ADULTS & HEALTH SCRUTINY PANEL

Tuesday, 4th September, 2018, 6.30 pm - Civic Centre, High Road, Wood Green, N22 8LE

Members: Councillors Pippa Connor (Chair), Nick da Costa, Mike Hakata, Sarah James, Felicia Opoku, Sheila Peacock and Yvonne Say

Co-optees/Non Voting Members: Helena Kania

Quorum: 3

1. **FILMING AT MEETINGS**

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

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

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

2. **APOLOGIES FOR ABSENCE**

3. **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 - 4)**

To approve the minutes of the previous meeting.

7.   **TERMS OF REFERENCE (PAGES 5 - 34)**

8.   **APPOINTMENT OF NON VOTING CO-OPTED MEMBER**

9.   **PERFORMANCE UPDATE (PAGES 35 - 70)**

10.   **CABINET MEMBER Q&A**

11.   **COMMUNITY WELLBEING FRAMEWORK (PAGES 71 - 86)**

12.   **WORK PROGRAMME UPDATE (PAGES 87 - 96)**

13.   **NEW ITEMS OF URGENT BUSINESS**

To consider any items admitted at item 3 above.

14.   **DATES OF FUTURE MEETINGS**

Dominic O'Brien, Principal Scrutiny Officer
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Bernie Ryan
Assistant Director – Corporate Governance and Monitoring Officer
River Park House, 225 High Road, Wood Green, N22 8HQ

Friday, 24 August 2018

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MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON THURSDAY, 8TH MARCH, 2018, 6.30 - 8.42 pm

PRESENT:

Councillors: Pippa Connor (Chair), Gina Adamou and Patrick Berryman

Non-voting members / Co-optees: Helena Kania

62. FILMING AT MEETINGS

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

63. APOLOGIES FOR ABSENCE

None.

64. ITEMS OF URGENT BUSINESS

The Chair informed the Committee that she would be admitting an item of urgent business on suicide prevention, and further discussion would take place at item 13 on the agenda.

65. DECLARATIONS OF INTEREST

None.

66. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

67. MINUTES

The clerk advised the Committee that the minutes of the meeting held on 8 February were not available for approval, and would be taken to the next meeting of the Adults & Health Scrutiny Panel.

68. COMMUNITY WELLBEING FRAMEWORK

Dr Negin Sarafraz-Shekary provided an update on the Community Wellbeing Framework. Good progress had been made in relation to engaging and integrating services, and good relationships had been formed with key stakeholders. Two local

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area co-ordinators had been appointed, and the next steps would be to evaluate and monitor the progress of outcomes against pathways to wellbeing themes using case studies to draw patients' journeys to see what savings can be made.

Dr Sarafraz-Shekary provided the following in response to questions from the Panel:
- The local area co-ordinators were community based and visible to the community. The co-ordinators would work with a wide range of people and needs, however would be mindful of overlaps and duplication.
- Asset mapping had been completed and work was being carried out to ensure front line staff were trained to have the key conversations with people.
- It was intended that case studies would be provided for all people who had accessed the service, detailing the interventions and outcomes. This could be shared with the Panel.
- The project was due to run for two years.

RESOLVED that the update be noted, and a further progress update be provided in September 2018.

69.   **DAY OPPORTUNITIES DEVELOPMENT**

Charlotte Pomery provided an update on the impact from both a user and a buildings perspective of the closures of the in-house day centres previously managed by Adult Social Care at The Haven, The Grange, Birkbeck, Always and Roundways. The closure of these services had taken place in November 2015, and part of the process was to look at the destination of service user, the use of savings generated and the current uses of the buildings. The process was still ongoing.

The following was provided in response to questions from the Panel:
- The use of guardians for the empty buildings was at nil cost overall. The framework with the Corporate Landlord was that guardians would look after the properties and cover the costs of any repairs and would get the accommodation in return for looking after them.
- There would be a further report to scrutiny on the wider day care opportunities later in the year.
- It was important to stress that work was being carried out with regard to savings made, as users' needs were changing, and the model would look different as time moved on.
- Work was also being carried out with a range of providers, including Islington Council to ensure that local provision was available to meet demand as it was requested.
- All users of these services had received a Care Act assessment and care support plan, and anyone who had received these would have been care managed out of the old system into the new one. A social worker would carry out reviews to see whether needs and outcomes were being met – happiness and progression were included as part of that review.

RESOLVED that:

     i.   **The report be noted; and**

     ii.   **It be recommended to the next Scrutiny Panel that an engagement event be set up with service users and officers to get a good understanding of the day opportunities provision.**

70.   PHYSICAL ACTIVITY FOR OLDER PEOPLE SCRUTINY REVIEW UPDATE

The Panel received an update on the recommendations made by the Physical Activity for Older People scrutiny review. The review was undertaken in summer 2016, and looked at Haringey's approach to increasing physical activity among older adults. Members noted the updates to the recommendations which had been agreed by Cabinet on 27 March 2017, as set out in the agenda pack.

RESOLVED that the Adults and Health Scrutiny Panel note the progress made to date.

71.   CABINET MEMBER Q&A - REVIEW OF THE YEAR

Councillor Vanier provided an update on work carried out within her portfolio responsibilities. She advised that Adult Social Care remained a challenge, with a continual reduction in local government grants, and an increase in demand. The service had undergone a major transformation, and it was important that new innovative ways of working were identified in order to continue to develop sustainable adult social care in the borough.

Highlights over the past year included a redesign of services; the introduction of a care authorisation panel to provide an impartial process to all funding decisions across adult health and learning disabilities; remodelling of hospital discharge processes to improve unnecessary referrals; and the improvement of care home provision to ensure that better models of support were provided.

The main risks for the next financial year included the pressure of dealing with changing needs as residents aged; and the transition stage from childrens to adults, and managing that risk.

In regard to Osborne Grove, Councillor Vanier explained that an options appraisal would be carried out and reported back to Cabinet in June 2018, and would look at whether it the Authority were best placed to provide nursing homes, or whether outsourcing worked best. It would be key to ensure that bed space was improved to allow Osborne Grove to become more viable. The options appraisal had previously started in early 2017, but was put on hold due to care and quality issues, and it was important that the final decision was based on understanding these issues.

The Panel thanked Councillor Vanier for attending.

72.   NCL JHOSC UPDATE

Councillor Connor provided an update on the recent NCL JHOSC meeting, a single item meeting on limiting clinical effectiveness. One of the main concerns raised was how scrutiny would be kept informed with further additions to the policy.

73. WORK PROGRAMME UPDATE

The clerk advised that a draft of the Panel's Care Home Commissioning review was currently being produced and would be circulated for comment in due course.

74. NEW ITEMS OF URGENT BUSINESS

Councillor Connor tabled an update provided by Dr Tamara Djuretic on suicide prevention.
Action: further update to be provided in six months, including more detail on the effectiveness of the prevention policies.

CHAIR: Councillor Pippa Connor

Signed by Chair ………………………………..

Date …………………………………

Report for: Adults and Health Scrutiny Panel – 4 September 2018

Title: Terms of Reference and Membership

**Report
authorised by :** Ayshe Simsek, Democratic Services and Scrutiny Manager

Lead Officer: Dominic O'Brien, Principal Scrutiny Support Officer,
Tel: 020 8489 5896, e-mail: dominic.obrien@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 and its panels for 2018/19.

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 2018/19 (Appendix C).

3. Reasons for decision

3.1 The terms of reference and membership of the scrutiny panels above need to be noted at the first meeting of each municipal year.

4. Overview and Scrutiny Committee

4.1 As agreed by Council on 24 May, the membership of the Overview and Scrutiny Committee for 2018/19 is: Cllr Lucia das Neves (Chair); Cllr Pippa Connor (Vice-Chair); Cllr Mahir Demir; Cllr Ruth Gordon; and Cllr Adam Jogee.

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

4.3 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.

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

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5. Scrutiny Panels

5.1   Article 6 of the Constitution states the OSC shall appoint Scrutiny Panels in order to discharge the Overview and Scrutiny role.

5.2   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 four 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 four standing Scrutiny Panels shall be the responsibility of the main OSC.
  - The Chair of each Scrutiny Panel shall be a member of the OSC, as determined by the OSC at its first meeting.
  - It is intended that each Scrutiny Panel shall be comprised of between 3 and 7 backbench or opposition members, and be politically propionate as far as possible.
  - 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.

5.3   The 2018/19 membership for the four Scrutiny Panels is listed below.

Scrutiny Panel	Membership
Adults and Health	Cllrs Councillor Pippa Connor (Chair), Nick da Costa, Mike Hakata, Sarah James, Felicia Opoku, Sheila Peacock and Yvonne Say
Children and Young People	Cllrs Mahir Demir (Chair), Josh Dixon, Tammy Palmer, Dana Carlin, Dr. James Chiriyankandath, Julie Davies and Khaled Moyeed
Environment and Community Safety	Cllrs Adam Jogee (Chair), Kaushika Amin, Eldridge Culverwell, Scott Emery, Julia Ogiehor, Reg Rice and Matt White
Housing and Regeneration	Cllr Ruth Gordon (Chair), Dawn Barnes, Isidoros Diakides, Bob Hare, Yvonne Say, Daniel Stone and Sarah Williams
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.	

5.4   The policy areas to be covered by the four existing Scrutiny Panels have been updated. This information, together with the relevant Portfolio holders for each scrutiny body, is attached at Appendix C.

6.   Contribution to strategic outcomes

6.1 The contribution scrutiny can make to strategic outcomes will be considered as part of its routine work.

7. Statutory Officers Comments

Finance and Procurement

7.1 Should any of the work undertaken by Overview and Scrutiny generate recommendations with financial implications then these will be highlighted at that time.

Legal

7.2 The Assistant Director for Corporate Governance has been consulted on the contents of this report.

7.3 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.

7.4 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

7.5 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.

7.6 The proposals outlined in this report relate to the membership and terms of reference for the OSC and carry no direct implications for the Council's general equality duty. However, the Committee should ensure that it addresses these duties by considering them within its work programme and those of its panels, 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.

7.7   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 2017/18

9.   Local Government (Access to Information) Act 1985

N/A

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<u>Appendix A</u>

PART TWO – ARTICLES OF THE CONSTITUTION
Last updated 18 July 2016

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.**

Appendix A

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.

(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).

(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.

PART THREE – RESPONSIBILITY FOR FUNCTIONS
SECTION B
Last updated 18 July 2016

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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. **Combined Pensions Committee and Board**

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**

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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;

<u>Appendix A</u>

(g) in accordance with statutory regulations to review and scrutinise matters 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

<u>Appendix A</u>

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.

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.

<u>Appendix A</u>

PART FOUR – RULES OF PROCEDURE
SECTION G – OVERVIEW & SCRUTINY PROCEDURE RULES
Last updated 21 July 2014

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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;

    (ixi)   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.

Appendix A

(x)   To monitor the effectiveness of the Call-in procedure.

(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 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.

Appendix A

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.

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

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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.

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.

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 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 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 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:

    (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 form 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, 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.

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;

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[1] Section 19 of the Police and Justice Act 2006

     (v)   "Call In" for reconsideration a decision made by the Executive;

     (vi)   Require information from relevant partner authorities;[2]

     (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

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

[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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4.3   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.

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

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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.

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.

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**

Appendix B

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.

Appendix D

Overview & Scrutiny Remits and Membership 2018/19

Scrutiny Body	Areas of Responsibility	Cabinet Links
Overview & Scrutiny Committee Cllrs Das Neves (Chair), Connor (Vice Chair), Demir, Gordon, Jogee The Committee shall also comprise statutory education representatives, who shall have voting rights solely on education matters	Communications; Corporate policy and strategy; Council performance; External partnerships; Strategic transport; Growth and inward investment; Corporate governance; London Plan and NPPF Consultation; S106/CIL Policy	Cllr Ejiofor Leader of the Council
	Culture Customer Services; Customer Transformation Programme; Enforcement; Fairness Commission; Landlord Licensing; Licensing Policy and Delivery; Libraries; Leisure and leisure centres; Northumberland Park Resident Engagement	Cllr Brabazon Cabinet Member for Civic Services
	Council budget and MTFS; Capital Strategy; Commercial Partnerships; Council Tax Reform Agenda; Procurement	Cllr Berryman Cabinet Member for Finance
	Community buildings; Equalities;	Cllr Mark Blake Cabinet Member for Communities, Safety and

Scrutiny Body	Areas of Responsibility	Cabinet Links
	Voluntary sector	Engagement
	Corporate programmes; Shared Digital; Shared Service Centre; Council HR & staff wellbeing; Corporate property & commercial portfolio; Insourcing policy and delivery	Cllr Noah Tucker Cabinet Member for Corporate Services and Insourcing
	Accommodation Strategy.	Cllr Adje Cabinet Member for Strategic Regeneration
Adults & Health Scrutiny Panel Cllrs Connor (Chair),	Adult Social Care; Public Health; Health devolution pilots; Mental health and well-being Working with CCG and NHS; Safeguarding adults; Adults with disabilities and additional needs	Cllr Ahmet Cabinet Member for Adults and Health
	Tackling unemployment and worklessness; Adult learning and skills	Cllr Adje Cabinet Member for Strategic Regeneration
Children & Young People Scrutiny Panel Cllrs Demir (Chair), plus the statutory education representatives of OSC	Schools and education; Safeguarding children; Child and Adolescent Mental Health; Early years and child care; Adoption and fostering; Looked-after children and care leavers; Children with disabilities and additional needs; Children to adult social care transition; Post 16 education	Cllr Weston, Cabinet Member for Children and Families
	Youth services; Combatting youth offending and re-offending	Cllr Mark Blake Cabinet Member for Communities, Safety and Engagement

	Air Quality; Carbon Management and Zero 50; Recycling, waste and street cleaning; Highways; Parking; Parks and open spaces; Sustainability; Transport Strategy Action Plan	Cllr Hearn Cabinet Member for Environment
Environment & Community Safety Scrutiny Panel Cllrs Jogee (Chair)	Community safety; Engagement with the Police; Prevent programme; Tackling anti-social behaviour; Violence Against Women and Girls	Cllr Mark Blake Cabinet Member for Communities, Safety and Engagement
Housing & Regeneration Scrutiny Panel Cllr Gordon (Chair)	Broadwater Farm Resident Engagement; Planning policy; Planning applications & development management; Building Regulations; Hackett Review; Health and Safety issues related to housing stock; Homelessness and rough sleeping; Housing Investment Programme; Housing strategy and development ; Partnerships with Homes for Haringey & social landlords	Cllr Ibrahim Cabinet Member for Housing and Estate Renewal
	Tottenham AAP; Town Centre Management; Wood Green AAP	Cllr Adje Cabinet Member for Strategic Regeneration
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.		

Agenda Item 9

Report for:	**Adults and Health Scrutiny Panel**: 4 September 2018
Title:	Corporate Plan 2015-18 Priority Performance Framework- Briefing for Adults and Health Scrutiny Panel
Report authorised by :	Charlotte Pomery, Assistant Director, Commissioning
Lead Officer:	Margaret Gallagher, Performance & Business Intelligence Manager margaret.gallagher@haringey.gov.uk

Ward(s) affected: All

**Report for Key/
Non Key Decision:** Non key

1. Background

1.1. The Council introduced an approach to performance management that allows residents and others to easily track the Council's performance against five core areas of the Corporate Plan and hold it to account.

1.2. The recent publication of priority dashboards on the website represents the eleventh quarterly update since the original launch in October 2015. A quarterly exception report informs the Overview and Scrutiny Committee of performance against the outcomes and strategic priorities in the Corporate Plan 2015-18, reflecting the latest data available. The Priority 2 dashboard reflects latest data as at June 2018. It provides an overview of key performance trends and an assessment of progress against targets and objectives in the Corporate Plan.

1.3. The Priority Dashboards and trajectories illustrate progress towards our goals in Building a Stronger Haringey Together and report performance in an outcome-focused and transparent way. A new performance framework will be established to measure the outcomes from the Borough Plan and to report progress against agreed targets.

1.4. The Overview and Scrutiny Committee has considered their role in scrutinising and supporting performance improvement and systems have been put in place to ensure that data and performance is used as an evidence base to inform the Overview and Scrutiny work programme. Scrutiny Panels have an opportunity to review performance using the latest data as published in the Priority dashboards.

1.5. The current system involves Scrutiny Panel Chairs being briefed on a quarterly basis on emerging performance trends and supported to use this information in the work of individual Panels. Looking at the data in near real time enables Members to use information to drive discussions about performance. It further enables Members to explore solutions, through partnership working, to areas of challenge informed by insight and understanding of need from the resident's perspective

1.6. The timely publication of these dashboards on the Council's website has created greater transparency about the Council's performance, enabling accountability directly to residents. This is one way; we are working with communities to make the borough an even better place to live.

2. Recommendations

2.1 Adults and Health Scrutiny Panel is asked to:

- Note the performance framework in place to measure progress made against the delivery of the priorities and targets in the Corporate Plan 2015-2018, particularly in relation to Priority 2 and
- Note the progress made against P2 objectives at this point in the 2018/19 year as illustrated in the dashboard to Enable all adults to live healthy, long and fulfilling lives

3. Efforts to promote evidence based performance management, Transparency on outcomes and preparation for new Borough Plan.

3.1. Public organisations need reliable, accurate and timely information with which to manage services, keep residents well informed and account for performance. Good quality data is an essential ingredient for reliable activity and financial information. Effective organisations measure their performance against priorities and targets in order to determine how well they are performing and to identify opportunities for improvement. Therefore, the data used to report on performance must be fit for the purpose, representing the Authority's activity in an accurate and timely manner.

