

NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

Monday, 11th July, 2016, 6.30 pm - Civic Centre, High Road, Wood Green, N22 8LE

Members: Councillors Pippa Connor (Chair), Gina Adamou, Charles Adje, David Beacham, Eddie Griffith, Liz McShane and Peter Mitchell

Co-optees/ Non Voting Members Helena Kania (Non-Voting Co-optee)

Quorum: 3

1. **FILMING AT MEETINGS**

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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. **ITEMS OF 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 as noted 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 - 16)

To approve the minutes of the Adults and Health Scrutiny Panel meeting held on 1 March 2016.

7. TERMS OF REFERENCE AND MEMBERSHIP (PAGES 17 - 50)

This report sets out the terms of reference and membership for Overview and Scrutiny for 2016/17.

8. APPOINTMENT OF NON VOTING CO-OPTED MEMBER (PAGES 51 - 54)

This report seeks formal approval of the appointment of a non voting co-opted Member to the Adults and Health Scrutiny Panel.

9. UPDATE REGARDING GENERAL PRACTICE IN HARINGEY (PAGES 55 - 56)

As noted in the attached report, this item will be provided in the form of a presentation. Cassie Williams, Assistant Director of Primary Care Quality and Development, will update the Panel in relation to Haringey Clinical Commissioning Group's work in relation to their statutory responsibility to support quality improvement in General Practice.

10. PHYSICAL ACTIVITY FOR OLDER PEOPLE - INITIAL SCOPING

Following discussion at the Scrutiny Cafe in June, the Panel will receive a presentation from Dr. Jeanelle De Gruchy, Director of Public Health.

The aim of this item is to scope a scrutiny project that has realistic aims and objectives with clear links to council priorities. It is hoped that work in this area will complement work that has been prioritised for 2016/17 under agenda item 13 (Work Programme Development).

11. ADDRESSING COMMUNITY WELLBEING: TAKING FORWARD THE FINDINGS OF THE EVALUATION REPORT OF NEIGHBOURHOODS CONNECT (PAGES 57 - 70)

The attached report asks the Adults and Health Scrutiny Panel to note the evaluation of the Neighbourhoods Connect service and the wider work to develop a community wellbeing model for the borough, and to contribute to the emerging approach.

12. CABINET MEMBER QUESTIONS - CABINET MEMBER FOR FINANCE AND HEALTH

An opportunity to question Cllr Jason Arthur, Cabinet Member for Finance and Health, in relation to his responsibilities concerning:

- Public Health
- Health devolution pilots
- Safeguarding adults
- Adults with disabilities and additional needs
- Adult social care
- Health and social care integration and commissioning

13. WORK PROGRAMME DEVELOPMENT (PAGES 71 - 84)

This report sets out how the foundations will be laid for targeted, inclusive and timely work on issues of local importance where the Adults and Health Scrutiny Panel can add value.

14. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

15. DATES OF FUTURE MEETINGS

The following dates are listed in the diary:

- 29 September (6.30pm)
- 1 December (6.30pm)
- 6 March (6.30pm)

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Friday 1st July 2016

MINUTES OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON Tuesday, 1st March, 2016, 6.34 - 10.15 pm

PRESENT:

Councillors: Pippa Connor (Chair), Gina Adamou, Eugene Ayisi (Substitute), Dihren Basu (Substitute), Peter Mitchell and Charles Wright (Substitute)

Co-opted Member: Helena Kania (Non Voting Co-optee)

ALSO PRESENT:

Councillors: Peter Morton, Cabinet Member for Health and Wellbeing, and Gideon Bull (6.55pm – 8.45pm)

96. FILMING AT MEETINGS

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

97. APOLOGIES FOR ABSENCE

It was noted that apologies for absence had been received from:

- Cllr Charles Adje (substituted by Cllr Charles Wright)
- Cllr David Beacham
- Cllr Stephen Mann (substituted by Cllr Dihren Basu)
- Cllr Felicia Opoku (substituted by Cllr Eugene Ayisi)

98. URGENT BUSINESS

There was no urgent business to discuss.

99. DECLARATIONS OF INTEREST

Cllr Pippa Connor declared a personal interest in relation to agenda items 7, 8, 9, 10, 11, 12 and 13 by virtue of her sister working as a GP in Tottenham.

100. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None

101. MINUTES

AGREED: That the minutes of the meetings held on 18 January 2016 and 11 February 2016 be approved as a correct record.

102. AMENDMENT TO THE ORDER OF BUSINESS

AGREED: That item 8, Neighbourhoods Connect, be taken before item 7, Primary Care Update.

103. NEIGHBOURHOODS CONNECT

The Chair welcomed Rupal Shah, Groundwork, Sarah Stamp, Haringey Advisory Group on Alcohol (HAGA), and Charlotte Pomery, Assistant Director Commissioning, to the meeting.

Ms Pomery informed the Panel that the Council and Clinical Commissioning Group (CCG) had commissioned a Neighbourhoods Connect service through the Better Care Fund in 2015. It was explained that the service intended to address social isolation for those needing, or likely to need, interventions from health or from adult social care as part of a preventative approach.

The Panel was informed that HAGA and Groundwork had been commissioned to deliver a Neighbourhoods Connect service in four localities, covering the whole borough, aligned to the primary care collaboratives. It was noted that the service had started in June 2015 and had originally been designed to run for a year. However, given the slow development required to engage effectively with people in localities, the Panel was informed a further six months of funding had been agreed and a full evaluation of the service would start in May 2016. It was noted that Groundwork operated across the West Collaborative while HAGA covered the other three (Central, North East and South East).

During the discussion, reference was made to the following:

- The impact of loneliness and isolation on people's health and wellbeing and the importance of connecting people to social activities, hobbies, well being services, hobbies, community groups and volunteering opportunities.
- Themes contributing to loneliness in Haringey, including loss – through bereavement or people leaving home, lack of money and disability.
- The individual and community level objectives for the project.
- The fact that the service had been delivered through a number of settings including regular sessions at libraries, General Practice, community centres, the Partnership Boards, Whittington Health and North Middlesex NHS Trusts, Sheltered Housing and specific events including the CAB beach event on Ducketts Common.

- The role of community centres, such as the Haringey Irish Cultural and Community Centre, and of ward councillors in developing the project.
- The asset mapping work that was being achieved through information sharing with stakeholders, desk top research, information received from the community and working collaboratively with service providers. It was suggested more needed to be done to ensure NHS 111 was fully aware of the project, especially the asset mapping, to enable appropriate signposting for individuals who use NHS 111 who are lonely and unable to take forward key areas of their lives.
- Contact figures for the services provided by HAGA and Groundwork. It was noted that the Neighbourhoods Connect project worked with people aged 18 plus.

The Panel was informed that the specification for the service was outcomes based meaning HAGA and Groundwork were able to determine how best to seek and engage with people who may not be in touch with services but who could benefit from some interventions.

Ms Shah provided a summary of the approach that had been taken by Groundwork across the West Collaborative. It was noted that Groundwork had:

- Conducted baseline surveys with high priority estates identified by Homes for Haringey in the West of the Borough.
- Partnered with existing organisations and services to offer taster sessions to promote what's on offer across the community.
- Been working with services and teams to encourage referrals to be made for tailored connections to be made.
- Been working with housing schemes to create 'community hubs'. It was noted that these would continue beyond the life of the project.
- Working with residents to develop better connections within their neighbourhoods which would go beyond the life of the project.

In terms of outcomes from the West Collaborative the Panel was asked to note the following:

- 1125 initial and post surveys distributed.
- 85 people had attended events and taster sessions.
- 11 people had completed well being assessments.
- 24 referrals received – both self referrals and from professionals.
- 124 individuals had been connected through the project.
- 27 connections made with partners and organisations.

- The support that was being provided to two housing schemes to create 'community hubs'.

Ms Stamp then provided a summary of the approach that had been taken by HAGA across the other three primary care collaborative areas in Haringey. The following issues were discussed:

- The drop-ins held in community locations.
- The public and community events that had taken place.
- The brief and extended interventions that had been used to support behaviour change.
- Social prescribing.
- Motivational interviewing techniques.
- The importance of partnership working.
- The taster sessions that had taken place at Shine Enterprise Centre.
- The five ways to well-being workshop and time credits.

In terms of outcomes the Panel was informed HAGA measured: engagement in community activities; the use of A&E; participation in employment, training and volunteering; referrals to other services, groups or projects; and client goals. It was noted that wellbeing was measured using the Warwick Edinburgh scale.

The Panel was asked to note that the following would be considered when evaluating the success of the project:

- The number of people engaged, connections made, follow up surveys completed.
- The quality of experience for individuals.
- How the service had impacted well being, quality of life and future outcomes.
- How organisations and services were benefiting.
- The success of the community hubs.

Moving forward, the Panel agreed it would be useful to receive an update on the Neighbourhoods Connect project, at their September 2016 meeting. The Panel requested that this provide clarity in terms of how outcomes from the project are measured, and asked for further information concerning other work that was taking place, across the Council, to tackle social isolation.

AGREED:

- (a) That the work to deliver a Neighbourhoods Connect service across the borough be noted.
- (b) That an update on the Neighbourhoods Connect Project be prioritised as part of the panel's future work programme for September 2016. This should provide clarity in terms of how outcomes from the project are measured and outline other work, taking place across the Council, to tackle social isolation.

104. PRIMARY CARE UPDATE

Cassie Williams, Assistant Director, Primary Care Quality and Development, Haringey Clinical Commissioning Group (CCG), provided an update on developments in Primary Care.

The Panel was informed the CCG was working with NHS England and local practices to ensure high quality general practice in Haringey. It was noted Haringey CCG was Co-commissioning at Level 2 i.e. working in collaboration with NHS England to commission primary care and making decisions about how national priorities should be focused for the local community.

In response to questions, Ms Williams provided information on the following issues:

- The Primary Care Strategy that had been developed across North Central London.
- Accessible care and at scale working, including the development of a pan-Haringey federation to enable practices to provide an equitable offer to all patients across the borough for evening and weekend appointments and the ongoing work to improve the use of technology to support better access.
- National guidelines in terms of GP surgery accessibility for disabled people, including the accessibility of the building and accessibility of services offered. It was suggested GP surgery accessibility in Haringey might be an area for further investigation, possibly by Healthwatch, during 2016/17.
- GP provision in Seven Sisters.
- Coordinated Care. It was noted that work was continuing to enable care to be coordinated around individuals. For example, the Better Care Fund, which coordinated work between health and social care, supporting the development of multidisciplinary Locality Teams who provided joined up care for those most in need, including those with long term conditions and those most at risk of admission to hospital.
- The future role of pharmacists in primary care.
- Proactive Care. The Panel was informed that in 2015-16 a new local incentive scheme had been developed to support increased case finding of those most at risk. It was noted that this was a key area of focus in relation to Priority 2 of the

Council's Corporate Plan (2015-18). It was explained that Haringey had higher than expected numbers of strokes occurring within its population with lower than expected identified cases of atrial fibrillation (irregular heart beat) and hypertension (high blood pressure), two medical conditions known to be risk factors for stroke. Various issues, and schemes, in relation to atrial fibrillation and hypertension were discussed.

The arrangements for early supported discharge after stroke, across North Central London, were discussed, along with the scrutiny of such arrangements that had been carried out by the Joint Health Overview and Scrutiny Committee. It was agreed this was an issue for further consideration when developing the future scrutiny work programme.

In terms of workforce development, the Panel was informed that the CCG worked closely with health providers and adult social care in a network called the Community Education Provider Network (CEPN). It was noted that the CCG was looking to work with the council, and other partners, to support the development of the workforce across the borough; considering how quality staff could be attracted and retained.

Ms Williams concluded her presentation by providing an update on the Primary Care Estates Strategy. It was noted that the strategy, previously considered by the Panel, had identified the following areas as needing additional GP capacity: Green Lanes, Noel Park/Wood Green, Northumberland Park and Tottenham Hale.

The Panel was informed Tottenham Hale had particular need and agreement had been achieved from NHS England to establish a new GP practice in the area. Ms Williams explained that a temporary site was in development in Hale Village and would be able to take up to 7,00 patients while a permanent site was built. It was explained the new site was due to open during April 2016 although there was a risk that work to re-specify the demountable may result in a small delay. Ms Williams advised the permanent site/s for the new GP practice had yet to be confirmed. However, it was explained a number of locations were being considered as part of a feasibility study for the area and that this would be completed in March 2016.

In response to questions, Ms Williams advised that the Wellbourne Centre could be a primary care site in the future with the potential to accommodate at least 20,000 patients. It was noted that other areas, across the borough, had also been identified as long term building solutions. It was explained that in order to minimise the potentially significant uplift in rate and rents reimbursements that the CCG would be liable for when developments completed, work was ongoing to bid for Primary Care Transformation Fund money. The Panel was asked to note that this could potentially release capital to support building new premises which could then be used as GP practices at affordable rents.

AGREED:

- (a) That the updates regarding developments in Primary Care be noted.

- (b) That an item on the arrangements for early supported discharge (after stroke) across North Central London be considered for inclusion in the Panel's work programme for 2016/17.

105. MENTAL HEALTH AND WELLBEING FRAMEWORK - PRIORITY 2

Catherine Swaile, Commissioning Manager – Vulnerable Children, Haringey Council and Haringey Clinical Commissioning Group, provided an update in relation to Priority 2 of the Mental Health and Wellbeing Framework: “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”.

Ms Swaile commenced her presentation by explaining that in 2015 the Department of Health had published “Future in Mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing”. The Panel noted that this report contained five key themes: Promoting resilience, prevention and early intervention; Improving access to effective support; Care for the most vulnerable; Accountability and transparency and; Developing the workforce.

The Panel was informed that the £280 million Transformation Funding for CAMHS, announced in the Autumn budget, had been top sliced to support a number of pilots and national developments. It was noted that Haringey had received £163,000 as part of these initiatives in 2015/16. Additionally, it was explained that each area had been given a proportion to implement local transformation plans. Ms Swaile advised that Haringey’s allocation for 2015/16 was £515,302 and that in order to access this funding every CCG had to go through a rigorous assurance process.

Ms Swaile explained that the aims and objectives of the Haringey Transformation Plan were:

- To develop and implement a joint commissioning model to develop a whole system approach to child and adolescent mental health and emotional wellbeing.
- To ensure evidence-based, quality assured services that promote participation of children, young people and their families in all aspects of prevention and care.
- To develop an early intervention approach that is embedded across the whole system.
- To transform the model of care to improve access, deliver seamless care, improve outcomes and promote enablement.
- To ensure that all groups of children and young people are able to access appropriate support, and that those where there are higher vulnerabilities have tailored support to their needs.
- To promote the recognition of emotional health and wellbeing across the wider children and young people’s workforce.

In response to questions, Ms Swaile provided information on the following local priority schemes:

- The development of a participation strategy for both Children and Young People and Parents/Carers;
- The development of IT infrastructure;
- Resource mapping and the development of an early intervention pathway;
- CAMHS in GP surgeries - pilot extension – where it was noted clinicians offered brief psychological interventions for patients who would not meet the criteria for Tier 3 CAMHS;
- The development of mental health links in schools and the piloting of a new approach to mental health support for young carers;
- The development of a borough-wide attachment pathway and extending the use of the successful How to BE Tool – Anchor Project;
- The development of an early intervention approach to self-harm and eating disorders support;
- Scoping, and piloting, the extension of CAMHS Access to improve access to CAMHS by providing a non-stigmatised, face to face, community asset based approach to triage;
- Peer support for children and young people and parents, including for eating disorders and self harm;
- The development of an out of hours support model that was safe, supportive and cost efficient;
- The Looked After Children (LAC) Service Pilot;
- Improving transition from CAMHS through the development of a co-produced creative life skills course for 14-21 year olds;
- The recruitment of a CAMHS worker into the Youth Offending Service;
- Post-diagnostic psychological support for ASD and neurodevelopmental assessment;
- The commissioning of resources to contribute to North Central London's development of a sexual assault pathway and to support transformation implementation;
- Training and resources for the wider children's workforce in addressing mental health issues; and

- The roll-out and embedding of the Children and Young People's Improving Access to Psychological Therapies partnership.

