

**Notice of meeting of
Health & Adult Social Care Policy & Scrutiny Committee**

To: Councillors Doughty (Chair), Cullwick (Vice-Chair),
Musson, Pearson, Perrett, Waudby and Kilbane

Date: Tuesday, 18 June 2019

Time: 5.30 pm

Venue: The George Hudson Board Room - 1st Floor West
Offices (F045)

AGENDA

1. Declarations of Interest

At this point in the meeting, members are asked to declare any personal interests not included on the Register of Interests, any prejudicial interests or any disclosable pecuniary interests which they may have in respect of business on this agenda.

2. Minutes (Pages 1 - 24)

To approve and sign the minutes of the meetings held on 15 January 2019, 12 February 2019 and 12 March 2019.

3. Public Participation

At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **5:00pm on Monday 17 June 2019**.

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4. Arrangements for Policy and Scrutiny in York (Pages 25 - 42)

This report highlights the structure for the Council's provision of the scrutiny function and the resources available to support it. It also details the current terms of reference for the individual Policy & Scrutiny Committees.

5. Presentation from the Director of Public Health

The Director of Public Health will give a verbal presentation on her statutory responsibilities and the priorities and challenges for Public Health in York.

6. Work Plan 2019/20 (Pages 43 - 44)

To consider the draft Work Plan for 2019/20.

7. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:

Name - Chris Elliott

Telephone – 01904 551078

E-mail - christopher.elliott@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting.

- Registering to speak
- Business of the meeting
- Any special arrangements
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This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

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City of York Council

Committee Minutes

Meeting	Health, Housing and Adult Social Care Policy and Scrutiny Committee
Date	15 January 2019
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Cuthbertson, Flinders, Steward and K Taylor
Apologies	Councillors Warters

54. Declarations of Interest

At this point in the meeting, Members were asked to declare any personal interests not included on the Register of Interests, any prejudicial interests or any disclosable pecuniary interests which they had in respect of business on this agenda. None were declared.

55. Minutes

Members reviewed the minutes from the last meeting and the Chair requested that more detail be provided on minute 51 (York, An Evolving Asset Based Area), particularly regarding the future funding of the Local Area Co-ordination programme.

Officers stated that an update version of the minutes would be presented at February's meeting.

56. Public Participation

It was reported that there had been no registrations to speak under the Council's Public Participation Scheme.

57. 2nd Quarter Finance and Performance Monitoring Report

Members received the Quarter 2 Finance and Performance report for Health, Housing and Adult Social Care. Officers informed the committee that their main concern was a projected overspend of £586k in Adult Social Care and highlighted that there had been a slight under spend in Housing due to staff vacancies.

Members questioned officers on the projected overspend for the Personal Support Service and how this was being managed. Officers informed the committee that the service had been looking at staffing needed for the service especially due to the expansion of the Older Persons Accommodation Programme. Officers also stated that the service had recently invested in a piece of software called RotaCloud in an attempt to increase efficiency and free up time for team leaders.

In response to Members questions, officers highlighted an on-going piece of work that is looking into why there has been a reduction in the recovery of unused payments.

Members questioned officers on the level of Delayed Transfers of Care and non-elective admissions to York Hospital. Officers explained that there was a programme of work on-going to help prevent people from being admitted to hospital and that this combined with the work being done alongside Be Independent and Yorkshire Ambulance was playing an important part in reducing these numbers.

In response to Members questions relating to an increase in the number of completed safeguarding cases, Officers explained that the numbers of cases entering the system and being completed, during a fixed period of time, were similar. This shows the service is efficiently handling it's caseload. Officers also noted an important piece of work underway by Healthwatch regarding a person's journey through the safeguarding system, which will in turn help guide the future approach.

Members questioned the absence of comparative quarterly statistics from other local authorities with similar demographics. Officers explained that many other local authorities do not publish statistics quarterly and that it was much easier to do end of year comparisons when statistics are published nationally.

In response to Member questions on targets, officers explained that an increase in claimants receiving direct payments would be seen as a positive as long as it is handled in the right way, highlighting Future Focus' importance. Officers stated that there were no official targets.

With regards to Drug and Alcohol Treatment services, Members questioned the usefulness of certain performance indicators and officers agreed, stating that part of the re-commissioning of this

service included looking at a more peer support orientated approach.

Officers highlighted that there was a short term financial pressure associated with using a small number of private sector places for people needing care home accommodation. In response to this, the Council had been investing in the Older Persons' Accommodation Scheme. Officers also highlighted that the Independent Care Group were looking at the cost of care and whether it can be sustainable for providers and ensure the Council receives market value.

Members asked for an update on the potential development of the Oakhaven site. Officers stated that:

- A preferred bidder had been identified
- There had been plans submitted but there were issues around size
- They were looking at ways to resolve this and were negotiating with the provider
- Should this option not move forward there were other providers interested

Members questioned the reason for budget pressure within the area of Supported Living for Learning Disability. Officers stated that many Councils were seeing pressures in this area with the complexity of needs that are present. In addition officers spoke of the increasing costs in provision of supported living and the cost of 'voids', where people with compatible needs have not been found and spaces have been left vacant.

Members questioned officers on the strategy for smoking cessation with pregnant women, as numbers were high. Officers agreed with Members' concern and explained that while it was a national and regional priority, work was needed to identify how this could be challenged locally.

Finally, Members highlighted to officers the importance of including details of the actions relating to the mitigation of overspends, it was noted that without the detail of the steps being taken by present in a report, there was very little to scrutinise. Officers took this on board and agreed to include more detailed actions in future reports.

58. Update Report on Unity Health

Dr Richard Wilcox and Louise Johnston, partners from Unity Health, were in attendance to provide an update on the Care Quality Commission inspection and on-going telephone issues. Dr Wilcox explained that they were still experiencing problems with telephone communications; however there had been significant improvement with regards to access and the number of complaints received. Dr Wilcox stated that while they had not yet received the final report from the CQC, feedback from the inspector had been highly complimentary.

Members questioned Dr Wilcox on the numbers of 'did not attend' in relation to their appointments. Unity Health stated the numbers were high and that this was a problem being experienced by all GP surgeries. It was reported that Unity had begun text messaging and phone call reminders in order to help address this and work with partners, including the University, to relay the importance of this matter to patients.

Members discussed with Unity Health whether the new staff being employed were extra capacity. Dr Wilcox explained that the new phlebotomist, prescribing nurse and GP were extra capacity, whilst the three new reception staff were due to a change of model, from call handler, to trained receptionists.

Members were keen to understand the nature of the complaints received by the surgery and the complaints process. Ms Johnston highlighted that of the five complaints received, 3 were a result of telephone access and 2 were regarding waiting times for appointments. Unity Health also highlighted that their complaints process was advertised online and in their surgeries.