3.2. Work on developing a Data, Insight and Intelligence strategy for Haringey is being progressed covering various strands to address data quality, culture and digital solutions/automation. This work will develop a strategic approach to data, insight and intelligence as enablers to effective delivery of the Council's priorities and objectives. The vision is to place performance and business intelligence at the heart of services for Haringey residents, enabling informed decision-making, transformation and better outcomes for customers.

3.3. The new Borough Plan and performance framework will seek to address inequalities and focus on what people need to thrive and where the gaps are. Data will align with service strategies and improvement plans but will also account for demographic and demand pressures including financial and will look at trends overtime so that the gaps we need to close are clear to improve prospects for all who live in Haringey.

3.4. To this end, a State of the Borough profile https://www.haringey.gov.uk/local-democracy/about-council/state-of-the-borough has been developed to provide a comprehensive overview of what the data tells us about Haringey in relation to a number of key themes including; population demographics, employment and skills, adults and children and young people, place, crime and safety and health providing a rich picture of key groups in the community and the issues they face.

3.5. As part of the new Borough Plan, a performance framework will track progress against the objectives and targets set out in the detailed delivery plan. Workshops in October 2018 will seek to bring together senior officers for each Priority area to look at what the services want to achieve, to align this with available resource (MTFS) and agree the level of ambition with targets covering the period of the Borough Plan 2018-2022. In the meantime, until this new framework is agreed, we will continue to track and report on the outcomes set out in the Corporate Plan 2015-2018 with the dashboards accessible to Members and residents alike, meeting transparency requirements.

4. Performance Overview as pertaining to Adults and Health (as at June 2018) and Induction/Training for new Members

4.1. The Priority dashboards illustrate that amongst the many outcomes that we are seeking to achieve, whilst there have been many areas of improvement and progress, there remain some persistent challenges. The dashboards afford Members an opportunity to challenge progress made against specified outcomes and to gain insight on the associated risks and barriers to delivery of agreed targets.

4.2. The dashboards updated quarterly on Haringey's website, continue to set out progress on performance achieved to date, in a visual, intuitive way based on the latest available data.

4.3. Overview and Scrutiny received a report outlining the approach to performance management on 19th October 2015. For more detail on the framework, dashboards and how to read these please refer to that report or the Haringey website.

4.4. A link to the latest updates for all the priority dashboards is included in section 5 of this report. The link to the P2 dashboard relevant to the work of the Adults and Health Panel is here: https://www.haringey.gov.uk/local-democracy/policies-and-strategies/building-stronger-haringey-together/p2

4.5. A guide on 'how to read the wheel and RAG (Red, Amber, Green) status' has been published on the website under each Priority and provides an overview of the methodology used for assessing performance. A four-point RAG status is used in the assessment of progress against delivery with the following guidelines for interpretation:

- Green – Current performance equal to or above target trajectory (on track to meet the target)
- Amber Green – Current performance below trajectory by less than 5% (needs attention in order to meet target)
- Amber Red – Current performance below trajectory by between 5 & 10% (needs substantial attention in order to meet target)
- Red – Current performance below trajectory by more than or equal to 10% (off track to meet target)
- Grey- no updates since target was set or insufficient data to make assessment

4.6. Overall, this eleventh update of the dashboards shows progress against the objectives set out in the Corporate Plan 2015-2018 as we move into transition planning for the new Borough Plan. The evidence illustrates a mixed picture across priorities and objectives with some areas where more needs to be done to achieve our ambitions.

4.7. The Panel has been provided with a performance pack showing performance on 22 agreed indicators that measure progress against 5 objectives within Priority 2. There is quite a lot of detail to digest in reading the trajectories and understanding the process by which progress is evaluated and reported on. As such, a separate, more informal performance management induction session can be arranged as part of Member development and training. This could be done once the new performance framework and measures for the Borough Plan are agreed or if Members would find it helpful, the performance team could facilitate a session to induct Members to provide a deeper understanding of the processes we use to manage performance and to look at how targets are set and reported against.

4.8. In summary performance on Priority 2 outcomes looks, on the whole, quite positive with only 3 indicators ragged Red (13%) and 1 Amber Red out of 22 indicators. Four of the five objectives are rated Amber Green overall for achievement and 1 Green indicating that good progress has been made against P2 objectives over the Corporate Plan period.

4.9. There are processes in place for performance information to be reviewed and for exception reports and action plans to be established where it is recognised that there is underperformance. Exception reports are completed by senior management and outline what is being done to address areas where we are not on course to meet the agreed target. Performance, programme activity, budgets and risk are reviewed with Cabinet Lead Members on a regular basis as well as being discussed at quarterly Strategic Priority Board meetings.

Contribution to strategic outcomes

4.10. All Priorities include crosscutting themes of; Prevention and early intervention, A fair and equal borough, Working together with Communities and Working in Partnership as well as Customer Focus and Value for Money.

5. Use of Appendices
Priority dashboards and performance packs
http://www.haringey.gov.uk/local-democracy/policies-and-strategies/building-stronger-haringey-together

Haringey
LONDON

Healthy Lives - Objective Summaries and Outcome Measures

Enable all adults to live healthy, long and fulfilling lives

Priority 2 Performance Dashboard

Priority 2 - Healthy Lives

Current performance is….

Green   Equal to or above target line

Amber Green   Below target line by less than 5%

Amber Red   Below target line by between 5 & 10%

Red   Below target line by more than or equal to 10%

Grey   Insufficient information to assign a RAG status

Enable all adults to live healthy, long and fulfilling lives Board: Objective 1

A borough where the Healthier Choice is the Easier Choice

haringey.gov.uk

Objective 1:
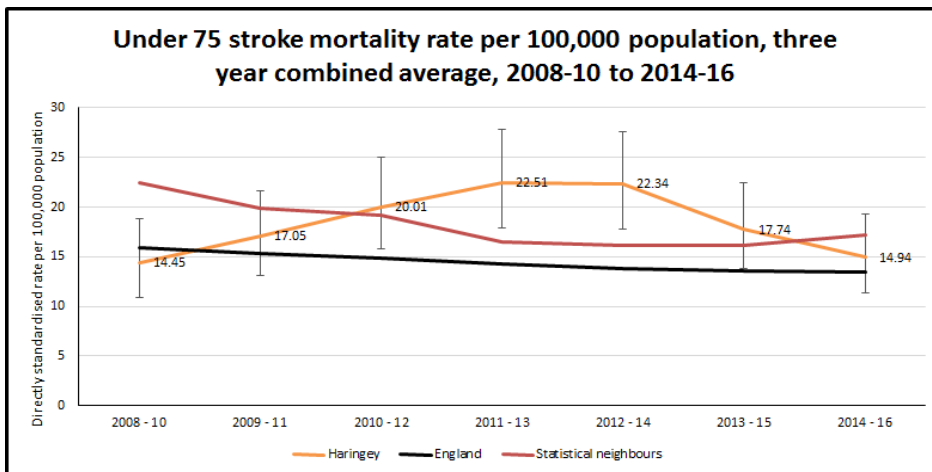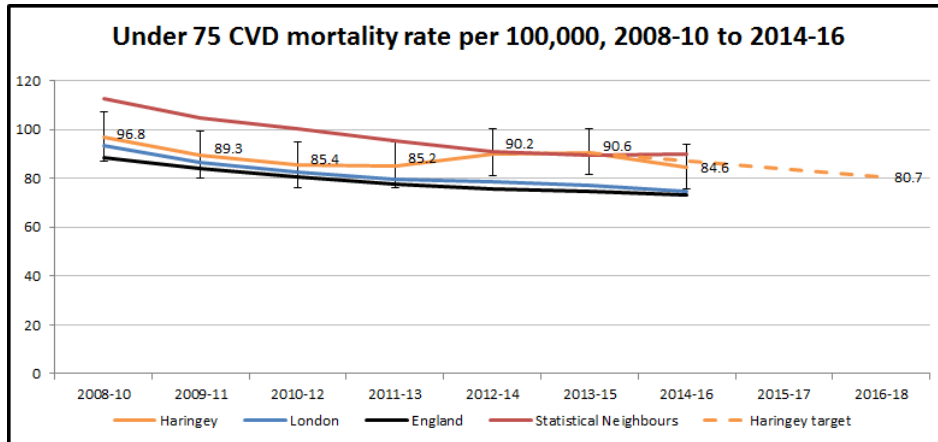A borough where the healthier choice is the easier choice

Outcome indicator:
Mortality Rate from Cardiovascular Disease (CVD) in people under 75*

Target:
reduce rate to statistical neighbour best of **80.7 per 100,000** by 2016-18

What does the data say?

There have been a significant improvement in the CVD mortality rate from 90.6 per 100,000 in 2013-15, to **84.6 in 2014-16.**

Haringey is now **8th out of 32** London boroughs for early death from stroke, down from 1st out of 32 in 2012-14. This represents a **21% decrease** since 2012-14, bucking the upward trend and no longer significantly higher than either our statistical neighbours or London" (as indicated by the confidence intervals).

Under 75 CVD mortality rate per 100,000, 2008-10 to 2014-16

96.8 89.3 85.4 85.2 90.2 90.6 84.6 80.7

Haringey — London — England — Statistical Neighbours — Haringey target

Under 75 stroke mortality rate per 100,000 population, three year combined average, 2008-10 to 2014-16

14.45 17.05 20.01 22.51 22.34 17.74 14.94

Haringey — England — Statistical neighbours

haringey.gov.uk

Last Updated: June 2018

Objective 1:
A borough where the healthier choice is the easier choice

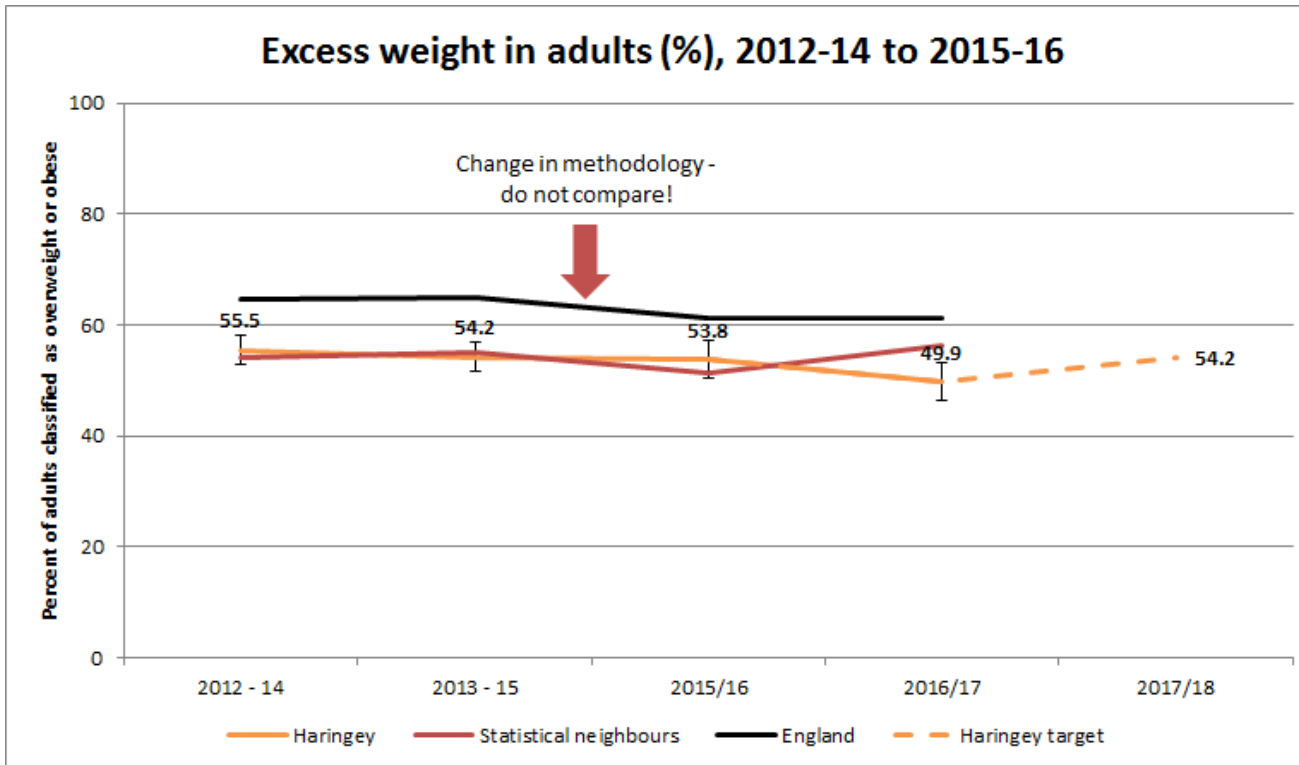**Outcome indicator:**
Excess weight in Adults

Target:
Maintain our current 3-year average of **54.2%** by 2016-18

Excess weight in adults (%), 2012-14 to 2015-16

What does the data say?

Excess weight in adults (over 16) in 2013 - 15 was 54.2%. In 2015/16 a new methodology measuring excess weight in adults over 18 found 53.8% of adults in Haringey were overweight or obese.

This is now at 49.9% in 2016-17, a further reduction of 3.9%, and is now well below the 54.2% target.

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Note: methodology changed between 2013-15 and 2015/16. Prior to this change, adults were considered those over 16, and following the change, adults were considered those over 18. The new indicator reflects the Active Lives survey figure rather than the Active People Survey. There were changes in both questions asked and the mode of response.

Objective 1:
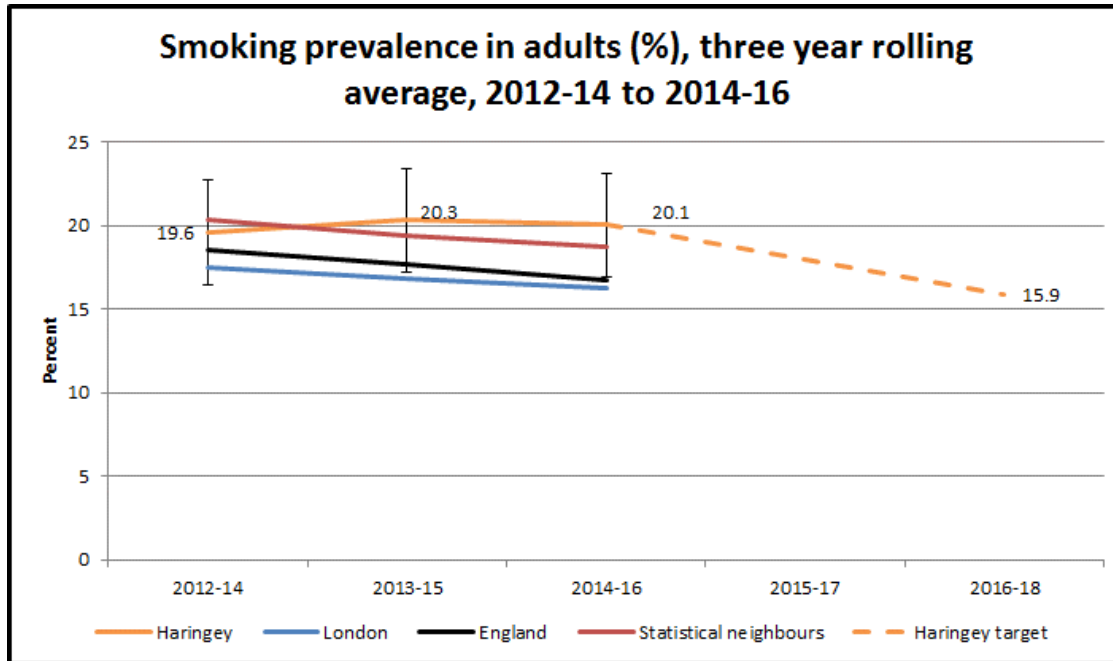A borough where the healthier choice is the easier choice

Outcome indicator:
Smoking prevalence in adults.*

Target:
Reduce to statistical neighbour best of **15.9%** by 2018

Smoking prevalence in adults (%), three year rolling average, 2012-14 to 2014-16

What does the data say?

Haringey's smoking prevalence on a three year rolling average is now higher than our statistical neighbours, London and England.

However overall smoking prevalence is now at a 5-year low at 17.7% having decreased by 4.2% from 2015 to 2016. In 2016 Haringey is in line with its neighbours but still behind the other comparators and the 2018 target.

From 2016, the questions used to ascertain self-reported smoking status in the Annual Population survey were changed in order to rectify a perceived overestimation of the prevalence of ex-smokers. Unlike obesity, you can still view this indicator as a time trend, but keep the change in methodology and confidence intervals in mind.