The Panel was informed that Haringey services had significantly longer lengths of interventions than Child Outcomes Research Consortium (CORC) comparator services. Moving forwards, it was explained delivery of interventions across services needed to be more focused and outcomes routinely used as part of case supervision, with approaches regularly reviewed to ensure they were meeting the desired outcomes. In addition, it was explained that expectations would be managed by services so that children and young people and their families were clear that their engagement with CAMHS was a focussed time-limited piece of work, in line with recovery and enablement principles. In response to questions, Ms Swaile explained that it would not be appropriate to set a time limit on these interventions as the prescribed length would depend on the modality and complexities of the presentation, however changes to practice would help to reduce the average and median lengths of intervention.

Ms Swaile concluded her presentation by explaining that enablement would be promoted through improving access to step down provision. The Panel was informed that a workshop had been held with providers across child and adult mental health services, and other key stakeholders, to look at transition issues and how previous Overview and Scrutiny recommendations would be taken forward. It was noted that a specific action plan around transition would be completed to include:

- The mapping of different cohorts with a focus on pathways for specific groups including LAC and children and young people with learning disabilities.
- Delivering a more integrated approach through establishing a joint multi-agency forum to discuss children and young people approaching transition age where the pathway is not clear and creating virtual networks around the young person from April 2016.
- Considering the development of a 0-25 model for CAMHS with adult health commissioners through a more detailed look at the outcomes from the Suffolk and Norfolk, Birmingham and Oregon models.

AGREED:

- (a) That the update in relation to Priority 2 of the Mental Health and Wellbeing Framework be noted.
- (b) That an update on Haringey's Transformation Plan, including the work of the Transformation Sub Group and Transition Action Plan, be prioritised as part of the Panel's future work programme for March 2017.
- (c) That an update on the Mental Health and Wellbeing Framework, including Priority 2, be prioritised as part of the Panel's future work programme for Autumn 2017.

106. ADULT SAFEGUARDING UPDATE

Beverley Tarka, Director of Adult Social Services, informed the Panel that the adult safeguarding update had been drafted in relation to a BBC London report which had reported there had been a lack of care and support for an elderly lady living at home with dementia.

In order to respect the confidentiality of the individual, and due to data protection considerations, Ms Tarka advised, at the time of the meeting, she was unable to comment on the details of the case. However, the Panel was informed that adult services had been in frequent contact with the resident, and had increased her care packages, while promptly investigating issues that had been raised.

Cllr Morton, Cabinet Member for Health and Wellbeing, commented that the Council was committed to caring for all residents that received adult care and support noted the case was unacceptable. The Panel was informed that as soon as the lady's circumstances had been brought to Cllr Morton's attention, the Council took steps to deal with the matter.

During the discussion, reference was made to the following:

- The work that was taking place to ensure the care that the resident received met her assessed needs and was in her best interests.
- Consideration of current and long term support arrangements for the service user, outlined in 6.3 – 6.4 of the report. It was noted adult social services were in the process of taking appropriate and proportionate steps that were required by them pursuant to the relevant provisions within the Carer Act 2014 and the Mental Capacity Act 2005, to safeguard and make welfare decisions that needed to be made for the individual concerned, in her best interest.
- The fact that the Care Act 2014 provided an important framework to address the issues under consideration in relation to the case, including the process for a Section 42 enquiry.

In response to questions, Ms Tarka explained that a Section 42 enquiry was currently underway, as outlined in section 6.1 of the report, and was looking at a number of potential areas. The Panel was informed that this would enable all parties involved to identify learning and improvements to inform future practice. Ms Tarka advised that the learning of the safeguarding enquiry would be reported to the Safeguarding Adults Board (SAB) in due course, likely to be June 2016.

AGREED:

- (a) That the adult safeguarding update be noted.
- (b) That the learning arising from the Section 42 enquiry be presented to the Adults and Health Scrutiny Panel, during Summer or Autumn 2016, for review.

107. HIGH LEVEL PROJECT PLAN FOR DAY OPPORTUNITIES TRANSFORMATION

Beverley Tarka, Director of Adult Social Services, and Charlotte Pomery, Assistant Director Commissioning, provided an update in relation to the project plan for Day Opportunities Transformation.

The Panel was informed that the traditional role of adult social care was changing. It was noted for every £3 the council spent, £1 went on adult social care. It was recognised that without significant changes this figure would rise, especially with an increase in residents aged over 65 years.

In response to questions, Ms Tarka explained the Council wanted to see a greater emphasis on promoting independence, dignity and choice – with care and support shifting away from institutional care towards community and home base support. Ms Tarka went on to provide an update in relation to:

- Day opportunities for older people with frailty and dementia, including: the closure of The Haven and The Grange, the redesign of day opportunities model through co-design, and seeking an alternative provider for the Haynes.
- Day opportunities for learning disabled working age adults (employment, education and training) including: the closures of Allways, Birkbeck Road and Roundways, design of day opportunities model through co-design, and seeking an alternative provider for Ermine Road.

Ms Pomery provided an update on various actions in relation to Day Opportunities for older people, including:

- The mapping work that had been completed in terms of engaging with existing provision for community based day opportunities and the mapping of current and future need and demand.
- The work that was getting underway in term of the co-design of new provision, including service users, carers, family etc using advocacy and Futuregov, who had been procured for this purpose. It was noted a Stakeholder Steering Group, led by HealthWatch, would oversee the process.

Officers reiterated that closures would not happen until satisfactory alternative provision had been identified and outlined key dates and actions in relation to the closure of The Haven (September 2016) and The Grange (October 2016). Various issues were discussed in relation to assessments of service users, staff consultation, transition planning, reviews that would take place to ensure service users' new plans were successful, and the co-design process for creating a new day opportunities model. It was noted that the delivery of day opportunities at The Haynes, through an alternative provider, would go live in April 2017.

In response to questions, Ms Pomery provided information on actions relating to the work streams for Day Opportunities for People with learning disabilities, including:

- The ongoing communication that had taken place with service users and other stakeholders.
- The mapping work that had been completed in terms of existing provision for community based day opportunities.
- The work that was getting underway in terms of the co-design of new provision, including service users, carers, family etc using advocacy and Futuregov.

Various issues were considered in relation to the closure of Allways, Roundways and Birkbeck Road (December 2016) and the actions that would be taken to refurbish Ermine Road, based on an assessment of existing use and future need. The Panel was informed that the delivery of day opportunities at Ermine Road, through an alternative provider, would go-live in June 2017.

During the discussion, reference was made to the following:

- The governance arrangements for day opportunities transformation, including the roles and responsibilities of the Priority 2 Operational and Strategic Board and the Adult Transformation Board.
- The work of Area 51, an Independent Specialist Provider for young people with severe, complex or profound learning difficulties. It was noted Area 51 delivered full-time courses in preparation for life and work, enabling young people to make a successful transition from childhood to adulthood.
- The training and volunteering opportunities that were available at the Wolves Lane Garden Centre for those with physical and / or learning difficulties.
- The opportunities provided by community centres across the borough, including services provided by Haringey Irish Cultural and Community Centre, the Cypriot Community Centre, and the G.R.A.C.E Organisation, among others.
- The importance of keeping service users/carers informed, as various workstreams developed, to ensure residents were fully aware of services available across the borough.

AGREED:

- (a) That the update in relation to the high level project plan for Day Opportunities Transformation be noted.
- (b) That an update on Day Opportunities Transformation, with input from the Stakeholder Steering Group, be prioritised as part of the Panel's future work programme for September 2016.

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

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

Councillor Morton provided an update on the following issues:

- The continuing work of the Haringey Obesity Alliance including an update on the “No Ball Games” signs reviews that was taking place with Homes for Haringey and resident associations to raise awareness of problems associated with obesity and to encourage children to be more active.
- The work of The Bridge Renewal Trust, Haringey’s Strategic Partner for the Voluntary and Community Sector, in terms of helping the Council to forge stronger partnerships with the sector.
- The importance of developing a local social prescribing approach for Haringey in order to improve access to primary and community care and enriching the local offer of interventions that were community based. It was noted that the concept wasn’t new for Haringey and that a range of interventions were already in place that would form part of the network for the local model. For example, Neighbourhoods Connect, Time Credit, Welfare hubs in GP practices, Locality co-ordinators, among others.
- The work that was taking place to develop a recruitment and retention strategy for the Adults Social Services workforce.
- The early progress that had been made in relation to the Haringey Devolution Prevention Pilot. The Panel was informed the Pilot featured two overarching objectives:
 - Healthy Environment – maximising licensing and planning powers to tackle alcohol, fast food, gambling and tobacco, and seeking new powers to create enhancing environments where the healthier choice is the easy choice.
 - Sustainable Employment – integrating health and employment systems to intervene earlier to prevent the mutually reinforcing issues of ill-health and unemployment.
 - Cllr Morton explained the pilot was a partnership initiative and that the pilot declaration had been signed by the Council, Haringey CCG, police and Healthwatch. It was noted that the Health and Wellbeing Board would provide ultimate governance for the pilot.

In addition, updates were provided on the construction work that was taking place at Lorenzo House and Protheroe House. The Panel was informed that Haringey’s new supported living housing, for older people, would enable more than one hundred older Haringey residents to live in state-of-the-art affordable accommodation, with a specialist team onsite for their care and support needs.

AGREED:

That the update from the Cabinet Member for Health and Wellbeing be noted.

109. WORK PROGRAMME UPDATE

The Chair provided an update on the work programme, including items that had been prioritised for 2016/17, and an overview of the Panel's work in relation to adult safeguarding.

The following points were noted:

- Following discussion at the Scrutiny Cafe, at the start of the municipal year, the Panel had taken a keen interest in adult safeguarding, especially in view of changes to adult care services.
- Various issues in relation to adult safeguarding, and Haringey's ambition to develop a community wide partnership approach to quality assurance, had been scrutinised by the Panel during 2015/16.
- Evidence gathering sessions had been held with representatives from the Care Quality Commission (CQC) and the Panel had met informally with Dr Adi Cooper, the Independent Chair of Haringey's Safeguarding Adults Board (SAB). It was acknowledged that this had given opportunities to learn more about the roles and responsibilities of the SAB and CQC and to consider the SAB's Annual Report.
- The Panel would meet on the 18th March 2016 to coordinate their response to Haringey's Safeguarding Adults Board Strategic Plan 2015-18 Consultation.
- Further member development activities (site visits, briefings, conferences etc) would take place to help develop the future scrutiny work programme. It was recognised that such activities would help panel members to consider the role of scrutiny in this complex area and give opportunities to learn from best practice.
- A site visit had been arranged with representatives from Enfield (on 17th March) to learn about their (gold standard) Making Safeguarding Personal programme.
- A Member Learning Development session (on 10th March) had been organised for all Haringey members.
- The Chair of the Panel would be attending a conference at the University of Bedfordshire on 27 April in relation to Making Safeguarding Personal

Moving forward, and subject to further discussion as part of work programme development for 2016/17, it was agreed that scrutiny activity in this area should focus on "what does good look like for an adult at risk?"

In addition, Christian Scade, Principal Scrutiny Officer, provided an update on the work that was taking place by the Barnet, Enfield and Haringey Sub Group of the

North Central London Joint Health Overview and Scrutiny Committee. It was noted the Quality Accounts (Annual Reports) from both the Barnet, Enfield and Haringey Mental Health NHS Trust and North Middlesex University Hospital NHS Trust, and related issues, would be scrutinised by the Sub Group on 13 May 2016. Mr Scade concluded by providing information on the evidence gathering sessions, with commissioners and providers, that had taken place, and were planned, in relation to foot care services. It was noted that an update on these issues would be considered by the Panel in September 2016.

AGREED:

That the work programme, set out in Appendix A to the report, be noted.

110. LONG MEETING

Prior to 10.00pm, during consideration of the Work Programme Update item, the panel considered whether to adjourn the meeting at 10.00pm or continue to enable further consideration of the case in hand.

The panel **AGREED** to suspend standing orders (Part 4, Section B, Committee Procedure Rules 18) to continue the meeting beyond 10.00pm.

111. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

112. DATES OF FUTURE MEETINGS

The Chair referred Members present to Item 15 as shown on the agenda in respect of future meeting dates, and Members noted the information contained therein'.

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

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Report for: Adults and Health Scrutiny Panel, 11th July 2016

Item number:

Title: Terms of Reference and Membership

Report authorised by : Michael Kay, Democratic Services and Scrutiny Manager

Lead Officer: Christian Scade, Principal Scrutiny Officer,
Tel: 020 8489 2933, Email: christian.scade@haringey.gov.uk

Ward(s) affected: N/A

**Report for Key/
Non Key Decision:** N/A

1. Describe the issue under consideration

1.1 This report sets out the terms of reference and membership for Overview and Scrutiny for 2016/17.

2. Recommendations

2.1 The Panel is asked to:

(a) Note the terms of reference (Appendix A) and Protocol (Appendix B) for Overview and Scrutiny.

(b) Note the policy areas/remits and membership for each Scrutiny Panel for 2016/17 (Appendix C).

3. Overview and Scrutiny Committee

3.1 As agreed by Council on 16 May, the membership of the Overview and Scrutiny Committee for 2016/17 is: Cllr Charles Wright (Chair); Cllr Pippa Connor (Vice-Chair); Cllr Kirsten Hearn; Cllr Emine Ibrahim; and Cllr Makbule Gunes.

3.2 The membership of the Committee also includes the statutory education representatives, who have voting rights solely on education matters

3.3 The terms of reference and role of the OSC is set out in Part Two (Article 6), Part Three (Section B) and Part Four (Section G) of the Council's Constitution. Together, these specify key responsibilities for the Committee. This information is provided in full at Appendix A.

3.4 There is also a Protocol, outside the Constitution and provided at Appendix B, that sets out how the OSC is to operate.

4. Scrutiny Panels

- 4.1 Article 6 of the Constitution states the OSC shall appoint Scrutiny Panels in order to discharge the Overview and Scrutiny role.
- 4.2 The specific functions for any Scrutiny Panels established is outlined in Article 6 of the Constitution at 6.3 (b) and 6.3 (c). The procedure by which this operates is detailed in the Scrutiny Protocol:
- The OSC shall establish 4 standing Scrutiny Panels, to examine designated public services.
 - The OSC shall determine the terms of reference for each Scrutiny Panel.
 - If there is any overlap between the business of the Panels, it is the responsibility of the OSC to resolve the issue.
 - Areas which are not covered by the 4 standing Scrutiny Panels shall be the responsibility of the main OSC.
 - The Chair of each Scrutiny Panel shall be a member of the OSC, and shall be determined by the OSC at their first meeting.
 - It is intended that each Scrutiny Panel shall be comprised of between 3 and 7 members, and be politically propionate as far as possible. It is intended that other than the chair, the other members are non-executive members who do not sit on the OSC.
 - Each Scrutiny Panel shall be entitled to appoint up to three non-voting co-optees. The Children and Young People's Scrutiny Panel membership will include the statutory education representatives of OSC.
- 4.3 In view of the changes to Cabinet Member Portfolios, noted by Council on 16 May, policy areas to be covered by each Scrutiny Panel were updated by OSC on 6 June. This information, together with the membership for each Panel and links to relevant Portfolio holders, is attached at Appendix C.

Scrutiny Panel	Membership
Adults and Health	Cllr Connor (Chair); Cllr Adamou; Cllr Adje; Cllr Beacham; Cllr Griffith; Cllr McShane and Cllr Mitchell
Children and Young People	Cllr Hearn (Chair); Cllr M Blake; Cllr Mallett; Cllr Morris; Cllr Rice and Cllr Ross plus the statutory education representatives of OSC
Environment and Community Safety	Cllr Gunes (Chair); Cllr B Blake; Cllr Carter; Cllr Hare; Cllr S Mann and Cllr Stennett.
Housing and Regeneration	Cllr Ibrahim (Chair); Cllr Amin; Cllr Bevan; Cllr Engert; Cllr Gallagher; Cllr Morton and Cllr Newton
All Councillors (except Members of the Cabinet) may be members of the Overview and Scrutiny Committee and the Scrutiny Review Panels. However, no Member may be involved in scrutinising a decision in which he/she has been directly involved.	

