

**MEETING**

**SAFEGUARDING OVERVIEW AND SCRUTINY COMMITTEE**

**DATE AND TIME**

**WEDNESDAY 12TH DECEMBER, 2012**

**AT 7.00 PM**

**VENUE**

**HENDON TOWN HALL, THE BURROUGHS, NW4 4BG**

**TO: MEMBERS OF SAFEGUARDING OVERVIEW AND SCRUTINY COMMITTEE  
(Quorum 3)**

Chairman: Councillor Bridget Perry (Chairman),  
Vice Chairman: Councillor Kate Salinger B.Ed (Hons) (Vice-Chairman)

**Councillors**

Alison Cornelius	Anne Hutton	Agnes Slocombe
Barry Evangeli	Ross Houston	Zakia Zubairi
Brian Gordon	Brian Salinger	

**Substitute Members**

Julie Johnson	Anthony Finn
Sury Khatri	Ansuya Sodha

**You are requested to attend the above meeting for which an agenda is attached.**

**Aysen Giritli – Head of Governance**

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**CORPORATE GOVERNANCE DIRECTORATE**

## ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	
2.	Absence of Members	
3.	Declaration of Member's Interests a) Personal and Prejudicial Interests b) Whipping arrangements (in accordance with Overview and Scrutiny Procedure Rule 17)	
4.	Public Question Time (If any)	
5.	Members' Items (if any) (submitted in accordance with Overview and Scrutiny Procedure Rule 9)	
6.	Carers' Support	1 - 14
7.	Barnet LINK	15 - 70
8.	Child and Adolescent Mental Health Services - Future Education Provision	71 - 78
9.	Exam Results and Narrowing the Gap	79 - 92
10.	Members' Visits to Barnet's Children's Homes and Young People's Hostels - Options Paper	93 - 102
11.	Advance Notice of Executive Decisions	103 - 108
12.	Safeguarding Overview and Scrutiny Work Programme	109 - 120
13.	Any other items the Chairman decides are urgent	
14.	Motion to Exclude the Press and Public That under Section 100A (4) of the Local Government Act 1972 the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in sections 1 and 2 of paragraph 9 of Part 1 of Schedule 12A of the Act (as amended).	

15.	Statutory Regulation 33 - Officer visits to Barnet's Children's Homes	121 - 168
16.	Any other exempt items the Chairman decides are urgent	

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Meeting	Safeguarding Overview Scrutiny
Date	12 <sup>th</sup> December 2012
<b>Subject</b>	<b>Carers Support – Progress Update</b>
Report of	Associate Director, Joint Commissioning (Interim) Adult Social Care and Health
Summary	This report provides an update on carer's developments and support in Barnet.

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Officer Contributors	Jasvinder Kaur Perihar, Carers Strategic and Commissioning Lead
Status (public or exempt)	Public
Wards Affected	All
Key Decision	N/A
Reason for urgency / exemption from call-in	None
Function of	Executive
Enclosures	Appendix 1: Carers Health Support Pathway Appendix 2: Carers Charter
Contact for Further Information:	Jasvinder Kaur Perihar, Carers Strategic and Commissioning Lead, email: <a href="mailto:jasvinder.perihar@barnet.gov.uk">jasvinder.perihar@barnet.gov.uk</a> 020 8359 2532

## 1.0 RECOMMENDATIONS

- 1.1 **The Committee notes the progress on the range of work being developed in Barnet to support carers and make appropriate comments and/or recommendations to the responsible Cabinet Member.**
- 1.2 **The Committee consider whether they would like to receive add a further carer's support update to the work programme for reporting to a future meeting**

## 2.0 RELEVANT PREVIOUS DECISIONS

- 2.1 General Functions Committee, 3 November 2011, decision item 6 – approved the People Implications of the Budget Headlines for 2012- 13 and agreed that any restructures and any further identified redundancies arising out of budget savings and efficiencies as should be authorised by Officers Delegated Powers Report.
- 2.2 Cabinet meeting on the 14 February 2011, decision item 9, approved the Corporate Plan, Budget, and Council Tax and Medium Financial Strategy proposals for the period from 2012/13 to 2014/15.
- 2.3 Cabinet Member (Executive Function) Carers Support Services – Award of Contract, 16 May 2012 approved Carers Support Services Contract Award.
- 2.4 Delegated Powers Report Adult Social Care – Project Manager resource 8 June 2012, approval to appoint Project Manager for Carers contingency planning and health integration.

## 3.0 CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 This report supports the following corporate policy priorities: **Better services with less money** – Carers Support Services as part of the Prevention and Well-being agenda enables more people to remain at home and live independently. The services provided by Barnet Carers Centre (BCC) will provide support to carers developed around the carer to achieve a better customer experience and better value for money. The new carers support contract contributes to effective resource management and sustainability across the public sector.
- 3.2 **Sharing opportunities and sharing responsibilities:** The carers strategy aims to support carers early in the carers support pathway, thereby enabling carers to sustain their caring role by provide the right information, advice and support when needed. The strategy aims to work with carers to maximise the effective deployment of volunteering

and focus on enabling customers to set up sustainable co-support groups that minimise dependency on Council funding.

- 3.3 **The NHS Operating Framework for 2012/13** emphasise carers' support as a key area for improvement. It required the Primary Care Trust (PCT) to agree policies, plans and budgets to support carers with local authorities and voluntary groups, following a joint assessment of local needs. The Carers Strategy Refresh has been developed to reflect these requirements.
- 3.4 The NHS Outcomes Framework 2012/13 also includes a carer-specific improvement measure (EQ5D), namely: *'Enhancing quality of life for carers measured by a health-related quality of life'*.
- 3.5 The **Health and Wellbeing Strategy 2012-15** sets out themes relevant to support carers, these are :
- *wellbeing in the community* - creating circumstances that better enable people to be healthier and have greater life opportunities.
  - *how we live* - enabling and encouraging healthier lifestyles
  - *care when needed* - providing appropriate care and support to facilitate good outcomes.

The carers support pathway seeks to enable carers to remain in the community and maintain their health and well being and have a life outside of caring.

- 3.6 **Protecting Adults at risk:** London multi-agency policy and procedures to safeguard adults from abuse (2011). Carers are members of the Safeguarding Adult Board and contribute to working together to prevent and protect adults at risk of abuse. Safeguarding and the role of carers is overseen by the Carers Strategy Partnership Board (CSPB). The Safeguarding Adults Board update is a standing item at the CSPB agenda.

#### **4.0 RISK MANAGEMENT ISSUES**

- 4.1 The key risk to carers is not providing timely support or breaks which could impact on carers health and well being and present the risk of carer breakdown. This would require greater resources to support both the person cared for and the carer. The carer's support pathway emphasise the need for early identification and preventative services for carers. Early identification and signposting carers to appropriate support ensures carers have access to relevant advice and information to make informed choices and access appropriate support when needed to sustain their caring role.

- 4.2 Failure to provide carers support would have financial consequences for the council and the spend for Adult Social Care and Health (ASCH) in 2012-14 and beyond would be at risk.
- 4.3 Carers can be at increased risk of not sustaining their caring role without adequate support in an emergency and in health patient pathways. The development of carer's contingency process will support carers to have peace on mind in an emergency and continue caring if they wish to. The carer's support pathway is being integrated with patient pathways in health.
- 4.4 There is a risk for Adult Social Care and Health (ASCH) services if parent carers in transitions are not supported. Without accurate information on the range of agencies and support available there is the risk of increased workload for ASCH staff to manage families expectations and increasing funding from placement costs.

## **5.0 EQUALITIES AND DIVERSITY ISSUES**

- 5.1 In line with the Equalities Act 2010, Adult social care works within the councils policy framework for equalities, offers services to users within this framework and undertakes relevant positive action to ensure social care is accessible to groups with different equalities characteristics, for example producing easy read information for people with learning disabilities.
- 5.2 The Council considers 'discrimination by association' for carers as one of the categories within Equalities Impact Assessments. This ensures Council policies do not indirectly discriminate against carers.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 The contract value for support services contract over five years is £1.4 million. This is £280,000 per year for carers support services, including £30,000 from NHS NCL Barnet. There is also a ring fenced budget of £150,000 which Barnet Carers Centre will use to administer direct payments to carers for preventative breaks.
- 6.2 The Project Manager – Carers Contingency and Health Integration is a 12 month fixed term post. The funding comes from NHS funds for Social Care transferred to the Local Authority under section 256 of the NHS Act 2006. The work of this post will help to support savings within Adults MTFS.



- 6.3 £200,000 for 2012/13 to support carers from section 256 funding was approved by Barnet QIPP Group on 19 January 2012. This is NHS funds for Social Care transferred to the Local Authority under section 256 of the NHS Act 2006. This funding would complement investment already made by Barnet Council in supporting carers. This funding is being used in the following areas:

	<b>Project</b>	<b>Funding from Section 256</b>
a	Health breaks for carers	£100,000
b	Carers Nurse role to support GPs to identify carers and signpost them for support	£50,000
d	Training for carers	£2,000
e	Hospital discharge support	£48,000
	<b>Total</b>	<b>£200,000</b>

## 7.0 LEGAL ISSUES

- 7.1 The statutory duties of local authorities to carers have been extended over a period of years. The Carers (Recognition and Services) Act 1995 contains the core statutory responsibilities and introduced the concept of a “carer’s assessment”. The Carers and Disabled Children Act 2000 extended the rights of carers, to include the right to support services. The latter Act also enabled those services to be made available by way of direct payments and vouchers. The Carers (Equal Opportunities) Act 2004 further extended the obligations in relation to assessments by introducing a new statutory obligation on social services authorities to inform carers of their rights and by requiring that carers’ assessments consider whether the carer works or wishes to work and or is undertaking or wishes to undertake education, training or other leisure activities. Policy and Practice Guidance issued by the Government must also be applied. The change in emphasis of the legislation gave recognition to the growing importance of carers and focus on opportunities for them to work, to study and engage in a life beyond caring. The Carers and Disabled Children Act 2000 rectified the earlier situation of carers not receiving help in their own right and enabled local authorities to provide support directly to and for the carer.
- 7.2 The Carers’ strategy refresh 2012 is consistent with the Council’s legal obligations. It supports the delivery of the five outcomes of the National Carers Strategy, 2010. These are:

- i. Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.
- ii. Carers will be able to have a life of their own alongside their caring role.
- iii. Carers will be supported so that they are not forced into financial hardship by their caring role.
- iv. Carers will be supported to stay mentally and physically well and treated with dignity.
- v. Children and young people will be protected from inappropriate caring.

7.3 In July 2012, the government published the following key documents:

- *Caring for Our Future: Reforming Care and Support (White Paper)*
- *The draft Care and Support Bill*

The draft Care and Support Bill will modernise and consolidate 60 years of law with regard to adult social care and support. The proposals in these documents have implications for the Council and carers support. Both the draft Care and Support Bill and White Paper set out a range of new entitlements.

The draft Bill creates a new duty to meet the eligible needs for support of carers. This places the needs of the carer on the same legal footing as the person needing care.

It creates a single duty for local authorities to undertake a carer's assessment which will mean more carers will be able to access an assessment. The aim of the assessment will be to determine the impact of caring on the carer and to determine the support needs of the carers as well as giving consideration to the carer's ability or willingness to carry on caring or whether they want to work. If the carers and the person being cared for agree, a joint assessment of needs could be undertaken. A new regulatory framework is also proposed. This would provide a new framework for local authorities to determine eligibility for needs of carers, alongside the people they care for. Having determined eligibility the local authority will be required to consider what type of support the carer would benefit from. In recognition of the contribution carers make to society, the intention of Parliament seems to be that local authorities will not charge for this support, however, there will be a discretionary power to charge. If the local authority decides to charge for support a financial assessment will need to be undertaken.

For carers 18 and over proposed new rights include:

- a) A requirement for local authorities to 'establish and maintain a service for providing people with information and advice relating to care and support for adults and carers' (clause 2).
- b) No need to request an assessment as now, but an automatic assessment if the local authority considers the carer to have needs (clause 10).
- c) New rights to services for carers following assessments (clause 19).
- d) New rights to be consulted on the assessment of the person needing care (clause 9).
- e) New rights in primary legislation to receive a copy of the care plan and to be consulted (clause 24).

7.4 The Consultation period has only just closed and the proposed changes to the legislative framework are in their early stages. The developments will need to be followed to enable the council to respond appropriately to the changes.

## **8.0 CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)**

8.1 The scope of Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Constitution. 8.2 The terms of Reference of the Scrutiny Committees are in the Overview and Scrutiny Procedure Rules (Part 4 of the Constitution). The Safeguarding Overview and Scrutiny Committee has within its terms of reference the following responsibility:

- To scrutinise the provision of Adult Social Care services (including those who have physical disabilities, sensory impairment, learning disabilities, mental health needs or other special needs) to ensure that residents are safeguarded and supported to lead as independent lives as possible in their own homes.
- To scrutinise the Council and its partners in the discharge of statutory duties in relation to safeguarding.

## **9.0 BACKGROUND INFORMATION**

### **9.1 Carers Strategy Refresh 2012/13:**

The Barnet Carers Strategy 2009- 2012 was updated during the summer. The Carers Strategy refresh sets out recent developments, investment in carers support and an action plan for 2012/13. The strategy has been published on NHS, Barnet Council and Barnet Carers Centre websites.

9.2 The main focus of the strategy is to build support for carers in health services, review contingency planning for carers to ensure carers have back up plans in case of emergency and work with Children's services

to develop a Young Carers action plan and agree joint protocols for working with young carers.

This strategy takes forward the implementation of the carers support pathway to provide early intervention and prevention of carer's breakdown and the carer's health pathway which aims to integrate carers support within primary care and acute trust settings.

**9.3 Carers Strategy Partnership Board:**

The Carers Strategy Partnership Board meets 6 times a year and oversees the implementation of the strategy and provides an annual report to the Health and Well Being Board. More than half of the board members are carers. The Board ensures that carers' interests are reflected in social care and health service development.

**9.4 Memorandum of Understanding for Young Carers:**

In November 2012, *Working together to Support Young Carers and their Families*' A Template for a Local Memorandum of Understanding [MoU] for young carers was adopted by the Adult/ Children's Senior Leadership Team. A working group will be set up to look at a shared pathway across adults/children's services, good practice guidelines including some case studies/scenarios, and develop guidance around training and information awareness.

**9.5 Adult Carers Support Service Lead Provider Barnet Carers Centre**

The Council is working closely with the Barnet Carers Centre to ensure that they as the new carers Lead Provider move smoothly into delivering the new carers support services contract. The contract provides a greater range of services for carers than were provided under the previous contract. Barnet Carers Centre provide: Carers assessments, carers emergency plans, assessment for carers breaks, outreach support, training and awareness programmes, support with transition for carers from Children to Adult services, peer support and support groups, a carer register, development and facilitation of partnerships, support for carers to remain or return to work, counselling support, carers newsletter, activities and outings for carers, carer's web site, welfare benefits for carers and an out of hours support service.

**9.6 Barnet Carers Centre (BCC) work as part of a Carers Hub with six local voluntary sector organisations which have experience of supporting carers, these are the Alzheimer Society, Age UK Barnet, Barnet Carers Centre, Caring4carers, Friends In Need, Jewish Care, and Barnet Mencap.**

- 9.7 Monthly meetings are held with Barnet Carers Centre to monitor the new contract implementation. The Centre has recently undertaken a recruitment exercise to recruit Carers support outreach workers, to provide support to carers within local neighbourhood rather than from one central base. Direct payments are now provided to carers for short breaks, to give carers greater choice in the break they receive. A new Hospital Discharge Co-ordinator has been recruited to support carers on Hospital discharge. The centre is also supporting carers who receive a health break prescription to take a break. The centre will assess carers for a health break and provide them with a direct payment to take a break which meet their circumstances.
- 9.8 **Carers Forum**  
The Carer's Forum had a relaunch and the first meeting was held on Monday 10th September 2012. Areas discussed were Hospital discharge, Mental health services and young carers. Issues raised will be used to feed into developments in these areas. The Carers Forum is lead by a steering group of carers, four forum meetings are held each year and the next meeting is planned for end of January with a focus on home and community support services.
- 9.9 **Carers health support pathway**  
A carer's support health pathway has been designed to ensure carers support is built into community health and secondary care. This pathway is currently being implemented. (see Appendix 1).
- 9.10 **GPs health breaks prescription**  
This scheme has been developed with GP localities and went live on 1<sup>st</sup> October. GPs are now able to prescribe breaks for carers they see who are not receiving breaks from other sources. The carer takes their prescription to Barnet Carers Centre to receive a direct payment for a suitable break which meets their particular circumstances. In the first month BCC received 6 referrals from GPs. This scheme will continue to be promoted to GPs through the GP locality meetings.
- 9.11 **Hospital carer's charter and carers badge scheme launched**  
Barnet and Chase Farm Hospital launched a carer's charter and introduced a carer's badge scheme in August 2012. (See Appendix 2). Carers are identified on admission and can have greater access to the patient outside visiting hours. Staff are also asked to involve carers in decisions about the patient. The carers charter and carers badge scheme is to be extended to Finchley Memorial and Edgware Community Hospitals.
- 9.12 **Support for carers after discharge**  
In July 2012 the support for families after hospital discharge was extended to include families with carers supported by hospital discharge teams. Outreach Barnet can provide support for up to 6 months for patients leaving hospital.

- 9.13 This service aims to encourage carers to support the person they care for in the home once they leave hospital and reduce the use of residential and nursing care. Practical support will be provided by support workers and a care plan will be developed. The carer will be kept informed of support provided to the person cared for.
- 9.14 **Hospital Discharge Co-ordinator for carers**  
Barnet Hospital discharge team and Barnet Carers Centre recently recruited a Hospital Discharge Co-ordinator for carers, who will support carers through the discharge process. The Co-ordinator will work with Barnet Hospital, Finchley Memorial and Edgware Community Hospital. The Royal Free will be able to refer carers to the Co-ordinator. The outcome of the work will be evaluated over the next two years in order to build an evidence base of the benefits of supporting carers at discharge. The aim of evaluation will be to continue to attract NHS funding to maintain this service.
- 9.15 **Carers Assessments, Carers Contingency and Emergency Planning**  
A project has been developed within ASCH to review the carer's assessment process, carers contingency planning and emergency planning processes for carers. The aim of this project is to increase the number of carers supported and develop a consistent and effective process across Adult Social Care and Health by March 2013. Care Services Delivery teams have identified carers champions within their teams and they are supporting this project.
- 9.16 From November to February monthly training for staff on Carers Assessment good practice is being provided to support the quality of and consistent approach to providing carers assessments. The 'to be' process for carers assessment is to be mapped and implemented by end March 2013.
- 9.17 **Dementia pathway and carers**  
Carers support is being aligned with the dementia pathway. As part of this process a number of carer's dementia support services are to be provided. These include a dementia café, dementia hub and carer's dementia training. Carers dementia training was piloted during 2011/12 and will now be mainstreamed and offered to all carers who are seen by the Springwell Memory Clinic.
- 9.18 **Safeguarding and carers:** During Safeguarding month a safeguarding workshop was held (14.11.12) for carers to raise awareness of safeguarding and the role of carers. This included talks on the areas highlighted in the ADASS publication, *Carers and Safeguarding Adults – Working together to improve outcomes* (July 2011). There was also a talk from a residential agency and Barnet Hospital on good practice in supporting carers. The feedback from the workshop will be used to develop the safeguarding action plan priorities. Safeguarding training

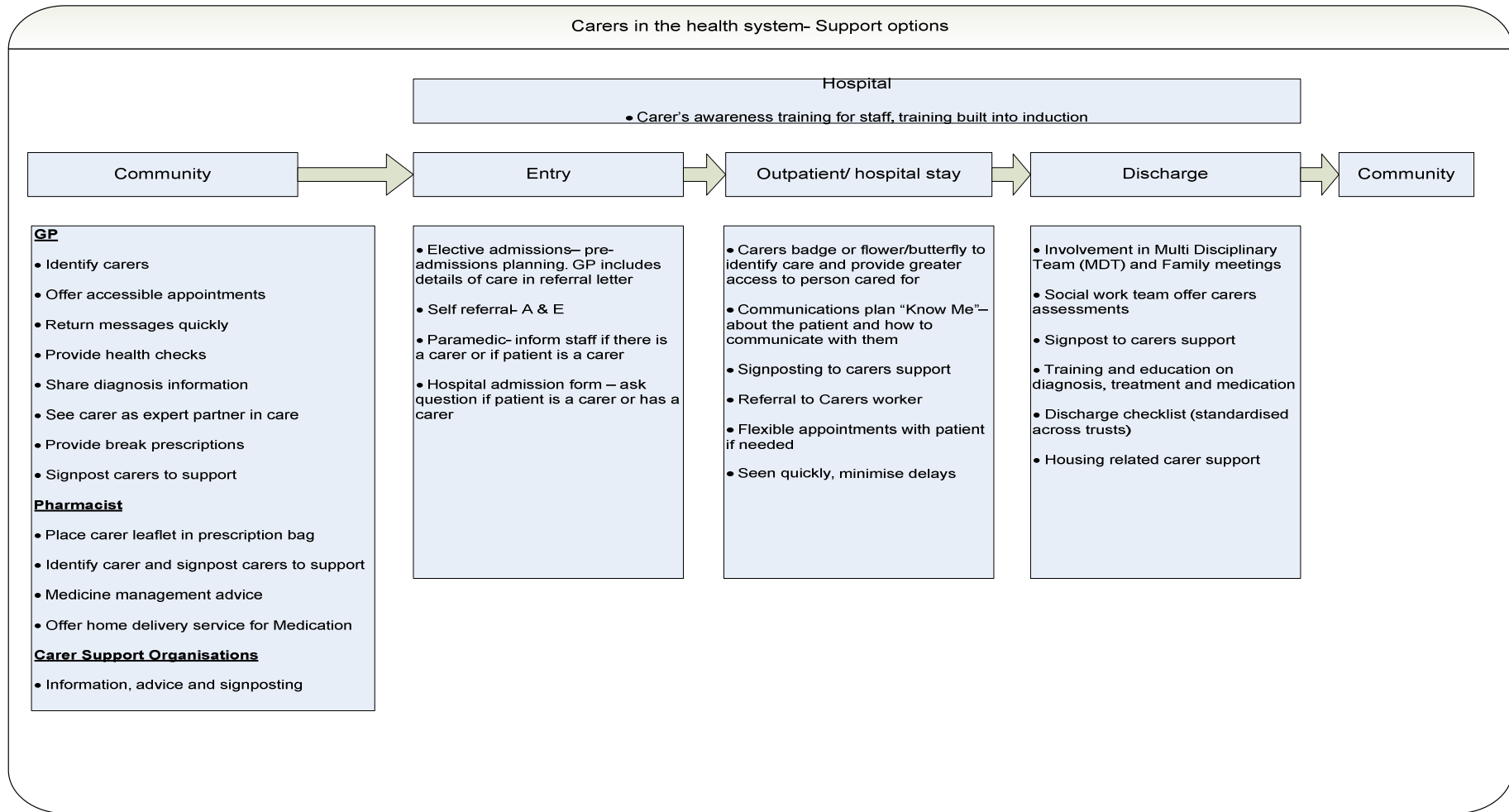
for carers is also to be offered to inform carers about the process for reporting safeguarding concerns.

## **10.0 LIST OF BACKGROUND PAPERS**

- 10.1 Carers Strategy Refresh – available from website :  
[https://www.barnet.gov.uk/downloads/download/651/barnet\\_carers\\_strategy\\_2009-12](https://www.barnet.gov.uk/downloads/download/651/barnet_carers_strategy_2009-12)

<b>Cleared by Finance (Officer's initials)</b>	<b>MC</b>
<b>Cleared by Legal (Officer's initials)</b>	<b>HP</b>

# Appendix 1: Carers Health Support Pathway





**Appendix 2: Carers Charter**

Barnet and Chase Farm Hospital Trust value the important role played by family, friends, relatives and paid support workers in caring for people who use our services. We recognise the importance of working in partnership with all Carers to help us achieve improved outcomes for our service users. To achieve this we, as a Trust are committed to the principles outlined in our 'Carers Charter'

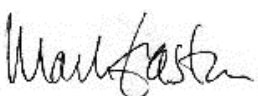
## Carers Charter

**Identification** – we will ensure that all carers are identified at the point of admission. All carers will be offered the option of joining our Carers' Badge Scheme.

**Respected** – we will ensure that all carers are respected as our 'Partners in Care' and their expert knowledge and skills recognised.

