

MEETING

SAFEGUARDING OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

WEDNESDAY 27TH NOVEMBER, 2013

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

Councillors

Alison Cornelius	Anne Hutton	Agnes Slocombe
Barry Evangelis	Kath McGuirk	Zakia Zubairi
Brian Gordon	Brian Salinger	

Substitute Members

Julie Johnson	Lisa Rutter
Sury Khatri	Ansuya Sodha

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

Andrew Nathan – Head of Governance

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Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

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2.	ABSENCE OF MEMBERS	
3.	DECLARATION OF MEMBERS' INTERESTS a) Disclosable Pecuniary Interests and Non Pecuniary Interests b) Whipping Arrangements (in accordance with Overview and Scrutiny Procedure Rule 17)	
4.	PUBLIC QUESTION TIME (IF ANY)	
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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 item of business on the grounds that they involve the likely disclosure of exempt information as defined in category X of paragraph 9 of Part 1 of Schedule 12A of the Act (as amended)	

15.	MEMBER VISITS TO YOUTH HOSTELS	163 - 170
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Decisions of the Safeguarding Overview and Scrutiny Committee

23 October 2013

Members Present:-

AGENDA ITEM 1

Councillor Bridget Perry (Chairman)

Councillor Alison Cornelius
Councillor Barry Evangeli
Councillor Brian Gordon
Councillor Anne Hutton

Councillor Julie Johnson
Councillor Brian Salinger
Councillor Agnes Slocombe
Councillor Zakia Zubairi

Also in attendance

Councillor Sachin Rajput, Cabinet Member for Adults
Councillor Reuben Thompstone, Cabinet Member for Education, Children and Families

Apologies for Absence

Councillor Kath McGuirk
Councillor Kate Salinger

1. MINUTES OF THE PREVIOUS MEETING

RESOLVED that the minutes of the meeting dated 9 September 2013 be agreed as a correct record.

2. ABSENCE OF MEMBERS

Apologies for absence were been received from Cllr. Kate Salinger, who was absent due to Council Business. Apologies for absence were also received from Councillor McGuirk, who was substituted for by Councillor Julie Johnson.

3. DECLARATION OF MEMBERS' INTERESTS

There were none.

4. PUBLIC QUESTION TIME (IF ANY)

There were none.

5. MEMBERS' ITEMS (SUBMITTED IN ACCORDANCE WITH OVERVIEW AND SCRUTINY PROCEDURE RULE 9) (IF ANY)

There were none.

6. ADULTS AND COMMUNITIES DELIVERY UNIT ANNUAL COMPLAINTS REPORT 2012/13

Councillor Sachin Rajput, the Cabinet Member for Adults introduced the Adults and Communities Delivery Unit Annual Complaints Report 2012/13, which is required to be reported to Committee under statutory regulations.

In introducing the report, the Cabinet Member for Adults advised the Committee of the following:

- From the 1 April 2012 to 31 March 2013 inclusive, the department has dealt with 12,998 people.
- The figure 12,998 above consists of 5,459 contacts and 7,539 people receiving a service in 2012/2013.
- The figure 7,539 above consists of 1,959 new Community Care Assessments and 5,580 reassessments.

Referring to the report, the Cabinet Member for Adults informed the Committee that the number of complaints at the London Borough of Barnet was low compared to other Boroughs, and that the number of compliments received had increased.

A Member questioned how the Council was able to keep track of the quality of care delivered by third party providers. The Cabinet Member for Adults advised the Committee that the quality of care delivered by third party providers was monitored by continued dialogue.

A Member questioned whether the average person would know about the complaints process, and raised concern that people might be put off making a complaint because they were concerned that complaining might make the situation worse. The Member also questioned the Cabinet Member for Adults as to how the Council could reassure residents that complaints would be dealt with sympathetically. The Cabinet Member for Adults advised the Committee that the Council had to make sure that that procedures were in place to safeguard, and emphasised the need to reassure individuals that the Council would seek to protect them.

RESOLVED that the Committee note the contents of the report.

7. POST-DECISION SCRUTINY: SAFEGUARDING IN BARNET

The Cabinet Member for Adults introduced this report, which had been requested by the Committee for post-decision scrutiny following the paper being received by Cabinet on 24 September 2013. The report provided an overview of activities and Governance in relation to the Council's Safeguarding responsibilities.

Referring to the report, the Cabinet Member for Adults noted the excellent detection rate on hate crimes. The Cabinet Member for Adults also referred to the Peer Review that Barnet had undertaken, where Barnet were noted as an example of best practice. The Committee were also advised that the number of Independent Mental Capacity Advocacy referrals had gone up.

The Cabinet Member for Education, Children and Families advised that it was regrettable that the report had not come to the Safeguarding Overview and Scrutiny Committee in advance of it being received by the Cabinet.

The Cabinet Member for Education, Children and Families advised the Committee that the key point from the report in the respect of Safeguarding Children was the outcomes from the Monroe Report, noting that the Statutory guidance, "Working Together to Safeguard Children (2013)" was revised following the Munro Review. The Committee noted that this guidance sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the Children's Act 2004.

A Member questioned if the definition of a hate crime had widened. A Member then noted that people can be abused because of their religion, and commented that the report did not encapsulate religion within the definition of hate crime. The Cabinet Member for Adults advised that he thought that the report should have included religion within the definition of hate crime. Members expressed dissatisfaction that there was not a clear definition of hate crime, and requested that Officers provide the Committee with a nationally recognised definition of hate crime.

A Member referred to a statistic in the report that noted that 16% of the 365 people entering treatment for drugs and alcohol in Barnet are parents with children, and that anecdotal reports suggested that there were many more drug using parents in Barnet who are not entering treatment, which needed to be resourced. The Member questioned how this issue is being considered. Karen Jackson, the Adults Social Care Assistant director advised the Committee that she would circulate this information to the Committees. Nicola Francis, the Family Services Director advised the Committee of the need for Early Intervention and joint working between Delivery Units, and noted that the earlier the Council can intervene, the lower the risk and the cost.

A Member noted that the report stated that four hate crime awareness seminars would be taking place to improve the under-reporting of hate crime. Officers advised the Committee that they would provide the details of these seminars outside of the meeting.

A Member noted that a single independent Chair for both the Barnet Children's and Adults Safeguarding Boards had recently been appointed, and questioned how the single appointment was working. Ms. Jackson advised the Committee that the single appointment was important to Working Together and building a joint understanding. Members requested that Officers provide the details of the new, independent Chair by e-mail.

The Cabinet Member for Education, Children and Families noted that the Munro Review had emphasised the need for joined up working, and advised that the joint Chair would mean that issues are less likely to slip through the net.

RESOLVED that:

- 1) The Committee notes the "Safeguarding in Barnet" report that went to Cabinet on 24 September 2013;**
- 2) The Committee requested to be provided with a nationally recognised definition of hate crime.**
- 3) The Committee request that Officers provide them with information as to how resources for treatment are to be made available to drug-using parents in Barnet.**
- 4) The Committee request the details of the four hate crime awareness seminars as set out in the report.**

5) That the Committee be provided with the details of the new, independent Chair of the Barnet Children's and Adult's Safeguarding Board.

8. BARNET SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2012/13

Tim Beach, the outgoing Independent Chair of the Barnet Safeguarding Children Board introduced the Board's Annual Report for 2012/13. The report provided an overview of the effectiveness of Safeguarding arrangements in Barnet, and included an assessment of the performance of the Local Authority and its partners in delivering for children. Mr. Beach noted the importance of the independence of the Board continuing to be recognised.

Mr. Beach advised the Committee that the Board's highlight of the year had been the work of Barnet's Youth Shield who had been recognised at the Annual London Safeguarding Children Awards in December 2012. The Committee were also informed of the work that the Board had undertaken to encourage and support the implementation of the Multi-Agency Safeguarding Hub.

Mr Beach also provided the Committee with an overview of the challenges faced by the Board, which were as follows:

- The challenge of continued priority and capacity to deliver safeguarding at a time of budgetary restraint and organisation change across partners;
- The arrangements for the safeguarding of children following the restructure of Primary Care Trusts into Clinical Commissioning Groups;
- The impact of the allocation of grants to the community and voluntary sectors, and its impact on their ability to work with children and families;
- The prevailing culture of caution in relation to information sharing, which has been driven by recent breaches of data protection, and could be seen as a potential barrier to sharing information on the ground.

Mr. Beach referred to the report, and noted whilst 2012/13 saw a small rise in the number of initial assessments, a significant rise in the number of cores assessments, and a rise in Section 47 Child Protection Investigation, the number of children on a Child Protection Plan significantly reduced. The Committee were also advised that Barnet has not been involved in a Serious Case Review for over three years.

Mr. Beach highlighted the rise in the number of referrals relating to managing allegations against adults working with children, and noted that there had been a rise in referrals to 137 (the figures being 121 (2009/10) 96 (2012/11) and 91 (2011/12) Mr. Beach noted an increase in the referrals from social care, which might represent a greater awareness and broadening of the sources of referrals.

A Member noted the number of organisations who were members of the Barnet Safeguarding children Board, and questioned the level of buy-in from the organisations. Mr. Beach advised that generally, buy-in was very good, but noted that it could be difficult to get schools to attend meetings, and noted that some organisations didn't always have the resources to send staff to meetings.

A Member referred to the data in the report that demonstrated the number of London Safeguarding Children Board Courses attended by partner organisations

in the last year, and noted that some organisations, including the Police, had not attended the training courses at all. The Member questioned how the Committee could encourage the Borough Commander to ensure that partners were as informed as possible.

The Committee requested that representations be made through the Borough Commander to highlight the lack of staff training on Safeguarding issues as highlighted in the report, and that the Borough Commander provide a response to the Committee.

Referring to the Independent Chair's introduction in the Annual Report, a Member questioned his view on the associated risks of having a single Chair for both the Adults and Children Safeguarding Boards. Mr. Beach advised the Committee that containing both Adult and Children Safeguarding issues on the same agenda could make the agenda very large, and noted possible challenges for full attendance at meetings. Ms. Francis advised the Committee that there was a need to strike a balance between supporting partner agencies and facilitating attendance.

RESOLVED that:

- 1) The Committee note the report;**
- 2) The Committee request that that representations be made through the Borough Commander to highlight the lack of staff training on Safeguarding issues as highlighted in the report, and that the Borough Commander provide a response to the Committee.**
- 3) The Committee express their thanks to Mr. Beach for his work as the Chair of the Barnet Safeguarding Children Board.**

9. ADVANCE NOTIFICATION OF EXECUTIVE DECISIONS

RESOLVED that the Committee note the Advanced Notice of Executive Decisions.

10. SAFEGUARDING OVERVIEW AND SCRUTINY COMMITTEE FORWARD WORK PROGRAMME

The Committee noted the Forward Work Programme, as set out in the report.

RESOLVED that the Committee note the Forward Work Programme.

11. ANY OTHER ITEMS THE CHAIRMAN DECIDES ARE URGENT

There were none.

The meeting finished at 8.55 pm

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Meeting	Safeguarding Overview and Scrutiny Committee
Date	27 November 2013
Subject	Your Choice Barnet Task and Finish Group – Final Report
Report of	Scrutiny Office
Summary of Report	This report at Appendix 1 presents the findings of the Your Choice Barnet Task and Finish Group following their review of the business plans and sustainability of the provision of Adult Care Services through the Local Authority Trading Company, Your Choice Barnet. The Committee are requested to consider the findings and recommendations of the Task and finish Group as set out in the report and endorse the report for onward referral to Cabinet.

Officer Contributors	Ash Tadjrishi, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards Affected	All
Key Decision	N/A
Reason for urgency / exemption from call-in	N/A
Function of	Safeguarding Overview and Scrutiny Committee
Enclosures	Appendix 1 – Report of the Your Choice Barnet Task and Finish Group
Contact for Further Information:	Ash Tadjrishi, Overview and Scrutiny Officer ☎ 020 8359 2368 ash.tadjrishi@barnet.gov.uk

1. RECOMMENDATION

1.1 The Committee to consider the findings and recommendations of the Your Choice Barnet Task and Finish Group, as set out in the report attached at Appendix 1.

1.2 Committee to endorse the report for onward referral to the next Cabinet meeting.

2. RELEVANT PREVIOUS DECISIONS

2.1 Business Management Overview and Scrutiny Committee, 3 July 2013, agenda item 5 – Members Item – Your Choice Barnet

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

3.1 The Overview and Scrutiny Committees, Panels and Task and Finish Groups must ensure that the work of Scrutiny is reflective of the Council's priorities.

3.2 The three key priorities set out in the 2013-16 Corporate Plan are: –

- Supporting families and individuals that need it – promoting independence, learning and wellbeing,
- Improving the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study,
- Promoting responsible growth, development and success across the borough.

3.3 In relation to the Your Choice Barnet Task and Finish Group, the following corporate priorities, outcomes and targets are relevant to the work of the Group:

“Support families and individuals that need it – promoting independence, learning and well-being.”

“To promote a healthy, active, independent and informed over 55 population in the borough so that Barnet is a place that encourages and supports residents to age well.”

“Our aim is to give all users of adult social care services choice and control over the services they receive and the decisions that affect them. We will do this by supporting eligible users of social care services to take personal budgets, and to spend them in a way that benefits them the most, enabling them to decide the support they receive.”

4. RISK MANAGEMENT ISSUES

4.1 Failure to address issues of public concern through the overview and scrutiny process may result in reputational damage to the Council.

5. EQUALITIES AND DIVERSITY ISSUES

5.1 Pursuant to the Equality Act 2010 (“the Act”), the council has a legislative duty to have ‘due regard’ to the need to: eliminate unlawful discrimination, harassment, victimisation and any other conduct that is prohibited by or under

the Act; advancing equality of opportunity between those with a protected characteristic and those without; and promoting good relations between those with protected characteristics and those without. The 'protected characteristics' are age, race, disability, gender reassignment, pregnancy, and maternity, religion or belief and sexual orientation. The 'protected characteristics' also include marriage and civil partnership, with regard to eliminating discrimination.

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

- The Council's leadership role with respect to diversity and inclusiveness; and,
- The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, services, staff development, equalities and health and safety.

5.3 Task and Finish Groups will need to take into account equalities considerations throughout the lifecycle of the review and through the on-going monitoring, via the Scrutiny Office, by implementation of accepted recommendations.

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

6.1 Task and Finish Group reviews have the scope to consider value for money issues which identify how well the Council is managing and using its resources to deliver value for money and better and more sustainable outcomes for local people.

6.2 Task and Finish Group reviews must take into consideration value for money considerations when conducting their work, including the costs and benefits (both financial and non-financial) associated with any recommendations made by the Group. The costs associated with administering the Task and Finish Group review has been met from existing resources within the Governance Service budget.

7. LEGAL ISSUES

7.1 Under Section 21 of the Local Government Act 2000, the Council's executive arrangements are required to include provision for appointment of an Overview and Scrutiny Committee with specified powers, including the power to make reports or recommendations to the authority or the executive with respect to the discharge of any functions which are the responsibility of the executive.

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

8.1 The scope of the Overview & Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution.

8.2 The Terms of Reference of the Overview & Scrutiny Committees are set out in the Overview and Scrutiny Procedure Rules (Part 4 of the Constitution).

8.3 The Safeguarding Overview & Scrutiny Committees Terms of Reference states that one of their responsibilities is to:

“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””

9. BACKGROUND INFORMATION

- 9.1 At its meeting of 3 July 2013 the Business Management Overview and Scrutiny Committee agreed to establish a Task and Finish Group to review the business plans for Your Choice Barnet with findings being reported to the Safeguarding Overview and Scrutiny Committee (the responsible thematic overview and scrutiny committee)
- 9.2 The Members appointed to this Group were: Councillors Braun (Chairman), B Salinger, Khatri, Rawlings and Mittra. The Group held its initial meeting on 23 July 2013 to consider the scope and approach to the review. At the meeting, it was agreed that review would undertake an independent analysis of the Business Plans and performance of Your Choice Barnet (a wholly owned Local Authority Trading Company) to enable an impartial analysis with balanced and evidence based recommendations made to the Safeguarding Overview and Scrutiny Committee and Cabinet.
- 9.3 At its meeting of 12 August 2013, the Group considered reports from staff and senior officers on Your Choice Barnet which provided background and context to the original business case and the rationale for the decision to set up the local authority trading company, together with an update on performance and forward plans. This was followed by a presentation from the Head of Finance for Adults & Communities giving an assessment of the business plans and financial performance.
- 9.4 At its meeting of 3 September 2013, the Group:
- Reviewed Care Quality Commission reports for Valley Way Respite Service and Barnet Supported Living Services;
 - Considered Case study reports of three other Local Authorities that had differing local authority trading company experiences; and
 - Considered a range of documents and feedback in relation to consultation and engagement.
- 9.5 The Group undertook site visits to meet with Your Choice Barnet staff and service users on 17 September 2013. Members visited three services sites; Flower Lane Autism Service, Community Space and Rosa Morrison Day Centre.
- 9.6 A final meeting took place on 23 September 2013, at which the Group concluded their findings and agreed the recommendations as set out in the report at **Appendix 1**.

10. LIST OF BACKGROUND PAPERS

- 10.1 None.

Cleared by Finance (Officer's initials)	JH
Cleared by Legal (Officer's initials)	LC

Appendix 1

Task and Finish Group Review: Your Choice Barnet

Final Report

November 2013

Executive Summary

This Task and Finish Group was set up in response to an issue of public concern surrounding the sustainability of the provision of Adult Care Services through the Local Authority Trading Company (LATC), Your Choice Barnet. The scope and purpose of the review was proposed via a Members' Item in the name of Councillor Barry Rawlings and sought to:

- Consider lessons learnt from the outsourcing of the 'Your Choice Barnet' bundle of services to a LATC.
- Evaluate business plans, financial performance and actions being taken to promote business growth.
- Consider evidence from parents and service users about their experience of the services.
- Consider evidence from staff and relevant groups on what impact any restructure is likely to have on services.
- Consider case studies on other local authority experiences in providing similar services.

An overriding consideration for the Task and Finish Group was to consider whether the Your Choice Barnet bundle of services should be brought back in-house. Following consideration of all of the evidence received, the Group made a number of recommendations to Your Choice Barnet regarding process improvements, but did not recommend the return of services back in-house.

The recommendations that were made include:

- Staffing levels for each service area should be identified on the Your Choice Barnet Risk Register;
- Your Choice Barnet should analyse the potential for business growth through in-home respite as an outreach service from Valley Way;
- Your Choice Barnet should explore potential benefits of establishing an overarching charitable arm or friends group to enable access to grants or other funding opportunities and maximise tax efficiencies; and
- The Council should have additional representation on the Your Choice Barnet Board.

The Task and Finish Group considered a wide range of evidence as part of their review including the original Business Case, financial projections, performance reports, operational plans, growth plans, Care Quality Commission (CQC) inspection reports, feedback from consultations undertaken by Your Choice Barnet, submissions from unions and local interest groups.

The Council's Safeguarding Overview and Scrutiny Committee will be requested to consider this report before the findings and recommendations are formally reported to the to the Cabinet. The Group recognise that the recommendations made will be for Your Choice Barnet to implement and respond to.

Notwithstanding that, the Cabinet Member for Adults is the Cabinet Member responsible for the portfolio of services provided by Your Choice Barnet and Cabinet endorsement will be required to give effect to the recommendations.

In order to monitor the implementation of any accepted recommendations, the Safeguarding Overview and Scrutiny Committee (or its successor committee) will be asked to regularly monitor any progress made by Your Choice Barnet in implementing the recommendations.

1 Background Information

1.1 At the Business Management Overview and Scrutiny Committee meeting of 3 July 2013, Councillor Barry Rawlings submitted a Member's Item in relation to Your Choice Barnet. The item outlined a request for a review of the business plan and the sustainability of service provision in view of proposed staffing changes. Following debate on the item, the Committee agreed that a Task and Finish Group should be established to review Your Choice Barnet on the basis of the Members' Item, with the review to be completed by early September 2013.

1.2 The membership of the Group (as appointed by the Conservative and Labour Group Secretaries) was as follows:

Councillor Maureen Braun (Chairman)
Councillor Brian Salinger
Councillor Sury Khatri
Councillor Barry Rawlings
Councillor Arjun Mittra

Substitutes were:

Councillor John Hart
Councillor Rowan Quigley Turner
Councillor Kathy McGuirk
Councillor Gill Sargeant

1.2 The Group held an initial meeting on 23 July 2013 and agreed the following:

Terms of Reference - Your Choice Barnet Task and Finish Group

The Your Choice Barnet Task and Finish Group review will:

- Report on lessons learned from the outsourcing of the 'Your Choice' bundle of adults services to a Local Authority Trading Company;
- Evaluate business plans, financial performance and actions being taken to promote business growth;
- Consider evidence from parents and service users about their experience of the services;
- Consider evidence from staff and relevant groups on the impact of any restructure is likely to have on services; and,
- Consider case studies on other local authorities' experiences in providing similar services.

The Task and Finish Group will provide a report detailing comments and recommendations relating to the sustainability of provision of Adult Care Services through the Local Authority Trading Company.

2 Review Format

- 2.1 The Group anticipated developing up to four recommendations to the Council's Cabinet who are responsible for the performance of Council services regardless of whether these are delivered by internal or external delivery units.
- 2.2 The Group agreed to complete the review by the end of September 2013, with a view to providing a report to the Safeguarding Overview and Scrutiny Committee in November 2013 with the findings being presented to Cabinet at the earliest opportunity thereafter. An update on the progress of the review was reported to the Business Management Overview & Scrutiny Committee (the committee responsible for oversight of the work of overview and scrutiny working groups) on 7 October 2013.
- 2.3 Following protocol guidelines stipulated in the Council's Constitution under Overview and Scrutiny Procedure Rules, the Group undertook to consider a range of evidence, meet with key stakeholders and visit sites run by Your Choice Barnet. The Group considered evidence from:
- Strategic Director for Communities (London Borough of Barnet (LBB))
 - Head of Social Care Commissioning for Adults & Communities (LBB)
 - Commissioning Lead for Adults & Communities (LBB)
 - Head of Finance for Adults & Communities (LBB)
 - Director of Business Services (The Barnet Group Ltd.)
 - Interim Head of Care and Support (Your Choice Barnet)
 - Chief Executive Officer (The Barnet Group Ltd.)
 - PR & Communications Manager (The Barnet Group Ltd.)
 - UNISON (Trade Union)
 - CADDSS (Campaign Against Destruction of Disabled Support Services – a local group representing the families of some YCB service users).
 - Consultation Data – examined feedback from Your Choice Barnet Service Users and their families on services and proposed changes to staffing arrangements.
 - Site Visits – to enable discussion between front line service staff and TFG Members to provide context to the Group's work.
 - Business Plans and financial projections relating to Your Choice Barnet.
 - Performance reports and action plans.
 - CQC inspection reports.
 - Case-studies of local authorities with experience of delivering, or having considered delivering, Adult Social Care services through a Local Authority Trading Company (LATC)
- 2.4 Primary evidence collated by the Group was supported by an analysis of Financial Performance by the Head of Finance, Adults & Communities.

- 2.5 The report summarises the findings of the Task and Finish Group based on the evidence gathered and presented in line with the scope and purpose as detailed at 1.2 above.

3 Your Choice Barnet – An Overview

- 3.1 The key responsibility of local authority Social Services is to design flexible packages of care to meet people's assessed needs (Community Care Act 1990). Social care services can be delivered by the public, private or voluntary sector.
- 3.2 Under the auspices of the national agreement 'Putting People First' in 2007 and the rollout of personal budgets, local authorities were required to develop sustainable arrangements which would allow the personalisation of service need and personal budgets which would follow the individual¹. This was set out in the Learning Disabilities Commissioning Strategy agreed by Cabinet in June 2007.
- 3.3 As part of an authority wide transformation programme, in November 2010 the Council's Cabinet reviewed and approved the decision to proceed with the development of a full business case and business plan to implement a Local Authority Trading Company (LATC) to deliver some elements of Adult Care Services. This would result in the transfer of Learning Disability Services, Physical and Sensory Impairment Disability Services and Mental Health in-house provider services to the LATC.
- 3.4 In May 2011, Cabinet Resources Committee reviewed and approved the Business Case for the Adults In-House Service Review Project, allowing the setup of a Local Authority Trading Company structure, incorporating Barnet Homes (the Arm's Length Management Organisation responsible for managing the Council's housing stock). This was a model that was designed to be able to develop future services, give freedom and flexibility to respond more swiftly to changes in service demand within the wider competitive market and mitigate the potential risk of losing around £3.8m of direct payments income. (Direct payments cannot be used to purchase local authority services and are intended to be used by the service user to buy independent care rather than have services provided directly by the Council².)
- 3.5 In January 2012, Cabinet Resources Committee reviewed and approved the November 2011 Business Plan for the Adults in-house Service Review project and confirmed the transfer of Learning Disability and Physical Sensory Impairment Adult Social Care service provision to the LATC.

¹ a clear, upfront amount of funding which may be available from Adult Social Care to spend on the services and support needed to help people live more independently. Needs are assessed by social workers to establish eligibility to receive a personal budget.

² Guidance on direct payments for community care, services for carers and children's services, para. 121. Department of Health, England 2009.

- 3.6 Your Choice Barnet (the name of the Council's LATC) was launched in February 2012 and was amongst the first social care Local Authority Trading Companies in the UK, providing a wide range of different services to people with learning and physical disabilities; including specialist support to people on the autistic spectrum and complex disabilities, a short breaks service and support for people to live independently in their own homes. The stated vision of Your Choice Barnet is to "empower people to live the lives they choose, as independently as possible".³

4 Key Findings of Review

- 4.1 Your Choice Barnet delivers care services to the quality expected by its customers and independent inspectors. Therefore, the long-term viability of this LATC as a provider of adult social care is a largely financial question (rather than a service quality question) that will be answered through realising cost-saving measures, income sustainability and growth.
- 4.2 Prior to service transfer, The Barnet Group made optimistic revisions to financial projections contained in the approved Business Case. In addition to this, a key cashflow issue had not been identified until the actual use (and subsequent value of the contract) had been realised. It was this issue that necessitated an intra-company loan of £1m and further revisions to financial projections. This 'reality-check' gave rise to public concern and valid questions relating to the long-term financial sustainability of the LATC.
- 4.3 Experience and knowledge gained by Your Choice Barnet in the first 14 months of operation has since informed financial planning and allowed for budget estimates to be appropriately re-appraised. Financial projections for 2013/14 and beyond - now based on known trading figures - take a more pragmatic approach to achieving long-term success and growth, whilst accounting for full repayment of a £1m intra-company loan (and associated costs) within three years.
- 4.4 Concerns over care quality were primarily based on reasonable apprehension towards the impact of staffing changes to morale and future capacity to provide market leading care. In addition, the CQC had identified one area requiring remedial action at Barnet Supported Living. At the time of this report there were no care quality issues warranting further action and feedback on the quality of services demonstrated a high level of satisfaction.
- 4.5 Since its inception, Your Choice Barnet have made significant progress in key areas of staff support and forward planning, but there is still work to be done to achieve stated growth objectives.