NHS Five Year Forward View target for smoking prevalence is **13% by 2020**

haringey.gov.uk

Last Updated: June 2018

Priority 2

Objective 1:
A borough where the healthier choice is the easier choice

Outcome indicator:
Hospital admissions for alcohol-related conditions.*

Target:
Maintain current downward trajectory to reach **621.5 per 100,000** by 2016-18

Hospital admissions for alcohol-related (narrow) conditions per 100,000 population, three year combined average 2009-2016
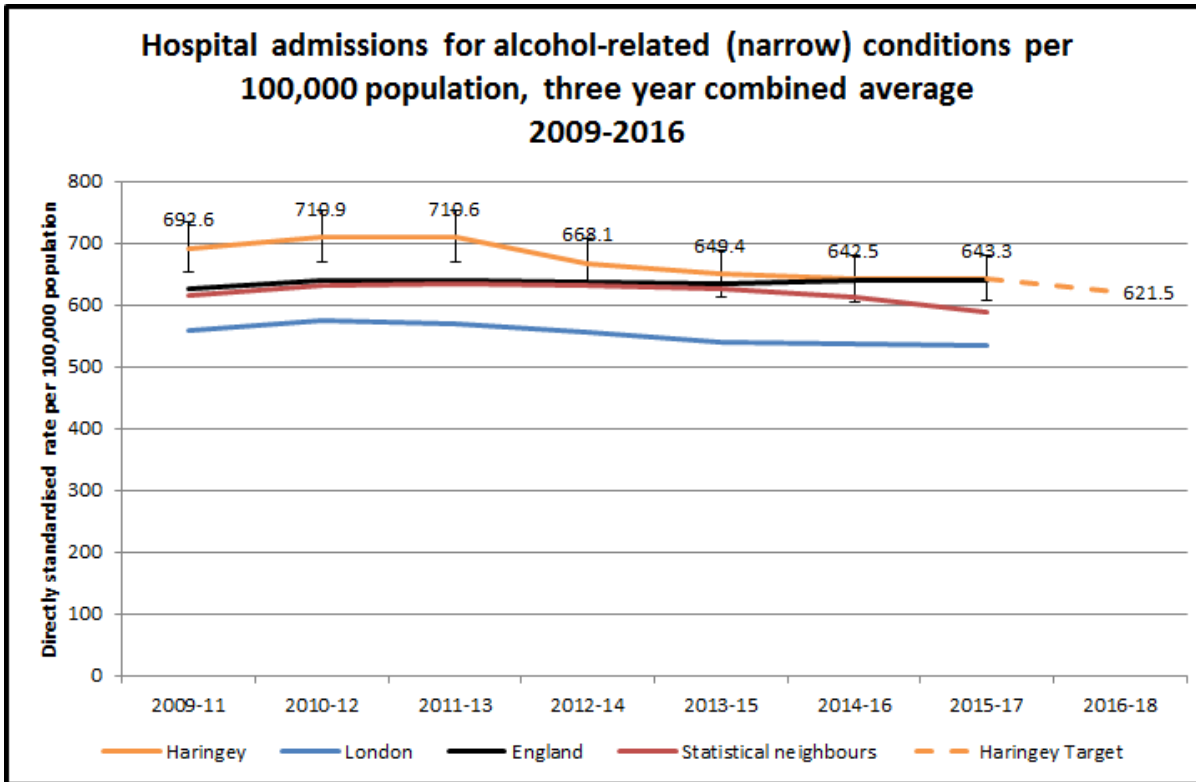
What does the data say?

Hospital admissions for alcohol-related conditions has remained steady from 2013-15 to 2015-17, currently standing at **643** admissions per 100,000 population.

Whilst there has been a reduction over time since 2010 Haringey is still behind its target for 2018.

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* **Indicator definition:** Admissions to hospital where the primary diagnosis is alcohol-attributable or if the secondary diagnosis is an alcohol-attributable cause

Last Updated: June 2018

haringey.gov.uk

Priority 2

Haringey LONDON

Objective 1:
A borough where the healthier choice is the easier choice
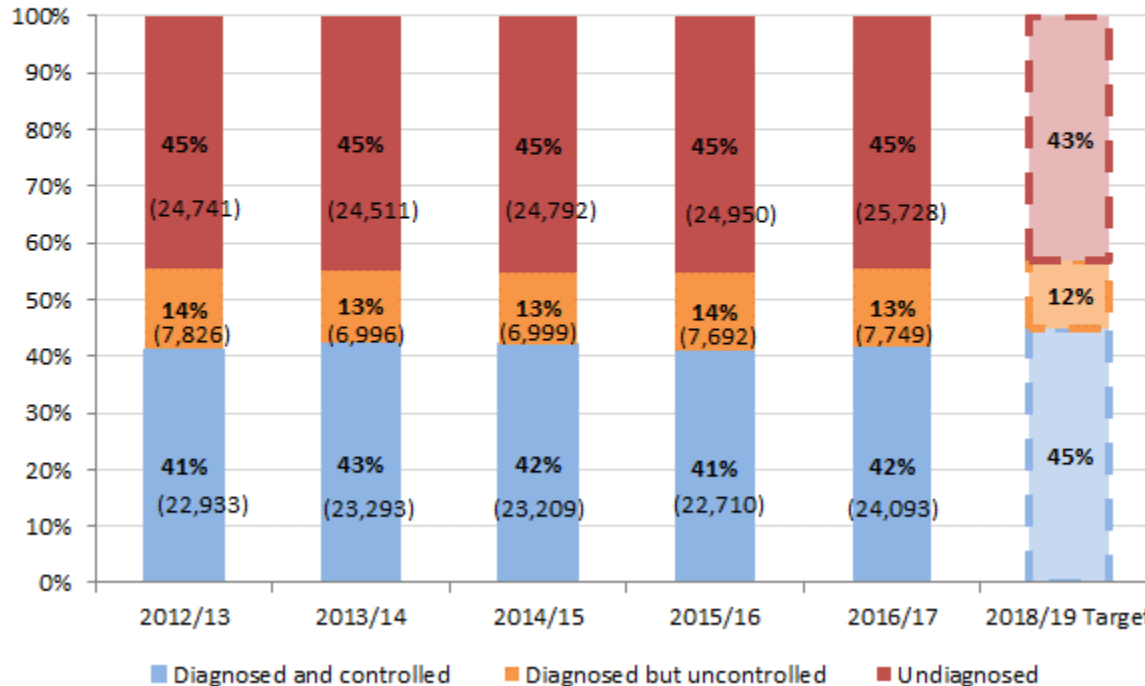
➡

Outcome indicator: Number and proportion of residents with diagnosed and controlled hypertension

➡

Target: 45% patients with diagnosed and controlled hypertension by 2018/19 (London best).

Proportion of the estimated prevalence that have uncontrolled and undiagnosed hypertension, 2012-2016

Year	Diagnosed and controlled	Diagnosed but uncontrolled	Undiagnosed
2012/13	41% (22,933)	14% (7,826)	45% (24,741)
2013/14	43% (23,293)	13% (6,996)	45% (24,511)
2014/15	42% (23,209)	13% (6,999)	45% (24,792)
2015/16	41% (22,710)	14% (7,692)	45% (24,950)
2016/17	42% (24,093)	13% (7,749)	45% (25,728)
2018/19 Target	45%	12%	43%

Diagnosed and controlled | Diagnosed but uncontrolled | Undiagnosed

What does the data say?

There has been an increase in the number of patients diagnosed with hypertension, rising from 30,400 in 2015/16 to **31,842** in 2016/17

The proportion of patients with diagnosed and controlled hypertension has improved from 41% in 2015-16 to 42% in 2016-17.

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Last Updated: June 2018

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Priority 2

Objective 1:
A borough where the healthier choice is the easier choice
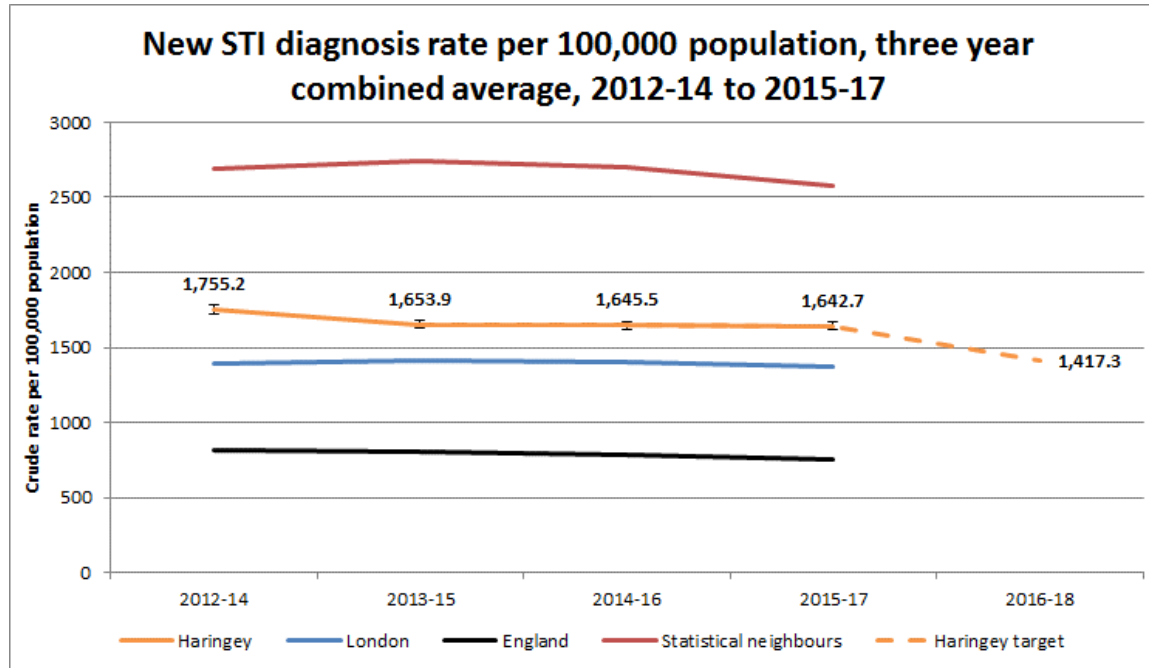
➡

Outcome indicator:
Acute STIs (including all STIs)

➡

Target:
Maintain Haringey's current downward projection to reach a new STI diagnosis rate of **1,417 per 100,000** by 2018

What does the data say?

New STI diagnosis rate has remained relatively steady since 2013. The rate is currently **1,642.7 per 100,000** (2015-17 3 year rolling average) and remains higher than London and England but significantly lower than our statistical neighbours at 2,575 diagnoses per 100,000.

New STI diagnosis rate per 100,000 population, three year combined average, 2012-14 to 2015-17

Crude rate per 100,000 population

- Haringey: 1,755.2 (2012-14), 1,653.9 (2013-15), 1,645.5 (2014-16), 1,642.7 (2015-17)
- Haringey target: 1,417.3 (2016-18)

Legend: Haringey, London, England, Statistical neighbours, Haringey target

Indicator definition: All new STI diagnoses among people accessing genitourinary medicine (GUM) services, and for Chlamydia, primary care or community services

Last Updated: June 2018

Enable all adults to live healthy, long and fulfilling lives Board : Objective 2

Strong communities, where all residents are healthier and live independent, fulfilling lives

Priority 2

Objective 2:
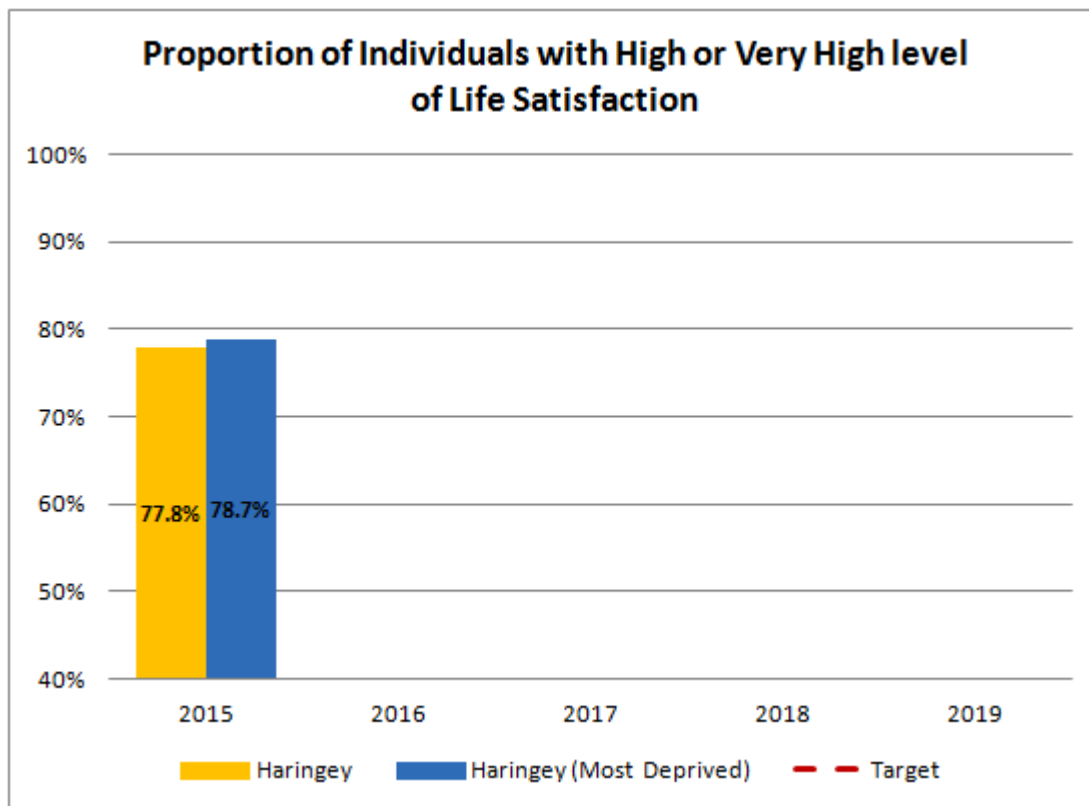Strong communities, where all residents are healthier and live independent, fulfilling lives.

Outcome indicator:
Percentage of Adults who have a "High" or "Very High" level of satisfaction with their life as a whole *

Target:
To be confirmed

Proportion of Individuals with High or Very High level of Life Satisfaction

*** What* does the data say ?**

In 2015 the percentage of adults who had a high or very high level of satisfaction with their life as a whole was actually higher in the most deprived area of Haringey (78.7% satisfaction) compared to Haringey as a whole (77.8%). The majority of Adults responded with a High level of satisfaction (56.3% Haringey, 56.2% Most Deprived Areas).

This topic is expected to be explored in the upcoming residents survey (early 2018) for future data.

* Mental Wellbeing Survey

Last Updated: June 2018

haringey.gov.uk

Objective 2:
Strong communities, where all residents are healthier and live independent, fulfilling lives .

Outcome Indicator:
Proportion of Individuals who had participated in voluntary work in the past 12 months
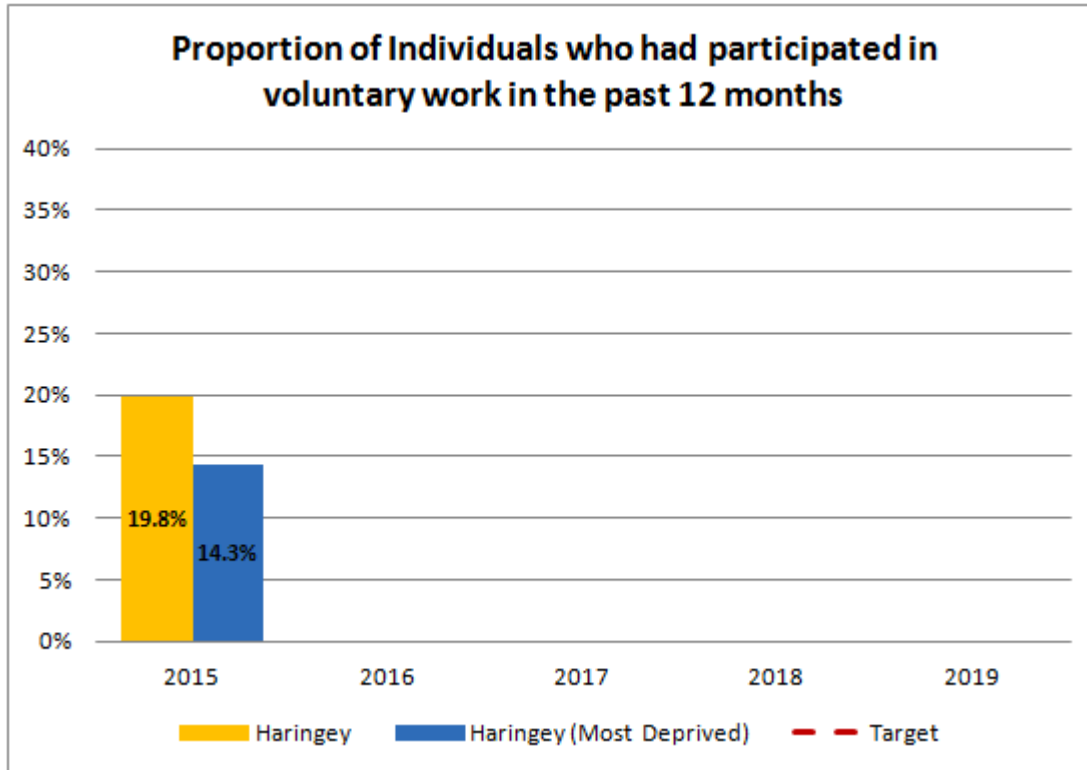
Target:
To be confirmed

***What* does the data say ?**

In 2015, the percentage of adults who had participated in voluntary work was slightly higher than the most deprived area of Haringey (14.3%) compared to Haringey as a whole (19.8%).

This topic is expected to be explored in the upcoming residents survey (early 2018) for future data.

The Council has been working with the voluntary sector to agree how they can best support the sector together to promote more volunteering in the borough.

