications External partnerships Council performance Corporate policy and strategy **Economic Development, Social Inclusion and Sustainability** Tackling unemployment and worklessness Financial inclusion Social inclusion Post 16 education Increased job opportunities Adult Learning and skills Carbon Reduction and Haringey 40:20 **Resources and Culture:** Customer services and Customer Transformation Programmes* Corporate Infrastructure programme Information Technology Procurement and commercial partnerships Council budget Council tax, benefits and taxation Human resources and staff wellbeing Governance services (inc Member Enquiries) Arts and Culture / Libraries	**Overview & Scrutiny Committee** **Chair: Cllr Charles Wright** Membership: Cllr Pippa Connor (Vice Chair) Cllr Councillor Eugene Akwasi-Ayisi Cllr Kirsten Hearn Cllr Adam Jogee	Scheduled meetings: 8th June 2015 27th July 2015 19th October 30th November 2015 17th December 2015 25th January 2016 8th March 2016 Officer Support: Martin Bradford 0208 489 6950 Martin.Bradford@Haringey.gov.uk Christian Scade, 0208 489 2933 Christian.scade@haringey.gov.uk Committee Clerk Natalie Layton 0208 4899 2919 natalie.layton@haringey.gov.uk

Deputy Leader & Cabinet Member for Communities Cllr Bernice Vanier	**Communities:** Equalities Community engagement **Other:** St Ann's Hospital redevelopment		
Cabinet Member for Health and Wellbeing Cllr Peter Morton	**Health and Wellbeing:** Adult social care Public health Safeguarding adults Health and social care integration and commissioning Disabilities Voluntary sector engagement Working with CCG and NHS Children to adult social care transition	**Adults and Health Scrutiny Panel** **Chair: Cllr Pippa Connor** Membership: Cllr Gina Adamou Cllr David Beacham Cllr Clare Bull Cllr Raj Sahota Cllr Felicia Opoku Cllr Denise Marshall	Scheduled meetings: 29th June 2015 17th September 2015 1st March 2016 (+1 to schedule) Officer support: Christian Scade, 0208 489 2933 Christian.scade@haringey.gov.uk

	Housing & Regeneration: Tottenham regeneration programme Borough-wide regeneration Corporate property and investment Housing investment programme Housing policy Homelessness Homes for Haringey and social landlords **Planning:** Planning policy Planning applications and development management Building Control Planning Enforcement Houses of Multiple Occupation	Housing & Regeneration Panel **Chair: Cllr Councillor Eugene Akwasi-Ayisi** Membership: Cllr Emine Ibrahim Cllr Martin Newton Cllr Gail Engert Cllr Tim Gallagher Cllr Eddie Griffith Cllr Makbule Gunes	<u>Scheduled meetings:</u> 9th July 2015 8th October 2015 3rd March 2015 (+1 to schedule) Officer Support: Martin Bradford 0208 489 6950 martin.bradford@haringey.gov.uk

Cabinet Member for Housing and Regeneration
Cllr Alan Strickland

Cabinet Member for Planning
Cllr Ali Demirci

	Environment: Streets and Highways Parking and traffic management Recycling, waste and street cleaning Licensing (except HMOs) Environmental health and enforcement Parks and open spaces Leisure and Leisure Centres **Communities:** Community Safety Engagement with the Police Tackling antisocial behaviour	Environment & Community Safety Scrutiny Panel **Chair: Cllr Adam Jogee** Membership: Cllr John Bevan Cllr Patrick Berryman Cllr Barbara Blake	<u>Scheduled meetings:</u> 29th June 2015 17th September 2015 1st March 2016 (+1 to schedule) Officer Support: Rob Mack 0208 489 2921 Rob.Mack@Haringey.gov.uk

Cabinet Member for Environment
Cllr Stuart McNamara

Deputy Leader & Cabinet Member for Communities Cllr Bernice Vanier		Cllr Bob Hare Cllr Sarah Elliot Cllr Sheila Peacock	
Cabinet Member for Children and Families Cllr Ann Waters	**Children & Families:** Outstanding for all - schools and learning Safeguarding children Early years and child care Adoption and fostering Looked-after children Children with disabilities or additional needs Haringey 54,000 programme* Youth and Youth Offending Services	**Children & Young People Scrutiny Panel** Chair: Cllr Kirsten Hearn Membership: Cllr Clive Carter Cllr Liz Morris Cllr Charles Wright Cllr Mark Blake Cllr Reg Rice Cllr Toni Mallett	Scheduled meetings: 9th July 2015 8th October 2015 3rd March 2015 (+1 to schedule) Officer Support: Rob Mack 0208 489 2921 Rob.Mack@Haringey.gov.uk

NHS
Haringey
Clinical Commissioning Group

Meeting:	**Adults and Health Scrutiny Panel**
Date:	29th June 2015
Title:	**Primary Care in Haringey Update**
Lead Director:	Jennie Williams, Executive Nurse and Director of Quality
Author:	Cassie Williams, Assistant Director of Primary Care Quality and Development
Contact Details:	cassie.williams@haringeyccg.nhs.uk

Summary:

In January a report was provided to the Adults and Health Scrutiny Panel which gave a strategic overview of Primary Care in Haringey, highlighting the key national agendas and the proposed strategic direction in Haringey specifically. It also provided information regarding the progress of the Premises Task and Finish Group which has been looking the issue of GP access, particularly in the east of the borough.

This report provides an update in relation to the work of the task and finish group, co-commissioning and the development of new models of primary care in Haringey. It was agreed that certain elements of the initial report (sections 2 and 3) would be provided as background again as the membership of the panel has changed significantly since the last meeting.

Supporting Papers:

Recommended Action:

This report is for information.

Objective(s) / Plans supported by this paper:
Audit Trail:
Patient & Public Involvement (PPI): There was no patient involvement in this paper
Equality Analysis: N/A
Risks: N/A
Resource Implications: Dependant on what is agreed in budget meetings

1.0 Introduction

A number of significant documents have been published recently which provide an indication of the future direction of Primary Care. In addition there are organisational changes, such as the introduction of co-commissioning, which will potentially have an impact on how primary care is commissioned. This report provides a brief overview of the key reports and the emerging strategic direction for Haringey specifically.

In addition to this it will provide an update on the work of the Premises Task and Finish Group. Progress made in relation to co-commissioning and developing new models of primary care in Haringey.

2.0 Recent National Papers and Changes in Primary Care

- **Five Year Forward View**: published by Simon Stevens of NHS England in October 2014. This document highlights how far the NHS has progressed in 10 years and describes possible ways of moving forward in the next 5 years. It suggests that there are three main areas requiring focus: prevention, managing issues such as smoking, alcohol, diet and exercise; restructuring how care is provided including considering new models of care and additional investment into Primary Care.

- **Strategic Commissioning Framework for Primary Care Transformation in London**: developed by the London Primary Care Transformation Programme chaired by Dr Claire Gerada. This document provides a vision for primary care in London and highlights the need to improve access and make care more coordinated and proactive.

- **Better Health for London**: a report by the London Health Commission to the Mayor of London which is aimed at improving the health of Londoners. Its key messages include: the need to invest further in Primary Care, continuing to develop Primary Care premises, setting ambitious quality standards for general practice and promoting the development of networks of GPs who work together to meet expected standards.

3.0 Strategic Direction for Primary Care in Haringey

Haringey CCG are committed to continuing to support General Practice in improving quality as their provide Primary Care to our community. The key areas of focus are as follows:

- **Improving Quality** – ensuring that patients receive safe, effective care and have a good patient experience.
- **Making Primary Care more accessible** – this includes ensuring that people are able to see a GP when they need to but also considering other means of accessing Primary Care. This might include telephone or email consultations or healthcare apps for mobile phones.
- **Coordinating care around the needs of our patients** – Ensuring people receive a patient centred, joined up approach to care, where plans are coordinated between different specialties in a seemless service.
- **Making care more proactive** - actively promoting self-management and in providing tools for patients to care for themselves better and prevent them from becoming unwell.

- **Working at Scale** – in order to meet the challenges of the next few years GPs will have to work together. This will enable the more effective sharing of specialist knowledge and will make Primary Care more accessible.
- **Premises development** – ensuring that premises are in the right place to meet the needs of the community and are of a high standard.
- **Workforce Development** – ensuring we have the right numbers of staff who are trained and developed on an ongoing basis to provide high quality care.
- **Technology Development** – ensuring that the right technology is in place to support GPs to do the work that they do. This includes ensuring that GPs, with patient consent, are able to access other GPs records in order to see the patients of another practice.

4.0 Premises Task and Finish Group

The group was developed to address immediate access issues particularly in the east of the borough as well as to ensure adequate future provision in regeneration areas, most notably, the Tottenham and Wood Green areas.

A strategic development plan was commissioned by NHS England, as the commissioner of Primary Care, to look at current capacity, any areas of current shortfall, future requirements based on predicted population increase and to make recommendations to meet identified needs. As part of this work four areas were identified as requiring closer investigation; Tottenham Hale, Northumberland Park, Noel Park and Green Lanes.

The draft report is to be presented to Health and Wellbeing Board on 23rd June 2015. It confirms that there is a current shortfall in provision in two areas; Tottenham Hale and Northumberland Park. The Tottenham Hale area showing a particularly stark shortage of GPs.

NHS England is working to resolve these immediate issues in two ways:

Infrastructure Grant

At the end of 2014 an infrastructure fund was released by NHS England for extending GP premises where it would increase availability of access. In Haringey 6 practices were successful in bidding for the fund. Five of the bids will directly support increased access in the areas identified including Northumberland Park and Tottenham Hale.

Commissioning a new zero list practice in Tottenham Hale

NHS England is actively working to commission a new practice in Tottenham Hale which would be provided by a local practice. This would offer additional GP and nurse appointments in the area in a temporary building until a new building is completed which may take 3-5 years. This provision is intended to be in place in the autumn.

Longer term solutions have started to be considered and additional capacity is being included in regeneration plans, however further work is now beginning to confirm where additional capacity will be provided.

5.0 Co-commissioning

Last year CCGs were invited to become more involved in commissioning primary care in collaboration with NHS England. The goal was to create a more joined up, clinically led commissioning system which delivers seamless, integrated primary care services based around the needs of the local population. This is managed at a north central London (NCL) level.

There are three levels of co-commissioning which CCGs could opt for:
- **Level 1: Greater involvement** – in decision making
- **Level 2: Joint commissioning** – joint decision making
- **Level 3: Delegated authority** – take on delegated responsibilities

From April 2015 NCL CCGs entered co-commissioning at level 1. As a result NHS England now engages the CCG in discussion around decisions, for example when they receive requests for mergers and premises discussions.

In October 2015 NCL will begin joint commissioning. A pan-NCL joint commissioning committee is currently in a development phase and will be responsible for the following:

- Oversight of contracts (including the design of new contracts, sharing contract monitoring information)
- Development of newly designed enhanced services
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework
- Informing decision making on whether to establish new GP practices in an area
- Informing decision making on approving of practice mergers, retirements, resignations etc.
- Ratifying of decisions made by the NHS England Central Contracting Team with regards to 'discretionary' payment (e.g., returner/retainer schemes).