In response to Member questions, Dr Wilcox stated that he believed Unity Health offered good options for evening and weekend appointments compared to most surgeries and highlighted their involvement with the Improving Access Model and that they are always looking to expand appointment hours.

In a question regarding pathways and relationships with providers, particularly around Mental Health, Unity Health stated they felt they had good relationships with partners and co-employed a mental health worker with the University. They also noted recent conversations and work with TEWV to explore the

option of further mental health services being provided in surgeries.

59. Overview Report on Student Health Services

Members received an update on the progress of the Student Health Network and an overview of Student Health Services.

Public Health Specialist, Nick Sinclair, was in attendance to answer member questions and briefly introduced the report and the reasons behind the formation of the Student Health Network.

Members were concerned by the lack of response to the consultation on the purpose, function and future of the Network, and asked questions around the future leadership and resourcing of the Network. The officer highlighted that there was a commitment from Higher York to take the Network forward and provide leadership for the group; however the issue would be discussed at the next meeting of the Higher York Board Meeting on 31 January 2019.

It was noted that the Student Health Network was specifically designed to respond to the Student Health Needs Assessment carried out in 2017.

Members spoke of their desire that the work begun by Higher York and the Student Health Network continue and that should support be required by Public Health, that this be available. It was noted that the outcome of Higher York's Board meeting would be circulated to the committee.

60. Six-monthly Quality Monitoring Report - Residential, Nursing and Homecare services

Members received the bi-annual quality monitoring report for Residential, Nursing and Homecare Services.

Members were keen to understand the support that was offered to managers under the Well Led scheme. Officers informed the committee that as well as hands on support from the Commissioning team at York, staff were offered training by Skills For Care, a peer support network and support from the CCG and Teaching Hospital Trust, which had been invaluable.

Officers spoke of the 'capacity tracker' that was in operation within the services and Members questioned the take up and use of the system. Officers explained that take up had been good, however there were still suppliers not signed up to the system and the system required providers to be active in posting current vacancies. Officers also mentioned the need for this service to be opened to public use, due to the increase in self-funded care.

In response to Member questions, officers noted that a care home being referred to as 'requiring improvement' often related to not being able to recruit to managerial posts. Officers also stated that their aim was to create strong pathways for staff in Care services and try and retain experienced staff who would then go on to be the future leaders of services in the City.

61. Work Plan

Members discussed the committee's work plan for the last two meetings of the municipal year.

The Chair announced that there had been much interest and communication regarding recent media headlines surrounding homeless deaths in York. The Chair stated that he had asked the relevant directors to bring a report on the issue to the next meeting in February.

It was also noted that Tees, Esk and Wear Valleys NHS Foundation Trust had been asked to present an update on the Mental Health Hospital on Haxby Road. The Chair also responded to a comment from a previous meeting of the committee regarding a reduction in the number of beds. The Chair stated that he had received confirmation that the intention was still to have 72 beds in the new hospital on Haxby Road.

Cllr P Doughty, Chair
[The meeting started at 5.30 pm and finished at 7.35 pm].

Meeting	Health, Housing and Adult Social Care Policy and Scrutiny Committee
Date	12 February 2019
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Cuthbertson, Funnell (as a substitute for Cllr Flinders), J Hayes, Steward and K Taylor
Apologies	Councillors Flinders

62. Declarations of Interest

At this point in the meeting, Members were asked to declare any personal interests not included on the Register of Interests, any prejudicial interests or any disclosable pecuniary interests. None were declared.

63. Minutes

Resolved: That the minutes of the meetings held on 16 October 2018 and 12 December 2018 be approved and signed as an accurate record.

64. Public Participation

Gwen Vardigans addressed the committee regarding agenda items 4 and 6 and had two questions associated with these items:

- Question on agenda item 4: How will the new accommodation units at James House help to contribute to the wider issue of homelessness in York?
- Question on agenda item 6: How will the closure of the in-patient facility in Harrogate affect the new mental health hospital in York and the wider mental health provision in North Yorkshire?

The Chair thanked Ms Vardigans for her questions and requested that the officers respond to these questions during the relevant agenda items.

65. Housing & Community Safety Update on Homelessness in York

Officers presented an update report on the support given to 'rough sleepers' or 'single homeless' people in York, as requested at the previous meeting of the committee. Officers stated that the report from the charity Crisis in 2017, highlighting the number of Homeless deaths in York (11), included those in supported accommodation, the number of 'rough sleepers' who died in 2017 was 1. The report highlights that in 2007, there were 207 households in temporary accommodation. In 2017, this figure was at 68 and by September last year, the figure stood at 58. The number of 'rough sleepers' in the city reduced from 29 in 2017 to 9 in 2018 and Officers noted that York was one of three services that were initially awarded Gold standard in 2017 for the quality of provision.

Officers responded to the question posed by Gwen Vardigans in the Public Participation section of the meeting with the following comments:

- The temporary accommodation at James House ensures that this provision is provided primarily at one location, which allows for support to be on site and focussed.
- The support at James House includes helping Homeless people manage their future housing plans and apply for work.
- The provision at James House is 57 units and the current provision is 54, increasing the overall provision of units in the city and the quality of units.

In response to Members questions, officers stated that:

- There is a need for improved specialist supported Housing specifically for complex mental health needs, however this funding is not currently available.
- The criteria for Making Every Adult Matter can be flexible however this service is primarily designed for people with complex needs and anyone not fulfilling this criteria would be supported by resettlement services.

Officers clarified the definition of 'Household', explaining that this term refers to anyone going through temporary

accommodation. Officers also clarified that they will only choose to use the 'bed and breakfast' option when they do not have temporary accommodation available. Officers also stated that all 'rough sleepers' had been offered accommodation.

Members commended the fantastic work of the Yes Below Zero project as an excellent example of partnership working.

Members were interested to understand that the issue of safety in hostels or accommodation, that has been reported as an issue elsewhere in the Country, is a problem for York. Officers noted that it is something people say but it can be related to whether homeless people want the accommodation offered as a result of the rules and regulations associated with it.

Members questioned the average age of people who have died on the streets and officers informed the committee that the national average age is 47, In York this figure was roughly 44.

In further questions from members regarding the continued provision of emergency accommodation outside of the winter months, officers stated that they were currently exploring the idea to keep the 5 bed unit open all year round. Officers also noted that there were a number of additional options and properties that were being considered as additional resource.

Members wanted to know what could be done to help the people who do not want to engage with services and whether officers would support a meeting of key partners to help challenge some of the pertinent issues. Officers stated that they were always happy to engage with partners and Councillors on challenging these issues and periodically run events along those lines.

Officers concluded by stating that they are working with partners to finance the model that was mentioned earlier and progress is being made.

