

MEETING

SAFEGUARDING OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

THURSDAY 10TH APRIL, 2014

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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ASSURANCE GROUP

ORDER OF BUSINESS

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1.	MINUTES OF THE PREVIOUS MEETING	1 - 6
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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16.	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)	
17.	MEMBER'S VISITS	197 - 208
18.	ANY OTHER EXEMPT ITEMS THE CHAIRMAN DECIDES ARE URGENT	

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Decisions of the Safeguarding Overview and Scrutiny Committee

14 January 2014

Members Present:-

AGENDA ITEM 1

Councillor Bridget Perry (Chairman)
Councillor Kate Salinger (Vice-Chairman)

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

Also in attendance

Cabinet Member for Education, Children and Families – Councillor Reuben
Thompstone

Apologies for Absence

Councillor Kath McGuirk
Cabinet Member for Adults – Councillor Sachin Rajput

1. MINUTES OF THE PREVIOUS MEETING

RESOLVED that the minutes of the last meeting be agreed as a correct record.

2. ABSENCE OF MEMBERS

Apologies for absence were received from Councillor Kath McGuirk, who was for substituted by Councillor Julie Johnson.

Apologies for absence were also received from the Cabinet Member for Adults, Councillor Sachin Rajput.

3. DECLARATION OF MEMBERS' INTERESTS

Member	Subject	Interest Declared
Councillor Anne Hutton	Agenda Item 7 (Community Advice Contract)	Non Pecuniary interest by virtue of being a trustee of the Barnet Law Service
Councillor Agnes Slocombe	Agenda Item 8 (Multi Agency Safeguarding Hub Report)	Non Pecuniary Interest by virtue of daughter being an employee of the Multi Agency Safeguarding Hub

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. HEALTHWATCH ENTER AND VIEW REPORTS

Julie Pal, the Chief Executive of CommUnity Barnet, presented a report that contained the details of two Enter and View visits that had been undertaken by the HealthWatch Barnet Enter and View Team.

In introducing the Acacia Lodge Enter and View report, Ms. Pal highlighted that the visit had been pre-announced. The Committee noted that Acacia Lodge was a well-established home, and that the volunteers had been generally complimentary about the standard of care. The Committee were also advised that there were no residents with bed sores on the day of the visit.

Ms. Pal referred to the recommendations made by the Enter and View Team on visiting Acacia Lodge, and noted their comments in particular to the replacement of carpets within the dining areas and corridors. Ms. Pal noted that in the response from Acacia Lodge, as set out in the report, had advised that the majority of residents had expressed a preference for carpets in the dining room.

Ms. Pal noted the Enter and View team's recommendations about improving the ventilation in the home, and advised that she felt that the response from Acacia Lodge on this point was defensive. A Member also commented on the reported unpleasant smells referred to in the report, and noted that in the response to the Enter and View report, the Manager and owner of Acacia Lodge had advised that this unpleasant smell was not urine, but a smell from redecorating work. Members commented that they felt these smells were difficult to confuse. Ms. Pal advised the Committee that she would feed Member's comments back to the Enter and View Team.

Referring to the report, a Member advised that they did not know that residents were able to smoke in communal areas of residential homes, such as the conservatory, and questioned the legality of this. Ms. Pal advised that she would clarify this, and respond to the Committee outside of the meeting.

Referring to the report, a Member expressed concern that when observing the written Safeguarding Policy, some contact details were out of date. Ms. Pal advised that she would take this back to the Enter and View Team.

A Member commented that the response from Acacia Lodge had been dismissive, and questioned the powers that HealthWatch and the Borough had in relation to recommendations arising from the Enter and View Report.

A Member questioned which organisation had responsibility when it came to matters of concern arising from care homes. Matthew Kendall, the Community and Wellbeing Assistant Director advised the Committee that the Care Quality Commission was responsible for this. Mr. Kendall stressed the importance of close working between

HealthWatch Barnet, the Local Authority and the premises being inspected in order to improve relations.