³ <http://www.yourchoicebarnet.org/about-us/vision,-aims-and-structure>

- 4.6 Budget pressures across the adult social care landscape would have applied equally whether or not the services were still being provided in-house. Evaluation of provision of these services should focus on care quality outcomes and not simply based on financial arrangements.
- 4.7 The adult social care services personalisation agenda (putting adult social care budget directly in the hands of service users to spend in the way that best suits them) is the driving force for local authorities considering a move to the LATC model. Service users are no longer able to purchase services directly from local authorities requiring alternative models of service delivery to be developed.

5 Basis of Findings

5.1 *Business Plans and financial projections relating Your Choice Barnet (YCB)*

- 5.1.1 On 12 August 2013 the Group invited the Strategic Director for Communities; Head of Social Care Commissioning for Adults & Communities; Commissioning Lead for Adults & Communities; Head of Finance for Adults & Communities; and Director of Business Services for The Barnet Group to consider the Business Plans and Financial Projections relating to Your Choice Barnet.
- 5.1.2 The Group were provided with several documents for consideration:
- Future of Adult Social Services In-House Provider Services Project Business Case (May 2011)
 - The Barnet Group High Level Business Plan (November 2011)
 - Draft YCB Statutory Accounts (14 Months to 31st March 2013)
 - Your Choice Barnet Budget Report 2013/14
 - YCB Annual Service Report 2012/13
 - Your Choice Operational Plan 2013/14
- 5.1.3 The Head of Finance for Adults & Communities provided the Group with a financial appraisal outlining his assessment of the financial position of Your Choice Barnet and analysis of cash flow.
- 5.1.4 **Accounts**
The Group noted that, in respect of the financial evidence presented, initial business challenges faced by Your Choice Barnet identified the need to deliver growth and realise efficiency savings in order to achieve a surplus from 2014/15 – Table 1 below.

5.1.5 **Table 1 – Four Year Financial Summary Projections (Source: May 2011 Business Case)**

Your Choice	2012/13	2013/14	2014/15	2015/16
Income	£6,421,768	£6,608,022	£6,730,782	£6,767,262
Net Profit / (Loss)	(£282,260)	(£48,107)	£106,665	£143,145
Cumulative Profit / (Loss)	(£282,260)	(£330,367)	£(223,701)	£(80,556)

5.1.6 The Barnet Group Ltd. Business Plan published in November 2011 revised these projections to reflect “*robust due diligence undertaken by senior managers in both LBB and Barnet Homes*”. This Business Plan projected Your Choice Barnet being in a profitable position within its first year of operation – Table 2 below – based on assumed business opportunities and the speed and scale of efficiency savings.

5.1.7 **Table 2 – Four Year Financial Summary Projections (Source: The Barnet Group Ltd. Business Plan November 2011)**

Your Choice	2012/13	2013/14	2014/15	2015/16
Income	£5,866,841	£6,221,290	£6,460,470	£6,460,470
Expenditure	£5,781,504	£5,745,104	£5,742,092	£5,756,592
Profit / (Loss)	£85,337	£476,186	£718,378	£703,878

5.1.8 Despite the revised Business Plan which had projected a surplus in 2012/13, the final outturn for during the first full year of operation showed a loss of £68,000. Whilst this was less than the surplus projected in November 2011, it was nonetheless a better position than had been assumed in the original May 2011 Business Case. The Group learned that efficiency savings and income growth had been slow to materialise and management focus had been on the consolidation of services post-transfer. Accordingly, as a result of understanding actual use of services and the impact this would have on future management fees being paid by the Council, the budget approved by The Barnet Group Board for 2013/14 projected a loss of £105,000 (Table 3)

5.1.9 **Table 3 – 2012/13 outturn projection and 2013/14 Proposed Budget (Source: Your Choice Barnet Budget report 2013-14)**

Your Choice	2012/13 (Projected Outturn)	2013/14 Budget
Income	£6,179,000	£5,404,000
Expenditure	£6,247,000	£5,509,000
Profit / (Loss)	(£68,000)	(£105,000)

5.1.10 It was noted that key savings for 2013/14 had been programmed to be delivered at two points in-year. However, savings expected to be realised on the 1 July 2013 had been delayed due to extended consultation and the Group were told that this would not be realised until 1 October 2013, with the remainder on schedule for delivery by December 2013.

5.1.11 **Cashflow**

The Group heard that, whilst the move from block payment in advance (Year 1) to payment by actual use in arrears (Year 2) had been known, underlying cashflow issues were compounded by the realisation that the block payment in Year 1 had been approximately £995,000 more than actual-use based revenue. As a result, management fee income budget for 2013/14 onwards had been revised (reflected within budgeted income for Table 3 above). The issue of cashflow had been addressed by a three-year intra-company loan of £1m from Barnet Homes. The Group noted that full repayment of the £1m and associated interest costs had been accounted for as part of the three-year cashflow modelling which also projected Your Choice Barnet being out of overdraft by August 2014.

5.2 ***Performance reports and actions to improve***

5.2.1 The Group received an update on performance for Your Choice Barnet from the Director of Business Services for The Barnet Group.

5.2.2 Positive performance areas were identified as being:

- Customer satisfaction
- CQC reports
- Quality of services delivered
- Innovation
- Embedding into the Group
- Yearend financial position

5.2.3 Challenging areas of performance facing challenges were identified as being:

- Customer engagement
- Speed of change
- Finance position
- Growth
- Administration (internal audit & CQC)
- Sickness

5.2.4 The Group heard how the Operational Plan for April 2013 to March 2014 addressed these issues through the development of an action plan which would:

- Implement the new staffing structure, embed new teams and new roles, without impacting on service delivery
- Support and increase customer choice and/or maintain people's independence
- Achieve high quality standards and improve outcomes for customers
- Make income go further by maximising revenue and delivering efficiencies
- Raise the profile of Your Choice Barnet and achieve growth and new business for future financial viability

5.3 Care Quality Commission (CQC) inspection reports

- 5.3.1 On 3 September 2013, the Task and Finish Group met to consider CQC inspections, consultation feedback and case studies of three local authorities with experience of delivering, or having considered delivering, Adult Social Care services through a Local Authority Trading Company (LATC). Attending this meeting were the Interim Head of Care and Support for Your Choice Barnet; Chief Executive Officer for The Barnet Group Ltd.; PR & Communications Manager for The Barnet Group Ltd.; and the Head of Social Care Commissioning for Adults & Communities (LBB).
- 5.3.2 At this meeting the Group considered reports, published by the CQC in March 2013, on Barnet Supported Living Services and Valley Way Respite Service. It was noted that whilst standards were considered by CQC as being met across all areas at Valley Way, there had been one area identified as requiring remedial action at Barnet Supported Living. The judgement of the CQC had been that staff were not being adequately supported to deliver care and treatment safely and to an appropriate standard.
- 5.3.3 In its report of March 2013, the CQC stated: *“Staff appraisals were almost all recorded as having taken place. Despite this, training needs identified, such as dementia care, had not been scheduled. Gaps in training had been highlighted but not acted upon.”*
- 5.3.4 The Interim Head of Care and Support for Your Choice Barnet stated that in response to the findings of the report Your Choice Barnet were initiating full appraisals and training matrices for all staff. Staff were now receiving supervision to a newly installed quality assurance framework.
- 5.3.5 Subsequent to this meeting the Group learned that the CQC had inspected Barnet Supported Living again on 9 September and the service had met all the required standards.
- 5.4 Case-studies of local authorities with experience of delivering, or having considered delivering, Adult Social Care services through a Local Authority Trading Company (LATC)**

- 5.4.1 The Group reviewed a report giving an overview of three different Local Authorities' arrangements for Adult Social Care.
- 5.4.2 **Essex Cares Ltd. (Essex County Council).**
Essex Cares Ltd. was set up by Essex County Council in July 2009 and was the country's first Local Authority Trading Company (LATC) providing Adult Social Care services transferred from the public sector to around 115,000 vulnerable people. The decision to change from the in-house service was linked the need to respond to the growth of self-directed support and personalised budgets.
- 5.4.3 Although 90% of Essex Cares Ltd. business was currently generated via the contract with Essex County Council, growth opportunities were being identified through partnerships with clinical commissioning groups (CCGs), increasing private contracts and support to individual budget holders, and providing services outside Essex. Freedom from local authority procurement constraints gave Essex Cares Ltd. greater flexibility to find savings by procuring from a wider range of suppliers.
- 5.4.4 Though the scale of the operation at Essex Cares Ltd. was much larger than Your Choice Barnet, both organisations had highlighted the need for a greater proportion of income to come from provision of services beyond those commissioned by the local authority.
- 5.4.5 It was noted that in continuing to realise operational improvements Essex Cares could demonstrate that a Local Authority Trading Company was a feasible and viable model for delivery of Adult Social Care.
- 5.4.6 **Chelsea Care Ltd. (Royal Borough of Kensington and Chelsea).**
Chelsea Care Ltd (CCL) was brought into operation in February 2009 with the aim of developing and providing a range of services to support people to continue to live independently in the community. The Royal Borough of Kensington and Chelsea awarded two small contracts to Chelsea Care:
- 350 hours of 'practical' home care per week. Covering low level needs such as cleaning and shopping; it did not encompass personal care or nursing care.
 - A brokerage contract worth £250,000 per annum. Brokerage services entailed the arrangement and commissioning of care and support for residents either in receipt of a personal budget or spending their own funds.
- 5.4.7 The Royal Borough of Kensington and Chelsea procured over 8,000 hours of home care each week and thus the limited hours awarded to Chelsea Care meant that overheads remained high for the size of the company and the business in which it operated. Though the non-executive directors had deferred their fees during 2010, these continued to accrue and other costs remained high. The brokerage contract funded

the majority of the company's overheads and the Business Plan was predicated on the contract being renewed in 2012-13. The home care contract was also due to expire in 2012-13 and there was concern that renewal would be based on lower terms and would be unprofitable.

- 5.4.8 Performance of the Chelsea Care Ltd. did not support the Business Plan projections which relied on significant growth in the volume of private clients in an unknown sized and competitive market. As further funding had not been approved by the Borough of Kensington and Chelsea, the directors of Chelsea Care put the company into liquidation.
- 5.4.9 The Group identified that Chelsea Cares Ltd. struggled as it was a 'start-up' company - in contrast to Your Choice Barnet which was a company created for the transfer of existing staff and services. Chelsea Cares Ltd. did not have the business structure or staff to provide care on day one and had to be built from scratch. Setup to primarily provide care to private funders within Kensington and Chelsea it almost immediately suffered from a lack of wider Council sign-up and support which eventually led to its demise.
- 5.4.10 The Chief Executive Officer for The Barnet Group Ltd., highlighted to the Group that, in clear contrast to Chelsea Care, Your Choice Barnet had taken over existing services with experienced staff already in place. Commercially experienced staff at The Barnet Group Ltd. were best placed to meet the challenge of sustaining and growing Your Choice Barnet. Initially, the focus had been to bring costs in line with service use and to understand the challenges before growing services.
- 5.4.11 The failure of Chelsea Care Ltd. had also been attributed to a lack of dialogue between the company management and the Royal Borough of Kensington and Chelsea. In examining the relationship between Your Choice Barnet and the London Borough of Barnet the Group noted that, aside from regular performance reports and attendance at Scrutiny Committees, two Councillors are members of The Barnet Group Ltd. board. In addition, under the new commissioning council structure, there were regular performance and contract monitoring meetings being held between senior officers and staff at Your Choice Barnet to support on-going service improvements.
- 5.4.12 **Hertfordshire County Council.**
The Group noted that Hertfordshire County Council had received an options appraisal in March 2010 which outlined several options for the future market positioning of the remaining Adult Social Care in-house provider services. The appraisal had recommended commissioning a full Business Case for the transfer of services in to a LATC.
- 5.4.13 Hertfordshire County Council ultimately decided not to proceed because of the additional VAT burden on the LATC (which would include day services liable for VAT) and because of the difficulty in reducing the Council's corporate overhead apportioned to the in-house services which

would become the LATC. These were a combined £2m additional burden - and the savings to be generated appeared to be £1.5m - leaving a net £500,000 increase in cost.

5.4.14 The Group enquired as to whether VAT costs were a significant issue for Your Choice Barnet. The Chief Executive Officer for The Barnet Group Ltd. outlined that registered services were exempt but non-regulatory services were subject to VAT and had been factored in to financial projections.

5.4.15 In relation to taxable revenues, the Group learned that a parents group at Rosa Morrison had recently raised around £40,000. Your Choice Barnet had yet to fully investigate fundraising opportunities or possible benefits of charity status for some areas of service provision.

5.5 Consultation feedback on services and proposed changes to staffing arrangements

5.5.1 The original Members' Item had proposed that the review consider evidence from: parents and service users about their experience of the services; and staff and relevant groups on the impact of any restructure is likely to have on services. The TFG Members were aware that a 90-day consultation had been carried out by Your Choice Barnet in March 2013 and another consultation was underway at Valley Way Respite Centre. The Group were concerned that further consultation with service users could lead to a poor response rate and would impact on the timescales of the review (which was due to complete its work by end of September 2013). Members also noted that detailed reports had been submitted by UNISON and a local group representing the families of some Your Choice Barnet Service Users (CADDSS (Campaign Against Destruction of Disabled Support Services)). The Group decided that these reports, alongside data from the consultations provided a significant amount of evidence and feedback. The Group therefore elected to review the existing readily-available information and consider resulting feedback following conclusion of the Valley Way consultation rather than conduct a separate and distinct consultation process as part of the review process.

5.5.2 At the 3 September meeting the PR & Communications Manager for The Barnet Group Ltd., reported that a series of meetings that had been held with users of Valley Way Respite Centre and their families on the proposal to change the waking night staff requirement from two waking staff to one sleeping plus one waking.

5.5.3 Enquiry from the Group confirmed that there had been some difficulty in achieving a full response to the Valley Way consultation though 50% of respondents had been in favour of proposed changes to waking staff hours. Those respondents expressing concerns had sought reassurance regarding safety, security and maintaining service quality.

- 5.5.4 The Group heard that prior to the end of this consultation, those who had not returned questionnaires were telephoned. The relatively low response rate (16 out of 40 families) was attributed to parents' and carers' overall satisfaction with the high quality of care provided by Valley Way or a general lack of enthusiasm for consultation. Reports from Your Choice Barnet staff in their analysis of questionnaires and telephone follow ups by endorsed this view. Out of 16 families' responses one parent stated that if the proposal was implemented they would use the service less. 50% of those responding (8) either agreed or strongly agreed with the recommendation; qualified by the need to be reassured that their children would be safe at all times and that the quality of care would be maintained. Following the consultation, the board of The Barnet Group Ltd. had agreed to implement the proposal, giving service managers the authority to exercise discretion should they identify a need to schedule two waking staff on duty at busy times.
- 5.5.6 External reports on the financial and staffing arrangements for Your Choice Barnet were considered from UNISON and CADDSS. The Group addressed a number of issues raised in the documents.
- 5.5.7 In both papers, references to staff morale had been made. It was accepted that within the sector staff in general there would be some anxieties over job securities due to the impact of austerity measures. However, the Group were concerned that staff working in service areas where structural changes had been proposed would be more affected by uncertainties surrounding their immediate futures.
- 5.5.8 The approach taken by The Barnet Group, in consulting on proposed restructures in light of the need for cost-saving measures, had resulted in calls from UNISON and CADDSS for further engagement and consultation. In complying with this recommendation there had been additional delays in being able to implement changes and realising cost-savings. The Group heard from the Chief Executive Officer for The Barnet Group Ltd. that Your Choice Barnet paid comparatively higher wages than other service providers in the sector which was a factor in the retention of dedicated staff.
- 5.5.9 The Group sought to discover whether Your Choice Barnet had identified opportunities to redeploy existing staff more effectively in order that the reliance on agency staff be reduced. The Interim Head of Care and Support for Your Choice Barnet explained that there had been a need in the beginning to use good quality agency staff though there were plans to move towards permanent staff in the longer term.
- 5.5.10 UNISON had recommended Winterbourne Training for all staff, the Group heard from that Interim Head of Care and Support for Your Choice Barnet that all staff were subject to a criminal records check, given inductions and opportunities to attend training courses. Furthermore an improved monitoring system of close scrutiny of accidents and incidents had been introduced. There had been three safeguarding alerts in the first quarter

of the year, none of which had been upheld. Monthly contract monitoring meetings with the Council considered alerts and outcomes as part of a wider scheme of close working to support improvements.

- 5.5.11 The Group took the opportunity to visit three services run by Your Choice Barnet on 17 September 2013. Meeting with staff and Service Users at Flower Lane Autism Service, CommunitySpace and Rosa Morrison, the Group were pleased to witness the quality of care being provided by the experienced and dedicated staff present.
- 5.5.12 Appeals from CADDSS in the local press and media, encouraging Your Choice Barnet Service Users and their families to submit any comments and concerns to Members of the Task and Finish Group, did not result in additional evidence being received. Despite this, the Group sought assurance that consultation and engagement would become a feature of the on-going approach to service provision at Your Choice Barnet. The Group learned that a consultation with Barnet Supported Living Service Users and families had already been planned. Testimonials were being gathered from Service Users and would be used to inform actions and promote Your Choice Barnet services more widely.

6 Conclusions

- 6.1 Your Choice Barnet provides quality care through a team of dedicated staff. However, as a result of budget-motivated pressures to benchmark salaries and restructure staff, morale among some staff has been low. This has, in turn, had an impact on Key Performance Measures such as sickness absence. Your Choice Barnet should continue to engage with staff and unions on proposals that may affect terms and conditions. However, swift action should be taken to agree core staffing needs in order that staff may know where they stand in the long-term. The Group understood the need for high-quality agency staff to provide auxiliary support, but believes that motivated permanent staff offered a greater commitment to best quality care. Communication with staff, service users, their families and those investigating care options should highlight staff ratios, core staffing levels and the flexibility to adapt and grow.

Recommendation One: Core permanent (non-agency) staffing levels for each service area should be identified on the Your Choice Barnet Risk Register as a Risk to Continuity of Service and Reputation. Risk Management Control should be in place before December 2013 to ensure that the identified number of core permanent staff for each service is maintained or exceeded at all times in order to mitigate any perceived risk posed to quality of present service provision. 'Next Steps/Action' recorded in the Risk Register should describe how this will be communicated across the organisation and more widely to ensure consistency and reassure Service Users and their families.

- 6.2 Growth projections have been slow to materialise since the LATC was created. Group Members were encouraged to note that some positive data was being recorded with around half of all new referrals coming in from outside the borough totalling 14% of income at the start of 2013/14. The Group accepted that each element of the service was being improved and supported the approach taken by YCB to rationalise core business activity before marketing services more widely. Efforts should now focus on delivering growth across the borough and beyond.

Recommendation Two: *Your Choice Barnet should analyse the potential for business growth through in-home respite as an outreach service from Valley Way. Members suggested prioritising focus in this yet to be explored potential growth area in order to deliver before April 2014.*

- 6.3 The Group were pleased to learn that fundraising activity had generated additional income that was intended to be used to improve facilities. It was clear that additional work was required by Your Choice Barnet to maximise the use of revenue generated through fundraising events. As a commercial entity, the opportunity for Your Choice Barnet to pursue grant funding was currently limited. The Group believed that this warranted further examination.

Recommendation Three: *Your Choice Barnet should explore potential benefits of establishing an overarching charitable arm or friends group to enable access to grants or other funding opportunities and maximise tax efficiencies.*

- 6.4 One of the key failures of Chelsea Cares Ltd. Royal Borough of Kensington and Chelsea was due to the lack of dialogue between the authority and the management team. The Group were satisfied that robust arrangements were in place between the Council and Your Choice Barnet Ltd. However, although two Councillors sit on the board of The Barnet Group Ltd., focus on the delivery and performance of services provided by Your Choice Barnet may be further enhanced through representation on its own board.

Recommendation Four: *The Council should have additional representation on the Your Choice Barnet Board. Members of the Task and Finish Group considered that, although two Councillors sit on the board of parent company (The Barnet Group Ltd.), experienced and appropriately briefed Members could serve to strengthen communication and contribute towards the joint aims in achieving strategic objectives and performance targets.*

- 6.5 The Task and Finish Group Review of YCB was initiated partly in response to public concern around its long-term financial sustainability. Ultimately, beyond the issues explored above, the Your Choice Barnet Task and Finish Group review found no evidence to support the call for services provided by YCB to be returned in-house. The Group recognise that the May 2011 Business Case had projected net losses for Year 1 and Year 2 (5.1.5 Table 1 above) and that the projections were revised by The Barnet Group Ltd. in the November 2011 Business Plan (5.1.7 Table 2) to state that a surplus would be achieved. The subsequently reported losses for 2012/13 (5.1.9 Table 3) have not given confidence in the financial planning or understanding of the business. However, the Group did not support the notion put forward by UNISON and CADDSS that the rationale for transferring services to a Local Authority Trading Company arrangement was in itself flawed.
- 6.6 Your Choice Barnet has acknowledged the need for business growth; and, as a LATC, is able to compete for new business more freely than had the same services remained in-house. Your Choice Barnet has already taken some action to improve brand recognition and promote services, resulting in 14% of income in the first months of 2013/14 coming from outside of the borough. The Government's stated aim for move to direct payments was identified in the May 2011 Business Case as giving a four-year total risk of £3.8m lost to the Council (as Service Users cannot buy the in-house services of any Council by direct payment). Taking account of this and given the significant cost savings and efficiencies being implemented at the Council it was clear to the Group that the provision of these services would have faced substantial challenges if they had been retained in-house.
- 6.7 Concerns from UNISON and CADDSS relating to staff provision highlighted a need for greater confidence and transparency in actions being taken by Your Choice Barnet to reduce costs and improve service quality. Lessons learned by Your Choice Barnet on the value of wider engagement has led to improvements in this area – even to the extent that more recently there has been some challenge experienced to receiving full feedback to consultation. The additional consultation by Your Choice Barnet with service users and their families on proposals to reduce waking night-staff levels at Valley Way Respite Service has not shown significant opposition, provided that essential needs are met and the quality of care is preserved. The Group accepted that the approach being taken by Your Choice Barnet would meet the needs of users and support further improvements to current satisfaction levels. Furthermore, the Group had confidence in the comprehensive approach taken by Your Choice Barnet and the Interim Head of Care and Support to increase performance targets, support staff and raise level of quality throughout. Matters relating to individual staff members' terms and conditions are beyond the remit of the Group.

Meeting	Safeguarding Overview and Scrutiny Committee
Date	27 November 2013
Subject	Healthwatch Barnet Enter and View Reports
Report of Summary	Healthwatch Barnet Members are requested to consider the Enter and View reports from Healthwatch Barnet contained within the appendix of this report. Representatives from Healthwatch Barnet will attend the meeting to respond to questions.

Officer Contributors	Selina Rodrigues, Head of Healthwatch Barnet Anita Vukomanovic, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards Affected	All
Key Decision	n/a
Reason for urgency / exemption from call-in	n/a
Function of Enclosures	Safeguarding Overview and Scrutiny Committee Appendix A: Carlton Court Enter and View Report Appendix B: Canteloves Enter and View Report
Contact for Further Information:	Anita Vukomanovic, Overview and Scrutiny Officer: anita.vukomanovic@barnet.gov.uk Selina Rodrigues, Head of Healthwatch Barnet selina.rodriques@communitybarnet.org.uk

1. RECOMMENDATIONS

- 1.1 That the Committee note the Enter and View reports and make appropriate comments and/or recommendations to Officers from HealthWatch Barnet.

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Safeguarding Overview and Scrutiny Committee, 10 December 2012, Barnet LINK Enter and View Reports and the LINK Annual Report.
- 2.2 Cabinet Resources Committee, 25 February 2013, the HealthWatch Contract was awarded to CommUNITY Barnet.
- 2.3 Safeguarding Overview and Scrutiny Committee 20 March 2013, Barnet LINK Enter and View Reports.
- 2.4 Safeguarding Overview and Scrutiny Committee June 2013, e-mail correspondence: Barnet LINK Enter and View Reports and LINK Legacy Report.
- 2.5 Safeguarding Overview and Scrutiny Committee, 9 September 2013: The Committee received a report containing Enter and View analysis and recent Enter and View Reports.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 Healthwatch will be the primary vehicle through which users of health and care in the Borough will have their say and recommend improvements. These should lead to improved, more customer focused outcomes for the objectives in the Health and Well Being Strategy 2012-15 and in the Corporate Plan 2012-13, specifically under 'Sharing Opportunities and Responsibilities'.

4. RISK MANAGEMENT ISSUES

- 4.1 Healthwatch Barnet has a group of Authorised Representatives. The Representatives are selected through a recruitment and interview process. Reference checks are undertaken. All representatives must complete a Disclosure and Barring Service check. All Authorised Representatives are required to undergo Enter and View and Safeguarding training prior to participating in the programme.
- 4.2 Ceasing to carry out the visits removes the opportunity for an additional level of scrutiny to assure the quality of service provision.

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 duties contained within legislation, most notably s149 of the Equality Act 2010; 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 The Healthwatch Contract was awarded by Cabinet Resources Committee on 25 February 2013 to CommUNITY Barnet. The Healthwatch contract value is £197,361 per annum. The contract will commence on 1 April 2013 and expire on 31 March 2016; the contract sum received is £592,083. The contract provides for a further extension of up to two years which, if implemented, would give a total contract value of £986,805.

7. LEGAL ISSUES

- 7.1 Sections 221 to 227 of the Local Government and Public Involvement in Health Act 2007, as amended by Sections 182 to 187 of the Health and Social Care Act 2012, and regulations subsequently issued under these sections, govern the establishment of Healthwatch, its functions and the responsibility of local authorities to commission local Healthwatch.
- 7.2 At its meeting of 26 July 2012, the Health and Wellbeing Board noted the proposed tendering process for Healthwatch and on 25 February 2103, the Cabinet Resources Committee, approved the contract to deliver Healthwatch in Barnet to be awarded to Community Barnet.

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 receive reports from Barnet’s Healthwatch on safeguarding issues”

9. BACKGROUND INFORMATION

- 9.1 Healthwatch Barnet delivers ‘Enter and View’ visits, which are review visits by lay-people of the quality, care and safety in residential and health care settings. The Healthwatch Enter and View team are given the legal right to do this and have all been well trained in their role. The most important aspect of Enter and View is that it is intended to add value by working in collaboration with service providers, residents, relatives, carers and those commissioning services.
- 9.2 The Enter and View reports are written by the Enter and View team and sent to the care provider to check for factual accuracy and to respond to the report recommendations. The Reports are reviewed and authorised at each stage by Healthwatch Barnet staff, and once finalised are uploaded to the Healthwatch Barnet website. The reports are then sent to the Care Quality Commission and the Head of Safeguarding, Adults and Communities, Barnet Council and the Safeguarding Overview and Scrutiny Committee.