6.0 New models of Primary Care

With the need to increase access in Primary Care and to provide more coordinated services there has been an increasing move to consider different ways of providing health care. Nationally GP practices are coming together in federations to provide services, both to increase access and to ensure that all services are available to all. In Haringey there have been various pilots initiated where GPs have been working together in new ways. These include Saturday clinics, extended hours telephone consultations, a call centre and personalised care plans for over 75s with long term conditions.

The pilots have proved successful and in Haringey there are two collaborative groups of GPs in the West and Central areas who have come together as legal federations. The east of the borough is now in the process of forming a similar body and there is discussion over the potential for a pan-Haringey umbrella organisation which would support population level provision of services. The goal is that in the last two quarters of the year that Saturday clinics would be available across Haringey and patients would have access to a primary care clinician Monday to Friday 8am to 8pm.

7.0 Conclusion

This report provides information regarding the current developments in Primary Care in Haringey. The Assistant Director of Primary Care Quality and Development would be happy to return in future to provide any update in relation to the work of the CCG.

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Agenda Item 9

Report for:	Adult and Health Scrutiny Panel 29 June 2015	Item Number:	

Title:	The principles and methodology that will support the consultation and co-production process for proposed changes to adult care services

Report Authorised by:	Beverley Tarka, Interim Director of Adult Social Services

Lead Officer:	Anne Carswell, Interim Programme Manager

Ward(s) affected: All	Report for Key/Non Key Decisions: Non Key Decision

1.   Describe the issue under consideration

1.1   In February 2015 Cabinet and Full Council agreed the Corporate Plan and the Medium Term Financial Strategy (MTFS).

1.2   These documents included high level proposals for changes to Adult Social Care.

1.3   Throughout the consultation on the MTFS, service users, carers and stakeholders were advised that consultation on detailed proposals would take place following the agreement of the financial envelope within the MTFS.

1.4   A commitment was also given to working with service users and stakeholders to co produce new delivery models.

1.5   This paper informs Members of the principles and methodology that will support the consultation and co-production processes.

2.   Cabinet Member introduction

2.1   Throughout the MTFS consultation period when I met with service users and carers, I was clear with them that, if the MTFS was agreed, we would come back to them to consult on any detailed proposals.

2.2   Cabinet received a report seeking agreement to consult on 16th June 2015. The consultation process will commence on 29th June 2015 and continue until 29th September 2015 reporting back to Cabinet in November 2015.

2.3   I have also publicly stated my commitment to engage and co-produce new delivery models which are high quality and outcome focussed. It is critical that we empower and enable service users to participate and co-design these new delivery models. As such, I restate our commitment to the provision of independent advocacy to support service users.

2.4   We have set aside £20k for independent advocacy to help support individuals and carers to understand the proposals and to inform us of their wishes and feelings. We have also agreed that we will have independent facilitators to work together with service users, carers and stakeholders to design new models of support going forward.

2.5   User and carer views are central to what we do and we have taken every care to ensure their involvement in this process.

3.   Recommendations

3.1   It is recommended that:

         Panel notes the principles and methodology and provide comment on those to inform the process.

4.   Alternative options considered

4.1   There is a legal obligation to consult on major service change, and good practice would suggest in any case that we would want to fully involve the users of our services in any service change. There is no requirement to co produce.

4.2   The alternative option would be for officers to develop new delivery models without the views of service users being taken into consideration.

5.   Background information

5.1   Consultation on the MTFS and Corporate Plan took place between 17/12/2014 and 18/01/2015. While the MTFS contained high level proposals, this consultation process was not focused on any detailed specific proposals which could impact on services.

5.2   During the 'Medium Term Financial Strategy and Corporate Plan' consultation period, Adult Social Services engaged extensively with Service Users, carers and

care providers; providing both written and verbal information; commissioning independent advocates to assist service users in understanding the proposals and gathering feedback to inform the consultation. Five engagement sessions were held within the community to hear firsthand the concerns of potentially affected residents and to respond to any queries. This resulted in the removal of £5.7 million of proposed savings, set against care packages.

5.3   The role of this forthcoming consultation would be to (1) explain in detail specific proposals and the likely impact on the service offer and (2) seek views and understand the concerns on how to shape and implement the services for the future.

6.   Consultation

6.1   The consultation proposes:

a. To increase the Councils capacity to deliver re-ablement and intermediate care services by:

   i. The closure of Osborne Grove Nursing Home and change of use to intermediate care service or to continue with the current provision at Osborne Grove, but through an external provider and to include a re-ablement care service

   ii. The closure of The Haven day centre and change of use to a community re-ablement service delivered by an external provider; and

   iii. Changing the delivery of the Councils in-house Re-ablement Service to an external provider

b. To increase the Councils capacity to provide Supported Living Accommodation and Shared Lives schemes by:

   i. The closure of Linden Road Residential Care Home; and

   ii. Changing the delivery of the Councils in-house Share Lives Service to an external social enterprise provider

c. To increase flexibility and availability of services within the borough by:

   i. The closure of Roundways, Birbeck Road and Always day centres for adults with a learning disability;

   ii. Delivering a new model of day opportunities for adults with a learning disability from Ermine Road Day Centre, through social enterprise

   iii. The closure of The Grange Day Centre and delivery of dementia day services from the Haynes through a social enterprise model

6.2 Through the consultation we will stress 3 core commitments:

   a. Our commitment to meet our statutory responsibilities to continue to provide services that meet the assessed needs of adults

   b. Our commitment to safeguard adults at risk

   c. Our commitment to work with service users and their families and carers in the design of services

6.3 Independent advocacy will be supplied to people who use the affected services, to ensure that they are able to fully take part in the consultation process. It is anticipated at this stage, that the advocates will spend at least 30 hours directly liaising with people who currently use services during the early to mid stages of the consultation and beyond the consultation to identify the services that will deliver the best outcomes to the individuals who use these services.

6.4 Workshops and feedback sessions will be available for users of the affected services, as well as their carers. These sessions will be made available within the affected day centres and residential homes across the borough to ensure accessibility to all key stakeholders.

6.5 Demographic details of the workshop attendees and respondents of the consultation will be sort and examined to confirm accessibility and target further workshops as necessary.

6.6 The other routes for people to have their say is:

   • Online – completing the questionnaire at www.haringey.gov.uk
   • By email to Priority2enquiries@haringey.gov.uk
   • By Post

7.   Co-Production
7.1 The design of high quality, outcome focussed and sustainable new delivery models is critical. It is also critical that we empower and enable service users to participate and co design.

7.2 Independent facilitation will support service users and carers in the co design of new models for Older People dementia day opportunities, Learning disability day opportunities and alternative support for Linden residents.

7.3 The co-production principles that have been set out are:

   • Improving outcomes for residents;
   • Transparency about parameters;
   • Respect for others' perspectives;

- Ability to test ideas and thinking;
- Trust and understanding;
- Space to acknowledge the challenge of working differently;
- Advocacy for users;
- Willingness to think through ideas and change our minds, within the parameters; and
- Steadfast adherence to the values and principles of Corporate Plan – e.g. building capacity and resilience, prevention and early intervention, promoting independence, fairness and equity, partnership working, value for money, customer focused.

7.4   Co-production must have a service user focus, identifying the outcomes people want to achieve and how they want to access support to meet these outcomes with a focus on personal budgets.

7.5   In designing new models there have to be parameters to work within. The parameters are as follows:

- Must be delivered within financial envelope;
- Should be community activity based as much as possible;
- For younger adults in particular employment, education, leisure – inclusive community activities as far as possible for all service user groups;
- Quality assurance has to be integral with suitably skilled and trained staff;
- Any service or support has to be based on assessed need (this includes any assessed need for transport);
- It is recognised there is a need for buildings based provision as a support for those with complex needs – for LD assumption is day opportunities will be provided from Ermine Road; for dementia services the assumption is the services will be provided from the Haynes; and
- The future model needs to include continuous engagement of service users and carers.

7.6   A report of the co-production activity and outcomes will be provided as an appendix to the November Cabinet report.

8.   Comments of the Chief Finance Officer and financial implications
8.1   There are no financial implications directly arising from this report. All costs of consultation and co-production activity will be funded from within existing resources.

9.   Assistant Director of Corporate Governance Comments and legal implications
9.1   There is a common law duty on the Council to consult with service users, carers, providers, employees and other stakeholders that are likely to be affected by the proposals. The consultation must take place at a time when the proposals, as with the recommendations, are still at their formative stages. The Council must provide the consultees with sufficient information to enable them properly to understand the proposals being consulted upon and to express a view in relation to it. The information must be clear, concise, accurate and must not be misleading. The

consultees must be given adequate time to consider the proposals and to respond. The Council must give genuine and conscientious consideration to the responses received from the consultees before making its final decision on the proposals.

10.   Equalities and Community Cohesion Comments

10.1 The proposals to transform the way services are delivered are as a direct result of the need to deliver services equitably. We are acutely aware that Adult Social Services serves a vulnerable community; a significant proportion of whom have a protected characteristic as defined in the Equality Act 2010. Equality Impact Assessments were undertaken as part of the proposals for the MTFS, see http://www.haringey.gov.uk/council-and-democracy/about-council/equalities/equality-impact-assessments/equality-impact-assessments-december-2014, these continue to be reviewed, updated and monitored to ensure no policy, projects or plans discriminates against any disadvantaged or vulnerable people.

11.   Head of Procurement Comments

11.1 N/A.

12.   Policy Implication

12.1 The outcome of the consultation will lead to further decisions by Cabinet, which may have policy implications. These will be included in any future reports to Cabinet.

13.   Reasons for Decision

13.1 N/A.

14.   Use of Appendices

14.1 N/A.

15.   Local Government (Access to Information) Act 1985

15.1 N/A.

Report for:	**Adults and Health Scrutiny Panel** 29 June 2015	**Item Number:**	

Title:	**Quality Assurance and the Care Quality Commission in Haringey**

Report Authorised by:	**Beverley Tarka, Interim Director of Adult Services** **Charlotte Pomery, Assistant Director Commissioning**

Lead Officer:	**Pauline Walker-Mitchell, Head of Adaptation Services**

Ward(s) affected: All	**Report for Key/Non Key Decisions:** Non Key Decision

1. Describe the issue under consideration

1.1 The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. In October 2014, the CQC introduced a new approach to regulating, inspecting and rating adult social care services.

1.2 This paper provides an update to Scrutiny on the Council's approach to quality assurance and its relationship with the CQC; options for keeping Scrutiny informed of CQC inspections; the work that is underway with Sevacare and the CQC in light of the recent inspection; the progress that has been made in delivering the improvement plan for KLOE 5 – "*Is the service well led?*" in relation to the CQC Inspection of Haringey's Community Reablement Service

2. Cabinet Member introduction

2.1 I welcome the opportunity to provide an update on the work that is being undertaken to improve the quality of social care provision across Haringey and the focus on Scrutiny's role within this. I am also keen to share the work being undertaken to ensure Haringey's Reablement Service is CQC compliant. The service has recently undergone an external review and a steering group has been established to work through the proposals.

3. Recommendations

3.1 That the Committee notes the overall approach to Quality Assurance set out in the report as well as the specific updates regarding recent CQC inspections of Sevacare and of Haringey's Community Reablement Service.

4. Background information

4.1 Section 5 of the Care Act 2014 sets out new duties for Councils with regard to shaping and managing their local care markets. There are new duties placed on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways. The ambition as set out in the Care Act is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.