**Involved** – we will involve carers in the decisions made about the treatment and care pathway of the person for whom they care (with their consent).


**Supported** – we will ensure carers are supported to continue their caring role and are provided with a comfortable environment during the hospital admission. We will inform carers of their rights under the Carers (Equality) Act 2010.



**Mark Easton**  
**Chief Executive**



**Terina Riches**  
**Director of Nursing**



**Ian Mitchel**  
**Medical Director**

If a carer is unhappy with the service they receive please speak to the ward manager or matron. If concerns are not resolved please ask them to contact our PALS team: 020 8216 4924 [bcf.tr-barnetpals@nhs.net](mailto:bcf.tr-barnetpals@nhs.net) Barnet Hospital, or 020 8375 2378 [bcf.tr-chasefarmpals@nhs.net](mailto:bcf.tr-chasefarmpals@nhs.net) Chase Farm Hospital

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Meeting	Safeguarding Overview and Scrutiny Committee
Date	12 December 2012
<b>Subject</b>	<b>Barnet Local Involvement Network (LINK) Annual Report 2011/12</b>
Report of Summary	Scrutiny Office  In accordance with the Committee's terms of reference, Members are requested to consider the Barnet LINK Annual Report for 2011/12. Representatives from the LINK have been invited to provide a verbal update on the LINKs' progress over the last year.
Officer Contributors	Anita Vukomanovic, Overview and Scrutiny Officer
Status	Public
Wards Affected	All
Exemption from call-in	N/A
Enclosures	Appendix A – Barnet LINK Annual Report 2011/12  Appendix B – Barnet LINK Enter and View Reports
Contact for Further Information	Anita Vukomanovic, Overview and Scrutiny Officer 020 8359 7034 <a href="mailto:anita.vukomanovic@barnet.gov.uk">anita.vukomanovic@barnet.gov.uk</a>

## **1. RECOMMENDATIONS**

- 1.1 That the Committee considers the Barnet LINK Annual Report 2011/12 and make appropriate comments and/or recommendations to the LINK.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 Safeguarding Overview and Scrutiny Committee, 2 July 2012, Quality in Residential Care Homes for Older Adults – the Committee requested that a report be presented to the next meeting on Barnet LINK, particularly the number of visits undertaken and their findings.
- 2.2 Health and Well Being Board, 26 July 2012, Local Involvement Network Annual Report 2011/12 – the Board received a verbal update on the work of Barnet LINK in advance of the 2011/12 Annual Report being presented to the Board.
- 2.3 Safeguarding Overview and Scrutiny Committee, 10 September 2012 – the Committee received a verbal update on the progress of Barnet LINK over the last year.

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three priority outcomes set out in the 2012/13 Corporate Plan are: –
- Better services with less money
  - Sharing opportunities, sharing responsibilities
  - A successful London suburb
- 3.3 The Corporate Plan 2012/13 includes the strategic objective 'Safeguarding vulnerable children and adults'. To achieve this objective, the council will seek to ensure the safety and wellbeing of vulnerable adults who use our social care services, and work with our local partner organisations (NHS, police, social care providers) to set essential standards and monitor compliance. The work of Barnet LINK supports the achievement of this objective by providing an opportunity for local people to have their say and hold local services to account.

## **4. RISK MANAGEMENT ISSUES**

- 4.1 There are none in the context of this update.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:

- The Council's leadership role in relation to diversity and inclusiveness; and
- The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
- The Council is required to give due regard to its public sector equality duties as set out in the Equality Act 2010 and as public bodies, Health partners are also subject to equalities legislation; consideration of equalities issues should therefore form part of their reports.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 LINK hosting services are provided by Community Barnet under a contract with the Council. The contract value is £95,000 per annum and expires on 31 March 2013. This will be contained within existing Chief Executive budgets.

## **7. LEGAL ISSUES**

- 7.1 Sections 221-229 in Part 14 of the Local Government and Public Involvement in Health Act 2007 make provision for "local involvement networks" commonly referred to as "LINKs". Section 221 imposes a duty on local authorities to make contractual arrangements for the involvement of people in the commissioning, provision and scrutiny of health and social services. Section 222 contains rules about the arrangements that will be made by the local authority for the purposes of ensuring that there is a means to carry out the activities specified in the Act. The local authority is required to enter into contractual arrangements with another person. That person (referred to as the "host", although not called that in the Act) must not be a local authority, a National Health Service trust, an NHS foundation trust, a Primary Care Trust or a Strategic Health Authority i.e. an independent organisation. In addition, the arrangements must ensure that the host cannot also be a local involvement network (as defined in subsection (2)). In other words, these provisions envisage a chain of three different people: local authority – host – local involvement network.
- 7.2 Under the Health and Social Care Act 2008 as amended by the Health and Social Care Act 2012, all Local Involvement Networks will be replaced with a new body called local HealthWatch. Local HealthWatch organisations will replace LINKs from April 2013.

## **8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)**

- 8.1 The scope of Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Constitution
- 8.2 The Terms of Reference of the Scrutiny Committees are in the Overview and Scrutiny Procedure Rules (Part 4 of the Constitution). The Safeguarding

Overview and Scrutiny Committee has within its terms of reference the following responsibilities:

“To scrutinise the Council and its partners in the discharge of statutory duties in relation to safeguarding”

“To receive reports from Barnet Local Involvement Network (or its successor body) on social care services”

## 9. BACKGROUND INFORMATION

- 9.1 Local Involvement Networks (LINKs) for Health and Social Care are a statutory requirement under the Local Government and Public Health Act 2007. They are networks of local people who are able to influence local health and care services, including having limited powers of inspection (enter and view visits).
- 9.2 The legislation sets out a tripartite relationship between local authorities (who receive a notional sum from the Department of Health through Area Based Grant to tender for a host organisation), the host organisation (CommUNITY Barnet) and the Local LINK. The host recruits to and establishes a local LINK, and administers and supports their work.
- 9.3 The Safeguarding Overview and Scrutiny Committee has within its terms of reference responsibility for receiving reports from Barnet’s LINK (or its successor body) on social care services. The Committee are requested to consider the Barnet LINK Annual Report 2011/12 (**Appendix A**) and make appropriate comments and/or recommendations. The Committee are also requested to consider the Enter and View visits undertaken from January 2012 (**Appendix B**).
- 9.4 Representatives from Barnet LINK have been invited to the meeting to present the Committee with their annual report and to provide a verbal update to the Committee on their work since the publication of the report.

## 10. LIST OF BACKGROUND PAPERS

- 10.1 None.

<b>Cleared by Finance (Officer’s initials)</b>	<b>JH</b>
<b>Cleared by Legal (Officer’s initials)</b>	<b>LC</b>

# Barnet LINK Annual Report 2011 - 2012



## Table of contents

1.Introduction	3
1.1 What is Barnet LINK?	3
1.2 Introduction from Barnet LINK Chair	3
2. Key Facts about Barnet LINK	5
2.1 Steering Committee and Decision Making	6
2.2 Barnet LINK Steering Committee 2011-2012	7
2.3 Working Groups 2011-2012	8
3 Membership numbers	10
4. Membership representation at Boards and external strategic Groups	13
5.Summary of activity	16
5.1 Outreach activities and events	17
5.1.1 Public events	17
<i>The Role of Barnt LINK and Barnet Local Healthwatch</i>	17
<i>Greet and Plan event</i>	18
<i>Making a difference with effective consultation and resident involvement, and AGM</i>	19
5.1.2 Public meeting	21
5.1.3 LINK training	22
5.1.4 Outreach Events	23
6. Demonstrating Impact through action	24
7. Finances Year 2011-12	25
8. Next Steps	26



## **1 Introduction**

### **1.1 What is Barnet LINK?**

Barnet LINK is an independent organisation, led by a network of elected volunteers from the local community (both individuals and representatives of community and voluntary organisations). LINKs were set up in every local authority area in England in 2008, under the 'Local Government and Public Involvement in Health Act' 2007.

LINKs are a channel for the community voice on health and social care services. They collect local people's views and experiences and feed these back to the people responsible for local health and social care services. LINKs enable local people to engage in decision-making and scrutiny of health and social care services.

### **1.2 Introduction from Barnet LINK Chair**

This report covers the year from 1st April 2011 to 31st March 2012. Community Barnet continue to act as Host for Barnet LINK and in January 2012 their contract with the London Borough of Barnet was extended to April 2013, which is when the LINK will cease to exist and be taken over by the Local Health Watch. It was reassuring to have the contract renewed as this continuity with the Host has enabled Barnet LINK to develop more cohesively as a team and participate in more activities within the Borough as well as achieve some tangible outcomes. These will be covered further on in the report.

In November 2011 Barnet LINK held an election to elect the new Steering Committee, when 10 members were elected, of whom eight were individual representatives and two were representing organisations. However, early in 2012, one individual and one organisational representative each resigned, leaving two vacancies on the Steering Committee. After discussion the SC decided that this would be an opportunity to ensure that that its membership really did comprise a cross section of the people of Barnet. So a skills audit of the existing committee was undertaken and analysed to see if there were any gaps. The two major omissions were found to be representation from young people and from young and new mothers. With community Barnet's help we surveyed possibilities and eventually decided to co-opt two new members representing these groups;- Hope Yoloye representing the Strengthening Families Strengthening Communities Parenting Consortium and Jo Domingo representing Children and Young People's. The Steering Committee now consists of 7 individual members and 3 organisational representatives.

The Steering Committee continues to meet regularly to set priorities for LINK work, make relevant decisions and receive reports and feedback from members' activities. The Host, Community Barnet, carries out the administration for these meetings and we continue to liaise with them regularly and have developed a very satisfactory and effective working arrangement.

Within the London Borough of Barnet the LINK is represented on the Clinical Commissioning Group, the Health and Wellbeing Board, Barnet-Enfield-Haringey Clinical Strategy Group, Finchley Memorial Hospital Committee, Barnet and Chase Far Patient Experience Strategy Working Group, Children and Young People Voluntary and Community Organisation Network, Health Overview and Scrutiny Committee and Royal Free Hospital Stroke Committee.

There is also the NCL LINK Chairs' Liaison Group which meets bi-monthly and continues to be a useful sounding board for discussing matters of relevance to us all. Recently the most active topic has been about the transition from LINK to local Healthwatch which will take place in April 2013. The Boroughs are making different decisions;- Barnet has decided to put the Healthwatch bid out to tender, whereas Islington have confirmed its LINK, supported by grant-in-aid for two years, will become the local Healthwatch. Camden, Enfield and Haringey are yet to decide how their transition will be managed. However this may occur, Barnet and the other NCL LINKs are all agreed that it will be very important that the legacy of all their work and achievement will be continued in the new set-up and that this inter-borough group should continue to meet to discuss matters of mutual interest.

Among Barnet LINK's activities, which will be described in more detail further on in the report, we are pleased to say that the Enter & View programme is now well under way, with new volunteers completing their training recently. As well as Enter and View, Barnet LINK members are involved in working groups looking at Carers, GP services and Prescription of Equipment for patients discharged from hospital. We held an open evening in February 2012 when Dr Sue Sumners, Chair of the CCG, spoke about Barnet's need to reduce its prescription budget and the use of generic medicines. We have trained Ambassadors who can give information about LINK and its activities at borough-wide events. Our on-line presence is manifest in our fortnightly news bulletin, put out by Community Barnet and our new-look web pages will shortly be online, after an absence of some months.

Our next and final report for the year April 2012 to March 2013 will, I hope, be able to give details on even more activities;- as well as continuing with and completing our present projects, we will have the analysis of our recent Mystery Shopper project to present; evidence of the success of our recent Social Media course in expanded communications through Facebook, Twitter and other channels; the outcomes of our forthcoming involvement in the collection of Patients' Stories project and several others.

In the meantime I would like to thank every member of the Steering committee for all their hard work, Community Barnet for its support and all the people of Barnet who come to our meetings, talk to us when we are out and about and help to keep us in touch with the health and social care activities in the Borough. If anyone reading this is interested in what LINK, soon to be Healthwatch, is doing, do, please, get in touch – we will be delighted to involve you in our activities.

Gillian Jordan Chair of Barnet LINK

## 2 Key Facts about the LINK<sup>1</sup>

The LINK has its own working Governance; the LINK Procedures and its Code of Conduct which are available on the LINK Governance Document. These are based on the Nolan Principles which are cited in the Governance document. Barnet LINK is led by an elected Steering Committee of 10 volunteers. The Steering Committee members lead the work of the LINK and ensure that it fulfils its duties as laid out in the Local Government and Public Involvement in Health Act 2007.

Barnet LINK's Steering Committee members are elected from among and by the membership at its AGM for a term of two years. Steering committee members may serve up to a maximum of three terms. The Committee will normally consist of an equal balance of organisational and individual members.

The current Steering Committee is now fully established after the 2011 election. The election results were announced at the Annual General Meeting that took place at Edgware Community Hospital in November. These AGM was one of our first intergenerational public engagement exercises as we had really interesting guest speaker, *Abby*, a young women and user of Barnet Mental Health services whom shared a compelling story about the need of further involvement of young people in services that impact on them directly. We had a full panel interacting with close to 60 residents, including: Cllr Helena Hart, Cllr Rachin Rajput, Elizabeth Manero from HealthLINK England, Ceri Jacob Health and Social Care Joint Strategic Commissioner.



*LINK AGM 2011 pictures: Cllr Hart and Barnet LINK Chair Gillian Jordan*

A full Induction of the Steering Committee was organised in late November, when they reflected on their roles and responsibilities, supported by Sally Brearley from Sutton Pathfinder Healthwatch. At this meeting Andrew Nathan, Strategic Advisor and Funding Officer at London Borough of Barnet, briefed newly appointed members about the contract arrangements between the Host-LINK and Local Authority and the early thinking about Healthwatch potential tendering arrangements in 2012. Key contacts meet the SC and had the opportunity to network with us, including: Cllr Alison Cornelius and Alison Blair Health Borough Director.

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<sup>1</sup> Section 2 refers to constitutional processes contained within the Barnet LINK Constitution and Governance document-available at [www.barnetlink.org.uk](http://www.barnetlink.org.uk)

## 2.1 Steering Committee responsibilities and decision-making

The Steering Committee:

- I. Steers the work of the LINK by:
  - safeguarding that it operates within its statutory framework and in accordance with its mission, vision and values
  - establishing clear priorities and guiding the planning of LINK work and its implementation
  - ensuring that participation in the LINK is open and inclusive
- I. Serves as the 'public face' of the LINK and together with the Host, manage LINK communications and act as ambassadors of the LINK
- II. Takes responsibility for making 'relevant decisions' on making reports, recommendations and visits in accordance with the Act, make referrals to relevant overview and scrutiny bodies of local public bodies
- III. Appoints Authorised Representatives, formally sign off on formal visits and ensure that visits are undertaken in accordance with agreed procedures
- IV. Ensures that all LINK members/participants act within the LINK constitution and code of conduct and in accordance to LINK work plans and decisions
- V. Ensures that the LINK satisfies legal and financial requirements in terms of its operations, such as ensuring that appropriate and full insurance cover for all LINK activities is in place
- VI. Ensures good communication flow within the LINK
- VII. Appoints LINK representatives to other bodies, boards, forums, networks and meetings and supports representatives in their role
- VIII. Monitors the work of the Host

Steering Committee decisions are agreed by the majority of members present. For the Committee to make decisions at least 50% of Committee members (that is of the total number of the Steering Committee at the given time) must be present. For detailed and difficult decisions the Steering Committee may set up a sub-group to look at the issue in more detail and report back to the full Steering Committee with recommendations.

## **2.2 Barnet LINK Steering Committee 2011-2012**

### **May- October 2011**

Sue Blain - Individual representative  
Gillian Jordan - Individual representative  
Ian Kaye (Chair) - Individual representative  
Maria Nash - Individual representative  
Sophie Rughani - Individual representative  
Tim Sims - Individual representative

#### *Co-Opted 2011*

Linda Edwards - Organisational, The Larches Trust  
Dipak Jashapara - Individual representative  
Allan Jones - Individual representative  
Peter Cragg - Individual representative

### **Elected Steering Committee- November 2011**

Sue Blain - Individual representative

Wilfred Canagaretna – Individual representative

Daniel Casson- Organisational representative, Jewish Care

Andrew Cowen- Individual representative

Adam Goldstein (Vice-Chair)- Individual representative

Gillian Jordan (Chair)- Individual representative

Allan Jones- Individual representative (until March 2012)

Dipak Jashapara - Individual representative

Terry Specter – Individual representative

Adele Stowe-Lindner –Organisational representative, McMillan Cancer Care/Citizen Advice Borough (until March 2012)

In March 2011 two Steering Committee members resigned. Adele Stowe-Lindner and Allan Jones. Therefore a skills and representation audit of the existing committee was undertaken and analysed to see if there were any gaps. The two major omissions were found to be representation from young people and from young and new parents. A co-option took place in April:

Jo Domingo-Organisational representative, Children and Young People' organisations

Hope Yoloye- Organisational Member, Stronger Families Stronger Communities Parenting Consortium

## **2.3 Working Groups 2011-2012**

### **Steering Committee Governance Sub-Group**

#### **Provision and Distribution of Disability Equipment**

This investigation was initiated following an article in the local press stating that Barnet had the worst time record for equipment to be provided to patients. Sue Blain and Linda Jackson undertook to look into this service and report back to Barnet LINK.

The method of equipment provision has now changed, as items are now being stored and distributed by named local retailers who, on the provision of a prescription from the patient, provide the equipment. This method gives the patient the option of topping up the basic models with their own money.

Over Autumn-Winter 2011, Sue Blain and Linda Jackson met with the relevant department in the Local Authority and it was agreed a survey would be developed. Both advised Adults Health and Social Care Department on its content and design. The survey dissemination started in April 2012 and the results will be presented in our following annual report.

#### **Task and Finish Groups**

In May 2011 Barnet LINK had a preparing for Healthwatch public event<sup>2</sup> to ask members about the priorities and concerns LINK should take forward over the year. Through a participatory exercise attendees directed the LINK to look at the following:

1. Health: GP Services in Barnet
2. Social Care: Carers Support in Barnet

Two Task and Finish groups were set up to look into this two areas.

#### **Task and Finish Group on GPs**

The group undertaking this work consisted of seven members of LINK, including one member of the Steering Committee; Sue Blain led the group with support from the Host, CommUNITY Barnet. The first meeting of the group was held on 30<sup>th</sup> August 2011.

At a public event on 14<sup>th</sup> of May members of the community present raised many areas of concern about aspects of GP services and a decision was taken to investigate difficulties with advanced booking of appointments and the availability of appointments, as these seemed to affect so many people. Patient satisfaction with the telephone system was included in our investigations, as this method is the most common way of accessing surgeries and making appointments.

Over August 2011 to February 2012 the group carried out desk based research, had interviews with key GP practices, exchange correspondence and surveyed GP practices. Based on their research, including NHS GP Survey website data the six

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<sup>2</sup> A full May 2011 public event report is available at [www.barnetlink.org.uk](http://www.barnetlink.org.uk)

surgeries with the lowest scores and the six surgeries with the highest scores. Those with lower scores were the target of focus groups and public consultations. The overall sample for this research amount to 100 residents.

The Barnet LINK report has been published as this Annual Report goes to print. It looks at the situation and, in consultation with the public, highlights the issues that patients have raised and makes recommendations for improvements where necessary.

#### GP Task and Finish members

Sue Blain (LINK SC and group leader)  
Wilfred Canagaretna (LINK SC)  
Ranil Jayasinghe  
Melvin Gemp  
Carole Kay  
Pierre Jeanmaire

The group had a total of 16 meetings and activities over the year, including events.

#### **Task and Finish Group on Carers' Support**

The group undertaking this work consisted of four members of LINK including three members of the Steering Committee. Between June and December 2011, Linda Jackson led the group with support of Linda Edwards and the Host, COMMUNITY Barnet. The first meeting of the group was held on 5<sup>th</sup> September 2011.

Between June and December 2011 the group met Local Authority representatives, Service Users, Care Involvement Officer and the Carers Strategic and Commissioning Manager. With their guidance the group was able to decide the specific research focus. It was suggested that the LINK Carers Group could look at how cuts affected the provision of respite care and the group decided to investigate further, contacting local voluntary and community organisation experts and their users.

From January 2012 the group considered two options, investigating the social care assessments of carers or setting up a central Carers' database of respite and other activities for carers. In March 2012 the group gained expert advice from Barnet Carers, and Barnet MENCAP to develop an information campaign to raise awareness of carers generally as well as carer's assessments. At the Barnet Carers Forum on 29<sup>th</sup> of March, Carers themselves confirmed the need for an awareness raising campaign to provide more information about Health services and procedures available to Carers, while raising awareness about who is a Carer and to what carers support at GPs, Hospitals and social services they may be entitled (including assessments).

The group met 6 times in the year.

## **Enter and View Planning Group**

The group undertaking this work consisted of three members of LINK, which included two members of the Steering Committee. Gillian Goddard led the group from July 2011. The start of the group coincided with the conclusion of the first Enter and View accredited training in Barnet when 10 Volunteers completed the training. The issue of Barnet care homes had been in the press with negative feedback and encouraged by the Director of Adults Social Services, the group targeted Care Homes for their visits.

To prepare for the task they met with relevant Local Authority representatives, including the Residential & Supported Living Suppliers and Joint Commissioner Mental Health & Learning Disabilities.

Care Home visits started in February 2012. Full reports of all Barnet LINK care homes visits are available in our website.

## **Mental Health Work**

Although the LINK does not have a specific Mental Health Subgroup or committee this is an area that had significant development over 2011-12. With the election in late 2011, the Steering Committee appointed Wilfred Canagaretna as representative on this area. Throughout the year, the LINK received concerns from family members of service users, ex-users and the Health Overview and Scrutiny Committee. Therefore between January and March, Wilfred Canagaretna and the Host met with service users and expert local and voluntary organisations to gain more intelligence about the issue at hand and to articulate a priority. We consulted directly with both, users and managers of Barnet Voice for Mental Health and Richmond Fellowship.

It was decided the issue was quite significant so Enter and View as one of the key tools of LINK would be use to investigate this issue over 2012-13. By the time this report goes to print, more Enter and View volunteers would have been trained on Mental Health issues and challenges to start with a Mental Health focus investigation.

## **3 Membership**

Barnet LINK participation and membership is open to all individuals and organisations who/that

- live or work in Barnet
- use Barnet health and social care services
- are related or care for someone who uses these service
- have an interest in these services
- provide support for service users



**Group Membership** is open to community groups, voluntary organisations, or businesses based in or operating in Barnet or providing services in Barnet and/or to Barnet residents.

Information about LINK activities is disseminated through social networking, e-mail posters and leaflets to all residents not just Barnet LINK members.

## Membership numbers as at 31<sup>st</sup> March 2012

Membership numbers as at 31<sup>st</sup> March 2012





	Total		Individual Participants		Interest Group Participants	
	2011	2012	2011	2012	2011	2012
Total number of members as at 31 <sup>st</sup> March	310	366				
Informed participants eNewsletter (of which 366 are members)	382	400				
Occasional participants	245	253	36	36	209	217
Interest Group Participants Breakdown						
Older Adults					58	58
Carers					15	16
learning Disability					35	35
Physical & Sensory Impaired					14	19
Mental Health					35	35
Children & Young People					52	53
BME						1
Active Participation	65	128	35	68	30	60
Number of members as at 31 <sup>st</sup> March with a social care interest		47				
Number of group members with a social care interest		19				
Twitter	185	194				

#### 4. Membership representation at Boards and external strategic Groups





Steering Committee members attend and participate actively in a variety of Boards and groups, listed in the diagram below. Their specific contribution is included under *Section 6-Demonstrating Impact through Action (page.23)*.







