

Report for: Cabinet 17th May 2016

Item number: 12

Title: Appointment of Representatives to Partnership Bodies
2016/17

Report authorised by: Bernie Ryan Assistant Director for Corporate Governance

Lead Officer: Ayshe Simsek, Principal Committee Co-ordinator 0208 489
2929

Ward(s) affected: N/A

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

1. Describe the issue under consideration

At the beginning of each municipal year appointments are made by Cabinet to partnership bodies.

This report therefore sets out the proposed appointments for 2016/17 to the Community Safety Partnership (CSP) and Health and Wellbeing Board. These bodies will consider and confirm their terms of reference at their first respective meetings of the new municipal year.

2. Cabinet Member Introduction

Community Safety Partnership and the Health and Wellbeing Board play an important role in ensuring that key local agencies are brought together to improve outcomes for our residents across different service areas.

3. Recommendations

It is recommended:

- a. That Cabinet appoint the Members indicated below to Community Safety Partnership for the 2016/17 municipal year and note the Members appointed by Council on 16th May 2016 to serve on the Health and Wellbeing Board for the 2016/17 municipal year:

Community Safety Partnership

Cabinet Member for Communities
Cabinet Member for Children and Families

Opposition councillor TBC [Previously Cllr Newton]

Health and Wellbeing Board

Leader of the Council

Cabinet Member for Children and Families

Cabinet Member for Health and Wellbeing

- b. That the terms of reference for each body appended to this report be noted.

4. Reasons for decision

Appointments from Cabinet are required to both these partnership bodies to reflect statutory duties and enable high level, accountable, strategic, oversight of issues relating community safety and health and wellbeing.

5. Alternative options considered

N/A

6. Background information

The Community Safety Partnership (CSP) is a statutory body established pursuant to sections 5 -7 of the Crime and Disorder Act 1998. The CSP fulfils the duty placed on local authorities to address community safety in partnership with the Police and other partners.

The Health and Wellbeing Board was initially established in May 2011 in shadow form to operate during the transition period prior to April 2013. As of April 2013 the Health and Wellbeing Board became a statutory requirement for all local authorities in accordance with the Health and Social Care Act 2012. The HWB brings together commissioners from across the NHS, social care, public health and other local partners and will play an increasingly important role in improving coherence in the way health services are commissioned.

7. Contribution to strategic outcomes

Priority 2 – Enable all Adults to live healthy, long and fulfilling lives.

Priority 5 – Creating Homes and communities where people choose to live and are able to thrive.

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

Finance and Procurement

The service manager confirms that these bodies can be serviced from within existing business unit resources.

Members should note that these bodies do not have the authority to incur expenditure or make budgetary decisions.

Legal

Section 194 of the Health and Social Care Act 2014 provides for the establishment and membership of the Health and Wellbeing Board. This section (*subsection (2)*) sets out that the Board's membership must include the director of children's services, the director of adult social services and the director of public health. There must be at least one elected representative, which may be the leader of the local authority and/or councillors nominated by the Leader (*subsections (3) and (4)*). The local Healthwatch organisation and each relevant CCG must also appoint representatives (*subsections (5) and (6)*). The section (*subsection (8)*) enables the Board to appoint additional persons as members. The local authority is also able to invite other persons (other than councillors) or representatives of other persons to become members (*subsection (2) (g)*). The local authority must consult the Health and Wellbeing Board before appointing additional persons after the Board has been established (*Subsection (9)*).

The Community Safety Partnership (CSP) is a statutory body established pursuant to sections 5 -7 of the Crime and Disorder Act 1998. The CSP fulfils the duty placed on local authorities to address community safety in partnership with the Police and other partners.

Equality

There are no specific equalities implications arising from this report.

9. Use of Appendices

Appendix A – Community Safety Partnership Terms of Reference

Appendix B - Health and Wellbeing Board Terms of Reference

10. Local Government (Access to Information) Act 1985

Cabinet Report on Appointment of representatives to partnership bodies. 16th June 2015.