4.2 Section 48 of the Care Act places new duties on local authorities to meet an adult's care and support needs and a carer's support needs when a registered care provider becomes unable to carry on a regulated activity because of business failure.

4.3 The Care Act also places the Safeguarding Adult Board on a statutory footing and confirms its role in ensuring the links between quality assurance and safeguarding are understood and followed through.

4.4 The Corporate Plan, Building a Stronger Haringey Together, sets out the Council's plans for transforming adult social care by a greater emphasis on supporting people to manage their own care through personalisation, early intervention and prevention of needs escalating. The Market Position Statement, recently approved by Cabinet, reflects these plans by setting out the commissioning intentions of the Council for providers to understand what the Council is seeking to achieve and how. At its June meeting, Cabinet approved the start of a statutory consultation affecting many areas of adult social care which, subject to this consultation, may lead to fewer services being directly delivered by the Council and instead being delivered by external providers.

4.4 The Council recognises the changing landscape for adult social care both in terms of the Care Act and its own commissioning intentions as set out in the Corporate Plan and the Market Position Statement. The Council is therefore strengthening its approach to quality assurance and contract monitoring role across all provision we will ensure a continued focus on quality of provision to ensure that people's quality of life is maintained and the wider outcomes they seek are achieved.

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5. Quality assurance

Haringey Council

5.1 The Council is committed to ensuring high quality services are delivered to Haringey residents and to continue to improve quality in line with national and local requirements. We recognise that service users and their families and carers are often best placed to assess the quality of the care they receive and we will continue to listen to and act on feedback from users and other stakeholders in holding providers to account. In this feedback to date, users and their carers have consistently told us that the following are important to them and these values guide our approach to quality:

- Respect and dignity
- Empowerment
- Inclusion
- Developing community resilience
- Reducing inequalities
- Ability to live healthy lives for longer
- Fulfilling lives with opportunity for growth

5.2 We see our role as supporting providers to strengthen their safeguarding and quality practice in Haringey and working alongside the CQC in its regulatory role. We believe everyone has a contribution to make to ensure a good and safe service including:

- Service users
- Family and carers
- Care managers and social workers
- Clinical Commissioning Group
- Nurses and health workers
- Commissioners and contract officers
- Providers
- Care workers
- Advocates
- CQC inspectors and
- The public

5.3 Effective quality assurance is informed by good feedback and engagement, notably from users and carers, but also from wider stakeholders including the Care Quality Commission, providers and staff, Healthwatch and other agencies. We are reviewing our internal facing Quality Assurance Board to develop a focus on quality assurance across all partners, and have started discussions with the Adult Partnership Board about how best they can be involved directly in the work of the Board and ensure a stronger focus on the voice of the expert by experience.

5.4 We offer a range of support for providers to improve the quality of their service. We are reviewing the role of the Providers' Forum to ensure a principal focus on service improvement and quality standards which we believe will lead to greater collaboration between providers and develop a peer enabled focus on quality assurance and standards. Again, we have started discussions with the Adult Partnership Board about how best they can be involved directly in the work of the Board and ensure a stronger focus on the voice of the expert by experience.

Haringey Council

5.5   The Council works closely with the Clinical Commissioning Group (CCG) and has a regular schedule of meetings with the Care Quality Commission which contribute to a shared understanding of all regulated care and health provision operating in the borough. This joint approach enables the Council, the CCG and the CQC to deploy its resources most effectively and to work together and with providers to improve quality and to address any concerns with specific providers. Both the Council and the CQC take a quality improvement role where appropriate to ensure that the needs of service users are met with the same provider where possible but on the understanding that inadequate care is not acceptable. More detail on the approach is set out in s. 7 below where joint work regarding Sevacare is set out.

5.6   The CQC does not share draft inspection reports with the Council but works extremely closely with officers to ensure that we are focusing appropriately on those providers raising concerns in the borough. We also review the information available regarding providers and update this from a range of sources, such as Care Quality Commission (CQC) reports, care management reviews, commissioning monitoring, review of incidents and safeguarding alerts. Where there are systemic concerns we have developed an 'Establishment Concern Procedure' to manage improvement plans and to ensure the safety of individuals affected.

5.7   Officers are keen to explore with the Adults and Health Scrutiny Panel how the Panel feels best able to contribute to quality assurance of care providers operating in the borough. As well as sharing outcomes of CQC inspection reports, it may be that an annual quality assurance report, from the Safeguarding Adults Board, may be an appropriate mechanism for the Panel to be assured of the robustness of quality assurance activity in the borough.

6.   Care Quality Commission Standards and Inspection Regime

6.1   The CQC has adopted a more rigorous approach to inspection than the one previously taken. In the new approach to inspections CQC gather information ahead of their on-site visit. They will be observing/interviewing service users and undertaking surveys as well as asking an Expert-by-Experience to phone people using the service (in a recent inspection in Adults, they used Age UK to send a letter advising them of a possible phone call - we were asked to complete and send a spreadsheet of names). CQC will also contact some of the community health and social care professionals who have had recent involvement with the people who use service(s), to gather their views.

6.2   An email will be sent to the registered manager of the setting/service requesting completion of a provider information return (PIR) under Regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This information will enable CQC to see if services are safe, effective, caring, responsive to people's needs, and well-led.

6.3   The consultation on guidance for providers (meeting the fundamental standards and on CQC's enforcement powers) was developed in response to the Francis Inquiry report and it proposes replacing CQC's 16 essential standards of quality and safety. All health and adult social care providers registered with CQC will have to meet the fundamental standards. These are the

basic requirements that providers should always meet, and the standard of care and service that patients or care-users should expect. They will be legal requirements and CQC will be able to take enforcement action, including prosecution, when they find breaches. Care providers will be required to meet the fundamental standards as part of the requirements for registering with CQC, and on an ongoing basis. The standards are intended to be common-sense statements that describe the basic requirements that providers should always meet, and set the outcomes that patients or care-users should always expect.

6.4   Each outcome will be supported by a small number of other conditions – these provide CQC with a means of taking appropriate enforcement action where providers are found to be slipping, but have not yet breached the requirement. This supports CQC's new approach to inspection and enforcement which is based less around checking compliance with detailed regulations, and instead focuses on five key questions about care:

> Is it safe?
> Is it effective?
> Is it responsive?
> Is it caring?
> Is it well-led?

In summary, the draft regulations are:

a) care and treatment must reflect service users' needs and preferences;
b) service users must be treated with dignity and respect;
c) care and treatment must only be provided with consent;
d) all care and treatment provided must be appropriate and safe;
e) service users must not be subject to abuse;
f) service users' nutritional needs must be met;
g) all premises and equipment used must be safe, clean, secure, suitable for the purpose for which they are being used, and properly used and maintained;
h) complaints must be appropriately investigated and appropriate action taken in response;
i) systems and processes must be established to ensure compliance with these Fundamental Standards;
j) sufficient numbers of suitably qualified, skilled and experienced staff must be deployed to meet these standards;
k) persons employed must be of good character, have the necessary qualifications, skills and experience, and be capable of performing the work for which they are employed.

6.5   If a provider is not meeting an outcome, they will be considered to be committing an offence. Where a breach of a requirement could directly result in a person/group being harmed, CQC will have the power to bring a prosecution straight away, but where a breach has not or would not directly result in harm, CQC would use its other enforcement powers. It is intended that CQC's prosecution activity should focus on the most serious failings in care.

6.6   In line with section 85 of the Legal Aid, Sentencing and Punishment of Offenders Act 2012, the penalty for failing to meet the registration requirements will also change from a maximum fine of £50,000 to an unlimited fine.

6.7   One of the new requirements is that systems and processes must be established to ensure compliance with the fundamental standards. This makes it a legal requirement for service providers to monitor compliance with these standards. This will impact on both internal service providers, and commissioning and monitoring of external service providers.

6.8   Prosecution activity will focus on the most serious failings in care but it will become even more important to monitor both internal and external service providers' compliance with the fundamental standards in order to prevent service failings, so that service continuity can be maintained and financial risk managed.

7.   Scrutiny and the Care Quality Commission

7.1   The Care Quality Commission has indicated its keenness to work with the scrutiny function of local authorities in a more proactive and joined up way. It is not anticipated that the CQC will be notifying Scrutiny in advance of every social care inspection, as there will be too many of them, but (as officers do) it is possible to sign up to receive alerts about inspections of local care services at http://www.cqc.org.uk/public/our-email-alerts and to receive the press releases for local inspection reports when published.

7.2   The CQC lead inspector locally has also proposed that the CQC attends Scrutiny on an annual basis to set out their inspection programme, talk through any emerging themes and ensure awareness of the standards and approach being adopted. This could coincide with the suggested annual report from the Safeguarding Adults Board.

8.   Approach to quality assurance: Inspection of Sevacare

8.1   Sevacare is a national provider with some 19 branches across England. Sevacare is regulated by the Care Quality Commission (CQC), which inspects the service regularly, the last inspection of the local branch having taken place in December 2014. The report has recently been published, and a warning notice issued in respect of one outcome area.

8.2   Sevacare works in Haringey and had a block contract with the Council which ended on 31st March 2011. The Council does not have a contract with Sevacare. Since then, Sevacare has remained a provider in the borough, albeit with diminishing volumes of work. There are 279 Haringey funded clients currently with Sevacare, the Clinical Commissioning Group funds 2 clients and there are 30 privately funded clients. In line with our policy on personalisation and user choice, all the Haringey funded clients have their own contractual arrangements with Sevacare, through spot purchasing arrangements.

8.3   The Council has been engaging with Sevacare and with the CQC since 2013 on issues raised during their 2013 inspection. A further CQC inspection found that Sevacare had made improvements and met standards relating to the care and welfare of people using the service, quality and risk management, complaints and safeguarding notifications. In 2014, the Haringey

branch of Sevacare took on a new contract with Islington Council and the CQC also introduced a new inspection regime, for which Haringey Council agreed to be an early adopter.

8.4 The most recent CQC inspection took place on 15th and 16th December 2014. The CQC found overall that people using the service were at significant risk of receiving inappropriate or unsafe care. CQC found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. CQC are taking enforcement action against the registered persons and will report further on this when it is completed.

8.5 In terms of the CQC process, Sevacare must now demonstrate and evidence that they are taking steps to address areas that require improvement and must prioritise ensuring an effective quality assurance system is implemented immediately. In terms of the other areas where CQC has identified improvements are needed, CQC, at their next inspection, will test whether Sevacare has taken appropriate action in these areas. Where they have not, CQC may choose to issue warning notice(s) where appropriate.

8.6 Following the announcement of the inspection results, the Council's Establishment Concern Procedure was instigated and as a result an immediate suspension of new care packages with Sevacare was put in place. Referrals to Sevacare will remain formally suspended for the foreseeable future. New referrals are being made to alternative providers. The Safeguarding Adults Team is fully involved in all activity in respect of Sevacare.

8.7 All Haringey funded clients are being reviewed and if they wish to change their contract to receive care from a different provider, we will support them in doing this. It should be noted that not everyone using the Sevacare service may want to change, especially if they are satisfied with their individual carer(s). There is adequate provision locally and people will be able to move to a different provider where this is the client's preferred option.

8.8 An Improvement Board has been established with senior managers from the Council and Sevacare as well as appropriate local branch officers, to implement a robust improvement plan to address the concerns. The senior management team of Sevacare has removed their local branch manager and brought in a Quality Assurance manager and a Director of Operations to oversee implementation of the improvement plan. The management team has also been required by us to undertake spot checks of their care staff, to ensure care is taking place at the times and to the standards required.