5. North Central London Joint Health Overview and Scrutiny Committee

- 5.1 Haringey is currently a member of the North Central London Joint Health Overview and Scrutiny Committee (JHOSC). The other boroughs that are members are Barnet, Camden, Enfield and Islington.
- 5.2 The revised terms of reference, agreed by the JHOSC at its meeting on 29 January 2016, and by Haringey Council on 16 May 2016, are as follows:
- To engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington;
 - To respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross borough basis and where there are comparatively small numbers of patients in each of the participating boroughs;
 - To respond to any formal consultations on proposals for substantial developments or variations in health services across affecting the area of Barnet, Camden, Enfield, Haringey and Islington;

- The joint committee will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs) of its parent authorities, although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion;
- The joint committee will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the joint committee may establish sub and working groups as appropriate to consider issues of mutual concern provided that this does not duplicate work by individual HOSCs; and
- The joint committee will aim work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people.

5.3 Haringey's OSC is entitled to appoint two representatives to the JHOSC and on 6 June agreed to appoint Cllr Charles Wright and Cllr Pippa Connor to the NCL JHOSC.

6. Contribution to strategic outcomes

6.1 Activities, to develop the annual scrutiny work programme, will take place during May, June and July, with the final programme to be agreed by OSC on 21 July. The contribution scrutiny can make to strategic outcomes will be considered as part of this process.

7. Statutory Officers Comments

Finance and Procurement

- 7.1 The Chief Finance Officer has confirmed the Haringey representatives on the JHOSC are not entitled to any remuneration.
- 7.2 Should any of the work undertaken by Overview and Scrutiny generate recommendations with financial implications then these will be highlighted at that time.

Legal

- 7.3 The Assistant Director for Corporate Governance has been consulted on the contents of this report.
- 7.4 Under Section 21 (6) of the Local Government Act 2000, an Overview and Scrutiny Committee has the power to appoint one or more sub-committee to discharge any of its functions. The establishment of Scrutiny Panels by the Committee falls within this power and is in accordance with the requirements of the Council's Constitution.

- 7.5 Scrutiny Panels are non-decision making bodies and the work programme and any subsequent reports and recommendations that each scrutiny panel produces must be approved by the OSC. Such reports can then be referred to Cabinet or Council under agreed protocols.
- 7.6 The OSC can appoint two representatives to the North Central London Joint Health Overview and Scrutiny Committee. This is in accordance with the decision made by full Council on 22 March 2010 that the making of nominations to the Joint Health Committee be delegated to the Committee.

Equality

- 7.7 The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:
- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
 - Advance equality of opportunity between people who share those protected characteristics and people who do not;
 - Foster good relations between people who share those characteristics and people who do not.
- 7.8 The proposals outlined in this report relate to the membership and terms of reference for Overview and Scrutiny and carry no direct implications for the Council's general equality duty. However, the Panel should ensure that it addresses these duties by considering them within its work programme, as well as individual pieces of work. This should include considering and clearly stating;
- How policy issues impact on different groups within the community, particularly those that share the nine protected characteristics;
 - Whether the impact on particular groups is fair and proportionate;
 - Whether there is equality of access to services and fair representation of all groups within Haringey;
 - Whether any positive opportunities to advance equality of opportunity and/or good relations between people, are being realised.
- 7.9 The Committee should ensure that equalities comments are based on evidence. Wherever possible this should include demographic and service level data and evidence of residents/service-users views gathered through consultation.

8. Use of Appendices

Appendix A Part Two (Article 6), Part Three (Section B), and Part Four (Section G) of the Constitution of the London Borough of Haringey.

Appendix B Scrutiny Protocol

Appendix C Overview & Scrutiny Remits and Membership 2016/17

9. Local Government (Access to Information) Act 1985

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PART TWO – ARTICLES OF THE CONSTITUTION

Last updated 21 July 2014

Article 6 - Overview and Scrutiny

6.01 Terms of reference

The Council will appoint an Overview and Scrutiny Committee to discharge the functions conferred by section 9F of the Local Government Act 2000, the Health & Social Care Act 2001 and the NHS Reform & Health Professionals Act 2002.

6.02. General role

Within its terms of reference, the Overview and Scrutiny Committee may:

- (a) Exercise an overview of the forward plan;
- (b) Review or scrutinise decisions made or actions taken in connection with the discharge of any of the Cabinet's or Council's functions;
- (c) Make reports and recommendations to the full Council, the Cabinet or relevant non-Executive Committee in connection with the discharge of any functions;
- (d) Make reports or recommendations on matters affecting the area or its inhabitants;
- (e) Exercise the right to call-in, for reconsideration, key decisions made but not yet implemented by the Executive;
- (f) Receive the reports and recommendations of its commissioned Scrutiny Review Panels; and
- (g) In accordance with statutory regulations to review and scrutinise matters relating to the health service within the Authority's area and to make reports and recommendations thereon to local NHS bodies;
- (h) Enter into or appoint such joint overview and scrutiny committees that include the London Borough of Haringey and other boroughs for the purpose of responding to consultation by NHS bodies on proposals for substantial variation or development in the provision of health services as required by The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

6.03 Specific functions

(a) Scrutiny Review Panels.

The Overview and Scrutiny Committee shall appoint Scrutiny Review Panels in order to discharge the Overview and Scrutiny role for designated public services and will co-ordinate their respective roles.

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(b) Policy development and review.

The Overview and Scrutiny Committee and any Scrutiny Review Panels it may establish may:

- (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.

(c) Scrutiny.

The Overview and Scrutiny Committee and any Scrutiny Review Panels it may establish may:

- (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 non-executive 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).

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(d) Finance

Overview and Scrutiny Committee may exercise overall responsibility for the finances made available to them.

(e) Annual report.

Overview and Scrutiny Committee must report annually to full Council on their workings and make recommendations for future work programmes and amended working methods if appropriate.

6.04 Proceedings of Overview and Scrutiny Committee

The Overview and Scrutiny Committee and any Scrutiny Review Panels it may establish will conduct their proceedings in accordance with the Overview and Scrutiny Procedure Rules set out in Part 4 of this Constitution.

6.05 Votes of No Confidence

The Chair of the Overview and Scrutiny Committee or the Chair of a Scrutiny Review Panel shall cease to hold that office as a Scrutiny member if a vote of no confidence, of which notice appears on the agenda, is carried at the meeting of the relevant body. The responsibilities of that member shall be carried out by the relevant Vice-Chair until such time as a subsequent meeting of that body has been notified of the appointment of a replacement or the reappointment of the member concerned. In the event of all members of the Overview and Scrutiny Committee having been removed from office in this way at any time, Scrutiny functions shall in the interim be carried out by Full Council.

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PART THREE – RESPONSIBILITY FOR FUNCTIONS

SECTION B

Last updated 14 May 2015

SECTION 2 – COMMITTEES

The following shall be committees of the Council and they shall have the membership as described in the Appointments of Committees, Sub-Committees, Panels, etc (as approved by the Annual Meeting):

- 1. The Corporate Committee**
 - 2. Pensions Committee**
 - 3. Staffing and Remuneration Committee**
 - 4. Overview and Scrutiny Committee**
 - 5. Standards Committee**
 - 6. Alexandra Palace and Park Board**
 - 7. The Regulatory Committee**
 - 8. The Health and Wellbeing Board**
-

4. Overview and Scrutiny Committee

The Overview and Scrutiny Committee may:

- (a) exercise an overview of the forward plan;
- (b) review or scrutinise decisions made or actions taken in connection with the discharge of any of the Cabinet's or Council's functions;
- (c) make reports and recommendations to the full Council, the Cabinet or relevant non-Executive Committee in connection with the discharge of any functions;
- (d) make reports or recommendations on matters affecting the area or its inhabitants;
- (e) exercise the right to call-in, for reconsideration, key decisions made but not yet implemented by the Cabinet;
- (f) receive the reports and recommendations of its Scrutiny Review Panels;
- (g) in accordance with statutory regulations to review and scrutinise matters

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relating to the health service and all NHS funded services within the Authority's area and to make reports and recommendations thereon to local NHS and NHS funded bodies;

- (h) enter into or appoint such joint overview and scrutiny committees that include the London Borough of Haringey and other boroughs for the purpose of responding to consultation by NHS bodies on proposals for substantial variation or development in the provision of health services as required by The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013;
- (i) review or scrutinise decisions made, or other action taken, in connection with the discharge by the responsible partner authorities of their crime and disorder functions;
- (j) make reports or recommendations to the Cabinet or full Council where appropriate with respect to the discharge of the crime and disorder functions by the responsible partner authorities;
- (k) make arrangements which enable any Councillor who is not a Committee Member to refer any crime and disorder matter to the Committee under the Councillor Call for Action procedure; and
- (l) make arrangements which enable any Councillor who is not a Committee Member to refer to the Committee any local government matter which is relevant to the functions of the Committee under the Councillor Call for Action procedure.
- (m) there is a Protocol outside this Constitution setting out how the Overview and Scrutiny Committee is to operate. The Protocol shall be applied in a manner consistent with the Committee Procedure Rules in Part 4 and any issue on procedure at the meeting shall be subject to the ruling of the Chair. The Protocol can be amended by the written agreement of the Leaders of the Political Groups on the Council.
- (o) to appoint two representatives to the standing Joint Health Overview and Scrutiny Committee for North Central London. (Since this appointment is for only two Members to the Joint Committee, the "political proportionality" rules in the Local Government and Housing Act 1989 do not apply.)

SECTION 3 - SUB-COMMITTEES AND PANELS

The following bodies shall be created as Sub-Committees of the relevant Committee of the Council under which they are listed. Bodies described as "Panels" are Sub-Committees unless otherwise stated. Sub-Committees shall report to their parent bodies and they shall have the membership as described in the Appointments of Non-Executive Committees, Sub-Committees, Panels, etc as approved by the Annual Meeting.

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2. Under Overview and Scrutiny Committee

2.1 Scrutiny Review Panels

- (a) To carry out scrutiny processes relevant to particular services as determined by Overview and Scrutiny Committee and within the parameters, protocols and procedures agreed by Overview and Scrutiny Committee for all Scrutiny Review Panels.
- (b) Within these scrutiny processes to request and receive submissions, information and answers to questions from Cabinet Members, officers and other senior employees of the Council, service users, external experts and relevant members of the public.
- (c) To refer the findings/recommendations in the form of a written report, with the approval of the Overview and Scrutiny Committee, to The Cabinet and/or the Council as appropriate.

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**PART FOUR – RULES OF PROCEDURE
SECTION G – OVERVIEW & SCRUTINY PROCEDURE RULES**

Last updated 21 July 2014

1. The arrangements for Overview and Scrutiny

- 1.1 The Council will have one Overview and Scrutiny Committee, which will have responsibility for all overview and scrutiny functions on behalf of the Council.
- 1.2 The terms of reference of the Overview and Scrutiny Committee will be:
- (i) The performance of all overview and scrutiny functions on behalf of the Council.
 - (ii) The appointment of Scrutiny Review Panels, with membership that reflects the political balance of the Council.
 - (iii) To determine the terms of reference of all Scrutiny Review Panels.
 - (iv) To receive reports from local National Health Service bodies on the state of health services and public health in the borough area.
 - (v) To enter into or appoint such joint overview and scrutiny committees that include the London Borough of Haringey and other boroughs for the purpose of responding to consultation by NHS bodies on proposals for substantial variation or development in the provision of health services as required by The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
 - (vi) To monitor the effectiveness of the Council's Forward Plan.
 - (vii) To receive all appropriate performance management and budget monitoring information.
 - (viii) To approve a programme of future overview and scrutiny work so as to ensure that the Overview and Scrutiny Committee's and Scrutiny Review Panels' time is effectively and efficiently utilised;
 - (ix) To consider all requests for call-in and decide whether to call-in a key decision, how it should be considered and whether to refer the decision to the Cabinet or to Council.
 - (x) To monitor the effectiveness of the Call-in procedure.

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- (xi) To review and scrutinise action taken by partner authorities in discharge of crime and disorder functions and to make reports and recommendations to Cabinet and Council on these.
- (xii) To make arrangements which enable any Councillor who is not a Committee Member to refer any local government matter, or any crime and disorder matter, to the Committee under the Councillor Call for Action Procedure.
- (xiii) To ensure that referrals from Overview and Scrutiny Committee to the Cabinet either by way of report or call-in are managed efficiently, and
- (xiv) To ensure community and voluntary sector organisations, users of services and others are appropriately involved in giving evidence to the Overview and Scrutiny Committee or relevant Scrutiny Review Panel.

1.3 The Overview and Scrutiny Committee may establish a number of Scrutiny Review Panels:

- (i) Scrutiny Reviews Panels are appointed to examine designated Council services. Scrutiny Review Panels will refer their findings/recommendations in the form of a written report, with the approval of the Overview and Scrutiny Committee, to the Cabinet and/or the Council as appropriate.
- (ii) Scrutiny Review Panels will analyse submissions, request and analyse any additional information, and question the Cabinet Member(s), relevant Council officers, local stakeholders, and where relevant officers and/or board members of local NHS bodies or NHS funded bodies.
- (iii) Subject to the approval of the Overview and Scrutiny Committee, Scrutiny Review Panels will be able to appoint external advisors and/or to commission specific pieces of research if this is deemed necessary.
- (iv) Scrutiny Review Panels should make every effort to work by consensus; however, in exceptional circumstances Members may submit minority reports.
- (v) Prior to publication, draft reports will be sent to the relevant chief officers or where relevant officers of the National Health Service for checking for inaccuracies and the presence of exempt and/or confidential information; Scrutiny Review Panel members will revisit any conclusions drawn from disputed information;
- (vi) Following approval by the Overview and Scrutiny Committee, final reports and recommendations will be presented to the next

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available Cabinet meeting together with an officer report where appropriate. The Cabinet will consider the reports and formally agree their decisions.

- (vii) Following approval by the Overview and Scrutiny Committee, reports on NHS, non-executive or regulatory matters will be copied to the Cabinet for information.
 - (viii) At the Cabinet meeting to receive the final report and recommendations, the Chair of the Overview and Scrutiny Committee or the Chair of the Scrutiny Review Panel may attend and speak.
 - (ix) After an appropriate period, post implementation, Overview and Scrutiny Committee will carry out a follow up review to determine if the recommendations had the intended outcomes and to measure any improvements.
- 1.4 When Scrutiny Review Panels report on non-executive or regulatory functions the above rules apply, except the references to The Cabinet shall be taken as reference to the relevant non-executive body.
- 1.5 The Overview and Scrutiny Committee shall undertake scrutiny of the Council's budget through a Budget Scrutiny process. The procedure by which this operates is detailed in the Protocol covering the Overview and Scrutiny Committee.
- 1.6 All Overview and Scrutiny meetings shall take place in public (except where exempt or confidential matters are considered).
- 1.7 The Overview and Scrutiny function should not be seen as an alternative to established disciplinary, audit or complaints mechanisms and should not interfere with or pre-empt their work.

2. Membership of the Overview and Scrutiny Committee and Scrutiny Review Panels

- 2.1 All Councillors (except Members of the Cabinet) may be members of the Overview and Scrutiny Committee and the Scrutiny Review Panels. However, no Member may be involved in scrutinising a decision in which he/she has been directly involved.
- 2.2 The membership of the Overview and Scrutiny Committee and Scrutiny Review Panels shall, as far as is practicable, be in proportion to the representation of different political groups on the Council.

3. Co-optees

- 3.1 Each Scrutiny Review Panel shall be entitled to appoint up to three people as non-voting co-optees.

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- 3.2 Statutory voting non-Councillor members of Overview and Scrutiny Committee will be paid an allowance in accordance with the Members' Allowances Scheme in Part 6 of this Constitution.

4. Education representatives

- 4.1 The Overview and Scrutiny Committee and the Scrutiny Review Panel whose terms of reference relate to education functions that are the responsibility of the Cabinet, shall include in its membership the following representatives:

- (i) At least one Church of England diocesan representative (voting).
- (ii) At least one Roman Catholic diocesan representative (voting).
- (iii) 2 parent governor representatives (voting).

These voting representatives will be entitled to vote where the Overview and Scrutiny Committee or the Scrutiny Review Panel is considering matters that relate to relevant education functions. If the Overview and Scrutiny Committee or Scrutiny Review Panel is dealing with other matters, these representatives shall not vote on those matters though they may stay in the meeting and speak at the discretion of the Chair. The Overview and Scrutiny Committee and Scrutiny Review Panel will attempt to organise its meetings so that relevant education matters are grouped together.