66. Update report on Collaborative work by Humber, Coast and Vale Mental Health Partnership

Officers from the Humber Cost and Vale Mental Health partnership were in attendance to update the committee on the collaborative work being undertaken and the on-going efforts to improve mental health and wellbeing.

Members asked questions on the status of the Suicide prevention strategy and how this had been created. The officers noted that each Local authority must have a suicide prevention strategy and the strategy noted in the report was an amalgamation of the strategies of partner organisations. Officers also responded to member questions on achieving ICS (integrated care system) status and noted that this should be viewed as an acknowledgement of the partnerships maturity and ability.

Members were interested to know what the improved access in relation to mental health support for the Homeless would look like in York. In response, officers stated that the challenge is establishing a more collaborative system to providing community mental health rather than individual services providing these services in isolation.

Members questioned officers on cross-boundary provision of services and in particular, mental health in-patient facilities that are being discussed in York and in Harrogate. The officers made the point that the need for wider strategic thinking on these issues is important in making a more meaningful impact in communities in more than one area.

Members were interested in the performance indicators for the partnership and officers stated that it was 'in progress' as this was the first time that performance indicators had been pulled together for the partnership. It was also noted that a key outcome of these combined performance indicators was triangulation and understanding what combination of provision offers the best balance of service and value and that funding flows to the areas in which it is most needed.

Members questioned the postponement of the work on Community mental Health teams. Officers stated that the NHS had commissioned a national strategy and that this work was on-going. They have since produced a draft strategy on Community mental Health and the work of the partnership on this front was paused until the framework is published.

67. Tees Esk and Wear Valleys: Progress Report on New Mental Health Hospital in York (Haxby Road)

David Brown, the Interim Director of Operations to TEWV NHS Foundation Trust and Dr Steve Wright were in attendance to

update the committee on the progress on the new Mental Health Hospital on Haxby Road. Officers began by informing the committee that the development was on track and was due to be ready in April 2020. It was also noted why the discussions around other area patients coming to York was being considered, in particular around the change of bed use and the provision of community services also.

Mr Brown commented on the question from Ms Vardigans, stating that particularly around mixed sex wards, there need to be standards of separation and these are monitored by the Care Quality Commission. It was stated that it was possible to have mixed units where these standards are met and that there is an important balance between the provision of beds and the provision of community services that needed to be considered.

Members voiced concerns over the future proofing of this development and what the need for in-patient beds will be in 5 years time. Officers noted that they have attempted to factor this into the planning of this facility, to allow for adaptations as and when they are needed.

In response to Member questions, officers stated that they had received up to date estimates from Harrogate, based on their population, for the need for in-patient beds in the event that one is not provided in Harrogate. These figures were 12 for adults and 12 for older people, split between organic patients and patients with more complex mental health needs.

In response to a question regarding assurances that York residents would not be moved out of area as a result of these discussions, officers stated that this was not the purpose of the report. The report was focussed on addressing why it was felt that discussions around the sharing of this facility and the provision of further community services could be considered and the changing picture on the need for community services against beds. Officers noted that they were very mindful of the potential for people to be moved out of area however being able to further resource community initiatives could significantly improve the amount of people needing beds in the future as has already been shown from the outcomes achieved with the current limited resources in community initiatives.

Officers clarified the term 'in area', describing it as in the locality in which the patient lives and national guidance is around 50

kilometres. Officers also described some of the community provision planned as part of the development and noted the proposed involvement from York St. John.

68. Joint Health Scrutiny Meeting North Yorkshire County Council, Leeds County Council & City of York Council

The Chair asked for the agreement of the committee, for members of this committee to attend the Joint Health Scrutiny meeting with Leeds County Council and North Yorkshire County Council.

Resolved: That members formally nominate Cllrs Doughty, Taylor, Cullwick to attend the joint scrutiny meeting on 15 February 2019.

Reason: To comply with City of York Council Scrutiny protocols and procedures

69. Overview Report on Mental Health Crisis Support Services in York

Jackie Harrison addressed the committee regarding her concerns regarding crisis support services in York. Ms Harrison noted that, should she have need of a service outside the hours of the Mental Health Support Line, there would be nowhere adequate for her to go, in which she could speak to people that know and understand her, or receive the help she needs. Ms Harrison noted that accident and Emergency and her GP are not sufficient and do not provide the support that would be required in a moment of crisis.

June Tranmer then addressed the committee acknowledging that there are over 50 agencies in York providing support to people experiencing mental health issues, however with one in four people in York saying that they are experiencing mental health problems, the need is far greater than the services can provide. Ms Tranmer also noted the on-going strain on University counselling staff. Finally, Ms Tranmer spoke of the need for all the information needing to be in the report, particularly around the data on the need for in-patient mental health beds, that the speaker said is available through various organisations.

Cllr Craghill explained to the committee that she had concerns regarding the lack of a 24 hour crisis support line and explained that the services listed in the report do not provide this service. Cllr Craghill wished to know whether the change in service provided by the TEWV support line intended to fill the gap in provision for 24 hour phone support left by the Mental Health Support Line. Finally, Cllr Craghill asked the committee to set up a task group to look in more depth at the provision of crisis support services in York and the reduction in hours of the Mental Health Support Line.

Officers were present to answer Member questions on the issue of crisis support services in York.

In response to member questions, Officers stated that it was not a choice between trying to integrate services and provide the mental health support line. The Mental Health Support Line was not intended as a Crisis support line, and each of the users of that service has been contacted to discuss how the preventative support they were offered by that service can be provided.

Officers clarified that in paragraph 3, it should reflect that one in four people experience a mental health issue at some point in their lives. Officers also stated that they would report back to the committee with the details of the how the NHS Digital Adult Psychiatric Morbidity Survey was constructed so that the statistics can be viewed in context.

Officers spoke of the community mental health model which will reflect new national guidance on how community mental health teams should be formed. Officers stated there would be an event on 8 April that will bring that model to life.

Officers also mentioned in regard to the previous report that came to the committee on the Mental health Support Line, stating that the support line does have a purpose, particularly in a preventative nature of helping to support people with their coping strategies and to help prevent the need for crisis support.

The Chair noted the request from Cllr Craghill regarding the need for a task group and suggested that this is something that the future Health, Housing and Adult Social Care Policy and Scrutiny Committee continue to look at in the new municipal year.

70. Substance Misuse Review Final Report

The committee were presented with the final report from the Substance Misuse Scrutiny Review. Members of the task group noted their thanks to all parties who helped provide information to this review.

The Director of Public noted that there the decisions regarding public health funding come from a national cut to public health grants and this cost saving exercise has had to happen across all services.

Both officers and Members mentioned the importance of a joint commissioning approach and more co-ordination of services and the impact that this would have.