8.9 Sevacare has been required by the Council to contact all people who are currently using their service, including self funders to advise them about the outcome of their Care Quality Commission inspection, providing them with information about who they can contact.

8.10 In addition to a review of all service users, the Council continues to visit Sevacare on both an announced and unannounced basis, and will contact a sample of people who have agreed for services to continue to ascertain their views about Sevacare. They will be offered an opportunity to share concerns.

9. Inspection of Haringey's Community Reablement Service

Haringey Council

9.1   Haringey's Community Reablement Service was inspected on 30 July 2014 under the new inspection framework the CQC assesses all health and social care services. Overall the Haringey Community Reablement Service was rated as a **Good** service.

9.2   **The key findings of the inspection are summarised below.**

9.3   **Is the service safe? Rating: Good**
- Everyone the inspectors spoke with said that they felt safe when their care worker was providing support.
- Adult safeguarding procedures were in place and staff had been trained and were aware of how to recognise and report abuse.
- Risks to people were assessed, managed and reviewed.
- Staff had received a ten-day training programme at the start of the service to provide them with appropriate skills and knowledge.
- There was capacity to increase care hours to respond to changing demand.
- A duty scheme was in place and the management team made themselves available to address any concerns out of office hours.

9.4   **Is the service effective? Rating: Good**
- Everybody the inspectors spoke with felt that the service's support enabled them to be as independent as they could be, and most people were happy with the care and support provided.
- Community professionals provided positive feedback about the service and all said that they would recommend the service to a member of their own family.
- The service liaised with community professionals as needed to support people's progress.
- Records at people's homes were accurate, factual and respectful in tone. This helped professional colleagues to monitor people's progress.
- Staff had appropriate and up-to-date training and received regular supervision and appraisal.

9.5   **Is the service caring? Rating: Good**
- People using the service said that care workers were caring and kind.
- The use of language within records of support visits to people's homes was respectful, factual, positive about people, and clarified the support provided.
- People's feedback indicated that staff from the service listened to them and involved them in planning their own support package.
- User surveys contained much positive feedback about how people had been treated.

9.6   **Is the service responsive? Rating: Good**
- People's feedback and records indicated that staff from the service aimed to provide support that was responsive to individual needs.
- People said that senior staff visited them promptly at the start of using the service.

- Most service users said staff turned up on time, stayed the agreed length of time, and completed all the support that they were supposed to.
- The service wanted to hear people's experience of care and responded well to any concerns or complaints.

9.7 **Is the service well-led? Rating: Requires improvement**

- People and community professionals commented positively on the management of the service. They all felt that the service's management team were accessible, approachable, acted on what they were told and dealt effectively with any concerns raised.
- The service kept up-to-date with developments in reablement and was introducing weekly multi-disciplinary meetings to improve joint working.
- Care worker spot checks were comprehensive, however, these were not planned appropriately to ensure all staff received regular checks, and this reduced the effectiveness of this quality assurance process.
- Quality monitoring of staff supervision was not effective in ensuring regular supervisions took place.
- The service had made changes in response to feedback to improve the consistency of care workers who visited people, however, this improvement was not being consistently monitored as inspectors found that some people did not experience the same small set of care workers visiting them.
- Although there were many appropriate documents in people's files left in their home, the two people visited did not have a care plan setting out their needs and required support. Although these should have been left by a community professional, the service had not raised concerns about the lack of care plan.

9.8 An improvement plan has been put in place to address the identified areas for improvement. This plan is being closely monitored by the service to ensure the gaps identified by CQC are addressed.

9.9 A copy of the improvement plan to address the key findings under KLOE 5 (Is the service well-led?) is attached in Appendix A for information.

9.10 Please note that the in-house Reablement Service is staffed by 29 people and supports, on average, 33 service users at any given time.

10.   Comments of the Chief Finance Officer and financial implications

10.1 There are no financial implications arising directly out of this report. The report updates the Panel on a range of current activity that is funded from within the Adults base budget.

11.   Comments of the Assistant Director of Corporate Governance and legal implications

11.1 There are no legal issues arising from the recommendations of the Report.

Appendix A: Haringey Community Reablement Service Key Lines of Enquiry (KLOE) Improvement Plan: March 2015 Update

REQUIRED IMPROVEMENTS

KLOE 5 Is the service well-led? The service's leaders have created a culture that is open, fair, transparent, supportive, informed, challenging and continuously learning.				
Re f	**Key actions**	**Lead officer(s)**	**Completio n date**	**Progress**	**RAG status**
5. 1	Continue to complete spot checks ensuring staff are applying good safety practice. Set up systems to ensure spot checks are regularly carried out on all staff and analyse results on a quarterly basis, or more frequently as required.	Reablement Team Manager / Team Leaders	October 2014 and Ongoing	All staff are spot checked twice per year. The spot checks are linked closely to their supervision session, to provide feedback and deal with any issues identified. The service is on target with planned spot checks. Since April 12 members of staff had been scheduled to have a spot check and these have been completed on time. The spot check involves a Team Leader from a different team scoring the member of staff based on observation in a range of areas of practice including dignity, safety, communication and recording together with feedback from the service user. An analysis of the results so far show that the all those	

				staff who have been spot checked are either meeting or exceeding the expected standards in all areas on observation by their Team Leader. The spot check has identified one member of staff as needing to improve around communication and dignity following feedback from the service user. This is being addressed in supervision	
5.2	Develop matrix to monitor supervision of care staff and ensure this is reviewed weekly.	Reablement Team Manager / Team Leaders	Ongoing	A supervision matrix was introduced in January 2015 to monitor staff supervisions. All staff receive supervision on a 6 weekly basis and where appropriate these will be linked to the spot checks. Supervision is pre-planned for the whole year and the due date recorded in the matrix. The matrix is reviewed by Team Leaders and discussed with the Team Manager in monthly 1:1s. A full analysis of the effectiveness of the supervision matrix will be undertaken in July. However, so far the supervision matrix appears to be working well giving Team Leaders and the Team Manager an instant record	

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				of supervision across the service. The records show that staff have been mainly receiving supervision when due. Currently three members of staff are overdue by 2 weeks due to the absence from the office by the Team Leader. These will be arranged by the Team Leader on her return to work next week.	
5.3	Team Leaders to monitor rota planning on a weekly basis to ensure consistency of carers visiting service users.	Reablement Team Manager / Team Leaders	December 2014 and Ongoing	Team Leaders have been closely monitoring weekly rota planning since December 2014 and any changes to the proposed rota is now agreed by the management team.

Audits to monitor the consistency of care workers will happen on a quarterly basis with the first due July.

The Team Manager has been taking oversight on a weekly basis until the first full audit is due to ensure that no unauthorised changes to the rota, affecting consistency, are made | |
| 5.4 | Ensure that care plans are put in place promptly at each service user's home to provide a basis for Reablement support. | Head of Assessment and Personalisation | March 2015 and Ongoing | All staff are aware of the importance of ensuring Reablement Plans are in place at people's homes immediately following the functional assessment. This is included in the spot check | |

				Reablement staff feed back to Team Leaders if there is no care plan in place after 3 working days from service start. They are also provided with additional guidance from the managers following receipt of the hospital occupational therapy report. Feedback from the MDT Reablement meetings suggests this practice is working well.	
5.5	Review all current quality assurance tasks and processes and implement more effective working practices, ensuring service improvements are effectively monitored.	Head of Assessment and Personalisation / Strategic Lead Governance and Business Improvement	December 2014 and Ongoing	Spot checks, supervisions, rota consistency and end of service surveys to be analysed quarterly from April 2015. Required improvements and other identified service improvements to be monitored quarterly by Head of Assessment and Personalisation and Strategic Lead Governance and Business Improvement through the KLOE improvement plan. Updates will be provided to the Adult Social Services Quality Assurance Board.	

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Agenda Item 11

| **Report for:** | Adult and Health Scrutiny Panel – 29 June 2015 | **Item Number:** | |

| **Title:** | Work Programme Development |

| **Report Authorised by:** | Bernie Ryan, Assistant Director of Corporate Governance |

| **Lead Officer:** | Clifford Hart, Democratic Services Manager, 020 8489 2920, clifford.hart@haringey.gov.uk |

| **Ward(s) affected:** | **Report for Key/Non Key Decisions:** |
| **All** | **N/A** |

1. Describe the issue under consideration

1.1 Developing an effective work programme is the bedrock of an effective scrutiny function. Done well, it can help lay the foundations for targeted, inclusive and timely work on issues of local importance where scrutiny can add value. Done badly, scrutiny can end up wasting time and resources on issues where the impact of any work done is likely to be minimal.

1.2 Throughout May and June a number of consultative processes have been employed to support the development of the scrutiny work programme with the final programme being agreed by the Overview and Scrutiny Committee on 27 July 2015.

1.3 The aim of this report is to assist the Adults and Health Scrutiny Panel in prioritising topics for inclusion in their work programme.

1.4 Scrutiny panels are non-decision making bodies. The work programme and any subsequent reports and recommendations that each panel produces must therefore be approved by the Overview & Scrutiny Committee.

2. Cabinet Member introduction

N/A

3. Recommendations

Haringey Council

(a)   That the Adults and Health Scrutiny Panel agree that items, outlined in section 8, be prioritised for inclusion in the 2015/16 work programme.

(b)   That the Overview and Scrutiny Committee be asked to endorse (a) above at its meeting on 27 July 2015.

(c)   That in respect of the items agreed for inclusion in the 2015/16 scrutiny work programme the Chair of the Adults and Health Scrutiny Panel meets with appropriate Cabinet members and senior officers to further clarify the work programme.

4. Alternative options considered

4.1   N/A

5. Background information

"Scrutiny is based on the principle that someone who makes a decision...should not be the only one to review or challenge it."

"Overview is founded on the belief that an open, inclusive, member led approach to policy review...results in better policies in the long run"

(Jessica Crowe, former Executive Director, Centre for Public Scrutiny)

Principles

5.1   Expending resources on investigating an issue via scrutiny requires clear justification yet there are often difficulties in prioritising work. Some of the problems in developing and maintaining an effective work programme include:

-    Agenda creep and losing sight of the key issues;

-    Diving into detail;

-    Focusing on minor points;

-    Going over old ground;

-    Lack of progress on identified issues;

-    Overlapping with the role of other committees;

-    Hobbyhorses;

-    Running out of time;

- Political loyalty versus the independence of scrutiny.

5.2 To help overcome these barriers, the careful selection and prioritisation of work is essential if scrutiny is to be successful, gain buy in from senior officers and Cabinet, retain credibility and achieve added value.

5.3 The Centre for Public Scrutiny has identified a number of features in planning an effective scrutiny work programme[1], which include:

- It should be a **member led process** (e.g. involvement of all non executive members, and members leading on the short-listing and prioritisation of topics – with support from officers)

- It should **reflect local needs, priorities and policies** (e.g. issues of community concern as well as those priorities identified in the Corporate Plan and proposals within the Medium Term Financial Strategy)

- It should **prioritise topics** for scrutiny involvement that have most impact /benefit

- It should **involve local stakeholders**; e.g. local residents, community groups, Residents Associations, partners, businesses, and service users.