5. Meetings of the Overview and Scrutiny Committee and Scrutiny Review Panels

- 5.1 In addition to ordinary meetings of the Overview and Scrutiny Committee, extraordinary meetings may be called from time to time as and when appropriate. An Overview and Scrutiny Committee meeting may be called by the Chair of the Overview and Scrutiny Committee after consultation with the Chief Executive, by any two Members of the Committee or by the proper officer if he/she considers it necessary or appropriate.
- 5.2 In addition to ordinary meetings of the Scrutiny Review Panels, extraordinary meetings may be called from time to time as and when appropriate. A Scrutiny Review Panel meeting may be called by the Chair of the Panel after consultation with the Chief Executive, by any two Members of the Committee or by the proper officer if he/she considers it necessary or appropriate.

6. Quorum

The quorum for the Overview Scrutiny Committee and for each Scrutiny Review Panel shall be at least one quarter of its membership and not less than 3 voting members.

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7. Chair of the Overview and Scrutiny Committee and Scrutiny Review Panels

7.1 The Chair of the Overview and Scrutiny Committee will be appointed by the Council.

7.2 The Chair of the Overview and Scrutiny Committee shall resign with immediate effect if a vote of no confidence is passed by the Overview and Scrutiny Committee.

7.3 Chairs of Scrutiny Review Panels will be drawn from among the Councillors sitting on the Overview and Scrutiny Committee. Subject to this requirement, the Overview and Scrutiny Committee may appoint any person as it considers appropriate as Chair having regard to the objective of cross-party chairing in proportion to the political balance of the Council. The Scrutiny Review Panels shall not be able to change the appointed Chair unless there is a vote of no confidence as outlined in Article 6.5 in this Constitution.

7.4 The Chair of the Budget Scrutiny Review process will be drawn from among the opposition party Councillors sitting on the Overview and Scrutiny Committee. The Overview and Scrutiny Committee shall not be able to change the appointed Chair unless there is a vote of no confidence as outlined in Article 6.5 in this Constitution.

8. Work programme

Overview and Scrutiny Committee will determine the future scrutiny work programme and will establish Scrutiny Review Panels to assist it to perform its functions. The Committee will appoint a Chair for each Scrutiny Review Panel.

9. Agenda items for the Overview and Scrutiny Committee

9.1 Any member of the Overview and Scrutiny Committee shall be entitled to give notice to the proper officer that he/she wishes an item relevant to the functions of the Committee to be included on the agenda for the next available meeting of the Committee. On receipt of such a request the proper officer will ensure that it is included on the next available agenda.

9.2 The Overview and Scrutiny Committee shall also respond, as soon as its work programme permits, to requests from the Council and, if it considers it appropriate, from the Cabinet to review particular areas of Council activity. Where they do so, the Overview and Scrutiny Committee shall report their findings and any recommendations back to the Cabinet within an agreed timescale.

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10. Policy review and development

- 10.1 The role of the Overview and Scrutiny Committee in relation to the development of the Council's budget and policy framework is set out in the Budget and Policy Framework Procedure Rules in Part 4 of this constitution.
- 10.2 In relation to the development of the Council's approach to other matters not forming part of its policy and budget framework, the Overview and Scrutiny Committee and its Scrutiny Review Panels may make proposals to the Cabinet for developments insofar as they relate to matters within their terms of reference. The Scrutiny Review Panels must do so via the Overview and Scrutiny Committee.

11. Reports from the Overview and Scrutiny Committee

Following endorsement by the Overview and Scrutiny Committee, final reports and recommendations will be presented to the next available Cabinet meeting. The procedure to be followed is set out in paragraphs 1.3 or 1.4 above.

12. Making sure that overview and scrutiny reports are considered by the Cabinet

- 12.1 The agenda for Cabinet meetings shall include an item entitled 'Issues arising from Scrutiny'. Reports of the Overview and Scrutiny Committee referred to the Cabinet shall be included at this point in the agenda unless either they have been considered in the context of the Cabinet's deliberations on a substantive item on the agenda or the Cabinet gives reasons why they cannot be included and states when they will be considered.
- 12.2 Where the Overview and Scrutiny Committee prepares a report for consideration by the Cabinet in relation to a matter where decision making power has been delegated to an individual Cabinet Member, a Committee of the Cabinet, an Area Committee, or an Officer, or under Joint Arrangements, then the Overview and Scrutiny Committee will also submit a copy of their report to that body or individual for consideration, and a copy to the proper officer. If the Member, committee, or officer with delegated decision making power does not accept the recommendations of the Overview and Scrutiny Committee, then the body/he/she must then refer the matter to the next appropriate meeting of the Cabinet for debate before making a decision.

13. Rights and powers of Overview and Scrutiny Committee members

13.1 Rights to documents

- (i) In addition to their rights as Councillors, members of the Overview and Scrutiny Committee and Scrutiny Review Panels

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have the additional right to documents, and to notice of meetings as set out in the Access to Information Procedure Rules in Part 4 of this Constitution.

- (ii) Nothing in this paragraph prevents more detailed liaison between the Cabinet and the Overview and Scrutiny Committee and Scrutiny Review Panels as appropriate depending on the particular matter under consideration.

13.2 Powers to conduct enquiries

The Overview and Scrutiny Committee and Scrutiny Review Panels may hold enquiries into past performance and investigate the available options for future direction in policy development and may appoint advisers and assessors to assist them in these processes. They may go on site visits, conduct public surveys, hold public meetings, commission research and do all other things that they reasonably consider necessary to inform their deliberations, within available resources. They may ask witnesses to attend to address them on any matter under consideration and may pay any advisers, assessors and witnesses a reasonable fee and expenses for doing so. Scrutiny Review Panels require the support of the Overview and Scrutiny Committee to do so.

13.3 Power to require Members and officers to give account

- (i) The Overview and Scrutiny Committee and Scrutiny Review Panels may scrutinise and review decisions made or actions taken in connection with the discharge of any Council functions (Scrutiny Review Panels will keep to issues that fall within their terms of reference). As well as reviewing documentation, in fulfilling the scrutiny role, it may require any Member of the Cabinet, the Head of Paid Service and/or any senior officer (at second or third tier), and chief officers of the local National Health Service to attend before it to explain in relation to matters within their remit:
 - (a) any particular decision or series of decisions;
 - (b) the extent to which the actions taken implement Council policy (or NHS policy, where appropriate); and
 - (c) their performance.

It is the duty of those persons to attend if so required. At the discretion of their Director, council officers below third tier may attend, usually accompanied by a senior manager. At the discretion of the relevant Chief Executive, other NHS officers may also attend overview and scrutiny meetings.

- (ii) Where any Member or officer is required to attend the Overview and Scrutiny Committee or Scrutiny Review Panel under this

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provision, the Chair of that body will inform the Member or proper officer. The proper officer shall inform the Member or officer in writing giving at least 10 working days notice of the meeting at which he/she is required to attend. The notice will state the nature of the item on which he/she is required to attend to give account and whether any papers are required to be produced for the Overview and Scrutiny Committee or Scrutiny Review Panel. Where the account to be given to Overview and Scrutiny Committee or Scrutiny Review Panel will require the production of a report, then the Member or officer concerned will be given sufficient notice to allow for preparation of that documentation.

- (iii) Where, in exceptional circumstances, the Member or officer is unable to attend on the required date, then the Overview and Scrutiny Committee or Scrutiny Review Panel shall in consultation with the Member or officer arrange an alternative date for attendance, to take place within a maximum of 10 days from the date of the original request.

14. Attendance by others

The Overview and Scrutiny Committee or Scrutiny Review Panel may invite people other than those people referred to in paragraph 13 above to address it, discuss issues of local concern and/or answer questions. It may for example wish to hear from residents, stakeholders and Members and officers in other parts of the public sector and may invite such people to attend. Attendance is optional.

15. Call-in

The call-in procedure is dealt with separately at Part 4 Section H of the Constitution, immediately following these Overview and Scrutiny Procedure Rules.

16. Councillor Call for Action (CCfA)

The Council has adopted a Protocol for handling requests by non-Committee Members that the Committee should consider any local government matter which is a matter of significant community concern. This procedure should only be a last resort once the other usual methods for resolving local concerns have failed. Certain matters such as individual complaints and planning or licensing decisions are excluded.

Requests for a CCfA referral should be made to the Democratic Services Manager. who will check with the Monitoring Officer that the request falls within the Protocol. The Councillor making the referral will be able to attend the relevant meeting of the Committee to explain the matter. Among other actions, the Committee may: (i) make

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recommendations to the Cabinet, Directors or partner agencies, (ii) ask officers for a further report, (iii) ask for further evidence from the Councillor making the referral, or (iv) decide to take no further action on the referral.

The Protocol is not included within this Constitution but will be subject to regular review by the Committee.

17. Procedure at Overview and Scrutiny Committee meetings and meetings of the Scrutiny Review Panels.

- (a) The Overview and Scrutiny Committee shall consider the following business as appropriate:
 - (i) apologies for absence;
 - (ii) urgent business;
 - (iii) declarations of interest;
 - (iv) minutes of the last meeting;
 - (v) deputations and petitions;
 - (vi) consideration of any matter referred to the Committee for a decision in relation to call-in of a key decision;
 - (vii) responses of the Cabinet to reports of the Committee;
 - (viii) business arising from Area Committees;
 - (ix) the business otherwise set out on the agenda for the meeting.
- (b) A Scrutiny Review Panel shall consider the following business as appropriate:
 - (i) minutes of the last meeting;
 - (ii) declarations of interest;
 - (iii) the business otherwise set out on the agenda for the meeting.
- (c) Where the Overview and Scrutiny Committee or Scrutiny Review Panel has asked people to attend to give evidence at meetings, these are to be conducted in accordance with the following principles:

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- (i) that the investigation be conducted fairly and all members of the Overview and Scrutiny Committee and Scrutiny Review Panels be given the opportunity to ask questions of attendees, to contribute and to speak;
 - (ii) that those assisting the Overview and Scrutiny Committee or Scrutiny Review Panel by giving evidence be treated with respect and courtesy;
 - (iii) that the investigation be conducted so as to maximise the efficiency of the investigation or analysis; and
 - (iv) that reasonable effort be made to provide appropriate assistance with translation or alternative methods of communication to assist those giving evidence.
- (d) Following any investigation or review, the Overview and Scrutiny Committee or Scrutiny Review Panel shall prepare a report, for submission to the Cabinet and shall make its report and findings public.

17A. Declarations Of Interest Of Members

- (a) If a member of the Overview and Scrutiny Committee or Scrutiny Review Panel has a disclosable pecuniary interest or a prejudicial interest as referred to in Members' Code of Conduct in any matter under consideration, then the member shall declare his or her interest at the start of the meeting or as soon as the interest becomes apparent. The member may not participate or participate further in any discussion of the matter or participate in any vote or further vote taken on the matter at the meeting and must withdraw from the meeting until discussion of the relevant matter is concluded unless that member has obtained a dispensation from the Council's Standards Committee.
- (b) If a member of the Overview and Scrutiny Committee or Scrutiny Review Panel has a personal interest which is not a disclosable pecuniary interest nor a prejudicial interest, the member is under no obligation to make a disclosure at the meeting but may do so if he/she wishes.

18. The Party Whip

Scrutiny is intended to operate outside the party whip system. However, when considering any matter in respect of which a Member of scrutiny is subject to a party whip the Member must declare the existence of the whip and the nature of it before the commencement of the Committee/Panel's deliberations on the matter. The Declaration,

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and the detail of the whipping arrangements, shall be recorded in the minutes of the meeting.

The expression “party whip” can be taken to mean: “Any instruction given by or on behalf of a political group to any Councillor who is a Member of that group as to how that Councillor shall speak or vote on any matter before the Council or any committee or sub-committee, or the application or threat to apply any sanction by the group in respect of that Councillor should he/she speak or vote in any particular manner.”

19. Matters within the remit of more than one Scrutiny Review Panel

Should there be any overlap between the business of any Scrutiny Review Panels, the Overview and Scrutiny Committee is empowered to resolve the issue.

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Appendix B

HARINGEY GOVERNANCE REVIEW

PROTOCOL COVERING OVERVIEW AND SCRUTINY COMMITTEE (OSC)

1 INTRODUCTION

- 1.1 A key objective of Haringey's Governance Review 2010/11 was to ensure that the Overview and Scrutiny function can help the Council to make key decisions and develop policy in a useful and effective manner.
- 1.2 The Terms of Reference for the OSC is stated in the Council's Constitution (Part 3 Section C). The purpose of this protocol is to set out in detail the process by which the OSC will function.
- 1.3 This document will be subject to regular review along with other governance arrangements, to ensure that it remains updated in the light of experience.

2 AIMS OF THE OVERVIEW AND SCRUTINY COMMITTEE

- 2.1 To provide a framework within which the work of the Council can be scrutinised in a constructive way that adds value to the Council's performance.
- 2.2 To help the Council to achieve its objectives by identifying areas for achieving excellence, and to carry out a scrutiny which identifies what needs to be done to improve the situation.
- 2.3 Not to duplicate work carried out by the Council, but provide an objective view of what needs to be done to improve the quality and cost effectiveness of services provided to local people.

3 RESPONSIBILITIES

- 3.1 The OSC can scrutinise any matter which affects the authority's area or its residents' wellbeing.
- 3.2 The Local Government Act 2000, the Health and Social Care Act 2001, the Local Government & Public Involvement in Health Act 2007, and the Police and Justice Act 2006 give the OSC the power to:
 - (i) Review and scrutinise decisions made or actions taken in connection with the discharge of any of the functions of the Executive or Full Council;
 - (ii) Review and scrutinise local NHS-funded services, and to make recommendations to reduce health inequalities in the local community;
 - (iii) Review and scrutinise Crime Reduction Partnerships;¹
 - (iv) Make reports and recommendations on any issue affecting the authority's area, to the Full Council, its Committees or Sub-Committees, the Executive, or other appropriate external body;
 - (v) "Call In" for reconsideration a decision made by the Executive;
 - (vi) Require information from relevant partner authorities;²

¹ Section 19 of the Police and Justice Act 2006

² Section 121 of the Local Government and Public Involvement in Health Act 2007

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- (vii) Give notice to a relevant partner authority that they must have regard to scrutiny reports and recommendations on any local improvement targets.³
- 3.3 Scrutiny recommendations shall be responded to by the appropriate body within 2 months of receiving the recommendations.⁴ Where a response is requested from NHS-funded bodies, the response shall be made within 28 days.⁵
- 3.4 The OSC shall be responsible for scrutinising the draft Treasury Management Strategy Statement (TMSS) annually before its adoption by full Council, in accordance with the Council's Constitution (Part 4 Section I).
- 3.5 The OSC shall respond to a Councillor Call for Action (CCfA) referral, which will be handled in accordance with the Council's Constitution (Part 4 Section G).

Scrutiny Review Panels

- 3.6 The Overview and Scrutiny Committee shall establish 4 standing Scrutiny Review Panels, to examine designated public services.
- 3.7 The Overview and Scrutiny Committee shall determine the terms of reference of each Scrutiny Review 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.
- 3.8 Areas which are not covered by the 4 standing Scrutiny Review Panels shall be the responsibility of the main Overview and Scrutiny Committee.

4 MEMBERSHIP AND CHAIR

- 4.1 The Overview and Scrutiny Committee shall comprise 5 members, and be politically proportionate as far as possible. The Committee shall also comprise statutory education representatives, who shall have voting rights solely on education matters. The membership shall be agreed by the Group Leaders, Chief Executive and Monitoring Officer, and ratified each year at the Annual Council Meeting.
- 4.2 The chair of the OSC shall be a member of the majority group. The vice-chair shall be a member of the largest minority group. These appointments shall be ratified each year at the Annual Council Meeting.

Scrutiny Review Panels

- 4.3 The chair of each Scrutiny Review Panel shall be a member of the OSC, and shall be determined by the OSC at their first meeting.
- 4.4 It is intended that each Scrutiny Review Panel shall be comprised of between 3 and 7 members, and be politically proportionate as far as possible. It is intended that other than the chair, the other members are non-executive members who do not sit on the OSC.