Appendix A

Community Safety Partnership - Membership List 2016/17

	NAME OF REPRESENTATIVE
Statutory partners/CSP members	<p>Cabinet Member for Communities (Co-chair) Dr Victor Olisa, Borough Commander (Co-chair), Haringey Metropolitan Police Cllr Martin Newton, Opposition representative TBC Cabinet Member for Children and Families Zina Etheridge, Deputy Chief Executive, Haringey Council Andrew Blight, Assistant Chief Officer, National Probation Service - London for Haringey, Redbridge and Waltham Forest Douglas Charlton Assistant Chief Officer, London Community Rehabilitation Company, Enfield and Haringey Spencer Alden-Smith, Borough Fire Commander, Haringey Fire Service Jill Shattock, Director of Commissioning, Haringey Clinical Commissioning Group Mark Landy, Community Forensic Services Manager, BEH Mental Health Trust</p> <p>Geoffrey Ocen, Chief Executive, Bridge Renewal Trust</p> <p>Joanne McCartney, MPA, London Assembly Stephen McDonnell, AD Environmental Services and Community Safety Dr. Jeanelle de Gruchy, Director Public Health, Haringey Council Jon Abbey, Interim Director of Children Services, Haringey Council Beverley Tarka, Interim Director Adult & Community Services, Haringey Council Andrew Billany, Managing Director, Homes for Haringey Tessa Newton, Victim Support Chair, Safer Neighbourhood Board –</p>
Supporting advisors	<p>Amanda Dellar, Superintendent, Haringey Metropolitan Police Eubert Malcolm, Interim Head Community Safety Claire Kowalska, Community Safety Strategic Manager (+ Theme Leads) Caroline Birkett, Divisional Manager, Victim Support Sarah Hart, Commissioning Manager, Public Health Maria Fletcher Committee Secretariat</p>

The Community Safety Partnership (CSP) – Appendix A amended Terms of Reference July 2015

1. Purpose

The CSP is a statutory partnership which is responsible for delivering the outcomes in the Community Safety Strategy 2013 - 2017 that relate to the prevention and reduction of crime, fear of crime, anti-social behaviour, harm caused by drug and alcohol misuse and re-offending. The prevention of violent extremism will become a further statutory duty from 1st July 2015. The CSP has strong links to the work of the Early Help Partnership and the Health & Wellbeing Board especially in respect of mental disorder and violence prevention.

The Partnership will work towards its vision by:

- Having strategic oversight of issues relating to all aspects of community safety
- Overseeing production of rolling crime/needs assessments
- Using evidence from crime audits, needs assessment and other data sources to plan value for money services and interventions
- Closely monitoring changes and trends in performance
- Making decisions in an inclusive and transparent way

2. Principles

The following principles will guide the CSP's work. It will seek to:

- Solve problems with long-term positive outcomes
- Balance risk and harm
- Seek long-term solutions to areas of multiple deprivation
- Maximise resources (co-locating, reducing duplication and pooling budgets where possible)
- Share information effectively as a default principle
- Build on proven interventions
- Facilitate effective community input and capacity
- Integrate approaches to enforcement/front-line services
- Monitor robustly, evaluating progress and applying good practice

3. Responsibilities and core business of the CSP

3.1 Strategic planning:

- To oversee the delivery of the strategic priorities for community safety, holding those responsible to account.
- To integrate, wherever appropriate, the plans and services of partner organisations.
- To ensure that the partnership is kept up to date so that it is able to respond effectively to changes in legislation, information and developments in relation to community safety.

- To identify, gain and manage funding as required to implement the Community Safety Strategy
- To review and update relevant information sharing protocols.

3.2 Monitoring outcomes:

- To agree a performance framework with regular monitoring and evaluation of outcomes against agreed milestones and targets.
- To monitor and review key performance indicators.
- To ensure equalities underpins the work of the partnership and all improvements deliver equality of access, outcome, participation and service experience.

3.3 Community engagement:

- To ensure the views of service users and residents are taken into consideration in planning and prioritising objectives.
- To remain flexible in order to respond to and help support individuals and communities that are affected by crime.

4. Priorities and Outcomes

4.1 The CSP is currently working on the following strategic outcomes in partnership with the Mayor’s Office for Policing and Crime and the Home Office:

Outcome One	Rebuild and improve public confidence in policing and maintaining community safety
Outcome Two	Prevent and minimise gang-related activity and victimisation
Outcome Three	Respond to Violence against Women and Girls*
Outcome Four	Reduce re-offending (through an integrated multi-agency model)
Outcome Five	Prevent and reduce acquisitive crime and anti-social behaviour (to include residential burglary, personal robbery, vehicle crime, fraud and theft)
Outcome Six	Prevent violent extremism, delivering the national PREVENT strategy in Haringey

*This has been renamed from the original ‘Domestic and Gender-based violence’

5. Operational protocols

5.1 Membership

The membership of the CSP will:

- reflect statutory duties
- be related to the agreed purpose of the partnership
- be responsible for disseminating decisions and actions back to their own organisations and ensuring compliance

- be reviewed annually

The list of current members and advisors is attached on page 5

5.2 Chairing arrangements

The CSP is currently being co-Chaired by the Cabinet Member for Communities and the police Borough Commander.