Ms. Pal then introduced the Enter and View report on The Limes Care Home in Fenstanton Avenue. The Committee were advised that this was a pre-announced visit conducted by four volunteers.

Ms. Pal drew the Committee's attention to a recommendation arising from the report which was for staff to wear name badges, and noted that this was important to family members as it provided assurance that care staff were who they were.

The Committee noted that a urine smell had been reported in the entrance hall, but not elsewhere, and commented that the response from the Manager of the care home was accepting, and that the issue had been resolved.

A Member questioned if the Enter and View team received a different impression when an announced or un-announced visit was undertaken. Ms. Pal advised the Committee that the Enter and View team had undertaken un-announced visits, but had found that they weren't able to speak to as many family members, and staff, and therefore felt that announced visits were preferable. The Member advised that HealthWatch volunteers might be able to catch out premises if the visits were unannounced, and questioned if that advantage would ever arise. Ms. Pal advised the Committee that whilst the CQC's role was to regulate, HealthWatch's role was to consider services from the consumer's point of view.

Mr. Kendall advised the Committee that it was intended that care homes see HealthWatch Enter and View visits as a helpful prompt, and look forward to their visit. The Committee were reminded that since 1 April 2014 64% of care homes visited by Healthwatch Barnet;s Enter and View Teams had made changes based on their recommendations.

A Member noted that the issues of name badges and hand gel had been raised in the reports, and commented that if these issue was of concern to HealthWatch Barnet, then the organisation could write to all of the care homes in the Borough. The Member questioned if the CQC had the same view on name badges. Ms. Pal informed the Committee that the Enter and View team met with the CQC, and that she would pass the comments of the Committee on, so that this matter could be discussed at a future meeting.

RESOLVED that:-

- 1) The Committee note the HealthWatch Barnet Enter and View Reports;**
- 2) The Committee request that CommUnity Barnet pass their comments about the reported smell at Acacia Lodge to the HealthWatch Barnet Enter and View Team;**
- 3) The Committee request that CommUnity Barnet clarify the legality of smoking in communal areas of residential homes;**
- 4) The Committee request that CommUnity Barnet pass their concerns about the out of date contact details for the Safeguarding Policy to the HealthWatch Barnet Enter and View Team;**
- 5) The Committee request that their comments regarding name badges and hand gel be passed on to the HealthWatch Barnet Enter and View team for discussion in a future meeting with the Care Quality Commission.**

7. COMMUNITY ADVICE CONTRACT

Mathew Kendall, the Assistant Director for Community and Wellbeing introduced a report in the name of the Cabinet Member for Adults which provided the Committee with an update on the provision of the Community Advice Service contract.

Mr. Kendall advised the Committee that the current Community Advice Contract was delivered by the Barnet Citizens Advice Bureau. The Committee noted that the current value of the contract was around £1.2 million, and that the contract would end in 2015. The Committee were also informed that the new contract would go out to tender in due course.

Gary Johnson, Customer Finance Manager, Adults and Communities advised that the service provided a large amount of welfare and debt advice with a focus on resolving problems at the first point of contact. The Committee noted that seventy per cent of problems were dealt with in this way. The Committee noted that if advice could not be given on the first point of contact, then the issue would be considered by a generalist advisor.

A Member referred to the Barnet Law Service, which under the umbrella of the Community Advice Contract delivers second tier specialist advice in the areas of welfare benefits advice and representation; immigration and nationality advice, and employment advice and representation. The Member advised that the Barnet Law Service received a significant amount of funding from the Citizens Advice Bureau, which was in turn, funded by Barnet Council, and expressed concerns that due to cuts in funding, the Barnet Law Service would have to shut in March if additional funding was not secured.

Councillor Hutton advised the Committee that she was a trustee of the Barnet Law Service, and noted that Barnet Law Service had also being affected by Legal Aid reductions. Councillor Hutton noted that redundancy notices had already been issued by Barnet Law Service and that the service would close in March unless a new funding stream was found.