- It **should be flexible** to enable scrutiny to respond to new or urgent issues as they emerge.

- **Having a meaningful discussion** about the work programme probably works better than a complex set of feasibility criteria, which may be over-bureaucratic and resource intensive.

6. Components of a scrutiny work programme

6.1 Overview and Scrutiny has a number of distinct functions which provide a framework for the activities of local scrutiny bodies. An effective scrutiny work programme should aim to reflect a balance of these activities;

- **Holding the Executive to Account** – questioning the Leader and Cabinet Members on issues within their portfolio and through pre- and post-cabinet decision scrutiny. For example, the operation of 'Call-in' procedures and ensuring meaningful input into the development of business cases relating to decisions made by Council in February.

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[1] A Cunning Plan: Devising a Scrutiny Work Programme, Centre for Public Scrutiny, 2011

- **Policy Review and Development** – assisting Cabinet by undertaking strategic reviews to assess the effectiveness of existing policies or to inform the development of new strategies;

- **Performance Monitoring** – identifying services that are not performing, investigating and making recommendations for improvement;

- **External Scrutiny** – scrutinising and holding to account those partners and other local agencies which provide key services to the public;

- **Public and community engagement** – engaging and involving local communities in scrutiny activities and scrutinising those issues which are of concern to the local community.

6.2   In the context of these functions, and in accordance with the scrutiny protocol, a range of reports can be requested by scrutiny. Depending on the selected topic and the planned outcome, this could include:

(i)   Performance Reports;

(ii)   One off reports on matters of national or local interest or concern (e.g. Casey Report);

(iii)   Issues arising out of internal and external assessment (e.g. Ofsted, Care Quality Commission);

(iv)   Reports on strategies and policies under development, or other issues on which the Cabinet or officers would like scrutiny views or support;

(v)   Progress reports on implementing previous scrutiny recommendations accepted by the Cabinet or appropriate Executive body.

6.3   In addition in-depth scrutiny reviews are an important aspect of Overview and Scrutiny work and provide opportunities to thoroughly investigate topics and to make improvements. Through the gathering and consideration of evidence from a wider range of sources, they enable more robust and effective challenge as well as an increased likelihood of delivering positive outcomes. In depth reviews should also help engage the public, and provide greater transparency and accountability. It is nevertheless important that there is a balance between depth and breadth of work undertaken so that resources can be used to their greatest effect.

7.   Prioritising and selecting issues for scrutiny involvement

7.1   There are a number of practical criteria which are used to assist in the prioritisation and selection of scrutiny topics. Selected topics should:

- Compliment the priorities and work of the Council and its partners
;
- Not duplicate work being undertaken elsewhere by the Council and its partners;

- Reflect the concerns of the wider community;

- Be practical and demonstrate a positive and beneficial impact.

7.1   Throughout May and June consultation and engagement with local stakeholders took place to support the development of the Overview and Scrutiny work programme. This included:

- Public Survey - local residents and community groups;

- Scrutiny Cafe – non executive members, local partners and senior officers;

- Informal meetings with Cabinet Member and Senor Officers;

7.2   These activities have been used to guide and inform the selection of work programme items for each scrutiny panel.

8.   Work Programme Development

8.1   Public engagement and involvement is a key function of scrutiny and local residents and community groups are encouraged to participate in all aspects of scrutiny from the development of the work programme to participation in project work (e.g. providing service assessments / service user insights).

8.2   To ensure issues considered by scrutiny are both important and relevant to the local community, an online survey was distributed to local residents, community groups and other local stakeholders to assess their views. This was administered for a three week period from mid-May and generated approximately 60 individual qualitative responses.

8.2   Further to the completion of the survey, the Chairs of all scrutiny bodies have met with relevant Cabinet members and senior officers to further discuss issues arising from the survey.

8.3   From these activities, and work rolled over from last year, a summary of suggestions – attached at **Appendix A** – was prepared for the Scrutiny Cafe that took place on 15 June.

8.4   The aim of the Scrutiny Cafe was to bring together key local stakeholders (non executive members, partners and senior council officers) for round table discussions to further inform the development of the scrutiny work programme. Discussions were themed around the council's corporate priorities.

8.5   From this discussion at the Scrutiny Cafe, a number of potential issues were identified for inclusion in the panel's work programme for 2015/16. These are summarised below. These are linked to Corporate Priority 2, which covers the keys areas that are covered within the panel's terms of reference – for further details please refer to **Appendix A**.

Adult and Health Scrutiny Panel – Work Areas for 2015/16

Priority 2 – "Enable all adults to live healthy, long and fulfilling lives"

Suggestion	Priority	Comments
Adult Safeguarding	Yes	A number of factors were considered in relation to adult safeguarding and the implementation of the Care Act. A key issue was looking at how scrutiny could mainstream these issues in its work. It was suggested that the format and timing of scrutiny input should be discussed further with the Chair and senior officers.
Mental Health Services Unemployment and Mental Health	Yes	To ensure monitoring of various streams of work, it was agreed that updates on the following would be useful: - Actions outlined in the Joint Mental Health and Wellbeing Framework, with a focus on (i) physical health, (ii) accommodation, and (iii) employment needs of people with mental health problems (including any recommendations made by the scrutiny review of the job support market – final report due in July 2015). - Recommendations made by the Transition from Child to Adult Mental Health Services Scrutiny Project (considered by Cabinet in June, 2015). Such an approach would allow issues discussed by the Adults and Health Scrutiny Panel in March to be addressed i.e. ensuring mental health services are appropriate for Haringey's diverse communities and ensuring appropriate arrangement are in place for monitoring the framework. September 2015 onwards would be a suitable time for this.
Stroke	No	This issue will be picked up by the North Central London Joint Health Overview and Scrutiny Committee in September 2015. Further work via Haringey's Adults and Health Scrutiny Panel would duplicate.
Access to GPs	Yes	An update report will be considered by the Adults and Health Scrutiny Panel in June, 2015. It was noted that this was firmly on the agenda for the Health and Wellbeing Board so future work via scrutiny will need to keep this in mind to avoid duplication. How, and when, should scrutiny engage with NHS England?

Suggestion	Priority	Comments
Impact of budget savings on vulnerable adults / The redesign and re-provision of Adult Social Services	Yes	Suggestions put forward in Appendix A were considered and during discussion a number of issues were discussed in relation to the redesign and re-provision of adult care services. It was noted that a report to scrutiny in June would outline the principles and methodology that would be used to support the consultation and co-production processes. The importance of adequate and fair consultation was discussed. Issues were raised in relation to monitoring the impact of the changes. It was noted the main OSC would play a role in scrutinising performance in relation to the corporate plan and five priorities but, as noted above, issues concerning safeguarding needed to be mainstreamed in the work of scrutiny across the board. In terms of monitoring the impact (in more detail) it was recognised that scrutiny would need sufficient data and insight. With this in mind, it was suggested any scrutiny relating to monitoring the impact of changes should take place during Quarter 4. These issues were flagged as priority areas for the panel, and would need to be kept under review throughout the year, but it was agreed the format and timing of scrutiny should be discussed further.
Foot care	Yes	It was agreed issues raised in relation to foot care should be included in the work programme – with a focus on prevention. The format/timing needs further discussion although it is likely this would be a "one-off report" with input from suitable witnesses.
Health inequality – accessibility of sport & rec facilities to women	Maybe	Although this suggestion was not listed as a priority it was agreed scrutiny should ensure greater understanding of health inequalities in its work across the board. It was also suggested that the issues raised could be picked up as part of any scoping undertaken in relation to obesity (see 2.12 below).
		This issue is likely to be picked up by the North Central

Suggestion	Priority	Comments
Local Hospitals – A&E admissions	Maybe	London Joint Health Overview and Scrutiny Committee in September 2015. However, it was agreed that this may not address all issues of concern in Haringey. With this in mind, it was suggested Haringey's Adults and Health Scrutiny Panel may wish to look further at paediatric A&E attendances/admissions.
Meals on wheels	No	Suggestions put forward in relation to meals on wheels were considered. However, it was agreed scrutiny would be unable to add value, especially as there was unlikely to be space or time in the work programme.
Support fund (social fund)	Maybe – for main OSC	It was suggested issues put forward in relation to the support fund (social fund) should be picked up by the main OSC as part of their work on the Job Support Market Review. In addition, it was suggested further work in relation to Universal Credit should be considered by the main OSC.
(Childhood) Obesity	Yes – Scrutiny Project	In Haringey obesity rates are higher than in England with more than one in three 10-11 year olds overweight or obese. A majority of adults are overweight or obese.

It was noted that this suggestion linked directly to Outcome 1, Priority 3 of the Health and Wellbeing Strategy.

It was agreed, subject to careful scoping/member interest, that this would merit an in-depth review

Input from scrutiny in respect of prevention, early intervention, and ensuring all stakeholders (not just those on the Health and Wellbeing Board) were addressing issues and co-producing solutions to tackle the considerable negative social, economic and health consequences would be timely.

It was suggested that any scoping exercise should take place after Haringey's Obesity Conference in June.

This suggestion is supported by the Director of Public Health. |
| Out of Hours / | No | This issue will be picked up by the North Central London Joint Health Overview and Scrutiny Committee in June |

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Suggestion	Priority	Comments
111		2015.
Quality Accounts	No	Consideration was given to how scrutiny could best add value (working with neighbouring boroughs) to the Quality Accounts process for the various trusts. It was agreed, following recent discussion by the North Central London Joint OSC concerning the BEH MHT Quality Account, an informal briefing should be arranged with the NMUH NHS Trust (with LB Enfield) and maybe something similar with the Whittington NHS Trust. Briefings to be organised outside the committee calendar.
Alcohol and tobacco	Maybe	It was noted that both issues were key priorities outlined in the Health and Wellbeing Strategy. However, it was considered that whist these issues had potential it was unlikely scrutiny would have time to address them.
Health and Social Care Integration	Yes	This is one of the council's corporate programmes that is helping to bring heath and social care together with a focus on prevention. An update report was suggested as this would assist with monitoring.
Services for People with Disabilities	Maybe	A number of issues were considered and although this suggestion (detailed in Appendix A) was not put forward in its own right it was agreed scrutiny should mainstream these concerns in its work to ensure the Council develops services (across the board) that takes account of service users with suitable input from user groups. The importance of adequate and fair consultation was highlighted.

8.6   During discussion, a number of themes emerged and it was suggested that consideration of the following areas should be prioritised in developing items for inclusion in the scrutiny work programme:

- o   Implementation of the Care Act;
- o   Health Inequalities;
- o   Commissioning – including social value
- o   Prevention;
- o   Health and Social Care Integration, and
- o   Primary Care.

8.8   In addition, under agreed scrutiny protocols, Cabinet Members will be invited to attend relevant scrutiny panels twice each year to discuss issues within their

portfolio area. The format of Cabinet Q and A is not prescribed and can be varied according to local agreement between the Chair and Cabinet member.