Members of the committee noted their thanks to the task group and all officers involved in the review.

The Director of Public Health requested two changes to the wording of the recommendations:

- Recommendation 4: wording to read “such an approach should be led by *the Director of Public Health.*”
- Recommendation 5: wording to read “facilitated by *the Director of Public Health*”

Resolved: Subject to the above changes, the committee endorsed the final report and review recommendations set out at paragraph 63 to be referred to the Executive.

Reason: To conclude the review in line with scrutiny procedures and protocols.

71. Work Plan

Members reviewed the work plan for this committee for the last meeting of the municipal year.

Members requested an update on the development of the Bootham Park site at the next meeting. Officers said that they would investigate the potential for an update.

Cllr P Doughty, Chair

[The meeting started at 5.30 pm and finished at 9.00 pm].

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Meeting	Health, Housing and Adult Social Care Policy and Scrutiny Committee
Date	12 March 2019
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Cuthbertson, Flinders, Hayes, Steward and K Taylor
Apologies	None

72. Declarations of Interest

At this point in the meeting, Members were asked to declare any personal interests not included on the Register of Interests, any prejudicial interests or any disclosable pecuniary interests in relation to business on the agenda. None were declared.

73. Minutes

The Chair informed the committee that he was not happy with the style of minutes and would not be signing them as a correct record. A majority of Members agreed that the minutes did not show enough detail and were keen to support the Chair.

Therefore, the minutes of the meetings held on 15 January 2019 and 12 February 2019 were not signed.

74. Public Participation

It was reported that there had been no registrations to speak under the Council's Public Participation Scheme.

75. Quarter 3 Finance and Performance Monitoring Report

Members received the Quarter 3 Finance and Performance report for Health, Housing and Adult Social Care.

Officers informed the committee that there was a discrepancy between the table shown on page 19 and paragraph 3 of the report. The figure of £830k was the correct figure regarding mitigations.

In response to Members' questions regarding whether anything would be approached differently with the budget for 2019/20, officers stated

that the bulk of the overspend within the directorate sat with Adult Social Care. The officer added that an additional £4 million pounds of funding was being attributed to Adult Social Care in the budget for 2019/20 with a particular focus on counteracting contract price inflation, the two home closures and demographic growth, particularly picking up the issue of young people transitioning from Children's Services to Adult Services. The officer also noted that the council has established a service risk fund as a one off budget of 800k for the purpose of services coming forward with invest to save proposals.

Members asked officers to elaborate on the missed savings of £227k in the learning disability working age residential budget. Officers explained that these savings were still expected but due to delays in starting some initiatives in this area, these savings would hopefully be delivered in 2019.

Members expressed concern regarding not recruiting to posts as a potential mitigation and were worried that undue pressure may be applied to services to not recruit to vacant posts that need filling. Officers stated that this would be a minority of posts and examples include where the authority may have recruited with temporary posts which come at a higher cost to the authority. Officers also added that whenever a vacancy presents itself, it is an opportunity to consider that post and scrutinise whether it could be managed differently.

Members questioned the statistics on the percentage of the population that were offered, and subsequently took up, health checks. Officers informed the committee that this was an area for concern. However, it was also noted that the context to these statistics was important. A health check was only offered once every 5 years to the eligible population (in York c. 55,000) and these will be staggered across the 5 year contract. The Director of Public Health did note that performance in this area was poor and that it was a concern.

In response to member questions regarding smoking and alcohol in pregnant mothers, officers stated that:

- Statistics on smoking are based purely on answers given to midwives and that no data was collected regarding drinking during pregnancy.
- The most recent trends relating to alcohol related illnesses across the city were worsening and that this was an area of concern for Public Health.

Members questioned officers on whether it was perhaps necessary to budget for exceptional placement cases within the Adult Social Care system, with one particular case costing over £200k and whether the two home closures could have been budgeted for. The Officer stated that York is not unique in this area and that all authorities will experience cases in which they have an individual who has highly complex care needs. With regards to the home closures, Officers stated that the two homes that had closed agreed to the council's cost of care, so the authority was paying them at the normal rate. The budget had been affected this year as a consequence of trying to find homes for the people who had been displaced, which came at an increased cost to the Council. Officers assured Members that there had been constant communication with the independent care sector regarding the agreed cost of care and that capacity would be helped in the future with the major development with the Older Person's Accommodation Programme.

Members were also questioned on the impact of 7 day working for social workers in hospitals and whether an effect had been seen with relation to Delayed Transfers of Care (DTC). Officers stated that there should always be caution in trying to predict improvements in DTC statistics as they are so volatile and can depend on a multitude of factors. However the qualitative feedback implied that social worker presence across the weekend had been a benefit for families and had begun to spread cases out across the week, rather than a backlog on a Monday.

In response to Member questions on statistics regarding dementia, Officers stated that the figures were based on estimates of prevalence nationally. Members questioned whether dementia prevalence was uniform across the nation and officers suggested that perhaps colleagues from Public Health England would be better placed to explain how the national prevalence was calculated and offered to take this up on behalf of the committee and report back.

Members asked officers why there had been a delay in delivering savings in the Supported Living for Learning Disability customers and who had taken the decision to delay. Officers highlighted that it was not a decision to delay but that it had taken longer than expected to bring together intelligence of the associated costs of this service and how they could be delivered more efficiently. Officers also stated that the savings would be made but just not within this financial year, noting that in any area where an individual's care is being scrutinised, decisions must be taken very carefully.

Finally, officers also responded to a question from a member of the public regarding the £10 million that has been given to build more council houses, including when will they be available and whether they would be for rent, without the option to buy, as rent to buy had dramatically reduced the number of council housing stock. The following answer was read out on behalf of the Assistant Director for Housing and Community Safety.

“The Housing Development Programme will deliver over 600 homes in a 5 year period at various sites around the city. The type of property will be decided on a site by site basis however typically the tenure mix will be 60% market sale and 40% affordable. The affordable will be half social rent and half for affordable home ownership product (such as shared ownership). The tenants of the social rent properties will have the right to buy, however for the first 15 years the authority will be able to recover its costs. By selling properties for market sale, the authority will be able to generate sufficient receipts to ensure that the programme is sustainable in the long term. The first site to be developed is Lowfield Green, starting in February. The Council will be building 140 homes and there will also be 19 ‘Community build’ homes and 6 ‘self build’. A report was presented to the Executive in January 2019 that provides further information”

76. Safer York Partnership Bi-Annual Report

Members received the bi-annual report outlining the work that has been delivered through the Safer York Partnership. The Head of Community Safety highlighted some key areas of the report and opened the discussion for Member questions.