Proportion of Individuals who had participated in voluntary work in the past 12 months

40%	
35%	
30%	
25%	
20%	19.8%
15%	14.3%
10%	
5%	
0%	

2015 2016 2017 2018 2019

Haringey   Haringey (Most Deprived)   — — Target

* Mental Wellbeing Survey

Last Updated: June 2018

Haringey LONDON

Objective 2:
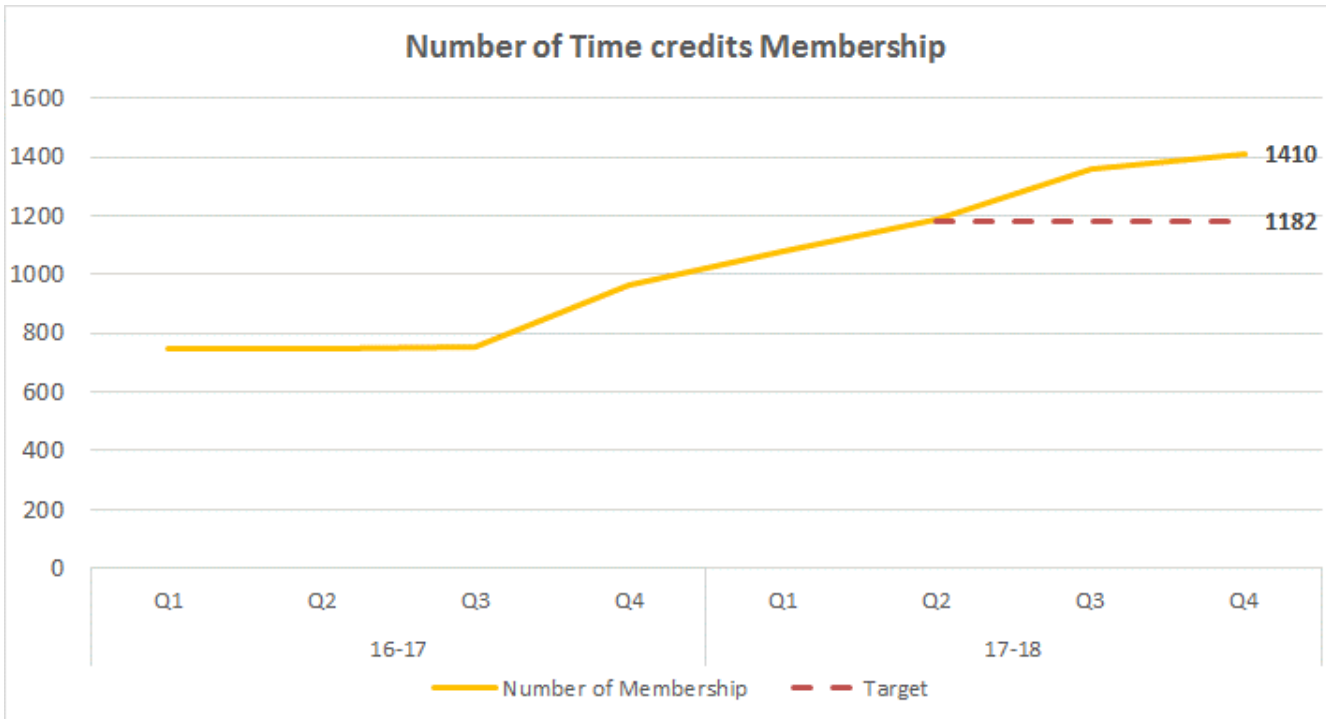Strong communities, where all residents are healthier and live independent, fulfilling lives .

➡️

Principal Indicator:
Increase participation in Haringey time credits network

➡️

Target:
1182 Members in 2017/18

Number of Time credits Membership

What **does the data say?**

The number of time credits membership is increasing overtime. In quarter 4 (2017-18), there were 1410 members, exceeding the 2017/18 target of 1182.

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Last Updated: June 2018

Objective 2:
Strong communities, where all residents are healthier and live independent, fulfilling lives .
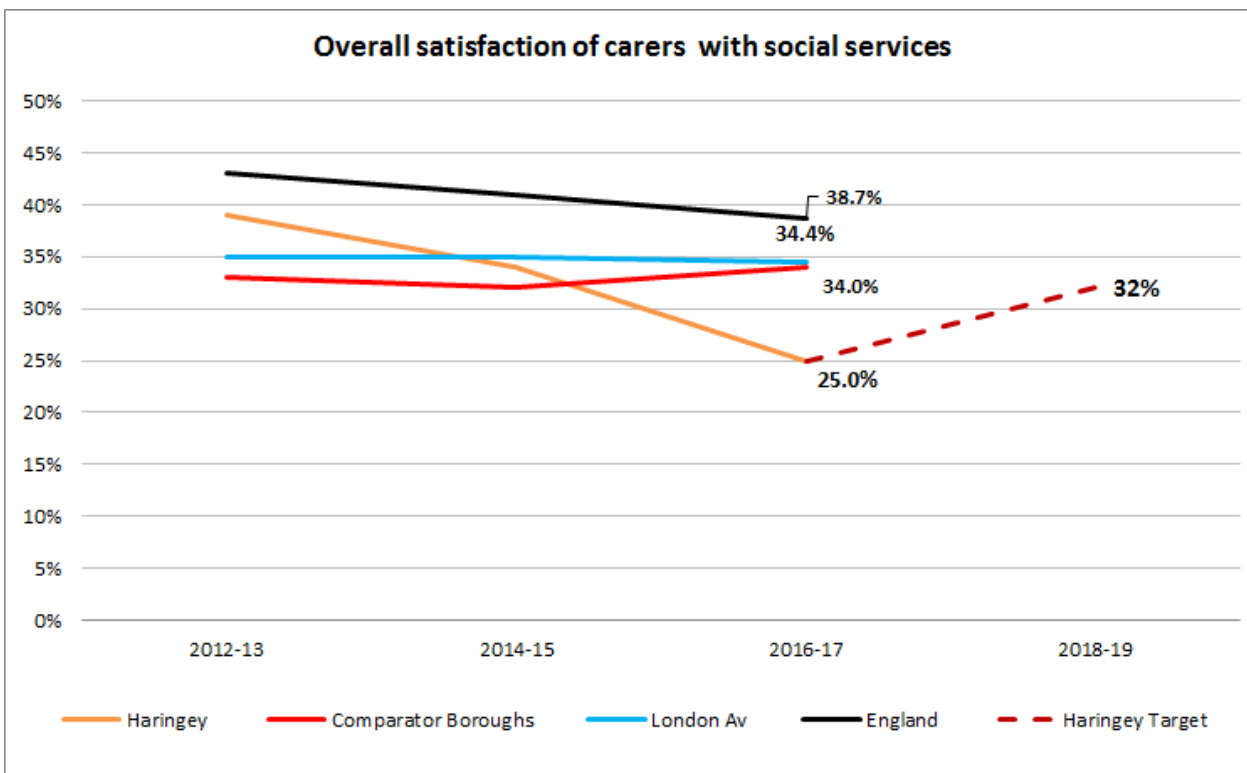
Principal Indicator:
Overall satisfaction of carers with social services

Target:
To reach the statistical neighbours average (32%) by 2018-19

What does the data say?

Data indicates that Haringey's performance has decreased to 25% for 2016/17, taking it below the performance of London and similar Boroughs.

We will be running the 2018-19 Carers survey in October 2018.

Overall satisfaction of carers with social services

Legend	
Haringey	Comparator Boroughs
London Av	England
Haringey Target	

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Objective 2:
Strong communities, where all residents are healthier and live independent, fulfilling lives.
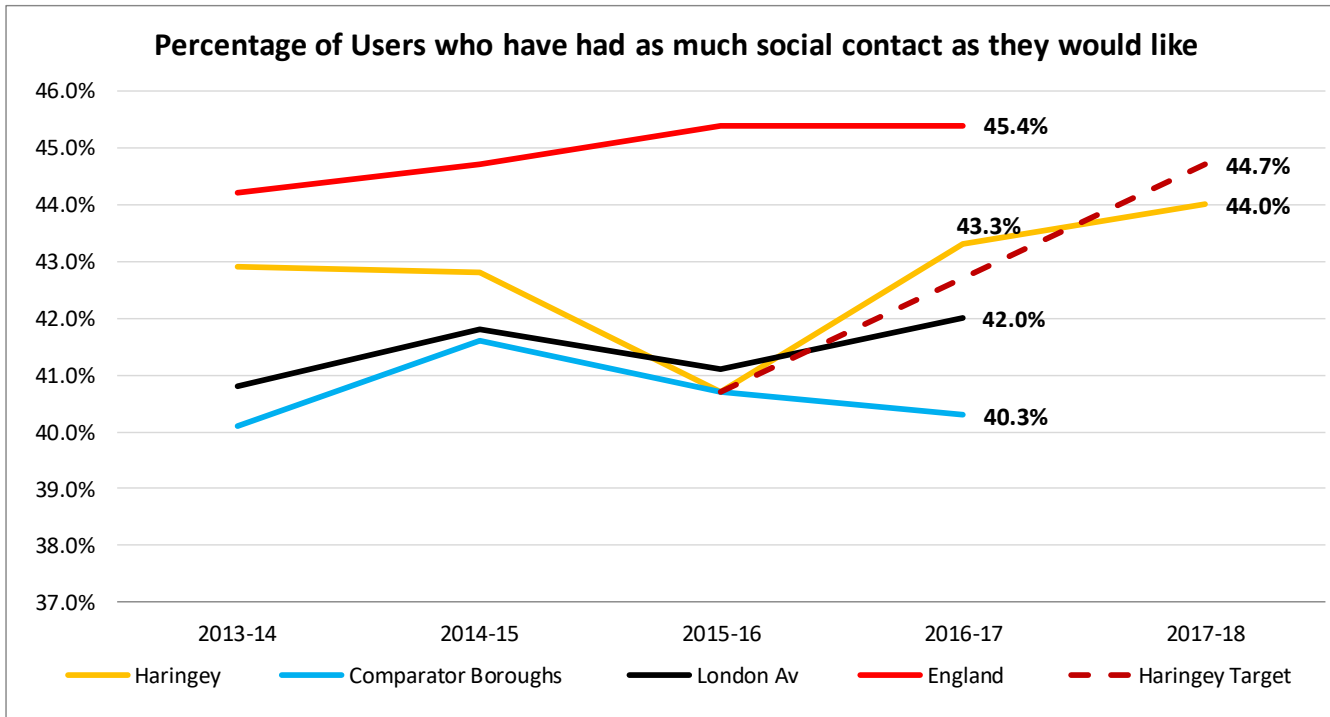
Outcome indicator:
Percentage of adult social services clients who say they do not have as much social contact as they would like or feel socially isolated*

Target: 44.7% by 2017-18

Percentage of Users who have had as much social contact as they would like

2013-14	2014-15	2015-16	2016-17	2017-18

- 45.4% (England)
- 44.7% (Haringey Target)
- 44.0% (Haringey)
- 43.3%
- 42.0% (London Av)
- 40.3% (Comparator Boroughs)

Legend: Haringey — Comparator Boroughs — London Av — England — Haringey Target

***What** does the data say ?*

Haringey's 2017-18 survey results show that 44% of service users stated that they have as much social contact as they would like.

Please note that the Adult Social Care survey results are still subjected to validation

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* Adults Social Care Survey

Last Updated: June 2018

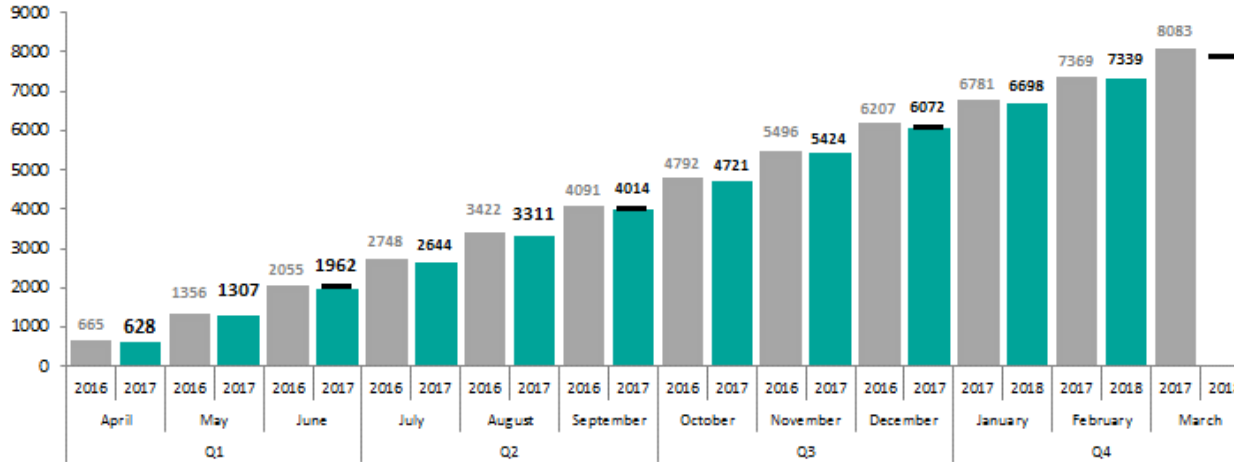# Enable all adults to live healthy, long and fulfilling lives Board : Objective 3

Support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing

Priority 2

Objective 3:
Support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing.

Principal Indicator:
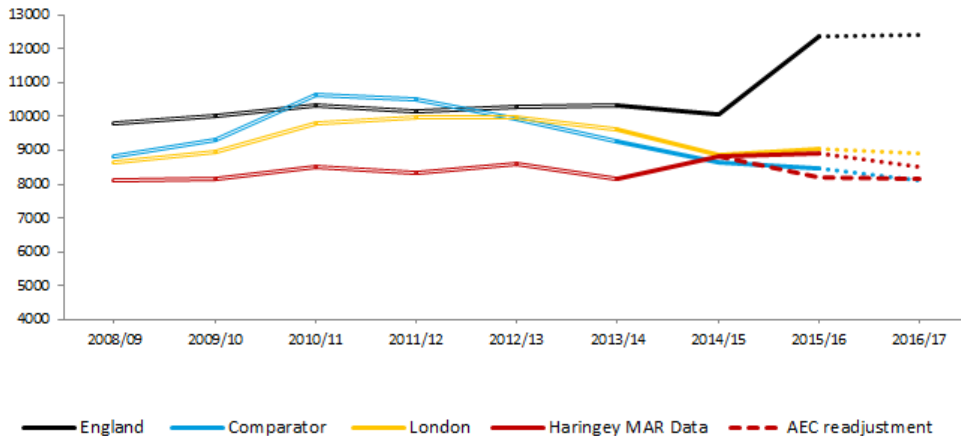Total Non-elective admissions to hospital.

Target:
Target of 2.5% reduction in actual admissions by 2017-18. (BCF target).

What does the data say?

There have been 20,767 non-elective admissions between April 2017 and February 2018. This is a 0.82% increase in **actua**l non elective admissions compared to the same period in 2016/17 or 169 more admissions.

There have been 7339 non elective admissions per 100,000ppn this is a 0.41% reduction in the **rate** compared to the same period last year.

Legend: England — Comparator — London — Haringey MAR Data — - - - AEC readjustment

Last Updated: June 2018

Objective 3:
Support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing.
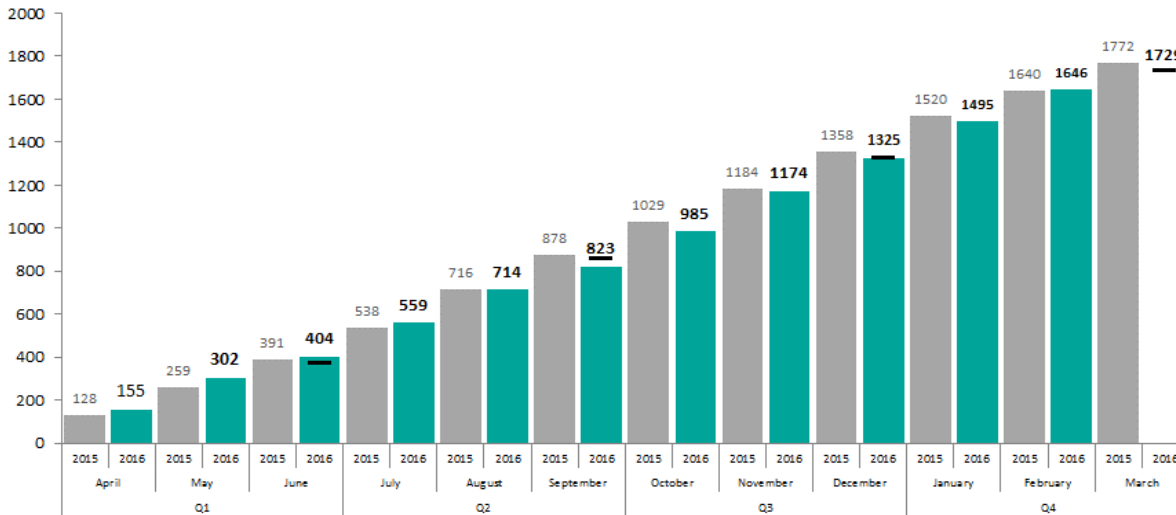
Outcome Indicator:
Injuries due to falls in people aged 65 and over per 100,000 population

Target: 0% reduction in the rate of non-elective admissions for falls related injuries (65+). per 100,000 population.
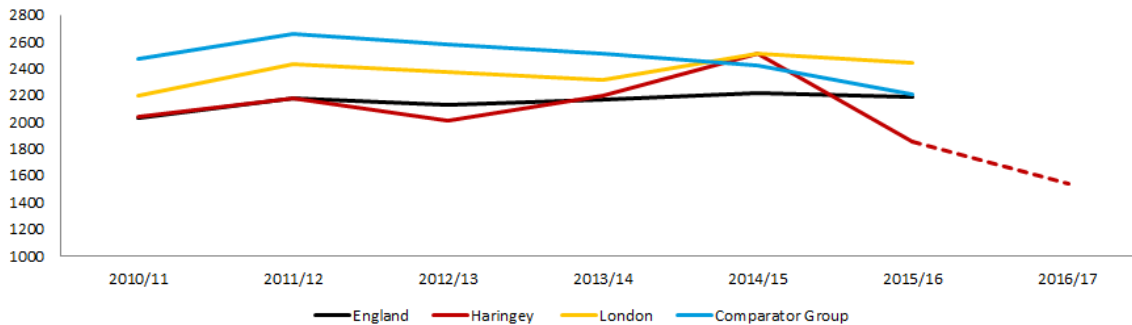
What does the data say?