9.   Monitoring

9.1   Once the work programme is agreed, there are both formal and informal systems in place to ensure effective monitoring of the work programme. Regular agenda planning meetings (with the Chair and senior officers) and discussion at Committee itself gives an opportunity to:

-    Discuss the format, structure and priority of future items/meetings;

-    Discuss the rules and procedures for formal meetings – ensuring clarity, consistency, and good time keeping;

-    Discuss what other information is required, including the identification and of witnesses which may include external experts, service-users, community groups, amongst others;

-    Consider options for getting out and about including site visits to other authorities and front-line service visits;

-    Develop key lines of enquiry or a questioning strategy;

-    Ensure the right people attend the right meetings at the right time;

-    Follow up on any actions agreed, ensuring outcomes from recommendations;

-    Consider member development needs to enable activities to be planned that take into consideration items included on the future work programme.

9.2   To assist in work programme development and monitoring, a new work programme template – attached at **Appendix B** - has been created to ensure the details and desired outcomes of items on the work programme can be kept under review.

9.3   In considering its future work plan, each scrutiny panel may wish to consider Haringey's Forward Plan. This provides 28 days notice of key decisions that the Cabinet is expected to take over the next three months, together with key decisions to be taken by individual Cabinet Members. The Forward Plan is updated and republished on a monthly basis and covers a period of three months.

10.   Comments of the Chief Finance Officer and financial implications

10.1   The Chief Finance Officer has been consulted on this report and can confirm there are no direct financial implications. Should any of the work undertaken by Overview and Scrutiny generate recommendations with financial implications these will be highlighted at that time.

11.   Comments of the Assistant Director of Corporate Governance and Legal Implications

11.1   The Assistant Director of Corporate Governance has been consulted on this report and can confirm there are no direct legal implications.

11.2   Under Section 21 (6) of the Local Government Act 2000, an Overview and Scrutiny Committee has the power to appoint one or more sub-committees to discharge any of its functions.

11.3   In accordance with the Council's Constitution, the work programme and any subsequent reports and recommendations that each panel produces must be approved by the Overview and Scrutiny Committee.

12.   Equalities and Community Cohesion Comments

12.1   Overview and Scrutiny has a strong community engagement role and aims to regularly involve local stakeholders, including residents, in its work. It seeks to do this through:

-   Helping to articulate the view of members of the local community and their representatives on issues of local concern.

-   Bringing local concerns to the attention of decision makers and incorporating them into policies and strategies.

-   Identifying and engaging with hard to reach groups.

-   Helping to develop consensus by seeking to reconcile differing views and developing a shared view of the way forward.

12.2   The evidence generated by scrutiny reviews / committee work helps to identify the kind of services wanted by local people. It also promotes openness and transparency as meetings are held in public and documents are available to local people.

13.   Head of Procurement Comments

N/A

14.   Policy Implication

14.1   There are no direct policy implications. However, this report sets out how the work of Overview and Scrutiny will contribute and add value to the work of the Council and its partners in meeting locally agreed priorities.

15.   Use of Appendices

Appendix A – Suggestions for Overview and Scrutiny (Scrutiny Cafe Booklet)
Appendix B – Future Work Programme Template

16.   Local Government (Access to Information) Act 1985

Appendix A – Scrutiny Cafe Booklet

Suggestions for Overview Scrutiny

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oxforddictionaries.com

Definition of *scrutiny* in English:

scrutiny

Line breaks: scru|tiny

Pronunciation: / ˈskruːtɪni 🔊   /

NOUN (plural scrutinies)

[MASS NOUN]

> Critical observation or examination:
>
> *'every aspect of local government was placed **under scrutiny**'*

MORE EXAMPLE SENTENCES   ⌄

SYNONYMS   ⌄

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Priority 1:

Outstanding for all

Enable every child and young person to have the best start in life, with high quality education

Vision:

"We will work together with families to ensure that every child in Haringey has the very best start in life, including world class education."

Objectives	The role of the council
All children will have the best start in life	We will work with health service commissioners and health and education providers to ensure that there is access to excellent health care and that parents and families can access those services and have confidence in them.
Children and young people across Haringey excel at school, making the most of their potential	We will ensure that all schools across the borough are good or outstanding, with school results in line with the best in the country.
All young people will have access to excellent employment or higher education opportunities	We will work with partners to ensure that there are excellent training opportunities for young people to ensure they are able to achieve in line with the best nationally.
Children and young people will be healthier, happier and more resilient and those who need extra help will get support at the right time	We will ensure parents can access the information they need and know where they can turn to for support. We will support and encourage community-led initiatives and our re-designed children's centres will provide early support, working with the whole family to help them to thrive.
Children and families who need more support will be helped earlier before issues escalate	We will work with other agencies to build an early help model to support children and families with additional needs.
All children and young people will be safeguarded from abuse	Children and young people at risk will be given the right support but where possible, we will work with families to help identify their own solutions.

Appendix A

<u>Priority 1</u>

The suggestions in this section of the booklet have been listed for discussion under **Priority 1**.

For each suggestion the following questions should be considered:

-   Does the suggestion **compliment Priority 1**? If so, how?

-   Is the suggestion **appropriate** for the overview and scrutiny function to deal with?

-   Could the overview and scrutiny function **make a difference** by devoting some time and effort to it?

-   Where the suggestion is a broad topic, what should the **particular focus** of any scrutiny piece of work in this topic area be?

-   For any topic or piece of scrutiny work, what should the **outcome** that is being sought?

-   What is the **best working approach** to tackle the topic – is it a report for questioning and challenge, a short evidence session, an in-depth review?

Appendix A – Suggestions for Overview and Scrutiny

Corporate Priority 1 – Enable every child and young person to have the best start in life, with high quality education.

No.	Strap-line	Key issues	Source
1-1	Early years service	• How can the Council build strong partnerships between schools and health services to ensure we make best use of early years services to close poverty gaps?	Survey - local resident
1-2	School places	• Is the Council doing enough to address the lack of provision? • Is there a particular problem in specific areas of the borough e.g. the east? • Is local housing development contributing to pressure on local demand for school places? • What is being done to prevent abuse of the system (e.g. parents renting nearby to get a school place).	Survey - local residents
1-3	Impact of budget savings on young people	• Overview and Scrutiny to monitor the impact of reductions, particularly those affecting younger people not in employment or education, and early years provision.	Survey – member of a community group
1-4	Haringey 54,000	• Corporate Programme – progress report	Work rolled over
1-5	Comparative performance of children with special educational needs	• Follow up report	Work rolled over
1-6	Recruitment and retention of in-house foster carers	• Progress report	Work rolled over

Appendix A – Suggestions for Overview and Scrutiny

1-7	Diversionary activities for children and young people	• Follow up report	Work rolled over
1-8	Looked after children		Work rolled over
1-9	Childhood obesity (also included within priority 2)	• In March (2015) the Adults and Health Scrutiny Panel agreed input from scrutiny in respect of prevention, early intervention and ensuring all stakeholders were addressing issues relating to childhood obesity would be useful. If taken forward this piece of work would be cross cutting and would need to consider the role and responsibilities of Council and the actions of partners. • This links to Outcome 1 priority 3 of the Health and Wellbeing Strategy. A possible project / in-depth review for 2015/16.	Work rolled over
1-10	Child safeguarding	• Ensuring that this is everyone's business • Further information to be provided at the Scrutiny Cafe following an initial discussion between the Chair and officers.	Initial Chair/Officer discussion
1-11	Voice of the child	• Ensuring that children and young people are being heard when decisions are being made about them.	Initial Chair/Officer discussion
1-12	Early help and the role of the family		Initial Chair/Officer discussion
1-13	Sexism, stigma and culture and the effects on young people.		Councillor

Priority 2:

Outstanding for all

Enable all adults to live healthy, long and fulfilling lives

Vision:

"We will support people to live healthy, long and fulfilling lives with control over what is important to them."

Objectives	The role of the council
A borough where the healthier choice is the easier choice	We will work with partners and communities to create physical, social and cultural environments that encourage healthy lifestyles for all. ■ People will have high quality information to make informed choices that will lead to improved health outcomes
Strong communities, where all residents are healthier and live independent, fulfilling lives	We will: ■ Work with communities, developing ways to build capacity and bring investment into the voluntary sector to provide support for one another
Support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing	We will: ■ Work with partners to identify those who may need help with their health and wellbeing, providing advice on support ■ Optimise the use of technology to keep people as independent as possible ■ Help residents make choices and decisions, before they enter formal care and support systems
Residents assessed as needing formal care and / or health support will receive responsive and high quality services	We will: ■ Work together with health partners to provide high quality person-centred services, while informing residents to help them to understand the level of service they should expect ■ Intervene (with the Care Quality Commission) when services fall below standard
All vulnerable adults will be safeguarded from abuse	We will work with our partners to protect adults in vulnerable situations and ensure that residents will have increased awareness of the early signs of potential abuse.

Appendix A

Priority 2

The suggestions in this section of the booklet have been listed for discussion under **Priority 2**.

For each suggestion the following questions should be considered:

- Does the suggestion **compliment Priority 2**? If so, how?

- Is the suggestion **appropriate** for the overview and scrutiny function to deal with?

- Could the overview and scrutiny function **make a difference** by devoting some time and effort to it?

- Where the suggestion is a broad topic, what should the **particular focus** of any scrutiny piece of work in this topic area be?

- For any topic or piece of scrutiny work, what should the **outcome** that is being sought?

- What is the **best working approach** to tackle the topic – is it a report for questioning and challenge, a short evidence session, an in-depth review?

Appendix A – Suggestions for Overview and Scrutiny

Corporate Priority 2 – Enable all adults to live healthy, long and fulfilling lives

No.	Strap-line	Key issues	Source
2-1	Adult Safeguarding	• How will the implementation of the Care Act impact on adult safe guarding?	Survey
2-2	Mental Health Services	• How accessible are local services for those with multiple social needs? • How well do local services work together to support those in crisis (e.g. mental health, housing, addiction support)? • Joint Mental Health and Wellbeing Framework – update on key actions • Scrutiny Project (Transition from Child to Adult Mental Health Services) update	Survey and issues rolled over from last year
2-3	Stroke	• Is the incidence of working age stroke increasing? • What support is there for people affected by stroke locally? • Is there a need to update on previous work of the scrutiny committee in this area? • This is an issue due for consideration by the NCL Joint Health OSC in September (TBC).	Survey – members of a community group
2-4	Unemployment and mental health (also listed under priority 4)	• What support is there for people to continue with education and training? • What impact do zero hours contracts have on social and emotional wellbeing? • How are those with drug addictions	Survey - local resident

Appendix A – Suggestions for Overview and Scrutiny

		supported?	
2-5	Access to GP (future development –also listed under priority 4)	• What is being done to improve access to GPs in Haringey? • What impact will planned future development have on demand for GPs (e.g. Tottenham Hale)? • Has future demand been adequately factored in to local development plans?	Survey - local resident
2-6	Impact of budget savings on vulnerable adults	• Overview and Scrutiny should monitor the impact of reductions, particularly those affecting vulnerable groups, namely frail elderly people, those with learning disabilities and those with physical and sensory disabilities. • What impact will the cuts have on carers? • Are health and social care services prepared for the impact that the loss in services may have? • How will loss of day centres affect services users and their families and carers? • Eligibility criteria • How will providers commissioned by the Council be monitored and regulated (e.g. NPC Dignity Code and London Living Wage)? • Will people with dementia be able to cope with personal budgets?	Survey – members of a community groups
2-7	Foot care	• Foot care and role in prevention e.g. falls.	Survey – member of