Members were interested to know how successful the operation had been to reduce discarded needles in the city centre. Officers stated that it had been quite some time since any discarded needles had been reported in the City Centre. It was also noted that the close joint working between the BID rangers and the Authority had been a key factor in this improvement.

In response to Member questions regarding the busking and associated acts of Anti-Social Behaviour (ASB), officers stated that there had been an increase in evening buskers and large groups ‘high jacking’ buskers’ microphones and causing disruption. However, work had begun with a group of buskers and businesses to produce a code of conduct for busking in the city centre. It was noted that any curfew on busking would be difficult to enforce legally and a more

reasonable approach was necessary, dealing with individual issues as and when they occur.

Members asked a number of questions regarding dog fouling, fly tipping and the potential use of covert surveillance to catch perpetrators. Officers stated that uniformed officers have a difficult task in this respect as perpetrators will often stop or not do the action when a uniformed officer was present. However, it was noted that the best way to challenge this was for the community to provide information to the authority and subsequently non-uniformed officers can be deployed in areas at the correct times. Officers also stated that the option of using covert CCTV (as a local authority) was more complicated and resource intensive than it may seem from the outside however work had progressed on this front and it was a potential addition in the not too distant future.

Officers promised to provide the committee with further information regarding statistics of cyclists who have been penalised for not having lights on their cycles, as they did not have the information to hand.

In response to Member questions regarding counter-terrorism, officers noted that the bollards in place around the city centre are not for counter-terrorism purposes. The process for putting in more physical security capable of preventing a dangerous vehicle was well underway and was currently being consulted on.

Members were interested to hear more about statistics regarding County Lines and associated Violent Crime. Officers highlighted that it was a difficult piece of analysis, due to the way in which data was recorded, to conduct and that they felt the best use of their resources was to attempt to tackle the issue as best they can.

Finally, Members and Officers discussed the best way to put out more positive messages to the public in regard to the safety of the city centre for residents, highlighting the good work that has been done in this area.

77. Update Report on Integration of Health and Adult and Social Care

Members received a report introducing the approach the Health and Social Care integration to help support an initial discussion. The Assistant Director for Joint Commissioning introduced the report, highlighting some challenges and areas of progress and invited questions from Members.

Members were interested to know whether there were examples of joint budgets within our system as this would be the main indicator of progress from an integration perspective. The Assistant Director of Joint Commissioning highlighted her role is the embodiment of joint working and joint budgets as is the Better Care Fund, with both jointly funded by the Council and CCG. The officer stated that they are making progress and there are many areas of work where we are working in partnership with colleagues from different organisations. The officer also stated that the authority will continue to be challenged to bring more budgets and projects into joint management.

The officer added that the Better Care Fund is the main way in which budgets are aligned and this year that is worth more than £17 million, however nationally, Council's and the CCG's still need to be accountable for that expenditure. The officer also highlighted examples in Local Area Co-ordination and Community Facilitation of the progress that is being made in this area, noting that there had been reductions in the numbers of people that might need a care assessment. It was also noted that many of the performance indicators are now showing as neutral, where as previously they were negative.

Members were in agreement that this should be an area in which a future committee begins a review and it was also suggested that a development and training day could be provided to help Members understand this issue in more detail.

Officers suggested that perhaps the committee could take a closer look into information sharing and digital technology and the issues associated with that, noting that the breadth of experience from Members may well help a review in this area.

The Director of Health, Housing and Adult Social Care offered to follow up on a question from the Chair regarding whether an option of a joint Chief Executive between the CCG and the Local Authority had been considered in York, as has been seen elsewhere in the Country.

78. Update on Joint Health Scrutiny Meeting NYCC, LCC & CYC

A correction was made to the agenda, noting that it was Leeds 'City' Council and not Leeds County Council.

Members who attended the meeting informed the committee that they had had the opportunity to represent York's Community and articulated the issues around the in-patient facilities at Harrogate.

The Committee put on record their concern that the decision not to build an in-patient facility in Harrogate might make sense to Tees, Esk and Wear Valley's (TEWV) organisational boundaries, however there are still concerns on the potential effect this may have on York residents not being able to access in-patient facilities when needed.

One member made the point that the Chief Executive of TEWV had been confident at a previous meeting of the estimation of beds needed and that this should be recognised.

Members also made clear their disappointment at the decision by NHS Property Services to offer out Bootham Park Hospital to the highest bidder despite the hard work of many to try and retain the asset. The committee were keen to encourage the new committee to continue to work alongside NHS Property Services and the successful bidder to get the best for York residents. It was also noted by some Members that this was a direct consequence of the government's decision on how NHS property services are to act in such circumstances and that it was a missed opportunity for the communities in York.

Cllr P Doughty, Chair

[The meeting started at 5.30 pm and finished at 8.10 pm].

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Health and Adult Social Care Policy and Scrutiny Committee**18 June 2019**

Report of the Assistant Director – Legal & Governance

Arrangements for Policy and Scrutiny in York**Summary**

1. This report highlights the structure for the Council's provision of the scrutiny function and the resources available to support it. It also details the current terms of reference for the individual Policy & Scrutiny Committees.

Background

2. In 2009 the Council restructured its overview and scrutiny function which led to the formation of a number of overview & scrutiny committees. In May 2015 the Council agreed to change these to Policy and Scrutiny Committees and in May 2019 it agreed to create a further Policy and Scrutiny Committee to look at issues around climate change.

Introduction

3. This report has been designed to provide practical information and guidance to help Members carry out and assist with Scrutiny activities for City of York Council. It outlines some of the skills required to operate Scrutiny successfully for the benefit of the residents of the city.
4. The purpose of the Scrutiny function is to ensure that Councils provide better public services, and it is enshrined in legislation.
5. The Local Government Act 2000 introduced changes to decision making and accountability within local authorities. This included separating executive and non-executive councillors. Executive councillors propose and implement policies, non-executive councillors review policy and scrutinise decisions.