There has been a 0% reduction in the **rate** of non elective admissions for falls related injuries between April and February compared to the same period in 2016/17.

There has been 12 fewer non elective admissions for falls related injuries between April and February. This equates to a 3% reduction in **actual** admissions.

Bar chart showing injuries due to falls per 100,000 population by month comparing 2015 and 2016:
- April: 128 (2015), 155 (2016)
- May: 259 (2015), 302 (2016)
- June: 391 (2015), 404 (2016)
- July: 538 (2015), 559 (2016)
- August: 716 (2015), 714 (2016)
- September: 878 (2015), 823 (2016)
- October: 1029 (2015), 985 (2016)
- November: 1184 (2015), 1174 (2016)
- December: 1358 (2015), 1325 (2016)
- January: 1520 (2015), 1495 (2016)
- February: 1640 (2015), 1646 (2016)
- March: 1772 (2015), 1729 (2016)

Quarters: Q1, Q2, Q3, Q4

Line chart showing trends from 2010/11 to 2016/17 for England (black), Haringey (red), London (yellow), and Comparator Group (blue).

Last Updated: June 2018

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Objective 3:
Support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing
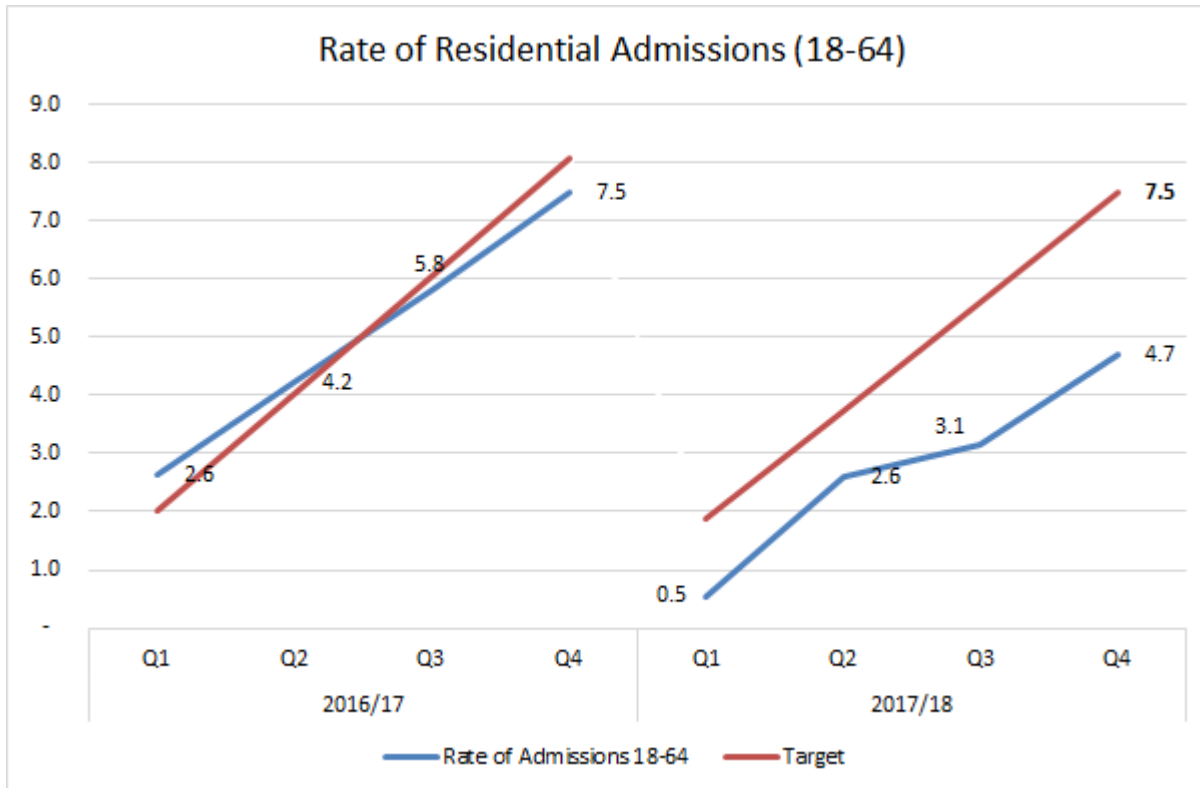
Outcome Indicator:
Permanent residential and nursing care home admissions for the 18-64, population.*

Target:
Age 18-64: 0% Change in rate of admissions from 2016-17.

Rate of Residential Admissions (18-64)

- 2.6 — Q1 2016/17
- 4.2 — Q2 2016/17
- 5.8 — Q3 2016/17
- 7.5 — Q4 2016/17
- 0.5 — Q1 2017/18
- 2.6 — Q2 2017/18
- 3.1 — Q3 2017/18
- 4.7 — Q4 2017/18
- 7.5 — Target

Rate of Admissions 18-64 | Target

What **does the data say ?**

There has been a decrease in residential admissions for 18-64 year olds. There have been 9 in 2017-18 compared to 14 last year.

Figures are currently provisional due to data Statutory return validation.

Last Updated: June 2018

haringey.gov.uk

Priority 2

Objective 3:
Support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing
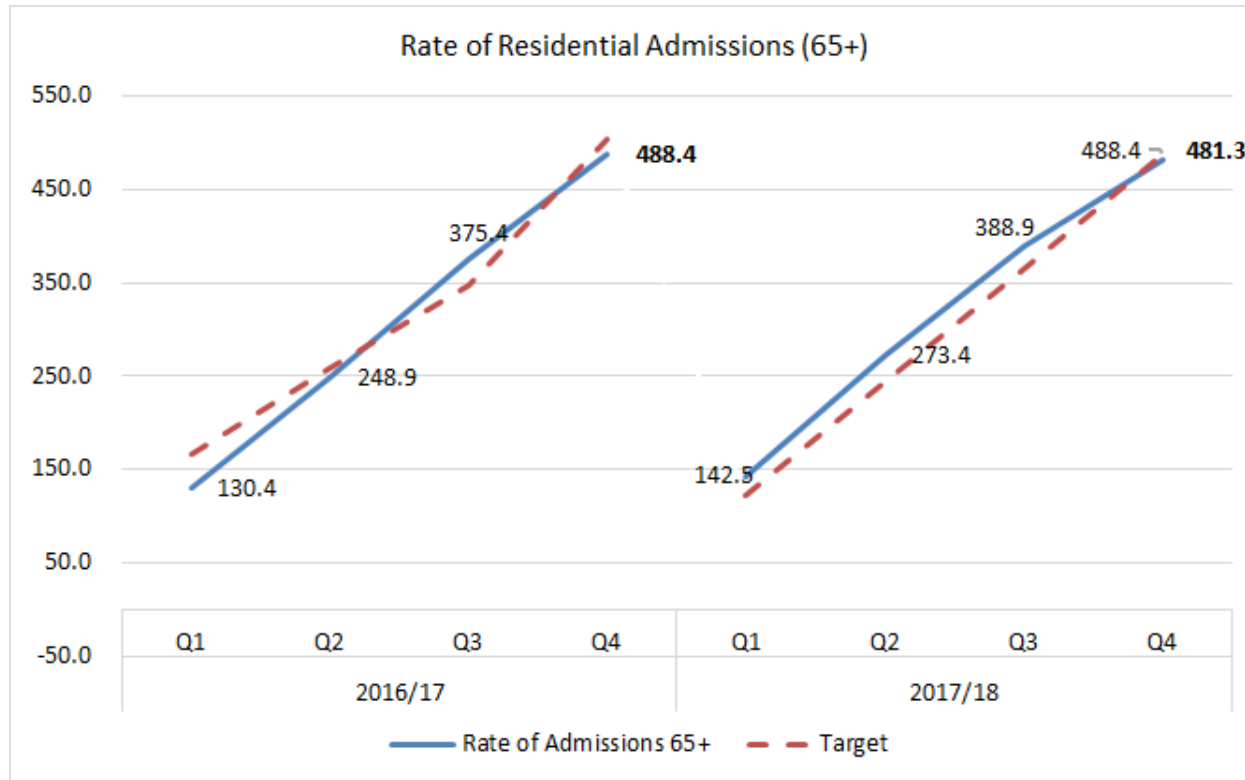
Outcome Indicator:
Permanent residential and nursing care home admissions for the 65+ population.*

Target:
Age 65+: 0% change in the rate of permanent admissions from 2016-17 (In line with BCF Target)

What does the data say?

There has been a decrease in the rate of admissions for 65+ from 488.4 in 2016-17 to 481.3 in 2017-18.

Figures are currently provisional due to data Statutory return validation

Rate of Residential Admissions (65+)

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Priority 2

Haringey LONDON

Objective 3:

Support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing.
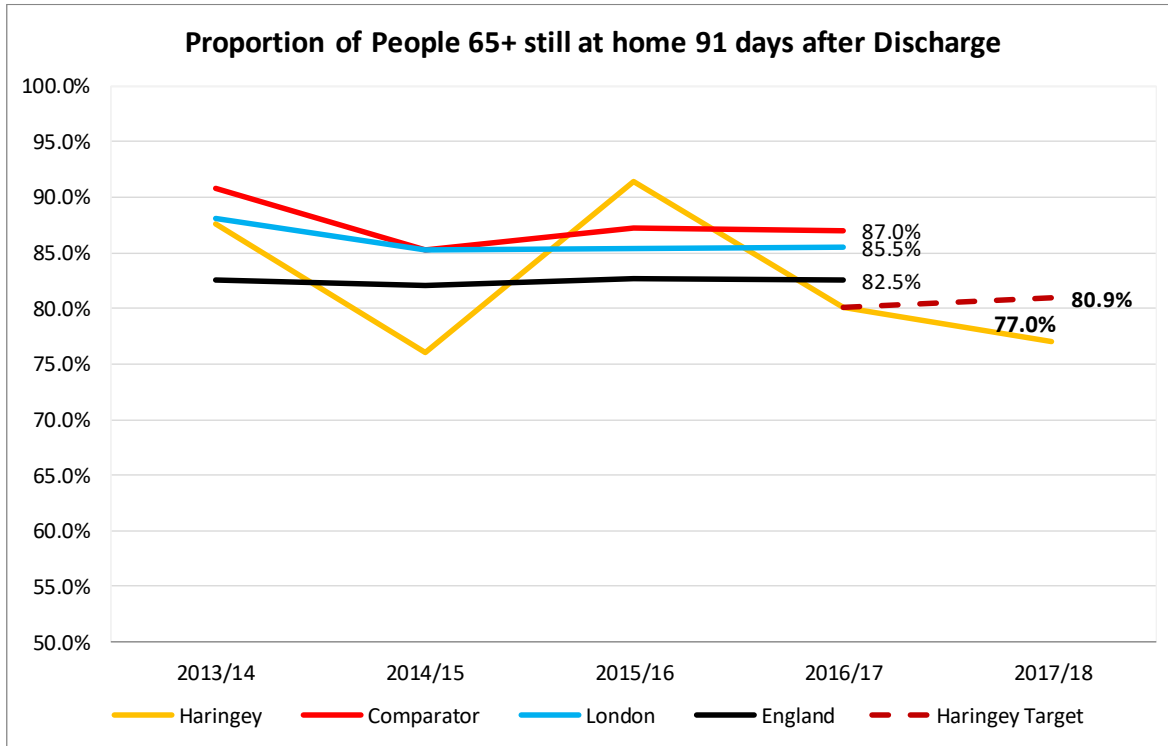
Outcome Indicator:

Proportion of older people 65 and over who were still at home 91 days after discharge into reablement / rehabilitation services (BCF measure)

Target:

80.9% of older people still at home 91 days following discharge into reablement services (in line with BCF Target)

What **does the data say ?**

2017-18 figures show that 77% of people are still at home following discharge into reablement services.

This is below the target of 80.9%.

Proportion of People 65+ still at home 91 days after Discharge

Legend: Haringey (yellow), Comparator (red), London (blue), England (black), Haringey Target (red dashed)

Values shown: 87.0%, 85.5%, 82.5%, 80.9%, 77.0%

Last Updated: June 2018

Enable all adults to live healthy, long and fulfilling lives Board : Objective 4

Residents assessed as needing formal care and / or health support will receive responsive, high quality services

Priority 2

Objective 4:
Residents assessed as needing formal care and / or health support will receive responsive, high quality services.
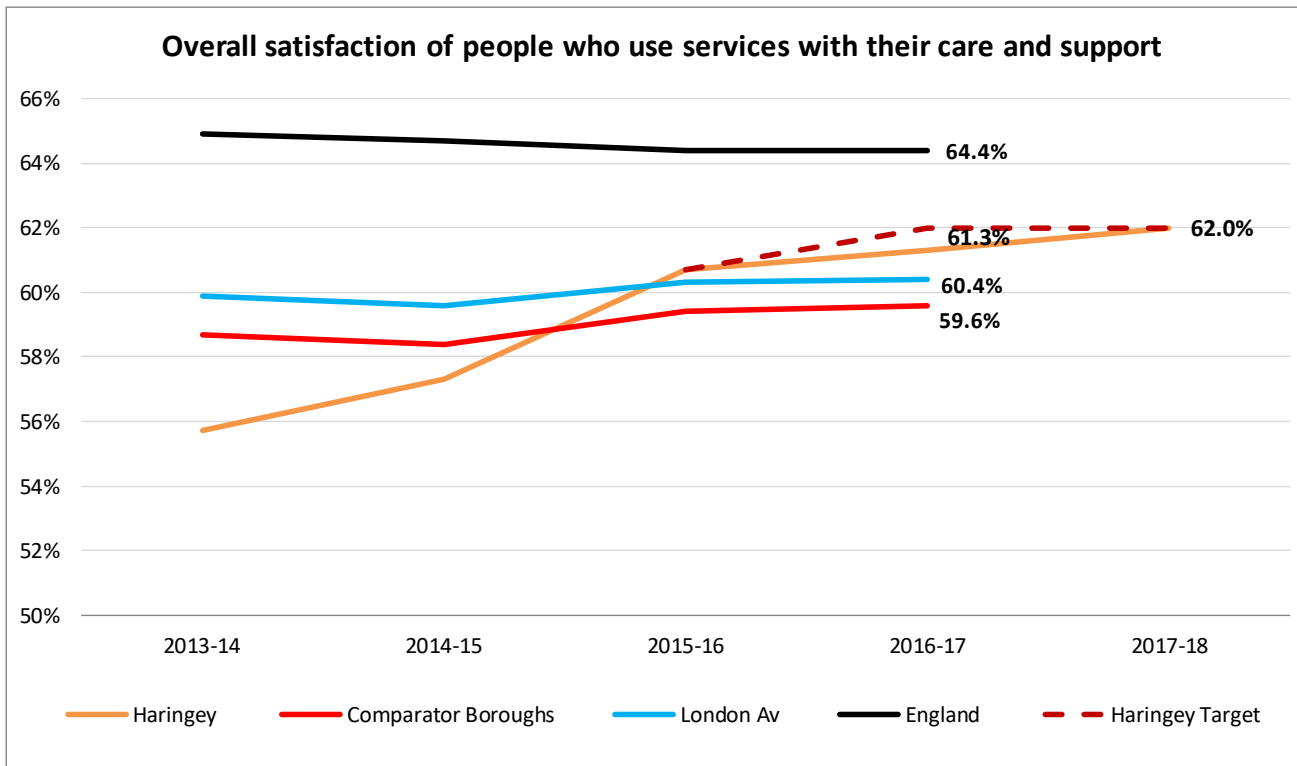
Principal Indicator:
Overall satisfaction of people who use services with care and support.*

Target:
Increase to 62% by 2018

Overall satisfaction of people who use services with their care and support

Legend: Haringey — Comparator Boroughs — London Av — England — Haringey Target

Data labels: 64.4%, 61.3%, 62.0%, 60.4%, 59.6%

What does the data say?

Haringey's latest survey shows 62% of service users being satisfied with their care and support. This is on target for 2018.