10. LIST OF BACKGROUND PAPERS

- 10.1 None

Cleared by Finance (Officer’s initials)	JH/AD
Cleared by Legal (Officer’s initials)	SW

Enter and View – Visit Report

Name of Establishment:	Carlton Court Care Home, 112 Bells Hill, Barnet, Herts EN5 2SQ
Staff Met During Visit:	General Manager: Christina Hartles; Deputy manager, Reception staff, Chef and kitchen assistants, various nursing and care staff
Date of Visit:	Wednesday, 14/08/2013
Purpose of Visit:	A pre-announced Enter & View (E&V) visit, as part of a planned strategy to look at a range of care and residential homes within the London Borough of Barnet to obtain a better idea of the quality of care provided. Healthwatch E&V representatives 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. The aim is to consider how services may be improved and how good practice can be disseminated. The report is sent to the manager of the facility, visited for validation/correction of facts, and then sent to interested parties, including the head office of the organization, the Council's Scrutiny Committee and the public via the website.
Healthwatch Authorised Representatives:	Team Leader: Gillian Goddard Team Members: Linda Jackson, Allan Jones, Alan Shackman, Tina Stanton and Robin Tausig
Introduction and Methodology:	DISCLAIMER: <i>This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.</i> This report relates only to the service viewed on

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	<p>the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on 14th August. It transpired that the manager had returned from a training course on the day of the visit and her mail had remained unattended to in her absence. Therefore she became aware of our visit and received the flyer to invite relatives and carers on the morning of the visit so had no opportunity to display the flyer in advance. The team leader had called into the establishment in the previous week to check that there were no problems in us visiting on the day planned and was assured by reception that we were welcome at any time.</p> <p>Carlton Court is a purpose built care home owned by TLC (Truth Love and Compassion) Group Ltd, first registered in 2007. Carlton Court opened in 2009 to provide care for residents over the age of 55 requiring long term personal, social and nursing care. It also provides respite care. The manager told us it had 80 single ensuite rooms, of which 76 were occupied on the day of our visit. [see note later under 'environment' that two members of the team visited a room without en suite facilities].</p> <p>The home is on 4 floors:</p> <p>-1 the entrance and reception plus kitchens, training/conference room, offices and store rooms;</p> <p>0 Accommodation primarily for residents with dementia, including a dining area and access to the garden;</p> <p>1 primarily for end of life care and dementia residents;</p>
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	<p>2 primarily for residents with physical disabilities, but many had also developed dementia.</p> <p>We used a prompt list of questions to find out relevant facts, made observations and spoke to staff, residents and visitors present.</p> <p>After a brief introduction, two of the team went to floor 2 and two to floor 1 to talk to residents, staff and any visitors. The team leader and another team member talked to the manager about the home, policies and procedures, including viewing some of the relevant documentation and then met residents, visitors and staff on floor 0.</p>
<p>General Impressions:</p>	<p>The home looked to be in good condition.</p> <p>There was adequate parking outside, including provision for disabled parking and for minibuses.</p> <p>Access was via an automatic opening door and then an entry phone after which doors were opened for us after we pressed a buzzer. The reception desk had a variety of information leaflets and a signing in book. The signing in book was located near to a hand gel dispenser. Reception staff appeared to be based in a room behind (and visible from) the reception desk. They were not always at the desk and sometimes had to be summoned to attend to visitors. They were very pleasant and hospitable. A seating area and drinks machine were located in the entrance area with a low table on which we found a 'compliments' book. This was up to date with letters and cards expressing thanks etc to staff.</p> <p>The manager invited us, and the deputy manager into the training room to introduce us to the home and its' facilities.</p> <p>We also met Caspar the labradoodle, a 4 month</p>

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	<p>old puppy who is being trained to visit residents, a replacement for an older dog that had lived in the home previously.</p>
<p>Policies & Procedures:</p>	<p>We were told there are regular surveys of quality of care, one conducted regularly by Head Office and another involving residents. The home has offered to send a copy of the next report to Healthwatch.</p> <p>Residents meet monthly and their views are considered by the activity co-ordinators (1 per floor).</p> <p>A book of complaints was kept. This stated whether the complaint was verbal, written or by telephone. We were shown an example of a recent complaint suggesting that the book was up to date.</p> <p>We were told that, where possible, residents are involved in drawing up their care plans which include a detailed life history. Their relatives and carers are also actively involved, where appropriate. The care plans appeared to be comprehensive and are reviewed monthly, as is the residents' weight, unless it decreases or increases significantly, when weekly monitoring is instituted. Care plans are also accessible to all staff, health professionals, the resident and their relatives or carers. We saw the blank forms but did not ask to see records for any identifiable person.</p> <p>The home uses 'NAPA Living Life' <i>Activities of Daily Living Planners</i> to help record how residents like to live, and use their <i>All About Me</i> document to record the life history of those with dementia.</p> <p>Medication policy and procedures are in place, using the <i>Boots</i> system. Nursing staff deliver</p>

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	<p>medication from a trolley. If any resident does not want to take their medicine this would be referred to the GP and/or pharmacist and there could be liaison with the family if appropriate.</p> <p>They have one GP on a retainer who visits weekly, but if they wish, residents can stay with the doctor they had before entering the home, usually one of 3 surgeries in the local area. Out of hours service is from Barndoc and they had some experience of having to wait a long time. As the home is next to Barnet General Hospital they have had to use this as an alternative.</p> <p>The home has a good policy regarding any resident with bed sores ensuring that they are attended to appropriately and turned, including using pressure relief mattresses. There are two residents suffering at present, one as a result of a stay in hospital, and one in end of life care who does not wish to have measures to prevent sores eg being turned.</p> <p>Residents have to go out to see a dentist as the manager has failed to find an NHS dentist or hygienist prepared to visit the home.</p> <p>A chiropodist, beautician and hairdressers visit regularly.</p> <p>The home conducts regular fire drills (day and night) and has good fire policies and procedures. The Fire Brigade train staff and inspect fire extinguishers annually.</p> <p>Each floor is equipped with first aid kits which are inspected monthly by nursing staff.</p> <p>Residents who smoke are encouraged to use the garden or balcony area and are supervised by a member of staff while doing so. We observed this</p>
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	<p>while we were in the garden area.</p>
<p>Staff :</p>	<p>The home employs a manager, deputy, maintenance person, administrator and receptionist, unit managers overseeing qualified nurses and care assistants; a chef with 3 assistants, 3 activity co-ordinators a senior housekeeper, domestic staff and laundry staff. When necessary they use bank staff to cover for holiday or sickness absence.</p> <p>We were told that for dementia care they have a staff to resident ratio of approx 1:4. For mainstream residents they have a staff to resident ratio of approx 1:5. This applies during the day including weekends. At night they have one nurse and 3 carers per floor. Staff are trained to NVQ levels 2-3.</p> <p>However we did not observe this level of staffing on floor 0. We spoke to one member of staff who was providing one to one care. She did assist one resident when it was brought to her attention, but we were subsequently informed that attending to other residents in the lounge was not part of her remit.</p> <p>On floor 1, where many residents were confined to their beds, the team felt that some residents may have required more attention than they received, due to due to the low numbers of staff.</p> <p>All staff have mandatory training on safeguarding, moving and handling, first aid, induction training (according to need). Staff on floor 0 have dementia care awareness training.</p> <p>Also staff are given language tests, both written and communication skills on recruitment, and given appropriate training where necessary.</p>

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	<p>Staff have regular supervision and there is a training matrix that is monitored.</p> <p>The manager has had finance and management training.</p> <p>All staff we saw wore uniforms according to their role and most had name badges. The chef was not wearing a name badge when we spoke to him in the kitchen and we were subsequently informed that the chef and catering team members should not wear their badges within the kitchen, however when outside of the kitchen badges must be worn.</p> <p>The home also makes use of the services of Advance (Advocacy in Barnet) who provide an advocate to visit regularly to see and support people and help with issues such as finance.</p> <p>Four members of staff have left over the last 6 months for various reasons. Both the manager and the Chef came into post last October.</p>
<p>Staff Views:</p>	<p>An activity co-ordinator would welcome the opportunity to meet other co-ordinators to share ideas and would also like more specific dementia training.</p> <p>Staff were positive about their experience working in the home.</p> <p>One staff member felt there had been a high turnover of care assistants which they thought might be because they used the home for experience and training before moving on to other jobs.</p> <p>Care assistants who were not familiar with the food provided may need training, as a staff member told of an instance when one had poured custard onto fish as a sauce!</p>

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	<p>A member of staff who had been at the home over 3 years said there had been 5 managers over that period but that things had improved generally since the current Manager had been in post.</p>
<p>Privacy and Dignity:</p>	<p>Good, staff were respectful of residents. We observed some staff interacting with residents in a friendly and courteous manner, talking to them as they helped them, but in some cases nurses and care assistants on the 2nd floor seemed disengaged and less enthusiastic with their communication with the residents, in contrast to the cleaner and home manager who were much more enthusiastic in engaging with residents. The home used a 'sensory mat' to detect when certain individuals got out of bed eg in the middle of the night, in order that they could check on their well being.</p> <p>For those prepared to pay, the home had a clothing coding system to ensure that the right clothes were returned to the right residents after washing. This could be difficult to manage, for example when residents were given gifts that were not coded.</p>
<p>Environment:</p>	<p>The premises were well decorated and bright. There were flowers in the reception area.</p> <p>The atmosphere was fresh and there were no smells.</p> <p>The stairs and lift were wide and were all only useable with a key or code system to grant access.</p> <p>There was easy access to the garden for those on floor 0, or to balconies for those on other floors for residents who wanted to be outside.</p>

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	<p>Residents could have their own telephone line if they wished or a mobile phone and internet access was available throughout with a terminal they could use on floor -1.</p> <p>One shower room was observed to be used as a store room.</p>
<p>Furniture:</p>	<p>The furniture in the communal areas looked to be good quality and well maintained.</p> <p>All the fixtures and fittings and carpets were clean and in good repair. The décor was pleasant.</p> <p>Residents were allowed to have their own furniture in their rooms.</p>
<p>Food:</p>	<p>The Chef uses the 'NUTMEG' system to provide residents with a varied and nutritionally balanced menu. In addition he observes what is consumed and talks to residents about their preferences and amends the menu accordingly. Halal and Kosher food was provided where appropriate. He delights in preparing an afternoon tea trolley for each floor with a range of homemade cakes including birthday cakes if appropriate.</p> <p>We were present over lunch and observed that the food looked good although some residents seemed confused about the choice of dishes. We were told by the Chef that residents were offered choices earlier in the day, but for some these had to be made by the staff on their behalf.</p> <p>On the 2nd floor we observed a lunch tray just being left in resident's room. This resident said she was not hungry and was not going to eat the food, whereas our view was that a staff member could have encouraged her to eat.</p> <p>Residents were provided with drinks at regular</p>

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	<p>times of the day and on request. They are positively encouraged to drink.</p> <p>On floor 0, one regular visitor to a relative told us she chose to bring in meals because she was convinced that her relative preferred her 'home' cooking to what was offered by the home. However we were assured by a member of staff that when this did not happen the resident ate the food provided by the home with no complaint.</p>
Activities:	<p>The 3 activity co-ordinators appear to ensure a varied program of events including music, crosswords, word games, quizzes, bingo, exercises, Tai Chi, ball games, films, arts and crafts etc. We also heard about outings to visit places such as garden centres etc. We did not observe any such activities in progress during our visit and did not have the opportunity to observe if residents on all floors would have been able to participate.</p> <p>The home also encourages volunteers to visit but would like to increase their number.</p> <p>Regular visits were made by some local religious organisations for example Jewish Care, and a rabbi and some Christian representatives.</p>
Feedback From Residents:	<p>Some of the residents with whom we spoke said:</p> <p>'This is my home'</p> <p>'This is by far the best care home I have seen'</p> <p>Two friends and relatives were complimentary about the home and the residents indicated that they took little part in the activities but were aware of the offers.</p>
Feedback from Visitors/Relatives:	<p>They did not appear to know what a care plan was. Although when a Care Plan was explained to</p>

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	<p>her one relative said she had been involved.</p> <p>A relative felt she could speak to the staff or Manager at any time if a problem occurred and action would be taken.</p> <p>The residents’ mobility had improved since being in the home.</p> <p>From relatives settling in their mother on her first day of respite,</p> <p>‘everything seems good, nice room, good food and pleasant surroundings’</p> <p>From relative of mother-in-law who had been there for over a year</p> <p>‘we are very pleased with the care, and would recommend it’.</p> <p>One visitor commented that they hoped for fewer staff changes in the future and that the current manager remains in post for a long time.</p>
<p>Conclusion:</p>	<p>Carlton Court is a good residential care home providing a generally competent standard of care for people with dementia, physical problems and those at the end of their life.</p> <p>However at the time of the visit the Team did not observe the level of staffing mentioned by the Manager, and felt that the residents may not always be receiving the attention they could benefit from.</p> <p>Overall we found most residents to be happy and well looked after in a home with clear and accountable policies and procedures. .</p> <p>The manager, demonstrated good managerial skills and appeared highly committed and</p>

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	knowledgeable.
Recommendations:	<ol style="list-style-type: none"> 1. To increase the amount of dementia care training provided for example to include activity co-ordinators, 2. To make arrangements for mail etc addressed to the manager (other than private/confidential) to be opened and dealt with when the manager is away. 3. To look at options for increasing the number of volunteers for example by contacting the Volunteer Centre Barnet. 4. Investigate (with support from Julie Hughes and Barbara Jacobsen the 'Integrated Quality in Care Homes team' at Barnet Council) how to get a dentist to visit and improve GP's attitudes to visiting. 5. For the Manager to continue with the network of managers as an aid to sharing and learning from their experience. To improve networking opportunities for the deputy manager and activity co-ordinators. 6. To make the complaints/compliments procedure more visible within the home. (We shared the procedure adopted by Barnet Social Care with the manager as an example of good practice.)
Signed:	Gillian Goddard
Date:	26 th August 2013 updated 21 st October 2013

Response received from Carlton Court Care Home:

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Recommendations	Response
<p>1. To increase the amount of dementia care training provided for example to include activity coordinators</p>	<p>Ongoing training on dementia care for all care staff.</p> <p>HCPA also provides dementia training. Nominated Carers booked for Dementia Champion Training</p> <p>RMN nurses are in post on dementia floors.</p> <p>NAPA Membership current</p> <p>Training for Activity Coordinators November 14, 2013.</p>
<p>2. To make arrangements for mail etc addressed to the manager</p>	<p>Deputy link to emails when manager not around to answer emails</p>
<p>3. To look at options for increasing the number of volunteers for example by contacting the Volunteer Centre Barnet</p>	<p>Ongoing interviews with volunteers.</p> <p>Currently have 3 volunteers at the Home. Liaising with Barnet</p>
<p>4. Investigate (with support from Julie Hughes and Barbara Jacobsen the "Integrated Quality in Care Homes team at Barnet Council) how to get a dentist to visit and improved GO`s attitudes to visiting.</p>	<p>NHS Dentist – started 20th August 2013</p> <p>Dental Office: Vale drive Primary Care Centre, Vale drive, EN5 2ED</p> <p>Liaising with Integrated Quality Team</p>
<p>5. For the Manager to continue with the network of managers as an aid to sharing and learning from their experience. To improve networking opportunities for the deputy manager and activity co-coordinators</p>	<p>Ongoing Networking with other managers and Integrated quality teams. Next meeting October 2013</p>
<p>6. To make the complaints/compliments procedure more visible within the home. (We shared the procedure adopted by Barnet Social Care with the manager as an example of good practice)</p>	<p>During the visits the Complaints/ compliments procedure located at each resident room and reception area.</p> <p>Will put more copies of the procedure on each nurse's stations. (Waiting for the new policies and procedure – currently being reviewed by the company TLC- Group)</p>

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Name of Establishment:	Canteloves House, The Eleanor Palmer Trust, 27 Canteloves House, Spring Close, Barnet, EN5 2UR Tel: 020 8364 8003
Staff Met During Visit:	Manager: Robert Ashton; Admin Officer, Laundry Asst, Chef, Duty Officer, Activities Co-ordinator, Care Staff, Cleaners
Date of Visit:	24th July 2013 11am
Purpose of Visit:	This is part of Healthwatch Barnet's planned strategy which looks at care homes within the borough to obtain a better idea of the quality of care provided. This was an announced Enter & View visit.
Healthwatch Barnet Authorised Representatives Involved:	Jeremy Gold; Nahida Syed; Janice Tausig; Robin Tausig
Introduction and Methodology:	<p>The Eleanor Palmer Trust Residential Care Home (known as 27 Canteloves House) provides residential care and caters for people with mild dementia. The Manager has been in place since May 2010. Currently there are no vacancies.</p> <p>It is a modern two-storey building with wheelchair access set in well-maintained, landscaped gardens at the end of a cul-de-sac, close to a small number of local shops. There is plenty of parking for visitors.</p> <p>The home opened in 1991 and caters for 32 residents. There are 32 bed-sitting rooms, all of which have ensuite WC and wash-basin. 3 of these can be used as double rooms for couples and space for wheelchair users. All rooms have a 24-hour staff call system recently updated to provide one of the latest systems available. The fire alarm system was in the process of a similar update when we visited. There are 3 separate bath/shower rooms.</p>

	<p>Residents are welcome to bring some of their own possessions by agreement with the Manager and many do so. TV, radio and telephone phone points are conveniently located in all rooms - which can also be used for internet access if required.</p> <p>The Trust is also involved in sheltered accommodation in buildings attached to the Home but these are run entirely separately.</p> <p>We observed and assessed the nature and quality of services and were able to obtain the views of the Residents through discussion with them and one relative. We discussed the running of the Home with the Manager and staff. We had sent the Manager a flyer advertising our visit but because he was on holiday when it arrived, it was only put up for relatives to see the day on which he returned – two days before our visit. We prepared a prompt list of questions to find out relevant facts about the home.</p> <p>This report was sent to the Manager for final agreement and a copy to the Trust before being shared and published on our website. This report represents the team’s observations as experienced on the day of the visit, having spoken to the staff, relatives and service users who contributed on that date.</p>
General Impressions:	<p>Our overall impression was that this is a good Home with some excellent aspects. There were areas we felt would benefit from changes and those have been noted in our recommendations at the end. We looked overall at Staff Support, Environment, Privacy and Dignity, Food, Security, Accessibility, and Safety with the needs of the residents being uppermost in our minds.</p>
Policies & Procedures:	<p>Care Plans & Contents:- Staff told us they have to complete the Resident’s daily record before leaving and one of our colleagues observed staff doing this on our visit. Care Plans are available for both residents and relatives to see but kept in the Manager’s office when not in use. None of the residents seemed to know much</p>

about their care plan but our experience tells us that this is often the case in Homes. The Manager explained that Relatives and the Residents would both be involved in the construction of this care plan which was very detailed and it was regularly reviewed to update changing circumstances, with the main review taking place annually.

Medication:- We were told that this is generally administered by a Level 4 GNVQ trained carer but if this person is unavailable then another carer can do this. We saw one medication record which was up to date. We noted that when a resident is asleep he/she is not disturbed but the Manager told us that medication is then given when he/she wakes up. Medication prescriptions are collected from GPs and arrive at the Home in blister packs from the pharmacist.

Food:- During the post assessment care planning process residents and relatives are asked to complete a kitchen notification indicating likes/dislikes/allergies/special requirements of the resident. The manager feels that this is not always remembered when food is discussed at Residents' Meetings.

Access to Professionals:- We understand the District Nurse comes in 3 times each week and an internal audit for medication is carried out quarterly. A pharmaceutical audit which had previously been a possibility suggested by the CQC had recently been pursued and was in progress when we last spoke with the Manager.

Each resident has his/her own doctor which means the Home liaises with around 15 different doctors from 4 different practices. They are available as and when needed and are asked to come in to do an annual check if no call out has been needed. BARN DOC is used out of hours. Daily care notes record any health changes. Recently the Manager sent out a survey to the 15 doctors asking them to evaluate how Canteloves was rated by them in terms of the number of call outs and whether there was anything else the home could be doing to improve the care it gave residents. This is not a

Statutory requirement for a Home. We were pleased to see the individual care the Manager was providing for residents in enabling them to keep their own doctors and in working with those doctors to find the best way of caring for residents.

We were told residents are weighed monthly unless losing weight, and pressure sores are dealt with by the District Nurse and a specialised profile bed is used.

The Chiropodist visits every 6 weeks for two consecutive Friday mornings for all residents.

The Dentist (Cuffley Mobile) and Optician both have a mobile service which allows them to visit the Residents when needed. The optician can also provide diabetic screening.

There is only one Dietician for the whole London Borough of Barnet. She has visited Canteloves once as part of a project she is doing for Barnet to ensure that food supplement drinks are not being overused. The Manager made use of this opportunity to check his Residents continued to have appropriate diets.

Complaints Procedure:- We were told complaints are dealt with verbally most of the time and for this reason do not require entry into the complaints book. There had not been an entry for many months. If a written complaint comes in, this is entered and the information sent up to the Trust. With the exception of one resident, we found no specific complaints and that resident's concern is now being dealt with, having occurred when the Manager was on holiday. However, residents did not always seem clear about how to make a complaint and the relative to whom we spoke was clearly not aware of the complaints procedure that went into every new resident's welcome pack. On further discussion the Manager agreed that a very much more simplified sheet in the form of a flow chart would provide each Resident and his/her relative with an easy to access approach to complaining if this were necessary. Whilst there were entries in this book, the Manager told us that he preferred to make an entry when all matters had been resolved rather than as things happened. We spoke in

	<p>some depth about this approach and looked at ways in which everyone's needs would be covered if entries were made at the time.</p> <p>Accidents:- this book is kept conscientiously and is up to date.</p> <p>The most recent audit of falls ended in December 2012. The specialist support mentioned in the last CQC report for the reduction of falls has not yet materialised but the new call system will be going in during August and is modern, flexible and sensitive to the residents' needs.</p> <p>The handling of Safeguarding incidents has been further developed by training from the London Borough of Barnet who delivered this at Cantelowes to Staff. The home has its own Safeguarding Policy. However, it came to light that since then, not all Staff had received annual updated safeguarding training due to limited training opportunities. Healthwatch have made contact with the Barnet training service and established that they are able to provide Safeguarding training to staff at Cantelowes.</p>
<p>Staff:</p>	<p>The Staff seemed very much on top of issues with residents and had their routines clearly in mind when dealing with them. They had clear areas of responsibility. There are 4 Senior Staff with a minimum of level 4 NVQ. The remaining Care Staff are qualified to NVQ level 2 or 3. There are key workers for every resident and each key worker had around 5 people in his/ her charge. Staff were not in uniform and had no name badges but were well turned out, helpful, courteous and available when needed. There are 6 staff working in the mornings, 4 in the afternoons and two at night (minimum NVQ level 2). In addition, one senior care staff sleeps in for any night-time emergency.</p> <p>The Administrator supports Residents in their use of money and relatives speak with her when they need to put money into a relative's account, remove it or want a relative to be able to hold more money personally.</p> <p>We spoke with the staff member in charge of Laundry who seemed to know the Residents very well. She had been there for some considerable length of time as had</p>

	<p>the Chef, who showed us the kitchen which has seen many updates over the 22 years he has been there. We also met two of the cleaners who explained clearly the different materials used and the purpose of each one. They took pride in what they were doing.</p> <p>All staff are trained in food hygiene at a basic level but kitchen staff are trained up to level 2. Staff are also trained in health and safety, manual handling <u>basic</u> Safeguarding (See above) and infection control. Training is maintained through supervision, consulting training records and observations</p>
<p>Staff Views:</p>	<p>Staff came across as happy with their work and this is supported by the low turnover and reticence staff express in terms of leaving. The Manager does not like using Agency staff and instead has built up his own team of Bank Staff who can provide continuity of care. Staff appear to support one another in working well as a team. The Manager told us how he had made some changes to working practices by clearly leading and explaining the need for changes.</p>
<p>How the Home Gets Residents' Views:</p>	<p>The last Residents' Meeting was held in March 2013 although the Manager prefers them to occur every 2 months. They are generally held in the morning, the Minutes are filed having been pinned to notice boards in the foyer and in the lounge. Notification of these meetings can be displayed in advance although residents do not always seem aware of what is on the boards. Relatives are invited to these meetings and we are told that usually between 2 and 5 attend.</p> <p>Care Planning Meetings and Reviews also serve to elicit residents' views.</p> <p>The Key worker for each resident plays a part in discerning the resident's needs and preferences.</p>
<p>How the Home Gets Relatives' / Carers' Views:</p>	<p>There is an annual anonymous survey sent out to relatives/carers for comments on the Home and its care of relatives. When these are returned, they are summarised and then given to the Trust, CQC, residents and relatives who ask for one.</p>

<p>Privacy and Dignity:</p>	<p>We saw no specific examples where either privacy or dignity were not maintained.</p> <p>However there is only one lounge and this only has space for the 32 residents. Apart from their own rooms, the only alternative seating spaces are a library area – which in reality is part of the entrance hall - and an upstairs meeting / activities room. Neither of these provides a real alternative for residents seeking something different from the communal lounge.</p> <p>Apart from the lack of space mentioned above, we felt that residents were treated well in terms of privacy and dignity.</p> <p>Toilet facilities were clean, curtains, blinds and glass were in place and people were being spoken to appropriately. There are 3 toilets downstairs in close proximity to the lounge.</p> <p>We thought residents looked smart and well cared for and the two incidents of lifting and handling we observed appeared exemplary.</p>
<p>Environment:</p>	<p>The environment was open, very clean – e.g. door handles are treated with two cleaning materials. We were told that there is no MRSA or C.Diff at the Home.</p> <p>Pictures were on walls and so were examples of Residents’ Artwork, completed in their weekly activity time. There was a homely atmosphere. There is a small kitchenette where relatives and residents who are able, can make themselves drinks.</p>
<p>Furniture:</p>	<p>Some residents had brought in their own furniture. There were some electric high rise chairs in the lounge which displayed a television at either end so that people could still be together but watching different programmes. Each bedroom varied slightly in size but contained a sink and toilet, appropriate bed, wardrobe, drawers and a chair.</p>
<p>Food:</p>	<p>There are 3 main mealtimes. Breakfast is served before the Chef arrives and is usually similar to a continental style breakfast. On Sundays there is a cooked breakfast although the Chef told us that not many residents took this. Lunch is served at 12:30pm and tea at 5:15pm.</p>

Around 8pm, any sandwiches in the fridge, which had not been eaten earlier in the day, are available with biscuits and a hot drink.

We saw lunch being taken by the residents where Carers sat at tables with residents who needed help. The dining area was well spaced out with a maximum of 4 to a table. Looking at the Residents, we had the impression we were looking at a popular and comfortable restaurant rather than a residential home.

The menu was on a board in chalk and written in cursive script, part of which had been erased. This was put up on the afternoon of the previous day. It was unclear whether Residents had read this menu or when they had the opportunity to request an alternative if they did not like what was being offered. The Manager told us that there is an opportunity to ask for an alternative the day before at teatime or on the day at breakfast.