Appendix A – Suggestions for Overview and Scrutiny

		• Accessibility and affordability of foot care? • What impact will closure of day centres have on access? • Can libraries play a signposting role?	a community group
2-8	Health inequality – accessibility of sport and recreation facilities to women? (Also listed under priority 3)	• Is there a lack of women only space at local sports and recreation facilities? • Is this a particular problem for cultural groups such as Somali and Orthodox Jewish women who may not wish to exercise in a mixed environment? • Does this have an impact on local heath inequalities?	Councillor
2-9	Local hospitals	• How are local services coping with increased demand for A & E services? • How will budget cuts impact on local services and access to treatment	Survey - local resident
2-10	Meals on wheels	• Has this service been reduced over the last 5 years (number of meals per year)? • If so, what impact has this on vulnerable people? • Is this service reaching all that need it?	Survey – member of a community group
2-11	Support fund (social fund)	• How effective is this being used to support those in greatest need? • How is it linking with other voluntary support charities?	Survey - local resident
2-12	Childhood obesity (also included within priority 1)	• In March the Adults and Health Scrutiny Panel	Work rolled over

Appendix A – Suggestions for Overview and Scrutiny

		- agreed input from scrutiny in respect of prevention, early intervention, ensuring all stakeholders were addressing issues relating to childhood obesity would be useful/timely. - If taken forward this piece of work would be cross cutting and would need to consider the role and responsibilities of Council and the actions of partners. <u>Possible scrutiny project.</u> - This links to Outcome 1 priority 3 of the Health and Wellbeing Strategy.	
2-13	Out of Hours / 111 Service	Anxieties for proposals for 5 borough combined (OOH and 111) service. An update is planned on this issue by the Joint Health Overview and Scrutiny Committee (in June).	Survey – Community group
2-14	Quality Accounts	- How can scrutiny add value? - Trusts include: Whittington NHS Trust, BEH MHT & NMUH NHS Trust.	Initial discussion with Chair and Officers
2-15	Alcohol and tobacco	These are two key priorities listed in the Health and Well Being Strategy.	Initial discussion with Chair and Officers
2-16	Health and Social Care Integration	Corporate Programme – update required.	Work rolled over
2-17	Services for People with Disabilities (also included under "cross-cutting issues")	- How do we develop services (across the board) that take account of the service user? *"Nothing about us, without us"* - What are the barriers preventing disabled people being equal?	Councillor

Priority 3:
Clean and Safe

A clean, well maintained and safe borough where people are proud to live and work

Vision:

"We will strengthen communities and partnerships to improve our environment and reduce crime, enabling residents and traders to feel safe and proud of where they live and work."

Objectives	The role of the council
We will work with communities to improve the environment, particularly by reducing anti-social behaviour and environmental crime	We will work with our communities and partners to identify local needs and create action plans to encourage communities to take ownership of their local area. We will join up our enforcement teams and provide local performance information so with our communities we can identify and tackle issues more effectively.
We will make our streets, parks and estates clean, well maintained and safe	We will ensure that we deliver effective and efficient parks, parking, highways and waste management services and, together through our community-led approach, we will make our roads safer and improve our local environment.
We will make Haringey one of the most cycling and pedestrian friendly boroughs in London	We will promote cycling and walking by introducing a 20 mph limit, increasing dedicated cycle lanes, and encouraging sustainable modes of transport through a smarter travel campaign.
We will prevent and reduce violence against women and girls	We will campaign with our partners and raise awareness of the unacceptability of this behaviour, increase confidence among victims to report incidents and develop interventions to tackle the problem effectively.
We will work with partners to prevent and reduce more serious crime, in particular youth crime and gang activity	We will work with our partners to engage with offenders by focusing on underlying factors, intervention and prevention, whilst effectively supporting victims and witnesses. We will encourage community leaders to help us to engage with gang members and reduce the impact of gangs on local communities.

Priority 3

The suggestions in this section of the booklet have been listed for discussion under **Priority 3**.

For each suggestion the following questions should be considered:

- Does the suggestion **compliment Priority 3**? If so, how?

- Is the suggestion **appropriate** for the overview and scrutiny function to deal with?

- Could the overview and scrutiny function **make a difference** by devoting some time and effort to it?

- Where the suggestion is a broad topic, what should the **particular focus** of any scrutiny piece of work in this topic area be?

- For any topic or piece of scrutiny work, what should the **outcome** that is being sought?

- What is the **best working approach** to tackle the topic – is it a report for questioning and challenge, a short evidence session, an in-depth review?

Appendix A – Suggestions for Overview and Scrutiny

Corporate Priority 3 – A clean, well maintained and safe borough where people are proud to live and work

No.	Strap-line	Detail	Source
3-1	Parking	Issues for discussion include: • Strategic approach to development CPZs • How can the Council enforce parking restrictions so that public transport is not impeded? • Nuisance vehicles	Survey - local resident
3-2	Community safety	• Does fear of crime and ASB associated with some places (loitering groups of men, littering, proliferation of betting and gaming shops, takeaways, men's drinking clubs) makes residents reluctant to go out after dark in Tottenham, Wood Green and Turnpike Lane?	Survey - local resident
3-3	Street lighting	• A response to the scrutiny survey notes "Residents welcome…street scene improvements such as street lighting". • Relighting the whole of the borough with LED lighting (streetlamps etc) in conjunction with the Green Bank to assist with Carbon reduction targets. (The Green Bank may provide necessary capital investment).	Survey Councillor
3-4	Development and green space	• How does the council maintain a balance between development needs and maintenance of green spaces for recreation and play? • Are there enough green spaces in Haringey?	Survey - local resident

Appendix A – Suggestions for Overview and Scrutiny

		Is this distributed evenly across the borough?	
3-5	Reducing waste	• What can be done to reduce the amount of waste produced locally? • Recycling – charging for residual elements	Survey - local resident
3-6	Maintaining front gardens	• How can these be maintained for the benefit of the environment? • Are those in council owned property required to maintain their garden?	Survey - local resident
3-7	Waterways	• How are local waterways managed and how can the Council improve and promote access to Haringey's water features and waterways.	Survey – member of a residents association
3-8	Health inequality – accessibility of sport and recreation facilities to women? (Also listed under priority 2)	• Is there a lack of women only space at local sports and recreation facilities? • Is this a particular problem for cultural groups such as Somali and Orthodox Jewish women who may not wish to exercise in a mixed environment? • Does this have an impact on local heath inequalities?	Councillor
3-9	Tree planting	• They are not being replaced as fast as they are being removed. • What is the impact of declining number of trees?	Survey - local resident
3-10	Parks	• Staffing resources in Parks and the facilities available to staff – these are very poor.	Councillor
3-11	Neighbourhood policing model	• Update on Safer Neighbourhoods etc	Work rolled over

Appendix A – Suggestions for Overview and Scrutiny

3-12	Events in parks	• In particular Finsbury Park – an ongoing issue and subject to regular review by the Environment and Community Safety Panel.	Work rolled over
3-13	Developing cycling	• This relates to Priority 3, Objective 3 – *"We will make Haringey one of the most cycling and pedestrian friendly boroughs in London"*.	Work rolled over
3-14	Counter Terrorism Act 2015	• Implications of new legislation	Work rolled over
3-15	Fly tipping	• Promoting behavioural change • Plans to promote community awareness and support action to address it	Initial discussion between Chair and Officers/ work rolled over
3.16	Joined up enforcement	• Joining up all enforcement activities and what might be included within this service • Models of delivery • An update on scrutiny review on this subject (Strategic Enforcement)	Initial discussion between Chair and Officers
3.17	Potholes	• Condition of pavements and roads • To consider the Council's reactive maintenance programme	Initial discussion between Chair and Officers
3.18	Violence against women and girls	• To consider whether further work should be carried out by scrutiny to look at violence against women and girls upon the conclusion of last year's scrutiny project.	Initial discussion between Chair and Officers
3.19	Prevent and reduce more serious crime	• To include ways to prevent violent extremism, Robbery, Violence with injury and using local crime statistics to understand why these are above London average	Initial discussion between Chair and Officers

Appendix A – Suggestions for Overview and Scrutiny

	• Priority 3, Objective 5 – "We will work with partners to prevent and reduce more serious crime, in particular youth crime and gang activity".	
3.20	Crime reduction partnership	• To look at how this is structured considering best practice elsewhere to ensure effective decision making. • Review of Community Safety Strategy	Initial discussion between Chair and Officers

Priority 4:

Sustainable Housing, Growth and Employment

Drive growth and employment from which everyone can benefit

Vision:

"Haringey is London's future: a borough embracing growth to create thriving, more prosperous and more equal communities."

Objectives	The role of the council
We will enable growth, by securing infrastructure - including transport, broadband, schools and health services	We will lobby Government, the Mayor of London and others to plan for and invest in new transport, health and education facilities in the borough and use our planning powers to support growth.
We will deliver growth, by creating an environment that supports investment and growth in business and jobs	We will promote Haringey to attract investment, and identify priority sectors and support businesses in locating, growing and creating jobs.
We will take advantage of growth, by ensuring that residents have the training, skills and support necessary to find and keep good quality employment	We will improve the skills, information and support that people get, from primary school onwards, so that they can take advantage of London's job opportunities.
We will manage the impact of growth, by reducing carbon emissions across the borough with the aim of meeting our 40:20 goal, while growing the green economy	We will take active steps to reduce the council's own carbon emissions, and lead efforts to reduce emissions across the borough. We will support green businesses - including those that help to make construction and existing buildings more efficient.
We will focus growth by prioritising new homes and jobs in Wood Green and particularly in Tottenham, where need and opportunity are greatest, and by bringing some of the borough's key community assets into more active use	We will continue to seek investment in Tottenham while extending that to Wood Green. We will ensure that the people and businesses in these areas benefit from the investment and change in their neighbourhoods, with improved education and employment prospects, better housing, better health and a greater say in the decisions that affect them.

Priority 4

The suggestions in this section of the booklet have been listed for discussion under **Priority 4.**

For each suggestion the following questions should be considered:

- Does the suggestion **compliment Priority 4**? If so, how?

- Is the suggestion **appropriate** for the overview and scrutiny function to deal with?

- Could the overview and scrutiny function **make a difference** by devoting some time and effort to it?

- Where the suggestion is a broad topic, what should the **particular focus** of any scrutiny piece of work in this topic area be?

- For any topic or piece of scrutiny work, what should the **outcome** that is being sought?

- What is the **best working approach** to tackle the topic – is it a report for questioning and challenge, a short evidence session, an in-depth review?