Please note that the Adult Social Care survey results are still subjected to validation

* Proportion of people who use services satisfaction with care and support (Adults Social Care Survey)

Last Updated: June 2018

Priority 2

Objective 4:

Residents assessed as needing formal care and / or health support will receive responsive, high quality services.
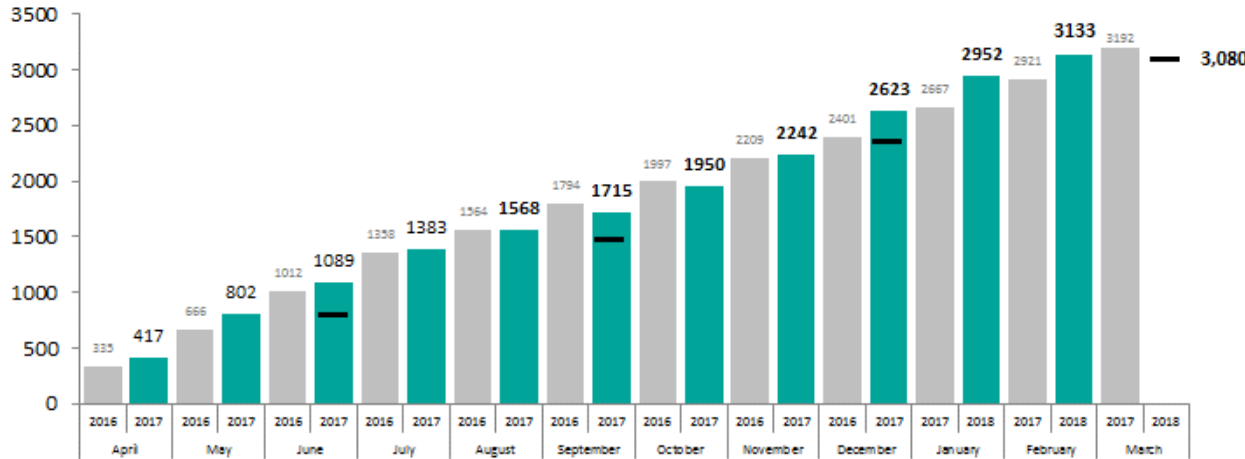
Outcome Indicator:

Delayed transfers of care (delayed days) from hospital per 100,000 population (18+) (BCF measure)
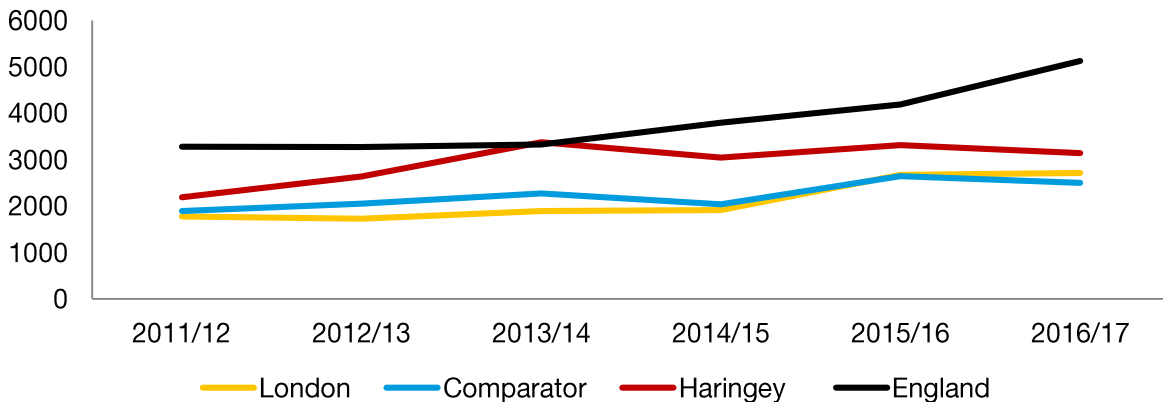
Target:

3,080 delayed days per 100,000 population in 2017-18 (in line with BCF Targets), a 3.52% reduction

What does the data say?

Between April and February 2018 the **rate** of DTOC Delayed days per 100,000 population was 3,133. This is a 7% increase in the **rate** per 100,000ppn compared to the same period in 2016/17.

There has been 6883 **actual** DTOC delayed days. This is a 9% increase on the same period last year or a 560 more delayed days.

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Objective 4:
Residents assessed as needing formal care and / or health support will receive responsive, high quality services.
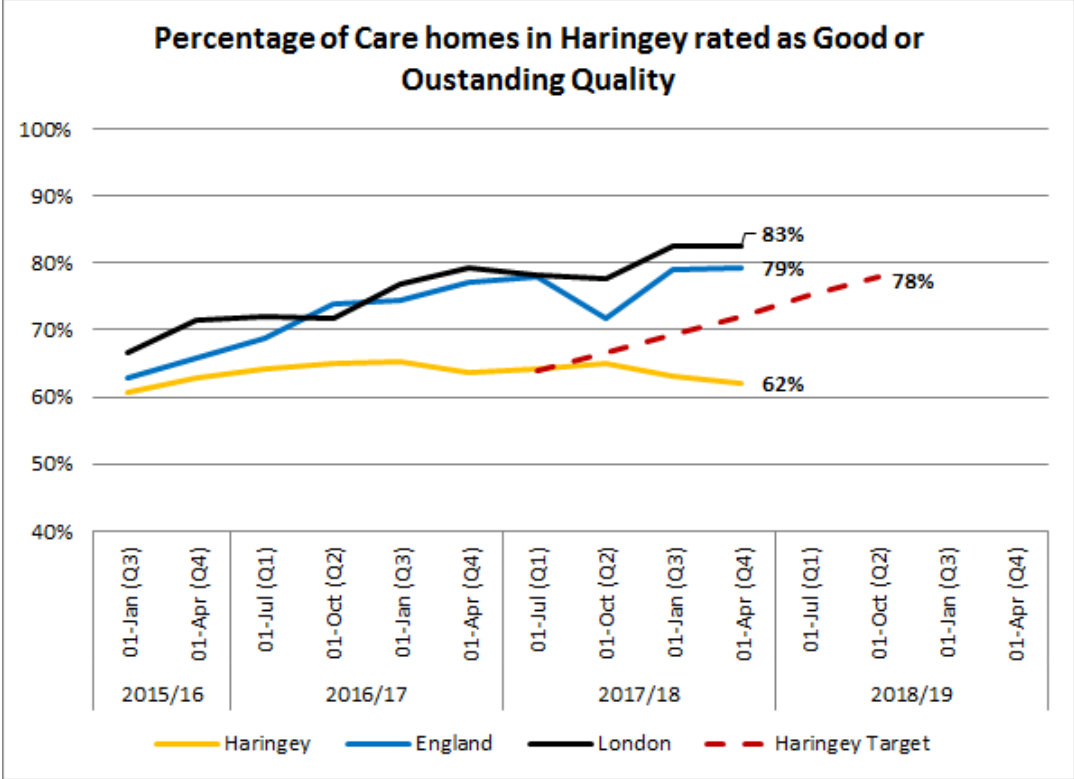
Outcome Indicator:
Percentage of care homes in Haringey rated as good or outstanding quality

Target:
To be in line with the London rate of 78% by 2018/19.

Percentage of Care homes in Haringey rated as Good or Oustanding Quality

What does the data say ?

Haringey currently has 62% of care rated as Good, and 0% rated as Outstanding as at January 2018

This is significantly less than the National picture, where 77% of care homes are rated as Good and 2% as Outstanding, and the London picture where 83% of Homes are good or outstanding

Last Updated: June 2018

Objective 4:

Residents assessed as needing formal care and / or health support will receive responsive, high quality services.

Outcome Indicator:

Percentage of people in the last six months who have enough support from local services/ organisations to help manage long term health conditions

Target:

55.6% of people with enough support (in line with the Better Care Fund)

In the last 6 months has service user received enough support from local services (not just health) to manage their long term health condition(s)
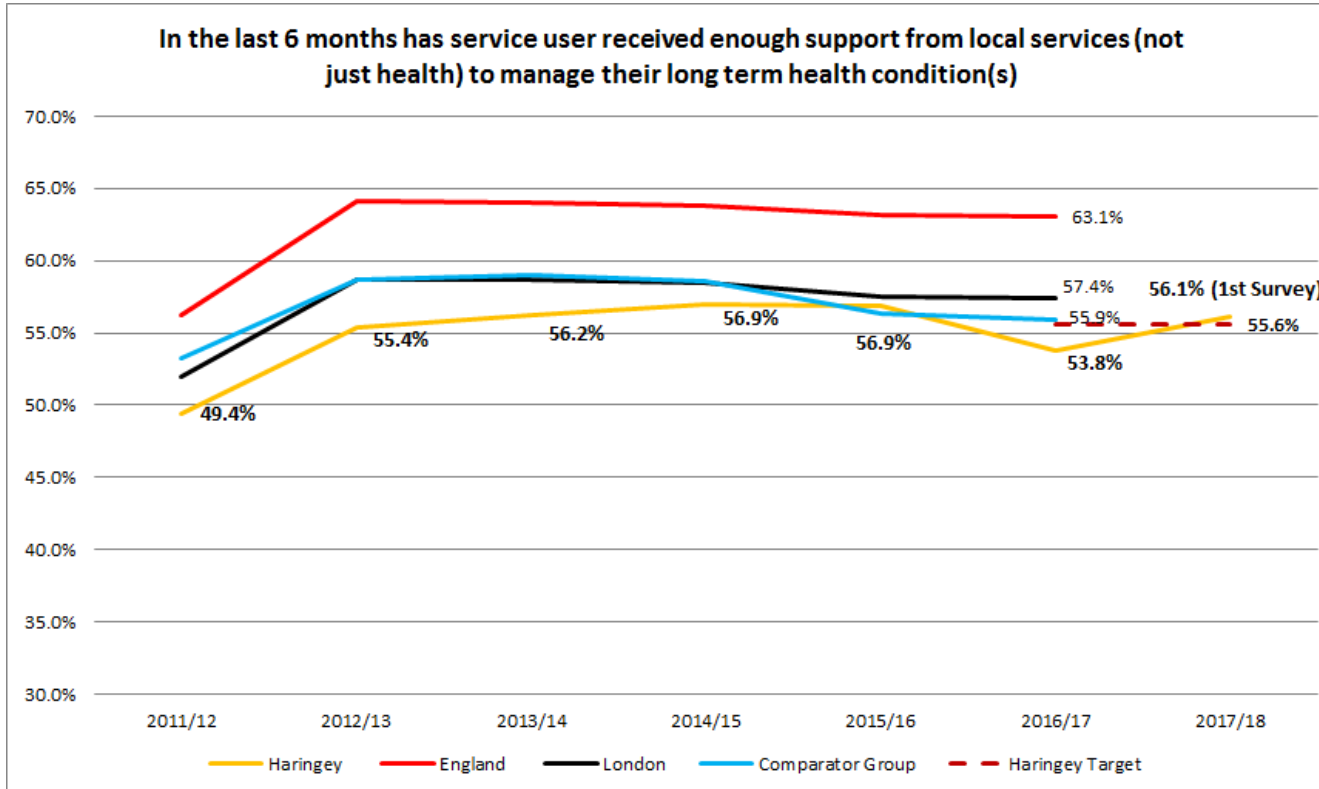
What does the data say ?

Survey results published in July 2017 is using surveys collected between January and March 2017. Survey results show that there has been a 2.3% increase in the proportion of patients reporting that they have received enough support to manage their long term health condition.

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Last Updated: June 2018

Enable all adults to live healthy, long and fulfilling lives Board : Objective 5

Vulnerable adults will be safeguarded from abuse

Objective 5:
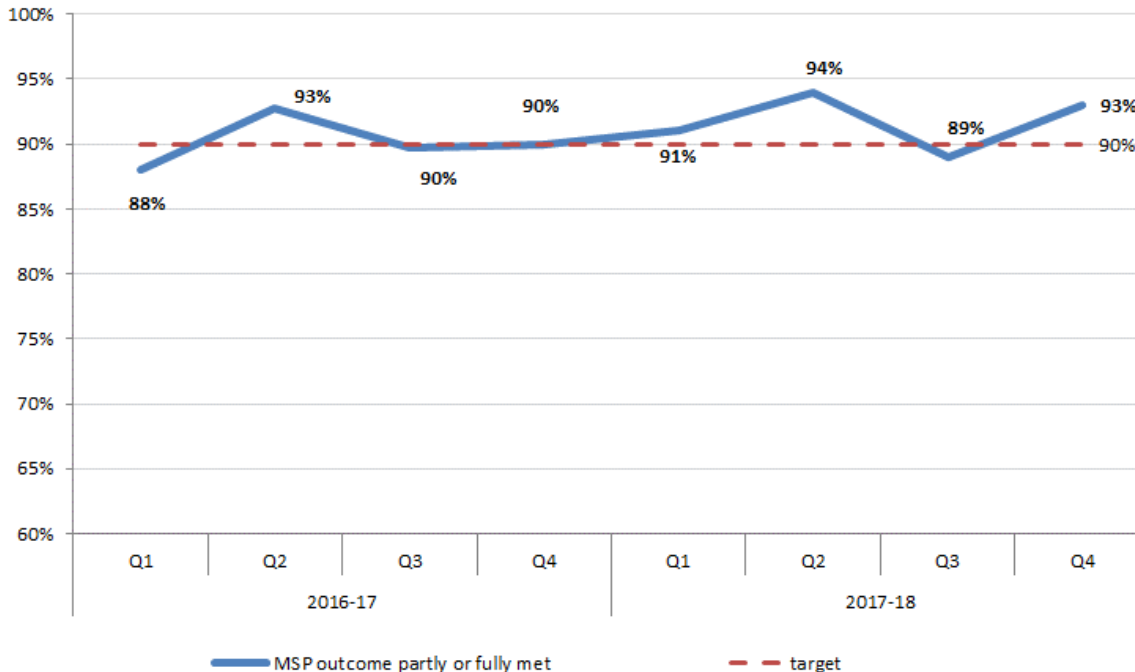Vulnerable adults will be safeguarded from abuse.

Principal Indicator:
Meet the outcomes defined by the person subject to a safeguarding intervention*

Target:
Increase the percentage of people who say the outcome was partly or fully met to 90% by 2017/18

Making Safeguarding Personal (MSP)

***What* does the data say ?**

Haringey's performance has been steady over time since 2016/17, always being around 90%.

It currently stands at 93% which is above the target for 2017/18.

This equates to 94% for 2017/18 as a whole so far, which is above the target of 90%.

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* Making Safeguarding Personal (MSP) is about having conversations with people about how to respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

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Priority 2

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Objective 5:
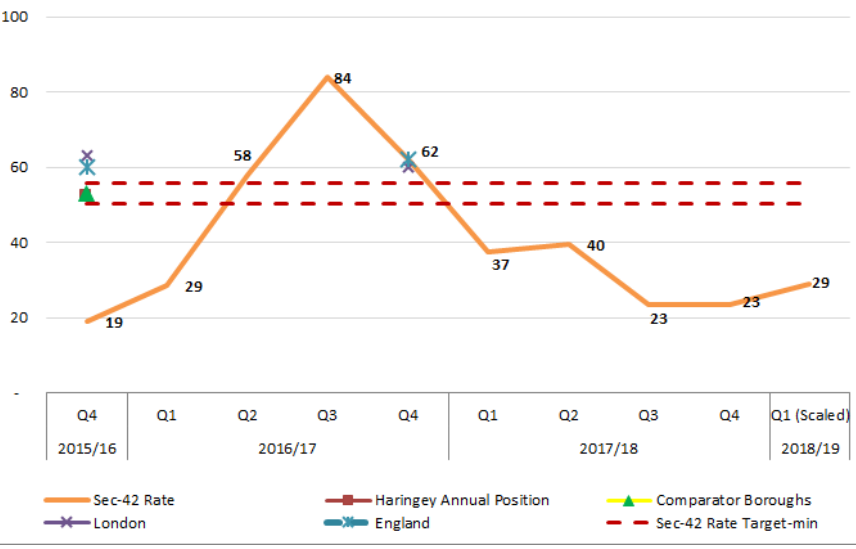Vulnerable adults will be safeguarded from abuse.

Principal Indicator:
Rate of Section-42 Enquiries (where an adult: a) has needs for care and support, b) is at risk of abuse or neglect and c) unable to protect themselves.
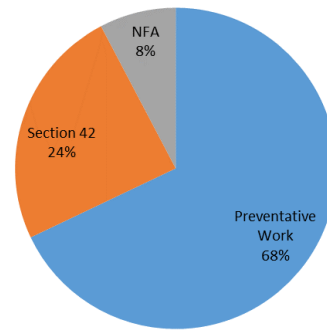
Target:
Between 50 to 55 rate of Section 42's per 100,000 per quarter by (2017-18)

Rate of Section 42 Enquiries per 100,000 People

Legend: Sec-42 Rate — Haringey Annual Position — Comparator Boroughs — London — England — Sec-42 Rate Target-min

Safeguarding Concern Outcomes (17-18)
- NFA 8%
- Section 42 24%
- Preventative Work 68%

What does the data say ?

The rate of section 42 enquiries has increased slightly in Q4 17-18 and the first 2 months of 18-19, up to 29 enquiries per 100,000 people, however this is still lower than the first half of the year, and target area.

Despite the decrease in rate, 2/3 of Safeguarding concerns are being addressed through preventative work , the majority signposted or advice provided. Only a small proportion result in NFA and 1 in 4 result in section 42 enquiry.

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Objective 5:
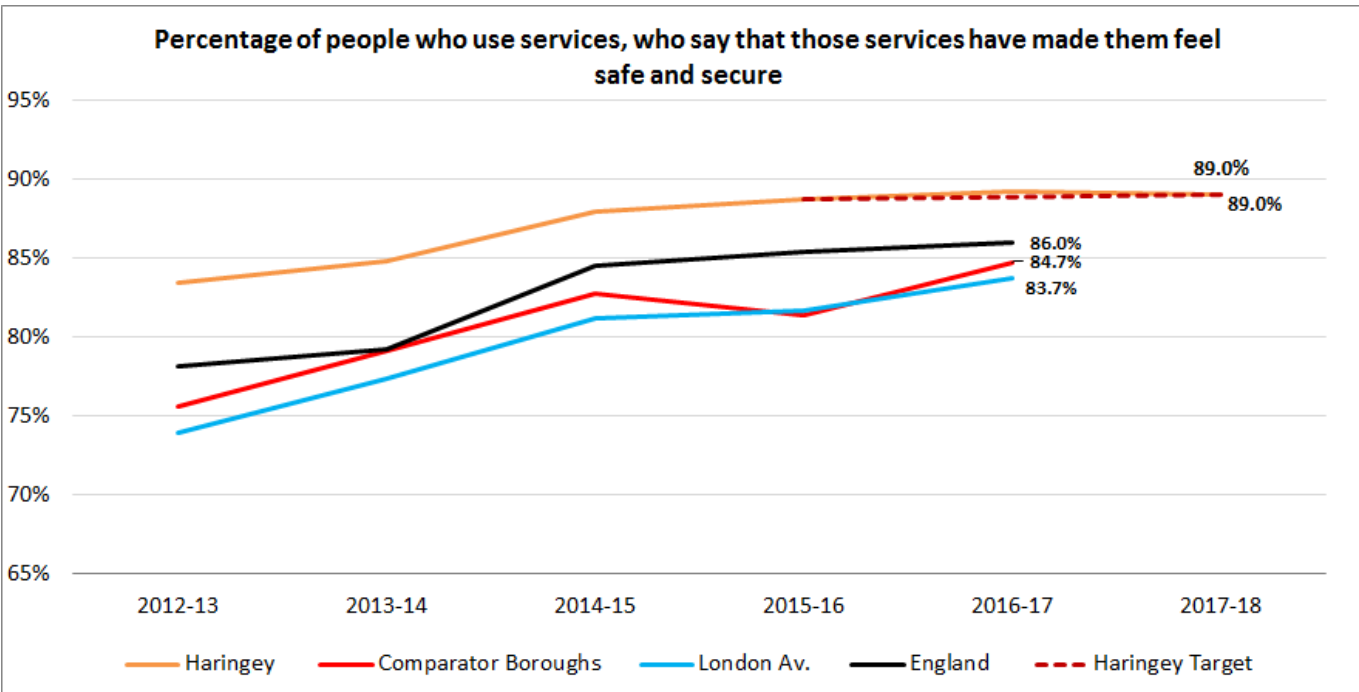Vulnerable adults will be safeguarded from abuse.