Mr. Kendall advised the Committee that the Barnet Law Service wouldn't receive a huge reduction in funding from the Citizen's Advice Bureau, but other funding streams were reducing. The Committee also noted that Mr. Kendall would be meeting with Tim Clark, the Chief Executive of the Barnet Citizens Advice Bureau to discuss how the service would be provided.

Mr. Clark advised the Committee that it was regrettable that the Barnet Law Service was in this situation, and commented that they were falling victim to a reluctance to fund specialist legal advice. Mr. Clark informed the Committee that it would be a tragedy for the Barnet Law Service to close, and advised that should that happen, then the Barnet Citizens Advice Bureau would endeavour to take on the resulting work to try and minimise the impact.

A Member of the Committee questioned if free Solicitor's surgeries still took place within the Borough. Mr. Clark advised the Committee that such surgeries did take place, and informed the Committee of the "Advice Partnership" which is funded by the Big Lottery Fund, where legally qualified members donate appointments slots, providing a single point of access for advice.

A Member advised the Committee that an Advice Provision Task and Finish Group had been completed at the London Borough of Barnet, and that one of the recommendations of the Group had been to provide training for front line staff on benefit advice, and asked what the position with independent housing advice was. The Member also advised that Barnet Homes now provided an advice service. Mr. Clark informed the Committee that he had become the Chief Executive Officer of the Barnet Citizens Advice Bureau seven year ago, and noted the success of the organisation in obtain other funding streams. Mr. Clark advised that he expected resourcing to remain under threat, and that he would continue to lobby for properly resourced advice services when the contract was retendered. Mr Clark confirmed that under the terms of the Community

Advice Service contract training was provided for front line staff. Referring to Barnet Homes, Mr. Clark advised that he believed that there were two posts at Barnet Homes that provided advice, and stressed the importance of signposting people to the correct outlet.

A Member questioned if it would be possible for the Barnet Law Service to attend a meeting with Senior Officers from the Barnet Citizens Advice Bureau and the Council in order to try and find a solution to the threat of closure of the Barnet Law Service. Mr. Kendall advised the Committee that it must be clear that the Council has no direct contract with the Barnet Law Service.

A Member advised that the purpose of the Community Advice Contract had been to avoid having individual discussions about advice provision, and commented that any such discussions should be had by the Barnet Citizens Advice Bureau. Mr. Kendall advised the Committee that there would already be a meeting taking place between the Council and the Barnet CAB. A Member of the Committee suggested that the Committee resolve to request that the Cabinet Member for Resources and Performance be requested to attend this meeting.

RESOLVED that:-

- 1) The Committee note the contents of the report;**
- 2) The Committee note that the Community and Wellbeing Assistant Director will be meeting with the Chief Executive of Barnet Citizens Advice Bureau regarding advice provision and request that the Cabinet Member for Resources and Performance be updated on the issues raised and the outcome of this meeting.**

8. MULTI-AGENCY SAFEGUARDING HUB (MASH) UPDATE REPORT

Councillor Reuben Thompstone, the Cabinet Member for Education, Children and Families introduced a report which provides an update on the implementation of the Barnet Multi-Agency Safeguarding Hub (MASH) which went live in August 2013.

The Cabinet Member for Education, Children and Families outlined the structure of the MASH, which is led by a Children Social Care Team Manager, who is responsible for assessing risk & risk rating all referrals. The Committee were advised that the Social Care team consists of experienced social workers, five social work assistants and five duty support officers, who are co-located with the Police Public Protection Desk. The Committee also noted that the MASH employs a health visitor, an education officer, a probation officer, an adult mental health worker, Children and Adults Mental Health Services social work manager, and an officer from Barnet Homes attends one day a week.

The Committee were advised that the MASH was a joined-up service, and that data sharing agreements are in place with all partner agencies.

A Member advised the Committee that she had attended the launch of the MASH, and noted the success of the MASH so far.

A Member of the Committee questioned if MASH staff were finding the new organisation beneficial. Carolyn Greenaway, the Head of Assessment and Children In Need advised the Committee that the MASH staff were finding it very useful to have everyone in the same room, and noted the benefit in having better access to information, which in turn, could make responses more timely.