### STATUTORY LINK REPRESENTATION

 <p>Jeremy Gold</p>	 <p>Dipak Jashapara</p>	<p><b>CARE QUALITY COMMISSION</b></p>
 <p>Gillian Jordan</p>		<p><b>HEALTH &amp; WELLBEING BOARD</b></p> <ul style="list-style-type: none"> <li>• Health &amp; Wellbeing Board Implementation Group</li> </ul>
 <p>Wilfred Canagaretna</p>		<p><b>CLINICAL COMMISSION BOARD</b></p>
 <p>Daniel Casson</p>		<p><b>NORTH CENTRAL LONDON NHS CLUSTER (PCTs)</b></p> <ul style="list-style-type: none"> <li>• Pre board meeting</li> <li>• Board meeting</li> <li>• Operations meeting</li> <li>• Quality &amp; Safety (Peter Cragg)</li> </ul>
 <p>Daniel Casson</p>	 <p>Gillian Jordan</p>	<p><b>NORTH CENTRAL LONDON LINK LIAISON GROUP</b></p>
 <p>Gillian Jordan</p>		<p><b>COMMUNITY HEALTHCARE NHS TRUST</b></p>

 Sue Blain	<b>BARNET AND CHASE FARM HOSPITAL</b> <ul style="list-style-type: none"> <li>Trust patient experience strategy</li> <li>Commentary on quality accounts</li> <li>PEAT Inspections</li> </ul>
 Sue Blain	<b>BARNET GENERAL HOSPITAL</b> <ul style="list-style-type: none"> <li>PEAT Inspections</li> </ul>
 Gillian Jordan	<b>ROYAL FREE HOSPITAL 1</b> <ul style="list-style-type: none"> <li>Stroke Committee</li> </ul>
	<b>ROYAL FREE HOSPITAL 2 (VACANT)</b> <ul style="list-style-type: none"> <li>Commentary on Quality Accounts</li> <li>Transport and management Committee</li> <li>Patient Experience Group</li> </ul>
 Andrew Cowen	<b>BARNET CARERS GROUP &amp; BARNET CARERS STRATEGY BOARD</b>

## Barnet LINK SUB GROUP REPRESENTATION

 Wilfred Canagaretna	<b>BARNET MENTAL HEALTH WORKING GROUP</b>
 Sue Blain	<b>HEALTH TASK &amp; FINISH GROUP: GP SERVICES</b>
 Linda Jackson	 Andrew Cowen <b>SOCIAL CARE TASK &amp; FINISH GROUP: CARERS SUPPORT</b>

 Gillian Goddard	 Dipak Jashapara	<b>ENTER &amp; VIEW PLANNING GROUP</b> <ul style="list-style-type: none"> <li>• LINK member</li> </ul>
 Linda Jackson	 Young People rep (Jo Domingo)	<b>CHILDREN &amp; YOUNG PEOPLE NETWORK (REFERENCE GROUP)</b>
 Linda Jackson	 Sue Blain	<b>PROJECT: PROVISION &amp; DISTRIBUTION OF DISABILITY EQUIPMENT</b>

## 5. Summary of activity 2011-12

<b>Summary of Activity</b>	
<b>Requests for Information in 2011-12</b>	2
<b>Enter and View in 2010-11</b>	
5 day training – accredited	1
How many enter and view visits did your LINK make?	2
<b>Reports and Recommendations in 2011-12</b>	
-Commentary for Quality Accounts -Central London Community Healthcare -North London Hospice	3
<b>Referrals to OSCs in 2011-12</b> Barnet LINK was invited to the OSC: Mental Health issues, Dementia, Children Adolescent Mental Health Services consultation	0
<b>Quarterly newsletters</b>	4
<b>E-newsletters</b>	15
<b>Steering Committee meetings</b>	11
<b>Working group meetings</b> GP Services Task and Finish Group Carers Task and Finish Group Enter and View Planning Group	16 6 2
<b>Host and Chair or Working Group meetings</b>	24

The LINK responded to member requests to investigate the following issues:

<b>Nature of request</b>	<b>To</b>	<b>Responses in 20 Days</b>
Social Care issues raised at public meeting: 1. Elmstead Care Home- concerned raised by member 2. Carers Support	Care Home	Enter and View took place  Met with Carers Forum and voluntary sector partner
Provision and Distribution of Disability Equipment	LBB	Survey with LBB out awaiting responses
Concerns over increasing incidence of bedsores in Care Homes/ Nursing home residents	LBB	In action plan for new committee

### Key

**LBB: London Borough of Barnet**

**BNHS: Barnet NHS PCT**

## **5.1 Barnet Link outreach activities and events**

This year the LINK has had a combination of public meetings, engagement and outreach events. We have had two main public events and have attended more than ten community based activities.

### **5.1.1 Public Events**

#### **I. The Role of Barnet Local Involvement Network (LINK) and Barnet Local Healthwatch**

The Healthwatch event held on Thursday 12th May 2011 was well attended by existing and new members of the LINK. The guest speaker for the event was Elizabeth Manero, Director of Health Link.

The purpose of the event was two fold:

- To revisit the role of the LINK in shaping the Health and Social care provision in Barnet and its transition into the proposed Healthwatch in 2012.
- To give members the opportunity to contribute towards the shape of future priorities for Barnet LINK.

There was an opportunity for those present to ask questions. Below are some of the key questions raised.

##### **1. What statutory powers do LINKs have?**

The LINK can make unannounced visits using its power of 'Enter and View'.

##### **2. Legionella bacteria in Care Homes – will service providers be sympathetic towards the LINK when they are criticised by the LINK?**

This is an opportunity for contractors to raise the standards.

Building a productive relationship for seeking improvements is important. The Council is allowed to put a clause in the service contract where LINK is allowed to 'Enter and View'.

##### **3. What happens if a care home won't let you in?**

The Health Overview and Scrutiny Committee will support the LINK in undertaking an Enter and View.

##### **4. If there is an issue with a service what can we do about it when funding is being reduced?**

E.g. Barnet Psychiatric Unit is reducing their number of beds even though there is already a current shortage. There is an issue about the process to prevent services from deteriorating.

5. What is involved in the new Healthwatch? Are these additional roles to be generic responsibilities (newsletters and websites) or specific to individuals?

Healthwatch decides what it will take on. However, it does not seem feasible to provide one to one support. This would be a substantial workload which would require a number of staff and thus need substantial funding.

6. Is there potential for LINK to improve Care Homes?

Yes, it can find out what the best practices are, and make recommendations.

7. How can LINK support community organisations?

Gathering knowledge through conversations – possible funding for some health related investigations.

In relation to **informing Barnet LINK priorities**, attendees were asked to share their areas of concern about aspects of health and social care in the borough. The public raised many areas of concern and prioritised them as you can see from the list below.

### **Social Care**

Carers Support – 8  
Day Centres – 3  
Care Homes – 3  
Paid Carers – 1

### **Healthcare**

GPs – 7	Dentists - 0
Hospitals – 5	Opticians – 0
Mental Health – 6	Learning Disabilities – 0
Community Services – 4	Ambulance Services - 0
Pharmacists – 1	

The major areas of concern were GP services and Carers Support, as a result of this finding Barnet LINK set up a Task and Finish groups. At a Greeting and Planning Event on 14th July 2011 leaders of the groups were appointed and, after consultation, the decision was made to concentrate on priorities raised by the public.

## **II. Barnet LINK Greet and Plan event 14 July 2011**

Barnet LINK Steering Committee was keen to get to know those being trained in Enter and View, while taking this opportunity to involve them in planning. This event also involved Barnet LINK active members, that were not in the Steering Committee and was the starting point of the Task and Finish Groups.

The event was facilitated by the Host and was an informal planning session.





**III. Barnet LINK held its Annual General Meeting and public engagement event entitled:**

**Making a difference with effective consultation and resident involvement- 4<sup>th</sup> November 2011**

The event started with a presentation from Abby who is a representative of Youth Shield Children and Adolescents Mental Health Group. She spoke about her experiences as part of the consultation on Child and Adolescent Mental Health Services (CAMHS) for In-patient Services. She said it was important to listen to the experiences of people that use the services. Her group thought that the consultation questionnaire was not user-friendly and that their questions about the service were not answered. East London has a participation group and a participation worker, who specialises in listening to and reporting the views of young people and this seems like a good way of listening to young people.



Abby and other panel members provided information on their role and reported some of the points raised in the group discussions.

*Dr Sue Summers, Chair of Barnet Clinical Commissioning Group.*

Dr Summers gave a presentation on the NHS structures. Dr Summers was elected by G.P.s to sit on the North Central London Board. She is keen to strengthen partnership working and to develop strong working relationships with the Health and Wellbeing Board (HWB) and to focus on the particular health needs for the Borough.



*Cllr Helen Hart, Cabinet Member for Public Health*



Cllr Hart said that the Health and Wellbeing Board is very important, the Director of Public Health is a member and it has representatives from London Borough of Barnet (LBB) senior cabinet officials. The LINK is the voice of the patients on that Board and it is important that the LINK is involved from the outset in the initial planning of services and it's important that the LINK representative provides both positive and negative feedback.

*Cllr Rajput, Cabinet Member for Adults*

Cllr Rajput said a key area is the focus on critical and substantive care and that the eligibility criterion is not reduced. It's also important to look at what residents can do for themselves and where they can take responsibility for their own health.



*Ceri Jacobs Associate Director of Joint Commissioning, Barnet Adult Social Care and Health*

Ceri explained that she was attending the meeting in place of Kate Kennally, Director for Adults and Social Care, London Borough of Barnet.



Ceri said that health and social care would now be more closely linked when planning and delivering services. She said that the Health and Wellbeing Board needs the public's input from the start. For example, it's important that care homes provide high quality services.

Ceri highlighted the following points from her discussion group: that consultations don't always ask the right questions and different communication methods should be used, to ensure everyone that wants to, can contribute and that the LINK should tackle difficult subjects.

*Elizabeth Manero, Director of HealthLINK*

Elizabeth was previously Chairperson of the Community Health Council in Barnet and is a member of the Health and Medical Education Board of England. She said the LINK is the voice of patients and should be actively involved in monitoring delivery. The new structures could be key in co-ordinating different perspectives.



**Then participants met in small groups to discuss the following question:**

How can resident involvement be developed and enhanced in decision-making?

Comments and ideas were wide ranging, including:

- importance of decision makers to be educated about the needs and perceptions of young people and the different groups or communities, ensuring they can be educated to provide effective commissioning

- call for more young people to be involved and participate in decision making

- call for using plain English and ensure the documents, consultations and meetings were accessible in terms of language, venue and forms.

- importance of social networking and on-line interaction in addition to meetings.

- improve promotion, press, schools involvement

- never assume young people are not interested; ensure there is a clear



question put forward to them and allow time for them to come back

-emphasis on the importance of the LINK now increased profile to be more present in the press and to capture people concerns

- recognised the lack of funds and resources does not benefit resident involvement in decision making and attendees asked Cllr Rajput and other officials to look into ensuring that the LINK and such vehicles are supported to engage with hard to reach groups, refugees, young people, etc.

-called for a genuine dialog, because 'some times it feels decisions have already been made and they are only consulting to tick the box'

-ensure they use 'people talk'= accessible language

-ensure decision makers, statutory bodies learn from this such events (LINK AGM) where this small group discussions are really useful and allow more people to have their say

### **AGM section and Governance Documents**

CommUNITY Barnet provided the following summary of how the Procedures and Constitution were devised. A LINK working-group was established and undertook an in-depth review, finishing over summer 2011. As the new host organisation, CommUNITY Barnet staff also contributed to the review. Some LINKs have simpler framework documents, but Barnet LINK thought it was important to follow best practice as its members will have a lot of responsibility in attending senior-level Boards and so should be equipped to manage their responsibilities.

The Constitution, Governance Procedures and Handbook provide guidance on a range of areas, including equality and diversity, procedures for attending and reporting on meetings, guidance on Enter and View visits, complaints and expenses and safeguarding. It also includes a Code of Conduct, based on the Nolan Principles on Public Life. The working-group also incorporated feedback from other groups, such as the Over 55 Group.

There was a vote by show of hands. A majority of 21 people voted in favour of adopting the Governance Procedures and Constitution.

A member asked whether further discussion on the documents was needed. There was a vote by show of hands on whether the Governance Procedures and Constitution needed further discussion.

There were 7 votes in favour of further discussion and 16 against further discussion of the Governance Procedures and Constitution. The document was approved.

### **5.1.2 Barnet LINK Public Meeting Thursday 2nd February 2012**

The meeting was well attended by existing (33) and new members (7) of the LINK. The guest speaker at the event was Dr Sue Sumners, Barnet Clinical Commissioning Group Chair.



The purpose of the event was to:

- observe a Steering Committee meeting and gives residents the chance to provide input for Barnet's Health and Well-Being Strategy
- give members the opportunity to contribute towards the shape of future priorities for Barnet LINK

Attendees were asked to get into small groups to discuss actions to fulfil the Health and Well-Being Strategy. Topics of discussion were Immunisation, Social Care content, Smoking Cessation, Greater Responsibility for our Health, Develop Campaigns on Mental Health and Learning Disabilities, Childhood and Adult Obesity, Rate of hospitalisation. The feedback given was conveyed by Barnet LINK SC reps at Health and Well Being Board and CCG.

Then the meeting moved on to: **Have your say about the planned £3 million reduction in Barnet's prescription budget and raise any other questions about Barnet's GP services.**

Dr Sue Sumners, GP and Chair of Barnet CCG Board talked about Medicines Management in Barnet.



Attendees comments ranged from GPs need to communicate more through support and information sharing to questions about how are unregulated drugs making their way into chemists/pharmacies.

### **5.1.3 LINK training**

In May 2011, Barnet LINK held its first **Enter and View Training**. Enter and view training involved 5 half day workshops – 2 were introductory, 2 include observational Enter and Views (one health and one social care) and one was a review session at the end of the programme.



The training was accredited by the education charity, ASDAN, who are a nationally approved awarding body. The training produces a short portfolio of evidence which is checked by ASDAN before a Training Certificate is given. A total of 10 volunteers completed the training and were certified by September 2011, including CRB checks.

In November 2011, the new **Steering Committee** had a learning session as part of their induction programme.

The session focused on their new role representing the views of LINK members at key meetings, boards and on committees. The trainer and Steering Committee looked in detail at the Roles and Responsibilities and the Code of Conduct (part of the Barnet LINK Constitution and Governance Document).

#### **5.1.4 Outreach events**

Barnet LINK was present at the following events, promoting LINK membership and specific consultations:

1. Multicultural Festival, June 2011
2. SANGAM Child Abuse Event, June 2011
3. Barnet Joing Strategic Needs Analysis meeting, June 2011
4. Barnet Disability Parliament, June 2011
5. Mental Health Network, July 2011
6. Deaf Forum, August 2011
7. Volunteer Managers Forum, August 2011
8. Children and Young People Network, August 2011
9. Chase Farm Hospital AGM, September 2011
10. Barnet PCT AGM, September 2011
11. Inter-Faith Week, November 2011
12. Green Man Opportunities Fair, February 2012
13. Carers Forum, March 2012



## 6. Demonstrating Impact through Action

In this section we are summarising the work Barnet LINK Steering committee has carried out during the year at specific strategic forums, its impacts and/or the challenges we have faced.

<b>Name of Board/Forum</b>	<b>Meetings Attended</b>	<b>Issues raised</b>	<b>Name of rep</b>
BCF NHS Trust Patient Experience Strategy Working Group	5	<ul style="list-style-type: none"> <li>Staff need clear written guidelines that must be followed and a shift from what has been done to new compliance</li> </ul>	Sue Blain
Barnet Health & Wellbeing Board	3	<ul style="list-style-type: none"> <li>Use the JSNA document for future planning</li> </ul>	Ian Kaye Gillian Jordan
BCF NCL LINK Operational meeting	1	<ul style="list-style-type: none"> <li>NCL request LINK help source patients to provide 'the patient voice' on Individual Funding Requests</li> <li>Source a patient to act as a 'patient expert' for the Service redesign and prioritization Group</li> </ul>	Peter Cragg Sue Blain
Finchley Memorial Hospital	2	<ul style="list-style-type: none"> <li>Help with patient protest when they are redeployed to the hospital from GP</li> </ul>	Peter Cragg
NCL Board	1	<ul style="list-style-type: none"> <li>LINK can use this meeting to air concerns that are impossible in formal NCL board sessions</li> </ul>	Ian Kaye
Older Adults Partnership Board	1	<ul style="list-style-type: none"> <li>Improving reporting between OAPB and LINK</li> </ul>	Ian Kaye
Children & Young People Network	2	<ul style="list-style-type: none"> <li>LINK can co-ordinate with voluntary organisations and liaise with Community Barnet regarding children's mental health needs</li> </ul>	Linda Jackson
Barnet Clinical Commissioning Group	2	<ul style="list-style-type: none"> <li>Providing patients voice in the CCG shadow Board</li> <li>Raised awareness of issues raised by residents</li> </ul>	Gillian Jordan/Allan Jones/Sue Blain
Health Overview & Scrutiny Committee	1	<ul style="list-style-type: none"> <li>Link consider a prompt review under the Enter &amp; View programme of Elysian and Springwell. To identify progress and improving services.</li> </ul>	Allan Jones
Barnet Enfield Haringey Clinical Strategy	1	<ul style="list-style-type: none"> <li>Invited to restart conversations and input from May 2011</li> </ul>	Ian Kaye
Ageing Well	1	<ul style="list-style-type: none"> <li>LINK will discuss how it can help with the strategy</li> </ul>	Peter Cragg

## 7. Finances Year 2011-12

This is the financial report from when our new host was appointed in October 2010.

**Total budget for April 2011-March 2012- £95,000**

Spending	
Total spend by host organisation	£75,975.99
Total spend by LINK	£19,024.00

### LINK Budget expenditure details

#### Expenditure:

£ 6,653.00	under spent from
£13,979.01	direct project spent ( <i>meeting, PR, events etc</i> )
	direct project underspent provisions:
£5,700.00	training cost carried forward – spent May/June 2012
£2,028.00	database development carried forward to 2012/13
£4,000.00	research and consultations carried forward to 2012/13
£61,892.52	LINK project staff (incl all oncosts)
£6,454.93	LINK operational overheads
£7,682.54	Support staff ( <i>finance, admin, management/oversight</i> )

**TOTAL £ 95,000.00**

Balance £11,728.00 carried forward to 2012/13 direct project spent

## **8. Next Steps-2012-13**

Transforming into Healthwatch and becoming a strong representative and voice for Barnet patients were two of our main overarching priorities over 2012, as mentioned earlier. With these in mind Barnet LINK Steering Committee prepared the action plan, which guided the research groups and investigations done.

Here is a report of the achievements related to the workplan set. Which serve as background for our work in 2012-13.

### **Healthwatch workplan 2011-12**

#### **KEY DRIVERS**

The LINK must make most of the reforms to give local people influence on decision-making on commissioning and provide sound evidence to Healthwatch England that will improve national intelligence on patient and user experience. For this it must:

- build good relationships with existing and emerging statutory bodies locally
- improve the LINK profile so it is 'wired' into the community and able to draw in views
- demonstrate its capacity to work systematically to turn views into evidence



GOAL	ACTION	TIMESCALE	MEASURE	REPORT
	<b>PHASE 1 –2011</b>			
<p>1. Undertake effective consultation on 2 designated issues.</p> <p>[consider <i>combining with practice Enter and View visits so select topics accordingly</i>]</p>	<p>1. Select 2 topics, one each for health and social care selected</p> <p>2. Plan simple consultation</p> <p>3. Check for opportunity to combine with statutory consultations</p> <p>4. Consult community groups</p> <p>5. Map selected and responding community groups to Barnet demographic profile</p> <p>6. Process responses systematically, feed back and publicise</p>	<p>6-8 weeks per topic</p> <p>Sep-Dec</p>	<p>2 consultations planned, delivered, processed and publicised, one each on a health and social care topic</p>	<ul style="list-style-type: none"> <li>• Two groups were set up by LINK SC members and member of the LINK</li> <li>• At a public event in May 2011, Barnet residents set priorities for these two groups. One on Health (GP services) and one on social care (carers support)</li> </ul>
<b>RATIONALE-FOR WHEN HEALTHWATCH COMES IN</b>				
<ul style="list-style-type: none"> <li>▪ IMPROVE CAPACITY IN CONSULTATION, CREDIBILITY AND PROFILE</li> <li>▪ IMPROVE CAPACITY TO PROVIDE ROBUST EVIDENCE,</li> <li>▪ ADD CREDIBILITY AND SUBSTANCE TO RELATIONSHIPS WITH STATUTORY SECTOR,</li> </ul>				

GOAL	ACTION	TIMESCALE	MEASURE	REPORT
<p>2. Visit community events to publicise LINK and forthcoming greater powers</p>	<p>1. Search CommUNITY Barnet directory/contacts and LBB What's On Events database <a href="http://www.barnet.gov.uk/whats_on.htm">www.barnet.gov.uk/whats_on.htm</a> to select events targeted for high attendance, geographic /demographic spread.</p> <p>2. Arrange attendance at events</p> <p>3. Distribute LINK publicity</p> <p>4. Consult as part of goal 1</p> <p>5. Process and contribute to goal 1</p>	<p>Sep-Dec 2011</p>	<p>6 Events attended during Phase 1 (combine with delivery of goal 1) across the Borough, with a range of demographics engaged.</p>	<p>A calendar of events was set up to outreach, events and attendance at events can be found in section 5.1</p>
<p><b>RATIONALE – FOR WHEN HEAL THWATCH COMES IN</b></p> <p>CONTINUE TO</p> <ul style="list-style-type: none"> <li>▪ IMPROVE RELATIONSHIPS WITH COMMUNITY</li> <li>▪ IMPROVE CAPACITY IN SEEKING VIEWS</li> <li>▪ ADD CREDIBILITY AND SUBSTANCE TO PROFILE WITH STATUTORY SECTOR</li> <li>▪ BUILD INTELLIGENCE ON NEEDS AND EXPERIENCES TO INFORM COMMISSIONING</li> </ul> <p><b>LINK Barnet</b> thinks relationships with communities improved much more, thanks for the support and networks of CommUNITY Barnet. A true achievement was the preparation to co-opt more diverse Steering Committee when appropriate and LINK attendance to a wide diversity of events and activities</p>				

GOAL	ACTION	TIMESCALE	MEASURE	REPORT
<p>3. Distribute a Newsletter targeted at community groups</p>	<ol style="list-style-type: none"> <li>1. Identify budget and 'reality check' on time and resources</li> <li>2. Select community groups to provide geographic and demographic spread.</li> <li>3. Set up telephone interviews with staff in groups</li> <li>4. Alert them to the LINK and forthcoming greater powers,</li> <li>5. Consult them on Newsletter content, frequency, distribution methods</li> <li>6. Design Newsletter</li> <li>7. Develop and cost distribution strategy including ward based distribution via Councillors</li> <li>8. Implement strategy</li> <li>9. Ring sample target groups to check distribution and get feedback</li> </ol>	<p>Jul-Dec 2011</p>	<p>1 Newsletter produced by the end of Phase 1, which showcases the work in goal 1, recites the dialogue undertaken in the targeting process and provides other content as specified by target groups.</p>	<p>Barnet LINK produced:</p> <ul style="list-style-type: none"> <li>-printed newsletters</li> <li>-3 weekly newsletters</li> <li>-press releases</li> <li>-reports from events</li> <li>-involved LINK members in e-newsletter content, frequency and design through surveys</li> <li>-set up social networking training and involved all steering committee members</li> </ul>

GOAL	ACTION	TIMESCALE	MEASURE	REPORT
<p><b>RATIONALE – FOR WHEN HEALTHWATCH COMES IN</b></p> <ul style="list-style-type: none"> <li>▪ IMPROVE RELATIONSHIPS WITH COMMUNITY SYSTEMATICALLY (SHOW DEMOGRAPHICS),</li> <li>▪ MAKE BEST USE OF RESOURCE BY TARGETTING, DEMONSTRATING VALUE FOR MONEY</li> <li>▪ DEMONSTRATE RESPONSIVENESS TO COMMUNITY,</li> <li>▪ BUILD ‘COMMUNITY CONNECTIONS’ FOR FUTURE CONSULTATION</li> <li>▪ BUILD INTELLIGENCE ON NEEDS AND EXPERIENCES TO INFORM COMMISSIONING</li> </ul>				<p>Communications were revised regularly, a decision was made to stop the printed newsletter and concentrate in electronic communications. Printing copies for members that preferred or do not use e-mail/web.</p> <p>Research on GP services was conducted as a systematic way of gathering residents views and the report will be ready over summer 2012.</p> <p>LINK also worked with the Local Authority and NHS to involve residents and community organisations in the JSNA and other health and social care consultations.</p>
<b>PHASE 2 - NOVEMBER – DECEMBER 2011</b>				