6. The purpose of scrutiny is to make the decision-making process more transparent, accountable and inclusive in improving services for people by being responsive to their needs. For scrutiny to be effective, the process must be open, fair, constructive and positive.
7. The aim is to challenge so improvements can be made, not apportion blame when things go wrong. The scrutiny process should be inclusive and aim to give all those who wish to contribute, whether as Councillors, Officers, Co-optees, specialists or members of the public giving evidence, to feel valued and to be able to speak freely and openly.
8. As a Councillor you have been elected by your local community because they believe you will represent them in ensuring the Council provides the services they need to the standard they expect. By understanding their needs you can bring a different perspective to the decision-making process to that provided by the Council, Executive and Officers, which can help decisions to be more robust.
9. The Council's policy and scrutiny function currently has the following Policy and Scrutiny Committees in place:
 - Customer and Corporate Services Scrutiny Management Committee
 - Health and Adult Social Care
 - Children, Education and Communities
 - Economy and Place
 - Housing and Community Safety
 - Climate Change

Customer and Corporate Services Scrutiny Management Committee

10. This Committee oversees and co-ordinates the scrutiny function, including:
 - allocating responsibility for issues which fall between more than one Scrutiny Committee;

- allocating, in consultation with the Chair/Vice-Chair, urgent issues to be considered by an appropriate Committee (including an Ad-Hoc Scrutiny Committee), as may be necessary;
- reviewing progress against the Work Plans of the Scrutiny Committees, as may be necessary and receiving bi-annual updates from Chairs of those Scrutiny Committees, as required;
- receiving periodical progress reports, as appropriate, on particular scrutiny reviews;
- considering and commenting on any final reports arising from completed reviews produced by the Scrutiny Committees, as required;
- provides an annual report to Full Council on the work of the Scrutiny function;
- recommends to the Executive an appropriate budget to support the undertaking of scrutiny reviews as part of the Council's budget setting process, and manages the overall allocation of any such budget;
- periodically reviews the overview and scrutiny procedures to ensure that the function is operating effectively and recommends to Council any appropriate constitutional changes relating to the scrutiny structure or procedural rules;
- considers any decision "called in" for scrutiny in accordance with the Scrutiny Procedure rules.

11. In Addition, CSMC exercises the powers of an Overview & Scrutiny Committee under section 21 of the Local Government Act 2000, by promoting a culture of continuous improvement across all corporate, strategic and business services through developing, challenging and reviewing those services and by monitoring the performance of the following Council service plan areas through regular performance monitoring reports:

- Legal Services
- Information Governance and Complaints
- Electoral Services
- Corporate Finance and Procurement

- Human Resources and Organisational Development
- Customer, Resident and Exchequer Services,
- Digital and ICT
- Civic and Democratic Services

Standing Policy and Scrutiny Committees

12. Each of the standing policy and Scrutiny Committees has its own individual remit as detailed below.

Health and Adult Social Care Policy and Scrutiny Committee

This Committee is responsible for monitoring the performance of the following service areas through regular performance monitoring reports

- Public Health
- Services for carers
- Adult Safeguarding
- Adult Social Care Provision
- Adult Social Care Community Teams
- Commissioning, Quality Improvement and Partnerships
- Early Intervention and Prevention

In addition, the Health and Adult Social Care Policy and Scrutiny Committee is also responsible for:

- (a) the discharge of the health and scrutiny functions conferred on the Council by the Local Government Act 2000
- (b) undertaking all of the Council's statutory functions in accordance with section 7 of the Health and Social Care Act 2001, NHS Reformed & Health Care Professional Act 2002, and section 244 of the National Health Service Act 2006 and associated regulations, including appointing members, from within the membership of the Committee, to any joint overview and scrutiny committees with other local authorities, as directed under the National Health Service Act 2006.
- (c) reviewing and scrutinising the impact of commissioning service provision and policies of key partners on the health of the City's population

- (d) reviewing arrangements made by the Council and local NHS bodies for public health within the City
- (e) making reports and recommendations to the local NHS body or other local providers of services and to evaluate and review the effectiveness of its reports and recommendations
- (f) delegating functions of overview and scrutiny of health to another Local Authority Committee
- (g) reporting to the Secretary of State of Health when:
 - i. concerned that consultation on substantial variation or development of service has been inadequate
 - ii. it considers that the proposals are not in the interests of the health service.

Children, Education and Communities Policy and Scrutiny Committee

- 13.** This Committee is responsible for monitoring the performance of the following service areas through regular performance monitoring reports.
- School effectiveness and achievement, including school attendance and school safeguarding.
 - School Services which includes School place planning and capital maintenance, School transport, admissions, the school governance service and SENDIASS, behaviour and attendance, elective home education and children missing education.
 - Local Area Teams
 - Skills
 - Early years and childcare
 - The virtual school for children in care
 - SEN and disability services
 - Educational Psychology
 - Neighbourhood Working
 - Community Centres
 - Voluntary Sector including CVS
 - Culture
 - Museums
 - Libraries & Archives

- Sports Facilities
- York Learning

Economy and Place Policy and Scrutiny Committee

This committee is responsible for examining long term policy development, strategic objectives and horizon scanning for best and emerging practice across the Economy & Place Directorate and for examining performance, operational outcomes and customer expectations and major project progress across the following Economy& Place service areas:

- Highways
- Transport & Parking
- Planning & Development
- Regeneration & Asset / Property Management
- Economic Growth
- Emergency Planning
- Flood Risk
- Public Realm
- Waste
- Fleet
- Public Protection (Trading Standards, Environmental Health, Food Safety Licensing)
- Client Management: Make it York
- Client Management: YorWaste

Housing and Community Safety Policy and Scrutiny Committee

The committee is responsible for monitoring the performance of the following service areas through regular performance monitoring reports:

- Housing Revenue Account
- Housing Strategy and Regeneration
- Housing General
- Commissioning and contracts
- Older People's accommodation Programme

- Landlord services
- Homelessness and Housing options, standards and adaptations
- Community Safety
- Early intervention, prevention and community development
- People & Neighbourhoods Strategy & Policy
- Anti Social Behaviour
- Building Services
- Repairs and Maintenance
- Housing Development

Climate Change Policy and Scrutiny Committee

The remit for this Committee has still to be agreed.

Work Planning

14. Each of the Policy and Scrutiny Committees will produce and maintain an annual work plan. This will appear on the agenda for each meeting and will show the different stages of any ongoing review and the scheduled dates for receiving the following:
 - Performance and Finance Monitoring Reports
 - Reports from Local Strategic Partners
 - Updates from Executive Members
 - Updates on the implementation arising from previous scrutiny reviews.

Aims of Scrutiny

15. Scrutiny should not be a confrontational or divisive process, its aim is not to apportion blame; rather it should enable Members (and officers) to be inquisitive, to increase understanding of community issues, and to seek to understand the causes of poor performance so as to be able to identify ways of improving. It is intended to complement and add value to the work of the Executive which is charged with making day-to-day decisions - *The Centre for Public Scrutiny, Good Scrutiny Guide*.
16. Scrutiny should:

- i. Help improve the Council's (and other public sector partners) overall performance.
 - ii. Help the Council deliver the services local people require in the way they want them within the resources available.
 - iii. Engage service users and the wider community in decision-making and public sector governance.
 - iv. Ensure decision-making is clear, transparent and accountable.
17. A guide to good scrutiny published by the centre for Public Scrutiny sets out four principles for good scrutiny as:
- Providing 'critical friend' challenge to the Executive as well as external organisations and agencies
 - Reflecting the voice and concerns of the public and its communities
 - Taking the lead in the scrutiny process on behalf of the public
 - Making an impact on the delivery of public services