Responding to a question, Ms Greenaway advised the Committee that the MASH enabled staff to research an issue, which in turn assisted them in making earlier decisions about taking action, or if action was necessary at all.

A Member sought reassurance that the MASH was being fully supported by external partners. Nicola Francis, the Family Services Director advised the Committee that the MASH was being very well supported. Ms. Francis also noted then partner agencies were contributing to the staffing of the MASH, providing the MASH with the opportunity to grow in the future.

Referring to the report, the Chairman noted that an evaluation of the MASH is planned for April 2014, and questioned if the Committee would be able to receive this report at their next meeting on 10 April 2014. Ms. Francis advised the Committee that they anticipated that the evaluation would take approximately three months to complete, and that it would not be ready to be received at the Committee's meeting in April.

RESOLVED that the Committee note the report.

9. ADVANCE NOTIFICATION OF EXECUTIVE DECISIONS

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

10. SAFEGUARDING OVERVIEW AND SCRUTINY COMMITTEE FORWARD WORK PROGRAMME

The Committee considered 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 8.33 pm

Meeting	Safeguarding Overview and Scrutiny Committee
Date	10 April 2014
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 appendices 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: Sonesta Nursing Home - Enter and View report Appendix B: Hammerson House - Enter and View report Appendix C: Grace House - 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.
- 2.6 Safeguarding Overview and Scrutiny Committee, 27 November 2013: The Committee received a report containing 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.
- 5.2 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 commenced on 1 April 2013 and expires 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 2013, the Cabinet Resources Committee, approved that contract to deliver Healthwatch in Barnet 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 set out 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 Enter and View Programme and Reports are not a substitute for the Care Quality Commission and its role as the inspector of health and social care services. 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)	AD
Cleared by Legal (Officer’s initials)	LC

Enter and View – Visit Report

Name of Establishment:	Sonesta Nursing Home Ltd.
Staff Met During Visit:	Mrs.Farzana Chowdhry (Owner & Manager) Administrator/part time activities co-ordinator and several other staff.
Date of Visit:	28 th September 2013 11:10 am.
Purpose of Visit:	This is part of Healthwatch Barnet’s Enter and View 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 visit.
Healthwatch Authorised Representatives Involved:	Robin Tausig; Jill Smith; Sarah Banbury; Janice Tausig
Introduction and Methodology:	<p>Sonesta Nursing Home provides personal and nursing care, specifically, we were told, for people coming towards the end of their life. Sonesta deals regularly with Parkinson’s, stroke cases, vascular dementia (but is not suitable for people who need specific care in severe cases of dementia), diabetes and those on a peg feed. It caters for up to 32 people of any ethnic origin.</p> <p>The Manager has been in place for the last 13 years.</p> <p>This is an independently run Home.</p> <p>The building is a four storey care home - the result of combining two very large houses together on sloping land. It has mainly single rooms, although a few allow for double occupancy. At the time of visiting, only one was used in this way by a husband and wife. The remainder were either empty or had single occupancy. Mrs. Chowdhry told us that currently there were 4 vacancies. Residents’ rooms are personalized to varying degrees, have en suite WC and sink, a call system, basic furniture, and television. A few have a balcony overlooking the garden.</p>

Enter and View – Visit Report

	<p>Residents are welcome to bring some of their own possessions by agreement with the Manager.</p> <p>We observed and assessed the nature and quality of services and were able to obtain Residents' views through discussion with them and two relatives.</p> <p>This report represents the Team's observations as experienced on the day of the visit, having spoken to the staff, relatives and residents who contributed on that date. DISCLAIMER:</p> <p><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></p>
<p>General Impressions:</p>	<p>The bedrooms and bathrooms look pleasant. Flotex flooring is due for the Residents' own rooms in the near future to give a warmer feel as it is easy to clean and looks smart.</p> <p>The comfortable lounge area in the basement doubles as a dining room.</p> <p>A single lift operates between the basement and top floor. It takes a person in a wheelchair with one or two Carers. There is a narrow and steep staircase to the basement.</p> <p>The top floor appeared rather cut off with all room doors shut even when residents were in them. This may have been preferred by the residents but it appeared there was very little interaction going on. There is a second quiet lounge on the top floor with three or four chairs in a straight line unable to face the television whose remote control remained in its original plastic wrapping. A very old weighing machine had also been left in the room.</p>