Outcome Indicator:
Proportion of people who use services, who say that those services have made them feel safe and secure.*

Target:
Maintain a satisfaction rate of 89% by 2017-18.

Percentage of people who use services, who say that those services have made them feel safe and secure

89.0%
89.0%
86.0%
84.7%
83.7%

Legend: Haringey — Comparator Boroughs — London Av. — England — Haringey Target

Years: 2012-13, 2013-14, 2014-15, 2015-16, 2016-17, 2017-18

What does the data say ?

Haringey's performance in 2017-18 remained at 89% saying that services have made them feel safe and secure.

This is above both the London average and its Comparator borough averages for 2016-17, and is actually within London's Top Quartile.

Please note that the Adult Social Care survey results are still subjected to validation

* Adults Social Care Survey

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Report for:	Adults and Health Scrutiny Panel, 4 September 2018
Title:	Community Wellbeing Framework update
Report authorised by:	Dr Will Maimaris, Interim Director of Public Health
Lead Officer:	Dr Negin Sarafraz-Shekary, Public Health Specialist negin.sarafraz-shekary@haringey.gov.uk

Ward(s) affected: ALL

**Report for Key/
Non Key Decision:** Non key decision

1.   Describe the issue under consideration

1.1   Evidence suggests that non-medical interventions such as social prescribing can be effective in improving health and wellbeing and reducing health care utilisation through promoting self-management. Neighbourhood Connect (a social prescribing) project was piloted in Haringey in 2015. Its evaluation suggested some good outcomes, however it failed to demonstrate a good value for money and it struggled to engage effectively with certain hard-to-reach communities (e.g. people with disability) to reduce social isolation.

1.2   Our learning indicated that in Haringey a bottom-up approach, which focuses on local community assets by building on the existing local resources and expertise, is more likely to succeed in improving health as well as being cost-effective and sustainable. Furthermore, it has been recognised that the initiation and implementation of community asset-based programmes require a whole-system approach to enable effective service integration.

1.3   Community Well-Being Framework is our strategic approach to enhance the integration of community, health and social care services in Haringey. The aim of this approach is to use the existing community assets to prevent people from getting into crisis (by building their resilience using their immediate support network), and increase health and wellbeing in order to reduce demand on services. It also has a focus on reducing inequalities by targeting the hard to reach-to- reach communities. Community Wellbeing Framework has the following main components: Local Area Co-ordination role in the community, asset mapping and strength-based training for all frontline staff.

2.   Recommendations

2.1 That the Adults and Health Scrutiny Panel notes progress on Community Wellbeing Framework and, in particular, Local Area Co-ordination project.

3. Reasons for decision

3.1 The Panel asked for a progress update for in September 2018.

4. Alternative options considered

N/A

5. Background information

5.1 Local Area Co-ordination (LAC)

LAC is nationally established model of community approach to improving health and wellbeing of local residents (http://lacnetwork.org/). This model was adopted in Haringey across health and social care in 2017 and funded by the Better Care Fund for two years.

This is a long term, integrated, evidence based approach to supporting people (of all ages) with disabilities, mental health needs, older people and their families/carers to:

• Build and pursue their personal vision for a **good life**
• Stay strong, safe and connected as contributing citizens
• Find practical, non-service solutions to problems wherever possible
• Build more welcoming, inclusive and supportive communities

Therefore, it is about:
• Preventing or reducing demand for costly services wherever possible
• Building community capacity and resilience
• Supporting service reform and integration, having high quality services as a valued back up to local solutions

This model reflects the direction of the Care Act (2014), NHS 5 Year FV, Personal Health Budgets and Personalisation and will support local areas/services to meet the requirements of the new legislation.

The pathway has been co-designed locally to address the key objectives of primary, community and social care, to reduce social isolation, be person centred and to promote asset based approach to health and wellbeing (e.g. focusing on positive aspects of ones' life). Recent independent Social Return on Investment (SROI) evaluations in both Derby City (2016) and Thurrock (2015) Councils have shown £4 return for every £1 invested.

5.1.1 Key successes for Local Area Co-ordination project over the past 6 months

Partnership group: A partnership group has been set up with agreed Terms of Reference (ToR) which drive the implementation of local area co-ordination.

This group consists of Public Health, Adult Social Care, Voluntary Sector, Healthwatch and Haringey CCG.

Stakeholders' engagement: Two Local Area Co-ordinators have been recruited in the two geographical pilot sites Northumberland/White Hart Lane and Hornsey (Appendix 1). They Local Area co-ordinators have been successful in establishing a number touch points in the community (e.g. Community Centres, local Libraries, Selby Centre, local supermarkets, foodbanks) and making several connections with a range of community groups.

The service has been working in partnership with a number of statuary, volunteer sector, community groups, health and social care services. Some are listed below:

- Adult social care and receiving introductions/referrals from social care workers
- Adult Safeguarding Board (ASB)
- Homes for Haringey
- Locality Team (NHS)
- Local faith leaders (Rabbi, Hornsey Jewish community groups), Local churches and mosques
- Local community group (e.g. Hornsey Vale community Centre, 163 community hub, The Antwerp Arms)
- Local GP practices in the pilot sites
- Employability services
- Sheltered housing, community hubs and the services addressing homelessness
- Children services
- Mental Health services
- Support and advocacy services
- Community/carers commissioning services
- HAIL and CAB in Haringey
- Women's group, community safety
- Haringey regeneration team and community support workers.

Service integration

The feedback from the service has been very positive. Due to its cross-cutting nature, Local Area Co-ordination has been able to create a great opportunity for joined-up working with the NHS, Council and community services. Through this partnership and multi-agency working, our aim is to use the early learning from this project to develop a place-based community model, which is able to:

- Support people (especially those who have fallen through the gaps or are at the point of crisis) find practical solutions
- Increase the utilisation of the Council digital offer
- Help providers improve their service delivery by identifying barriers and streamlining the access for residents
- Reduce the inequality gap by targeting heard to reach communities and vulnerable groups (people with disability, older people and migrants).

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Impact on individuals and addressing the wider determinates of health:
Over 220 introductions (including self-referrals) have been made since the project initiation in Nov 2017. Some of the case studies are included in Appendix 2.

Over 60% of the clients introduced to Local Area Co-ordinators have presented with non-health related issues such as housing and employment. Other presenting issues have been due to being older/ vulnerable, mental health issues (including dementia), disability, homelessness, young/family problems and physical health conditions.

The key building blocks for success of this project so far have been:

1) Establishing trusting relationships between the Council, Local communities and residents
2) Encouraging conversation-based approaches across the workforce
3) Inter and intra multi-agency working

Capacity building and community connection: Local Area Co-ordinators have been able to encourage some of the people they have met to volunteer for various community centres. This has really contributed and improved the trusting relationships between the co-ordinators and the community groups. The co-ordinators have also been able to connect small community groups together to encourage joint working (Appendix 3).

Evaluation and monitoring- The evaluation plan has been developed to measure outcomes by mapping them against the Five Ways to Wellbeing themes. For cost saving analysis, patients /individual's stories will be used to map their journey and to calculate cost-benefit of service costs prevented due to local area co-ordination intervention. Leeds Beckett University has been commissioned to undertake an independent evaluation of the project.

5.2   Asset Mapping

The Bridge Renewal Trust developed a comprehensive on-line directory of community services and other assets in Haringey. This project now has been completed and available on line (http://bridges.force.com/directory/). This directory and the Haricare website are used by Local Area co-ordinators to provide information, advice and guidance to residents. The co-ordinators also contribute to keeping the Bridge Renewal Trust's Directory up to date.

5.3   Training for staff and interventions on the ground

Scoping work is undergoing to establish training needs for frontline social care staff on strength-based approach to assessment and more generally, how to use strength-based communications in interactions with residents.

6.   Contribution to strategic outcomes

Priority 1 and 2 of the Corporate Plan, Haringey's Community Strategy, Better Care Fund and Health and Wellbeing Strategy 2015 - 2018

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7. **Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)**

Finance and Procurement

7.1 This is an update report for noting and as such there are no direct financial implications associated with this report.

Legal

7.2 This is an update report for noting and as such there are no recommendations for action that have a direct legal implication.

Equality

7.3 The project will have a prevention-based approach to proactively identify high risk and hard-to-reach communities, in particular older people, those with disabilities and people with long-term health conditions. Initial roll out of the project is based in areas with high deprivation, health inequality and poor life expectancy.
The person-centred approach of the framework will allow inequalities and isolation issues related to protected characteristics to be addressed.

8. **Use of Appendices**
Appendix 1- Haringey Local Area Co-ordination
Appendix 2- Taking time to listen: Haringey Local Area Co-ordination Case studies

9. **Local Government (Access to Information) Act 1985**
N/A

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Appendix 1

Local Area Coordination
in Haringey

Based in the local community, your local area coordinator works alongside individuals and families (of all ages) with disabilities, mental health needs, older people and carers, to help create a vision for the future and build a good life.

Your local area coordinator will:

- take time to get to know people and build trusting relationships;

- help access relevant information, advice and support at the right time;

- enable people and their families to build and fulfil their vision of a good life;

- help to identify and develop strengths, skills, talents and abilities;

- assist in building, developing and using personal and local networks;

- help people stay strong and be heard so they stay in control of services and resources;

- empower people to become more connected, resilient and more actively involved in a welcoming, inclusive and supportive community.

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Haringey Local Area Coordination

Northumberland/ White Hart Lane:
Keesha Sinclair
Email: Keesha.Sinclair@ haringey.gov.uk
Mobile: 07966 152491

Hornsey:
Andrea Wershof
Email: Andrea.Wershof@ haringey.gov.uk
Mobile: 07966 149813

Your Local Area Coordinator's support is free; there are no assessments, referral process, and no time limits – just meet up for a cuppa and a chat.

local area coordination network

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Appendix 2 Taking Time to Listen: Haringey Local Area Co-ordination

Case study 1- Main themes: carer, disability, family

TC is the mother of two children, a daughter who is 16 and a son aged 18 who has profound and multiple learning disabilities (PMLD). TC is in her early 50s and is married.

TC has a fraught relationship with the special education needs team at Haringey Council and wanted support to communicate with them. She also has huge doubts about her own capabilities, lacks confidence, has very few friends, and suffers from anxiety and depression. She doesn't like technology and finds emailing difficult. She hardly goes out, doesn't feel able to make friends with people, and feels like she's a terrible mother.

LAC intervention:
- Visiting TC in her home, giving her plenty of time to explore her feelings around parenting, isolation and friendships/relationships
- Helping TC to draft a report to the council describing the impact of her son's disability and needs upon her family life
- Helping TC to reply to emails and showing her how to use her laptop
- Encouraging TC to attend Coffee & Computers sessions
- Encouraging TC to attend carers coffee morning
- Giving TC information about parenting courses

Outcomes:
- TC has better (less traumatic, more efficient) communication with the council
- TC has attended a couple of Coffee & Computer sessions and her confidence and skills are improving slowly
- TC regularly attends the carers coffee morning and has made some friends, including one in particular – another mother of a disabled child – and the two are forming a warm relationship
- TC has started to attend the "Open Doors" parent/teenager project

Comments:
- *For the first time since I was a child I have made a friend. I can't tell you how important this is for me and has given me such a boost. I can't thank Andrea enough for helping me to believe in myself. I still falter and wobble at things that happen and I think I can't cope but I am in such a better place now than I was before I had Andrea in my life.*

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Case study 2- Main themes: social isolation, carer, mental health

VM is retired and in her late 70s. She is married and is the main carer for her disabled husband who has early signs of memory loss. They are council home tenants and have lived in their current flat since it was built, in the 1970s. VM has been very worried about her elderly neighbour for whom she has become the unofficial carer. VM feels overwhelmed because, although she wants to help, she feels that it's too much responsibility for her. When she has time, VM is a keen amateur photographer and artist.

VM's vision of a good life: "to cope better".

LAC intervention:
-   Taking time to really listen and find out what VM wanted for herself, rather than just what she wanted for those she cares for
-   Robust intervention and support for the neighbour, relieving VM of her caring role
-   Supporting VM to form a WhatsApp group of supporters for the neighbour so that visits to the neighbour are shared
-   Encouraging VM to attend the local memory café with the neighbour, and to take her husband with too
-   Connecting VM with carers' support group and artists' collective

Outcomes:
-   VM feels under less pressure to be the neighbour's carer
-   VM feels confident in her ability to help in ways that make her feel empowered, not resentful or overwhelmed
-   VM's husband is better connected with early support around dementia issues
-   VM's better connected with a group of local people
-   VM receives support for her caring issues
-   VM is now connected with a local artists' collective, and she is starting to get involved in different art projects there as she feels she has more time

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Case study 3- Main themes: carer, mental health, dementia, employment

MK is a qualified social worker but hasn't worked for many years owing to her anxiety and depression, which can at times be very acute. She lives with her husband and elderly mother who has dementia, for whom MK is a carer.
MK's vision of a good life: "to go back to work and help people".

LAC intervention:
-   Building up a rapport with MK over time, to build confidence and trust
-   Connecting MK to local community centre who needed volunteer outreach worker
-   Making referral to employment service supporting residents with mental health issues

Outcomes:
-   MK volunteers at community centre, using her knowledge and background as a social worker to develop a voluntary role which is both interesting and rewarding but not overwhelming for her
-   MK is able to develop her experience which will assist her employability
-   MK is better connected with her local community which builds her confidence, her social life and her self-worth
-   The community centre benefits from a new volunteer and from being able to continue to offer outreach support

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Case study 4- Main themes: older person, family, not digitally literate

AM is in her 80s and lives in a supported living scheme run by Homes for Haringey. She is a widow (her husband died many years ago) and has four grown-up children and several grandchildren whom she sees quite often. A few years ago, one of her sons died from cancer and she was left to deal with all the funeral arrangements; she found this very upsetting. In order to prevent her children from having to be upset at handling arrangements for her funeral, Jeannie wants to make these arrangements now, herself, and have everything dealt with and paid for so that when she passes away, her children won't be burdened. However, her children don't want to talk about it and whenever she tries to bring up the subject with them, they change the subject and say it's too upsetting to think about.
LAC met with AM at a residents' event and asked for help. AM isn't digitally literate and wouldn't be able to access any online information.

LAC intervention:
- Listening and taking time to find out what had happened when her son had died
- Finding out what is important for her now
- Using laptop and search engine to research options for AM to consider
- Allowing AM to have a frank discussion about her death, how this might happen and how her daughters will cope
- Supporting AM to make a decision about what she wanted
- Offering to go with AM to the funeral directors she had selected
- Receiving a call subsequently from AM asking for support to facilitate conversation with daughters
- Attending a meeting at AM's home with her family and supporting AM to share her ideas and plans

Outcomes:

- AM feels content now she has made her plans, she knows what will happen to her and feels like she has taken this control back
- AM feels like she no longer has to worry about how her daughters will cope
- Better communication between AM and her daughters
- "*You have lifted a weight from my shoulders, I cannot thank you enough, I'm just not worrying about this any more. I can face whatever the future holds without thinking about this".*

* * * * * * *

Case study 5- Main themes: disability, social isolation, community connections

CP is in her late 50s and is a resident of a sheltered housing scheme. She is a life-long wheelchair user with cerebral palsy that impairs her gross and fine motor skills, and she is visually impaired. She is not learning disabled. She used to work part-time but was made redundant and now volunteers for the RNIB. CP's living conditions are very poor; her home is extremely dirty and messy, she is unable to do most self-care tasks and her disability, together with other long-term health conditions, makes life

very difficult. She has two different types of psoriasis, a stoma bag, a permanent UTI, and is doubly incontinent. She receives only 30 minutes a day of carer support.

When asked what her vision of a good life is, CP answered that she wants help to access her allotment (the gate has been changed and she can no longer open it), and help to manage her paperwork. CP is very distrusting of council services and people. She was adamant that she is not prepared to undergo any assessments (financial or otherwise) and is determined to get on with the little help she gets. She would like a paid part-time job.