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Corporate Priority 4 – Drive growth and employment from which everyone can benefit

No.	Strap-line	Detail	Source
4-1	Regeneration strategy	• Lack of engagement with local communities about development plans (e.g. Site Allocation Plan)	Survey - local residents
		• Overdevelopment of the whole of the Borough planned	Survey local residents association
		• Need to improve openness and transparency on the part of the Council.	
		• How is the need to provide affordable housing balanced with investment opportunities for non residents?	Survey – member of community group
		• Will regeneration strategy threaten small and medium size enterprises - especially specialised ethnic-minority clusters - which should be the basis of economic development?	
		• Is an independent re-evaluation of this policy required (and of course their housing components)?	
4-2	Regeneration of local high streets	• Which areas are most affected e.g. Hornsey High Street, Tottenham High Road.	Survey - local residents
		• What impact do empty shops have on local economy or on social issues (e.g. vandalism, ASB)?	
		• What can be done to increase retail diversity	

Appendix A – Suggestions for Overview and Scrutiny

		of local shopping centres? • What are we doing to attract small businesses? • Does parking policy support local high streets? • What impact are large supermarkets having on local high streets? • What help can be provided through rent/rates/refuse collection?	
4-3	Local Planning Guidelines	• Are these clearly communicated to local residents? • Are these consistently applied, particularly in relation to large developments?	Survey – local residents association
4-4	Development and green space (also listed under priority 3)	• How does the council maintain a balance between development needs and maintenance of green spaces for recreation and play? • Are there enough green spaces in Haringey? Is this distributed evenly across the borough?	Survey - local resident
4-5	Unemployment and mental health (also listed under priority 2)	• What support is there for people to continue with education and training? • What impact do zero hours contracts have on social and emotional wellbeing? • How are those with drug addictions supported?	Survey - local resident
4-6	Access to GP (future development –also listed under priority 2)	• What is being done to improve access to GPs in Haringey? • What impact will planned future development	Survey - local resident

Appendix A – Suggestions for Overview and Scrutiny

		have on demand for GPs (e.g. Tottenham Hale)? • Has future demand been adequately factored in to local development plans?	
4-7	Support to businesses	• What is Haringey Council doing to encourage and support businesses to come to Tottenham? • A lot of new residential developments that have commercial premises are still empty.	Survey - local resident
4-8	Empty properties	• What happens where there is no progress? (e.g. property on Phillip Lane no progress for 20 years)	Survey - local resident
4-9	Council Tax and Housing Benefits (also listed under priority 5)	• Impact of Job Centre Plus sanctions? • Non-payment of Council tax or rent? • Compounding effect of Council legal action? • Rent arrears and possible eviction? • Impact of benefits restrictions for not attending language classes?	Survey - local resident
4-10	Consultation and planning	• More attempt to consult residents in planning processes for example, in conservation areas, tree preservation orders, Article 4 directions.	Survey – local residents association
4-11	Physical regeneration and social regeneration	• How does the council balance physical and social regeneration needs? • How much is spent on each respectively?	Survey - local resident
4-12	Apprenticeships	• This is a high priority to young people in Haringey	Survey - local resident

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4.13	Universal Credit (also included in cross cutting 6)	• Is there equal access to apprenticeships in the disadvantaged areas of the borough? • Universal credit is due to be rolled out - what is the council doing in readiness for this? • What is the council doing t make people aware of the possible impact?	Survey - local resident
4-14	Tottenham Regeneration	This is one of the Councils corporate programmes and an update is scheduled.	

Priority 5:

Sustainable Housing Growth and Employment

Create homes and communities where people choose to live and are able to thrive

Vision:

"Housing is about people and communities, not just bricks and mortar. This means mixed and inclusive neighbourhoods where residents can lead happy and fulfilling lives."

Objectives	The role of the council
Achieve a step change in the number of new homes being built	We will build more council owned homes while working with partners to provide greater numbers of affordable housing, while increasing the overall supply, including more shared ownership housing to help low and middle-income earners get on the property ladder.
	We will encourage owners to bring back into use more empty homes.
Prevent homelessness and support residents to lead fulfilling lives	We will provide realistic and achievable options for people to find housing or alternative housing and proactively help people avoid eviction and sustain their tenancies.
	We will work with partners and landlords to secure good quality accommodation at reasonable prices, as a way to prevent homelessness and reliance on temporary accommodation.
Drive up the quality of housing for all residents	We will complete the current plans for bringing council owned homes up to the Decent Homes standard. We will also provide new good quality, energy-efficient and affordable homes for rent and sale.

Appendix A

<u>Priority 5</u>

The suggestions in this section of the booklet have been listed for discussion under **Priority 5**.

For each suggestion the following questions should be considered:

- Does the suggestion **compliment Priority 5**? If so, how?

- Is the suggestion **appropriate** for the overview and scrutiny function to deal with?

- Could the overview and scrutiny function **make a difference** by devoting some time and effort to it?

- Where the suggestion is a broad topic, what should the **particular focus** of any scrutiny piece of work in this topic area be?

- For any topic or piece of scrutiny work, what should the **outcome** that is being sought?

- What is the **best working approach** to tackle the topic – is it a report for questioning and challenge, a short evidence session, an in-depth review?

Appendix A – Suggestions for Overview and Scrutiny

Corporate Priority 5 – Creates homes and communities where people choose to live and are able to thrive

No.	Strap-line	Detail	Source
5-1	Affordable housing	- What is being done to increase supply of affordable housing? - What impact has Right to Buy had? What will be the impact of extension of RTB to housing associations? - Is this being adequately planned for in development plans, or the overall regeneration strategy? - Is the infill programme increasing density of housing to dangerous levels? - Why are local housing developments being advertised in Hong Kong (e.g. Hornsey Depot)?	Survey – Residents Survey – Community Groups
5-2	Private rented sector	- How can residents get more secure contracts? - How can this be made more accessible to young people? - What can the Council do to enforce standards? - How can council bring empty homes back in to use? - What can be done to control rents in the area?	Survey - local residents
5-3	Leaseholders	- Contention about the responsibilities of leaseholders and Homes for Haringey. - How are residents and leaseholders properly	Survey – Member of a Residents Association

Appendix A – Suggestions for Overview and Scrutiny

		engaged and represented? • Is there a democratic process? • Is there a fair an open process for resolving disputes?	Survey – Local Resident
5-4	Homelessness	• Access to Hostel accommodation – can any be made without referral?	Survey – Local Resident
5-5	Council Tax and Housing Benefits (also listed under priority 4)	• Impact of Job Centre Plus sanctions? • Non-payment of Council tax or rent? • Compounding effect of Council legal action? • Rent arrears and possible eviction? • Impact of benefits restrictions for not attending language classes?	Survey – Local Resident
5-6	Housing Repairs	• Homes for Haringey? • Other local Registered Providers?	Survey – Member of a Residents Association Councillor
5-7	Registered Housing Providers	• There are continuing problems on multi-landlord estates – in respect of responsibility for maintenance of common areas. • Are there missed opportunities to synchronise and join up repairs and modernisation on multi-landlord estates?	Survey – Local Resident
5-8	Council housing	• Council housing - the need to protect and expand its provision, rather than demolitions and 'redevelopment'	Survey – member of a residents association

Appendix A – Suggestions for Overview and Scrutiny

		Councillor
5-9	Registered Housing Providers	• Nominations – there is a concern that in the context of local welfare reform local RHPs are 'cherry picking' local nominations.	
5-10	Older peoples housing	• Availability of sheltered housing • Assistance to help older people down size • Totality of adequate housing options for older people in the borough	Survey –Community Group
5-11	Housing Unification & Improvement Programme	This is one of the Councils corporate programmes and an update is scheduled.	

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Appendix A – Suggestions for Overview and Scrutiny

Cross Cutting Issues

No.	Strap-line	Detail	Source
6-1	Individual Electoral Registration (IER)	- What impact did this have in Haringey? - Are any groups under represented within IER? - Will forthcoming constituency boundary changes impact on Haringey? - The committee could also hear what local people have to say about votes at sixteen. - Building an accurate electoral register is a way of supporting the democratic right of local people.	Survey – Local Resident
6-2	Council decision making	- How to improve understanding of how the Council works and what responsibilities it has within the community? - How can local people influence local decision making? - How can the Council improve communication of decision making? - How effective is Haringey People as a local communication tool? - How can the Council work with the community to defend public services, including non-statutory services, by lobbying and taking effective action against Central Govt. - These issues relate to *"Working Together with our Communities"*.	Survey – Local Resident

Appendix A – Suggestions for Overview and Scrutiny

6-3	Council Administration – inefficiency	• What is being done to make sure the Council is being run efficiently? • For example: sending out letters in A4 format instead of A5 • How is the Council getting best value (on a par with other authorities)? • These issues relate to *"Value for Money"*.	Survey – Local Resident
6-4	Agency workers and consultants	• Does the use of agency workers is impact on quality of services e.g. lack of commitment to services? • What is the impact of the loss of more experienced staff with local knowledge? • What is the cost of such temporary posts? • Is the use of consultants cost effective? • Are consultants tax arrangements checked and compliant? • Either we need the posts or we don't. • These issues relate to *"Value for Money"*.	Survey – Local Residents
6-5	Council consultations	• Concern at the quality of Council Consultations • Are these meaningful or just a legal obligation or tick box exercise? • How can consultations really empower local people? • Drift to on-line consultation and social exclusion	Survey – member of a residents association Survey – Councillor

Appendix A – Suggestions for Overview and Scrutiny

		• These issues relate to *"Working Together with our Communities"*.	
6-6	Universal Credit (also included under priority 4 – employment support)	• Universal credit is due to be rolled out - what is the council doing in readiness for this? • What is the council doing to make people aware of the possible impact?	Survey – Local Resident
6-7	Pay increases for Cabinet, Overview & Scrutiny Committee and Councillors	• Why are Cabinet members and Chair of Overview & Scrutiny getting an increase in allowance in the context of cuts to vital public services?	Survey – Local Resident
6-8	Support fund (social fund)	• How effective is this being used to support those in greatest need? • How is it linking with other voluntary support charities?	Survey – Local Resident
6-9	Area Forums	• As they have been abolished, how can public ask questions and get answers? • Ward Budgets?	Survey – Local Resident
6-10	Asset strategy	• What are the long term implications of the policy of selling off Council assets (land, buildings, services)?	Survey – member of a residents association
6-11	Libraries and Communications	• The committee should examine whether the centralised system that combines Haringey information services with libraries is not distancing library staff from the public. • Older people find the one number system with many options before getting through to a person daunting.	Survey – Community Group

Appendix A – Suggestions for Overview and Scrutiny

	• There is a notable drift towards Haringey Council relying upon on-line consultation; often there is no information on paper and no telephone numbers to contact. This is excluding those not actively on line.		
6-12	Workforce Plan	• This is one of the Councils corporate programmes and an update is scheduled.	
6-13	Business Infrastructure	• This is one of the Councils corporate programmes and an update is scheduled.	
6-14	Customer Services Transformation Programme	• This is one of the Councils corporate programmes and an update is scheduled.	
6-15	Equality Impact Assessments (EqIAs)	• How scrutiny itself can use EqIAs to examine council and partner policy changes, and how scrutiny can mainstream an understanding of equality into its own work, in order to become more effective.	Councillor
6-16	Services for People with Disabilities (also included under priority 2)	• How do we develop services (across the board) that take account of the service user "Nothing about us, without us" • What are the barriers that prevent disabled people being equal?	Councillor

Appendix B

Scrutiny Work Programme Template 2015/16

Adults and Health Scrutiny Panel

Meeting Date*	Agenda Item	Details and desired outcome	Lead Officer / Witnesses
Date 1	*List all agenda items here*	*Please provide details concerning the aims and objectives of each item.* *This should include links to the Corporate Plan and highlight any development activities required to ensure Members are properly supported to undertake their work.* *Such issues should be picked up, discussed, and clarified as part of the agenda planning process.*	*List here the lead officer / Cabinet Member for each item and include the name(s), and organisation, of any external witnesses*
Date 2			
Date 3			
Date 4			
Date 5			

* This will be a working document, published with each agenda. At the end of the year we will have a complete record of what was discussed, and when, by each Panel / OSC. The same format will be used for each panel / OSC.

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