GOAL	ACTION	TIMESCALE	MEASURE	REPORT
<p>4. Agree and deliver GP 'offer' of what LINK can offer to the consortium and get in return</p>	<ol style="list-style-type: none"> <li>1. Scope what the LINK can offer to the GP Consortium**2 see comment on last page(e.g. evidence for commissioning) and what they can receive in return (e.g. access to PPGs for membership)</li> <li>2. Negotiate permission to publicise discussions to build momentum</li> <li>3. Assess? Assess what? from NHS Barnet transition process and decision-makers in the GP community</li> <li>4. Seek slot in consortium meeting to put forward offer/meet key GPs</li> </ol>	<p>Nov-Dec 2011 for publication in February 2012 Newsletter</p>	<p>Clear offer agreed that results in increased membership for LINK and participation in process of shaping consortium's approach to PPI.</p>	<p>Building relationships with the Clinical Commissioning Group started since LINK's annual general meeting in November 2011. Since then Dr Summers, CCG Chair has been open and engaging with LINK members in public meetings.</p> <p>More specifically, the GP research produced by the Task and Finish working group set as a result of this workplan, is a specific working topic between the CCG and the LINK. Barnet LINK aims to support residents feedback to create change and improvement in accessing GP services and appointments system in Barnet.</p>

GOAL	ACTION	TIMESCALE	MEASURE	REPORT
<b>RATIONALE- FOR WHEN HEALTHWATCH COMES IN</b>				
	<ul style="list-style-type: none"> <li>▪ MAKE THE CASE FOR INVOLVEMENT IN COMMISSIONING BY CONSORTIUM</li> <li>▪ PROVE INDISPENSABILITY TO CONSORTIUM FOR COMMISSIONING INTELLIGENCE INCREASE REACH INTO COMMUNITY</li> <li>▪ RAISE MEMBERSHIP</li> </ul>			
<b>PHASE 3 – JANUARY – MARCH 2012</b>				
5. Review progress against DH Transition Plan	<ol style="list-style-type: none"> <li>1. Identify any remaining missing actions from transition plan</li> <li>2. Implement</li> </ol>	End Jan 2012 to complete end Mar 2012	Satisfactory progress on DH Transition Plan	
<b>RATIONALE – FOR WHEN HEALTHWATCH COMES IN</b>				
	<ul style="list-style-type: none"> <li>▪ ENSURE READINESS FOR HEALTHWATCH</li> <li>▪ MAKE BEST USE OF CAPACITY/RESOURCES TO MAR. 2012, READY FOR HEALTHWATCH</li> </ul>			

GOAL	ACTION	TIMESCALE	MEASURE	REPORT
6. Consolidate capacity building, profile, credibility and community relationships	<ol style="list-style-type: none"> <li>1. Develop legacy document for Healthwatch</li> <li>2. Combine all reports and visit work done methodology developed and database of contacts etc.</li> <li>3. Log any outstanding recommendations that need to be followed up</li> </ol>	Jan-Mar 2012	<p>Statutory sector aware of Legacy.</p> <p>Role in the Consortium.</p> <p>Equal membership rights on Health &amp; Wellbeing Bd.</p> <p>**1-see comment at end</p>	<p>Barnet LINK has reported on its work and development in the previous pages. A good result for the LINK is the regular involvement in Health and Wellbeing Board, Clinical Commissioning group, Overview and Scrutiny Committee and a wide variety of working groups.</p>
<p><b>RATIONALE – FOR WHEN HEALTHWATCH COMES IN</b></p> <ul style="list-style-type: none"> <li>▪ GATHER EVIDENCE OF OUTPUTS TO ESTABLISH AUTHORITY AS ROUTE TO INFLUENCE</li> <li>▪ DEMONSTRATE CAPACITY TO BE INDISPENSABLE ELEMENT IN THE NEW STRUCTURE.</li> <li>▪ MOTIVATE MEMBERS THROUGH TRANSITION</li> <li>▪ ENCOURAGE JOINERS THROUGH CREDIBILITY AND SKILLS ENHANCEMENT</li> </ul>				



**Contact Barnet LINK via their host, CommUNITY Barnet**

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Enter View Visits - Spring 2012 Project


Date of Visit	Time of Visit	Care Home	Address of Care Home	Name of E&V volunteers	Date letter sent	Date Report Received	Date Report Sent	Comments	Summary of findings
Wednesday 19 March 2012		Elmstead House Care Home		Dipak, Gillian, Allan	19 April 2012	03 May 2012	25 April 2012		Elmstead House is an efficiently and compassionately run home for patients with dementia and mental health problems. The patients are very well looked after and the staff caring and competent. We would be happy to recommend it to potential residents. Thank you to the staff for making us welcome and showing us around.
Wednesday 25 April 2012		Two Rivers Care Home	100 Long Lane, Finchley, London N3 2HX 020 8346 4236	Dipak, Gillian	20 April 2012	03 May 2012	20 July 2012		We were very impressed by all aspects of Two Rivers which is clearly providing excellent opportunities for learning and physically disabled Asian women, many of whom, for cultural reasons, have not previously been able to maximise their potential. The objective to enable as many as possible of residents to progress to independent, supported living is extremely important.
Monday 14 May 2012	11 a.m.	Fern Bank Care Home	Finchley Way, London, N3 1AB 020 8349 3426	Dipak, Gillian	04 May 2012	15 May 2012	20 July 2012		Fern Bank Care Home is an efficiently and compassionately run home for residents with dementia. The residents are well looked after and the staff seemed caring and competent. The food was especially appreciated. However we would have liked to see more evidence of opportunity for residents to engage in a wider range of activities. Thank you to the staff for making us welcome and giving us the opportunity to speak to them and the residents.
Monday 21 May 2012	11 a.m.	Dell Field Court	1 Etchingham Park Road, Finchley, London, N3 2DY 020 8371 8900	Gillian G, Robin Tausig, Irena Kuczynska	10 May 2012	25 May 2012	20 July 2012		Dell Field Court is a comfortable, well run home for a range of residents, including those with dementia and mental health problems but not for those needing intensive nursing care. The residents appear very well looked after and the staff caring and competent. We would be happy to recommend it to potential suitable residents. However, we suggest that above recommendations should be implemented as soon as possible especially with regards to (a) providing suitable transport for the residents (b) bringing a qualified and experienced Asian Yoga and Complementary Therapies instructor for the Asian residents on the top floor. Barnett LINK can assist the home in both these issues.
Tuesday 12th June 2012	1.30p.m.	Springdene Care Home	55 Oakleigh Road North, London, N20 9NH 020 8815 2000	Dipak, Robin Tausig, Jeremy Gold +1	31 May 2012	18 June 2012	20 July 2012		Springdene is a clean, attractive and well-furnished nursing home catering for a range of residents, including those with dementia and mental health problems and primarily for those needing relatively intensive nursing care. The residents appear well looked after and the staff caring and competent. Thank you to the staff for making us welcome and showing us around.
Monday 13th August 2012	2pm	Nazareth House	162 East End Road, London, N2 0RU 020 8883 1104 anna.renko@nazarethcare.com	Allan /Gillian / Jeremy Gold					Response from Care Home in response to LINK report sent 20th of July. Received 2nd of August Sent by fax and letter 2/7: resent email asking for more AR e-mail sent on 15 June to reconfirm visit schedule. Allan Jones not available on 3rd or 12th July. 22/6/12 sent an e-mail to all trained E&V to advise when can do Nazareth House in July. Gillian G; Dipak;
Wednesday 15th August 2012	2pm	Elysin House	Colindale Hospital, Colindale Avenue, Colindale, London NW9 5DH (020) 8205 1236 alex.hamilton-clarke@rethink.org	Gillian Jordan, Dipak Jashapara					
TBC	TBC	Seaforth Lodge		Gillian Jordan, Dipak Jashapara					2/7: sent email to gg and aj confirming visit

**Barnet LINK**  
**Enter and View Visit –Monitoring report.**

Name of Establishment	Elmstead Care Home, 171 Park Road, Hendon, London NW4 3TH. (managed by Care UK)
Staff met during visit:	Deputy manager; Biju Abraham, staff nurse Ingrid Cannon (later met manager Ms Diane Maddaford) and several more nurses, carers and the assistant cook.
Date of Visit:	19/3/12
Purpose of visit:	<p>This was the first of Barnet LINK’s planned Enter &amp; View visits. We intend to visit a range of Care and Residential homes within the London Borough of Barnet to obtain a better idea of care provided in our region. All LINKs have statutory powers to enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. LINKs’ role is not to seek out faults with local services, but to consider the standard and provision of services and how they may be improved or how good practice can be disseminated. However if any areas of concern are reported to LINK, it would then be appropriate to arrange a visit to that establishment. Subsequent to any visit a report is prepared, agreed by the manager of the facility visited, and then made public through the LINKs’ newsletter and/or sent to interested parties, such as the JSNA Board (Joint Strategic Needs Assessment Board).</p> <p>The visit was prearranged, although at very short notice. Fortunately the Elmfield manager (Diane Muddaford) was happy for us to visit as, she said “anytime you would like”.</p> <p>We used a prepared prompt list of questions to find out relevant facts, observed all aspects of the premises and spoke to staff, patients and visitors.</p>
LINK Authorised REpresentatives involved:	Gillian Goddard, (Chair of E&V committee) Dipak Jashapara, Gillian Jordan (Chair of Barnet LINK)
Introduction	<p>Elmstead Care Home is a purpose-built building in Hendon, just off the A41, providing specialist care for 30 patients with dementia and 20 patients with mental health problems, in separate wings. There is good parking space outside.</p> <p>All patients have single en-suite rooms and there is provision for 2 double rooms for couples. At the time of our visit only one room was unoccupied and only one patient was bedfast. All the other patients were in one of the sitting rooms, the garden or corridors. Those residents who are able have shopping trips to Brent Cross, or meals out in local pubs and various other entertainments.</p>
General Impressions:	<p>A friendly and relaxed atmosphere; there is clearly great rapport between residents and staff.</p> <p>During the time of our visit there seemed to be plenty of staff around, who dealt promptly and respectfully with the residents. Someone came quickly to reassure or tend to anyone who cried out and overall there were plenty of</p>


	happy smiling faces!
Policies & Procedures.	DJ, who has experience in care home management, inspected all the policy and procedure documents, including:- Vulnerable Adult Policy & Code of Practice ; Mental Health Policy & Code of Practice; Fire drill procedure; Staff complaints procedure; Client complaints procedure; Health & Safety policy; Care Homes Regulation 2001 ( <a href="http://www.legislation.gov.uk">www.legislation.gov.uk</a> ); Care Homes for Older People: (National minimum standards and Care Homes Regulation) <a href="http://www.dh.gov.uk">http://www.dh.gov.uk</a> ) and the CQC last inspection report November 2011. All documents were current and kept up-to-date. We did not ask about Fire Drills or Falls procedures – staff training therein, but will ensure we do on subsequent visits!
Health & Safety considerations	The front door, kitchen door and doors from one part of the building to another are normally locked and accessed through a coded locking system. Staff, residents and visitors sign a log-in and out register. Common rooms were well attended to ensure patient safety. Staff: resident ratio exceeds the basic minimum requirements for a home of this nature. All but one resident are ambulant so there is little likelihood of pressure sores, but if patients are immobile for any reason, their pressure areas are inspected regularly. There is a lift, suitable for disabled access, in the Mental Health unit.
Staff	Elmstead seems to be very well staffed, with a mix of registered nurses with general and Mental Health qualifications and carers with relevant NVQ qualifications. All staff were very smartly dressed in identifiable uniforms with name badges. Evidence that it is a good place to work is the length of time many of the staff have been working at Elmstead some since the home opened 15 years ago. Another positive point is that agency staffing is rarely, if ever, required to fill temporary vacancies, as the home has a list of previous employees who will cover at short notice and during staff holidays. Staff are very visible around the home and readily available to attend to residents' needs. Records are computerized and kept up-to-date. A board in the nurses' room lists every patient, with relevant information about next-of-kin, GP, contact details in case of need etc. Continuing professional development is taken very seriously and all staff participate in further education and training relevant to their needs. The staff nurse on duty is currently undertaking a Master's degree.
Residents	The dementia patients are accommodated in an L-shaped single storey area, separated from the Mental Health patients whose wing is on two floors. They interact as well as they are able, although, obviously, some of the patients with dementia are not able to do so. Visitors are welcome at any time. We did meet the wife of one resident – we had hoped to meet more but as our visit was arranged at short notice, the staff had not had the opportunity to ask some relatives to come in. The lady we spoke to – Brenda – was very happy with the care her husband, Sid, receives. We talked to Sid too but he just kept repeating that he was going home on Wednesday and had been there for 3 weeks – in fact he was not going home and had been at Elmstead for 3 years! His wife is appreciative of Dial-a-Ride – the service she uses every day to visit from her home in Enfield. There were no other

	patients in the dementia unit who were able to converse. We spoke to more in the MH unit who stated that they were satisfied with Elmstead.
Privacy and dignity	In all interactions we saw, the staff dealt very sensitively with residents. The bedrooms each have the name of its resident, together with a photograph. All residents have their own large scrapbook which is filled with photos from babyhood to the present day, and include all members of their families, information about working lives and leisure activities. Clergy from the different religions visit regularly and each resident's spiritual needs are cared for.
Environment	Everywhere was very clean. The corridors are adorned with large and sometimes dramatic, colourful paintings which certainly brighten them up. For practical reasons there are no carpets in the communal rooms, which may increase noise levels eg squeaky walkers etc and sound reflection especially where there were more vociferous residents. The garden is attractively laid out, with grass and flower beds. Plans are in hand to remove a parterre dividing the garden to give a larger space for social activities. We were told that barbeques are held in fine weather. The home possesses rabbits and guinea pigs, looked after, with supervision, by one of the MH patients and are, apparently, used to being cuddled and stroked. Staff are reluctant to have a cat because of the proximity of the A41 and cats' propensity to get themselves run over, which would be very upsetting for the residents! There are separate dining rooms and one room has been converted to be used as a cinema with a large screen and comfortable seating.
Furniture	Signs of reasonable wear and tear, all acceptable except, perhaps, for one large sofa in the sitting room of the mental health unit which looked as if the springs had gone and could not be very comfortable.
Food	We were not present at a mealtime but looked at the kitchen (from the door for hygiene reasons), which seemed very clean and organised. We also saw the menus which are presented not only with details in writing but also with a colour photo of each ready-to-serve meal on a plate. We saw the residents and their visitors having afternoon tea and biscuits and we too enjoyed a very good pot of tea! We did not ask about special diets but were told that the residents are weighed regularly and weight recorded and special attention paid to anyone losing weight.
Smells	Our visit was on a pleasant sunny day and with some windows open giving good ventilation, Elmstead has a fresh and clean smell. The Mental Health Unit residents' sitting room has a lingering aroma of cigarettes, despite smoking not being allowed there but supposedly confined to a special smoking area outside.
Activities	Residents in both the MH and Dementia sections have a comprehensive diary of daily activities, including craft, memory games and the like. However there would seem not to be regular physical activity timetabled.

<p><b>Recommendations</b></p> <p>1. Infection control</p> <p>2. Feedback from residents, and their relatives</p> <p>3. Activities</p>	<p>Elmstead House is a comparatively large care home with 50 residents, a large staff and many visitors. We did not see evidence of strategically placed hand-gel containers, with appropriate instructions at communal doors and room doors. We recommend that a system of hand-washing should be instigated to avoid the possibility of cross-infection.</p> <p>We would like to suggest that an active system be set up to obtain regular feedback from residents and relatives. This could include questionnaires and feedback sessions to enable the residents to have a further participatory role in the running of the home to ensure its continuing progress and improvement</p> <p>Although there is a diverse timetable of daily activities, we noticed that very few are for physical activity or complementary and holistic therapies such as gentle chair exercises, massage, yoga or meditation which might further enhance the residents' quality of life. Certain charities and voluntary organizations provide such services and we would be pleased to provide further information.</p>
<p><b>Conclusions</b></p>	<p>Elmstead House is an efficiently and compassionately run home for patients with dementia and mental health problems. The patients are very well looked after and the staff caring and competent. We would be happy to recommend it to potential residents.</p> <p>Thank you to the staff for making us welcome and showing us around.</p>
<p>Signed: Gillian Goddard; Dipak Jashapara Gillian Jordan</p> 	
<p>April 2012</p>	

**Barnet LINK**  
**Enter and View Visit –Monitoring report.**

Name of Establishment	Two Rivers Care Home, 100 Long Lane, Finchley LONDON N3 2HX
Staff met during visit:	Mrs Gyan Dass; owner/manager. All other staff on duty at the time
Date of Visit:	25 <sup>th</sup> April 2012
Purpose of visit:	<p>This was the second of Barnet LINK's planned Enter &amp; View visits. Our intention is to visit a wide range of Care and Residential homes within the London Borough of Barnet to obtain a comprehensive view of the standards of care provided for people with different needs. All LINKs have statutory powers to enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. LINKs' role is not to seek out faults with local services, but to consider the standard and provision of services and how they may be improved or how good practice can be disseminated. A report is prepared after each visit which, when agreed by the manager of the facility visited, is then made public through the LINKs' newsletter and/or sent to interested parties, such as the JSNA Board (Joint Strategic Needs Assessment Board).</p> <p>The visit was prearranged, and we had an email from Mrs Dass saying we were welcome and she looked forward to showing us round.</p> <p>We observed all aspects of the premises and spoke to all the staff and patients.</p>
LINK Authorised Representatives involved:	Dipak Jashapara Gillian Jordan
Introduction	Two Rivers care home is a specialist home catering for a maximum of seven Asian women with physical and mental health problems and learning disabilities. It has been open now for seven years. The company running Two Rivers also runs an independent supported living home with individual flatlets and Two Rivers residents, where possible are able to progress to this home.
General Impressions:	Two Rivers is situated in a converted house that provides seven en suite bedrooms, a large kitchen/dining room, sitting room and activities room. It is very well furnished and decorated and clean. There is a medium size garden for the residents' use.
Policies & Procedures.	<p>The following documents were inspected:</p> <ol style="list-style-type: none"> <li>1. Vulnerable Adult Policy &amp; Code of Practice</li> <li>2. Mental Health Policy &amp; Code of Practice</li> <li>3. Fire drill procedure</li> <li>4. Staff complaints procedure</li> <li>5. Client complaints procedure</li> <li>6. Health &amp; Safety policy</li> <li>7. List of daily and weekly activities for the resident clients</li> <li>8. Care Quality Commission last report.</li> </ol> <p>All were carefully kept and up-to-date.</p>
Health & Safety considerations	<p>The front door, patio doors, kitchen, office and other potentially vulnerable parts of the building were normally locked - access through coded locking system.</p> <p>There is a log-in and out register for visitors, staff and the residents. Fire instructions were available with fire extinguishers by the front door. A room for a severely physically disabled resident is adequately fitted with appropriate hoists for transfers and a wet room suitable for wheelchair use.</p>
Staff	Mrs Gyan Dass is the joint owner and manager, she is a very experienced social worker with a particular interest and expertise in the care of women with learning, physical and mental health difficulties. All the staff are female and the languages spoken as well as English are Gujarati, Japanese, Hindi, Punjabi, Urdu. There is a high staff/resident ratio and during our visit we saw all the staff interacting well with the residents, encouraging them in various activities. There is a high staff

	retention rate, some having been at the home since its opening and no agency staff are employed. There is excellent rapport between the staff and residents and a very positive atmosphere.
Residents	There are seven residents, all Asian, with a range of physical and learning disabilities. Some function at quite a high level whilst one is wheelchair bound, has no speech and communicates by using Makatron charts and another has challenging behaviours. Some come for regular respite care and others for longer term care. Where such progress is possible with intensive training, many past residents have been able to move on to independent supported living. There are frequent outings and visitors are welcome at any time. All residents are encouraged to keep their rooms clean and tidy and are involved in cooking and other domestic tasks with appropriate supervision and support in order to promote independence. We were given cups of tea made by one of the residents.
Privacy and dignity	Each resident has her own room with en-suite facilities. We felt that the staff is concerned to maintain privacy and confidentiality and important conversations and the like are carried out without interruption from other residents.
Environment	The house is very clean, bright and well- decorated
Furniture	Very well furnished community rooms. Residents are encouraged to have their own pictures, photos, ornaments and duvet covers in their rooms.
Food	Vegetarian, Asian food is freshly cooked for each meal in the kitchen. Lunch on the day of our visit was roasted vegetables with jacket potatoes, which looked very appetising
Activities	Most of the residents attend Barnet college for one or two days a week. Visitors are welcome at any time and there are frequent outings, including swimming for everyone on Fridays. There is an activity room where each resident has her own activity chart and relevant materials. The activities include Yoga, Meditation, painting, physical exercises, regular walks and visit to places of cultural and religious importance as well as sewing, cooking and embroidery. The treadmill is a popular piece of equipment, used by all those able to and their progress charts are displayed. It has enabled many to raise their activity levels and control weight.
Feedback from staff, residents and relatives.	A detailed record of documents, reports and feedback from the residents and their guardians/carers is kept. Such a system enables the residents and their carers to have participatory role within the running of the home with regards to its continuing progress and improvement. We spoke to all the staff on duty who are clearly happy and committed. Those residents able to give feedback seemed happy and pleased with their lives at Two Rivers. Mrs Dass is giving us the telephone numbers of some of the parents who, she said, would be delighted to talk to us. Once we have been able to do this, we will update this paragraph of the report.
Access and parking	The ground floor is fully wheelchair-accessible. There is room for two cars at the front of house and Long Lane has no parking restrictions.
Recommendations	Provision of antiseptic hand gel by the front door, kitchen and activity room doors is recommended to minimise cross-infection.
Conclusions	We were very impressed by all aspects of Two Rivers which is clearly providing excellent opportunities for learning and physically disabled Asian women, many of whom, for cultural reasons, have not previously been able to maximise their potential. The objective to enable as many as possible of residents to progress to independent, supported living is extremely important.
signed	Dipak Jashapara 

**Barnet LINK**  
**Enter and View Visit**

Name of Establishment	Fern Bank Care Home, Finchley Way LONDON N3 1AB
Staff met during visit:	Ms Sylvia Mthabela; manager. All other staff on duty at the time
Date of Visit:	14 <sup>th</sup> May 2012
Purpose of visit:	<p>This was the third of Barnet LINK's planned Enter &amp; View visits. Our intention is to visit a wide range of Care and Residential homes within the London Borough of Barnet to obtain a comprehensive view of the standards of care provided for people with different needs. All LINKs have statutory powers to enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. LINKs' role is not to seek out faults with local services, but to consider the standard and provision of services and how they may be improved or how good practice can be disseminated. A report is prepared after each visit which, when agreed by the manager of the facility visited, is then made public through the LINKs' newsletter and/or sent to interested parties, such as the JSNA Board (Joint Strategic Needs Assessment Board).</p> <p>The visit was prearranged and we had sent a copy of the suggested staff questions to the manager.</p> <p>We spoke in depth to the manager, to some of the other staff, 10 of the 22 residents and 2 of their relatives.</p>
LINK Authorised Representatives involved:	Robin Tausig, Irena Kuczynska, Gillian Goddard
Introduction	Fern Bank Care Home is a specialist home catering for up to 27 people with mild to moderate dementia, in single occupancy rooms. (Note it could accommodate 34 people if some rooms were used as doubles, but this is rarely required). It has an advocate attached to the home and they value the independence and advice that they bring to enhance the service.
General Impressions:	Fern Bank is a converted house with a large lounge, also used for eating and watching television, although many residents had their own TVs in their room. It is appropriately furnished and was being decorated (painted) while we were there. There is a medium size garden for the residents' use accessed from the lounge. As it was raining no-one was outside and the maintenance man explained it had not been possible to cut the lawn recently. There is a small visitors lounge where we were able to talk to staff and discuss our visit in private. The home operates an open door policy and we observed and spoke to two relatives. Some other residents reported regular visits from their relatives. (see attached monitoring report for further details).
Policies & Procedures.	The home has a user/carer participation group that meets 3 times a year and is reported to be well attended.
Health & Safety considerations	The front door, door to garden, kitchen, office and other potentially vulnerable parts of the building were normally locked - access through coded locking system. There is a log-in and out register for visitors. Fire instructions were available with fire extinguishers by the front door and a board indicated the designated fire warden on duty on the day. They have a hoist for lifting residents. However at the time we were there, doors giving access to stairs were left open. A few residents had reported falling in the home and showed evidence of bruising, although none claimed to have fallen on stairs. The home does have a lift. None of the residents were reported to be suffering from bed sores and the manager reported that they work with Barnet tissue viability nurses.
Staff	Sylvia Mthabela is the manager and is trained in first aid. There are 42 staff. Of the 12 on daily duty, 2 are nurses and 5 are carers. At night there is 1 nurse and 2 carers. They have 7 trained nurses in total and the carers are trained to NVQ level 2-3. They manage to avoid staff shortages by employing large numbers of bank staff, especially at weekends. They employ a number of specialist staff including