5.3 Deputies and representation

Partner bodies are responsible for ensuring that they are represented at an appropriate level. It is not desirable to delegate attendance unless this is absolutely necessary. Where the nominated representative is hampered from attending, a deputy may attend in their place.

5.4 Co-opting

The Board may co-opt additional members by agreement who will be full voting members of the Board.

5.5 Ex-officio

The partnership may invite additional officers and other stakeholders to attend on an ex-officio basis, who will not be voting members of the CSPB, to advise and guide on specific issues.

5.6 Confidentiality

The CSP has a strategic remit and will not therefore discuss individual cases. However, the disclosure of information outside the meeting, beyond that agreed, will be considered as a breach of confidentiality.

5.7 Meetings

- Quarterly meetings will be held
- A meeting of the CSP will be considered quorate when at least one Chair and a representative of each of the local authority, health and police are in attendance.
- Attendance by non-members is at the invitation of the Chairs.
- The agendas, papers and notes will be made available to members of the public when requested, but meetings will not be considered as public meetings.

5.8 Agendas

Agendas and reports will be circulated at least five working days before the meeting, after the agenda has been agreed by the Chairs. Additional late items will be at the discretion of the Chairs.

5.9 Partner action

Representatives will be responsible for ensuring that all key issues are disseminated back to their organisations, ensuring compliance with any actions required and reporting back progress to the CSP.

5.10 Interest

Members must declare any personal and/or pecuniary interests with respect to agenda items and must not take part in any decision required with respect to these items.

5.11 Absence

If a representative of a statutory agency is unable to attend, a substitute must be sent to the meeting. If there is no representation for three meetings the organisation/sector will be asked to re-appoint/confirm its commitment to the partnership.

The Health and Wellbeing Board – Appendix B

Health and Wellbeing Board functions

The Health and Wellbeing Board will have the following functions:

- i. To carry out the Board's statutory duties as set out in the Health and Social Care Act 2012, in particular:
- ii. for the purpose of advancing the health and wellbeing of the people in its area, to encourage persons who arrange for the provision of any health or social care services in its area to work in an integrated manner;
- iii. To provide advice, assistance or other support as it thinks appropriate for the purpose of encouraging arrangements under section 75 of the NHS Act. These are arrangements under which, for example, NHS Bodies and local authorities agree to exercise specified functions of each other or pool funds;
- iv. to encourage persons who arrange for the provision of any health-related services in its area to work closely with the Health and Wellbeing Board;
- v. to encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together;
- vi. to discharge the functions of CCGs and local authorities in preparing joint strategic needs assessments (JSNA) and joint Health Wellbeing Strategy (HWB strategy);
- vii. to inform the local authority of its views on whether the authority is discharging its duty to have regard to the JSNA and joint HWS in discharging its functions;
- viii. to discharge any other function as the Council may from time to time choose to delegate to the Board.

Health and Wellbeing Board operating principles

The Health and Wellbeing Board will have the following operating principles:

- (a) To provide collective leadership and enable shared decision-making, ownership and accountability;
- (b) To achieve democratic legitimacy and accountability, and empower local people to take part in decision-making in an open and transparent way;
- (c) To ensure the delivery of the Health and Wellbeing Strategy;
- (d) To reduce health inequalities;
- (e) To promote prevention and early help.

Health and Wellbeing Board roles and responsibilities

The Health and Wellbeing Board will have the following roles and responsibilities:

- a. The Board will set a strategic framework for the authority's statutory duties and have a key role in promoting and coordinating joint commissioning and integrated provision between the NHS, social care and related children's and public health services in Haringey;
- b. The Board has a duty to develop, update and publish the JSNA and related needs assessments, and the HWB Strategy;
- c. The Board has a duty to develop, update and publish the local pharmaceutical needs assessment as set out in section 128A of the NHS Act 2006;
- d. The Board will advise on effective evidence based strategic commissioning and decommissioning intentions for children and adults based on the JSNA's robust analysis of their needs. It will ensure that commissioning plans are in place to address local need and priorities, in line with the HWB Strategy, and will deliver an integrated approach to the planning and delivery of services;
- e. The Board expects, and seeks assurance from, partners that the views of children, adults and their carers about the services they receive are taken into account in the commissioning, decommissioning and delivery of those services;
- f. The Board expects, and seeks assurance from, partners that the views of patients and the public have a voice through Healthwatch in the commissioning, decommissioning and delivery of those services;
- g. The Board will collaborate with and involve local stakeholders to secure better health outcomes, quality of services, a more focussed use of resources and value for money for the local population;
- h. The Board will promote the strengthening of working relationships between professionals and organisations which support people in Haringey, ensuring effective sharing and use of information and best practice; including collaborating with the CCG in the development of its plan;
- i. The Board will lead commissioning for particular services with pooled budgets and joint commissioning arrangements where commissioning plans are delegated to them;
- j. The Board will oversee the delivery of the authority's strategic outcomes for local health and wellbeing targets, holding those responsible to account;
- k. The Board will work with the local health scrutiny process and the local Healthwatch to improve outcomes for communities and people who use services.