The Chef showed us the menus over a 4 week period, although he said that was just a guide for him so we were not sure that food was always offered as on the sheet. The starter was invariably soup which was sometimes freshly made and sometimes from a packet. During this recent hot spell, we were told cold tomato juice was offered as an alternative and the Residents liked this.

There was one main course and one dessert on the Menu. Alternatives were offered in the sense that if a Resident said that they did not want to eat what was being offered, the Chef then cooked something from the freezer which he said was always kept stocked with chicken breast, lamb chops or other alternatives. We did not see any typed menus anywhere.

The Chef said he knew what people liked but there did not seem to be the opportunity for Residents to be involved in the process of planning the menus. We saw a large quantity of salad left on residents' plates. Nevertheless, the food appeared to be of good quality.

We were told that none of the current residents require special diets e.g. vegetarian, kosher, and halal. The Chef said kosher and halal could be provided, but it was not

	<p>obvious to us that the necessary separate space for storage and preparation was available. The Manager felt provision would be made for all specific cultural requirements.</p>
<p>Activities:</p>	<p>Activities have been organised regularly and although we were told that the Art Co-ordinator is soon to leave, the Activities Organiser has been shadowing her so that she can take on the role. She is currently in 3 times a week from 8:30-12:30. Bingo is offered 3 times in the week as it is very popular; board games are available; Tai Chi is offered on Tuesday and there is a reminiscence group for those with dementia on Thursday; music is offered in the afternoon – a combination of listening, visiting musicians and some singing; a Chaplain comes in once a month. Support for these activities is provided by a small number of relatives who volunteer their time. We noticed some baking had been taking place during our visit and the Residents were interested in this. We could see that activities had a valued place in the running of the Home from the dated photos on the activities board.</p> <p>Activities are held in the main lounge, the dining room and occasionally in a larger room upstairs where there is a TV and DVD player.</p> <p>A hairdresser comes in on a Friday and Saturday morning for the residents. Around 5 Residents use Dial a Ride to go out locally in Barnet e.g. for shopping or for lunch where they meet friends. However, although Dial a Ride drivers are trained to work with users with disabilities, the Home cannot provide staff to accompany residents on these journeys, so they can only be permitted if the Manager is assured that they will be met and remain accompanied until the bus picks them up again.</p> <p>There have been days out to Brighton and Southend but the Home's own transport is no longer adequate to take a number of residents on longer journeys. The Manager has now been in contact with Barnet Community Transport, but no such outings have yet taken place. However, the Manager said the Home's own vehicle is</p>

	<p>used to take visitors on shopping trips and to garden centres.</p> <p>There has also been the occasional outing in the evening to Puddennecks which 3 residents enjoyed and where they had met up with the sheltered housing residents – also part of the Trust.</p> <p>Finally the beautiful display of flowers in pots at the entrance to the Home had been prepared by the Residents.</p>
<p>Feedback from Residents and Relatives/Visitors:</p>	<p>We spoke to five residents. All said the home was good and the care provided was okay. They were not aware of their care plan or complaints procedure.</p> <p>When we spoke to residents about the food some were very positive e.g. 'the food is very good here' but others were of a different opinion and said that you had to eat what you were given.</p> <p>If they did not like what was on the menu, the chef would provide an alternative meal. It was also stated by some residents that there was really no choice of food.</p> <p>The Manager told us about a Residents' Meeting held early last year where residents commented that they did not know what was for lunch until they sat at the table and read the printed menu. After a long discussion it was agreed that it would be better to write the menu on a menu board the day before to allow them to check and ask for an alternative. He accepted that as the Residents' Meeting was overdue, some residents had forgotten this previous discussion.</p> <p>Four of them said they have residents meetings, but the latest one was well overdue. Although there were notices of the next meeting on the door, residents were not aware of the date of the next meeting as none of the staff had mentioned it. It was suggested that the notice may have been put up before our visit. However, the Manager reminded us that he had been on Annual Leave, returning only a few days before we visited. He felt it was an oversight that it had not been put up before he left for his holiday.</p>

	<p>Four residents felt they could approach the Manager of the home if they had any complaints or concerns, and that he was a good listener.</p> <p>One resident said there were not enough toilet facilities downstairs and she would bring it up in their next meeting. However, 3 were available within a short distance from the Lounge when we looked.</p> <p>None of the residents were aware of Advocacy in Barnet despite there being a poster on display. However, a resident did avail herself of these services previously and AiB still offer a service to any Care Home within Barnet when requested. The Manager told us that residents were asked if they wanted to use this service at a Residents' Meeting and they said they did not.</p>
<p>Safety:</p>	<p>Normal movement between first and ground floors is by lift.</p> <p>There are two stairways used by staff and for emergencies. These have doors which are very easy to open but not lockable. The Manager told us this was on the advice of the Fire Brigade who felt locking them was a safety issue in the event of a fire as they are exits to emergency escape routes. A resident could very easily gain access to the stairs, which may be a safety issue.</p> <p>The Manager told us that the new safety system now being installed will have detectors to report when a door is opened. Hopefully this will also restrict access and ensure that residents are not at risk of falling on the stairs when unaccompanied. There is no separate dementia unit at Canteloves and for this reason the Manager felt that their current residents would not be at risk from their brand new and updated system.</p> <p>In addition a new 'Nurse call' system has been installed enabling all staff to carry beepers telling them instantaneously of an emergency or where there is need for help. This also allows alarms to be placed on residents' doors, if necessary, which alerts staff that they have left their room.</p>

	Residents also can wear an alarm pendant which is linked into the Home's alarm system.
Miscellaneous:	The Home's website is out date. For example it quotes charges as at 2008, and CQC report quotations from 2009. The Manager said the Trust is aware of this. They are currently reviewing and updating the website.
Conclusion:	27 Canteloves House is generally a well run care home where Residents feel they can go straight to the Manager if there is anything amiss and have it resolved. The Manager enjoys working for the Trust, which he much prefers to a private company and feels they support him in his work. Staff turnover is low and the home provides a homely atmosphere, which is in no way institutionalised. The building itself is modern and has recently had new kitchen and bathroom equipment in addition to new alarms and call bell systems. The Manager will put himself out to provide information and care for Residents but is equally aware that he does not want to unnecessarily restrict residents in the Home.
Recommendations:	<ol style="list-style-type: none"> 1. The Complaints book needs to record events as they happen so that a clear pathway can be traced recording their resolution. 2. The complaints procedure needs to be understood and visible to both residents and relatives showing how one makes a complaint, if necessary, for all Staff. 3. Menus need to be legible and easily available to residents. As they were originally typed to go on the tables, we recommend that an enlarged typed copy is made available on a notice board or in the main lounge 4. Residents need to be more involved in the choice of menus. As the Manager has correctly noted, some residents have short term memory loss. Staff should engage with residents on a daily 1:1 basis to check residents' wishes and then convey this to the Chef. In addition this provides valuable 1:1 time with residents. 5. Clarity is needed as to how residents' and relatives' views are encouraged and conveyed to the Trustees and to each other on a regular basis.

	<p>6. The website needs to be updated.</p> <p>7. Staff should be required to wear name badges so that they are easily identifiable. The photo board in the entrance is very helpful, but only when you are standing in front of it.</p> <p>8. Leaflets about Advocacy services in Barnet, such as Advocacy in Barnet (AiB) could be incorporated into the Welcome Pack for new relatives and residents so that they could be contacted independently of the Home if needed.</p> <p>9. The Home should ensure that all suggestions made by CQC in regard to their last inspection are followed up and implemented. As part of Healthwatch Barnet’s Enter and View reporting processes, this report is sent to the CQC for their information and any follow-up action.</p> <p>10. Ensure that safeguarding training is kept up to date for all staff.</p>
Signed:	Janice Tausig; Robin Tausig; Jeremy Gold; Nahida Syed
Date:	28/09/13

Response Received from Canteloves House:

The manager was very supportive of our visits and has fully responded to our report. Two members of the team made a follow-up visit to clarify some issues that they were unclear about and were welcomed by the manager.

His responses to the report are listed below:

3. Complaints Process. A flow chart of the process will be produced showing the steps to take when making a complaint.

4. The chef always attends residents meetings and this is where he seeks their views and opinions on the menu and asks what changes they would like to see.

5. Trustees meetings take place every 8 weeks, the manager produces a report which includes summaries of satisfaction surveys completed by residents relatives/advocates, as well as any other requests or suggestions made by residents or relatives. The Clerk to the Trustees also carries out an unannounced inspection as do the trustees on a monthly basis. Both the Clerk and the Trustee speaks with residents and any relatives whom may be visiting.

6. The Clerk is in the process of updating the website.

7. Badges either worn around the neck or pinned to clothes are a health and safety risk, if grabbed by a resident they could cause injury to themselves or the staff member. We also feel that they are institutionalised and the residents like the fact that this feels like their home.

 AGENDA ITEM 8

Meeting	Safeguarding Overview and Scrutiny Committee
Date	27 November 2013
Subject	Quality & Safeguarding: Progress Report on Local Response to Winterbourne View
Report of	Cabinet Member for Adults
Summary of Report	In July 2013, every local area was required to undertake a stocktake on progress made locally in response to the Winterbourne View Concordat, published by the Department of Health in December 2012. This required a number of actions from local health and social care economies. This report provides an update on the local action in response to the concordat and stocktake.
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Officer Contributors	Dawn Wakeling, Adults and Communities Director Temmy Fasegha, Joint Commissioner Mental Health & Learning Disability Helen Duncan-Turnbull, Head of Integrated Learning Disability Service
Status (public or exempt)	Public
Wards Affected	All
Key Decision	N/A
Reason for urgency / exemption from call-in	N/A
Function of	Overview and Scrutiny
Enclosures	Appendix 1 - Winterbourne View Concordat Appendix 2 - Barnet Stocktake – Winterbourne View Appendix 3 - Barnet Winterbourne view action plan. Appendix 4 - National Review Barnet Feedback Appendix 5 – Stocktake letter (31 st May 2013)
Contact for Further Information:	Temmy Fasegha- Joint Commissioner Mental Health & Learning Disability (temmy.fasegha@barnet.gov.uk ; 0208 359 2841)

1.0 RECOMMENDATIONS

- 1.1 That the Safeguarding Overview and Scrutiny Committee note and comment on the actions taking place locally to ensure delivery against the Winterbourne View requirements, published in December 2012.
- 1.2 That Safeguarding Overview and Scrutiny Committee note the outcome of the stocktake exercise following the letter from the Minister for Care Services dated 31st May 2013, which called for Safeguarding Overview and Scrutiny to take a leadership role in ensuring that the commitments made in the Winterbourne View Concordat are achieved.

2.0 RELEVANT PREVIOUS DECISIONS

- 2.1 Health and Well-being Board (HWBB) - 19th September 2013, Winterbourne View Stocktake, Agenda Item 6.

3.0 CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 Safeguarding is a key priority for the Council and partners and is reflected in strategic partnership goals including the Corporate Plan 2013 - 14, Health and Well-being Strategy, Sustainable Community Strategy and Commissioning Strategy.
- 3.2 Safeguarding adults from avoidable harm or abuse underpins everything we do and is the responsibility of everyone who works for or with the London Borough of Barnet.

4.0 RISK MANAGEMENT ISSUES

- 4.1 A failure to keep adults at risk of abuse safe from avoidable harm represents not only a significant risk to residents but also to the reputation of the Council, NHS Barnet Clinical Commissioning Group (CCG) and care providers. Although safeguarding must be the concern of all agencies working with vulnerable adults, the Local Authority is the lead agency and is responsible for the co-ordination of the multi-agency safeguarding board.
- 4.2 Barnet's Safeguarding Overview and Scrutiny Committee has a key leadership role to play in ensuring that the commitments made in the Winterbourne View Concordat are achieved.

5.0 EQUALITIES AND DIVERSITY ISSUES

- 5.1 Barnet's Joint Strategic Needs Assessment shows that people with learning disabilities are one of the most excluded groups in the community. They are much more likely to be socially excluded and to have significant health risks and major health problems including obesity, diabetes, heart and respiratory diseases. The number of young people with complex disabilities in the local population is rising, meaning that safeguards and quality assurance of care services for this group of people will remain highly important.

6.0 USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

6.1 The Integrated Community Learning Disability Service (CLDS), comprising health and social care professionals from the Council's Adults and Communities delivery unit, Central London Community Health Trust and Barnet, Enfield and Haringey Mental Health Trust; and the NHS Barnet CCG Continuing Health Care Team are responsible for coordinating and reviewing care plans of people with learning disabilities in social care and health placements. The Adults and Communities Supply Management Team and the NHS North and East London Commissioning Support Unit have responsibility for co-ordinating contract monitoring arrangements including quality monitoring of Council and NHS contracted services respectively. These teams are funded from existing budgets in their respective organisations.

7.0 LEGAL ISSUES

7.1 The Concordat is not a statutory document but sets out the values and actions to which various bodies, including Directors of Adult Social Services, have committed. A failure to subsequently adhere to those commitments without sufficient reason can be a point of legal challenge by anyone affected.

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

8.1 Council Constitution, Overview and Scrutiny Procedure Rules – the Safeguarding Overview and Scrutiny Committee has responsibility to scrutinise the Council and its partners in the discharge of statutory duties in relation to Safeguarding.

9.0 BACKGROUND INFORMATION

9.1 The Concordat

9.1.1 The Concordat, attached as appendix 1, set out some key actions for local implementation. This includes:

- Clinical Commissioning Groups to maintain a register of people with Learning Disabilities (LD) and autism who are in receipt of NHS funded packages of care.
- Completing multi-disciplinary reviews of people with LD and autism who are in receipt of NHS funded packages of care in hospital settings by the end of June 2013.
- Moving people to other local care settings by June 2014.

9.2 Progress to date

9.2.1 There are currently 77 people on the LD register of people in receipt of NHS funded packages, of which 16 are in hospital settings and therefore fall within the scope of the concordat. Of these 16 people:

- 16 have been reviewed
- 13 have move-on plans

9.2.2 Move on plans for the other remaining 3 people are being developed subject to the individual clinical need. Between the months of June and October 2013, one person was admitted and two people were successfully discharged into an alternative community service. Provided all the actions proceed according to plan, we anticipate that the 77 people above will be moved by the national deadline of June 2014. However, this may alter if individual circumstances change. 8 of the individuals who have been reviewed are subject to Court of Protection and any plans for move on will need to be agreed and negotiated with the Official Solicitor.

9.2.3 There is a project group made up of care coordinators from the Integrated LD service and commissioners overseeing progress with the move on plans. Progress reports have been presented to the Adults and Community Delivery Unit's Senior Management Team and the Clinical Risk and Quality Committee of the CCG in June and July respectively and to the Health and Well Being Board in September.

9.3 The Stocktake

9.3.1 The Stocktake document was circulated to the HWBB in July and is also attached as appendix 2 to this report. The stocktake was signed off, as required, by the Council and CCG. The stocktake was presented to the Barnet Learning Disability Partnership Board on 17 September; the stocktake draws heavily on Barnet's Winterbourne View action plan. Feedback from the Health and Well-Being Board and Learning Disability Partnership Board was positive and it was recognised that robust systems were in place to progress the action plan. The Council received very positive feedback from the Winterbourne Stocktake national report following its submission in July 2013 with only two areas identified for some further development:

- Very strong detail on leadership and partnership.
- Good understanding of what needs to be done and how it will be supported.
- Case Management; strong good professional oversight.
- Strong and supportive safeguarding approach.
- Excellent joint commissioning to develop alternative services.
- Strong work on transition – may need to extend to children's services.
- Need for continued market development.

9.4 Commissioning

9.4.1 The stocktake highlights the need for the development of local care and support options for younger adults with complex needs. This is relevant to people placed in NHS settings but also the growing number of younger adults with complex needs. A scoping exercise will be carried out by Children's Services, Adult and Communities Delivery Unit and Barnet CCG to develop project proposals for planning for the future for young people with complex needs who are likely to require service interventions as they become adults.

9.5 Monitoring the care system

9.5.1 Part of the learning from the Winterbourne View scandal is that health and social care commissioners need to ensure that their systems for monitoring care quality are robust. This relates to individual care plans, care providers and the wider care system. This report has described the quality monitoring roles of the specific care and contracting teams in relation to this client group. It has also set out the role of the Safeguarding Board and the multi-agency safeguarding procedures in keeping people safe. In addition it should be noted that the Council works closely with the Care Quality Commission to identify and act in situations where there are concerns about social care providers locally and there are local multi-agency systems for raising concerns about providers. The Council's quality and purchasing team undertakes unannounced monitoring visits of contracted social care providers and there is a programme of unannounced CQC inspections nationally. In addition, NHS England is establishing regional Quality Surveillance Groups which will review both qualitative and quantitative data on health care providers, in order to facilitate early action where there are quality concerns. NHS Barnet CCG has a quality and safety programme which includes requiring providers to demonstrate their response to the Francis enquiry.

9.6 Confidential Inquiry & 2012/13 Joint Health and Social Care Self-assessment Framework

9.6.1 The 2012/13 Learning Disability Joint Health and Social Care Self-assessment Framework (SAF) was launched in June. This was followed by the publication of two Department of Health reports into the findings of the confidential review into premature deaths of people with learning disabilities, '*Six Lives- Progress Report on Healthcare for People with Learning Disabilities*' and '*Government response to the Confidential Inquiry into premature deaths of people with learning disabilities*'. The 2012/13 SAF has been updated to provide further assurance about how health and care services are ensuring the safety of people with learning disabilities.

9.6.2 All areas are required to complete the SAF and involve people and their carers as well as stakeholders in the evaluation process. Getting ready meetings with focus groups took place to get people's views, followed by an event hosted by the Barnet Learning Disability Partnership Board on 4 October 2013. The completed SAF is due for submission on 30 November.

9.7 The Barnet Learning Disability Partnership Board (LDPB), a multi-agency partnership bringing together people with learning disabilities (LD) and autism, family carers and professionals from the Council, NHS, voluntary sector and other services has played an important role in fostering a partnership approach to keeping people safe and in the development of learning disability commissioning priorities. The LDPB is co-chaired by a person with a learning disability. Five members of the LDPB are people with learning disabilities. The Partnership has supported the set up of the Learning Disability Parliament which is a key mechanism for engaging and consulting with people with learning disabilities in Barnet. MPs of the Barnet LD parliament have an open invitation to attend the LDPB as participant observers. The Board has active sub-groups of both family carers and people with learning disabilities who are full members of the board. The LDPB has taken an active interest in the Winterbourne View agenda and has scrutinised reports on this.

- 9.8 Barnet Safeguarding Adults Board (BSAB) provides an inter-agency framework for coordinating actions in respect of safeguarding with representation from the Council, CCG, NHS Trusts, the voluntary sector, the Police and service users. The Adult and Communities Director, in her role of Statutory Director of Adult Social Services, involves Safeguarding Overview and Scrutiny partner organisations in completing aspects of the review of local progress on meeting the Concordat where this is relevant / necessary.
- 9.9 The BSAB has taken a close interest in issues arising from Winterbourne View and has received regular reports on the numbers of people with learning disabilities placed in hospital settings. The Board hosted a learning event for local service users, providers and commissioners on Winterbourne View, with the author of the Winterbourne View Serious Case Review as the key speaker. The BSAB has reviewed local provision to establish if care settings such as Winterbourne view exist locally. The Board scrutinises local NHS care quality and safeguarding activity in all settings relating to people with learning disabilities.

10.0 LIST OF BACKGROUND PAPERS

- 10.1 Appendix 1 - Winterbourne View Concordat
- 10.2 Appendix 2 - Barnet Stocktake – Winterbourne View
- 10.3 Appendix 3 - Barnet Winterbourne view action plan.
- 10.4 Appendix 4 - Stocktake of Progress
- 10.5 Appendix 5 – Stocktake letter (31st May 2013)

Cleared by Finance (Officer's initials)	AD & JH
Cleared by Legal (Officer's initials)	LC



DH Winterbourne View Review

Concordat: Programme of Action

Concordat: Programme of Action

DH INFORMATION READER BOX		
Policy	Clinical	Estates
HR / Workforce	Commissioner Development	IM & T
Management	Provider Development	Finance
Planning / Performance	Improvement and Efficiency	Social Care / Partnership Working
Document Purpose	For Information	
Gateway Reference	18518	
Title	Winterbourne View Review: Concordat: A Programme of Action	
Author	Department of Health	
Publication Date	December 2012	
Target Audience	PCT Cluster CEs, NHS Trust CEs, SHA Cluster CEs, Care Trust CEs, Foundation Trust CEs , Medical Directors, Directors of PH, Directors of Nursing, Local Authority CEs, Directors of Adult SSs, GPs, Directors of Children's SSs	
Circulation List	PCT PEC Chairs, PCT Cluster Chairs, NHS Trust Board Chairs, Special HA CEs, Directors of HR, Directors of Finance, Allied Health Professionals, Communications Leads, Emergency Care Leads, Voluntary Organisations/NDPBs	
Description	The concordat / agreement sets out a programme of action to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging. It sets out specific actions to which each organisation has committed to take forward within clear timeframes.	
Cross Ref	DH Review - Transforming care: A National Response to Winterbourne View Hospital DH Review: Winterbourne View Hospital Interim Report	
Superseded Docs	N/A	
Action Required	N/A	
Timing	N/A	
Contact Details	Mental Health, Disability and Equality Department of Health Room 313A Richmond House 79 Whitehall SW1A 2NS	
For Recipient's Use		

DH Winterbourne View Review

Concordat: Programme of Action



Learning Disability Professional Senate

Vision for change

The abuse of people at Winterbourne View hospital was horrifying. Children, young people and adults with learning disabilities or autism and who have mental health conditions or behaviour that challenges have for too long and in too many cases received poor quality and inappropriate care. We know there are examples of good practice. But we also know that too many people are ending up unnecessarily in hospital and they are staying there for too long. This must stop.

We (the undersigned) commit to a programme for change to transform health and care services and improve the quality of the care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges to ensure better care outcomes for them¹.

These actions are expected to lead to a rapid reduction in hospital placements for this group of people by 1 June 2014. People should not live in hospital for long periods of time. Hospitals are not homes.

We will safeguard people's dignity and rights through a commitment to the development of personalised, local, high quality services alongside the closure of large-scale inpatient services and by ensuring that failures when they do occur are dealt with quickly and decisively through improved safeguarding arrangements. Safeguarding is everybody's business.

All parts of the system - commissioners, providers, the workforce, regulators and government - and all agencies - councils, providers, the NHS and police - have a role to play in driving up standards for this group of people. There should be zero tolerance of abuse or neglect.

The Government's Mandate to the NHS Commissioning Board² sets out:

"The NHS Commissioning Board's objective is to ensure that Clinical Commissioning Groups work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people."

We commit to working together, with individuals and their families and with the groups that represent them, to deliver real change. Our shared objective is to see the health and care system get to grips with past failings by listening to this very vulnerable group of people and their families, meeting their needs and working together to commission the range of support which will enable them to lead fulfilling and safe lives in their communities.

¹ For the purpose of this Concordat we will use the phrase "people with challenging behaviour" as shorthand for this group

² <http://www.dh.gov.uk/health/2012/11/nhs-mandate/>

How we will make change happen:

The key actions are:

- **Health and care commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community-based support as quickly as possible and no later than 1 June 2014:**

The NHS Commissioning Board (NHSCB) will:

- ensure that all Primary Care Trusts develop registers of all people with learning disabilities or autism who have mental health conditions or behaviour that challenges in NHS-funded care as soon as possible and certainly no later than 1 April 2013;
- make clear to Clinical Commissioning Groups (CCGs) in their handover and legacy arrangements what is expected of them, including:
 - in maintaining the local register from 1 April 2013; and
 - reviewing individuals' care with the Local Authority and identifying who should be the first point of contact for each individual.

Health and care commissioners will:

- by 1 June 2013, working together and with service providers, people who use services and families review the care of all people in learning disability or autism inpatient beds and agree a personal care plan for each individual, based on their and their families' needs and agreed outcomes;
 - put these plans into action as soon as possible, so that all individuals receive personalised care and support in appropriate community settings no later than 1 June 2014;
 - ensure that all individuals have the information, advice and advocacy support they need to understand and have the opportunity to express their views. This support will include self-advocacy and independent advocacy where appropriate for the person and their family.
- **Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour, that accords with the model of good care.** These plans should ensure that a new generation of inpatients does not take the place of people currently in hospital.
 - This joint plan could potentially be undertaken through the health and wellbeing board and considered alongside the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy processes.
 - The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done.
 - **There will be national leadership and support for local change.** The Local Government Association and NHSCB will establish a joint improvement programme to provide leadership and support to transform services locally. They will involve key partners including the Department of Health (DH), The Society of Local Authority Chief Executives and Senior Managers (SOLACE), the Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children's Services (ADCS) and the Care Quality

Commission (CQC) and will closely involve service providers, people with learning disabilities and autism and their families in their work. The programme will be operating within three months, with the Board and leadership arrangements in place by the end of December 2012. DH will provide funding to support this work.

▪ **Planning will start from childhood.**

- DH will work with the Department for Education (DfE) to introduce a new single assessment process and Education, Health and Care Plan to replace the current system of statements and learning difficulty assessments for children and young people with special educational needs; supported by joint commissioning between local partners (subject to parliamentary approval). The process will include young people up to the age of 25, to ensure they are supported in making the transition to adulthood;
- DH and DfE will work with the independent experts on the Children and Young People's Health Outcomes Forum to consider how to prioritise improvement outcomes for children and young people with challenging behaviour and how best to support young people with complex needs in making the transition to adulthood. This will report by June 2013;
- From June 2013 Ofsted, CQC, Her Majesty's Inspectorate of Constabulary (HMIC), Her Majesty's Inspectorate of Probation and Her Majesty's Inspectorate of Prisons will introduce a new joint inspection of multi-agency arrangements for the protection of children in England.

▪ **Improving the quality and safety of care:**

- DH commits to putting Safeguarding Adults Boards on a statutory footing and to supporting those Boards to reach maximum effectiveness;
- All statutory partners, as well as wider partners across the sector will work collaboratively to ensure that safeguarding boards are fully effective in safeguarding children, young people and adults;
- Over the next 12 months all signatories will work to continue to improve the skills and capabilities of the workforce across the sector through access to appropriate training and support and to involve people and families in this training, eg through self-advocacy and family carer groups.

▪ **Accountability and corporate responsibility for the quality of care will be strengthened:** DH will immediately examine how corporate bodies and their Boards of Directors can be held to account for the provision of poor care and harm, and set out proposals during Spring 2013 on strengthening the system where there are gaps.

▪ **Regulation and inspection of providers will be tightened:** CQC will use existing powers to seek assurance that providers have regard to national guidance and good models of care. CQC will continue to make unannounced inspections of providers of learning disability and mental health services, employing people who use services and family carers as vital parts of the team when relevant and appropriate to do so.

▪ **Progress in transforming care and redesigning services will be monitored and reported:**

- The Learning Disability Programme Board, chaired by the Minister for Care and Support, will lead delivery of the programme of change by measuring progress against

Concordat: Programme of Action

milestones, monitoring risks to delivery and challenging external delivery partners to deliver to plan, regularly publishing updates;

- The Department of Health will publish a follow-up report one year on by December 2013 and again as soon as possible following 1 June 2014, to ensure that the steps set out in this Concordat are achieved.