³ Section 122(21C) of the Local Government and Public Involvement in Health Act

⁴ Ibid section 122 (21B)

⁵ Regulation 3 of Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002

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- 4.5 Each Scrutiny Review Panel shall be entitled to appoint up to three non-voting co-optees.
- 4.6 If there is a Children and Young People's Scrutiny Review Panel, the membership shall include the statutory education representatives of OSC. It is intended that the education representatives would also attend the Overview and Scrutiny Committee meetings where reports from a relevant Scrutiny Review Panel are considered.

5 MEETING FREQUENCY AND FORMAT

- 5.1 The intention is that OSC shall hold 6 scheduled meetings each year. One meeting, at the start of the civic year, shall agree the annual work programme of the OSC. One meeting, in January, shall consider the budget scrutiny reports from each Scrutiny Review Panel. The remaining meetings shall undertake the work programme and consider the reports from the Scrutiny Review Panels.
- 5.2 An extraordinary meeting of the OSC may be called in accordance with the Council's Constitution (Part 4 Section G).
- 5.3 The agenda and papers for OSC shall be circulated to all members and relevant partners at least 5 clear days before the meeting.
- 5.4 There shall be a standing item on OSC meeting agendas to receive feedback from Area Committees. Area Committee Chairs shall be able to attend OSC meetings, and ask questions.
- 5.5 Members of the Council may Call In a decision of the Executive, or any Key Decision made under delegated powers, within 5 working days of the decision being made. The full procedure is given in the Council's Constitution (Part 4 Section H).
- 5.6 Pre-decision scrutiny on forthcoming Cabinet decisions shall only be undertaken at scheduled OSC meetings, in adherence with the Council's Forward Plan.

Scrutiny Review Panels

- 5.7 It is intended that each Scrutiny Review Panel shall hold 4 scheduled meetings each year.
- 5.8 An extraordinary meeting of a Scrutiny Review Panel may be called in accordance with the Council's Constitution (Part 4 Section G).
- 5.9 The agenda and papers for Scrutiny Review Panels shall be circulated to all members and relevant partners at least 5 clear days before the meeting.

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6 PROCESS FOR CABINET INVOLVEMENT

- 6.1 The OSC shall develop recommendations for arrangements to focus its resources and time available on effective scrutiny of the Cabinet, within the guidance of this protocol. It is not intended that this will include submitting written questions to Cabinet members, in advance of an OSC meeting. The recommended arrangements shall be jointly discussed with the Cabinet prior to the first meeting of OSC.
- 6.2 The Leader of the Council and Chief Executive shall be invited to OSC once a year, at the meeting when the Committee's work programme is set. This shall be an opportunity to jointly discuss the Council's priorities for the next year.
- 6.3 The Leader/ Cabinet Member attending an OSC or Scrutiny Review Panel meeting may be accompanied and assisted by any service officers they consider necessary. The Member may invite an officer attending to answer a question on their behalf.

7 THE OSC WORK PROGRAMME

- 7.1 The Council's Policy, Intelligence and Partnerships Unit shall coordinate the work programme of the OSC at the beginning of each civic year.
- 7.2 Any partner, member or service user may suggest an item for scrutiny. The OSC shall have regard to all such suggestions when they decide their work programme.
- 7.3 The OSC and Scrutiny Review Panels are able to request reports from the following areas to enable its scrutiny role, which shall be identified in the OSC's work programme:
 - (i) **Performance Reports;**
 - (ii) **One off reports** on matters of national or local interest or concern;
 - (iii) Issues arising out of **internal and external assessment;**
 - (iv) Issues on which the Cabinet or officers would like **the Committee's views or support;**
 - (v) Reports on **strategies and policies** under development;
 - (vi) **Progress reports** on implementing previous scrutiny recommendations accepted by the Cabinet or appropriate Executive body.
- 7.4 In deciding their work programme for the year, the OSC and Scrutiny Review Panels shall determine how partnership bodies shall be scrutinised within the boundaries of scheduled meetings.

8 BUDGET SCRUTINY REVIEW

- 8.1 The budget shall be scrutinised by each Scrutiny Review Panel, in their respective areas. Their reports shall go to the OSC for approval. The areas of the budget which are not covered by the Scrutiny Review Panels shall be considered by the main OSC.

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8.2 A lead OSC member from the largest opposition group shall be responsible for the co-ordination of the Budget Scrutiny process and recommendations made by respective Scrutiny Review Panels relating to the budget.






8.3 To allow the OSC to scrutinise the budget in advance of it formally being set and convey those recommendations to the Cabinet, the following timescale is suggested:







- **Scrutiny Review Panel Meetings: May to November**
Each Scrutiny Review Panel shall undertake budget scrutiny in their respective areas, to be overseen by the lead member referred to in paragraph 9.2. Between May and November, this shall involve scrutinising the 3-year Medium Term Financial Plan approved at the budget-setting full Council meeting in February.
- **Cabinet report on the new 3-year Medium Term Financial Plan to members of the OSC: December**
The Cabinet shall release their report on the new 3-year Medium Term Financial Plan to members of the OSC, following their meeting to agree the proposals in December.
- **Scrutiny Review Panel Meetings: January**
Overseen by the lead member referred to in paragraph 9.2, each Scrutiny Review Panel shall hold a meeting following the release of the December Cabinet report on the new 3-year Medium Term Financial Plan. Each Panel shall consider the proposals in this report, for their respective areas, in addition to their budget scrutiny already carried out. The Scrutiny Review Panels may request that the Cabinet Member for Finance and Sustainability and/or Senior Officers attend these meetings to answer questions.
- **OSC Meeting: January**
Each Scrutiny Review Panel shall submit their final budget scrutiny report to the OSC meeting in January containing their recommendations/proposal in respect of the budget for ratification by the OSC.
- **Cabinet Meeting: February**
The recommendations from the Budget Scrutiny process, ratified by the OSC, shall be fed back to Cabinet. As part of the budget setting process, the Cabinet will clearly set out its response to the recommendations/proposals made by the OSC in relation to the budget.






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Appendix C

Overview & Scrutiny Remits and Membership 2016/17

Scrutiny Body	Areas of Responsibility	Cabinet Links	
<p style="text-align: center;">Overview & Scrutiny Committee</p>  <p style="text-align: center;">Cllr Charles Wright, Chair</p> <p>Membership:</p> <p>Cllr Pippa Connor (Vice Chair); Cllr Kirsten Hearn; Cllr Emine Ibrahim; and Cllr Makbule Gunes.</p> <p>The Committee shall also comprise statutory education representatives, who shall have voting rights solely on education matters</p>	<p>Communications; Corporate policy and strategy; Council performance; External partnerships; Strategic transport; Growth and inward investment; Capital strategy</p>		<p>Cllr Claire Kober, Leader of the Council</p>
	<p>Libraries; Customer Services; Customer Transformation Programme; Culture</p>		<p>Cllr Bernice Vanier, Deputy Leader, and Cabinet Member for Customer Services and Culture</p>
	<p>Council finances and budget</p>		<p>Cllr Jason Arthur, Cabinet Member for Finance and Health</p>
	<p>Equalities; The voluntary sector; Community Strategy</p>		<p>Cllr Eugene Ayisi, Cabinet Member for Communities</p>
	<p>Corporate programme; Council IT shared services; Procurement & commercial partnerships; Corporate governance; Shared Service Centre; Council HR & staff wellbeing; Accommodation Strategy; Community buildings; Corporate property</p>		<p>Cllr Ali Demirci, Cabinet Member for Corporate Resources</p>

Scrutiny Body	Areas of Responsibility	Cabinet Links	
	Growth strategy delivery; Social inclusion		Cllr Joe Goldberg, Cabinet Member for Economic Development, Social Inclusion and Sustainability
<p data-bbox="309 405 544 475">Adults & Health Scrutiny Panel</p>  <p data-bbox="219 719 595 751">Cllr Pippa Connor, Chair</p> <p data-bbox="219 794 421 826">Membership:</p> <p data-bbox="219 868 629 1043">Cllr Gina Adamou; Cllr Charles Adje; Cllr David Beacham; Cllr Eddie Griffith; Cllr Liz McShane and Cllr Peter Mitchell</p>	Public Health; Health devolution pilots; Safeguarding adults; Adults with disabilities and additional needs; Adult social care; Health and social care integration and commissioning; Working with CCG and NHS		Cllr Jason Arthur, Cabinet Member for Finance and Health
	Tackling unemployment and worklessness; Adult learning and skills		Cllr Joe Goldberg, Cabinet Member for Economic Development, Social Inclusion and Sustainability
<p data-bbox="230 1128 618 1198">Children & Young People Scrutiny Panel</p>  <p data-bbox="219 1442 595 1474">Cllr Kirsten Hearn, Chair</p>	Schools and education; Safeguarding children; Early years and child care; Adoption and fostering; Looked-after children; Children with disabilities and additional needs; Children to adult social care transition		Cllr Elin Weston, Cabinet Member for Children and Families

Scrutiny Body	Areas of Responsibility	Cabinet Links	
<p>Membership:</p> <p>Cllr Mark Blake; Cllr Toni Mallett; Cllr Liz Morris; Cllr Reg Rice; Cllr Viv Ross; plus the statutory education representatives of OSC.</p>	Post 16 education		Cllr Joe Goldberg, Cabinet Member for Economic Development, Social Inclusion and Sustainability
	Youth services and youth offending		Cllr Eugene Ayisi, Cabinet Member for Communities
<p>Environment & Community Safety Scrutiny Panel</p>  <p>Cllr Makbule Gunes, Chair</p> <p>Membership:</p> <p>Cllr Barbara Blake; Cllr Clive Carter; Cllr Bob Hare; Cllr Stephen Mann and Cllr Anne Stennett.</p>	Recycling, waste and street cleaning; Highways; Parking; Parks and open spaces; Leisure and leisure centres; Licensing (environmental and HMO); Enforcement (environmental and planning)		Cllr Peray Ahmet, Cabinet Member for Environment
	Community safety; Engagement with the Police; Tackling antisocial behaviour; Violence Against Women and Girls		Cllr Eugene Ayisi, Cabinet Member for Communities

Scrutiny Body	Areas of Responsibility	Cabinet Links	
<p data-bbox="235 140 613 209">Housing & Regeneration Scrutiny Panel</p>  <p data-bbox="226 491 607 523">Cllr Emine Ibrahim, Chair</p> <p data-bbox="226 564 421 596">Membership:</p> <p data-bbox="226 639 602 815">Cllr Kaushika Amin; Cllr John Bevan; Cllr Gail Engert; Cllr Tim Gallagher; Cllr Peter Morton and Cllr Martin Newton</p>	<p data-bbox="656 140 1323 352">Regeneration in Tottenham; Planning policy; Planning applications and development management; Building Control; Housing Investment Programme; Housing strategy and delivery; Partnerships with Homes for Haringey and social landlords</p>		<p data-bbox="1621 140 2018 245">Cllr Alan Strickland, Cabinet Member for Housing, Regeneration and Planning</p>
	<p data-bbox="656 402 1341 466">Regeneration in Wood Green; Sustainability and carbon reduction</p>		<p data-bbox="1644 402 1995 577">Cllr Joe Goldberg, Cabinet Member for Economic Development, Social Inclusion and Sustainability</p>

If there is any overlap between the business of the Panels, it is the responsibility of the OSC to resolve the issue.

Areas which are not covered by the 4 standing Scrutiny Panels shall be the responsibility of the main OSC.

Report for: Adults and Health Scrutiny Panel – 11th July 2016

Item number:

Title: Appointment of Non Voting Co-opted Member

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

Lead Officer: Christian Scade, Principal Scrutiny Officer, 020 8489 2933
christian.scade@haringey.gov.uk

Ward(s) affected: All

Report for Key/ Non Key Decision: N/A

1. Describe the issue under consideration

1.1 This report seeks formal approval of the appointment of a non voting co-opted Member to the Adults and Health Scrutiny Panel.

2. Cabinet Member Introduction

N/A

3. Recommendations

3.1 That Helena Kania be appointed as a non voting co-opted Member of the Adults and Health Scrutiny Panel for the 2016/17 Municipal Year.

3.2 That the appointment of non voting co-opted Members to the Panel be reviewed on an annual basis, at the first meeting of the Municipal Year.

4. Reasons for decision

4.1 The Council recognises the valuable contribution that co-optees can make to the scrutiny process and, as set out in Section G (3.1) of the Overview and Scrutiny Procedure Rules, each scrutiny panel is entitled to appoint up to three people as non-voting co-optees.

5. Alternative options considered

5.1 The Panel could decide not to appoint any non voting co-opted Members or, alternatively, could decide to appoint two or three co-optees.

6. Background information

6.1 The Local Government Act 2000 made provision for the co-option of non-elected members to Overview and Scrutiny to bring additional expertise and skills to scrutiny work and to increase public engagement with scrutiny.

- 6.2 Within the current structure of scrutiny in Haringey, there is one overarching Overview and Scrutiny Committee and four advisory panels, these being:
- Adults and Health
 - Children and Young People
 - Environment and Community Safety
 - Housing and Regeneration
- 6.3 The Overview and Scrutiny Committee consists of 5 non executive members and includes Haringey's statutory education representatives, who have voting rights solely on education matters.
- 6.4 Scrutiny panels are Chaired by a Member of the Overview and Scrutiny Committee. The membership of each panel consists of between 3 and 7 non executive members and are politically proportional as far as possible. The membership of the Children and Young People's Scrutiny Panel also includes the statutory education representatives of the Overview and Scrutiny Committee.
- 6.5 In addition, each scrutiny panel is entitled to appoint up to three non-voting co-optees to assist scrutiny with its work. The terms of reference / arrangements for Overview and Scrutiny are set out in Part 2 (Article 6), Part 3 (Section B) and Part 4 (Section G) of the Council's Constitution. Further information can be found via the link below:
- <http://www.haringey.gov.uk/local-democracy/about-council/council-constitution>
- 6.6 By bringing a diverse spectrum of experience and adding a different perspective to many items, non voting co-optees are expected to add value to scrutiny by performing the following roles:
- To act as a non-party political voice for those who live and/or work in Haringey.
 - To bring specialist knowledge and/or skills to the Overview and Scrutiny process and to bring an element of external challenge by representing the public.
 - To establish good relations with members, officers and co-optees.
 - To abide by the relevant sections of the Council's Constitution in terms of the rules and procedures for Overview and Scrutiny.
- 6.7 It is expected that non voting co-optees will:
- Attend formal meetings of the Panel, which are usually held in the evening.

- Attend additional meetings and evidence gathering sessions such as site visits.
 - Prepare for meetings by reading the agenda papers and additional information to familiarise themselves with the issues being scrutinised.
 - Prior to meetings consider questions they may wish to put to Cabinet Members, officers and external witnesses.
 - Help the Panel to make practical suggestions for improvements to services.
 - Assist in the preparation of reports and the formulation of recommendations.
 - Contribute to the development of the annual scrutiny work programme.
 - Keep abreast of key issues for the authority and bear these in mind when scrutinising services and making recommendations for improvement.
- 6.8 Key aspects of the Panel's work concerns adult social care, health and social care integration, public health and scrutinising the work of the CCG and NHS.
- 6.9 Helena Kania has contributed to scrutiny, as a non-voting co-opted member, since 2003 and is considered well placed to assist the Panel in its work moving forward. Ms Kania has been Chair of Whittington Patient/Public Involvement Forum, then Chair of Haringey LINK . She is currently on the Management Committee Haringey Forum for Older People and has been a committee member for 4 years. Helena is currently part of the Carers Reference Group and a representative for them on the Adult Partnership Board. She was a patient Shadow Governor at Whittington Health until very recently; represents patients on the Clinical Quality Review Group for Haringey CCG; is part of the Haringey CCG Patient Network and has just helped set up her local surgery Patient participation Group where she acts as Chair. She has recently taken the role of Chair of the Urgent And Emergency Care (U & EC) Patient and Public Network which works as a pan-London network for the and U & EC strategy for London. Helena is also a patient representative on the mobilisation of the new OOH/111 contract for North London which will launch in October this year. Helena also chairs the Hornsey Ward Safer Neighbourhoods Panel.