	<p>dieticians, physiotherapists, hairdressers etc. They have a care planning system in place.</p>
Residents	<p>We spoke to 10 of the residents. Those we did not engage in conversation were either asleep or not able to communicate with us, or were still in their rooms and it was not practical to do more than see them through open doors. All but one of the residents were as positive as they could be about their experience of the home. One was desperate to get out more and have more challenging activities (see activity section). One had complained many years ago about the way he had been treated by an African member of staff. The manager confirmed that it had been resolved and in her opinion had arisen through cultural misunderstanding. One resident commented that attracting attention in the lounge could be a bit hit and miss as it relies on them catching the attention of a member of staff. We observed that staff were around and tried to keep an eye on residents but that it was possible for some needs to get missed as they seemed to have a lot of tasks to deal with. For example staff were observed upstairs changing roles from cleaning to managing residents and then returning to cleaning in a very short space of time.</p>
Relatives views	<p>One regular visitor commented that although the home did as much as was possible, they found it necessary to do their hair the way they liked it, bring in special drinks and attend to some needs. In some ways the food provided was too good as the resident was putting on weight and not able to exercise. Another relative was very happy with the care provided and mentioned painting, yoga and hairdressing facilities provided.</p>
Privacy and dignity	<p>Each resident has their own room, some with en-suite facilities, some just a wash basin. The doors to each room featured a photo of the resident with their name and date of birth. Residents were allowed to have their own TV in the room.</p>
Food	<p>The menu, with 2 choices of main course, was written up on the blackboard. There was not a vegetarian option on the day we were there, although residents reported that if they did not like something they would be given something that they did like. There was a book showing daily menus over a period of time which looked to be varied and balanced. There were no complaints and we observed that most appeared to be enjoying the food, with help being given to those that needed it. One member of staff also complimented the chef.</p>
Activities	<p>An activity board showed that for May activities included keep fit, Yoga, newspaper reading, snakes and ladders and painting. However few of the residents were able to remember doing anything other than watching TV. Two seemed very against snakes and ladders and one mentioned playing scrabble and cards. The manager said that the home had an activities co-ordinator who was responsible for organising social events eg board games. However we talked to one very vocal resident who wanted activities that were not provided. He suggested he would enjoy darts, which could be of the magnetic type to avoid harm to others. He preferred numerical activities to keep his brain active and we introduced him to Sudoku. He would have liked other activities to be available such as cooking which he had enjoyed in the past.</p>
Feedback from staff, residents and relatives.	<p>A staff 'compliments' book on display contained letters of thanks and compliments paid to staff, often after the death of a resident.</p>
Recommendations	<ol style="list-style-type: none"> <li>1. Provision of antiseptic hand gel by the front door, kitchen and lounge room doors is recommended to minimise cross-infection.</li> <li>2. More active intervention for any residents who needed more stimulating activities. The ethos of sitting them in a lounge with a TV, which most of them could not hear, was not good for anyone who was capable of thought and conversation. The only alternative being to go to their own room. We did not observe any of the activities that the home provided, to see how residents were engaged.</li> <li>3. Consider provision of a means of summoning assistance for residents in the lounge.</li> </ol>
Conclusions	<p>Fern Bank Care Home is an efficiently and compassionately run home for residents</p>

	<p>with dementia. The residents are well looked after and the staff seemed caring and competent. The food was especially appreciated. However we would have liked to see more evidence of opportunity for residents to engage in a wider range of activities.</p> <p>Thank you to the staff for making us welcome and giving us the opportunity to speak to them and the residents.</p>
signed	Robin Tausig, Irena Kuczynska, Gillian Goddard

**Barnet LINK**  
**Enter and View Visit –Monitoring report.**

Name of Establishment	Dell Field Court Care Home, 1 Etchingam Park Road, Finchley, London N3 2DY
Staff met during visit:	Manager: Ms A Armitage; Ms Isabelle Oster, several key workers and the cook
Date of Visit:	Monday, 21/05/2012
Purpose of visit:	It is a planned and announced Enter & View visits. We intend to visit a range of Care and Residential homes within the London Borough of Barnet to obtain a better idea of care provided in our region. All LINKs have statutory powers to enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. LINKs' principle role is to consider the standard and provision of services and how they may be improved or how good practice can be disseminated. However if any areas of concern are reported to LINK, it would then be appropriate to arrange a visit to that establishment. Subsequent to any visit a report is prepared, agreed by the manager of the facility visited, and then made public through the LINKs' newsletter and/or sent to interested parties, such as the JSNA Board (Joint Strategic Needs Assessment Board). The visit was prearranged. We used a prepared prompt list of questions to find out relevant facts, observed all aspects of the premises and spoke to staff, patients and visitors
LINK Authorised Representatives:	Jeremy Gold, Robin Tausig and Dipak Jashapara
Introduction	The purpose-designed building opened in 2003 is light and airy, with six large lounges (some of which doubled as dining rooms) wide corridors and large en-suite bedrooms. It is owned by Catalyst Housing Association which is responsible for maintenance and repairs, and operated by the Fremantle Trust. The home provides care for 40 residents in 5 living groups, one specifically for Asian elders on the top floor, another for those with learning disabilities, and also a rehabilitation group of patients recovering from a stay in hospital. Each of the groups includes, or can include, residents with dementia.  The rooms are large, well equipped and clean with a good state of repair throughout. All bedrooms are en suite.
General Impressions:	A friendly and relaxed atmosphere; there is clearly great rapport between residents and staff. During the time of our visit there seemed to be plenty of staff around, who dealt promptly and respectfully with the residents. The home is well

	supported by appropriate external agencies.
Policies & Procedures.	<p>There is full compliance with Health and Safety regulations and policies and procedures seem to be in place. The locked drugs cupboard is air conditioned to maintain the appropriate temperature..</p> <p>The laundry and kitchens which seemed clean and well managed. Last CQC inspection report was available.</p>
Health & Safety considerations	<p>The front door, kitchen door and doors from one part of the building to another are normally locked and accessed through a coded locking system. Staff, residents and visitors sign a log-in and out register.</p> <p>Common rooms were well attended to ensure patient safety.</p> <p>Fire escape staircases are accessible through code locked doors, which would be released if a fire alarm is operated. CAN MS. ARMIATAGE PLEASE CONFIRM THIS – IF IT IS NOT CORRECT THEN ON THE FACE OF IT THIS WOULD BE A SERIOUS SAFETY HAZARD.</p>
Staff	<p>Most staff wore uniform tunics, but no name badges or identification labels. They were pleasant and cheerful, and did not appear to be under stress.</p> <p>This is not a nursing home and therefore doesn't have registered nurses. However, the Manager is supported by a deputy, 3 team leaders and 12 full time care staff. There are also 6 part time carers.</p> <p>Night staff attendance is one per floor, plus a senior in charge. – COULD MS ARMITAGE PLEASE CHECK.THIS, AS WE ARE UNSURE ON THIS POINT</p> <p>Carers are trained by Fremantle who run the home and also provide their own bank staff (thus minimizing the need for agency staff). Most have NVQ level 1 or 2 or above qualifications. Staff also receive ongoing training up to 4 times a year in areas such as Moving and Handling, Vulnerable Adult Safeguarding, Health and Safety, First Aid etc.</p> <p>A number of staff have worked with the residents for over 10 years and turnover is very low.. There are no staff shortages and staff to residents ratio is adequate</p>
Residents	<p><b><u>Type of residents in the home:</u></b> dementia, learning disabilities, rehabilitation after hospital, old age (65 years and over),</p> <p><b><u>Languages used in the home:</u></b> English, Gujarati, Hindi, Urdu, Swahili</p> <p><b><u>Number of residents:</u></b> 40</p> <p>3 residents are aged almost 100 or more</p> <p>The various groups of residents each have their own lounges. They are able to mix, but were not doing so during our late morning / lunchtime visit. However we were told that they do join together for entertainment sessions. These include professional entertainers, paid for from sales of basket work made by residents. The local bowls club hall across the road is</p>

	<p>hired for large events such as a Diwali celebration.</p> <p>We spoke with residents both in groups and individually. Almost all comments expressed high praise for Dell Field Court, the staff, and the range of activities available. Food was described as excellent, with menus responding to residents' requests.</p> <p>Several residents had experience of other homes and rated Dell Field Court as equal or better.</p> <p>One shorter term resident – on rehabilitation from hospital – compared the medical care at Dell Field Court as much better than she had received at Barnet Hospital.</p> <p>The only adverse comment was from a lady who felt that the activities offered do not meet her preferences, but when asked what activities she would like, she regretted that memory loss prevented her from saying. However she made it clear that she was able to fill her time by reading.</p> <p>It should be recorded that most of our discussions with residents took place in the presence of staff, but we feel confident that this did not condition their comments.</p> <p>All residents' care needs are assessed and written into individual care plans which are reviewed every 6 months or more frequently as required. No patients have bed sores. An advocate is attached to the home.</p>
Privacy and dignity	In all interactions we saw, the staff dealt very sensitively with residents. Residents religious and spiritual needs are cared for.
Relative / carers	We saw one lady whose father had joined Dell Field Court two weeks ago. She said that from what she had seen so far Dell Field Court is a good home.
Environment	Everywhere was very clean. All residents' spaces are carpeted. There is a garden with a variety of secluded areas and ample seats.
Furniture	Signs of reasonable wear and tear on the furniture and carpets.
Food	The kitchen where the food was prepared was clean and organised. The prepared meals were based on dietary needs, cultural requirements and nutritional values. We tasted the Asian lunch. It was tasty, varied and took into account residents religious and cultural requirements.
Smells	The atmosphere was clean and fresh, with no smells.
Activities	There are a wide range of listed activities on the notice board.

	<p>Some residents were engaged in a group painting session, and they also mentioned basket work, evening entertainment, and light exercise sessions.</p> <p>Many of the activities for Asian Residents were different e.g. religious rituals and Hindu prayers</p>
<p>Recommendations:</p>	<p><b>1. <u>Infection Control:</u></b> Dell Field Court is a comparatively large care home with 40 residents, a large staff and many visitors. We did not see evidence of strategically placed hand-gel containers, with appropriate instructions at communal doors and room doors. We recommend that provision be made for hand-washing to be implemented rapidly if an infection occurs in the home, in order to minimise the possibility of cross-infection. We suggest that the fittings for hand-gel containers should be installed , and the containers and suitable notices be held in store for rapid deployment when needed.</p> <p><b>2. <u>Feedback from residents, and their relatives:</u></b> We would like to suggest that an active system be set up to obtain regular feedback from residents and relatives. This could include questionnaires and feedback sessions to enable the residents to have a further participatory role in the running of the home to ensure its continuing progress and improvement. <b>WOULD MS. ARMITAGE PLEASE COMMENT ON THIS, AS ONE LINK REP GOT THE IMPRESSION THAT RESIDENT FEEDBACK SESSIONS ARE ALREADY HELD – BUT PERHAPS NOT WITH WRITTEN QUESTIONNAIRES</b></p> <p><b>3. <u>Activities:</u></b> Although there is a diverse timetable of daily activities, we noticed that very few are for physical activity or complementary and holistic therapies such as gentle chair exercises, outdoor walking, body-massage, yoga or meditation which might further enhance the residents’ quality of life.  <b>Asian residents on the top floor suggested that they would like to have gentle Yoga session (for the elderly) for them ideally arranged on the same floor and by an Asian instructor who could speak their language. Certain charities and voluntary organizations provide such services and we would be pleased to provide further information.</b></p> <p><b>4. <u>Transport for the residents:</u></b> An issue raised by Asian residents is that, since withdrawal of the mini-bus about 18 months ago funded by Barnet Council (due to a change in the composition of the resident group which put the home outside the criteria for such funding), they have been unable to make fortnightly visits to Indian temples, specialist shops and restaurants in the Wembley area. Taxis would be unaffordable. They have sought TfL Dial-a-Ride bookings for such journeys, but have been told that this is not possible because Wembley is more than five miles from the home.</p>

	<p>Lack of appropriate transport facilities makes residents feel confined and isolated.</p> <p>The issue of visits to Wembley should be pursued with TfL Dial-a-Ride management, to check whether the distance is really an issue for them and, if necessary, see if a compromise can be negotiated, such as limiting the frequency of such journeys to once per month. We would be pleased to negotiate with TfL if required.</p>
<p>Conclusion:</p>	<p>Dell Field Court is a comfortable, well run home for a range of residents, including those with dementia and mental health problems but not for those needing intensive nursing care.</p> <p>The residents appear very well looked after and the staff caring and competent. We would be happy to recommend it to potential suitable residents.</p> <p>However, we suggest that above recommendations should be implemented as soon as possible especially with regards to (a) providing suitable transport for the residents (b) arranging a qualified and experienced Asian Yoga and Complementary Therapies instructor for the Asian residents on the top floor. Barnet LINK can assist the home in both these issues.</p>
<p>Signed: Dipak Jashapara: Jeremy Gold: Robin Tausig:</p>	
<p>Date:</p>	

**Barnet LINK**  
**Enter and View Visit –Monitoring report.**

Name of Establishment	Springdene Nursing & Care Home, 55 Oakleigh Park North, Whetstone London, N20 9AT
Staff met during visit:	Mrs Mary Adjei, Manager; Elizabeth Otuseso, staff nurse, who showed us round.
Date of Visit:	12 June 2012
Purpose of visit:	One of Barnet LINK's planned Enter & View visits to obtain information on the quality of care offered by Nursing and Care Homes in the London Borough of Barnet. Action taken to meet the concerns of the Quality Commission, following their February 2012 visit, was discussed. These concerns related to treating residents with respect, and involving them with their care, lack of staff training in aspects of the Mental Capacity Act and obtaining consent for care and treatment, protecting residents from harm, and improving medicines management.
LINK Authorised Representatives involved:	Gillian Jordan, Jeremy Gold and Allan Jones.
Introduction	Springdene is purpose-built with four residential floors and single room ensuite accommodation for 56 residents. It opened in 1997 and is one of 4 Springdene Care and Nursing Homes in North London. Specialist provision is available for residents with dementia, physical disabilities and the elderly mentally ill with a fully staffed, private, rehabilitation floor with a gym and small hydrotherapy pool.
General Impressions:	<p>The facilities can best be described as compact and functional rather than spacious and homely. A claim in the company's current newspaper advertisement that "Springdene is ... built to luxury hotel standards..." does not convey an accurate impression.</p> <p>The atmosphere was friendly and relaxed. Many residents were in their rooms (some bed-ridden). A generous complement of nurses and care assistants were with those patients in the lounges and were engaging them in appropriate activities, although there was little interaction between the patients themselves, which may be because of their mental status.</p>
Policies & Procedures.	<p>Policy and procedure documents, including the Safeguarding of Vulnerable Adults, Mental Health Policy &amp; Code of Practice, Fire Drill procedures, Staff &amp; Residents Complaints Procedures, Health &amp; Safety policy, Care Homes Regulations and the CQC report on the latest visit were all seen. All were up to date and readily available. Several had been updated to reflect the CQC comments.</p> <p>Comprehensive documentation covering the provision and recording of care related to incidents of harm, residents' weight records, regular dental checks, medicines management, pressure sore prevention and treatment, respect for resident's dignity, security and transfer arrangements are available, and well used. CQC concerns have been addressed primarily by a series of training courses for staff. Between February and June this year training on the Mental Capacity Act, Dementia Awareness, Fire Safety, Health &amp; Safety, Infection Control Safeguarding of Vulnerable Adults and Medicine Management have been held, with external assistance, from Doctors or external trainers, where required. Record systems have been improved and updated. CQC staff have paid a return visit but are yet to report back.</p>
Health & Safety considerations	<p>Qualified Nursing staff are on duty 24 hours.</p> <p>Comprehensive records are kept on falls, weight and nutrition status.</p> <p>Doors to stairs are self-closing and are electrically locked with code number key pads to open.</p> <p>Policy for bed-ridden patients at risk of bed sores is to check and turn them every two hours.</p> <p>Beds are fitted with detectors so that residents at risk of falls and who get up during the night can be monitored.</p> <p>Hand gel dispensers were located at all floor and lift doors, although during our</p>



	<p>visit we did not see anyone using them. The polished wood floors did seem rather slippery.</p>
Staff	<p>There are 72 nursing staff with 14 full time equivalent Registered nurses, either RGN or RMN. Five staff, including 3 registered nurses, are on duty at night. In case of staff shortage “Bank” nurses, with previous experience of the Home, are preferred over agency staff. Staff turnover was reported to be low. All staff wore uniforms with name badges. They were pleasant and cheerful, and did not appear to be under stress. Nurses and carers operated from a central desk – hospital style - immediately adjacent to the two most-used lounges The rehabilitation wing is fully staffed with physio and occupational therapy staff.</p>
Residents	<p>Of the 56 rooms 42 were occupied at the time of our visit. There are three separate groups, mainly accommodated on separate floors; patients with mental impairments, including dementia; patients with physical impairments – most due to advanced years and patients (mostly short-stay) on post-hospital rehabilitation, for whom physiotherapy, hydrotherapy and occupational therapy are available. This group are all privately funded. The various groups of residents each have their own lounges and dining areas. They are able to mix, but were not doing so during our afternoon visit. We spoke with several residents individually (although not with any of the mental impairment patients.) All expressed praise for Springdene and its staff. Residents with experience of other homes rated Springdene as equal or better. One resident funded by Barnet council was concerned that, because Springdene is a relatively expensive home, his funding review due shortly might force him to move elsewhere and he is very happy where he is. He had a bird feeder installed on the outside of his window and whilst we were talking to him several robins were frequent visitors, which clearly gave him much pleasure. It should be recorded that all our discussions with residents took place in the presence of staff, but we feel confident that this did not condition their comments.</p>
Privacy and dignity	<p>Care of the dying training has been provided. Those residents who require end of life support, and wish to remain in the Home are, whenever possible, accommodated. Support is available from the North London Hospice. 1:1 provision for residents with severe needs is available, subject to funding. Many residents were in their rooms, with doors closed, but several with doors open invited us in.  One gentleman was sitting at his table with a glass of fruit juice next to a used urine bottle. The staff nurse accompanying us explained that he needed assistance to reach the en-suite toilet (readily available by call bell) but he sometimes preferred to use the bottle. She said staff were aware of this and cleared it regularly and she asked one of the staff at the nursing station to deal with it.</p>
Environment	<p>Corridors are narrow and none of the public areas are carpeted. All bedrooms have shower and toilet en-suite, with aids for mobility impairment. Some rooms are small, with little spare space. Some are larger, but none we saw could be described as spacious. Shelf space is limited. The literature says that residents can bring their own furniture, but this would not be practicable in the smaller rooms. Bedrooms are carpeted, but the carpets are functional rather than lush. The lounges have both group and more individual areas and a welcome absence of serried rows of chairs. Two of the three lounges are combined with a dining area. Two lounges have a TV, but neither were on. Staff said that residents who wish to</p>

	<p>watch TV are encouraged to do so in their own rooms. The third lounge – which was unoccupied throughout our visit – had a piano which was also capable of automatic playing of background music. There is a separate dining room for residents who need help with their meals. There is a small, well maintained garden with tables, chairs and parasols for clement weather. Everywhere was very clean and fresh -smelling.</p>
Furniture	<p>Furniture looked in good repair. Each bedroom has one armchair, of a rather upright design, and a visitor’s chair.</p>
Food	<p>We did not see a meal service however we met the Head Chef, who seemed very committed, and he explained that menus operate on a three-weekly rota. He said that all food is fresh and purchased locally where possible;- no pre-prepared meals are used</p> <p>Breakfast is ‘continental’, lunch and dinner are three-course.</p> <p>As in hospitals, residents have to select from the menu the day before.</p> <p>Jewish dishes are available and no pig or shellfish products are used, although the home is not certified Kosher. There are always vegetarian options.</p> <p>No Hallal diet is offered. The Head Chef said this was because there is no demand. However this could be a circular argument if people requiring Hallal don’t come to Springdene because it is not offered.</p> <p>Residents we spoke to said the food was reasonable or good, but from several there was a lingering ‘but’ in the air. None could really articulate this, although one did hint at monotony of the regular cycle.</p>
Activities	<p>Arts, crafts and entertainment activities are provided in a separate activities room, but not at weekends or Bank holidays. Activities organisers are employed. There is a list on each floor of the activities offered on each day. We saw staff in the lounges sitting with residents playing board games with them or helping them read newspapers. None of the residents we spoke to mentioned activities – neither as a good nor as a poor feature of the home.</p>
Feedback from relatives.	<p>We spoke with several relatives, all of whom considered that the home provides a good service. One lady took the initiative to approach us to say that her father had been in two previous homes, from which she had removed him because of neglect and lack of basic care. By contrast, Springdene was excellent.</p>
Recommendations	<p>Consideration should be given to offering group activities every day, not just on weekdays.</p> <p>A more flexible menu rotation should be considered – both by varying the days of the week and by running separate rotas for lunch and dinner.</p> <p>A less regimented ordering system should be considered. It is not ‘homely’ to have to choose meals the day before.</p> <p>Advertising claims referring to “luxury hotel standards are misleading and should be reconsidered.</p> <p>All staff and visitors should be encouraged to use the hand gel on entering and leaving.</p>
Conclusions	<p>Springdene is a clean, attractive and well-furnished nursing home catering for a range of residents, including those with dementia and mental health problems and primarily for those needing relatively intensive nursing care.</p> <p>The residents appear well looked after and the staff caring and competent.</p> <p>Thank you to the staff for making us welcome and showing us around.</p>
signed	<p>Jeremy Gold: Allan Jones: Gillian Jordan</p>

Meeting	Safeguarding Overview and Scrutiny Committee
Date	12 December 2012
<b>Subject</b>	<b>Review of Funding for Education Provision at Northgate PRU Alongside Tier 4 Mental Health Intervention</b>
Report of	Cabinet Member for Education, Children and Families
Summary	This report outlines proposed funding arrangements for Northgate Pupil Referral Unit (PRU) alongside the tier 4 mental health intervention, with a particular focus on the maintenance of education for young people who may be required to access Child and Adolescent Mental Health Services (CAMHS). Reduced usage of the PRU following the ceasing of the Northgate Clinic tier 3 provision created concern about viability. Financial contributions from Enfield and Haringey are now agreed in principle for 2012/13 to balance the budget. A mixed model for funding (including place plus and hospital provision arrangements) is being proposed for Northgate PRU 2013/14 to maintain stability for integrated services, increase flexibility to support personalisation and increase use of the facility.

Officer Contributors	Brian Davis, Principal Educational Psychologist and Head of Complex Needs Vivienne Stimpson, Joint Head of Children's Commissioning NHS Barnet, CCG & LBB
Status (public or exempt)	Public
Wards Affected	All
Key Decision	Yes
Reason for urgency / exemption from call-in	N/A
Enclosures	N/A
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## **1. RECOMMENDATIONS**

- 1.1 That the Committee note the proposed funding arrangements in year 2012/13 and the revised funding proposals for 2013/14 to maintain education provision at Northgate PRU alongside tier 4 mental health intervention and make appropriate comments and/or recommendations to the responsible Cabinet Member.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 Safeguarding Overview and Scrutiny Committee , 16 April 2012, Transforming Community and Adolescent Mental Health Services (Decision Item 7) – The Committee requested that the Joint Associate Director of Joint Commissioning and Children’s Services provide a report to the Committee on the future education provision of CAMHS service users in Barnet.
- 2.2 Health Overview and Scrutiny Committee, 15 February 2012, Transforming Community and Adolescent Mental Health Services (CAMHS) – Update Report (Decision Item 11).
- 2.3 Health Overview and Scrutiny Committee, 21 February 2011, Barnet, Enfield and Haringey Mental Health Trust Transformation Programme (Decision Item 8).

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The Children’s Service supports and challenges schools around performance and outcomes to help deliver the Corporate Plan 2012/13’s priority of ‘Sharing opportunities, sharing responsibilities’ and the strategic objective of ‘narrowing the gap for children and young people at risk of not fulfilling their potential’, which is also to be prioritised in the Barnet Children and Young People Plan from April 2013. Achieving this objective continues to be the main driver for the work of the SEN and Complex Needs group.