Detailed commitments are set out at **Annex A**.

Signed by:

- Action for Advocacy
- Adults with Learning Disabilities Services Forum
- Association of Chief Police Officers
- Association of Directors of Adult Services
- Association of Directors of Children's Services
- Association for Real Change
- Autism Alliance UK
- British Association of Social Workers
- British Institute of Learning Disabilities
- British Psychological Society
- Care Quality Commission
- Challenging Behaviour Foundation
- Changing our Lives
- Chartered Society of Physiotherapy
- College of Occupational Therapists
- Council for Disabled Children
- Department of Health
- English Community Care Association (ECCA)
- Healthwatch England
- Health Education England
- Housing Learning and Improvement Network
- Housing & Support Alliance³
- Independent Healthcare Advisory Services
- Learning Disability Professional Senate
- Local Government Association (LGA)
- Mencap
- National Autistic Society
- National Care Association
- National Development Team for Inclusion
- National Forum of People with Learning Disabilities
- National Institute for Health and Clinical Excellence
- National Housing Federation
- National Quality Board
- National Valuing Families Forum
- NHS Clinical Commissioners
- NHS Commissioning Board
- NHS Confederation
- Royal College of General Practitioners
- Royal College of Psychiatrists
- Royal College of Nursing
- Royal College of Speech and Language Therapists
- Royal Pharmaceutical Society
- Shared Lives
- Sitra
- Skills for Care
- Skills for Health
- The Health and Social Care Information Centre
- The College of Social Work
- The Society of Local Authority Chief Executives and Senior Managers (SOLACE)
- United Response
- Voluntary Organisations Disability Group

³ formerly the Association of Supported Living and Housing Options

Concordat commitments

The NHS Commissioning Board (NHSCB), NHS Clinical Commissioners, the Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children's Services (ADCS) commit to working collaboratively with CCGs and Local Authorities to achieve the following objectives by 1 June 2014 to:

- ensure that the right local services are available, regardless of who commissions them, for children, young people and adults with learning disabilities or autism who also have mental health conditions or behaviour that challenges;⁴
 - all people with challenging behaviour in inpatient assessment and treatment services are appropriately placed and safe, and if not make alternative arrangements for them as soon as possible. We expect most cases to take less than 12 months;
 - review funding arrangements for these people and develop local action plans to deliver the best support to meet individuals' needs;
 - review existing contracts to ensure they include an appropriate specification, clear individual outcomes and sufficient resource to meet the needs of the individual and appropriate information requirements to enable the commissioner to monitor the quality of care being provided;
 - ensure that everyone has a named care co-ordinator;
 - improve the general healthcare and physical health of people with learning disabilities – for example, all individuals in these services have a comprehensive health check within 6 months and a health action plan;
 - involve children, young people and adults with challenging behaviour and their families, carers and advocates in planning and commissioning services and seek and act on feedback about individual experience;
 - ensure that planning starts early with commissioners of children's services to achieve good local support and services for children and better transition planning for children with disabilities moving from children's to adult services;
 - ensure that from April 2013, health and care commissioners, set out a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of children, young people and adults with challenging behaviour in their area. This could be undertaken through the health and wellbeing board and could be considered as part of the local Joint Strategic Needs Assessment and Joint Health and Well-Being Strategy (JHWS) process;
-
- The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done.
 - We will promote and facilitate joint and collaborative commissioning by local authorities and CCGs to support these objectives.
 - We will take account of the information and data shared by CQC when making decisions to commission care from proposed service providers.
 - We will expect CCGs and directors of adult social services to provide assurance to the Joint Improvement Programme that they are making progress in these areas and are commissioning safe and appropriate care.

⁴ For the purpose of this Concordat we will use the phrase "people with challenging behaviour" as shorthand for this group.

- Directors of children's services will be responsible for overseeing the overall quality and delivery of health and wellbeing services for children and young people for local authority commissioners; and directors of adult services will have similar responsibility for the overall quality and delivery of health and wellbeing services for adults.

Provider representative organisations⁵

We commit to publish plans that support our members to provide good quality care across health, housing and social care, as set out in the model of care⁶ and including:

- safe recruitment practices which select people who are suitable for working with people with learning disabilities or autism and behaviour that challenges;
- providing appropriate training for staff on how to support people with challenging behaviour;
- having appropriately trained, qualified and experienced staff,
- providing good management and right supervision;
- providing leadership in developing the right values and cultures in the organisation and respecting people's dignity and human rights as set out in the NHS Constitution;
- having systems in place which assure themselves, service users and families, carers, local Healthwatch and the public that essential requirements are being met and that they deliver high quality and appropriate care;
- identifying a senior manager or, where appropriate, a Director, to ensure that the organisation pays proper regard to quality, safety and clinical governance for that organisation.

In addition:

- We will bring forward a pledge or code model based on shared principles along the lines of the Think Local Act Personal (TLAP) Making it Real principles for learning disability providers by April 2013;
- We commit to working to significantly reduce the number of specialist hospitals in line with proposals in this concordat and working with our members to develop models that reflect the need for high quality community based approaches.⁷

Care Quality Commission

We commit to take the following actions – we will:

- use existing powers to seek assurance that providers have regard to national guidance and good models of care;
- take steps now to strengthen the way we use existing powers to hold organisations to account for failures to provide quality care and report on changes to be made from Spring 2013;
- take action to ensure the model of care is included as part of inspection and registration of relevant services from 2013. CQC will set out its new regulatory model in its response to the consultation in Spring 2013;
- include reference to the model in our revised guidance about compliance. Our revised guidance about compliance will be linked to the Department of Health timetable for the

⁵ Includes the Adults with Learning Disability Services Forum, Association for Real Change, ECCA, Housing & Support Alliance, the Independent Healthcare Advisory Services, National Care Association, National Housing Federation, NHS Confederation, Shared Lives, Sitra and Voluntary Organisations Disability Group.

⁶ References to the model of care are to the model set out in the Department of Health Review: Winterbourne View Hospital Interim Report (2012)

⁷ Signed up to by the Housing and Support Alliance, Voluntary Organisations Disability Group, Sitra, National Housing Federation and Housing LIN.

review of the quality and safety regulations in 2013. However, we will specifically update providers about the proposed changes to our registration process about models of care for learning disability services in 2013;

- continue to make unannounced inspections of providers of learning disability and mental health services, employing people who use services and family carers as vital members of the team;
- share the information, data and details we have about prospective providers with the relevant CCGs and local authorities through our existing arrangements;
- take a differentiated approach to inspections between different sectors of care provision to ensure the inspections are appropriate to the vulnerability and risk for the different care user groups, subject to the outcome of consultation on its new strategy;
- assess whether providers are delivering care consistent with the statement of purpose made at the time of registration, in particular whether treatment being offered and length of stay is aligned to the statement of purpose. Where it is not, CQC will take the necessary action to ensure that a provider addresses discrepancies either through changes to its services or changes to its statement of purpose;
- take tough enforcement action, including prosecutions, restricting the provision of services, or closing providers down, where providers consistently fail to have a registered manager in place or where there are other breaches of registration requirements;
- also consider whether it is able to use its existing powers to carry out a fit and proper person test of Board members as part of the registration of providers;
- take enforcement action against providers that do not operate effective recruitment procedures to ensure that their staff are suitably skilled, of good character and legally entitled to do the work in question. Operating effective recruitment procedures is a legal requirement and providers must be able to demonstrate to CQC that they have adequate procedures in place;
- continue to run the CQC stakeholder group that helped to shape and define the inspection of the 150 learning disability services. This will continue to meet twice yearly and will be chaired by the CQC Chief Executive. CQC will review the role and function of the group as part of that work programme to make sure it continues to provide advice and critique on CQC's inspection and monitoring of providers;
- meet with executives of provider organisations when there are serious concerns about quality and safety issues to discuss their governance and improvement initiatives to deliver safe and effective care;
- CQC's strategic review, launched in September 2012, includes a review of the delivery of its responsibilities under s120 of the Mental Health Act 1983 for the general protection of patients detained under the Act. This includes wide powers for CQC to review the exercise of functions and use of safeguards under the Act and investigating complaints by any person detained under the Act.

Skills for Care and Skills for Health

We commit to driving up the competency of the workforce by promoting positive behaviours, values and attitudes and by improving the skills, the learning and the qualifications of those working with people with learning disabilities and behaviour that challenges:

- Skills for Care will develop by February 2013 a framework of guidance and support on commissioning workforce solutions to meet the needs of people with challenging behaviour;

- Skills for Care and Skills for Health have been jointly commissioned by the Department of Health (DH) to develop a code of conduct and training standards that could be used by a body (or bodies) establishing a voluntary register(s) for healthcare support workers and adult social care workers in England as part of its standards for inclusion on a register from 2013.

Professional bodies that make up the Learning Disability Professional Senate⁸ and other professional bodies

We commit to providing clear professional leadership and support training of professionals providing care – in particular:

- to develop core principles on a statement of ethics to reflect wider responsibilities in the new health and care system by April 2013;
- to carry out a review of *Challenging Behaviour: A Unified Approach* by early 2013 to support professionals in community learning disability teams to deliver actions that provide better integrated services;
- as the Royal College of Nursing, to work with all 4 UK leads in taking forward the recommendations in *Strengthening the Commitment*, the report of the UK modernising Learning Disability Nursing Review, with a focus on workforce, leadership and education;
- as the Royal College of General Practitioners (RCGP) to commit to improving the lives and the care of people with learning disabilities and their families in their local communities and to the training of doctors to look after vulnerable groups in our society;
- as the Joint Commissioning Panel of the RCGP and the Royal College of Psychiatrists, to produce guidance on working with people with learning disabilities who also have mental health conditions by March 2013;
- as the Royal College of Psychiatrists, to issue guidance about the different types of inpatient services for people with learning disabilities, including some guidance aimed at commissioners;
- as the Royal College of Psychiatrists, the Royal Pharmaceutical Society and other professional leadership organisations, to work with ADASS and ADCS to ensure medicines are used in a safe, appropriate and proportionate way and their use optimised in the treatment of children and adults with learning disabilities. This should include a focus on the safe and appropriate use of anti-psychotics and anti-depressants;
- as the College of Social Work, working in collaboration with BASW and other professional organisations and with service user led groups, to produce key points guidance for social workers on good practice in working with people with learning disabilities who also have mental health conditions;
- as the British Psychological Society, to provide leadership to promote training in, and appropriate implementation of, Positive Behavioural Support across the full range of care settings;
- as the Royal College of Speech and Language Therapists, to produce good practice standards for commissioners and providers to promote reasonable adjustments required

⁸ This includes the Royal College of Psychiatrists, the Royal College of Nursing, the College of Occupational Therapists, the Royal College of General Practitioners, the College of Social Work, Chartered Society of Physiotherapy, the Royal College of Speech and Language Therapists, other professional bodies include the British Association of Social Workers and . the British Psychological Society.

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to meet the speech, language and communication needs of people with learning disabilities in specialist learning disability or autism hospital and residential settings.

- To ensure that these actions are taken forward with people with learning disabilities and their families.

National Quality Board

The National Quality Board will by April 2013 set out how the new health system should operate to improve and maintain quality. This will provide clarity on the distinct roles and responsibilities of different parts of the system and how they should work together in the best interests of those using services.

The National Institute for Health and Clinical Excellence (NICE)

The National Institute for Health and Clinical Excellence (NICE) will publish Quality Standards and clinical guidelines on challenging behaviour in learning disability in Summer 2015 and on mental health and learning disability in Summer 2016.

Healthwatch

Healthwatch England will work with the Department of Health and the Local Government Association on how local Healthwatch will involve people with learning disabilities and their families, including working with Learning Disability Partnership Boards.

Health Education England

HEE commits to improving the quality of care for all patients from April 2013, including those with challenging behaviour, by identifying training needs and ensuring there is an education and training system fit to supply a highly trained and high quality workforce.

NHS Commissioning Board

In addition to the above actions, we commit to supporting changes in services that deliver improved outcomes - in particular, we will work with partners including ADASS and providers to develop practical resources for commissioners, including:

- model service specifications by March 2013;
- new NHS contract schedules for specialist learning disability services;
- models for rewarding best practice through the NHS Commissioning for Quality and Innovation (CQUIN) framework;
- a joint health and social care self-assessment framework to support local agencies to measure and benchmark progress.

In January 2013, with DH, we will set out how to embed Quality of Health Principles in the system, using NHS contracting and guidance.

Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children's Services (ADCS)

We commit to helping members to share best practice and to work with the LGA, the NHS CB and CCGs on the above actions and in addition:

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- all local authorities and their local safeguarding partners, including the police and NHS organisations, should take action from now, ensuring that they have robust safeguarding boards and other arrangements in place;
- Safeguarding Adults Boards should review their arrangements and ensure they have the right information sharing processes in place across health and care to identify and deal with safeguarding alerts;
- We will produce guidance notes and simple key questions to raise awareness, ensure visibility and action at a local level and to empower members of Safeguarding Adults Boards, Health and Wellbeing Boards and Learning Disability Partnership Boards by December 2012.

Local Government Association (LGA)

- We commit to working with the NHS CB to provide leadership and support to the transformation of services locally via the development of an improvement programme. This will include supporting commissioning authorities to develop comprehensive, integrated local strategies for services for people with challenging behaviour. We will involve key partners including DH, SOLACE, ADASS, ADCS, NHS Clinical Commissioners and CQC in this work. The programme will be operating within three months with the Board and leadership arrangements being in place by the end of December 2012.

Association of Chief Police Officers (ACPO)

We recognise the importance of working together with statutory agencies, local authorities and safeguarding partners to enhance the service provided to vulnerable adults. We have reviewed the overall learning from Winterbourne View and will ensure the following:

- The one direct recommendation relating to the police regarding the early identification of trends and patterns of abuse has been fully recognised by Avon & Somerset Police. A specific workstream has been created by the force to identify a process to trigger early identification of abuse. The lessons learnt from the work undertaken will be disseminated nationally.
- All associated learning from the review will be incorporated into training and practice, including Authorised Professional Practice.

The Department of Health

We have set the strategic direction and proposals for legislation to reform health and social care. We commit to the following additional actions to provide a clear framework and improve quality, enable change to happen and to measure and monitor progress:

Children and transition

- The Department of Health (DH) and Department for Education (DfE) will work with the independent experts on the Children and Young People's Health Outcomes Forum to consider how to prioritise improvement outcomes for children and young people with challenging behaviour and how best to support young people with complex needs in making the transition to adulthood. This will report by June 2013;
- DH will work with the DfE to introduce a new single assessment process and Education, Health and Care Plan to replace the current system of statements and learning difficulty assessments for children and young people with special educational needs; supported by joint commissioning between local partners (subject to parliamentary approval). The

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process will include young people up to the age of 25, to ensure they are supported in making the transition to adulthood;

- DH will work with DfE to develop and issue statutory guidance on children in long-term residential care (s85 and s86 of the Children Act 1989) in 2013;
- DH and DfE will jointly explore the issues and opportunities for children with learning disabilities whose behaviour is described as challenging through both the SEN and Disability reform programme and the work of the Children's Health Strategy.
- DfE is revising *Working Together to Safeguard Children*, statutory guidance on how organisations and individuals working with children should work together to safeguard and promote their welfare. The guidance will be published in due course. *Working Together to Safeguard Children* will make clear that professionals will be required to recognise and consider the differing needs of all children - babies, disabled children and older children - so that they can offer them the most appropriate help and support at the right time;
- From June 2013 Ofsted, CQC, Her Majesty's Inspectorate of Constabulary (HMIC), Her Majesty's Inspectorate of Probation and Her Majesty's Inspectorate of Prisons will introduce a new joint inspection of multi-agency arrangements for the protection of children in England;
- Under the new inspection frameworks published in September 2012, Ofsted will make judgements on the overall effectiveness, outcomes for children and young people, quality of care, safeguarding as well as leadership and management.

National leadership and support for local change

- DH will provide funding to support the Local Government Association and NHSCB to establish a joint improvement programme to provide leadership and support to the transformation of services locally;
- The national market development forum within the TLAP partnership will work with DH to identify barriers to reducing the need for specialist assessment and treatment hospitals and identify solutions for providing effective local services by April 2013;
- The Developing Care Markets for Quality and Choice programme will support local authorities to identify local needs for care services and produce market position statements, including for learning disability services;
- We will work with sector leaders on co-produced resources to support health and wellbeing boards on specific aspects of Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). As part of this work, we will explore how, in responding to the issues raised in the Winterbourne View review, we will ensure that health and wellbeing boards have support to understand the complex needs of people with challenging behaviour;
- We will work with key partners to agree by April 2013 how Quality of Life principles should be adopted in social care contracts to drive up standards;

Strengthening accountability and corporate responsibility

- DH will review the regulatory requirements in respect of criminal records checks and whether providers should routinely request a criminal record certificate on recruitment from 2013 once the impact of the new service is understood;
- DH will immediately examine how corporate bodies and their Boards of Directors and financiers can be held to account for the provision of poor care and harm, and set out proposals during Spring 2013 on strengthening the system where there are gaps;

- We will consider both regulatory sanctions available to CQC and criminal sanctions. We will determine whether CQC's current regulatory powers and its primary legislative powers need to be strengthened to hold Boards to account.

Improving the quality and safety of care

- We have already committed to putting Safeguarding Adults Boards on a statutory footing (subject to parliamentary approval). DH will revise statutory guidance and good practice guidance to reflect new legislation and address findings from Winterbourne View, to be completed in time for the implementation of the Care and Support Bill;
- DH will, together with CQC, consider what further action may be needed to check how providers record and monitor restraint;
- With external partners, DH will publish by the end of 2013 guidance on best practice around positive behavioural support so that physical restraint is only ever used as a last resort where the safety of individuals would otherwise be at risk and never to punish or humiliate;
- We will work with CQC to agree how best to raise awareness of and ensure compliance with the Deprivation of Liberty Safeguards (DOLS) provisions to protect individuals and their human rights and will report by Spring 2014;
- We will update the Mental Health Act Code of Practice during 2014 and this will take account of findings from this review;
- We will produce a progress report by the end of 2013 on actions to implement the recommendations in *Strengthening the Commitment*, the report of the UK Modernising Learning Disability Nursing Review;
- Through the Whistleblowing Helpline, we aim to increase awareness of whistleblowing for staff within the health and social care sectors. The helpline will advise employers on embedding best practice policy and procedure and staff on how to raise concerns and what protection they have in law when they do so;
- We will explore with the Royal College of Psychiatrists and others whether there is a need to commission an audit of use of medication for this group. As the first stage of this, DH will commission by summer 2013 a wider review of the prescribing of antipsychotic and anti-depressant medicines for people with challenging behaviour to report;
- We will work with the National Valuing Families Forum, the National Forum of People with Learning Disabilities, ADASS, LGA and the NHS to identify and promote good practice for people with learning disabilities across health, housing and social care by June 2013;
- We will work with independent advocacy organisations and other key partners to:
 - identify the key factors to take account of in commissioning advocacy for people with learning disabilities or autism in hospitals so that people in hospital get good access to information, advice and advocacy including self advocacy that supports their particular needs; and
 - drive up the quality of independent advocacy, through strengthening the Action for Advocacy Quality Performance Mark and reviewing the Code of Practice for advocates to clarify their role.

Measuring and monitoring progress

- By March 2013, DH will commission an audit of current services for people with challenging behaviour to take a snapshot of provision, numbers of out of area placements and lengths of stay;
- The audit will be repeated one year on to enable the Learning Disability Programme Board to assess what is happening;
- We will work with the Information Centre and the NHSCB to develop measures and key performance indicators (eg on numbers of people in hospital, length of stay) to support commissioners in monitoring their progress from April 2013;
- We will develop a new learning disability minimum data set to be collected through the Information Centre from 2014/15;
- We will continue to collate a suite of information and evidence relating to people with learning disabilities and behaviour which challenges and the health inequalities they experience and report on these to the Learning Disability Programme Board;
- The cross-government Learning Disability Programme Board, chaired by the Minister of State for Care and Support will lead delivery of the programme of change by measuring progress against milestones, monitoring risks to delivery and challenging external delivery partners to deliver to plan, regularly publishing updates;
- We will work with the improvement team to monitor and report on progress nationally. We will publish a follow-up report one year on by December 2013 and again as soon as possible following 1 June 2014, to ensure that the steps set out in this Concordat are achieved.

Forums and voluntary sector organisations

We, the undersigned who represent people who use services, self-advocates and families undertake to challenge statutory and public bodies in how they are delivering against these commitments.

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Winterbourne View Joint Improvement Programme

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk

An easy read version is available on the [LGA website](#)

May 2013

Winterbourne View Local Stocktake June 2013			
1. Models of partnership	Assessment of current position evidence of work and issues arising	Good practice example (please tick and attach)	Support required
<p>1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s)?</p>	<p>The Barnet Health and Wellbeing Board has overall strategic oversight for the delivery of the programme. This board is chaired by the Cabinet member for public health and includes the Cabinet member for adult social care, Chair and Chief Officer of the Barnet Clinical Commissioning Group (CCG) and the Director of Adult Social Services (DASS). The Barnet Safeguarding Adults Board (BSAB) and the Barnet Learning Disability Partnership Board also monitor this programme, with their respective remits for adult safeguarding and learning disability services.</p> <p>The programme is being delivered by the joint LBB and CCG commissioning team reporting to the DASS and CCG Chief Officer as joint sponsors.</p> <p>Progress reports are also reported to existing management groups and boards of the council and Clinical Commissioning Group.</p> <p>Progress reports on Winterbourne View including the Barnet Action Plan have been presented to the Health and Wellbeing Board (HWB) in November 2012 and in June 2013. The HWB signed the Barnet Winterbourne Action Plan in November 2012. A further update is due later this year. The BSAB has already reviewed progress on several occasions.</p>	<p>No</p>	<p>No</p>

<p>1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).</p>	<p>Children’s services, special education, mental health services and specialist commissioning are working with us to support the programme through the Complex Needs Programme Board.</p> <p>Local authority commissioners already have good relationships with Barnet Homes, the Arm Length Management Organisation, and other local Housing Associations. The council and CCG have a track record of developing accommodation and support services with providers for people with complex needs, for example, recently opening Sarnes Court, a local supported living scheme for disabled people where all support is individually planned and purchased. The Integrated Learning Disability Service (consisting of Barnet Council social care, Central London Community Health NHS Trust and Barnet Enfield and Haringey Mental Health Trust) are working to conduct joint reviews and develop support plans for individuals, working with the CCG commissioner and continuing health care team.</p>	No
<p>1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs?</p>	<p>A special project is being developed that will incorporate developing the commissioning approach spanning current patients, people in transition and those out of area. We plan to use the information from the reviews along with general LD population and transition data to create a joint needs assessment and set of commissioning intentions, building on existing analysis. e.g. people with complex needs already form part of the JSNA and Barnet Market Position Statement. The project is being designed to have short, medium and longer term priorities, the reporting lines will be as outlined in 1.1. The Learning Disability Partnership Board and stakeholders will be able to influence this process.</p>	No

<p>1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.</p>	<p>The Barnet Learning Disability Partnership Board is fully sighted on the project. Reports on local action in respect of Winterbourne View have been presented to the February, March and June meetings of the Board.</p>	No
<p>1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress?</p>	<p>Yes. Refer to 1.1 and 1.4. A further report will be delivered to the HWB in November.</p>	No
<p>1.6 Does the partnership have arrangements in place to resolve differences should they arise.</p>	<p>The CCG and council have established an integrated commissioning programme and joint commissioning team, with a memorandum of understanding, which reflects commissioning developments in respect of complex care, focussed on repatriating out of area placements and preventing and/or reducing the need for 'Winterbourne View' type services.</p>	No
<p>1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG foray, clinical partnerships & Safeguarding Boards?</p>	<p>Both partners have a range of section 75 agreements (see 2.3) and have good track record of collaboration and joint commissioning. The Director of Adult Social Services (DASS) and CCG Chief Officer (CO) have regular 1-1 meetings.</p>	No
<p>1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this?</p>	<p>The various bodies referred to in this report have terms of reference that outline the governance arrangements, roles responsibilities and accountabilities. The integrated learning disability service monitors 'ordinary residence' cases in respect of people with learning disabilities. Barnet faces significant challenges with respect of 'ordinary residence' due to the high number of supported living schemes and residential and nursing care homes situated in the borough.</p>	

<p>1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan?</p>	<p>There have been 24 requests for Ordinary Residence in the past year and it is anticipated that this is likely to increase due to trends in recent years for local residential care homes to deregister to become supported living and look for placements from outside the borough as well as from Barnet. We consider that there is a risk that the Winterbourne view programme may lead to an increase in referrals to Barnet schemes from other local authorities close to Barnet, seeking less restrictive placement options for people with learning disabilities.</p> <p>Establishment of collaborative commissioning and service development with other agencies (i.e. for the national programme to facilitate the development of collaborating approaches, to develop the critical mass required for commissioning new models of care)</p>	<p>Yes</p>
<p>2. Understanding the money</p> <p>2.1 Are the costs of current services understood across the partnership?</p> <p>2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.</p> <p>2.3 Do you currently use S75 arrangements that are sufficient & robust?</p>	<p>There is clarity about financial commitments for the client group across the CCG and Council, including a clear understanding of jointly funded services/initiatives. Over the past 3 years, we have produced an annual report with details of our spend across adult social care and health. Further work is required to profile expenditure on children and young people's services.</p> <p>Yes. For each person listed on the learning disability register, details of funding sources and the amounts from the council, NHS CHC and other CCG budgets are included.</p> <p>Yes. We have in place the following section 75 agreements:</p>	<p>No</p> <p>No</p> <p>No</p>

	<p>S75 Agreement for NHS Campus Reprovision - £1.7m (Contribution: CCG- £0.822m; LBB- £0.887m.)</p> <p>S75 Agreement for Integrated Learning Disability Services- £3.1m (Contribution: CCG- £1.9m; LBB- £1.2m)</p> <p>S75 Agreement for prevention services- £1.8m (Contribution: CCG- £0.747m; LBB- £1.1m)</p> <p>We will be considering further opportunities for pooling budgets as part of the project.</p>	
<p>2.4 Is there a pooled budget and / or clear arrangements to share financial risk.</p>	<p>Yes. (see above)</p> <p>The Section 75 agreements set out the obligations of partners, governance arrangements including how risks and benefits are shared.</p>	<p>No</p>
<p>2.5 Have you agreed individual contributions to any pool.</p>	<p>Yes. See 2.3</p>	<p>No</p>
<p>2.6 Does it include potential costs of young people in transition and of children's services.</p>	<p>A S.75 agreement is being developed for children's services for implementation in autumn 2013.</p>	<p>No</p>
<p>2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.</p>	<p>A review is currently underway to carry out some financial modelling and develop a financial plan for the commissioning and development of new services within current resources.</p>	
<p>3. Case management for individuals</p>		
<p>3.1 Do you have a joint, integrated community team.</p>	<p>Yes, there is an established integrated learning disability team of health and social care professionals with a clear service specification and eligibility criteria.</p>	<p>No</p>
<p>3.2 Is there clarity about the role and function of the local community team.</p>	<p>A "Move on" team has been established within the integrated service to ensure a continuous focus on reviewing out of area placements. The service successfully completed the multi-disciplinary reviews as required by the Department of Health by 31 May. There is a project structure to take forward actions following the reviews to ensure that those, inappropriately placed in 'Winterbourne View' type services are</p>	<p>No</p>
<p>3.3 Does it have capacity to deliver the review and re-provision programme.</p>		<p>No</p>

<p>3.4 Is there clarity about overall professional leadership of the review programme.</p> <p>3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates?</p>	<p>moved/resettled by 31 May 2014.</p> <p>The Assistant Director Adult Social Care has professional leadership for the review programme. The Joint Commissioner (Mental Health & Learning Disability) for the LA/CCG supports the programme through developing local commissioning plans and reporting on progress on these through the relevant governance arrangements in the council and CCG</p> <p>Yes, there are named case managers and advocates. A record is kept of a register of all people being reviewed.</p>	<p>No</p> <p>No</p>
<p>4. Current Review Programme</p> <p>4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.</p> <p>4.2 Are arrangements for review of people funded through specialist commissioning clear.</p> <p>4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.</p> <p>4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.</p>	<p>Yes, there are 17 people¹ currently in hospital settings. Families and advocates are involved and all have named case managers based in the local learning disability integrated team and mental health services where appropriate.</p> <p>There are 2 people funded through Specialist Commissioning, who are part of those identified in 4.1 above. Both have been recently reviewed.</p> <p>Yes. Information is communicated through the various boards and forums.</p> <p>We have a local learning disability register in place which is maintained and updated by the integrated learning disability service. The register includes details of local case managers This is used to monitor out of borough and in borough support plans, track review progress and monitor delivery of individual move on plans. It is broader than people with behaviour that</p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p>

¹ Includes 4 people funded by the London Borough of Barnet. The remaining are funded by NHS Barnet CCG.