7. Statutory Officers Comments

Finance and Procurement

- 7.1 Only statutory education representatives of the Overview and Scrutiny Committee receive an allowance, in accordance with the Members' Allowance Scheme. As a result, there are no direct financial implications arising from this report.

Legal

- 7.2 The Assistant Director of Corporate Governance has been consulted in the preparation of this report. Part 4 Section G (3.1) of the Overview and Scrutiny Procedure Rules in the Constitution permits the Panel to appoint up to three people as non-voting co-optees.
- 7.3 The co-optee is not entitled to vote on recommendations before the Panel. Therefore, the co-optee is not bound by the Council's Code of Conduct (in Part 5 Section A of the Constitution) that include the registration and declaration of interest. However, the co-optee should be required to comply with relevant parts of the General Obligations of the Code (in Paragraph 3) when attending the meetings and conducting the business of the Panel.

Equality

- 7.4 The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:
- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
 - Advance equality of opportunity between people who share those protected characteristics and people who do not;
 - Foster good relations between people who share those characteristics and people who do not.
- 7.5 The proposals outlined in this report relate to the membership of the Adults and Health Scrutiny Panel. The proposals carry no direct implications for the Council's general equality duty.

7 Use of Appendices

None

8 Local Government (Access to Information) Act 1985

MEETING	Adults and Health Scrutiny Panel
DATE	Monday 11 th July 2016
TITLE	Update regarding General Practice in Haringey
LEAD DIRECTOR/MANAGER	Jennie Williams, Executive Nurse and Director of Quality and Integrated Governance
AUTHOR	Cassie Williams, Assistant Director of Primary Care Quality and Development
CONTACT DETAILS	cassie.williams@haringeyccg.nhs.uk

SUMMARY:

This agenda item will be provided in the form of a presentation. It will update the panel in relation to Haringey Clinical Commissioning Group's work in relation to their statutory responsibility to support quality improvement in General Practice.

In particular it will focus on progress that has been made regarding the new practice in Tottenham Hale and recent Estates and Technology Transformation Fund bids which are aimed at addressing future capacity challenges in priority areas of Haringey. These areas include Tottenham Hale, Northumberland Park, Green Lanes and Noel Park/ Haringey Heartlands.

It will also describe the technology advancements which Haringey CCG is planning to initiate subject to successful bids. These support multi-disciplinary working and different forms of remote access to Primary Care.

The presentation will finally describe possible changes to the way primary care is commissioned from April 2017. From the initiation of the Health and Social Care bill, NHS England has been commissioning primary care in England. In 2014, NHS England invited CCGs to enter into a new relationship where they took on additional shared responsibility for how local general practice was commissioned. This was to provide the opportunity for greater consistency between primary and other healthcare, to meet local need more effectively. The CCG currently jointly commissions (level 2) general practice with NHS England and are now being invited to consider taking on level 3, delegated commissioning.

SUPPORTING PAPERS:

No supporting papers

RECOMMENDED ACTION:

This report is provided for information

Objective(s) / Plans supported by this paper: A redefined model for Primary Care providing proactive and holistic services for local communities supporting 'healthier Haringey as a whole'.

Audit Trail:

Patient & Public Involvement (PPI): There was no patient involvement in this paper

Equality Analysis: N/A

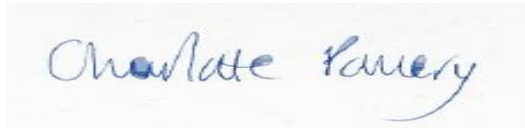
Risks: There is a risk that Estates and Technology Transformation Fund bids will not be successful, therefore putting at risk development plans.

Resource Implications:

Report for: Adults and Health Scrutiny Panel on 11th July 2016

Item number:

Title: Addressing community wellbeing: taking forward the findings of the evaluation report of Neighbourhoods Connect.



Report authorised by : Charlotte Pomery

Lead Officer: Sebastian Dacre

Ward(s) affected: All

**Report for Key/
Non Key Decision:** For information

1. Describe the issue under consideration

1.1 As reported to the Adults and Health Scrutiny Panel in March 2016, the Council and the Clinical Commissioning Group (CCG) jointly commissioned a Neighbourhoods Connect service through the Better Care Fund in 2015. The service was intended to address social isolation for those needing or likely to need interventions from health or from adult social care as part of a preventative approach. The evaluation of the service has now been carried out and is attached to this report as Appendix 1.

1.2 In light of the evaluation, the CCG and Council have agreed the importance of commissioning a model which addresses community health and wellbeing and effectively co-ordinates the range of community based services already active in the borough. However, they have agreed to pause any decision to re-commission the Neighbourhoods Connect service itself in order to agree the overarching strategic framework for community based approaches to health and wellbeing and to determine the precise nature of the service to be commissioned.

2. Cabinet Member Introduction

2.1 Addressing social isolation amongst residents at risk of needing health or social care is considered a key way to improve people's health and wellbeing as part of a suite of prevention activity. This evaluation demonstrates both the local impact of the Neighbourhoods Connect service and the need to adopt a strategic approach to ensure community based models are effectively co-ordinated and offer a coherent response to individuals who feel unable to take forward key areas of their lives without additional support.

3. Recommendations

- 3.1 To note the evaluation of the Neighbourhoods Connect service and the wider work to develop a community wellbeing model for the borough, and to contribute to the emerging approach.

4. Reasons for decision

- 4.1 The evaluation of the Neighbourhoods Connect service offers very useful information as to the effectiveness of this model of prevention in Haringey. Other community based prevention approaches such as Time Bank, Well London, the Information, Advice and Guidance Service and the Integrated Wellness Service are now operating in the borough and there is emerging thinking about Social Prescribing. It is therefore felt to be important to ensure the limited resources available for this work are used to best effect by adopting a more strategic model and channelling resources through a co-ordinated approach.
- 4.2 The current pressures on both the Council and the CCG budgets require a robust and coherent approach to prevention which aims to improve wellbeing and reduce need over time. By co-ordinating resources and adopting a strategic approach, there will be greater benefits from the funding for this area of activity.

5. Alternative options considered

- 5.1 Not applicable.

6. Background information

- 6.1 The Corporate Plan sets out both the overarching vision for a stronger Haringey and, in Priority 2, the objective of enabling all adults to lead healthy and fulfilling lives. These strategic outcomes form the framework for the emerging community based approach to prevention, with additional outcomes currently identified as:

- Reduction in inequalities across the borough
- Improved wellbeing and social connectivity
- Reduced social isolation
- Increased patient/resident/service user satisfaction
- Reduced levels of service use (whether in primary or secondary health care, social care or other statutory provision)
- Changing type of services used e.g. increased use of the voluntary and community sectors
- Increased self-management and self-support
- Prescribing of specific medications reduced (to be defined)
- Supported primary, community and social care.

- 6.2 The emerging community wellbeing model is seen as a mechanism for connecting residents/service users and patients with preventative supports in the community, some of which have been traditionally linked to primary care for example through social prescribing although there are various models across the country (for example, community hubs and community navigators) to be further explored for Haringey. In essence, frontline staff and other stakeholders connect residents to a focal point for a discussion on individual goals and match them with appropriate opportunities plus support to engage. Usual activities include arts, creativity, physical activity, learning new skills, volunteering, advice on benefits, housing and debt and social activities to reduce isolation.
- 6.3 Key elements of the model would include robust information about what is available in the community accessible to and navigable by a range of stakeholders asset the design to be informed by frontline staff and communities; a change in culture across all stakeholders including health and social care frontline staff, other practitioners, local residents and communities; training to develop the skill-set required for the co-ordination role (empathy, local knowledge, wellbeing coaching skills); a range of different interventions to support prevention which enhance resilience and build self-management.
- 6.4 This model is being developed at pace and will be informed by a multi-agency workshop being held during July. It will also align with the work to develop a new model for day opportunities in the borough which has been co-designed and which builds in a model of independent care co-ordination linked to robust information resources and access to a wide range of community based provision, some of which is offered as a mainstream provision.

7. Contribution to strategic outcomes

- 7.1 The Corporate Plan, Building a Stronger Haringey Together, sets out the vision and priorities for the Council over the next three years. As well as seeking to enable all adults to lead healthy and fulfilling lives, the Plan's underpinning principles of empowering communities to enable people to do more for themselves and promoting equality are reflected in the Neighbourhoods Connect service.

8. Statutory Officers comments (Chief Finance Officer, Procurement, Assistant Director of Corporate Governance, Equalities).

8.1 Finance, Procurement, Legal

Not applicable.

8.2 Equality

8.2.1 An Equalities Impact Assessment was carried out at the point of awarding the contract and the evaluation of the service described in this report has sought to demonstrate the outcomes of the service and its wider impact, including that on protected groups.

9 Use of Appendices

Appendix 1: Evaluation of Neighbourhoods Connect, May 2016

Appendix 2: Emerging Community Wellbeing Model, graphic, July 2016

10 Local Government (Access to Information) Act 1995

10.1 None.

Appendix 1

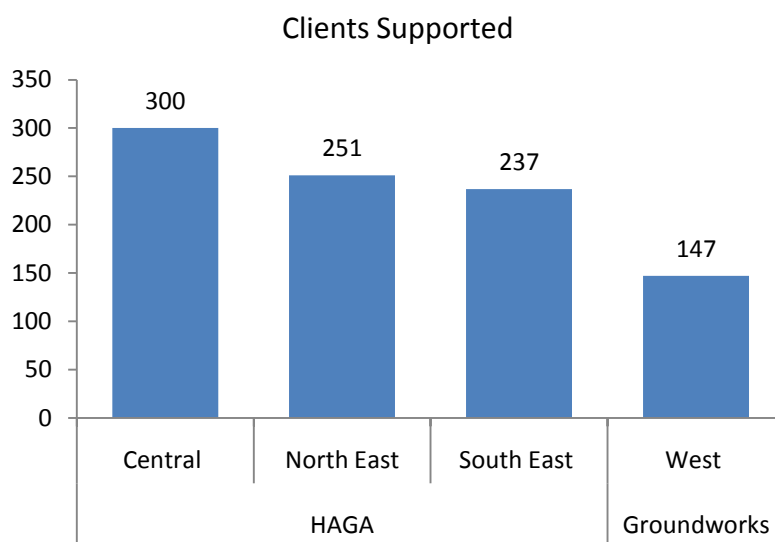
Neighbourhoods Connect Pilot project April 2015 – March 2016 Evaluation

The aim of the Neighbourhoods Connect Service was to target 1,000 people in 2015/16 in Haringey who are at high risk of social isolation. The goals of the intervention include increased self-care (including falls prevention), reducing social isolation and encouraging lifestyle and behavioural changes. It does this by connecting people with existing services and activities in their neighbourhood and supporting people to be active participants.

Haringey residents aged 18 and over are supported to improve their wellbeing

The original target set out in the specification was for the project to engage with a minimum of 1000 people; split evenly (250) across the four geographical project area.

The total number engaged was 935 people (94% of the target).



- Central 300 (25% higher)
- North East 251 (0.5% higher)
- South East 237 (6.5% lower)
- West 147 (41% lower)

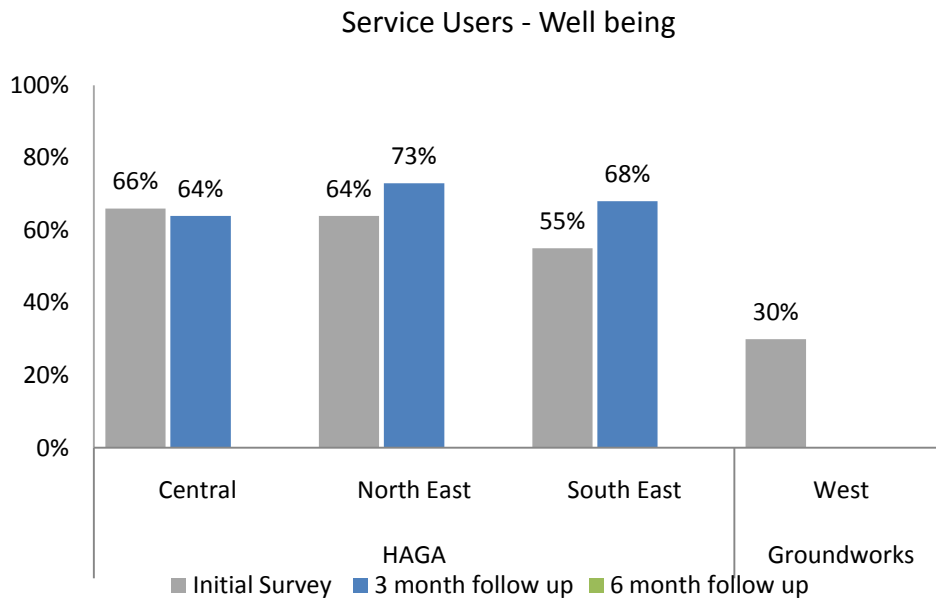
The project did not achieve the minimum engagement target set.

Self-reported well-being

Self-reported well-being was measured using the Warwick Edinburgh Mental Wellbeing Scale (short-form). The person describes their experience over the last 2 weeks against statements about feelings and thoughts. This is carried out at the initial contact (baseline) and again after 3 and 6 months.

- 127 baseline
- 20 three month
- 0 six month

Just over 2% of those engaged in the project completed the WE after 3 months. These showed a slight improvement in well-being and an improvement in connectedness.



Overall a very small response was received to be able to show that the project had delivered an increase in people's self reported wellbeing.

Increased Risk of Isolation

The project had a focus on engaging with people with increased risk of isolation.

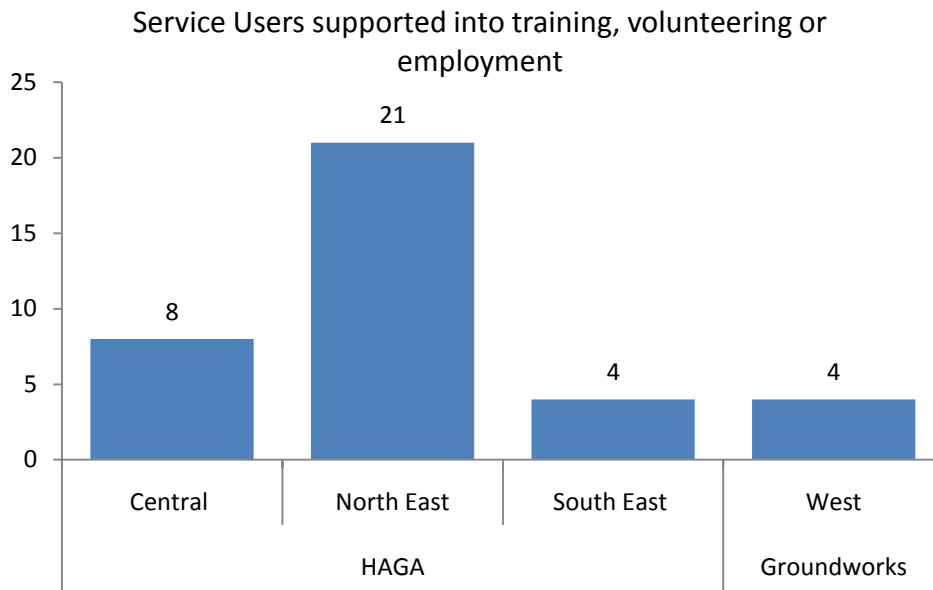
- people with long-term physical and mental health conditions: 384
- unpaid carers: 42
- people who are housebound: 39
- people with dementia and their carers: 7
- older people living alone or with an unpaid carer: No data recorded

Total number of those at increased risk of isolation = between 384 and 472*(41% and 50.5%)

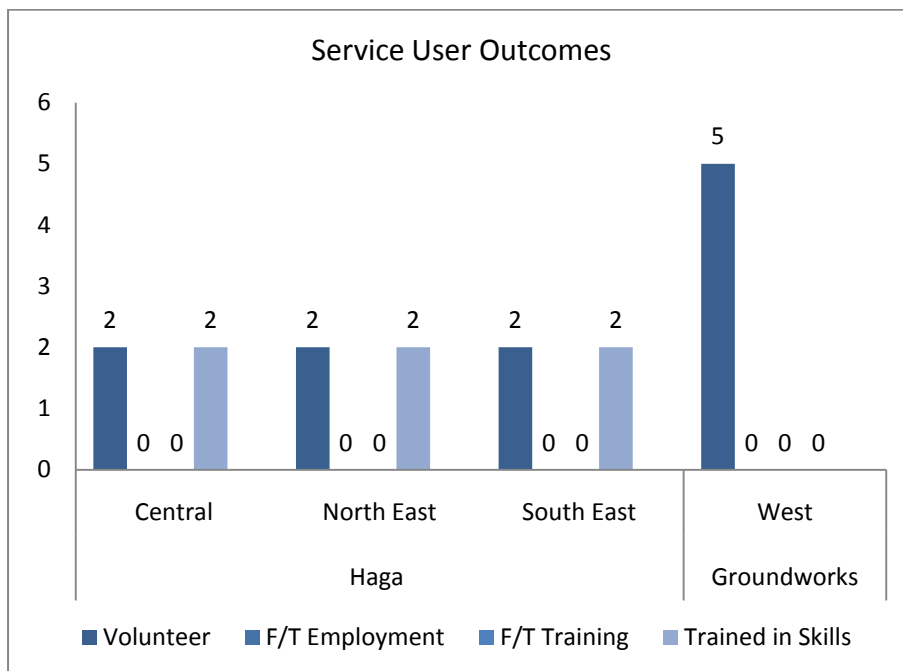
**(The data wasn't captured in a way to distinguish unique users so could have been captured in more than 1 category)*

Despite the focus on these particular groups the project has demonstrated the difficulty in reaching those with an increased risk of becoming isolated.