Membership of the Board

Meetings of the Board will be chaired by a member of the local authority:

- Local authority councillor(s), who will be (or be nominated by) the Leader of the Council
 - (i) The Leader of the Council
 - (ii) The Cabinet Member for Children and Families
 - (iii) The Cabinet Member for Health & Well Being
- Chair, Clinical Commissioning Group (Vice Chair of HWB)
- Chair of Healthwatch
- Director of Adult and Housing Services
- Director of Children and Young People's Services
- Director of Public Health
- Chief Officer, Clinical Commissioning Group
- Lay Board Member, Clinical Commissioning Group
- GP Board Member, Clinical Commissioning Group
- Voluntary Sector representative representative
- Representative for the NHSCB (when required)
- Chair - Haringey Local Safeguarding Children Board

The local authority may appoint others to the Board as it deems appropriate, following consultation with the Board. The Board may itself also appoint such additional members to the Board as it deems appropriate.

The Board may invite additional officers to attend on an ex-officio basis, who will not be voting members of the Board, to advise and guide on specific issues when appropriate. Attendance by non- members is at the invitation of the Chair.

Public Meetings

- (a) A minimum of four formal public decision-making business meetings a year will be held. The Board will have the ability to call special meetings as and when required.
- (b) A meeting of the Board will be considered quorate when at least three voting members are in attendance, including one local authority elected representative and one of either the Chair, Clinical Commissioning Group or the Chair, Healthwatch (or their substitutes).
- (c) The Chair of the meeting will have a casting vote.
- (d) All voting members of the Board, (to include any substitutes), will be required to comply both with the Members' Code of Conduct and the provisions of the Localism Act 2011 relating to Standards. In particular, voting members will be required to complete a register of interests which must be kept up to date. Voting members must also declare any disclosable pecuniary interest or prejudicial interest in any matter being considered and must not take part in any discussion or decision with respect to these items.
- (e) Board members will agree protocols for the conduct of members and meetings.
- (f) The Board will determine its sub groups/committees.

- (g) Only the following members of the Board will have voting rights:
- Local authority councillor(s), who will be (or be nominated by) the Leader of the Council
 - (i) The Leader of the Council
 - (ii) The Cabinet Member for Children and Families
 - (iii) The Cabinet Member for Health & Well Being
 - Chair, Clinical Commissioning Group (Vice Chair of HWB)
 - Chair, Healthwatch
 - Lay Member Haringey Clinical Commissioning Group
- (h) Any additional persons appointed to the Board either by the local authority or the Board will be appointed on a non-voting basis.
- (i) The Full Council may at any time make a direction to alter the voting right of Board members, following consultation with the Board.

Committee procedures

- (a) The Board will be accountable to Full Council in its capacity as a committee of the local authority. The Board will be subject to health scrutiny as set out in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- (b) The Access to Information Procedure Rules in Part 4 of this Constitution apply to the Board. The Committee Procedure Rules in Part 4 apply to the Board except where this would be inconsistent with either these Terms of Reference or the legislation governing this board.

Facilitating the work of the Health and Wellbeing Board

- (a) Workshop meetings will be held to cement links with partners including the Community Safety Partnership, the Children's Trust, and regeneration partners, to facilitate co-ordination and focus on priority issues relevant to all parties.
- (b) In addition to formal board meetings, the Board will hold informal, non-decision making seminars as and when required with attendees specifically invited by the Board. These seminars will be held in private in order to ensure the ongoing organisational development of the Board and to provide a forum in which complex and sensitive issues can be fully aired and discussed to manage potential blockages to effective delivery of the strategy.

Representatives and substitutes

Representatives will provide a link with their own organisation, reporting back and instigating partner action, being responsible for disseminating decisions and actions within their own organisation, ensuring compliance with any actions required and reporting back progress.

Partner bodies are responsible for ensuring that they are represented at an appropriate level (either equivalent to the core member they are representing and no

more than one tier below).

If a representative is absent for three consecutive meetings the organisation/sector will be asked to re-appoint/confirm its commitment to the Board.

Substitutes for voting members will not be permitted with the exception the Chair of the CCG and the Chair of Healthwatch. In their absence, the Deputy Chair of the CCG and the Deputy Chair of Healthwatch may attend in their place. All substitutes must be declared in name at the beginning of each municipal year.