How Scrutiny Works

18. Scrutiny provides a perspective on how well public services are being delivered and how they could be improved from the point of view of those receiving and using those services. These include education, health and social care, housing and regeneration, economic development, public transport, leisure and cultural services and community safety. Scrutiny achieves this by:
- Reviewing and developing policy recommendations for the executive's consideration
 - Providing a means to review the Council's own achievements against its planned targets
 - Setting out to influence Council/Executive decisions and policies
 - Playing a part in the Community leadership role of the Council i.e. by reviewing services provided by other organisations on issues that affect the public and by calling individuals/organisations to account
 - Contributing to the democracy by stimulating public engagement
19. It should be noted that Scrutiny cannot:
- Make policy decisions

- Review individual planning, licensing, housing or grant decisions
- Veto decisions of the Council, Executive, Committees or Officers
- Commit the Council to expenditure

20. Scrutiny committees can make recommendations to Executive for any functions which are the Executive's responsibility. They may also examine any issues which are being considered, or have been considered, by the Executive in order to make recommendations on how future developments should progress.

Principles of good Scrutiny

21. Scrutiny Committees provide the Council with its own watchdog. They follow a common sense approach to reviewing decisions and policies and considering whether they are right for the city. They are effectively a quality improvement tool.
22. Effective scrutiny can hold services to account and create opportunities for communities and decision-makers to improve the quality of services by producing solutions to problems together.
23. The principal power of a scrutiny committee is to influence the policies and decisions made by the council and other organisations involved in delivering public services. The scrutiny committee gathers evidence on issues affecting local people and makes recommendations based on its findings.
24. Scrutiny can investigate any issue which affects the local area or the city's inhabitants. However, effective scrutiny work relies on scrutiny's 'soft' influencing power, as it has no formal power to compel anyone to make changes.
25. For this reason it is important to think about how to build a positive working relationship with those who are the subject of scrutiny's recommendations. This ensures a much higher chance of scrutiny's recommendations being implemented.
26. For scrutiny to be effective it needs to be seen as a 'critical friend' and it is important to identify where decisions could be improved and how to prevent mistakes being made or repeated.
27. The focus should be on forward thinking and making positive changes, rather than apportioning blame and focusing on the negatives. This will

help foster positive and constructive relationships between Scrutiny, Councillors and Officers.

28. Scrutiny is an essential part of ensuring that the Council remains effective and accountable. It does this by:
- Holding the Executive to Account: This can involve scrutinising decisions of the Executive or an Executive member at a number of different stages of the decision-making process; before decisions are made; before they are implemented and after they are implemented.
 - Policy Review and Development: Policy reviews involve the in-depth scrutinizing of existing Council Policies to examine intended policy outcomes and whether these outcomes are being achieved. Policy development involves shaping the formulation of key policies, through examining alternatives set against needs, resources and other issues and making recommendations to the Executive.
 - Review of Council Services: This involves Scrutiny reviewing Council services to ensure they are achieving customer satisfaction and value for money together with monitoring Council performance and ensuring standards are met.
 - External Scrutiny: This involves scrutinising the work and impact of external agencies on local residents e.g. local NHS trusts and other partners.
29. In summary, Scrutiny should be a Member-led, non party-political review mechanism that works to improve quality of life for residents. It should play a central role in ensuring the Council has open and accountable democratic arrangements in place.

Post-Decision Call-Ins

30. Where councillors (a minimum of three) have concerns or disagree with a decision made by the Executive they can call-in the decision and this will be considered by the Customer and Corporate Services Scrutiny Management Committee. CSMC will receive details of the decision, and hear from the councillors who called it in and from the relevant Executive Member and Director. CSMC will be asked to confirm the decision or make an alternative recommendation for Executive to consider.

Scrutiny Reviews

31. During the course of the municipal year scrutiny committees will usually undertake scrutiny reviews into issues affecting the city. Suggestions for reviews can come from anywhere; councillors, petitions, request by Executive, partners, senior officers or by direct request from the public or service users. The scrutiny committee usually appoint a Task Group to carry out this work.
32. Task Groups consist of councillors who volunteer to take part and carry out activities over a few months on an informal basis to gather evidence about the particular issue. Evidence can be collected from various sources including Council officers, representatives from other partnership organisations and agencies, voluntary organisations and city stakeholders. Evidence is also gained by research and use of best practice.
33. Once the activities are complete the Task Group draws up a report with recommendations that it would like the Executive to consider implementing. Reviews must have a clear purpose and should help to improve service delivery throughout the Council. For each scrutiny review topic the committee should:
 - Identify a good reason and benefits for doing the review
 - Identify outcomes and constraints
 - Specify how evidence will be collected
 - Agree consultation
 - Evaluate resource requirements
 - Set a timetable for completion
 - Involve stakeholders

Making Effective Scrutiny Recommendations

34. Recommendations are the way that scrutiny can have an impact. Making good recommendations, and monitoring them, makes it more likely that scrutiny's work will add value.
35. Recommendations need to be **SMART** (Specific, Measurable, Attainable, Realistic and Timely). The report and recommendations will be submitted

to Executive for them to consider. The more clear and concise the recommendations are, and the more robust the evidence to support the recommendations, then the greater chance of a positive response.

36. There is no single “best” approach to making recommendations. What they look like will differ from topic to topic. However, there are some basic principles.
- Recommendations should be evidence-based, specific and realistic enough to be implemented.
 - Recommendations should have a clear focus on outcomes. They should focus on a measurable change in a service, which you can use to establish the return on investment of scrutiny’s input. Members should think about possible measures of success from the very outset.
 - Recommendations should be addressed to a specific person or group. Where responsibility for delivering a recommendation’s outcome is unclear, it makes it less likely that it will be implemented.
 - Recommendations should engage with financial realities – for example, where a recommendation involves additional expenditure, it may increase the force of the recommendation if funding sources can be recognised. However, it should not be required for scrutiny to fully cost all of its recommendations; this is an issue for Executive.
 - Recommendations should be developed in partnership. You should be prepared to speak to the Executive, to senior officers and to partners about recommendations in draft, before they have been agreed. Provided it is accepted that the decision as to what recommendations are submitted remains at the absolute discretion of scrutiny councillors, such discussions can help to ensure that recommendations are more robust and realistic.
37. Open-ended recommendations, where acceptance does not actually commit decision-makers to further action, should be avoided. For example, recommendations beginning, “Executive should consider...” or “Executive should investigate further...”

Monitoring

38. Recommendations should be monitored and evaluated after they have been made, and that scrutiny’s recommendations continue to be “owned” by scrutiny, even though it is for Executive, and/or partners, to deliver.