Haringey residents aged 18 and over are supported to be active participants in their community



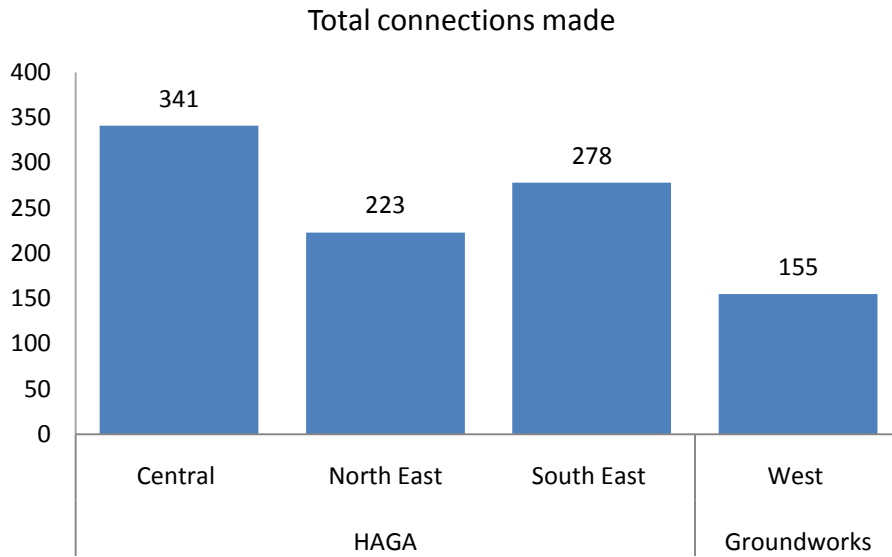
Haringey Neighbourhood connects supported **37** service users to engage in Training, Volunteering, Employment opportunities between April 2015 and March.



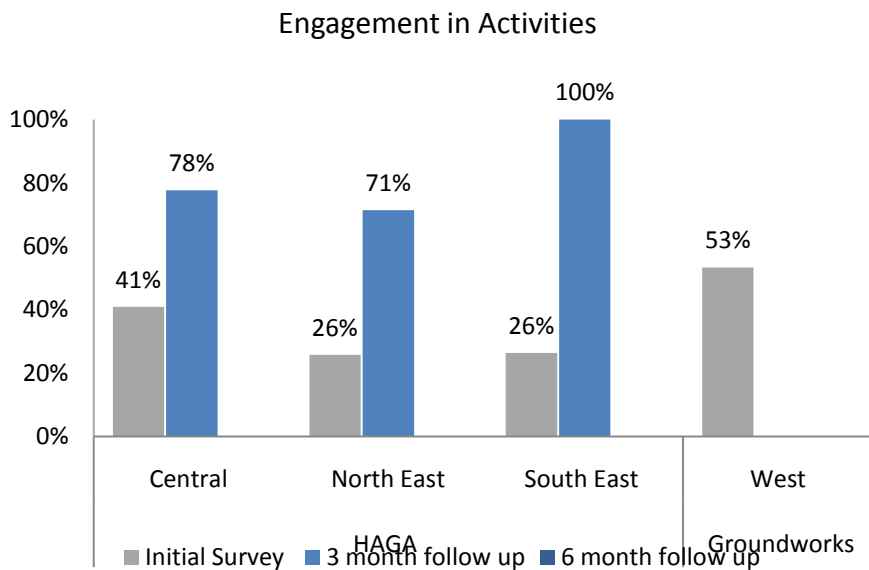
11 Neighbourhood connects services users were supported into volunteering opportunities.

6 Service users were trained in specific skills such as motivational interviewing or as a peer.

Haringey residents aged 18 and over are supported to connect with their community



Haringey Neighbourhoods connect service users made **997** connections with community groups, services and activities.



There was a **50%** increase in HAGA service users engaged in one or more activities a week at the 3 month checkpoint.

Case Studies

Case Study One

A woman attended an evening relaxation session delivered by IAPT at Hornsey Vale Community Centre. She suffers from a long term health condition which makes sitting painful and difficult. With the correct guidance she was able to take part in the relaxation session and found it very beneficial for her physical and mental health. As a result of attending she was able to download guided relaxation tracks from the

internet and practice the technique at home on a regular basis. She said it has really helped her health condition and makes her feel relaxed.

Case Study Two

Elsie is 62 years old, and has been living in the Bruce Grove area for over forty years. She was born in South London. Elsie has always been a very cheerful and highly sociable person. However, she lost confidence after she was attacked and mugged whilst on the way home one evening. When she fell, she fractured her pelvis and broke her arm, the pain of which was exacerbated by her arthritis. Elsie ended up staying in hospital for an extended period of time.

Elsie was referred to Home from Hospital when she was discharged from hospital. The Home from Hospital team worked with her to ensure she could live safely on her own again and had the things she needed. The Home from Hospital team referred Elsie to NC in the hope that we could connect her to community activities that would help her to regain confidence. A Community Engagement Worker talked to Elsie about what she enjoyed doing and what she would like from working with the project. As Elsie is still struggling to leave the house while her injuries heal, the NC Team referred her to the Good Gym befriending project. A runner is currently visiting Elsie twice a week. She really enjoys the company, and says that her 'buddy' laughs at her jokes, and doesn't mind hearing her cat stories.

She is currently housebound but is confident that she'll be able to make unsupervised trips out of the home in the near future. When Elsie is feeling able to, she said that she would like to visit the NC team at Shine Enterprise Centre to thank us for connecting her to Good Gym. She's also a keen knitter, so would like to join in with our new Sewing Group.

Case Study Three

Margaret was referred to HNC from St Anne's Hospital. She is in her late seventies, uses hearing aids and struggles to get out much due to tiredness and ill health. She lives with her 80 year old husband but gets lonely and wants to attend social activities and lunch clubs.

HNC were able to sign post a number of local activities for Margaret and contacted her to see if she had attended any of the events. Margaret wanted to but couldn't as she had become too unwell. HNC directed Margaret to the Good Gym befriending service where a volunteer will visit her at home on their weekly run to ensure she gets the social interaction she seeks while she is unwell. Margaret was very excited about this idea.

Margaret quotes; "Jess has visited twice now, she comes on Sunday afternoons and runs all the way here from Wood Green. She's very quick even with all the hills in Highgate. We always have a lot to talk about and she's very friendly".

Service Objectives

<i>Service objectives at the individual level:</i>			
Objective		Met/Not Met	Comment
IL 1	Support people to improve their overall wellbeing	Partially Met	Only a small sample of questionnaires were completed
IL 2	Support people to make connections with local activities and services available that support their wellbeing, including self management of long term conditions, opportunities to take part in physical activity, and social and cultural pursuits.	met	997 connections with community groups, services and activities.
IL 3	Contribute to reducing social isolation and loneliness that can be experienced by people in later life, people with a mental illness or a long term condition.	partially met	Between 40 and 50% of interventions were in this cohort. Not enough evidence of outcomes although some good qualitative examples
IL 4	Contribute to increasing training, volunteering and employment opportunities for both the client group and the people involved in delivering the service.	met	37 service users to engage in Training, Volunteering, Employment opportunities
IL 5	Promote self-care and independence so that clients can, where possible, avoid use of emergency health services, and reduce their dependency on statutory agencies.	Not met	Some qualitative evidence
IL 6	Support people to recognise and develop their coping skills	Not Met	Some qualitative evidence

<i>Objectives at the community level</i>			
Objective		Met/Not Met	
CL 1	To map out the assets that already exist in communities that support people to live fulfilling healthy lives and share this intelligence with partners.	Met	Have supplied a long list of assets
CL 2	To contribute to increased community cohesion and strengthened communities	Partially met	Has been difficult to measure this outcome but evidence of referrals pathways and partnerships developing
CL 3	The service provider is expected to work collaboratively with other providers commissioned by this service and existing and emerging services that are relevant to their service.	Met	Evidence of working with over 50 different organisations

Value for money

Total 2014-16 budget £200,000 (15 months).

4 projects with equal budgets of £50,000.

The original project had a minimum of 1000 people engage at an average cost of £200 per person.

The average cost of each engagement was £213.90 per person; 7% higher than the minimum target.

- Central £166.67 (17% lower)
- North East £199.20 (0.05% lower)
- South East £210.97 (5% higher)
- West £340.14 (70% higher)

Two of the projects came in below this cost. One was over twice the anticipated cost.

Across the whole project it did not achieve the value for money target due to not meeting the minimum target.

What worked

Neighbourhoods Connect has had some successes in engaging with people in Haringey and connecting them to groups and projects that they have discovered in Haringey. Both providers have collaborated with a number of local providers and have facilitated access through a number of methods including taster sessions and accompaniment. There have been improvements in the service the longer it operated.

Haringey Neighbourhoods Connect has been highlighted as one of three case studies of good practice by the NHS England BCF Team. They highlighted a number of issues as being key enablers for the success of Neighbourhoods Connect.

- Knowledge of existing community services
- Clear identification of target group
- Involving the voluntary sector
- Innovative ways to reimburse people rather than purely monetary
- Identifying champions to move things forward
- Trusting relationships between organisations in the community
- Partnership working
- Using existing services who have local knowledge
- Using local employees/volunteers
- Facilitated opportunities for staff from other organisations to meet and plan together
- Developed relationships and networks in the community
- Right level of staffing with embedded workers

Areas for Improvement

The service had difficulty in engaging with residents using the Warwick Edinburgh Mental Wellbeing Scale (short-form) which is shown by the small sample carried out and smaller scale of the follow up. Therefore it is difficult to draw conclusion on the impact on wellbeing.

There has been difficulty in accessing the truly isolated via community engagement. Commissioning the NC across four different areas meant that there was some confusion about which NC team people should use.

There is a lack of a single information point for activities in the borough.

NC: Conclusion

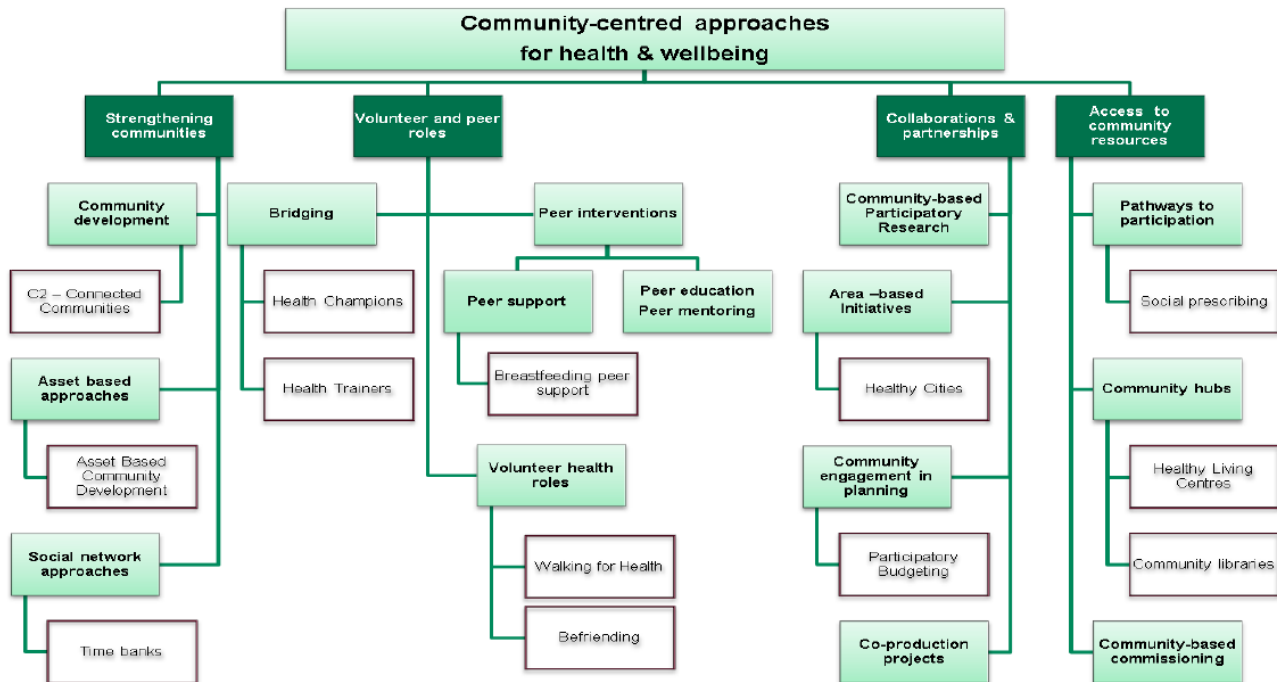
There have been positive impacts for local residents through delivery of the NC service.

A decision is required on whether to extend further the funding for the current NC service which expires on 30th September 2016.

The learning from NC and from this evaluation need to contribute to the community wellbeing model which is being developed to ensure a strategic framework is in place for similar activity.

Significant work has been carried out to set out the model for social prescribing locally and it is key that these two strands are now aligned into a coherent and strategic community wellbeing framework.

The family of community-centred approaches linked to health and wellbeing



haringey.gov.uk

Source: Public Health England: Community approaches to health and wellbeing, 2015.

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Report for: Adults and Health Scrutiny Panel, 11th July 2016

Item number:

Title: Work Programme Development

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

Lead Officer: Christian Scade, Principal Scrutiny Officer
020 8489 2933, christian.scade@haringey.gov.uk

Ward(s) affected: N/A

**Report for Key/
Non Key Decision:** N/A

1. Describe the issue under consideration

- 1.1 This report sets out how the foundations will be laid for targeted, inclusive and timely work on issues of local importance where the Panel can add value.

2. Cabinet Member Introduction

N/A

3. Recommendations

(a) That the Panel agree that the areas, outlined in Appendix A, be prioritised for inclusion in the 2016/17 scrutiny work programme.

(b) That the Overview and Scrutiny Committee be asked to endorse (a), above, at its meeting on 21 July 2016.

4. Reasons for decision

- 4.1 The Overview and Scrutiny Committee (OSC) is responsible for developing an overall work plan, including work for its standing scrutiny panels. In putting this together, the Committee will need to have regard to suggestions put forward by each Panel, their capacity to deliver the programme, and officers' capacity to support them in that task.

5. Alternative options considered

- 5.1 The Panel could choose not to review suggestions for its future work programme however this could diminish knowledge of the work of Overview and Scrutiny and would fail to keep the full membership updated.

6. 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

- 6.1 Developing an effective work programme is the bedrock of an effective scrutiny function.
- 6.2 The careful selection and prioritisation of work is essential if the scrutiny function is to be successful, achieve added value and retain credibility. A summary of what needs to be done to develop a successful work programme is provided below.