LAC intervention:
- Establishing what's really important for CP; it's easy to be overwhelmed by the physical needs but the most important thing for CP is to be fully in control of her own life
- Arranging for a local resident who wants to do some voluntary work to help CP access her allotment
- This same volunteer to help with paperwork
- Maintaining an ongoing relationship with CP to engender trust that nothing will be done "to" her
- Maintaining a level of care with regard to CP's propensity to self-neglect
- Completing referral to locality team (who already knew of CP)
- Making referral to IPS Employment service

Outcomes:
- CP gaining confidence in LAC support
- Shared knowledge with locality team and housing support officer
- Able to access low-level support from volunteer in order to be able to get into allotment
- Volunteer is also helping with paperwork, but this is slower (CP is still not trusting)
- Volunteer has extended CP's social group by introducing her to friends and other people willing to help CP at allotment

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Case study 6- Main themes: social isolation, community connections, older person

PM heard about LAC from her pharmacist, who pointed out the LAC poster when she'd gone in for a prescription. PM feels very lonely and isolated and a recent robbery made her realise that all her neighbours and friends have either died or moved away. She's in her early 80s, is fit and active, likes walking and chatting with people, and also does some occasional informal child-minding, picking up a couple of neighbours' children from Rokesly school and accompanying them home. PM's vision of a good life: to know more people, have more friends, and be better connected, also to use a computer.

LAC intervention:
- Listening and taking time to find out what had happened when she had her recent robbery, and allowing her the space to express this
- Finding out what is important for her now, including sharing that she felt so lonely
- Using laptop and search engine to research options for PM to consider including Jacksons Lane and U3A
- Connecting PM with "Contact the Elderly" and arranging for her to go to a tea party that weekend
- Giving PM information about local social groups including Coffee & Computers
- Inviting PM to Broadway Brunch at Bedale House and attending with her, introducing her to residents there
- Linking PM with manager at The Priory (sheltered scheme) which is 5 minutes' walk away, where there are older residents who want to form a regular walking group

Outcomes:
- Within 48 hours of meeting with the LAC, PM was being collected by car and taken to an older people's tea party
- The "Contact the Elderly" coordinator is staying in touch with PM to help her reconnect with other tea party guests who live close by
- The manager at The Priory is helping residents and PM to form their walking group
- PM still doesn't have the confidence to learn how to use a computer but LAC is hopeful that once PM has made some new friends who might also want to learn how to use a computer, learning sessions could be arranged either via "Coffee & Computers" or through "Generation Exchange" – an intergenerational computer learning scheme
- PM is much happier, feels more energised and less lonely
- *"I cannot believe the difference seeing Andrea has made in my life. I have a long way to go but it feels like I have a new lease of life now."*

* * * * * * *

Case study 7- Main themes: Vulnerable group, single mother

Background

TA is a young Polish single mum of a seven-and-a-half-year-old boy. TA was depressed and felt that her situation was hopeless after she moved to Tottenham, following relocation from Enfield due to domestic abuse. After a long while TA found support through a community organisation, where she was provided with the opportunity to build up her skills in people management. TA became a part time Volunteers Coordinator started a master's degree at college.

Unfortunately a year later TA's post became redundant following the end of her contract and she was unsure about what to do next? As the role had provided her with a focus. TA had met with a LAC at a local event and decided to visit one of the local drop ins advertised (The Women with a Voice Group)

TA spoke about her life and current situation and said that her son had not been offered a school place and she was finding it difficult to keep her son entertained and she was struggling with managing her physical back pain and maintaining a positive mental outlook

LAC intervention
- Listens and took time to find out about the main issues
- LAC supported TA to look at her options
- Signposts TA to the local women's group which she did not know existed, although she lived in the next street from where the group takes place
- LAC introduces TA to the community safety offer and founder of the women's group who was able to support a number of concerns that TA had, including support around schooling issues
- LAC signposts TA to the Home start service in Haringey
- Supported conversations with the women's group volunteers around TA becoming involved with the work
- LAC spoke to the Housing officers involved in the case and asked if they could review TA's case

Outcomes
- Joined the women's group as a volunteer and became part of the administration team
- Son was offered a place in the school of her choice
- TA starts Pilates and swimming classes due to feeling more positive and having some time for herself , due to her son starting school
- TA is offered a one bedroom flat in a nice area
- TA is Linked in to a network of women who live in close proximity to her
- Feeling positive for the first time
- Reduced isolation

TA says that it has been like a chain reaction of events after meeting the LAC and feels that she can now peruse her hopes and dreams for the future

* * * * * * *

Case study 8- Main themes: Managing a new diagnosis of a physical condition

Background

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YT was recently referred by her GP to the LAC after she came into the surgery distressed and in need of support. In January 2018 YT was diagnosed with Mophia Syndrome and explained that it is a rare and debilitating condition which affects the body. YT explained that no one knows about the condition and she is finding it difficult to get the appropriate level of support.

Intervention
- LAC provides time to listen and information advice and guidance to YT .YT lives in the borough of Enfield but her GP Practice is located in Haringey
- LAC signposted YT to an advice service based within her Borough, to enable her to follow up her appeal
- The LAC researches Mophia Syndrome and found a national information helpline
- The LAC provides details of the helpline and specialist support groups running in London for people suffering with Mophia Syndrome and associated conditions
- The LAC supports YT to follow up with information and supported positive communication through the use of different types of social media such as, WhatsApp

Outcome
- YT was able to contact a service which had experience on what she was going through
- Reduced more ill health and depression by limiting isolation
- Enabled YT to speak up about her experiences
- Signposted YT to specialist support groups
-

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Case Study 9- Main theme: Homelessness

Background

MA is a young man in his 20's. MA approached the LAC whist they walked through a local park. MA said that he was homeless and having some difficulties getting the right information needed to enable him to acquire housing. MA had been travelling on night buses to stay warm and said that it was hard for him to get support because he did not look homeless. MA says he is alone in England, with no one to support him and he was worried about the cold weather. MA has ambitions to become a chef one day and states, this is his "Vision of Good Life". MA and LAC arranged meetings to look at his situation.

LAC Intervention:
- LAC supports MA to learn how to use advice forums and online and telephone enquiry systems to contact the right people and services
- Support to contact Shelter and homeless link
- Support to contact charitable community services providing support to homeless people
- Regular meetings in a community café to plan actions
- support to enable MA to connect with family networks abroad

- Support to make e telephone calls to follow up enquiries
- Support to look at all housing options, including the private renting market
- Support to link in to community groups offering food and a warm place to sit and mingle with others

Outcomes:

- MA is offered support from a local charity
- Family and friends from abroad send some money to help with MA's situation
- MA acquires private rented accommodation via an internet home rental site
- MA moves out of borough to a location that he says is peaceful
- MA is now living in accommodation that is comfortable and affordable
- MA now feels able to connected to volunteering opportunities in his local community
- A chef from a local charity offers to mentor MA
- A community engagement coordinator from a local charity connects MA to a community catering service
- Mohammed states that he has increased confidence around how to support himself in the future

MA says said, having someone to listen to him and take time to see him as a person, saved his life and he now feels that anything is possible.

* * * * * * *

Case study 10- Main themes: Vulnerable group and housing

Background
GA is in his late 80's and lives alone in his flat. GA is a council tenant and he has lived in his flat for many years and does not have any family to support him. GA recently experienced a number of falls and his friends from the local "Older People's Group " were worried about his health and his living conditions and contacted the Local Area Coordinator to see if they could help. The LAC meets with GA to find out more about him and to understand what is important to him and what his vision of a "Good Life" looked like. GA said that he would like to live in a sheltered accommodation housing service based within Haringey. Following a conversation around the good life, the LAC identifies a risk around trips and falls and living conditions. The LAC makes a referral to social services with GA.
Recently, GA calls the LAC after his social worker arranges a move to new temporary accommodation, due to the risk associated with his living conditions. GA is distressed and incoherent about his situation and the LAC supports GA to make a list of priorities.
LAC Intervention:
- LAC follows up safeguarding concern and follows up by making an online referral and telephone contact to the First Response Team.
- The LAC follows up with the social worker find out more information regarding the move, support, and work with GA to establish his wishes and priorities
- LAC supports the social worker by assisting GA in facilitating the move and arranging transport
- LAC supports positive communication between GA, his social worker and the new residential home to ensure they are aware of his needs and that everyone is kept up to date with any developments

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- LAC communicates to GA's network about what has happened and provides contact details for his temporary home to enable to friends to stay in contact and support GA during his time away from home
- LAC communicates with the social worker to get an approximate timeline around how long GA will be away and what to happen before GA can return to Haringey

Outcomes
- Social worker allocated following SG alert
- GA feels able to talk to the LAC about the issues in his life
- LAC is able to support GA to speak up regarding his concerns and wishes
- LAC is able to facilitate a positive move to temporary accommodation
- Social worker follows up application to sheltered accommodation of choice
- GA is supported by his network of friends through phone calls
- GA feels confident that he will not be left in a respite service out of borough
- GA feels relaxed and is enjoying his time
- Other members of the Older Peoples Group feel able to speak to LAC about issues
- LAC has an introduction with an older person as a result of the support provided to GA

GA says the council used to keep sending young girls round to his house to ask him questions about his personal care, which he found embarrassing. GA says that the LAC listened to him and spoke to him about the things that he wanted to talk about, which helped him to feel more relaxed and able to open up.

Appendix 3

Community Capacity Building

Launch of the Hornsey Housing Trust Befriending service (April 2018)

Volunteers trained by Andrea Wershof (Hornsey Local Area Co-ordinator)

Community Connection

Hornsey Community Day: building resilience and tackling social isolation (May 2018)

- Free event
- Information stalls from 22 community organisations and local businesses,
- Over 90 residents attended
- Average age: 72
- Activities: Laughter yoga, gardening, self defence, handcraft, singalong

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Report for: Adults and Health Scrutiny Panel – 4 September 2018

Title: Work Programme Development 2018-19

**Report
authorised by:** Ayshe Simsek, Democratic Services and Scrutiny Manager

Lead Officer: Dominic O'Brien, Principal Scrutiny Support Officer
Tel: 020 8489 5896, e-mail: dominic.obrien@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 outlines the development of the Panel's work plan for 2018-20.

2. Recommendations

That the Panel:

2.1   Consider potential issues for inclusion within the work plan for 2018-20 for further discussion at the Scrutiny Café on 13 September and referral to the Overview and Scrutiny Committee meeting on 2 October; and

2.2   Note potential items for the Panel meeting on 4 October and agree any additional items that they may wish to add to the agenda for this.

3. Reasons for decision

3.1   Each scrutiny panel is required to develop a work plan on the areas and issues that it wishes to look at for the year for recommendation to the Overview and Scrutiny Committee. In putting this together, they need to have regard to their capacity to deliver the programme and officers' capacity to support them in that task.

4. Approach

Introduction

4.1   The Overview and Scrutiny Committee is responsible for developing an overall scrutiny work programme, including work for its four standing scrutiny panels. Careful selection and prioritisation of its work is important if scrutiny is to be successful in achieving outcomes.

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

4.3 An effective work programme should;
- Reflect local needs and priorities – issues of community concern as well as Corporate Plan and Medium Term Financial Strategy priorities;
- Be selective. It will not be possible to cover everything;
- Draw on evidence available;
- Prioritise issues that have most impact or benefit to residents;
- Involve local stakeholders; and
- Is flexible enough to respond to new or urgent issues.

4.4 Scrutiny work can be carried out in a variety of ways and use whatever format that is best suited to the issue under consideration. This can include a variety of "one-off" reports as well as in-depth scrutiny review projects that provide an opportunity to investigate issues thoroughly. 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. There is finite capacity as well so the work programme that is set will should also be achievable

4.5 Once the work programme is agreed, there are both formal and informal systems in place to monitor the work programme. Regular agenda planning meetings with the Chair and senior officers and discussion at Committee will provide an opportunity to discuss the scope and approach to each area of inquiry.

Approach for 2018/19

4.6 At its meeting on 4 June, the Overview and Scrutiny Committee approved a report outlining the proposed approach to the development of a two-year work plan for the Committee and its panels, which also provides sufficient flexibility to add any matters of significance that may arise within this time. This included measures to ensure that the views of residents and stakeholders are taken into account in developing, including the setting up of a "Scrutiny Café" event.

4.7 Following further discussion, the following was agreed by the Committee at its meeting on 23 July;
  o All Panel Chairs to meet informally with relevant directors and Cabinet Members before the August recess for a preliminary discussion about priorities and challenges for the year ahead and potential areas for their Panels to focus on;

- o The September round of Panel meetings to consider provisional items for inclusion in work programmes and, in particular, items for their October meetings. This will be informed by the following items on each Panel agenda:
  - ➢ An overview of service areas covered;
  - ➢ A performance update on the Corporate Priorities that each Panel covers; and
  - ➢ Cabinet Member Questions. This to focus, in particular, on key priorities within portfolios
- o Scrutiny Café outcomes to be fed into the draft work plan before it is submitted to O&S for approval on 2 October.

4.8 The Scrutiny Café will take place on 13 September. Prior to this, suggestions will be sought from a wide range of sources, including partners, community organisations and Councillors. These will be obtained via an on-line questionnaire. Suggestions from this process as well as the provisional items identified by each of the Panels will be discussed at the Scrutiny Café. The Café will also provide an opportunity for issues not already highlighted to be raised.

Adults and Health Scrutiny Panel Work Plan

4.9 In considering issues for inclusion in its work plan, the Panel may wish to give particular attention to items that may be suitable for in depth review. These can be dealt with through a combination of specific evidence gathering meetings, that will be arranged as and when required, and other activities, such as visits. Potential reviews will be subject to further development, scoping, and project planning.

4.10 In addition to in-depth reviews, the Panel may also wish to consider "one-off" items to be dealt with at scheduled meetings of the Panel. There are already some regular and routine items, which are normally in the Panel's work plan, such as budget scrutiny, budget monitoring and Cabinet Member Questions. In addition, the Committee can use the Forward Plan of Key Decisions to identify matters for consideration on a more immediate timescale. An outline work plan for the Panel for 2018/19 is attached as Appendix A.

4.11 The Chair of the Panel has suggested the following as potential areas for consideration for inclusion within the Panel's workplan;
- • Overview approach of our current Social Care offer including:
  - o How is this funded? (both grants and government funding)
  - o Do we have the resources both financially and in terms of staff to carry out our function? (sustainability)
  - o How reliant are we on charities and voluntary organisations to plug any gaps in our 'care offer'? (vulnerability to outside bodies)
  - o How are we looking at future demand both in the need for home care and specialist care i.e. around clients with Learning Disabilities and Mental Health problems knowing that the needs and costs are rising but budgets are falling? (future proofing)

o How are we looking to health prevention both in terms of incentivising residents to adopt a healthier lifestyle and reduce future care costs? (risk)

This project would take an impartial view of our current situation in Adult Social Care; scrutinise our current offer and look to other Councils around the country to see if we can learn from best practice with the outcome of future proofing the Council in terms of providing the best care.

The second aspect of this project would look at the current 'pressure point areas' and consider how the Government's green paper, due to be released in the Autumn, could assist in highlighting resource issues.

4.12 In addition, the following items were suggested to the Chair;
- Cutting through the paperwork; making care assistance more accessible
  - o This could centre around the communication we have as a Council with the public around their options at all stages of the care referral and care review process. Particularly around care plan re assessments; who undertakes these and what rights do carers have for any further information or assessments?

Next Panel Meeting

4.13 The Panel will need to give specific consideration to the agenda items for its meeting on 4 October as reports for this will need to be prepared *before* the overall work plan for Overview and Scrutiny is finalised by the Committee meeting on 2 October.

4.14 Current proposed agenda items for the meeting on 4 October are as follows:
- Financial Monitoring; Update on the financial performance relating to Corporate Plan Priority 2.
- Suicide prevention update; Update on the Haringey suicide prevention plan and detail on the effectiveness of the interventions contained within the plan.

5. Contribution to strategic outcomes

5.1 The contribution of scrutiny to the corporate priorities will be considered routinely as part of the OSC's work.

6. Statutory Officers comments

Finance and Procurement

6.1 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

6.2   There are no immediate legal implications arising from the report.

6.3   In accordance with the Council's Constitution, the approval of the future scrutiny
        work programme falls within the remit of the OSC.

6.4   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.

6.5   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 Overview and Scrutiny Committee. Such reports can then be referred to Cabinet or Council under agreed protocols.

Equality

6.6   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.

6.7   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.

6.8   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.

7. Use of Appendices

Appendix A – Adults & Health Scrutiny Panel – Draft Work Plan for 2018/19

8. Local Government (Access to Information) Act 1985

N/A

Adults and Health Scrutiny Panel

Draft Work Plan 2018-19

1. **Scrutiny review projects;** These are dealt with through a combination of specific evidence gathering meetings that will be arranged as and when required and other activities, such as visits. Should there not be sufficient capacity to cover all of these issues through in-depth pieces of work, they could instead be addressed through a "one-off" item at a scheduled meeting of the Panel. These issues will be subject to further development and scoping. It is proposed that the Committee consider issues that are "cross cutting" in nature for review by itself i.e. ones that cover the terms of reference of more than one of the panels.

Project	Comments	Priority
Care Home Commissioning	To be completed	

Appendix 1

2. **"One-off" Items; These** will be dealt with at scheduled meetings of the Panel. The following are suggestions for when particular items may be scheduled.

Date	Potential Items
4 September 2018	- Terms of Reference - Appointment of Non-Voting Co-opted Member - Performance Update - Cabinet Member Questions; Adults and Health - Work Planning; To agree items for the work plan for the Panel for this year - Community Well-Being Framework
4 October 2018	- Financial Monitoring; To receive an update on the financial performance relating to Corporate Plan Priority 2. - Suicide Prevention - Update
1 November 2018	- Cabinet Member Questions; Adults and Health - Haringey Safeguarding Adults Board Annual Report 2017-18

13 December 2018	• Budget Scrutiny
29 January 2019	
4 March 2019	

TBA

Day Opportunities – Engagement Event

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