## **4. RISK MANAGEMENT ISSUES**

- 4.1 The authority must provide access to full time education for all young people unless medical needs restrict access. Where there are medical needs the authority must take these into account and provide suitable education arrangements.
- 4.2 Children and young people experiencing psychological and mental health issues require flexible and personalised education arrangements underpinned by effective risk assessment and risk management processes.
- 4.3 The authority has statutory duties in relation to Safeguarding vulnerable children and adults. Failure to meet these duties could present a legal and reputational risk to the Council.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties under section 149, when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business and to be reflected into the design of policies and the delivery of services and for these to be kept under review.
- 5.2 The Children's Service is committed to 'narrowing the gap' caused by inequalities between different groups of pupils, particularly those who are underachieving, or at risk of underachieving, nationally. The attainment gap at Key Stage 4 (GCSE) for children with SEN was 32%. This gap is likely to be even greater for children and young people experiencing poor mental health.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 The main focus relates to the stability, viability and sustainability of the current education arrangements provided at Edgware Hospital for young people experiencing significant psychological and mental health issues. The funding proposals are considered on the basis of information currently available to address these issues.
- 6.2 It is considered that an integrated arrangement for education and treatment would be the current favoured and most effective model.
- 6.3 The education arrangements at Northgate PRU represent good value for money in an outstanding provision, for example when compared with out of borough specialist placement costs. The concern of the committee has been sustainability of the arrangements in the short to medium term.
- 6.4 For 2012/13 the cost of maintaining the Northgate PRU is approximately £380k for up to 28 places. A sum of less than £50k will be required each from Haringey and Enfield this year to balance the budget. For 2013/14 it is anticipated that Barnet will receive £300k from the Education Funding Agency for hospital education places and £80k will be allocated to the PRU for place funding.

## **7. LEGAL ISSUES**

- 7.1 The Council has a duty under the Education Act 1996 section 19 to provide education for children of compulsory school age. Section 19 (1) states: Each [local authority] shall make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them.

Further duties of local authorities are set out in the Children Act 1989 Part III Local Authority Support for Children and Families.

## **8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)**

- 8.1 The scope of Scrutiny Committees is contained within Part 2, Article 6 of the constitution.
- 8.2 The terms of Reference of the Scrutiny Committees are in the Overview and Scrutiny Procedure Rules (Part 4 of the Constitution). The Safeguarding Overview and Scrutiny Committee has within its terms of reference the following responsibilities:
- To scrutinise the Council and its partners in the discharge of statutory duties in relation to safeguarding.
  - To scrutinise the provision of education (children and adults), special educational needs provision, and the protection and welfare of children.

## **9. BACKGROUND INFORMATION**

- 9.1 This report has been requested by the Safeguarding Overview and Scrutiny Committee. The Committee seeks an update on the Northgate PRU and the CAMHS clinic arrangements, but with a particular focus on education for young people who may be required to access CAMH services as there was concern this may be destabilised by CAMH service changes.
- 9.2 This report is compiled following discussions with Special Educational Needs (SEN) representatives from Barnet, Haringey and Enfield, CAMHS and health commissioners and the head teacher of the PRU. Previous reports indicated that Haringey were minded to support in principle the establishment of a block of education places at Northgate PRU for Haringey access and that Enfield were keeping the need for future placements under review.
- 9.3 Two clinical units previously operated at the Edgware Hospital site. These were New Beginnings Acute Unit and Northgate Clinic, (now not operational). As agreed as part of the Tier 4 service business case, with oversight from the JHOSC, Northgate clinic will be used temporarily to accommodate young people from New Beginnings whilst it undergoes refurbishment. The new unit, to be renamed, aims to be operational by May 2013.
- 9.4 The tier 4 clinical unit of New Beginnings at Edgware Hospital continues to operate at the site with 12/13 beds, with planned expansion to 15-18. The community intervention model for tier 3.5 is being phased in for delivery in all three boroughs.
- 9.5 Moving forward, the expanded New Beginnings tier 4 clinic places (approximately 15 – 18 at any one time) are in effect to be block commissioned (by the three health areas working in collaboration). The overall aims of the service are to:

- Improve the management of acute and complex mental health conditions between Tier 3 and 4 to prevent an escalation in mental health conditions,
  - Reduce the length of stay in hospital
  - Reduce the use of OOB placements and improve patient experience of mental health service,
- 9.6 From the perspective of Northgate School notionally this could then be regarded as five to six open places for each of the three boroughs (Barnet, Enfield and Haringey) although accurate apportionment would affect this slightly; in practice actual numbers from each authority placed will vary according to immediate need. Other authorities might seek both clinical placements in the clinic and corresponding or stand alone educational placements in the PRU.
- 9.7 This is an attempt to provide an integrated education/mental health provision model both through the community support and intervention approach based in children's own localities, centred on their own schools but also through the Northgate tier 4 clinic/PRU based facilities. This creates a challenge in providing a spectrum of highly personalised arrangements which suit the treatment and education needs of the young people and partnerships with host mainstream schools and colleges.
- 9.8 The young people placed at a clinic such as New Beginnings will require acute and high dependency (HDU) based interventions for short periods of time and will then be transferred to the community with input from the their keyworker psychiatrists and psychologists who will manage any fluctuations in their conditions in the most appropriate settings, home, clinic or hospital to achieve wellbeing.
- 9.9 In practice education and CAMHS providers have had to try and work flexibly with the child's immediate needs at the centre in collaboration with host schools in home authorities where possible. Mental health needs can change rapidly. Rarely does the child's educational provision need after initial intervention exactly match their need for clinic intervention and the time scales for continued access may be different. For example they may finish clinic but continue to be engaged in their education at the PRU. Where possible we would seek to work with local boroughs, parents /guardians in the best interest of child, if their preferred choice is an integrated model of care across health and education.
- 9.10 Young people provided for may be extremely vulnerable, for example at risk of self harm.
- 9.11 **Key Issues:** Loss of the Northgate clinic has inevitably in the short term led to fewer on site education placements at the Northgate PRU linked to CAMHS interventions. However from September this year, the New Beginnings clinic places continue to appear slightly over subscribed (currently approximately 13) and these young people will require access to educational services within the current financial year. It is reported from Northgate PRU that 19 (16 plus 3 who are in process of discharge) are currently accessing the clinic and requiring education support (3 recently discharged, Barnet 8, Haringey 5, Enfield 3). The PRU could cater for 28 places in total.

- 9.12 As previously identified, in the current financial year, Barnet has identified at risk recoupment income as a result of reduced use of the PRU by Enfield and Haringey and in part by other authorities. This is hard to judge accurately mid financial year, but is estimated at around £114k in total, mainly to be split between the two authorities. Barnet's understanding is that the cost of the service to a child should be split across authorities according to the cost of the overall service for the full year, proportionately according to use, so Enfield and Haringey authorities should expect a request for funds to help spread the cost for this financial year. It was in fact agreed at the last JHOSC with the members from both authorities that they would bear a share of the costs based in part on previous usage for 2012/13.
- 9.13 **Education (Northgate):** Northgate provides highly personalised and flexible broad based secondary phase education arrangements for boys and girls aged from 11 to 19, not able to fully access their mainstream school for psychological reasons. This can be provided either solely through on site attendance or in combination through negotiated plans with other services and schools. Wherever possible joint work with a school or college will be central to implementation of an education plan either immediately on placement or after a period of support and transition.
- 9.14 From September 2011 admission to the PRU has not been based solely on placement at the clinics but also in agreement from the placing borough's and Barnet's Complex Needs Panels. This introduces greater flexibility and potential for personalisation, manages risk and improves accountability and monitoring. The nature of the placement and provision is variable according to need and may not need to be solely linked to mental health intervention.
- 9.15 Northgate has been judged as outstanding by OfSTED. It is further under the national spotlight as it has been selected by the Teaching Agency to be the only pupil referral unit in London to be an early implementer in 'teacher training for behaviour' working with Charlie Taylor (architect of the Taylor report on alternative provision). Our provider will be Goldsmiths University.
- 9.16 Northgate School trained staff will be delivering training modules and behaviour workshops. In addition staff will also be observing and training teachers in other main stream settings if they are struggling with managing behaviour.
- 9.17 Over the summer the Teaching Institute encouraged Northgate to become a teaching school. The application process was lengthy and detailed. The application was completed and we are awaiting a response. Requests from schools and academies in other boroughs for assistance have started to emerge. A training intern programme is also in place.
- 9.18 **Education (National):** Our schools and settings will be impacted by the proposals for the raising of the participation age in education to age 18 creating place pressures across the board but in particular for young people with social emotional and behavioural difficulties. This comes into place in 2015. There is a shortage of places for young people with SEBD across North London and independent out of borough CAMHS/Education placements can be expensive.
- 9.19 The draft SEN legislation is a recent publication requiring the Children's Services and Health offer on SEN to be clear by 2014. This will include our



arrangements for CAMHS services. The Taylor review of Alternative provision including PRUS (on providing extended and personalised education with the possibility of shared and commissioned provision with mainstream schools and academies) is relevant as are the new proposals for a revised funding model for both SEN and alternative provision (to be in place for 2013/14).

- 9.20 **Review of new Funding Models:** Placing boroughs and in any case Barnet, Enfield and Haringey, should all expect to make a financial contribution to the running of the PRU in 2012/13 under existing financial arrangements.
- 9.21 The new funding model for 2013/14 however ceases inter authority recoupment and suggests a maintained PRU will need to agree how many places it will maintain and for what purposes with their local authority, in this case Barnet, the Education Funding Agency and the Department for Education. PRUs will need to receive directly any agreed “top up” funding from placing authorities.
- 9.22 For 2013/14 Barnet proposes to implement the guidance on school funding reform and preparatory work for this is underway. Options for identifying and drawing down funding and full implications of these different options are still sketchy but all boroughs have worked hard to try and establish their place requirements and how they should be classified for SEN and alternative provision going forward.
- 9.23 Northgate can service 28 places in total. 15 - 18 places would need to be dedicated to young people placed at CAMHS tier 4 to match the clinical placement requirement.

There are two main options which currently appear possible:

- **Place Plus Option** – each PRU directly receives £8k per place against a place number agreed with the home authority. Each placing authority or school with a child provides the rest of the cost of the place as “top up”. This could mean that viability funding (the recoupment gap) for Northgate given any shortfall on placements remains largely with Barnet or underfunding leads to destabilisation. Alternatively Barnet, Enfield and Haringey could agree to fund at the required level through appropriate top up arrangements, spreading the cost of any unfilled places.
  - **Hospital Provision Option** – as this is currently understood, the funding for places is provided by National top slicing and the places are thereafter available to any placing authorities.
- 9.24 Since the last JHOSC when the above options were discussed, the EFA have agreed to a combination model of funding as outlined above (18 places hospital nationally funded and 10 place plus funded). However we will need to continue to discuss the feasibility of this approach with the Department for Education (DfE) as we move forward.
- 9.25 In addition to the above main options the PRU can still provide services which can be charged for where appropriate.
- 9.26 There is concern at the DfE and in Barnet that the funding changes immediately and in the future, in line with a new model, must in the short term

allow for continuity and stability. The DfE view is that the outcome should be “business as usual”.

- 9.27 In Northgate’s case it has seemed prudent to identify for 2013/14, 18 places as hospital provision for an integrated mental health intervention/education provision and 10 places for “place plus” funding, providing a different kind of placement experience, not as closely linked to CAMHS tier 4, open to placing authorities and schools.

## **10. SUMMARY OF KEY POINTS**

- 10.1 Northgate PRU is currently a little underutilised partially as a result of CAMHS service changes. Base funding is provided by Barnet Dedicated Schools Grant (DSG) and the financial liability for any shortfall in funds lost from recoupment for 2012/13 should be spread by agreement across Barnet Enfield and Haringey.
- 10.2 There will be up-coming demand in relation to raising of the participation age, increases in population numbers and young people with social emotional and behavioural difficulties and the expansion of tier 4 new beginnings is likely to see a demand for more placements. Increased demand could also come from flexible arrangements with host schools to support inclusion and reintegration and prevent exclusion. The Taylor review demands full time education for those young people able to access it. There is a need in any case to fully utilise the 28 places available as the EFA or DfE may question continuation of this capacity.
- 10.3 A mixed model for funding (including place plus and hospital provision) is being proposed and currently agreed by the EFA/DfE for Northgate PRU 2013/14 to maintain stability for integrated services, increase flexibility to support personalisation and increase use of the facility. The dialogue with the DfE over the required place numbers and funding arrangements will continue. Barnet, Enfield and Haringey Children’s services will need to collaborate in this discussion and agree the preferred position together. Dialogue will take place with Barnet and other borough schools to increase the role of Northgate in the delivery of services.

<b>Cleared by Finance (Officer’s initials)</b>	<b>MC/JH</b>
<b>Cleared by Legal (Officer’s initials)</b>	<b>LC</b>

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<b>Meeting</b>	Safeguarding Overview and Scrutiny Committee
<b>Date</b>	12 December 2012
<b>Subject</b>	<b>Exam Results and Narrowing the Gap</b>
<b>Report of</b>	Cabinet Member for Education, Children and Families and the Interim Director of Children's Service
<b>Summary</b>	A report on the exam results of Barnet's schools, and how the Children's Service is supporting schools to narrow the gap in educational attainment levels. This report presents an overview of 2012 performance data, work that has been undertaken to narrow attainment gaps between children eligible for free school meals and their peers and how gaps have narrowed. It also outlines future work to be carried out in order to further reduce attainment gaps

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Officer Contributors	John Paxton - Secondary Lead, Narrowing the Gap, Children's Service
Status (public or exempt)	Public
Wards affected	All
Enclosures	None
Reason for urgency / exemption from call-in	Not applicable

Contact for further information: John Paxton, Secondary Lead, Narrowing the Gap, Children's Service [john.paxton@barnet.gov.uk](mailto:john.paxton@barnet.gov.uk) 020 8359 6363

## **1. RECOMMENDATIONS**

- 1.1 That the Safeguarding Overview and Scrutiny Committee consider exams results in Barnet schools, especially progress made to narrow the gap in attainment levels and make appropriate comments and recommendations to the Cabinet Member.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 None

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The Barnet Children and Young People Plan 2010-2013 includes the priority 'Enable every child and young person to achieve their full potential, narrowing the gap for those whose attainment is at risk', which contributes to the corporate strategic objective of 'creating the conditions for children to develop skills and acquire knowledge to lead successful adult lives' as part of the corporate priority 'sharing opportunities and sharing responsibilities'. 'Ensuring every school is a good school for every child' also contributes to the corporate priority 'a successful London suburb'.

## **4. RISK MANAGEMENT ISSUES**

- 4.1 The level and number of children with complex special needs in Barnet continues to rise, in common with the national picture, although the balance of children with Special Educational Needs (SEN) in mainstream provision has not changed. This increased complexity of needs in both Special and mainstream schools places significant demand on teachers in schools and on specialist support services.
- 4.2 The new relationship between local authorities and schools, as set out in White Paper, The Importance of Teaching (2010) has, particularly with respect to academies and free schools, reduced the direct influence the local authority has over schools. The responsibility for school improvement now lies with schools.
- 4.3 Whilst Key Stage 4 and Key Stage 5 results for Barnet pupils place them in the top 15 local authorities nationally, Barnet's position at Key Stage 2 has slipped from 7th out of 150 local authorities in 2011 to 30th in 2012. Outcomes are still in the top quartile, but other local authorities have improved more quickly than Barnet.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 Performance data shows that children eligible for free school meals, Children in Care and children with SEN do less well than their counterparts at Key Stages 2 and 4. Outcomes for children from some ethnic groups are better than for others. One of the key priorities for the Children's Service is to narrow attainment gaps, enabling all children and young people to achieve their potential; making at least expected progress. The actions set out in this report are aimed at narrowing attainment gaps, contributing towards the equalities agenda.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 The Pupil Premium has been available to schools from 1 April 2011. It is specifically targeted at pupils eligible for Free School Meals, Children in Care and service children and will allow the provision of additional resources to help ensure that such pupils make better than expected progress. Weakening of ring-fence arrangements to grants within the Dedicated Schools Grant (DSG) from 1 April 2011 may also give schools greater flexibility in the way they are able to target spending.
- 6.2 The Schools' Forum has agreed that the DSG will continue to contribute to the funding of Narrowing the Gap Consultant posts within the new Children's Service structure.

## **7. LEGAL ISSUES**

- 7.1 From 1 April 2011 the responsibility for school improvement was delegated to schools. The local authority's responsibility is to provide challenge.

## **8. CONSTITUTIONAL POWERS**

- 8.1 The scope of Scrutiny committees is contained within Part 2, Article 6 of the constitution; the Terms of Reference of the Scrutiny Committees are in the Overview and Scrutiny Procedure Rules (Part 4 of the constitution) which states that the Committee has responsibility to "scrutinise the provision of education (children and adults), special educational needs provision, and the protection and welfare of children.

## **9. BACKGROUND INFORMATION**

- 9.1.1 Barnet is a high achieving local authority, with results for all Key Stages consistently in the top quartile nationally and in the top 10% of local authorities at Key stage 4 and Key Stage 5. Outcomes have continued to improve and gaps between vulnerable groups and their peers have narrowed faster than those nationally and for our statistical neighbours.
- 9.1.2 Over the past six years there has been a general improvement in the attainment of pupils eligible for free school meals at both Key Stage 2 and Key Stage 4 and those with SEN. The attainment gap between pupils eligible for FSM and those not eligible (NFSM) is narrower at Key Stage 2 than at Key Stage 4 and at Key Stage 4 the gap is narrowing. The 'Narrowing the Gap' advisors have a key role in challenging schools to identify and support FSM pupils and those with SEN in order to maximise their attainment and to maintain the direction of travel.
- 9.1.3 Performance data for 2012 is unvalidated and subject to change. The data which informs this analysis is drawn from Statistical First Releases (SFR) provided by Department for Education and available at [www.education.gov.uk/rsgateway/](http://www.education.gov.uk/rsgateway/) and from data published by EPAS (Educational Performance Analysis System). The median performance of statistical neighbours is used as the comparator.
- 9.1.4 The accountabilities for schools with respect to the Pupil Premium (PP) require that they are able to demonstrate, publicly, how their PP funding for disadvantaged pupils (those eligible for FSM, Children in Care and service children) has been used. Schools need to be aware of and implement support strategies which are both effective and represent

value for money. The Local Authority will monitor the impact of this.

## 9.2 Early Years Foundation Stage (EYFS)

EYFS performance is a measure of pupils' achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal, Social and Emotional Development and Communication, Language and Literacy. Barnet pupils' attainment is better than that nationally or of our statistical neighbours, although there has been no improvement on last year.

<b>% of pupils achieving at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal, Social and Emotional Development and Communication, Language and Literacy</b>					
	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Barnet</b>	53	57	<b>64</b>	<b>69</b>	<b>69</b>
<b>National</b>	49	52	<b>56</b>	<b>59</b>	<b>64</b>
<b>Statistical neighbours</b>	53	57	60	60	63

## 9.3 Narrowing the Gap in EYFS

An important indicator is the gap between the median achievement and that of the lowest 20 % of the cohort. This achievement gap has been narrowing steadily in Barnet, although a slight rise places Barnet in line with national performance and behind that of our statistical neighbours.

<b>The percentage gap in achievement between the lowest 20 per cent of achieving children in a local authority and the score of the median child in the same authority expressed as a percentage of the same median score.</b>						
	<b>2012</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>
<b>Barnet</b>	30.9	29.1	29.8	30.0	31.6	35.9
<b>National</b>	30.1	31.4	32.7	33.9	35.6	37.2
<b>Statistical neighbours</b>	29.7	30.8	32.6	33.7	34.1	35.9

## 9.5 Action to Narrow the Gap in EYFS

The Narrowing the Gap team has provided a range of universal and targeted support to schools and settings to help them to improve provision for pupils whose attainment and progress might be at risk. The team has also provided support to Children's Service Officers, including Learning Network Inspectors and Educational Psychologists with regard particularly to data analysis and the identification of at-risk groups.

Other support has included:

- Support to private voluntary and independent settings offering free entitlement to most vulnerable two year olds
- Design and roll out of effective tracking tool for EYFS pupils in schools and private, voluntary and independent sector to monitor progress of all identified vulnerable groups.
- Challenging and supporting schools to ensure effective pupil progress meetings in EYFS

- Support to schools to ensure high quality EYFS when taking a bulge class.
- Implementation of the revised framework including the raising in the standards expected and how to ensure achievement for all.
- Since April 2012 over 1050 practitioners of EYFS have attended training.

## 9.6 Key Stage 1

Attainment at Key Stage 1 is based on teacher assessments of reading, writing, maths and science. Barnet pupils' attainment at Level 2+ - the expectation for KS1 - showed improvement in reading and writing, but no real change in maths and science.

<b>Key Stage 1 Assessments 2011-2012: % Level 2+ Reading, writing, maths, science</b>										
		<b>Barnet</b>			<b>National</b>			<b>Statistical neighbours</b>		
		<b>Boys</b>	<b>Girls</b>	<b>All</b>	<b>Boys</b>	<b>Girls</b>	<b>All</b>	<b>Boys</b>	<b>Girls</b>	<b>All</b>
<b>Reading</b>	2011	84	89	86	82	89	85	84	90	86
	2012	86	91	88	84	90	87	86	91	88
<b>Writing</b>	2011	78	86	82	76	87	81	78	87	82
	2012	79	89	84	78	88	83	79	88	84
<b>Maths</b>	2011	90	91	90	88	91	90	90	92	91
	2012	90	92	91	89	92	91	90	92	91
<b>Science</b>	2011	88	91	90	89	91	90	87	90	89
	2012	89	92	90	89	92	90	88	91	89

Attainment at 2B+ is a more exacting measure. Outcomes for Barnet pupils are ahead of national and in line with statistical neighbours

<b>Key Stage 1 Assessments 2011 -2012: % Level 2b+ Reading Writing , Maths</b>										
		<b>Barnet</b>			<b>National</b>			<b>Statistical Neighbours</b>		
		<b>Boys</b>	<b>Girls</b>	<b>All</b>	<b>Boys</b>	<b>Girls</b>	<b>All</b>	<b>Boys</b>	<b>Girls</b>	<b>All</b>
<b>Reading</b>	2011	70	79	75	68	79	74	70	80	75
	2012	74	81	77	72	81	76	74	82	77
<b>Writing</b>	2011	55	69	62	53	70	61	56	70	62
	2012	58	71	64	57	72	64	58	73	65
<b>Maths</b>	2011	75	77	76	73	76	74	75	77	76
	2012	75	77	76	75	78	76	76	79	78

## 9.7 Free school meal gap

The gap between FSM and NFSM pupils continues to narrow at Key Stage 1 in all subjects at L2+. The difference in attainment between the two groups has is lower than that nationally and for our statistical neighbours; the pace of reduction is faster in Barnet than nationally or for statistical neighbours.

<b>Key Stage 1: % Level 2+: attainment gap between pupils eligible for FSM and those not eligible</b>			
	<b>2010</b>	<b>2011</b>	<b>2012</b>
	<b>Reading</b>		
<b>Barnet</b>	13	11	7
<b>National</b>	16	15	14

<b>Statistical neighbours</b>	13	11	9
	<b>Writing</b>		
<b>Barnet</b>	15	15	11
<b>England</b>	18	18	16
<b>Statistical neighbours</b>	17	14	13
	<b>Maths</b>		
<b>Barnet</b>	11	10	5
<b>National</b>	11	11	11
<b>Statistical neighbours</b>	11	10	8

### 9.8 Phonics Screening Check

For the first time in 2012 there was a national phonics screening check for Year 1 pupils. The proportion of Barnet pupils meeting the expected standard was higher than that nationally or of our statistical neighbours. Girls' performance was better than that of boys, a national trend, but the gap is narrower in Barnet than nationally or for our statistical neighbours. The gap between NFSM and FSM pupils is similar to that nationally and for statistical neighbours.