An effective scrutiny work programme should reflect a balance of activities

- Holding the Executive to account
- Policy review and development – reviews to assess the effectiveness of existing policies or to inform the development of new strategies
- Performance management – identifying under-performing services, investigating and making recommendations for improvement
- External scrutiny – scrutinising and holding to account partners and other local agencies providing 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

Key features of an effective work programme

- A member led process, short listing and prioritising topics – with support from officers – that:
 - reflects local needs and priorities – issues of community concern as well as Corporate Plan and Medium Term Financial Strategy priorities
 - prioritises topics for scrutiny that have most impact or benefit
 - involves local stakeholders
 - is flexible enough to respond to new or urgent issues

6.3 Depending on the selected topic, and planned outcomes, scrutiny work will be carried out in a variety of ways, using various formats. This will include a variety of one-off reports. In accordance with the scrutiny protocol, the OSC and Scrutiny Panels will draw from the following to inform their work:

- Performance Reports;
- One off reports on matters of national or local interest or concern;
- Issues arising out of internal and external assessment;
- Reports on strategies and policies under development, or other issues on which the Cabinet or officers would like scrutiny views or support;
- Progress reports on implementing previous scrutiny recommendations accepted by the Cabinet or appropriate Executive body.

6.4 In addition, in-depth scrutiny work, including task and finish projects, are an important aspect of Overview and Scrutiny and provide opportunities to thoroughly investigate topics and to make improvements. Through the gathering and consideration of evidence from a wider range of sources, this type of work enables 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.

Review of 2015/16

6.5 In order to assess the impact of last year's work programme each of the Panel Chairs, from 2015/16, were invited to a short de-briefing session with the Chair of OSC and the Performance, Programme and Scrutiny leads for the particular corporate priority that their Panel covered.

6.6 These sessions reviewed progress in the last year and flagged up matters requiring further attention. For example, there was an opportunity to look at how corporate plan priority dashboards had been used to shape the scrutiny work programme and how these could be used moving forwards. Some of the achievements from last year are highlighted in the table overleaf.

Summary of Achievements 2015/16

Corporate Priorities

- Regular briefings agreed for panel chairs, with priority, performance and finance leads, to support strategic understanding with work programme planning linked to corporate priorities.
- In-depth project work, linked clearly to the corporate priorities, concerning: Finsbury Park Events; Social Inclusion; Community Infrastructure Levy; Viability Assessments; Cycling; Community Safety in Parks; and Dis-proportionality in the Youth Justice System which have resulted in practical and achievable recommendations being made.

Positive and Beneficial Impact

- Thorough sessions on adult and children's safeguarding, plus briefing sessions for members and now joint work planning in hand with adults and children's safeguarding boards.
- Effective budget scrutiny with positive recommendations fully agreed by Cabinet, and forward planning to formalise budget monitoring at panels (see section 5.4).
- More focussed Cabinet member Q&As, with questions/KLOE determined in advance.
- New ways of working e.g. "scrutiny review in a day" sessions (Community Infrastructure Levy and Viability Assessments), and a range of site visits meeting staff and service users, including long-term unemployed people, young offenders, and adult service users. Members also gained first-hand experience of issues relating to cycling by touring the Borough on bikes.
- Rapid response e.g. review of Finsbury Park events with agreed recommendations developing policy and addressing resident concerns; review of action taken on various adult care concerns.

Wider Concerns / Practical Assistance

- Improved engagement with partners including police, CCG, and other NHS bodies; and a wide range of agencies, including key policy makers across London, such as the Mayor's Cycling Commissioner, and input from local MPs.
- Improved engagement with the public, both in developing the work programme and evidence gathering e.g. the Call for Evidence in relation to Finsbury Park Events.
- Learning from best practice from other local authorities through visits to Cambridge and Waltham Forest and witnesses who have attended scrutiny evidence gathering sessions (e.g. from Greenwich, Islington, Lambeth, Tower Hamlets and Southwark).
- Improved communication with local stakeholders, including press releases, coordinated through regular meetings with the Assistant Director of Communications.
- Improved engagement and involvement with wider scrutiny bodies such as the London Scrutiny Network.

- 6.7 Despite these positive developments difficulties remain, in some areas, in terms of prioritising, developing and maintaining an effective work programme.
- 6.8 On 6 June OSC agreed, to make greatest and most constructive input, 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. This will require using performance and financial information, on a regular basis, to shape and inform the work programme.

Activities to Support the Development of the Work Programme

- 6.9 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).
- 6.10 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 two week period from mid-May and generated approximately 70 individual qualitative responses.
- 6.11 Further to the completion of the survey, the Chairs of scrutiny bodies have met with relevant Cabinet members and senior officers to further discuss issues arising from the survey.
- 6.12 From these activities, and work rolled over from last year, a summary of suggestions was prepared for the Scrutiny Cafe that took place on 9 June.
- 6.13 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.
- 6.14 From these discussions, and items rolled over from last year, a number of issues have been prioritised for inclusion in the Panel's future work programme. A draft work programme is attached at Appendix A while a summary from the Scrutiny Cafe is attached at Appendix B.

Monitoring the Work Programme

- 6.15 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 each panel meeting give an opportunity to discuss the scope and approach to the area of inquiry.

Member Learning and Development (MLD)

- 6.16 In terms of Overview and Scrutiny, Members require a number of skills. Various activities took place, during 2015/16, to support the delivery of the scrutiny work programme, including:
- Chairing Overview and Scrutiny: Developing and Improving Skills
 - o ½ day training delivered in August
 - Mentoring for the Chairs of Overview and Scrutiny
 - o This was tailored to each Chair and their identified requirements and took place during Autumn
 - How to effectively challenge the Council and its partners on Child Safeguarding, including addressing Child Sexual Exploitation
 - Various MLD sessions and site visits (specific to certain scrutiny projects)
- 6.17 Moving forwards, these activities, the broad range of generic skills required by all members and the topics included in the future scrutiny work programme, will need to be considered/reviewed as part of work that's taking place to develop a new Member Learning and Development programme. This will ensure scrutiny Members are properly equipped to undertake planned work during 2016/17.

7. Contribution to Strategic Outcomes

- 7.1 Activities to develop the future scrutiny work programme have taken place during May and June, with further work planned for July. The contribution scrutiny can make to strategic outcomes will be considered as part of this process, before the final programme is agreed by OSC on 21 July.

8. Statutory Officers Comments

Finance

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

Legal

- 8.2 There are no immediate legal implications arising from the report.
- 8.3 In accordance with the Council's Constitution, the approval of the future scrutiny work programme falls within the remit of the OSC.
- 8.4 Under Section 21 (6) of the Local Government Act 2000, an OSC has the power to appoint one or more sub-committees to discharge any of its functions. In accordance with the Constitution, the appointment of Scrutiny Panels (to assist the scrutiny function) falls within the remit of the OSC.

- 8.5 Scrutiny Panels are non-decision making bodies and the work programme and any subsequent reports and recommendations that each scrutiny panel produces must be approved by the OSC. Such reports can then be referred to Cabinet or Council under agreed protocols.

Equality

- 8.6 The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:

- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
- Advance equality of opportunity between people who share those protected characteristics and people who do not;
- Foster good relations between people who share those characteristics and people who do not.

- 8.7 The Panel should ensure that it addresses these duties by considering them within its work plan, as well as individual pieces of work. This should include considering and clearly stating;

- How policy issues impact on different groups within the community, particularly those that share the nine protected characteristics;
- Whether the impact on particular groups is fair and proportionate;
- Whether there is equality of access to services and fair representation of all groups within Haringey;
- Whether any positive opportunities to advance equality of opportunity and/or good relations between people, are being realised.

- 8.8 The Panel should ensure equalities comments are based on evidence. Wherever possible this should include demographic and service level data and evidence of residents/service-users views gathered through consultation.

9. Use of Appendices

Appendix A – Draft Work Programme for 2016/17

Appendix B – Scrutiny Cafe Summary

10. Local Government (Access to Information) Act 1985

- 10.1 External web links have been provided in this report. Haringey Council is not responsible for the contents or reliability of linked websites and does not

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DRAFT – Adults and Health Scrutiny Panel – Work Programme 2016/17 – DRAFT

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
11 July 2016	Terms of Reference / Membership	To set out the terms of reference and membership for Overview and Scrutiny	Christian Scade, Principal Scrutiny Officer
	Appointment of Non Voting Co-opted Member	To appoint Helena Kania as a non-voting co-opted Member of the Panel	Christian Scade, Principal Scrutiny Officer
	Primary Care Update	To focus on the following issues: Tottenham Hale; Estates; Technology	Cassie Williams, AD, Primary Care Quality & Development, CCG
	Physical Activity for Older People - Initial Scoping for Scrutiny Project Work (Title TBC)	To receive a presentation from the DPH to help the Panel scope a project for 2016/17 that has realistic aims and objectives with clear links to council priorities	Jeanelle De Gruchy, Director of Public Health
	Addressing community wellbeing: taking forward the findings of the evaluation report of Neighbourhoods Connect	To consider findings from the Neighbourhoods Connect evaluation report	Charlotte Pomery, AD, Commissioning
	Cabinet Member Q&A	An opportunity to question the Cabinet Member for Finance and Health in relation to: Public Health; Health devolution pilots; Safeguarding adults; Adults with disabilities and additional needs; Adult social care; and Health and social care integration and commissioning.	Cllr Arthur, Cabinet Member, Finance and Health
	Work Programme Development	To receive an update on the work programme development process.	Christian Scade, Principal Scrutiny Officer

Appendix A

Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses	
29 September 2016	Target Operating Model (TOM) to enable <i>Healthy, Long & Fulfilling Lives</i> (Service Transformation Update)	An opportunity for scrutiny input before Cabinet. This will include a timetable for TOM in terms of (a) what's been achieved; (b) what happens next; and (c) options for scrutiny involvement moving forwards.	John Everson AD, Adult Social Services	
	Commissioning for Better Outcomes – Peer Review Update on Actions	This was requested by the Panel in January 2016. This update, suggested for Autumn 2016, will focus on promoting a sustainable and diverse market place, including areas identified for consideration by the peer review team.	Charlotte Pomery, AD, Commissioning	
	Updates will also be provided on the following issues:			
	Adult Safeguarding Update / Section 42 Enquiry	To include a summary of the learning arising from the Section 42 enquiry that was undertaken following a BBC London report which reported that there had been a lack of care for an elderly lady living at home with dementia.	Beverley Tarka, Director Adult Social Services Charlotte Pomery, AD, Commissioning	
	Sevacare Update	Verbal Update	Beverley Tarka, Director Adult Social Services Charlotte Pomery, AD, Commissioning	
	Foot Care	To update the Panel on local foot care services following scrutiny work that took place during 2015/16.	Sanjay Mackintosh Head of Strategic Commissioning	

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Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
<p>October 2016 (Date TBC)</p>	<p>Budget Monitoring</p>	<p>An update on the financial performance of P2 Services (Adults Social Care, Commissioning & Public Health)</p> <p>This item will take into account issues discussed in February 2016, including the Council's Brokerage Service, Intermediate Care Strategy and the Recruitment and Retention Strategy for Adult Services.</p>	<p>Cabinet Member, Finance and Health</p> <p>Beverley Tarka, Director Adult Social Services</p> <p>Dr. Jeanelle de Gruchy Director of Public Health</p> <p>Charlotte Pomery, AD Commissioning</p>
<p>1 December 2016</p>	<p>Adult Safeguarding</p>	<p>Following scrutiny work undertaken last year it is likely KLOE for this meeting will focus on <i>"what does good look like for an adult at risk?"</i></p> <p>The items listed below will enable scrutiny to ask questions / look for evidence in terms of: continuity of relationships for the adult with professionals; adults at risk being heard and involved in decisions – "Nothing about me without me"; understanding the person; Safeguarding being personalised; partnership working – with the adult and between agencies; and professionals showing concerned curiosity and due regard.</p>	
	<p>Making Safeguarding Personal (MSP)</p>	<p>Following discussion with Dr Adi Cooper, Independent. Chair of Haringey's Safeguarding Adults Board in December, it was agreed that scrutiny should look at the data collected since the start of Haringey's MSP initiative.</p>	<p>Dr Adi Cooper, Independent. Chair of Haringey's Safeguarding Adults Board</p> <p>Beverley Tarka, Director Adult Social Services</p>

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Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
	Care Quality Commission – Inspection Programme	An opportunity for Members of the panel to hear about the CQC’s strategic approach to their work as well as to understand issues and trends arising from inspections locally as they affect Haringey residents.	Charlotte Pomery, AD Commissioning Martin Haines, Inspection Manager, CQC
	Safeguarding Adults Board – Annual Report	To review the annual report of the Safeguarding Board, and the performance data collected by it. In addition, 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 (for further discussion based on the panel discussion in June 2015 – see minute 42).	Dr Adi Cooper, Independent. Chair of Haringey's Safeguarding Adults Board Patricia Durr, SAB Business Manager
	Verbal Update on Day Opportunities Transformation	To receive a verbal update on the current situation. Further information will be provided at the March meeting (below)	Beverley Tarka, Director Adult Social Services Charlotte Pomery, AD, Commissioning
6 March 2017	Day Opportunities Transformation	To build on the presentation / timetable provided to the Panel in March 2016 with input from the Stakeholder Steering Group	Beverley Tarka, Director Adult Social Services Charlotte Pomery, AD, Commissioning

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Meeting	Agenda Items	Details and desired outcome	Lead Officer / Witnesses
	Cabinet Member Q&A	Review of the year with questioning to focus on: Public Health; Health devolution pilots; Safeguarding adults; Adults with disabilities and additional needs; Adult social care; and Health and social care integration and commissioning.	Cllr Arthur, Cabinet Member, Finance and Health
	Work Programme Update	To discuss suggestions for inclusion in the 2017/18 scrutiny work programme.	Christian Scade, Principal Scrutiny Officer

Other Items:

The items below, rolled over from last year, need further discussion before finalising if/how they will be scrutinised:

Better Care Fund Update

- Requested by the Panel in January 2016, this update would focus on progress concerning the themes/actions from the Care Homes Deep Dive and the Falls Deep Dive. As agreed in January this would include information on the costs / cost savings associated with the actions.

The Council's Risk Management Plan in Relation to Corporate Priority 2

- This was requested by the Panel in February 2016 as part of their budget monitoring work. However, before this item is scoped clarity is required concerning the differing roles of the Corporate Committee and that of Overview and Scrutiny. The role of scrutiny is to review policy and challenge whether the Executive has made the right decisions to deliver policy goals. The Corporate Committee provides independent assurance of the adequacy of the risk management framework and the associated control environment, independent scrutiny of the Council's financial and non-financial performance to the extent that it affects the Council's exposure to risk and affects the control environment, and oversight of the financial reporting process. However, there is still a potential overlap between the work of the Corporate Committee and the work set by OSC. As result, and following discussing by OSC in June 2016, the coordination of work programmes is needed not only to avoid duplication of work, but to ensure resources are used effectively.

- OSC has asked for an informal discussion with the Chair of Corporate Committee and Ann Woods, Head of Audit and Risk Management, to help develop the scrutiny work programme in this area.

Early Supported Discharge

- To follow up on the issues and concerns raised by the NCL JHOSC during 2015/16
- Input from Sarah Price, Chief Officer, Haringey CCG, was suggested at the March 2016 meeting of the Panel.

Scrutiny Cafe Suggestions / Items Rolled Over from 2015/16 to be considered elsewhere:

OSC

- Obesity
- Communication between the Council and residents/stakeholders
- Community centres and buildings

Children and Young People Scrutiny Panel

- The work that schools are doing to tackle obesity
- Due to changes in the terms of reference for scrutiny, the following requests concerning Child and Adolescent Mental Health will now need to be considered by CYP:
 - (a) An update (requested by AHSP in March 2016) focusing on Haringey's CAMHS Transformation Plan, the work of the Transition Sub Group and Transition Action Plan.
 - (b) A further update – for Autumn 2017 – was also requested by AHSP in relation to P2 of the Mental Health and Wellbeing Framework

Housing and Regeneration Scrutiny Panel

- Encouraging space for enterprise

NCL JHOSC / BEH Sub Group

- Quality Accounts for Healthcare providers, including the North Middlesex University Hospital NHS Trust, and BEH Mental Health NHS Trust. Timings and ways of doing this, including joint scrutiny, need to be confirmed for 2016/17.