39. Generally an update on the implementation of recommendations should return to scrutiny after six months. This should not be a re-run of a scrutiny review but a way of tracking their progress and picking out any that have not been fully implemented.
40. Members should recognise that some recommendations may take many years to bear fruit and that all you can hope for after a year may be some indication that the Council is heading in the right direction.
41. Members should also trust the Executive to implement recommendations and only bring back issues where there is a clear failure to do so.

Pre-Decision Scrutiny

42. Pre-decision is where the Council's scrutiny function looks at a planned decision before it is made by Executive. It is a contrast with post-decision scrutiny through the Council's call-in arrangements, where by the implementation of Executive decisions can be delayed.
43. Looking at decisions before they are made provides an important means to influence those decisions, and to improve them. Scrutiny councillors bring a different perspective to the decision-making process than that provided by Executive Members or officers, which can help decisions to be more robust.
44. Looking at a decision before it is made can often be seen as a more effective means of scrutiny than looking at a decision after it is made (for example, through the call in process), when the opportunity to influence and change that decision is quite limited.
45. This should not be confused with Pre-Decision Call-in which has been removed from the Constitution and the new arrangements are designed to strengthen scrutiny's role in the decision-making process.

Role of Scrutiny Councillors

46. Principal Accountabilities
 - Contribute to good government of the area by monitoring decision-making, standards of service provision and examining policy issues.
 - Monitor the work of the Executive and the work of officers in carrying out Council policy through decision-making.
47. Key Duties

- Participate constructively in the activities of the committee under the guidance of the chair.
- Monitor the council's decision-making process.
- Investigate the basis on which major decisions are taken and ensure they are consistent with council policy.
- Monitor the effect of national legislation on the council.
- Hold the Executive and officers to account in respect of their actions in carrying out council policy.
- Monitor the council's performance, jointly, where appropriate, with the Executive Member.
- Investigate the quality of services provided.
- Participate in reviews in carrying out existing policies and the development of new policies by the council through the scrutiny arrangements available and through group consultation mechanisms.
- Contribute to discussions as community representatives, but without a political agenda.
- Participate constructively in any time-limited Task Group reviews agreed by the committee.
- Identify items on the Executive Forward Plan for potential consideration by the Committee
- Treat officers, witnesses and other members with respect and consideration

Role of Scrutiny Chairs

48. Scrutiny Chairs, and in their absence the Vice-Chairs, should:

- Provide leadership and direction

- Work closely with Scrutiny Officers
- Ensure work is Member led on developing a work programme.
- Ensure that Members have the necessary skills.
- Try to engage all Members of the committee.
- Ensure that adequate resources (financial and officer support) are provided.
- Prioritise main work
- Work to minimise common pitfalls that befall overview and scrutiny
- Co-ordinate work with other scrutiny committees and chairs and share learning and experience
- Develop a constructive, 'critical friend' relationship with the Executive, especially with relevant portfolio holders and chief officers.
- Ensure that officers and witnesses are properly introduced at meetings and are always treated with respect and consideration.
- Present the Committee's review final report and recommendations to the Executive.

Scrutiny Services Team

49. Each Scrutiny Committee is served by a dedicated Scrutiny Officer who supports Members in a number of ways:
- Facilitate and support CSMC and the Policy & Scrutiny Committees, and organise events and meetings
 - Support CSMC in reviewing and improving the Scrutiny function
 - Work with individual Committees to develop their annual work plans, and with CSMC to co-ordinate the overall scrutiny function
 - Provide independent and impartial advice to Councillors

- Carry out research and gather information as directed by the Committees
- Provide a link between the Committees, senior officers of the council and external witnesses, inviting them to meetings and supporting them throughout the scrutiny process to ensure an effective exchange of information
- Liaise and consult with residents, partnerships and other external parties on behalf of the Committees
- Draft final reports in close consultation with the Chairs of the Committees
- Forward reports and agenda items to the appropriate Democracy Officer on time so these can be published
- Stay up to date with new developments in Scrutiny legislation and implement changes as necessary.

Consultation

50. This report is for information only – no specific consultation has taken place.

Implications and Risk management.

51. There are no known Legal, HR, Finance, Equalities, Crime & Disorder, Property or other implications associated with the recommendation in this report and there are no known risks associated with the recommendations in this report.

Recommendation

52. Members are asked note the contents of this report and the specific remits of the individual Policy & Scrutiny Committees.

Reason: To inform Members of scrutiny arrangements

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Report Approved **Date** 21/05/2019

Wards Affected:

All

For further information please contact the author of the report

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Health and Adult Social Care Policy and Scrutiny Committee

Draft Work Plan 2019-20

<p>Tuesday 18 June 2019 @ 5.30pm</p>	<ol style="list-style-type: none"> 1. Scrutiny Arrangement Overview Report 2. Draft Work Plan
<p>Tuesday 16 July 2019 @ 5.30pm</p>	<ol style="list-style-type: none"> 1. Executive Member for Health & Adult Social Care, Cllr Runciman, Executive Member 2. Health and Wellbeing Board Annual Report Cllr Runciman, Chair HHWB 3. Overview of Health and Adult Social Care Directorate, Sharon Houlden, Director 4. Year End Finance and Performance Monitoring Report 5. Healthwatch York six-monthly Performance Report 6. Six Monthly Quality Monitoring Report – Residential, nursing and homecare services 7. Safeguarding Vulnerable Adults Annual Assurance Report 8. Work Plan
<p>Tuesday 17 September 2019 @ 5.30pm</p>	<ol style="list-style-type: none"> 1. 1st Quarter Finance and Performance Monitoring Report 2. Work Plan
<p>Tuesday 22 October 2019 @ 5.30pm</p>	<ol style="list-style-type: none"> 1. Work Plan
<p>Tuesday</p>	<ol style="list-style-type: none"> 1. Work Plan

19 November 2019 @ 5.30pm	
Tuesday 17 December 2019 @ 5.30pm	<ol style="list-style-type: none"> 1. 2nd Quarter Finance and Performance Monitoring report 2. Work Plan
Tuesday 21 January 2020 @ 5.30pm	<ol style="list-style-type: none"> 1. Healthwatch York six-monthly Performance Report 9. Six Monthly Quality Monitoring Report – Residential, nursing and homecare services 2. Work Plan
Tuesday 18 February 2020 @ 5.30pm	<ol style="list-style-type: none"> 1. Work Plan
Tuesday 17 March 2020 @ 5.30pm	<ol style="list-style-type: none"> 1. 3rd Quarter Finance and Performance Monitoring Report 2. Work Plan
Tuesday 14 April 2020 @ 5,30pm	<ol style="list-style-type: none"> 1. Work Plan
Tuesday 19 May 2020 @ 5.30pm	<ol style="list-style-type: none"> 1. Work Plan