<p>4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual</p>	<p>challenge services but this will be added as a specific category in the register. It covers those funded by the CCG and the council. Some mapping of this population is planned as part of a strategic needs assessment for people with complex needs and challenging behaviour.</p> <p>Yes. We have a local learning disability register in place which is maintained and updated by the integrated learning disability service. The register includes details of local case managers.</p>	No
<p>4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes</p>	<p>Yes, we have a full range of advocacy services. Barnet commissions generic advocacy and statutory advocacy services including an Independent Mental Health Advocacy Service (IMHA) and Independent Mental Capacity Advocacy Service (IMCA) service.</p>	No
<p>4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.</p>	<p>The IMCA service is jointly commissioned with the London boroughs of Enfield and Haringey. Work is underway to build on this arrangement to include commissioning of IMHA.</p> <p>Case managers receive monthly 1:1 line management as well as clinical/professional supervision as appropriate. Advocates and family members are involved in the review process to ensure that the reviews are holistic.</p> <p>Line managers undertake regular case audits of people's files and reviews as part of 1:1 supervision within the learning disability service. An annual independent case file audit monitors review quality of a sample of cases. We have recently introduced recording of the service user's '3 Wishes' at assessment and review/re-assessment stages and will be tracking achievement of these.</p>	No

<p>4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.</p>	<p>Reviews give a holistic view of the individuals. All of the reviews have been undertaken jointly between health and social care, by the dedicated Move On Team. A specialist Community Nurse has reviewed behavioural and other health care plans.</p>	<p>No</p>
<p>4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.</p>	<p>All but one review has been completed. As at 31 May, we had reviewed 16 of the 17 people in a hospital setting.</p> <p>The outstanding review was as a result of the service user having been recently placed, being seriously unwell and the review will take place when the situation has stabilised. This situation is being monitored.</p>	<p>No</p>
<p>5. Safeguarding</p>		
<p>5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.</p>	<p>The ADASS protocol is applied where the host local authority investigates any abuse allegations/alerts.</p> <p>Case managers liaise appropriately with those involved in leading investigations and instigating protection plans.</p>	<p>No</p>
<p>5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.</p>	<p>Case managers share all appropriate information that will assist any provider to deliver good quality safe care and support.</p> <p>The 'Quality in Care Homes' team funded through S256, has been set up to provide greater support to providers in order to improve service quality. There is a 'Providers Forum' in place to share learning and good practice</p> <p>There is an effective liaison arrangement between the council, CCG and CQC to share intelligence and concerns. Formal liaison meetings with CQC take place every 3 months, plus 6 monthly with the DASS. Weekly</p>	<p>No</p>
<p>5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.</p>		<p>No</p>

<p>5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.</p>	<p>reports on inspections by CQC are reviewed by Barnet Adult Social Care and action taken as appropriate.</p> <p>The CCG plans formal liaison meetings with CQC and with the provider. Any regional quality issues are discussed at our local quality surveillance group (QSG). The DASS is the borough representative on the local QSG.</p>	NO
<p>5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.</p>	<p>There have been reports to the Safeguarding Adults Board with updates in January 2012 and January 2013 and are plans to take further updates to the SAB to report on progress. The Barnet Children's Safeguarding Board will be considering this at a future meeting.</p>	No
<p>5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.</p>	<p>Yes. Appropriate use of the MCA and DoLS have been key issues in the BSAB's consideration of local issues in respect of Winterbourne View. MCA and DoLS are also reported in the BSAB annual report. They are also addressed through reviews and case management by the integrated learning disability service. There is a system in place to collect intelligence on safeguarding concerns associated with providers in order to pro-actively take action as required.</p> <p>The BSAB has hosted a couple of multi-agency workshop events, bringing together providers, health and social care professionals and commissioners on Winterbourne in order to share good practice. This included a learning event led by Dr Margaret Flynn, author of the Winterbourne View serious case review.</p> <p>The council has commissioned and run two courses for health and social care staff who support people with learning disabilities in the community. The course, PROACT SCIP rUK® is a whole approach to working with</p>	Yes

<p>5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.</p> <p>5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.</p>	<p>adults with a learning disability. It follows the positive behaviour support model and focuses on proactive methods to avoid triggers that may lead to a person to present behavioural challenges to get their needs met. A total of 24 staff attended in 2012/13 from the private and voluntary sector with two more training sessions commissioned for 2013/14.</p> <p>The Community Safety Partnership works to prevent hate crimes including development of 5 'safe places' across the borough. There are plans afoot to expand this arrangement into 10 other 'safe places'. The Community Safety Partnership and the LDPB are working with TFL to improve safety on public transport.</p> <p>The BSAB includes representatives from all local NHS providers, the voluntary sector, the Police, Fire Service, CCG, the Council, CQC, LAS, Probation Services, care management, commissioning and others.</p>	<p>No</p> <p>No</p>
<p>6. Commissioning arrangements</p> <p>6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p> <p>6.2 Are these being jointly reviewed, developed and delivered.</p> <p>6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.</p>	<p>Yes, this exercise is underway and will build on the findings from the recent London-wide market position statement following the submission of the LD registers. This information is being uploaded to the council's online Market Position Statement microsite.</p> <p>An outline project brief setting out the scope of the project is to be presented to the next meeting of the Complex Care Board.</p> <p>Yes, see 6.1.</p> <p>There is a complete register that details total numbers of people fully funded by NHS CHC and those jointly supported by health and care services including where they are currently receiving services.</p>	<p>No</p> <p>No</p> <p>No</p>

<p>6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.</p> <p>6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</p> <p>6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</p>	<p>The register includes 76 people; 61 people are funded by NHS Continuing Health Care with 31 receiving additional funding through the council for their care; 4 are subject of a s75 agreement.</p> <p>The council also maintains a register of all people with LD and autism including out-of-area placements. There is a high level policy commitment to re-provide for people and to avoid hospital admission. This is reflected in the joint commissioning work plan agreed by the Council and CCG.</p> <p>Reviews of the 2 people funded through specialist commissioning has taken place.</p> <p>Further discussions are needed with Specialist Commissioning on (de)commissioning plans. Financial modelling and analysis is currently underway, that will be linked to a specific strategic needs analysis around the needs of people with complex needs and challenging behaviour.</p>	<p>No</p> <p>Yes</p> <p>No</p>
<p>6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</p> <p>6.8 Is your local delivery plan in the process of being developed, resourced and agreed.</p>	<p>Yes. There is a generic advocacy service in place.</p> <p>We also have a joint arrangement with the London Boroughs of Enfield and Haringey for the commissioning of statutory Independent Mental Capacity Advocacy. We are planning to extend this arrangement to include the re-commissioning of the Independent mental Health Advocacy service.</p> <p>Yes, a project brief has been developed and a project manager is in post.</p>	<p>No</p> <p>No</p>

<p>6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).</p> <p>6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, and legal).</p>	<p>While we remain confident of meeting the 1 June target overall, it should be noted that there are 6 people with complex needs currently resident in Harperbury hospital who are the subject of Court of Protection Consent Orders regarding their residence. They have been resident there for over 15 years. The Court of Protection (CoP) Consent Orders will be a factor in determining speed of progress as regards to moves for this group. The Consent Orders were agreed with the Official Solicitor acting on behalf of the 6 people and their families who made a case against their being moved in 2011.</p> <p>See 6.9. The Consent Orders require the council to have involved and secured agreement with the Official Solicitors acting on behalf of the 6 people in respect of any plans to resettle them.</p> <p>The implementation of any move on plan for the 6 individuals will need to be progressed sensitively and plans presented to the CoP for final sign off.</p>	<p>Yes</p>
<p>7. Developing local teams and services</p> <p>7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p>	<p>Yes, this is being scoped not just in relation to current people in hospital settings, but to take account of young people in transition and social care out of area placements.</p>	<p>No</p>

<p>7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.</p> <p>7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.</p>	<p>There are contract monitoring meetings with the advocacy service providers to review contract and performance.</p> <p>In partnership with the London Borough of Enfield and Haringey, we are currently in the process of retendering the IMCA and IMHA services, which gives the opportunity to update service specifications in line with new guidance and practice.</p> <p>The IMCA service provider is also represented on the BSAB and provides regular updates on its work.</p> <p>We have a contract with the Barnet Centre for Independent Living (BCIL) and its partner organisations for a generic advocacy service. The contract is monitored regularly and against performance criteria and quality measures. Service users' feedback is included in the monitoring information required.</p> <p>Yes. The Council has a number of Best Interests assessors (BIA) and has a programme of training for BIA and there is scope to procure BIAs on a freelance basis where the need arises.</p> <p>The Council and CCG have agreed a recurrent transfer from the CCG to support the new MCA supervisory responsibilities taken on by the Council since 1 April 2013.</p>	<p>No</p> <p>No</p>
<p>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</p> <p>8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.</p>	<p>Our commissioning intentions include a review of our crisis services. Further work is being scoped to ensure effective access to people with learning disabilities and scope additional community response to prevent need of hospital admission in line with the Department of</p>	<p>Yes</p>

<p>8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)</p> <p>8.3 Do commissioning intentions include a workforce and skills assessment development.</p>	<p>Health 'models of care'.</p> <p>See 8.1</p> <p>A specialist Safeguarding trainer offers tailored training to providers in the workplace.</p>	<p>No</p> <p>No</p>
<p>9. Understanding the population who need/receive services</p> <p>9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.</p> <p>9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.</p>	<p>A JSNA is in place and it includes a specific section on people with learning disabilities and autism. The JSNA is being updated. The council has a market position statement and is developing an online Market Position Statement microsite which will include information on needs and commissioning priorities targeted at providers. An exercise is underway to explore the capacity of providers on the supported living Framework Contract to meet the needs of people with complex needs.</p> <p>Yes.</p>	<p>Yes</p> <p>No</p> <p>No</p>
<p>10. Children and adults – transition planning</p> <p>10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.</p> <p>10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.</p>	<p>Yes, there is a Transition Team to support young people moving into adult service between the ages of 16-18 years. There is a forum of managers from the disabled children's, SEN and Adults Teams, to track and discuss potential numbers of young people from the age of 14 who may need adult services.</p> <p>The Complex Care Board chaired by the Education Director (referred to above) has been constituted to oversee the development of pathways and service response for people with complex needs and young</p>	<p>No</p>

	people in transition. A 'Transitions' database has been developed to track people including identifying current funding arrangements.	
<p>11. Current and future market requirements and capacity</p> <p>11.1 Is an assessment of local market capacity in progress.</p> <p>11.2 Does this include an updated gap analysis.</p> <p>11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local for to share/learn and develop best practice.</p>	<p>Yes, this is underway. The Council already has a Market Position Statement and a joint commissioning work programme. This will be further developed to support the Winterbourne View programme.</p> <p>This is underway as in 9.1.</p> <ul style="list-style-type: none"> - Workshop learning events on Winterbourne View hosted by the SAB; - the Providers Forum supported by the council bring together health and social care providers to discuss and plan things of common interest; - the Move on Team in the integrated learning disability service focussed on undertaking reviewing and resettling people placed out-of-area. 	<p>No</p> <p>No</p> <p>No</p>

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

Name	Dawn Wakeling, Adults and Communities, Director
Organisation	Temmy Fasegha, Joint Commissioner Learning Disabilities & Mental Health London Borough of Barnet
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Appendix 2

Signed by: Cllr Helena Hart
Chair HWB Chair of Health & Well Being Board

LA Chief Executive Andrew Travers

CCG rep John Morton, Chief Officer, CCG

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Appendix 3 - BARNET WINTERBOURNE ACTION PLAN
 UPDATED: 070613

Recommendations of DH Review & the Serious Case Review	Actions Agreed	By whom	By when	RAG	Comment /Risk/Issue
<p>1. Redesign services to invest in flexible good quality local services and away from sending people away from home. The use of in-patient services for assessment and treatment varies hugely across the country in terms of numbers of people and length of stay.</p>	<p>1.1- Ensure PWLD and their carers are involved in decisions about placements, move on and discharge planning by monitoring access to independent advocacy and involvement of family carers in review meetings.</p>	Alan Brackpool	April 2013	Green	Successfully completed. PWLD and carers involved in planning and reviews. Use of independent advocacy.
	<p>1.2- Monitor workforce training on safeguarding, use of restraint, MCA and DOLS as part of NHS contract monitoring process and via the Barnet SAB.</p>	Vivienne Stimpson-CCG David Jones/ Sue Smith- LBB	Ongoing	Amber	Regular monitoring of MCA/DOLS through the Barnet SAB. Annual report currently in development. CCG developing a framework for Board assurance on quality and safety
	<p>1.3 Implementation of a notification system to relevant agencies (local CLDS/GP/Commissioners) for</p>	Helen Duncan-Turnbull	April 2013	Green	A notification system now in place

Appendix 3 - BARNET WINTERBOURNE ACTION PLAN
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	people returning back or being place out of Borough.	Alan Brackpool/Temmy Fasegha	June 2014	Amber	Work to be developed as a product of the MDT review following Winterbourne review
	1.4 Need to consider pooling of health and social care resources and opportunities to collaborate across CCGs to develop alternative community with complex needs	Alan Brackpool/Temmy Fasegha	June 2014	Amber	Work to be developed as a product of the MDT review following Winterbourne review
2. Voice of people with learning disabilities and their families	2.1 Review and update information provided to PWLD and family carers at point of placements and monitor involvement of PWLD and carers via placement and contract reviews	Julian Easton- LBB Alan Brackpool-CCG	Sept 2013	Amber	Being developed for LA funded placements as part of the integration project
	2.2 Liaise with Barnet Healthwatch to involve PWLD and carers on 'Enter & View' programme.	Temmy Fasegha	Oct 2013	Amber	Healthwatch was set up in April 2013. Meeting has taken place with Healthwatch and Barnet Mencap to develop a programme for training people to be involve in the 'Enter & View' programme.
3. Implementation of Personalisation. The Department expects the NHS and local authorities to	3.1- Involving PWLD and carers in 'Complex Care Pathways development through LDPB, LD Parliament	Temmy Fasegha	Sept 2013	Amber	Workshop at Partnership board re complex needs, all stakeholders to be involved in future strategy.

Appendix 3 - BARNET WINTERBOURNE ACTION PLAN
 UPDATED: 070613

<p>demonstrate that they have taken action to assure themselves and the public that they provide personalised care and support with choice and control in all settings – including hospital.</p>	<p>and other existing forums.</p>	<p>Alan Brackpool</p>	<p>March 2014</p>	<p>Amber</p>	<p>Working group set up as part of the work of the Health Development Subgroup and the CLDT to engage with PMLD</p>
	<p>CCG to explore learning from personal health budgets pilots with view of implementation in Barnet for continuing health care.</p>	<p>Alan Brackpool</p>	<p>March 2014</p>	<p>Amber</p>	<p>Working group set up as part of the work of the Health Development Subgroup and the CLDT to engage with PMLD</p>
<p>4. Providers and Ensuring Quality of Service:</p>	<p>4. Set up system for NHS Barnet CCG to share placement information with LBB to ensure better information sharing</p>	<p>Sue Smith</p>	<p>Feb 2012</p>	<p>Green</p>	<p>Good information sharing already established. Formal liaison established</p>
<p>5. Commissioning and Contracting:</p>	<p>5.1 Map social care and health resources invested in the care of people with complex needs and who challenge services as part of the 'Complex Care are work stream of the Integrated Commissioning Plan with a view of achieve better outcomes and value for money.</p>	<p>Vivienne Stimpson</p>	<p>March 2014</p>	<p>Amber</p>	<p>Various workstreams on complex care that need to be coordinated to provide framework for developing commissioning response.</p>
	<p>5.2 Update contracts and Individual Placement Agreement to include additional reporting requirements.</p>	<p>Alan Brackpool- CCG David Jones</p>	<p>June 2014</p>	<p>Amber</p>	

Appendix 3 - BARNET WINTERBOURNE ACTION PLAN
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<p>6. Workforce The Academy of Royal Colleges and the professional bodies that make up the Learning Disability Professional Senate will work to develop core principles on a statement of ethics which will reflect wider responsibilities in the new health and care architecture.</p>	<p>6. Use 'Skills for Care' guidance to review workforce requirements and ensure monitoring through contract reviews.</p>	<p>Quality in Care Homes Team Commissioning Support Unit</p>	<p>October 2013</p>	<p>Amber</p>
<p>7. Safeguarding</p>	<p>7.1 Monitor provider progress in implementing improvement actions identified in their Safeguarding Adults Assessment Framework (SAAF) submissions.</p>	<p>Sue Smith- LBB Vivienne Stimpson- BCCG</p>	<p>Ongoing</p>	<p>Amber</p> <p>A comprehensive report and dashboard for quality and safety being developed for the CCG Board and to be reported on monthly.</p> <p>Barnet SAB currently in the process of completing annual report which will include an update from providers on actions to improve safeguarding</p>

Appendix 3 - BARNET WINTERBOURNE ACTION PLAN
 UPDATED: 070613

	<p>7.2 Barnet CCG QIPP Board to discuss report on CCG recurrent transfer of resources to enable Council to develop capacity to fulfil new statutory responsibilities in respect of DOLS in hospitals.</p>	<p>Temmy Fasegha</p>	<p>April 2013</p>	<p>Green</p>	<p>BCCG has agreed funding of £17k towards the development of the DOLS office by LBB</p>
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Winterbourne View Joint Improvement Programme

Stocktake of Progress

Local analysis: Barnet

Attached is your stocktake return with analysis
This analysis is set out in 2 parts.

Set out below are comments taken from your narrative and summarised to form an outline of key strengths and potential areas for development.

The strengths are taken from the responses you have made and are significantly summarised.

Many of the development points are taken directly either from your specific requests for further information or support or your comments about work in progress. Often the strength and the development go hand in hand.

The spreadsheet sets out the original stocktake questions, your responses and the coding that was used to collate the responses. There is no scoring or grading. What all this provides is a comprehensive picture about some excellent progress and pointers to what the priorities are to work on now. This will be the basis for our developing work with you.

Thank you for your detailed responses and for any submission of material, which will be made available in coming weeks.

The JIP Team

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10th October 2013

Key Strengths	Areas for Development / Potential Development
1 Models of partnership	
Very strong detail on leadership and partnership. Considerable work is still in planning stage. Good understanding of what needs to be done and how it will be supported.	
2 Understanding the money	
Good evidence of financial issues and implications. They recognise that this is not yet extended to childrens services. This is generally a very strong response	
3 Case management for individuals	

A strong area. Good professional oversight	
4 Current Review Programme	
Very good understanding of the numbers and implications	
Good quality oversight of reviews	
Good joint approach to reviews	
5 Safeguarding	
Strong and supportive safeguarding approach	
6 Commissioning arrangements	
Very good tracking and mapping of individuals. Excellent joint commissioning to develop alternative services	
Very good overview of all the commissioning issues	
7 Developing local teams and services	
Good joint work across borough boundaries	
8 Prevention and crisis response capacity	
Good progress on crisis response	
9 Understanding the population who need/receive services	
-	
10 Children and adults – transition planning	
Strong work on transition. May need support to assist wider childrens services development	This may also be a development area
11 Current and future market capacity	
Market development underway. May be useful to offer support with other localities	This may also be a development area
Other	
Dimensions of the stocktake about which you have requested support	
1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	Detail of request not specified
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	Detail of request not specified
6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).	Detail of request not specified
8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.	Detail of request not specified

	Winterbourne View Local Stocktake:			83 Barnet
Q	1.Models of partnership	Codes Used Blank=NR	Coded as	Locality Response From Stocktake Return
1	1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	0 - No arrangement 1 - Included in existing arrangement local 2 - Included in existing arrangement with other(s) 3 - New arrangement	1	<p>The Barnet Health and Wellbeing Board has overall strategic oversight for the delivery of the programme. This board is chaired by the Cabinet member for public health and includes the Cabinet member for adult social care, Chair and Chief Officer of the Barnet Clinical Commissioning Group (CCG) and the Director of Adult Social Services (DASS). The Barnet Safeguarding Adults Board (BSAB) and the Barnet Learning Disability Partnership Board also monitor this programme, with their respective remits for adult safeguarding and learning disability services. The programme is being delivered by the joint LBB and CCG commissioning team reporting to the DASS and CCG Chief Officer as joint sponsors. Progress reports are also reported to existing management groups and boards of the council and Clinical Commissioning Group. Progress reports on Winterbourne View including the Barnet Action Plan have been presented to the Health and Wellbeing Board (HWB) in November 2012 and in June 2013. The HWB signed the Barnet Winterbourne Action Plan in November 2012. A further update is due later this year. The BSAB has already reviewed progress on several occasions.</p>
2	1.2 Are other key partners working with you to support this, if so, who. (Please comment on housing, specialist commissioning & providers).	A positive score below assumes answer is Yes - include all identified. 0 - No 1 - Asc 2 -Children Services 3 -Housing 4 -Other Council Depts 5 - CCG(s) 6 -Specialist Commissioner s 7- Other providers	2, 3, 4, 7	<p>Children's services, special education, mental health services and specialist commissioning are working with us to support the programme through the Complex Needs Programme Board. Local authority commissioners already have good relationships with Barnet Homes, the Arm Length Management Organisation, and other local Housing Associations. The council and CCG have a track record of developing accommodation and support services with providers for people with complex needs, for example, recently opening Sarnes Court, a local supported living scheme for disabled people where all support is individually planned and purchased. The Integrated Learning Disability Service (consisting of Barnet Council social care, Central London Community Health NHS Trust and Barnet Enfield and Haringey Mental Health Trust) are working to conduct joint reviews and develop support plans for individuals, working with the CCG commissioner and continuing health care team.</p>

3	1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.	0 - No 1 - Yes 2 - Not clear 3 - In development	3	A special project is being developed that will incorporate developing the commissioning approach spanning current patients, people in transition and those out of area. We plan to use the information from the reviews along with general LD population and transition data to create a joint needs assessment and set of commissioning intentions, building on existing analysis. e.g. people with complex needs already form part of the JSNA and Barnet Market Position Statement. The project is being designed to have short, medium and longer term priorities, the reporting lines will be as outlined in 1.1. The Learning Disability Partnership Board and stakeholders will be able to influence this process.
4	1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	0 - No 1 - Yes 2 - Yes (via SAF) 3 - Not clear 4 - Other arrangement 5 - In Progress	1	The Barnet Learning Disability Partnership Board is fully sighted on the project. Reports on local action in respect of Winterbourne View have been presented to the February, March and June meetings of the Board.
5	1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	0 - No 1 - Yes 2 - Not clear 3 - In process	1	Yes. Refer to 1.1 and 1.4. A further report will be delivered to the HWB in November.
6	1.6 Does the partnership have arrangements in place to resolve differences should they arise.	0 - No 1 - Yes 2 - Not clear 3 - In process/discussion	1	The CCG and council have established an integrated commissioning programme and joint commissioning team, with a memorandum of understanding, which reflects commissioning developments in respect of complex care, focussed on repatriating out of area placements and preventing and/or reducing the need for 'Winterbourne View' type services. Both partners have a range of section 75 agreements (see 2.3) and have good track record of collaboration and joint commissioning. The Director of Adult Social Services (DASS) and CCG Chief Officer (CO) have regular 1-1 meetings.

7	1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & Safeguarding Boards.	0 - No 1 - Yes 2 - Not clear 3 - In process 4 - In part	1	The various bodies referred to in this report have terms of reference that outline the governance arrangements, roles responsibilities and accountabilities.
8	1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	0 - No 1 - Yes 2 - Not clear	1	The integrated learning disability service monitors 'ordinary residence' cases in respect of people with learning disabilities. Barnet faces significant challenges with respect of 'ordinary residence' due to the high number of supported living schemes and residential and nursing care homes situated in the borough. There have been 24 requests for Ordinary Residence in the past year and it is anticipated that this is likely to increase due to trends in recent years for local residential care homes to deregister to become supported living and look for placements from outside the borough as well as from Barnet. We consider that there is a risk that the Winterbourne view programme may lead to an increase in referrals to Barnet schemes from other local authorities close to Barnet, seeking less restrictive placement options for people with learning disabilities.
9	1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	0 - No 1 - Yes 2 - Not clear 3 - Other local support	1	Establishment of collaborative commissioning and service development with other agencies (i.e. for the national programme to facilitate the development of collaborating approaches, to develop the critical mass required for commissioning new models of care)
2. Understanding the money				
10	2.1 Are the costs of current services understood across the partnership.	0 - No 1 - Yes 2 - Not clear 3 - In process 4 - In part	4	There is clarity about financial commitments for the client group across the CCG and Council, including a clear understanding of jointly funded services/initiatives. Over the past 3 years, we have produced an annual report with details of our spend across adult social care and health. Further work is required to profile expenditure on children and young people's services.
11	2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.	0 - No 1 - Yes 2 - Not clear 3 - In process 4 - In part	1	Yes. For each person listed on the learning disability register, details of funding sources and the amounts from the council, NHS CHC and other CCG budgets are included.