<b>2012 Y1 Phonics Screening Check: % of pupils meeting expected standard</b>									
	<b>Barnet</b>			<b>National</b>			<b>Statistical neighbours</b>		
	<b>FSM</b>	<b>NFSM</b>	<b>ALL</b>	<b>FSM</b>	<b>NFSM</b>	<b>ALL</b>	<b>FSM</b>	<b>NFSM</b>	<b>ALL</b>
<b>ALL</b>	49	67	64	44	61	58	44	61	59
<b>BOYS</b>	45	65	61	40	58	54	38	57	55
<b>GIRLS</b>	54	70	66	49	65	62	48	66	62

### 9.9 Key Stage 2

At Key Stage 2 outcomes for Barnet pupils continue to be better than those nationally and for our statistical neighbours. There were improvements year-on-year for all pupils gaining Level 4 in both English and Maths. The gap between boys' and girls' attainment narrowed by 3% in 2012

<b>KS2: % pupils gaining Level 4+ in both English and maths</b>									
	<b>Barnet</b>			<b>Statistical neighbours</b>			<b>National</b>		
	<b>Boys</b>	<b>Girls</b>	<b>All</b>	<b>Boys</b>	<b>Girls</b>	<b>All</b>	<b>Boys</b>	<b>Girls</b>	<b>All</b>
<b>2007</b>	77	78	77	73	73.5	73	70	73	71
<b>2008</b>	78	81	79	74	77	75.5	71	75	73
<b>2009</b>	76	78	77	72.5	77	74.5	70	75	72
<b>2010</b>	78	80	79	76	80	77	71	76	73
<b>2011</b>	78	82	80	75	78	77	72	77	74
<b>2012</b>	82	83	82	79	82	80.5	77	82	80

### 9.10 Free School Meal gap

Outcomes for pupils eligible for FSM improved by 7% year-on-year; the gap between NFSM and FSM pupils narrowed by 5%. The Children and Young People Plan target for a



gap of 19% was exceeded. Data for England and our statistical neighbours is not yet available.

<b>The Free School Meal (FSM)/ non FSM achievement gap: Key Stage 2: % Level 4+ in both English and Maths</b>									
	<b>Barnet</b>			<b>National</b>			<b>Statistical Neighbours</b>		
	<b>Non FSM</b>	<b>FSM</b>	<b>Gap</b>	<b>Non FSM</b>	<b>FSM</b>	<b>Gap</b>	<b>Non FSM</b>	<b>FSM</b>	<b>Gap</b>
<b>2006</b>	83	58	25	74	49	25	78	52	26
<b>2007</b>	83	53	30	75	51	24	78	53	25
<b>2008</b>	84	60	24	77	54	23	79	57	22
<b>2009</b>	81	58	23	75	53	22	79	55	24
<b>2010</b>	81	62	19	77	56	21	80	58	22
<b>2011</b>	84	65	19	78	58	20	81	60	21
<b>2012</b>	86	72	14	N/A			N/A		

### 9.11 Special Educational Needs

There are three categories of SEN; from least to most severe they are: School Action, School Action Plus and Statement of Special Educational Need. Outcomes for Barnet pupils with SEN but without statements show year-on-year improvements. Data for England and our statistical neighbours is not yet available. Barnet has a higher percentage of pupils with SEN, in particular those at School Action and School Action Plus (average 2007 – 2012 of 26%) than England (average 22%) and our statistical neighbours (average 20%) Barnet has a similar percentage of pupils (3.2%) with statements compared to England (3.2%) and our statistical neighbours (3.7%)

<b>Key Stage 2: % Level 4+ in both English and Maths Pupils with SEN but without a statement</b>			
	<b>Barnet</b>	<b>National</b>	<b>Statistical Neighbours</b>
<b>2007</b>	46	31	34
<b>2008</b>	51	35	38
<b>2009</b>	49	34	39
<b>2010</b>	51	37	42
<b>2011</b>	56	38	41
<b>2012</b>	62	N/A	N/A

Outcomes for pupils with statements fell year-on-year; performance for this group is variable because of small numbers in the cohort, but has, historically, been significantly higher than national results or those of our statistical neighbours

<b>Key Stage 2: % Level 4+ in both English and Maths Pupils with Statements</b>			
	<b>Barnet</b>	<b>National</b>	<b>Statistical Neighbours</b>
<b>2007</b>	30	13	15
<b>2008</b>	28	14	16
<b>2009</b>	15	13	14
<b>2010</b>	17	13	16

<b>2011</b>	25	15	17
<b>2012</b>	21	N/A	N/A

### 9.12 Children in Care

Children in Care in Barnet do well by comparison with those nationally and in our statistical neighbours. Outcomes are variable due to the small cohort size.

	<b>Percentage attaining level 4 or above in English</b>						
	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Barnet CiC	41	70	38	55	-	62	70
Statistical Neighbours CiC	37	51	57	53	n/a	60	n/a
England CiC	43	46	46	46	45	50	n/a
Barnet All Children	83	84	85	84	85	85	87
England All Children	79	80	81	80	81	81	85
	<b>Percentage attaining level 4 or above in mathematics</b>						
	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Barnet CiC	-	75	57	59	-	54	50
Statistical Neighbours CiC	36	55	48	55	n/a	n/a	n/a
England CiC	41	43	44	46	44	48	n/a
Barnet All Children	81	81	84	83	84	84	86
England All Children	76	77	79	79	81	80	84

### 9.13 Action to Narrow the Gap at Key Stage 2

This has included:

- Analysis of performance data and presentations to headteachers at directors' meetings, with particular reference to underperforming groups
- Identification of schools where gender / FSM / ethnic / EAL gaps indicate concern
- Support to identified schools to consider the causes of progress and attainment gaps, and to improve provision through more precise identification of the learning needs of particular at-risk groups
- A range of centrally delivered training for teachers to improve the identification of needs, and strategies and approaches to improve provision, especially relating to reading and writing at Key Stage 2
- Training for Newly Qualified Teachers in approaches to improving provision for at-risk groups
- Targeted support for individual schools designed to build capacity in leaders and practitioners with bespoke programmes of support and challenge
- A cross-phase Narrowing the Gap conference was organised in February 2012, with guest speakers Dr Lee Elliot-Major from the Sutton Trust, and Steven Drew from Passmores Academy in Harlow featured in the Channel 4 series Educating Essex
- Action research projects with schools so that provision is improved for children at risk of underachievement
- A Narrowing the Gap advisor is working with Afghan Association Paiwand on a project, supported by a grant from the Paul Hamlyn Trust to develop Saturday school provision for disadvantaged and at risk pupils in KS1 and 2

## 9.14 Key Stage 4: GCSE

Attainment for pupils at Key Stage 4 continues to place Barnet in the top 10% of local authorities. The percentage of pupils gaining 5+ GCSEs at grades A\*-C including English and Maths fell by 1.5%, in line with our statistical neighbours; results nationally were static year-on-year.

<b>Key Stage 4: % pupils gaining 5+A*-C GCSE passes including English and Maths</b>			
	<b>Barnet</b>	<b>Statistical neighbours</b>	<b>National</b>
2006	55.9	50.9	44.1
2007	59.7	50.5	45.9
2008	61.1	54.0	48.4
2009	61.4	56.6	50.9
2010	67.3	61.4	55.3
2011	68.8	63.2	58.4
2012	67.3	61.7	58.4

## 9.15 Progress from Key Stage 2 to Key Stage 4

Pupils are expected to make at least three levels of progress in English and Maths between Key Stage 2 and Key Stage 4. Pupils who gained level 3 at Key Stage 2 are expected to gain at least GCSE grade D, those at Level 4 at least C, and pupils with Level 5 are expected to gain at least Grade B. Many level 5 pupils will gain A or A\*. Progression rates for Barnet pupils place them in the top 10% for English and the top 15% for Maths. There has been a fall in the rate of progress in English nationally and for our statistical neighbours, but the difference is not as great in Barnet as it is elsewhere. Although progress fell in English it continued to rise in Maths, albeit at a slower rate. It is probable that the slow-down in English contributed to the drop in 5+ A\*-C including English and Maths outcomes in Barnet this year.

<b>% of pupils making expected progress from KS2 to KS4 in English</b>			
	<b>Barnet</b>	<b>National</b>	<b>Statistical neighbours</b>
2009	79.4	66.4	74
2010	83.3	71	79
2011	83.5	73.1	81
2012	81.5	68.9	75
<b>% of pupils making expected progress from KS2 to KS4 in Maths</b>			
	<b>Barnet</b>	<b>National</b>	<b>Statistical neighbours</b>
2009	70	59.3	69
2010	76.2	63.4	70
2011	78.3	65.9	74
2012	79.5	69.6	78

## 9.16 Children in Care (CiC)

Children in Care in Barnet have, historically, been more successful than those nationally or in our statistical neighbours. Outcomes are variable due to small cohort sizes.

	<b>% of pupils gaining 5+A*-C inc E&amp;M</b>						
	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Barnet CiC				16	16	10	17
Statistical Neighbours CiC				n/a	13	n/a	n/a
England CiC				10	12	13	n/a

Barnet All Children				61	67	68	67
England All Children				50	53	58	59

### 9.17 Free school meal gap

The attainment gap between pupils eligible for free school meals and those not eligible continues to narrow in Barnet, and is now at its smallest ever. The rate of improvement here is better than national, where there has been no real change over the past 5 years. One reason for the reduction of the gap is that outcomes for NFSM pupils fell in 2012 whereas there was no change for FSM pupils. It is a measure of the success of work to improve outcomes for FSM pupils that their results did not follow the pattern of their peers.

% GCSE 5+ A*-C inc E&M: NFSM – FSM Gap									
	Barnet			National			Statistical neighbours		
	FSM	NFSM	GAP	FSM	NFSM	GAP	FSM	NFSM	GAP
2012	48	71	23	N/A	N/A	N/A	N/A	N/A	N/A
2011	48.3	73.1	24.8	34.7	62.2	27.5	41.9	67.4	25.5
2010	44	72	28	31.4	59	27.6	35.5	66	30.5
2009	34.2	67.2	33	26.7	54.5	27.8	33.8	60.4	26.6
2008	40.4	65.1	24.7	24	51.8	27.8	31	58	27
2007	33.8	64.4	30.6	21.5	49.4	27.9	30.3	54.3	24

### 9.18 Key Stage 4: SEN

The performance of pupils with SEN, with and without statements has historically been better than that nationally and in our statistical neighbours. Results for 2012 show an improvement year-on-year for pupils without statements, but results for those with statements remain static. Results are variable for this group because of small cohort sizes.

	% 5+A*-C inc E&M: Pupils with SEN but without a statement					
	2007	2008	2009	2010	2011	2012
<b>Barnet</b>	20	23	25	31	36	39
<b>England</b>	12	15	19	23	25	
<b>Statistical Neighbours</b>	17	20	21	23	29	

	% 5+A*-C inc E&M: Pupils with Statements					
	2007	2008	2009	2010	2011	2012
<b>Barnet</b>	10	9	10	12	17	17
<b>England</b>	5	5	6	7	9	
<b>Statistical Neighbours</b>	6	7	8	9	11	

### 9.19 English Baccalaureate (EBac)

The EBac was introduced in 2011. It comprises a package of GCSE passes at grade C or better in five subjects: English, Maths, Science, a humanities subject and a modern foreign language. The performance of Barnet pupils in the EBac is significantly better than that nationally and ahead of our statistical neighbours in all subjects except science. A significantly higher proportion of pupils are entered for EBac subjects than nationally. Barnet's overall performance in EBac places it 4<sup>th</sup> nationally.

	Percentage of pupils achieving the components of the English Baccalaureate					% entered	% achieved
	English	Maths	Science s	History or Geography	Lang-uages		
<b>Barnet</b>	76	76	79	76	85	39	31
<b>National</b>	66	69	75.	68	70	23	16
<b>Statistical neighbour s</b>	69	74	79	74	81	32	25

## 9.20 Academies

Whilst median outcomes for Barnet academies are higher than for non-academies, the rate of improvement is faster in non-academies. In 2012 outcomes for non-academies improved, but fell year on year in academies.

KEY STAGE 4: Median % 5 or more GCSE A*-C passes including English and Maths								
	2005	2006	2007	2008	2009	2010	2011	2012 (Prov)
<b>BARNET</b>	57	58	62	61	61	67	69	67
<b>NOT ACADEMIES</b>	44	49	52	46	51	56	62	66
<b>ACADEMIES</b>	55	61	60	69	66	77	72	69

## 9.21 Action to narrow the gap at Key Stage 4 and in secondary schools

As outlined in paragraph 9.4, the Narrowing the Gap team works with Children's Service officers to provide analysis of performance data and to help develop improvement plans for schools.

Work with secondary schools has included

- Raising Achievement - Narrowing the Gap networking meetings for senior teachers responsible for attainment and progress have been run each term, along with meetings for teachers with responsibility for literacy in secondary schools.
- Support has been provided to maintained schools to help senior leaders monitor the progress of at risk groups and to improve provision, particularly with regard to marking and feedback.
- Training for NQTs on strategies to improve provision for vulnerable pupils and to improve provision for literacy across the curriculum.
- Support to schools to audit the quality of support for literacy across the curriculum and training for teachers in strategies to improve provision
- Help has also been given to help teachers improve support for literacy across the curriculum. A small grant was available to schools to develop this work through projects which will be evaluated later this term
- Work with the 14-19 team on strategies to prevent people Not in Education, Employment or Training (NEETs) and with the Senior Educational Psychologist to develop guidance on supporting pupils whose attainment and progress are at risk, through the Vulnerable Children Leading Edge Group.
- A project to pilot the Sutton Trust Toolkit recommendations for use of the Pupil Premium has been launched with 6 schools

### 9.22: Key stage 5: A Level

Young people in Barnet schools do very well at A level and Level 3 qualifications. There are a number of ways in which outcomes at KS5 can be gauged. Average point score (APS) per entry – per subject taken or APS per student - measures show that Barnet pupils perform significantly higher than those nationally or in our statistical neighbours, and that results improved year on year, especially for boys.

Grade	Points	
A*	300	The average point score for Barnet pupils in 2012 was 826 points. This is roughly equivalent to AAB at A level and would enable many to secure places at Russell group universities. The average point score per entry is 227 points, roughly a low B grade.
A	270	
B	240	
C	210	
D	180	
E	150	

Key Stage 5: Average point score per student : All Level 3 qualifications						
	Barnet		National		Statistical neighbours	
	2011	2012	2011	2012	2011	2012
<b>Males</b>	749	816.6	710.8	756.1	717.7	733
<b>Females</b>	793.9	835.0	743.4	794.9	757.1	778
<b>All</b>	773.5	826.1	728.2	776.8	738.8	747
Key Stage 5: Average point score per entry						
	Barnet		National		Statistical neighbours	
	2011	2012	2011	2012	2011	2012
<b>Males</b>	225.7	224.7	209.2	207.2	213.6	215
<b>Females</b>	227.6	228.5	216.5	215.1	220.2	221
<b>All</b>	227	227	213.1	211.4	216.8	218

Pass rates for students gaining two or more A levels or equivalent and those gaining AAB equivalents also provide an indication of how well Barnet students are performing:

Percentage of students achieving 2 or more passes of A level equivalent size						
	Barnet		Statistical Neighbours		National	
	2011	2012	2011	2012	2011	2012
<b>Males</b>	93.8	97.9	96.3	98	93.5	97.0
<b>Females</b>	97.0	98.3	97.0	98	93.7	98.1
<b>All</b>	95.6	98.1	96.4	98	93.6	97.6
Percentage of students achieving AAB or more passes at A level						
	Barnet		Statistical Neighbours		National	
	2011	2012	2011	2012	2011	2012
<b>Males</b>	31.2	19.5	18.9	11	16.5	9.9
<b>Females</b>	30.4	14.7	19.7	9	17.6	7.2
<b>All</b>	30.8	17.0	19.3	10	17.1	8.4

The percentage of students gaining 2 or more A level passes improved slightly year-on-year, in line with national trends, but there was a significant fall in the percentage gaining AAB or equivalent. This again follows the national trend but, nevertheless, outcomes for Barnet students are better than national or for our statistical neighbours.

Most schools require a minimum standard of GCSE attainment before students are accepted onto A Level courses, but unvalidated performance data indicates that FSM pupils (who would also have to meet those minimum entry requirements) attainment at A level / Level 3 lags behind that of NFSM pupils. Further analysis must be undertaken to ascertain some of the reasons for this difference.

## **10. LIST OF BACKGROUND PAPERS**

10.1 None.

<b>Cleared by Finance (Officer's initials)</b>	<b>MC/JH</b>
<b>Cleared by Legal (Officer's initials)</b>	<b>MB</b>

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Meeting	Safeguarding Overview & Scrutiny Committee
Date	12 December 2012
<b>Subject</b>	<b>Members Visits to Children's Homes &amp; Young People's Hostels, Options Paper</b>
Report of	Assistant Director, Social Care / Scrutiny Office
Summary	This report outlines how Member and officer visits to Children's Homes currently operate and statutory requirements in relation to this. The Committee are requested to provide their views on the continuation of Member visits to Children's Homes.

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Officer Contributors	Debbie Gabriel, Service Manager, Children's Social Care Andrew Charlwood, Overview and Scrutiny Manager
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Status (public or exempt)	Public
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Wards affected	All
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Enclosures	None
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Reason for urgency / exemption from call-in	Not applicable
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## **1. RECOMMENDATION**

- 1.1 That the Safeguarding Overview and Scrutiny Committee consider the background to Member visits to Children's Homes and identify a preferred option regarding the continuation of Member visits from those options identified at paragraph 9.31 below.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 First Class Education and Children Overview and Scrutiny Committee, 13 June 2006 – the Committee agreed that Members should undertake monthly visits to Children's Homes to review activity in relation to the five outcomes for children identified in the Children's Act 2004. Between 2006 and 2012, findings from Member visits to Children's Homes have been regularly reported to the following committees and considered in the exempt part of the meeting:
- First Class Education and Children Overview and Scrutiny Committee (2005 – 2009);
  - Children's Services Overview and Scrutiny Sub-Committee (2009 – 2011); and
  - Safeguarding Overview and Scrutiny Committee (2011 to date)
- 2.2 First Class Education Overview and Scrutiny Committee, 7 May 2009 – the Committee resolved that Member visits should be recommended to continue under the new scrutiny structure.
- 2.3 Policy and Performance Overview and Scrutiny Committee, 30 June 2009 – the Committee approved the Children's Services Overview and Scrutiny Sub-Committee work programme which included the continuation of Member and Officer Visits to Barnet Children's Homes. The Committee also resolved that Member visits to Barnet's Children's homes should be undertaken by Members of the Children's Services Overview and Scrutiny Sub-Committee
- 2.4 Children's Services Overview and Scrutiny Sub-Committee, 28 April 2011 – the Committee resolved that its successor committee should continue to facilitate Member visits to Barnet's Children's Homes and Young People's Hostels
- 2.5 Safeguarding Overview and Scrutiny Committee, 24 September 2012 – the Committee considered a paper which set out options for the future of Members Visits to Children's Homes & Young People's Hostels and resolved that consideration of the item be deferred to enable Officers to discuss options for Member Visits with the Corporate Parenting Advisory Panel and for the report to be re-presented to the 12 December 2012 meeting.

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The Corporate Plan 2012/13 includes the strategic objective to 'Safeguarding vulnerable children and adults'. Officer visits to Children's Homes help to support this priority. Member visits to Children's Homes and Young People's Hostels provide an opportunity for elected Members to discharging their responsibilities as Corporate Parents.

## **4. RISK MANAGEMENT ISSUES**

- 4.1 Members are required to have Criminal Records Bureau (CRB) checks to undertake visits. Until recently, there were only a limited number of Members of the Safeguarding Overview and Scrutiny Committee who had the required CRB clearance to undertake visits and some of these checks are still outstanding in the current cohort of committee members. Due to the limited pool of Members who have obtained the required checks over recent months, the majority of visits have been undertaken by a small group of Members. If Member visits are to continue, it is essential that all Members of the Committee obtain the required CRB clearance and that they are apportioned on an equitable basis. Without the required CRB checks, the Council will not have the required level of assurance required to ensure that residents of children's homes and young people's hostels are not at risk. Following the meeting of the Committee on 24 September 2012, serving Committee Members were approached by the CRB team and the majority of those outstanding have now been completed.
- 4.2 Member visits are scheduled on a cyclical basis and occur approximately bi-monthly. Some of these visits have not been completed by Members that have been appointed to undertake them resulting in inconsistencies in the Member inspection cycle and reporting to Committee.
- 4.3 Elected Members may be exposing themselves to risk when undertaking visits to children's homes and hostels as they are interacting on a one-to-one basis with vulnerable children and young adults. In children's homes settings, council officers will be able to assess the risk that may be posed to councillors by the young people residing at the care home. When elected Members visit children's homes, staff will be on duty at all times and it is considered that in these circumstances, the risk is manageable. However, council officers do not undertake visits to young people's hostels so will not be aware of the potential risk that any young person may pose to Members when they undertake visits. Additionally, staffing levels at young people's hostels are lower than in children's homes meaning that there will be fewer staff to intervene should there be an issue.
- 4.4 Ceasing to carry out the visits removes the opportunity for an additional level of scrutiny to assure quality of service provision. To mitigate this, an alternative means of monitoring quality could be established (section 9.31 c) and d) refer).

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 As at 31 March 2012, males were overrepresented in the children in care population, 59.7% of children in care were male, compared with 51.1% of males in Barnet's 0–19 population. 18.3% of the children in care population were Black/Black British children compared to 14.3% of the 0–9 population. In contrast, children with ethnicities of White British/White Irish/White other make up only 46.4% of the children in care population, but make up 56.9% of the 0–19 population. Children aged 0–4 years and 5-9 years are underrepresented in the children in care population, and children aged 10-14 and 15-19 are overrepresented in the children in care population. Ensuring that Children's Homes are of a high standard helps to support the children and young people placed there.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 Officer visits that are required under Regulations are contained within existing Children's Service Budgets.
- 6.2 Buildings used as Children's Homes are existing council assets.
- 6.3 There are no other resource implications relevant in the context of this report.

## **7. LEGAL ISSUES**

- 7.1 As set out in sections 9.1 to 9.3.

## **8. CONSTITUTIONAL POWERS**

- 8.1 The scope of Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Constitution
- 8.2 The terms of Reference of the Scrutiny Committees are in the Overview and Scrutiny Procedure Rules (Part 4 of the Constitution). The Safeguarding Overview and Scrutiny Committee has within its terms of reference the following responsibilities:
  - To scrutinise the Council and its partners in the discharge of statutory duties in relation to safeguarding.
  - To scrutinise the provision of education (children and adults), special educational needs provision, and the protection and welfare of children.

## **9. BACKGROUND INFORMATION**

### **Officer Visits to Children's Homes**

- 9.1 The provision of Local Authority Children's Homes is not a statutory requirement. However, where provided, they are managed in accordance with the Children Act 1989, Guidance and Regulations, Volume 5: Children's Homes, and the Children's Homes National Minimum Standards, issued as guidance by the Secretary of State under section 7 of the Local Authority and Social Services Act 1970 and the Children's Homes Regulations 2001 (as amended) made by the Secretary of State under the Care Standards Act 2000.
- 9.2 The Governance arrangements for oversight of Children's Homes are contained within Regulation 33; local authorities are required to have quality assurance arrangements in place. Monthly Regulation 33 visits to the two Children's Homes are carried out by a Service Manager from within the Social Care Service who has no line management responsibility for the running of the homes. These reports are submitted to Ofsted as required by Regulation. This fulfils all statutory requirements for governance.
- 9.3 Regulation 34 requires that a system is in place to monitor some matters that are set out in Regulation 33, in order to improve the quality of care provided. This is also an officer function.

## **Member Visits to Children's Homes**

- 9.4 Members' visits to Children's Homes are not a statutory requirement. Instead, they were an arrangement established under previous committee structures as a means of contributing to the Corporate Parenting function assigned to Members. The practice of Members regularly visiting Children's Homes is not universal and practice in other local authorities varies.
- 9.5 Member visits commenced in June 2006 when the First Class Education and Children Overview and Scrutiny Committee agreed that visits to Barnet's children's homes should be undertaken. The decision to visit children's homes was influenced by the enquiry findings into the death of Victoria Climbié conducted by Lord Laming and the subsequent publication of the Every Child Matters (ECM) Green Paper by the Department for Education and Skills. The Every Child Matters Green Paper affirmed a commitment to support all children and young people to achieve their potential through maximising opportunities and improving life chances. It was given statutory force within the Children Act 2004 and identified five outcomes for children:
- Be healthy
  - Stay safe
  - Enjoy and achieve
  - Make a positive contribution
  - Economic well-being
- 9.6 The First Class Education Overview and Scrutiny Committee sought to achieve these outcomes for looked after children for whom they had corporate parenting responsibilities. The Committee proposed that Members of the Committee visit Barnet children's homes on a monthly basis and review activity in relation to the five outcomes.
- 9.7 A Members visit template was developed to provide a summary of the types of activity that could be considered under each of the outcomes. Members used the template as a guide to record their observations and findings.
- 9.8 When Members visit Barnet Children's homes their completed templates are sent to the Scrutiny Office. The Scrutiny Office then forwards the template to the Manager for Looked After Children/Head of Children's Social Care who co-ordinates an officer response to Members observations and comments, and addresses any issues that have been raised. These are then returned to the Scrutiny Office for publication in the Safeguarding Committee agenda and are discussed during the exempt part of the committee meeting.
- 9.9 All Members who visit the Children's homes are expected to have undertaken the necessary CRB check. All information is shared within appropriate bounds of confidentiality.
- 9.10 Staff and children/young people in the children's homes are made aware that during visits that it is not the role of Members to become involved in individual children's casework issues. Any individual issues raised during visits are referred by Members to the appropriate Children's Service Managers.
- 9.11 To support Members in obtaining the required skills to undertake visits to children's homes, a Member development session on being a good corporate parent and on conducting visits took place in 2006/07. During this session, Members of the committee

discussed whether the visits should be based on the five key outcomes (as outlined at xx above) and it was agreed that visits should continue on that basis.