12	2.3 Do you currently use S75 arrangements that are sufficient & robust.	0 - No 1 - Yes 2 - Not clear 3- Informal arrangements 4 - Included in overall partnership agreement 5 - other methods 6 - In progress	1	Yes. We have in place the following section 75 agreements: S75 Agreement for NHS Campus Reprovision- £1.7m (Contribution: CCG- £0.822m; LBB- £0.887m.) S75 Agreement for Integrated Learning Disability Services- £3.1m (Contribution: CCG- £1.9m; LBB- £1.2m) S75 Agreement for prevention services- £1.8m (Contribution: CCG- £0.747m; LBB- £1.1m) We will be considering further opportunities for pooling budgets as part of the project.
13	2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	0 - No 1 - Yes 2 - Not clear 3 - Alternative risk share agreement 4 - being put in place	1	Yes. (see above) The Section 75 agreements set out the obligations of partners, governance arrangements including how risks and benefits are shared.
14	2.5 Have you agreed individual contributions to any pool.	0 - No 1 - Yes 2 - Not clear 3 - N/A 4 - being put in place	1	Yes. See 2.3

15	2.6 Does it include potential costs of young people in transition and of children's services.	0 - No 1 - Yes 2 - Not clear 3 - Included in ASC budget build 4 - Under review 5 - N/A		A S.75 agreement is being developed for children's services for implementation in autumn 2013.
16	2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.	0 - No 1 - Yes 2 - Not clear 3 - in process/development	3	A review is currently underway to carry out some financial modelling and develop a financial plan for the commissioning and development of new services within current resources.
3. Case management for individuals				
17	3.1 Do you have a joint, integrated community team.	0 - No 1 - Yes 2 - Not clear 3 Co-located 4 - other arrangements	1	Yes, there is an established integrated learning disability team of health and social care professionals with a clear service specification and eligibility criteria.
18	3.2 Is there clarity about the role and function of the local community team.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	
19	3.3 Does it have capacity to deliver the review and re-provision programme.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	A "Move on" team has been established within the integrated service to ensure a continuous focus on reviewing out of area placements. The service successfully completed the multi-disciplinary reviews as required by the Department of Health by 31 May. There is a project structure to take forward actions following the reviews to ensure that those, inappropriately placed in 'Winterbourne View' type services are moved/resettled by 31 May 2014.

20	3.4 Is there clarity about overall professional leadership of the review programme.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	1	The Assistant Director Adult Social Care has professional leadership for the review programme. The Joint Commissioner (Mental Health & Learning Disability) for the LA/CCG supports the programme through developing local commissioning plans and reporting on progress on these through the relevant governance arrangements in the council and CCG
21	3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates	0 - No 1 - Yes 2 - Not clear	1	1	Yes, there are named case managers and advocates. A record is kept of a register of all people being reviewed.
4. Current Review Programme					
22	4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.	0 - No 1 - Yes 2 - Not clear 3 - in part	1	1	Yes, there are 17 people (includes 4 people funded by the London Borough of Barnet. The remaining are funded by NHS Barnet CCG) currently in hospital settings. Families and advocates are involved and all have named case managers based in the local learning disability integrated team and mental health services where appropriate.
23	4.2 Are arrangements for review of people funded through specialist commissioning clear.	0 - No 1 - Yes 2 - Not clear 3 - Further discussion / in process 4 Not applicable (i.e. none funded by specialist commissioning)	1	1	There are 2 people funded through Specialist Commissioning, who are part of those identified in 4.1 above. Both have been recently reviewed.

24	4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	0 - No 1 - Yes 2 - Not clear 3 - Further discussion / in process	1	1	Yes. Information is communicated through the various boards and forums.
25	4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	0 - No 1 - Yes 2 - Not clear 3 - Registers but not as specified	3		We have a local learning disability register in place which is maintained and updated by the integrated learning disability service. The register includes details of local case managers This is used to monitor out of borough and in borough support plans, track review progress and monitor delivery of individual move on plans. It is broader than people with behaviour that challenge services but this will be added as a specific category in the register. It covers those funded by the CCG and the council. Some mapping of this population is planned as part of a strategic needs assessment for people with complex needs and challenging behaviour.
26	4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	0 - No 1 - Yes 2 - Not clear 3 - In process (e.g. registers in place but need to confirm point of contact)	1		Yes. We have a local learning disability register in place which is maintained and updated by the integrated learning disability service. The register includes details of local case managers.
27	4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	0 - No 1 - Yes 2 - Not clear 3 - in process development	1		Yes, we have a full range of advocacy services. Barnet commissions generic advocacy and statutory advocacy services including an Independent Mental Health Advocacy Service (IMHA) and Independent Mental Capacity Advocacy Service (IMCA) service. The IMCA service is jointly commissioned with the London boroughs of Enfield and Haringey. Work is underway to build on this arrangement to include commissioning of IMHA.

28	4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	0 - No process 1 - Process in place 2 - Not clear 3 - Work in progress	1	Case managers receive monthly 1:1 line management as well as clinical/professional supervision as appropriate. Advocates and family members are involved in the review process to ensure that the reviews are holistic. Line managers undertake regular case audits of people's files and reviews as part of 1:1 supervision within the learning disability service. An annual independent case file audit monitors review quality of a sample of cases. We have recently introduced recording of the service user's '3 Wishes' at assessment and review/re-assessment stages and will be tracking achievement of these.
29	4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	0 - No 1 - Yes 2 - Not clear 3 - in part / some instances	1	Reviews give a holistic view of the individuals. All of the reviews have been undertaken jointly between health and social care, by the dedicated Move On Team. A specialist Community Nurse has reviewed behavioural and other health care plans.
30	4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed	0 - No 1 - Yes 2 - Not clear 3 - Most completed, timescales for completion 4 - Some completed, timescales for completion	3	All but one review has been completed. As at 31 May, we had reviewed 16 of the 17 people in a hospital setting. The outstanding review was as a result of the service user having been recently placed, being seriously unwell and the review will take place when the situation has stabilised. This situation is being monitored.
5. Safeguarding				
31	5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.	0 - No 1 - Yes 2 - Not clear 3 - Under review	1	The ADASS protocol is applied where the host local authority investigates any abuse allegations/alerts. Case managers liaise appropriately with those involved in leading investigations and instigating protection plans.

32	5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	0 - No arrangement 1 - Provider forum (or similar) 2 - Not clear 3 - being developed 4 - Done on case by case basis	1	1 Case managers share all appropriate information that will assist any provider to deliver good quality safe care and support. The 'Quality in Care Homes' team funded through S256, has been set up to provide greater support to providers in order to improve service quality. There is a 'Providers Forum' in place to share learning and good practice
33	5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.	0 - No 1 - Yes 2 - Not clear 3 - N/A	1	1 There is an effective liaison arrangement between the council, CCG and CQC to share intelligence and concerns. Formal liaison meetings with CQC take place every 3 months, plus 6 monthly with the DASS. Weekly reports on inspections by CQC are reviewed by Barnet Adult Social Care and action taken as appropriate. The CCG plans formal liaison meetings with CQC and with the provider. Any regional quality issues are discussed at our local quality surveillance group (QSG). The DASS is the borough representative on the local QSG.
34	5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	0 - No 1 - Yes 2 - Not clear 3 - In process / being developed	1	1 There have been reports to the Safeguarding Adults Board with updates in January 2012 and January 2013 and are plans to take further updates to the SAB to report on progress. The Barnet Children's Safeguarding Board will be considering this at a future meeting.
35	5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.	0 - No 1 - Yes 2 - Not clear 3 - In progress/ Being developed	1	1 Yes. Appropriate use of the MCA and DoLS have been key issues in the BSAB's consideration of local issues in respect of Winterbourne View. MCA and DoLS are also reported in the BSAB annual report. They are also addressed through reviews and case management by the integrated learning disability service. There is a system in place to collect intelligence on safeguarding concerns associated with providers in order to pro-actively take action as required.

36	5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.	0 - No 1 - Yes (Local) 2 - Not clear 3 - In progress/Being developed 4 Yes, regional only	2	The BSAB has hosted a couple of multi-agency workshop events, bringing together providers, health and social care professionals and commissioners on Winterbourne in order to share good practice. This included a learning event led by Dr Margaret Flynn, author of the Winterbourne View serious case review. The council has commissioned and run two courses for health and social care staff who support people with learning disabilities in the community. The course, PROACT SCIP rUK® is a whole approach to working with adults with a learning disability. It follows the positive behaviour support model and focuses on proactive methods to avoid triggers that may lead to a person to present behavioural challenges to get their needs met. A total of 24 staff attended in 2012/13 from the private and voluntary sector with two more training sessions commissioned for 2013/14.
37	5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.	0 - No 1 - Yes 2 - Not clear 3 - Considered / not required 4 - IN progress	1	The Community Safety Partnership works to prevent hate crimes including development of 5 'safe places' across the borough. There are plans afoot to expand this arrangement into 10 other 'safe places'. The Community Safety Partnership and the LDPB are working with TFL to improve safety on public transport.
38	5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns	0 - No 1 - Yes 2 - Not clear 3 - in development	1	The BSAB includes representatives from all local NHS providers, the voluntary sector, the Police, Fire Service, CCG, the Council, CQC, LAS, Probation Services, care management, commissioning and others.
6. Commissioning arrangements				
39	6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	1	Yes, this exercise is underway and will build on the findings from the recent London-wide market position statement following the submission of the LD registers. This information is being uploaded to the council's online Market Position Statement microsite. An outline project brief setting out the scope of the project is to be presented to the next meeting of the Complex Care Board.

40	6.2 Are these being jointly reviewed, developed and delivered.	0 - No 1 - Yes 2 - Not clear 3 - In progress	1	1 Yes, see 6.1.
41	6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.	0 - No 1 - Yes 2 - Not clear 3 - In progress	1	There is a complete register that details total numbers of people fully funded by NHS CHC and those jointly supported by health and care services including where they are currently receiving services. The register includes 76 people; 61 people are funded by NHS Continuing Health Care with 31 receiving additional funding through the council for their care; 4 are subject of a s75 agreement. The council also maintains a register of all people with LD and autism including out-of-area placements.
42	6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people	0 - No 1 - Yes 2 - Not clear 3 - Yes, though significant challenges 4 - IN progress	1	There is a high level policy commitment to re-provide for people and to avoid hospital admission. This is reflected in the joint commissioning work plan agreed by the Council and CCG.
43	6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 Not applicable - e.g. none placed by specialist commissioners	3	Reviews of the 2 people funded through specialist commissioning has taken place. Further discussions are needed with Specialist Commissioning on (de)commissioning plans.

44	6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	0 - No 1 - Yes 2 - Not clear 3 - In progress	3	Financial modelling and analysis is currently underway, that will be linked to a specific strategic needs analysis around the needs of people with complex needs and challenging behaviour.
45	6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	0 - No 1 - Yes 2 - Not clear 3 - In progress/ under review	1	Yes. There is a generic advocacy service in place. We also have a joint arrangement with the London Boroughs of Enfield and Haringey for the commissioning of statutory Independent Mental Capacity Advocacy. We are planning to extend this arrangement to include the re-commissioning of the Independent mental Health Advocacy service.
46	6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	3	Yes, a project brief has been developed and a project manager is in post.
47	6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).	0 - No 1 - Yes 2 - Not clear 3 - Timescales problematic / unrealistic 4 - Yes but challenging 5 - One or more people subject to court order	5	While we remain confident of meeting the 1 June target overall, it should be noted that there are 6 people with complex needs currently resident in Harperbury hospital who are the subject of Court of Protection Consent Orders regarding their residence. They have been resident there for over 15 years. The Court of Protection (CoP) Consent Orders will be a factor in determining speed of progress as regards to moves for this group. The Consent Orders were agreed with the Official Solicitor acting on behalf of the 6 people and their families who made a case against their being moved in 2011.

48	6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	0 - None 1 - Financial 2 - Legal (e.g. MHA) 3 - other	2	See 6.9. The Consent Orders require the council to have involved and secured agreement with the Official Solicitors acting on behalf of the 6 people in respect of any plans to resettle them. The implementation of any move on plan for the 6 individuals will need to be progressed sensitively and plans presented to the CoP for final sign off.
7. Developing local teams and services				
49	7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	3	Yes, this is being scoped not just in relation to current people in hospital settings, but to take account of young people in transition and social care out of area placements.
50	7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	0 - No 1 - Yes 2 - Not clear 3 - In part 4 - In progress	1	There are contract monitoring meetings with the advocacy service providers to review contract and performance. In partnership with the London Borough of Enfield and Haringey, we are currently in the process of retendering the IMCA and IMHA services, which gives the opportunity to update service specifications in line with new guidance and practice. The IMCA service provider is also represented on the BSAB and provides regular updates on its work. We have a contract with the Barnet Centre for Independent Living (BCIL) and its partner organisations for a generic advocacy service. The contract is monitored regularly and against performance criteria and quality measures. Service users' feedback is included in the monitoring information required.
51	7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	0 - No 1 - Yes 2 - Not clear 3 - In part	1	Yes. The Council has a number of Best Interests assessors (BIA) and has a programme of training for BIA and there is scope to procure BIAs on a freelance basis where the need arises. The Council and CCG have agreed a recurrent transfer from the CCG to support the new MCA supervisory responsibilities taken on by the Council since 1 April 2013.
8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies				

52	8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	3	3	Our commissioning intentions include a review of our crisis services. Further work is being scoped to ensure effective access to people with learning disabilities and scope additional community response to prevent need of hospital admission in line with the Department of Health 'models of care'.
53	8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	3	3	See 8.1
54	8.3 Do commissioning intentions include a workforce and skills assessment development.	0 - No 1 - Yes 2 - Not clear 3 - In progress / development	1	1	A specialist Safeguarding trainer offers tailored training to providers in the workplace.
	9 Understanding the population who need/receive services				
55	9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	3	3	A JSNA is in place and it includes a specific section on people with learning disabilities and autism. The JSNA is being updated. The council has a market position statement and is developing an online Market Position Statement microsite which will include information on needs and commissioning priorities targeted at providers. An exercise is underway to explore the capacity of providers on the supported living Framework Contract to meet the needs of people with complex needs.
56	9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.	0 - No 1 - Yes 2 - Not clear 3 - In part	1	1	Yes.

57	10. Children and adults – transition planning 10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	1	Yes, there is a Transition Team to support young people moving into adult service between the ages of 16-18 years. There is a forum of managers from the disabled children's, SEN and Adults Teams, to track and discuss potential numbers of young people from the age of 14 who may need adult services.
58	10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.	0 - No 1 - Yes 2 - Not clear 3 - In progress / under review	1	The Complex Care Board chaired by the Education Director (referred to above) has been constituted to oversee the development of pathways and service response for people with complex needs and young people in transition. A 'Transitions' database has been developed to track people including identifying current funding arrangements.
	11. Current and future market requirements and capacity			
59	11.1 Is an assessment of local market capacity in progress.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Already completed	1	Yes, this is underway. The Council already has a Market Position Statement and a joint commissioning work programme. This will be further developed to support the Winterbourne View programme.
60	11.2 Does this include an updated gap analysis.	0 - No 1 - Yes 2 - Not clear 3 - In progress 4 - Part completed	3	This is underway as in 9.1.

61	11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.	0 - No 1 - Yes 2 - Not clear	1	- Workshop learning events on Winterbourne View hosted by the SAB; - the Providers Forum supported by the council bring together health and social care providers to discuss and plan things of common interest; - the Move on Team in the integrated learning disability service focussed on undertaking reviewing and resettling people placed out-of-area.
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31 May 2013

Dear Chief Executive,

Winterbourne View Joint Improvement Programme – Local Stocktake

I am writing to you to ask for your assistance in completing a stocktake of progress against the commitments made in the Winterbourne View Concordat which was signed by a broad range of agencies and organisations.

The Concordat was the joint response of agencies including the LGA and the NHS to the Department of Health Transforming Care report arising from the significant failings at Winterbourne View. The Concordat sets out the commitment to transform health and care services and improve the quality of the care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges.

You will recall that the Concordat contains a number of specific commitments that will lead to all individuals receiving personalised care and support in community settings no later than 1st June 2014.

The purpose of the stocktake therefore is to enable local areas to assess their progress against commitments in the Concordat and to allow for good practice and progress from local areas to be shared nationally.

Given his personal interest in the programme, Norman Lamb, Minister of State for Care Services, has recently written to Chairs of Health and Wellbeing Boards (HWBs) explaining the significant leadership role that HWBs should play in ensuring that the Concordat commitments are achieved. We are therefore sending this stocktake to local authorities given your leadership role in Health and Wellbeing Boards.

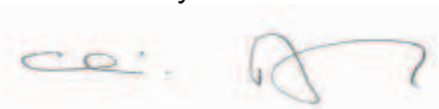
However, this stocktake is not simply about data collection but is to assist in your discussions locally with Clinical Commissioning Groups (CCGs) and other key partners including people who use services, family carers and advocacy organisations, as well as providers. The stocktake can only successfully be delivered through local partnerships. We would specifically ask that the responses are developed with local partners and shared with your Health and Wellbeing Board. We would also ask that CCG's sign off the completed stocktake.

The stocktake is also intended to enable local areas to identify what support and assistance they require from the Joint Improvement Programme. The core purpose of the programme is to work alongside local commissioners to enable you to deliver your local plans. Further information on the Winterbourne View Joint Improvement Programme is available on the [Local Government Association Website](#)

The deadline for the completed stocktake is Friday 5th July 2013. The stocktake should be returned to Sarah.Brown@local.gov.uk if you require any further information or have any questions please send these to Sarah Brown in the first instance.

I am fully aware that there will be other requests for information over the next few months relating to progress with Learning Disabilities and Autism. The Winterbourne View Programme will work to ensure that we do not ask for information that is duplicated elsewhere, as the purpose of this stocktake is to ensure support is provided to local areas and that we work together to deliver commitments in the Concordat.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Chris Bull', is written over a light blue rectangular background.

Chris Bull

Chair of the Winterbourne View Joint Improvement Board

Cc

Chairs of Health and Wellbeing Boards

CCG Accountable Officers

CCG Clinical Leaders

Directors of Adult Social Service

Directors of Children's Services

NHS England Regional and Area Directors

Meeting	Safeguarding Overview and Scrutiny
Date	27 November 2013
Subject	Summary of the new OFSTED inspection framework
Report of	Cabinet Member for Education Children and Families.
Summary of Report	This report summarises the new OFSTED inspection framework for Children’s Social Care departments and Local Children’s Safeguarding Boards

Officer Contributors	Ann Graham, Assistant Director, Children’s Social Care Jo Moses, Head of Safeguarding and Quality Assurance
Status (public or exempt)	Public
Wards Affected	All
Key Decision	Not applicable
Reason for urgency / exemption from call-in	Not applicable
Function of	Safeguarding and Overview Committee
Enclosures	None
Contact for Further Information:	Jo.moses@barnet.gov.uk 0208 359 7604

1. RECOMMENDATIONS

- 1.1 That the Safeguarding Overview & Scrutiny Committee note the contents of this summary report and provide comments as appropriate.
- 1.2 That the Safeguarding Overview & Scrutiny Committee note Barnet's response to the new Ofsted inspection framework.

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Barnet Children's Trust Board, 27 June 2013, Agenda Item 3: The Board received a presentation on the new OFSTED Inspection Framework.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 Safeguarding is a key priority for the Council and partners and is reflected in strategic partnership goals including the Corporate Plan 2013 - 14, Health and Well-being Strategy, Sustainable Community Strategy and Commissioning Strategy.
- 3.2 The Corporate Plan includes the strategic objective 'to create better life chances for children and young people across the borough' with an emphasis on early intervention and support and a further objective 'to promote family and community well-being' with a commitment to 'strengthen our approach to safeguarding'.
- 3.3 Safeguarding children and adults from avoidable harm or abuse underpins everything we do and is the responsibility of everyone who works for or with the London Borough of Barnet.
- 3.4 It is a key priority for Children's Social Care to be ready for the new inspection framework and to be in a strong position to receive a grading of 'good' or above. We have been proactive in having commissioned an in depth independent and external audit of our work (mock inspection). This was completed in October 2013 and has provided valuable learning about our strengths and areas for development. This audit and the new OFSTED inspection framework are informing a detailed inspection improvement plan.

4. RISK MANAGEMENT ISSUES

- 4.1 The new Ofsted inspection framework was published in October 2013 for implementation from 19 November 2013. The framework is focused on direct social work practice and activity much more so than in previous frameworks. The judgments made by inspectors are on a four point scale of outstanding, good, requires improvement and inadequate. The use of the phase 'requires improvement' is a change from previous inspection frameworks.
- 4.2 Ofsted judgments are highly significant in terms of the reputations of Local Authorities and have a major impact in terms of ability to recruit and retain a high quality workforce. An unstable workforce contributes to poor service delivery and thus outcomes for children and families

- 4.3 The Secretary of State for Education has the power to intervene if he considers that a Local Authority is failing in its safeguarding duties toward children. This is considered to be a low risk in Barnet; the 2012 Ofsted and CQC inspection of safeguarding and looked after children judged safeguarding services and outcomes for looked after children as good overall in Barnet.

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 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 requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.
- 5.2 The new inspection framework requires Local Authorities to evidence good practice in this area. For all children and young people the expectation is that help, care and protection are sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation. Children's Social Care are producing a new robust quality assurance framework which will ensure that all audit activity includes a focus on ensuring that the service performs consistently well in the area of equalities and diversity.

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

- 6.1 Preparation for inspection and the actual inspection will be undertaken within existing resources.

7. LEGAL ISSUES

- 7.1 Ofsted inspections are conducted under section 136 of the Education and Inspections Act 2006. Their focus is on the effectiveness of local authority services and arrangements to help and protect children, the experiences and progress of children looked after, including adoption, fostering, the use of residential care, and children who return home. The framework also focuses on the arrangements for permanence for children who are looked after and the experiences and progress of care leavers. The leadership, management and governance judgment addresses the effectiveness of leaders and managers and the impact they have on the lives of children and young people and the quality of professional practice locally.
- 7.2 Ofsted regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory Support Service (Cafcass), schools, colleges, initial teacher training, work-based learning and skills training, adult and community

learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for looked after children, safeguarding and child protection.

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

8.1 The scope of the Overview and Scrutiny Committee is contained within Part 2, Article 6 of the Constitution.

8.2 The terms of Reference of the Scrutiny Committee 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.

9. BACKGROUND INFORMATION

9.1 The new OFSTED inspection framework was introduced following a recommendation in the Munro Report, Protecting Children, 2011. Munro recommended an inspection approach that took account of the 'child's journey'. This new inspection framework enabled Ofsted to inspect the whole system that helps, protects and looks after children.

9.2 The Ofsted inspection framework was published in October 2013 for implementation in November 2013. The new framework brings together into one inspection: child protection; services for looked after children and care leavers; and local authority fostering and adoption services as well as the inspection of Local Children's Safeguarding Boards.

9.3 The ambition is clear – **only 'good' is now good enough**. The protection of children and young people is a key judgment. Services that are less than 'good' will no longer be judged adequate, but to 'require improvement' until they meet the standard that children, young people and their families deserve and have a right to expect. A key focus of the inspection is the extent to which children's experiences are prioritised and the effectiveness of the help, protection and care that they receive.

9.4 Inspectors will make four key judgments in the single inspection:

9.5 The 'overall effectiveness of services and arrangements for children looked after, care leavers, and children who need help and protection.

9.6 The 'overall effectiveness judgment is a cumulative judgment derived from the following three judgments

- The experiences and progress of children who need help and protection
- The experiences and progress of children looked after and achieving permanent homes and families for them

- Leadership, management and governance.

If a local authority is judged 'inadequate' in any of these three critical areas, it is likely to be judged 'inadequate' overall.

- 9.7 For the first time Ofsted will also make discrete, graded judgments on the 'experiences and progress for care leavers' and adoption. Inspectors will evaluate the quality of plans for children's futures, the management and practice oversight of those plans to make them happen and the extent to which any delays are being swiftly reduced. They will also consider the quality of support and care for young people becoming independent and leaving the system, including the provision of safe and good housing, access to education, training and employment and the extent to which those individuals feel supported by their corporate parents.
- 9.8 The process and detail of the inspection
- 9.8.1 Local Authorities will be informed on a Tuesday by 9.30 the day before the inspection begins on the Wednesday. The inspection will take four weeks with a combination of on and off site time. There will be seven inspectors who will be thoroughly briefed on the authority.
- 9.9 A large amount of complex and wide ranging data will be required covering each stage of a child's journey (to be referred to as Annex A). The case files of 18 children will be selected by inspectors to be given an in depth audit by the local authority and the findings will be shared with the inspectors. The 18 case files will be comprised of: 6 children in need of help and protection, 10 looked after including at least two out of borough, and 2 care leavers.
- 9.10 A further 25-30 case files of children and young people will be tracked by inspectors and will reflect a mixture of age, ethnicity, disability and gender. Additional cases may be examined if there is a particular theme the inspectors would like to explore further in the local authority. The local authority is encouraged to show examples of best practice, for example that has been evidenced through audit activity.
- 9.10 Inspectors will also evaluate thresholds and effectiveness of services through targeted sampling of at least 50 case files making a total of at least 100 children to be looked at. These additional 50 will be used to pursue evidence and themes of both good and weak practice.
- 9.11 Inspectors will study files and data but will also interview staff and managers at all levels and will also observe practice and meetings. Some practice will be observed with managers to assess the skills of the managers in evaluating effectiveness. A wide range of meetings will be observed and are likely to include child protection and child in need meetings, legal planning meetings, MARAC: Multi Agency Risk Assessment Conference (deals with high risk domestic violence cases) and MAPPA: Multi Agency Public Protection Arrangements (meetings that plan for and manage offenders that pose a high risk of serious harm to the public or individuals), looked after children reviews and early intervention meetings.

- 9.12 Views of young people and their families and foster carers will be sought and will be an important part of the inspection. Supervision records and foster carer's records and reviews will be looked at.
- 9.13 Commissioned services will also be contacted during the inspection, for example independent fostering agencies, social work providers, children's homes and voluntary adoption agencies. The inspectors will also interview or telephone the Lead Member for children's services, the LSCB chair and business manager and LSCB partners, the corporate parenting group, the local authority adoption panel chair and the fostering panel chair, family court representatives and CAFCASS.
- 9.14 The Director for Children's Service (DCS) will be updated daily on the progress of the inspection, usually by brief face to face meetings. Cases of concern will be raised immediately for action.
- 9.15 Inspection of the Local Children's Safeguarding Board
- 9.15.1 The Local Children's Safeguarding Boards will also be inspected concurrently. Inspectors will make their judgments on the same four point scale: outstanding, good, requires improvement and inadequate. The focus points of the LSCB inspection will be as follows:
- 9.15.2 The Local Safeguarding Children Board (LSCB) complies with its statutory responsibilities in accordance with the Children Act 2004 and the Local Safeguarding Children Board Regulations 2006.
- 9.15.3 The LSCB is able to provide evidence that it coordinates the work of statutory partners in helping, protecting and caring for children in its local area and there are mechanisms in place to monitor the effectiveness of those local arrangements.
- 9.15.4 Multi-agency training in the protection and care of children is effective and evaluated regularly for impact on management and practice.
- 9.15.5 The LSCB checks that policies and procedures in respect of thresholds for intervention are understood and operate effectively and identify where there are areas for improvement.
- 9.15.6 Challenge of practice between partners and casework auditing are rigorous and used to identify where improvements can be made in front-line performance and management oversight.
- 9.15.7 Serious case reviews, management reviews and reviews of child deaths are used by the local authority and partners as opportunities for learning and feedback that drive improvement.
- 9.15.8 The LSCB provides robust and rigorous evaluation and analysis of local performance that influence and inform the planning and delivery of high-quality services.
- 9.16 Outcome of the inspection
- 9.16.1 On the final on-site day the DCS and senior leaders (two other senior local authority representatives and the LSCB chair) will meet with the inspection team to hear the judgments and the evidence to support them. There should

be no surprises as the daily meetings should have kept the DCS up to date. Judgments are provisional at this point until the local authority has had an opportunity to respond and request corrections/amendments to factual errors and until the report and judgment is finalised and then published on the OFSTED website.