- 9.12 More recently, all Members of the Safeguarding Overview and Scrutiny Committee have been encouraged to attend annual safeguarding Member development sessions which provide an overview of the principles and practice of good safeguarding. Any new Members who are assigned a visit to a home or young people's hostel are paired with a more experience Member of the Committee who has undertaken several visits to provide support and guidance during the visiting process.

### **Visits to Young Peoples Hostels**

- 9.13 Hostel provision is not an area of responsibility for the Social Care Division of the Children's Service and officer visits to these premises are not undertaken. There is no statutory officer requirement to conduct these visits.
- 9.14 In November 2009, a Task and Finish Group review was conducted into Homelessness and Young People. The Group made a number of recommendations to improve the provision of support to young people living in temporary council accommodation.
- 9.15 During the review, Members of the Group derived great benefit from visiting young people's hostels and meeting with hostel staff and residents. Members identified a number of issues relating to the estate management and provision of support. These included the availability of floating support for young people, the standards of furnishing and housekeeping provision, maintenance issues, and the availability of opportunities for young people to move on to more permanent accommodation and return to education or seek employment.
- 9.16 The Group did not make a formal recommendation for Members to visit young people's hostels. However, the Group strongly encouraged elected Members to visit council run establishments housing young homeless people in order to develop a greater understanding of issues relating to young vulnerable people and those that care for them.
- 9.17 In November 2010, the Children's Services Overview and Scrutiny Sub-Committee considered the findings of the TFG review on Homelessness and Young People and of the positive outcomes achieved by Members of the Group who had continued to visit Barbara Langston House and Adamson Court following the completion of the review.
- 9.18 In April 2011, the Children's Services Overview and Scrutiny Sub-Committee considered the findings of the TFG review on Youth Homelessness and resolved that Member visits should be extended to include hostels for young people with findings reported to the Sub-Committee.
- 9.19 In extending the remit of Member visits, the Sub-Committee believed that the visits would enable Members to engage with young vulnerable people and gain a better understanding of the issues they faced, in addition to improving the standard of support and opportunities available to young people living within these environments.
- 9.20 Since April 2011, Members of the Children's Services Overview and Scrutiny Sub-Committee and its successor committee, the Safeguarding Overview and Scrutiny Committee, have been visiting young people's hostels on a rota basis. Members are requested to submit their findings into a template for consideration by the Committee, but completion of these are not consistent across the board.

- 9.21 Members submit their visit reports for Adamson Court and Barbara Langston House to the Scrutiny Office which is then passed to Children's Services (Adamson Court) and the Head of Social Housing (Barbara Langston House) for comment. These are then returned to the Scrutiny Office for publication in the Safeguarding Committee agenda and are discussed during the exempt part of the committee meeting.
- 9.22 In April 2012, the Divisional Manager for Youth Support Services informally met with Members who had visited Adamson Court to discuss with them their observations and findings. It was suggested that these meetings could be formalised (subject to committee approval) and used as part of the monitoring of the Metropolitan Housing Support contract.

### **Issues for Consideration**

- 9.23 Member visits are not a statutory requirement and have emerged as custom and practice over a number of years. Initially, visits were limited to children's homes and findings from Member visits complemented the Regulation 33 officer visits. Visits to young people's hostels have developed as an addition to already established arrangements for Member to visit children's homes.
- 9.24 Whilst Members have responsibilities as corporate parents, it is questionable as to whether site visits are the most appropriate way for them to fulfil their obligations in this regard. Children's homes are subject to regular visits by professional officers and Ofsted inspections at six monthly intervals. Young people's hostels are subject to Ofsted inspections at six monthly intervals. Ofsted also receive monthly quality assurance reports for both children's homes and young people's hostels. Key issues arising are identified through these mechanisms, bringing into question the usefulness and appropriateness of elected Member visits which are in addition to existing inspections carried out by experts.
- 9.25 Members who have undertaken visits have expressed concern that there is only a small cohort of Members visiting children's homes and young people's hostels on a regular basis. Other Members have not conducted visits as they either do not have a CRB check or have not been able to co-ordinate visits amongst themselves.
- 9.26 Initially it was envisaged that Members would undertake unannounced visits to children's homes and young people's hostels. On occasion, Members have attended premises and residents have been off-site. Consequently, suggested best times to visit were introduced. The introduction of such an arrangement could remove the benefit of unannounced visits as staff at homes and hostels may have an opportunity to prepare the accommodation and brief the residents.
- 9.27 The Committee considered the information set out above and some outline options at their meetings on 10<sup>th</sup> and 24<sup>th</sup> September 2012. The Committee were unable to reach a decision regarding which option(s) to adopt and resolved that consideration of the item be deferred to enable Officers to discuss options for Member Visits with the Corporate Parenting Advisory Panel and for the report to be re-presented to the 12 December 2012 meeting.
- 9.28 Subsequent to the meetings of the Committee referred to at 9.27 above, the Corporate Parenting Advisory Panel considered the Member Visits Options Paper and identified the following key points:
- (i) Children's homes are just that; they are the home of children and young people. They are already regulated by Ofsted and by a council appointed officer; therefore, they

can be subject to a number of uninvited people coming into their home.

- (ii) There is no statutory duty for Members to visit either children's homes or hostels.
- (iii) Members are corporate parents and our children and young people need to be assisted to understand the prominence and importance of their role.
- (iv) Continuity and consistency are imperative to children and young people. However, we are aware that there are high numbers of 'people' in the lives of children who know all about them, yet the child has no relationship with them. Members undertake a range of duties and functions and unless they can commit to consistency in visiting patterns, it can be difficult and unsettling for the children.
- (v) Members have a crucial role in monitoring and evaluating quality assurance, satisfaction and value for money for our children and young people.

9.29 At the conclusion of the discussion, the Panel decided the following:

- (i) Members of the Corporate Parenting Advisory Panel feel there is significant value in continuing to visit children's homes as those Members have a crucial role in the lives of our children.
- (ii) The arrangements must reflect the prominence of the role of Councillors' as corporate parents and, to enable them to give an objective view about the quality of service that is offered to children and young people.
- (iii) Member visits to the children's homes will focus on whether children and young people are satisfied with the quality of the relationships with staff and the quality of the service that they receive, they will engage with children and young people and listen to their complaints or comments.
- (iv) Officers already undertake statutory duties in relation to visiting children's homes and Members do not need to duplicate that work.
- (v) The current structure and process for undertaking visits to children's homes needs to be revised and replaced by a new structure.

9.30 The recommendations of the Corporate Parenting Advisory Panel are as follows:

- (i) Responsibility for visiting children's homes should lie solely with Members of the Corporate Parenting Advisory Panel.
- (ii) Of the eight Councillors who attend the Corporate Parenting Advisory Panel, four will be assigned to New Park House and four to 68A. The same Councillors will commit to visiting for a one year period.
- (iii) Members will visit four times a year; children and young people will be made aware that there will be two announced visits and two unannounced visits.
- (iv) The Members feedback format for reporting back to Corporate Parenting Advisory Panel will be revised.
- (v) The assigned Members, who attend the children's homes visits, will feedback to the next planned Corporate Parenting Advisory Group to update them of their findings.
- (vi) The findings of the visits to children's homes will be presented annually to the Safeguarding Overview and Scrutiny Committee.
- (vii) Arrangements for the visits to children's homes will be reviewed and evaluated by the Corporate Parenting Advisory Panel at the end of the first and subsequent years.
- (viii) Members of the Corporate Parenting Advisory Panel are not in a position to comment as to whether Members of Safeguarding Overview and Scrutiny Committee wish to continue visits to hostels.



## Options

9.31 Options to the Committee to discuss are as follows:

- a) Support the proposal that the Corporate Parenting Advisory Panel assumes responsibility for member visits to children's homes, as outlined at 9.30 above. Retain current arrangements, subject to clarification on officer support arrangements and all Committee Members having valid CRB checks.
- b) Members of the Safeguarding Overview and Scrutiny Committee continue to visit young people's hostels. In line with the approach of the Corporate Parenting Advisory Panel, Members will visit four times a year; hostel residents will be made aware that there will be two announced visits and two unannounced visits.
- c) Consider alternative arrangements for Members to engage with young people placed in children's homes and young people's hostels (e.g. a one-off forum meeting or other arrangement) to ensure that issues of concern can be raised and subsequently addressed by officers and the home / hostel.
- d) Consider alternative means of quality assurance, such as:
  - i) Detailed officer monitoring reports to the Committee (or Corporate Parenting Advisory Panel) on all matters set out in Regulations 33 and 34 (frequency to be determined); and/or
  - ii) Detailed monitoring reports to the Committee (or Corporate Parenting Advisory Panel) following Ofsted inspections of homes.
- f) Cease carrying out the visits as they are not a statutory requirement;

9.32 The list above is not exhaustive and Members may have alternative options that they wish to propose and consider. One or more of the options above can be implemented.

## 10. LIST OF BACKGROUND PAPERS

10.1 None

<b>Cleared by Finance (Officer's initials)</b>	<b>MC/JH</b>
<b>Cleared by Legal (Officer's initials)</b>	<b>LC</b>

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Meeting	Safeguarding Overview & Scrutiny Committee
Date	12 <sup>th</sup> December 2012
<b>Subject</b>	<b>Advanced Notification of Executive Decisions</b>
Report of	Scrutiny Office
Officer Contributors	Anita Vukomanovic Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix – Advanced Notification of Executive Decisions
Reason for urgency / exemption from call-in	N/A

Contact for further information:

Anita Vukomanovic Overview & Scrutiny Officer, 020 8359 7034  
[anita.vukomanovic@barnet.gov.uk](mailto:anita.vukomanovic@barnet.gov.uk)

## **1. RECOMMENDATION**

- 1.1 That the Committee comment on and consider the Advanced Notification of Executive Decisions when identifying areas of future scrutiny work.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 None.

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three priority outcomes set out in the 2012-13 Corporate Plan are:
- Better services with less money
  - Sharing opportunities, sharing responsibilities
  - A successful London suburb

## **4. RISK MANAGEMENT ISSUES**

- 4.1 None.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 Pursuant to the Equality Act 2010, the Council has a legislative duty to have 'due regard' to eliminating unlawful discrimination, advancing equality and fostering good relations in the contexts of age, disability, gender reassignment, pregnancy, and maternity, religion or belief and sexual orientation.
- 5.2 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
  - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 None in the context of this report.

## **7. LEGAL ISSUES**

- 7.1 The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 removes the requirement for local authorities to public a Forward Plan of Key Decisions. This has been replaced with a requirement to publish an Advance Notification of Executive decisions which the Council has been compliant with since the regulations came into force on 10 September 2012.

## **8. CONSTITUTIONAL POWERS**

- 8.1 The scope of the Overview and Scrutiny Committees are contained within Part 2, Article 6 of the Council's Constitution
- 8.2 The Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution).

## **9. BACKGROUND INFORMATION**

- 9.1 Under the current overview and scrutiny arrangements, the Safeguarding Overview & Scrutiny Committee will ensure that the work of scrutiny is reflective of Council priorities, as evidenced by the Corporate Plan and the programme being followed by the Executive.
- 9.2 The Advanced Notification of Executive Decisions will be included on the agenda at each meeting of the Safeguarding & Scrutiny Committee as a standing item.
- 9.3 The Committee is encouraged to comment on the Notification.
- 9.4 The Committee is asked to consider items contained within the Advanced Notification of Executive Decisions to assist in identifying areas of future scrutiny work, particularly focussing on areas where scrutiny can add value in the decision making process (pre-decision scrutiny).
- 9.5 When identifying items for pre-decision scrutiny, the Committee are requested to provide specific information on the rationale behind the pre-decision scrutiny request and the expected outcome to enable Cabinet Members and officers to prepare appropriately.

## **10. LIST OF BACKGROUND PAPERS**

- 10.1 None

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**London Borough of Barnet Decisions Taken Under Executive Functions – Advance Notice of Proposed Items for Decision and Parts of Meetings which will not be held in public session (‘subject to exempt report’).**

This notice gives details of proposed decisions due to be taken under Executive functions, together with information as to whether any proposed decisions are subject to an exempt report, consideration of which will not be in public session. The document below is also indicative of the decisions which at this stage are intended to be classified as ‘key’. For the purposes of complying with the The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 however, all prospective decisions listed below are to be regarded as potentially key or potentially subject to a separate exempt report (not held in public session).

Please note: this plan lists prospective decisions. The final agenda for each meeting, which may not include all prospective decisions listed for that meeting on this document, will be published five clear working days prior to the meeting on the authority’s website: <http://barnet.moderngov.co.uk>

<b>Title</b>	<b>Description of proposed decision</b>	<b>Cabinet Member</b>	<b>Key Decision (Y/N).</b>	<b>Subject to Exempt Report (Y/N).</b>
<b>CABINET, 17 DECEMBER 2012</b>				
<b>Hendon Town Hall, The Burroughs, NW4 4BG</b>				
Welfare Reform – Localisation of Council Tax Support	To consider results of the consultation and to agree a new scheme for publication and implementation.	Resources and Performance	<b>Yes</b>	<b>No</b>
Welfare Reform – Localisation of the Hardship Fund	To agree a scheme of support (Hardship Fund) to replace the discretionary elements of the existing Social Fund currently administered by DWP	Resources and Performance	<b>Yes</b>	<b>No</b>
<b>CABINET RESOURCES COMMITTEE, 17 DECEMBER 2012</b>				
<b>Hendon Town Hall, The Burroughs, NW4 4BG</b>				
Quarter 2 Monitoring and Performance Report 2012/13	To seek the Committee’s approval of the recommendations and forecast within the report and to approve virements and transfers.	Resources and Performance	<b>Yes</b>	<b>No</b>
Annual Regeneration Report	For the Committee to note the progress made towards delivering the Borough’s regeneration schemes and skills and enterprise activities.	Leader	<b>Yes</b>	<b>No</b>
Shared Services Project – Registrars Service Business Case	To seek the Committee’s approval of the Business Case.	Customer Access and Partnerships	<b>Yes</b>	<b>Yes</b>
Early Intervention and Prevention Project Workstream 2: Schools as Local Delivery Units- Outline Business Case	To seek permission to proceed to the next stage.	Education, Children and Families	<b>Yes</b>	<b>Yes</b>
Marketing of Former Friern Barnet Library	To seek permission to commence the marketing of the property in order to dispose.	Resource and Performance	<b>Yes</b>	<b>Yes</b>

Former Child Guidance Centre, East Road, Burnt Oak HA8 0AJ	To seek the Committee's approval of the disposal of the Council's freehold interest in the site.	Resource and Performance	<b>Yes</b>	<b>Yes</b>
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Notice published: 14 November 2012



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Meeting	Safeguarding Overview & Scrutiny Committee
Date	12 December 2012
<b>Subject</b>	<b>Safeguarding Overview &amp; Scrutiny Committee Forward Work Programme</b>
Report of	Scrutiny Office
Summary	This report outlines the Committee's work programme for 2012/13.

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Officer Contributors	Anita Vukomanovic, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix – Safeguarding Overview and Scrutiny Work Programme 2012/13
Reason for urgency / exemption from call-in	Not applicable

Contact for further information: Anita Vukomanovic, Overview and Scrutiny Officer, 020 8359 7034, [anita.vukomanovic@barnet.gov.uk](mailto:anita.vukomanovic@barnet.gov.uk)

## **1. RECOMMENDATION**

- 1.1 That the Committee consider and comment on the items included in the 2012/13 work programme of the Safeguarding Overview & Scrutiny Committee (Appendix).**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 None.

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three priority outcomes set out in the 2012/13 Corporate Plan are: –
- Better services with less money
  - Sharing opportunities, sharing responsibilities
  - A successful London suburb

## **4. RISK MANAGEMENT ISSUES**

- 4.1 None

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
  - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
  - The Council is required to give due regard to its public sector equality duties as set out in the Equality Act 2010 and as public bodies, Health partners are also subject to equalities legislation; consideration of equalities issues should therefore form part of their reports.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 None in the context of this report.

## **7. LEGAL ISSUES**

- 7.1 None save those contained within the body of the report.

## **8. CONSTITUTIONAL POWERS**

- 8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution.
- 8.2 The Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution).

## **9. BACKGROUND INFORMATION**

- 9.1 The Safeguarding Overview & Scrutiny Committee's Work Programme 2012/13 indicates items of business previously considered by the Committee and forthcoming items.
- 9.2 The work programme of this Committee is intended to be a responsive tool, which will be updated on a rolling basis following each meeting, for the inclusion of areas which may arise through the course of the year.
- 9.3 The Committee is empowered to agree its priorities and determine its own schedule of work within the programme.

## **10. LIST OF BACKGROUND PAPERS**

- 10.1 None

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**London Borough of Barnet  
Safeguarding Overview and  
Scrutiny Committee  
December 2012**

Contact: Anita Vukomanovic, Overview and Scrutiny Officer, 020 8359 7034 [anita.vukomanovic@barnet.gov.uk](mailto:anita.vukomanovic@barnet.gov.uk)

Subject	Decision / Decision requested	Cabinet Member	Author
<b>10 September 2012</b>			
Day Opportunities for Older People – Neighbourhood Model – Progress Update	The report sets out the process used for consultation with the existing Older Adults provider group on implementing the Older Adults Day Opportunities Neighbourhood Model as agreed by Cabinet Resources Committee on 17 July 2012	Cabinet Member for Adults	Director of Adult Social Care and Health and Interim Director of Children's Services
Ofsted Inspection of Safeguarding and Looked After Children – Action Plan	Barnet's Safeguarding and outcomes for Children in Care were inspected by Ofsted in January 2012. The outcome of the inspection found that safeguarding services were good overall and that the outcomes for Looked After Children were good overall. This paper outlines how the Council and partners have responded to the findings and recommendations of the inspection report.	Cabinet Member for Education, Children and Families	Director of Adult Social Care and Health and Interim Director of Children's Services
Barnet Multi-Agency Safeguarding Adults Board Annual Report 2011/12	This report documents the work of the Safeguarding Adults Board 2011/12 and seeks the Committee's comments	Cabinet Member for Adults	Director of Adult Social Care and Health and Interim Director of Children's Services
Safeguarding Children's Board Annual Report 2011-12	This report provides an overview of the effectiveness of safeguarding arrangements in Barnet including an assessment of the performance of the Local Authority and partners in delivering outcomes for children. It reviews progress during the last year and identifies challenges and priorities for the year ahead	Cabinet Member for Education, Children and Families	Director of Adult Social Care and Health and Interim Director of Children's Services

<b>Subject</b>	<b>Decision / Decision requested</b>	<b>Cabinet Member</b>	<b>Author</b>
Barnet's Local Involvement Network (LINK)	The Committee will be provided with a verbal update on the LINKs progress over the last year.	Cabinet Member for Adults	Director of Adult Social Care and Health and Interim Director of Children's Services
Member Visits – Options Paper	This report outlines how Member and officer visits to Children's Homes currently operate and statutory requirements in relation to this. The Committee are requested to provide their views on the continuation of Member visits to Children's Homes	N/A	Assistant Director Children's Social Care
Safeguarding Overview and Scrutiny Committee Work Programme	Standing item	N/A	Scrutiny Office
<b>Special Meeting – 24 September 2012</b>			
Adult Social Care and Health Annual Complaints Report 2011-12	Adult Social Care and Health are required under statutory regulations to report annually to the relevant Council committee on adult social care complaints and to compile an annual report	Cabinet Member for Adults	Director of Adult Social Care and Health and Interim Director of Children's Services

<b>Subject</b>	<b>Decision / Decision requested</b>	<b>Cabinet Member</b>	<b>Author</b>
Adult Social Care White Paper, Caring for Our Future; the draft Care and Support Bill	This report describes the main points from the Adult Social Care White Paper, Caring for Our Future; the draft Care and Support Bill, scheduled to be introduced in parliament in 2013; and the Government's interim statement on funding reform for Adult Social Care. All three documents were published in July 2012. The report sets out the implications for Barnet and outlines a programme of work to be undertaken to manage the implementation of the new requirements arising from the White Paper and legislation	Cabinet Member for Adults	Deputy Director Adult Social Care and Health
Ofsted Inspection of Schools	This report outlines recent and forthcoming changes to the Ofsted inspection of schools framework and the response of the Children's Service in terms of assisting schools in preparing for inspections and the outcomes of inspections for Barnet schools	Cabinet Member for Education, Children and Families	Assistant Director Children's Services
Member Visits – Options Paper	Item to be revisited following consideration at 10 September 2012 meeting	N/A	Assistant Director Children's Social Care
Statutory Regulation 33 - Officer visits to Barnet's Children's Homes	Standing item	N/A	Children's Service
Cabinet Forward Plan	Standing item	N/A	Scrutiny Office



<b>Subject</b>	<b>Decision / Decision requested</b>	<b>Cabinet Member</b>	<b>Author</b>
Safeguarding Overview and Scrutiny Committee Work Programme	Standing item	N/A	Scrutiny Office
<b>12 December 2012</b>			
Child and Adolescent Mental Health Services - Future Education Provision	Committee to receive a joint report from Child and Adolescent Mental Health Services (CAMHS) and Barnet Children's Services on the future education provision for young people in receipt of CAMHS	Cabinet Member for Adults, Cabinet Member for Education, Children and Families	TBC
Barnet LINK	Committee to receive the Barnet LINK Annual Report for 2011/12, accordance with the Committee's terms of reference.	Cabinet Member for Adults	TBC
Carers Support	Committee to receive a report on the provision of support for carers in the Borough	Cabinet Member for Adults	TBC
Exam Results and Narrowing the Gap	Committee to receive a report on the exam results of Barnet's schools and how the Children's Service is supporting schools to narrow the gap in educational attainment levels	Cabinet Member for Education, Children and Families	TBC
Statutory Regulation 33 - Officer visits to Barnet's Children's Homes	Standing item	N/A	Children's Service
Cabinet Forward Plan	Standing item	N/A	Scrutiny Office

<b>Subject</b>	<b>Decision / Decision requested</b>	<b>Cabinet Member</b>	<b>Author</b>
Member's Visits Options Paper	Committee to receive a report on the continuation of Member's visits to Children's Homes. This report outlines how Member and Officer visits to Children's Homes currently operate and statutory requirements in relation to this. The Committee are requested to provide their views on the continuation of Member visits to Children's Homes	N/A	Assistant Director Children's Social Care
Safeguarding Overview and Scrutiny Committee Work Programme	Standing item	N/A	Scrutiny Office
<b>20 March 2013</b>			
Telecare Strategy	Committee to receive a report on the Council's Telecare Strategy.	Cabinet Member for Adults	TBC
Member's Visits	Committee to receive a report on Member's Visits to children's homes and young peoples hostels	N/A	Scrutiny Office
Statutory Regulation 33 - Officer visits to Barnet's Children's Homes	Standing item	N/A	Children's Service
Cabinet Forward Plan	Standing item	N/A	Scrutiny Office

<b>Subject</b>	<b>Decision / Decision requested</b>	<b>Cabinet Member</b>	<b>Author</b>
Safeguarding Overview and Scrutiny Committee Work Programme	Standing item	N/A	Scrutiny Office
Advanced Noticed of Executive Decisions	Standing Item	N/A	Scrutiny Office
<b>Items to be Allocated</b>			
Community Advice Contract	Committee to receive a report on the provisions of the Community Advice Contract	TBC	TBC
Local Account of Adult Care Services 2011/12	Committee to receive the annual Local Account of Adult Care Services in Barnet for 2011/12	Cabinet Member for Adults	TBC

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## AGENDA ITEM 15

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