9.17 Future inspection plans

9.17.1 Ofsted will be working closely with partner inspectorates to establish the additional criteria required to evaluate and judge the contribution of health, police, probation and prison services in the help, care and protection of children and young people. This work will inform the development of a joint inspection of child protection and safeguarding arrangements to be led by Ofsted from 2015. These criteria will be subject to consultation during 2014.

10. LIST OF BACKGROUND PAPERS

10.1 Framework and evaluation schedule for the inspection of services for children in need of help and protection, children looked after and care leavers and reviews of LSCBs, Ofsted, November 2013

<http://www.ofsted.gov.uk/resources/framework-and-evaluation-schedule-for-inspection-of-services-for-children-need-of-help-and-protection>

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Meeting	Safeguarding Overview and Scrutiny Committee
Date	27 November 2013
Subject	Analysis of Child Protection Registrations in Barnet 2012/2013
Report of	Cabinet Member for Education, Children and Families.
Summary of Report	This report provides data and analysis of Barnet's children who were subjects of child protection plans in April 2012 to March 2013. The report analyses Barnet's data and provides comparisons with the national picture of Child Protection registrations. The report also provides information on the strength and quality of the child protection conference service and makes recommendations for future improvements.

Officer Contributors	Ann Graham, Assistant Director; Children's Social Care Jo Moses, Head of Safeguarding and Quality Assurance
Status (public or exempt)	Public
Wards Affected All	All
Key Decision	Not applicable
Reason for urgency / exemption from call-in	Not applicable
Function of	Safeguarding and Overview Committee
Enclosures	None
Contact for Further Information:	Jo Moses, Head of Safeguarding jo.moses@barnet.gov.uk 0208 359 7604

- 1.1 That the Safeguarding Overview & Scrutiny Committee note the contents of this report and make appropriate comments.

2. RELEVANT PREVIOUS DECISIONS

- 2.1 None. This is the first occasion that analysis of child protection plans has been reported to the Committee.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 Safeguarding is a key priority for the Council and partners and is reflected in strategic partnership goals including the Corporate Plan 2013 - 14, Health and Well-being Strategy, Sustainable Community Strategy and Commissioning Strategy.
- 3.2 The Corporate Plan includes the strategic objective 'to create better life chances for children and young people across the borough' with an emphasis on early intervention and support and a further objective 'to promote family and community well-being' with a commitment to 'strengthen our approach to safeguarding'.
- 3.3 Safeguarding children and adults from avoidable harm or abuse underpins everything we do and is the responsibility of everyone who works for or with the London Borough of Barnet.

4. RISK MANAGEMENT ISSUES

- 4.1 A failure to keep children safe represents not only a significant risk to the children themselves but also to the reputation of the Council. Failure to keep children safe is identified as a key risk in Children's Services. Although safeguarding must be the concern of all agencies working with children, the Local Authority is the lead agency. As such, both members and senior officers carry a level of accountability for safeguarding practice in Barnet. Governance structures, in particular the Barnet Safeguarding Children Board, are in place to ensure that other lead stakeholders, including health and the police, are represented to ensure that practice across the partnership meets safeguarding requirements.

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 when exercising a public function.
- 5.2 The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

- 5.3 The report provides data on gender, age and the ethnicity of Barnet's children on the subject to a child protection plan and this data will continue to be gathered and analysed to inform service delivery and to ensure that the Council meets our equalities and diversity obligations.
- 6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**
- 6.1 The Safeguarding and Quality Assurance Service sits within Children's Social Care and is funded from existing resources.
- 7. LEGAL ISSUES**
- 7.1 The Children Act (2004) and statutory guidance 'Working Together to Safeguard Children' (2013) sets out the framework for the protection of children including a child protection conferencing system with the ability to make children the subject of a child protection plan. The plan is formed at a multi-agency child protection conference that parents and the child, if of appropriate age and understanding can be supported to attend.
- 7.2 The procedures for these arrangements are set out in the Pan London Safeguarding Children Procedures' and by Barnet's Safeguarding Children Board (BSCB).
- 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 responsibility:
- To scrutinise the Council and its partners in the discharge of statutory duties in relation to safeguarding.
- 9. BACKGROUND INFORMATION**
- 9.1 A child protection conference must be convened when it is considered that a child has suffered or is likely to suffer significant harm. The assessment is usually undertaken by a qualified social worker but statutory guidance allows for professionals to ask for a conference to be convened on a child if the professional considers the child to have suffered or to be likely to suffer significant harm.
- 9.2 Family members and the child, in appropriate circumstances, are invited to attend conferences along with professionals engaged with the child. In order to enable parents and children to have greater participation at child protection conferences, Barnet Council has implemented the Strengthening Families

model for Child Protection Conferences. National research on this model is very positive; highlighting that it is more interactive and family friendly and that information is presented more clearly and is easier to understand.

9.3 Managed within Safeguarding & Quality Assurance, Barnet has an Independent Conference & Reviewing Officer service in place that is responsible for chairing child protection conferences, looked after children reviews, and a range of specialist strategy meetings, including allegations against people working with children, child sexual exploitation and children looked after missing from care.

9.4 Data and Analysis

9.4.1 The number of children subject to a child protection plan in Barnet between April 2012 and March 2013 ranged from 265 at its highest to 206 at its lowest.

9.4.2 During this period, 550 initial and review child protection conferences were held involving 1012 children.

9.4.3 At the end of March 2013, there were 206 children subject to a child protection plan, a significant decrease of 53 from the 31st March 2012. This figure equates to 24.8 children per 10,000 of the under 18 population and is significantly below the national average equivalent rate of 37.8. The decrease is against the national trend which saw an increase of 1.1% of child protection registrations in 2012/13.

9.5 Child Protection Plans and the categories of registration

9.5.1 The table below gives a breakdown of child protection plans during 2012/13 by category of abuse. This highlights the high prevalence of neglect cases that accounted for more than 39% of all child protection plans. This mirrors the national trend which is that neglect is the most common category of abuse for registration and is used in 41.0% of cases. Emotional abuse is the next most common category (31.7%) followed by physical abuse (11.7%).

	4/12	5/12	6/12	7/12	8/12	9/12	10/12	11/12	12/12	1/13	2/13	3/13
Neglect	99	86	90	102	98	86	91	85	92	97	93	83
Physical	61	68	73	69	57	57	51	52	52	51	51	50
Sexual	15	16	13	15	13	13	13	13	14	13	13	10
Emotional	69	66	74	79	84	84	73	68	60	58	55	58
Multiple	0	0	0	0	0	0	0	0	0	1	2	5
Total	244	236	250	265	252	240	228	218	218	220	214	206

9.5.2 Neglect is the most used category for registration because it covers so many different situations that are harmful to a child and may include an overall picture of combined and cumulative concerns that together are significantly harmful to the child. Neglect is the persistent failure to meet a child's basic physical and/or psychological needs resulting in serious impairment of health and/or development.

- 9.5.3 The perception of child neglect has changed significantly over time, as 'it is now recognised as one of the most dangerous forms of abuse because of its harmful and sometimes fatal effects' (Turney and Tanner, 2005).
- 9.5.4 There is no single cause for neglect. Most neglectful families experience a variety and combination of adversities. Depression, domestic violence, substance use and poverty are among the factors linked to neglect. Some children are particularly vulnerable. At risk groups include children born prematurely, children with disabilities, adolescents, children in care, runaways, and asylum-seeking children. Neglect has adverse short- and long-term effects. In extreme cases, neglect kills.
- 9.5.5 Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
- 9.5.6 Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- 9.5.7 Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact activities or non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
- 9.5.8 A very small number of cases are registered under dual or multiple categories of abuse. This happens when there is strong evidence of different types of abuse of the same child/children and when professionals feel that it is important to give sufficient weight to each of the abuses.
- 9.6 Ages of children subject to a child protection in Barnet 2012/13
- 9.6.1 The largest age group of children subject to plan nationally are those aged 1-4 years old. Almost one third (30.3%) of children are in this age range. 5-9 year olds account for 28.7% of the registrations, 10-15 yr olds account for 25.2%, unborns account for 2% and over 16 yr olds are 2.6%. Whilst the table below provides a snapshot for one month the data for the whole year shows that Barnet is in line with national averages for the age make up of child protection registrations.

	Percentages of the CP registrations by age bracket as at end of March 2013
Unborn	0.97
Under 1	13.11
1-4 yrs	36.89
5-9 yrs	29.13
10-15 yrs	19.9
16-18 yrs	0

Ages Breakdown 2012/13

AGE	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Unborn	7	3	6	7	4	3	5	6	5	4	5	2
Under 1	30	38	34	33	39	36	32	34	30	37	32	27
1-4 yrs	87	85	92	92	83	77	70	67	74	69	75	76
5-9 yrs	67	58	64	75	74	72	72	64	62	60	57	60
10-17yrs	53	52	54	58	58	52	49	47	46	50	45	41
	244	236	250	265	258	240	228	218	217	220	214	206

9.7 Children subject to a child protection plan by Gender 2012/13

9.7.1 There is no significant difference in the gender of Barnet's children subject to a child protection plan with roughly half boys and half girls. This is in line with the national trend.

9.8 Children subject to a child protection plan by Ethnicity

White	
White British	82 (40%)
White Other	25 (12%)
Mixed	
Mixed white and Black African	8 (4%)
Mixed white and black Caribbean	13 (6%)
Mixed white and Asian	6 (3%)
Mixed other	13 (6%)
Asian/Asian British	
Asian/Asian British Indian	1
Asian/Asian British Pakistani	1
Asian/Asian British Bangladeshi	3 (1%)
Asian/Asian British other	6 (3%)
Black/Black British	
Black/Black British African	28 (14%)
Black/Black British Caribbean	6 (3%)
Black/Black British Other	3 (1%)
Other	
Traveller of Irish descent	2 (1%)

Any other	4 (2%)
Unborn	1
Not know	3 (1%)
Total (as at end of March 2013)	205

9.9 National child welfare data on ethnicity

9.9.1 A national study compared the ethnic breakdown of children in England from the 2001 census with three sets of child welfare data: the Children in need census (2003, 2005); the number of subject to a child protection plan (2004, 2005 and 2006); and the number of children looked after (2004, 2005 and 2006). They found that given proportions in the national population:

- White children were represented as expected on the children in need census, as children subject to a child protection plan and as looked after children; our data showed a high percentage of white children were subject of a child protection plan; representing 52% of the cohort.
- Children of mixed ethnic background were over-represented on the children in need census, as children subject to a child protection plan and as looked after children. In Barnet 19% of children from a mixed ethnic background were subject of a child protection plan, second to white children.
- Asian children were under-represented on the children in need census, as children subject to a child protection plan and as looked after children. In Barnet this ethnic group only represented 4% of the population of children subject to a child protection plan.
- Black children were over-represented on the children in need census and as looked after children. Black children were represented as expected as children subject to a child protection plan. Similarly Black children accounted for 18% of the children subject to a child protection plan in Barnet.

From: Owen, Charlie, and Statham, June (2009) [Disproportionality in child welfare: prevalence of black and ethnic minority children within 'looked after' and 'children in need' populations and on child protection registers in England \(PDF\)](#) London: Department for Children, Schools and Families (DCSF).

9.10 Percentage of Review Child Protection Conferences held within timescale

9.10.1 In order to safeguard children well it is important that that their child protection plans are regularly reviewed to ensure that they are having a positive impact and are reducing risks. Therefore, the timeliness of reviews is important and is closely monitored to ensure that there is no drift in a case.

9.10.2 Barnet has over the last five years held 100% of its child protection conferences within the required timescale. For 2012-13, performance in Barnet exceeded the national average of 96.2%.

9.10.3 In order to assist with achieving timeliness, review child protection conferences are held at a maximum of five-month intervals (previously six) from the second review onwards. This then allows a month's leeway for occasions when a conference has to be adjourned for legitimate reasons.

Monthly reports of conference adjournments are used to monitor the frequency and reason why in order to avoid situation occurring again where possible.

9.11 Percentage of children ceasing to be the subject of a Child Protection Plan during the 12 month period who had been subject of a Child Protection Plan for 2 years or more

9.11.1 As detailed in the table below, the proportion of children with a child protection plan for more than two years has decreased from 6% during August to 1.4% at year-end. The national figure for 2012/13 was that 3.2% of all child protections plans had lasted for longer than 2 yrs. Barnet's performance at just 1.4% at the year end is within the top national banding for this indicator.

9.11.2 There has been an increase in long-term neglect cases moving into legal proceedings and this should usually result in the child protection plan being ceased. However, in some cases the court manages the case through the legal framework with parental co-operation and the child remaining at home. In these circumstances the child protection plan may continue so that risk is managed with the child remaining at home, this explains why some children remain subject to a plan for over 2 years.

Month	Number of Children subject to plans for over two years
April 2012	8
May	10
June	10
July	12
August	15
September	8
October	4
November	3
December	6
January 2013	5
February	4
March	3

9.11.3 Child protection conference chairs and Independent Reviewing Officers's currently conduct a detailed audit of children who remain subject to a child protection plan at 15 months. Where insufficient progress is being made with the child protection plan then team managers will be asked to consider whether the threshold for court proceedings has been reached. The purpose of these reviews is to avoid drift and delay for children who may be in need of further action to be taken to reduce risks and improve their outcomes.

9.11.4 When significant improvements have been made and a decision is made to cease the child protection plan then cases are stepped down to a child in need plan to ensure continuation of support for the family.

9.12 Children becoming subject of a Child Protection Plan for a second or subsequent time

9.12.1 A low percentage is generally an indicator of good practice and Barnet achieved 8.4% against a national average of 13-14% for 2012-13. Also of note is the length of time between the first and second registrations which, if it is a significant gap between registrations, indicates that circumstances have changed within the family rather than any improvement not being sustained. A short time gap in between registrations could indicate risks not being adequately addressed and a child being prematurely removed from a plan.

9.13 Feedback from families on the child protection process

9.13.1 Parents and carers are asked to complete a questionnaire following every child protection conference to give feedback about their experience of the process. The questionnaires completed are mainly positive and evidence that conferences are user-friendly with parents/carers actively participating and feeling listened to. However, following feedback from a pre inspection audit, the process of asking for feedback immediately after a conference will be reviewed because parents may feel under pressure to give positive feedback.

9.14 Future actions to further improvement the child protection processes

9.14.1 A pre inspection audit took place during October 2013 and it reviewed the child protection conferencing process and also observed a conference. The final audit report is in the process of being finalised and will be reported at a future Committee Meeting. An action plan is being developed and will include actions to:

- Increase the number of children and young people that attend their child protection conferences
- Improve performance on routinely sharing conference reports with families in advance of the meetings
- Further improve the rigour and regularity of auditing across children's social care to improve service delivery and outcomes for children

9.14.2 Feedback from children and families and professionals taking part in Child Protection conferences will form part of regular performance reports for Children's Social Care and the Barnet Safeguarding Children Board.

10. LIST OF BACKGROUND PAPERS

10.1 None

Cleared by Finance (Officer's initials)	A.D and J.H
Cleared by Legal (Officer's initials)	S.W

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Meeting	Safeguarding Overview & Scrutiny Committee
Date	27 November 2013
Subject	Advanced Notification of Executive Decisions
Report of	Scrutiny Office
Officer Contributors	Anita Vukomanovic Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A: Advanced Notice 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

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 key priorities set out in the 2013-16 Corporate Plan are: –
- Supporting families and individuals that need it – promoting independence, learning and wellbeing,
 - Improving the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study,
 - Promoting responsible growth, development and success across the borough.

4. RISK MANAGEMENT ISSUES

- 4.1 None in the context of this report.

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 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 in 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 Overview 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.

9.6 Any further Advanced Notices which become available will be tabled at the meeting.

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>

Title	Description of proposed decision	Cabinet Member	Key Decision (Y/N).	Subject to Exempt Report (Y/N).
CABINET RESOURCES COMMITTEE, 16 DECEMBER 2013 Hendon Town Hall, The Burroughs, NW4 4BG				
CCTV business case	To approve the business case for the procurement of CCTV services and the scope of services to be procured	Cllr David Longstaff	Yes	Yes
Relocation of Church End Library to Gateway House	To Seek approval to enter into an Agreement with the developer of Gateway House, to enable the transfer of the Church End library from its current location	Deputy Leader of the Council / Cabinet Member for Resources and Performance Cabinet Member for Customer Access and Partnerships	Yes	No
Arboricultural Contracts - Extension	To seek approval for extensions of the three Arboricultural contracts for two years with City Suburban Tree Surgeons Ltd	Cabinet Member for Environment	Yes	No
Local Infrastructure Organisation re-tender	Extension of CommUNITY Barnet funding agreement to 31 March 2015-16 (with 6 month break clause) and intention to tender for 3 year voluntary and community sector infrastructure partners by summer 2014	Cabinet Member for Customer Access and Partnerships	No	No

Outline Business Case: Grahame Park Plot A8 - Inclusion of the Grahame Park Library and Centre for Independent Living (CIL) into the Barnet and Southgate College New Build	Approve the spend of LBB capital budget £3.04 million, as a key decision, for the building of the new Centre for Independent Living and Grahame Park Library as part of a new co-located facility incorporating Barnet and Southgate College Campus.	Cabinet Member for Adults Cabinet Member for Customer Access and Partnerships	Yes	No
Q2 Finance and Performance Report	To seek approval of Capital Additions, deletions and slippage, virements and changes to fees and charges for libraries	Cabinet Member for Resources and Performance	Yes	No
West Hendon – Amendments to the Compulsory Purchase Order Plan	To seek approval amendments to the Compulsory Purchase Order Plan	Leader of the Council	No	No
West Hendon – land appropriation	A report confirming the action taken by DPR giving authority to appropriate land from highways to housing	Leader of the Council	No	No
North Finchley Outer London Fund – Grant to North London Town Team	To seek approval of a grant to the North Finchley Town Team. The purpose of the grant is to enable the Town Team to deliver the activation of three vacant units in the Grand Parade as part of the North Finchley Outer London Fund Town Centre Project	Leader of the Council	No	No
Procurement of individual schemes within the Children’s Service Capital Programme 2013/14	To seek authorisation to procure individual schemes within the Children’s Service Capital Modernisation Programme 2013/14	Deputy Leader of the Council Cabinet Member for Resources and Performance	Yes	No
Compulsory Purchase of Long-Term Vacant Properties	Report to Provide an Update on the Empty Property Programme and to Seek Approval For the Compulsory purchase Under the Housing Act 1985 of two empty properties	Cabinet Member for Housing	Yes	Yes

Legacy Supported Living placements with Dimension and on-going service needs ⁷	Seeking extension of contract until 28th April 2015 so that service users and families secure continuity of provider and carers	Cabinet Member for Adults	Yes	No
Permission to extend the contract for Stonegrove Children's Centre	Seeking agreement to waive contract procedure rules to extend the contract for Stonegrove Children's Centre for a further year in line with the Early Years review	Cabinet Member for Education, Children and Families	Yes	No
Community Meals Contract Extension	Seeking extension to maintain the current service for residents, to review and improve the service next year.	Cabinet Member for Adults	Yes	No
Procurement Forward Plan December 2013 – March 2014	To seek approval of extensions and procurements	Deputy Leader of the Council Cabinet Member for Resources & Performance	Yes	No

Notice published: 18 November 2013

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Meeting	Safeguarding Overview & Scrutiny Committee
Date	27 November 2013
Subject	Safeguarding Overview & Scrutiny Committee Forward Work Programme
Report of	Scrutiny Office
Summary	This report outlines the Committee's work programme for 2013/14.

Officer Contributors	Anita Vukomanovic, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A – Safeguarding Overview and Scrutiny Work Programme 2013/14
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

1. RECOMMENDATION

- 1.1 That the Committee consider and comment on the items included in the 2013/14 work programme of the Safeguarding Overview & Scrutiny Committee (Appendix A).**

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 key priorities set out in the 2013-16 Corporate Plan are: –
- Supporting families and individuals that need it – promoting independence, learning and wellbeing,
 - Improving the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study,
 - Promoting responsible growth, development and success across the borough.

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 in the context of this 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 2013/14 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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Appendix A

**London Borough of Barnet
Safeguarding Overview and
Scrutiny Committee
2013/14**

Contact: Anita Vukomanovic, Overview and Scrutiny Officer, 020 8359 7034 anita.vukomanovic@barnet.gov.uk

Subject	Decision / Decision requested	Cabinet Member	Author
19 June 2013			
Telecare Update	Committee to receive a report on the Council's Telecare Strategy.	Cabinet Member for Adults	Adults and Communities Director / Community Well-being Assistant Director
Local Account of Adult Care Services	Committee to receive a report on the Council's Account of Adult Care Services	Cabinet Member for Adults	Adults and Communities Director / Community Well-being Assistant Director
Peer Review of Safeguarding Arrangements	A report on the Peer Review of Safeguarding Arrangements and arising actions	N/A	Adults and Communities Director / Community Well-being Assistant Director
Members' Visits to Hostels for Young People	Standing Item	N/A	Scrutiny Office
9 September 2013			
Tackling Sexual Exploitation, Abuse and Grooming	The Committee has requested to receive a report that outlines the Council's actions in relation to tackling the sexual exploitation, abuse and grooming of children.	Cabinet Member for Education, Children and Families	Children's Social Care Assistant Director
Working Together to Safeguard Children	Committee to receive a report which outlines the Council's response to new statutory guidance on 'Working Together to Safeguard Children'	N/A	Children's Social Care Assistant Director

Subject	Decision / Decision requested	Cabinet Member	Author
Barnet Multi-Agency Safeguarding Adults Board Annual Report 2012-13 and Safeguarding Strategy 2013-15	This report documents the work of the Safeguarding Adults Board 2012/13 and presents the strategy and work programme for 2013-2015.	Cabinet Member for Adults	Adults and Communities Director
Enter and View	Committee to receive Enter and View Reports from Barnet HealthWatch	N/A	Barnet HealthWatch
Members' Visits to Hostels for Young People	Standing Item	N/A	N/A
23 October 2013 (Special Meeting)			
Adults and Communities Delivery Unit Annual Complaints Report 2012/13	Adults and Communities Delivery Unit Annual Complaints Report 2012/13 (Formally 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	Adults Social Care Assistant Director

Subject	Decision / Decision requested	Cabinet Member	Author
Safeguarding Children's Board Annual Report 2012-13	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. The Committee have requested that this report also includes an update in relation to what action the board has taken to tackle the sexual exploitation, abuse and grooming of children.	Cabinet Member for Education, Children and Families	Chairman of Safeguarding Children's Board
Safeguarding in Barnet	The Committee have requested to undertake post decision scrutiny on the "Safeguarding in Barnet" report scheduled for Cabinet on 24 September 2013	Cabinet Member for Education, Children and Families Cabinet Member for Adults Cabinet Member for Safety and Resident Engagement Cabinet Member for Public Health	Overview and Scrutiny Office
27 November 2013			
Analysis of Children Subject to Child Protection Plan 2012/13	Committee to receive a report outlining an analysis of Children Subject to Child Protection Plan 2012/13	Cabinet Member for Education, Children and Families	Children's Social Care Assistant Director
OFSTED Inspection Frameworks	This report updates the committee on the new OFSTED Inspection Frameworks for child protection and looked after children	Cabinet Member for Education, Children and Families	Children's Social Care Assistant Director

Subject	Decision / Decision requested	Cabinet Member	Author
Your Choice Barnet Task and Finish Group	Committee to receive the final report on the work of the Your Choice Barnet Task and Finish Group.	N/A	Scrutiny Office
Enter and View	Committee to receive Enter and View Reports form Barnet HealthWatch	N/A	Barnet HealthWatch
National Winterbourne View Programme – Barnet's Response & Compliance Report	Committee to receive a report on Barnet's Response to the Winterbourne View Programme. The report is also to include compliance report on the CQC Inspection Programme in Barnet, presenting inspection and compliance report, and learning from the Winterbourne View Report and Francis Report.	Cabinet Member for Adults	Karen Jackson – Adults Social Care Assistant Director / Adults and Communities Director
14 January 2014			
Community Advice Contract	Committee to receive a report on the provisions of the Community Advice Contract	Cabinet Member for Adults	Community and Well-Being Assistant Director
Multi Agency Safeguarding Hub	Committee to receive an update report on the Barnet MASH.	Cabinet Member for Education, Children and Families / Cabinet Member for Adults	Children's Social Care Assistant Director
Members' Visits to Hostels for Young People	Standing Item	N/A	N/A
10 April 2014			
Corporate Parenting Advisory Panel Annual Report 2012/13 and Annual Adoptions Report & Annual Fostering Report	To be received following CPAP meeting receiving the 2012/13 annual report.	Cabinet Member for Education, Children and Families	Children's Social Care Assistant Director

Subject	Decision / Decision requested	Cabinet Member	Author
Social Care Reforms White Paper	Committee to receive a report on the Social Care Reforms White Paper	Cabinet Member for Adults	Adults and Communities Director
Application of Mental Capacity Act 2005 and Deprivation of Liberty Safeguards	Committee to receive a report on the application of The Mental Capacity Act 2005, and Deprivation of Liberty Safeguards	Cabinet Member for Adults	Adults and Communities Director
Member's Visits to Hostels for Young People	Standing Item	N/A	N/A
Items to be Allocated			
Children and Families Bill	Committee to determine whether they wish to receive a report on the implications arising from the Children and Families Bill	Cabinet Member for Education, Children and Families	Family Services Director / Education and Skills Director
Crime and Disorder	The Committee requested to receive a report relating to youth issues and youth crime in relation to Safeguarding. To focus on the changes to the status of children who are remanded to become looked after children	Cabinet Member for Safety and Resident Engagement	Education and Skills Director
Annual Adoptions Report & Annual Fostering Report	Committee to receive the Annual Adoptions Report & Annual Fostering Report	Cabinet Member for Education, Children and Families	TBC
HealthWatch Enter and View	Standing Report	N/A	Overview and Scrutiny Office / HealthWatch Coordinators (BarnetLINK)

AGENDA ITEM 15

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