Enter and View – Visit Report

	<p>We were told Internet access was available for Residents but did not see anyone engaged in this activity.</p>
<p>Policies & Procedures:</p>	<p>Care Plans & contents: Mrs. Chowdhry told us that Care Plans were reviewed monthly or as required. She assured us that when staff saw pressure sores or any other unexpected condition, this and resulting changes were noted immediately. Weight loss was treated in a similar way.</p> <p>Mrs. Chowdhry felt that although the Care Plan was undertaken initially with the Resident or close relative, very often the resident forgot they had a Care Plan and rarely if ever asked to see this again.</p> <p>Medication: Only Nurses dispense Medication and if a Resident does not wish to take this, the Multi - Disciplinary team become involved. This involves the GP, family and the Social Worker. Resolutions will depend very much on the individual resident. Medication is kept in the fridge which has been replaced as it was one of the recommendations from the pharmaceutical audit. Boots supplies both the medication and some training and Mrs. Chowdhry is pleased with their level of service.</p> <p>Safeguarding & Accidents: The Safeguarding Policy to hand was the 'London Multiagency Policy and Procedures to safeguard'. The Accident Book showed only one accident in the last 9 months. This was in September this year.</p> <p>We were told the Fire Drill is weekly but it was not clear to us how the Residents were involved in this. The expiry date on the extinguishers was not always legible.</p> <p>Some of the corridors had hand rails on one side only. On the staircase leading to the basement</p>

Enter and View – Visit Report

	<p>lounge there were plastic edges to the steps and again handrails on one side only.</p> <p>The rooms which had a balcony overlooking the garden may be difficult to access independently due to the raised ridges that had to be overcome to reach the balcony.</p> <p>We were told none of the Residents had bed sores and that the last case of MRSA was in 2011 as the result of a hospital admission.</p> <p>Building entrances were secure and we were told that locks could go on residents' room if required.</p> <p>Complaints: We were told that the Complaints Policy is explained at admission and there was a policy in reception but none of us saw it. Mrs. Chowdhry calls it "an open door policy". Even if it is a verbal concern, it is recorded monthly on record sheets. A complaint would be given to the person on duty and it would then come directly to Mrs. Chowdhry as the owner. Concerns are discussed and then the reply is given in writing.</p> <p>The one complaint received from a Resident arose in September this year and had been dealt with - the complaint had been withdrawn. The same book contained cards thanking the Home for their work.</p> <p>We were told that basic mandatory training in manual handling, H&S, safeguarding, skin care, infection control and food hygiene were undertaken by all staff.</p> <p>Both standing and sling hoists are used and tested every 6 months. We heard the company supplying these was very good; repairs being done very quickly when needed.</p> <p>Access to Professionals: As with many Homes the out of hours GP was provided by Barndoc through the 111 Service. We were told that health is monitored by Nurses (although these were also</p>
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Enter and View – Visit Report

	<p>referred to as Higher Care Assistants too because of the nature of their training), the GP and the Multidisciplinary Team.</p> <p>As a private arrangement, one resident arranged physiotherapy for her own needs.</p> <p>The Dentist comes in regularly twice a year or as required.</p> <p>As there is only one Dietician for the whole of Barnet, we asked how specialist diets were managed. Mrs. Chowdhry pointed out she had had some dietician training and felt that she and her staff could meet diabetic needs in particular, as well as other cultural and religious requirements.</p> <p>Mrs. Chowdhry had all paperwork to hand and all policies were completed even down to taking the temperature of the water every week.</p> <p>Staff had carried out some audits regarding food eaten at lunchtime because they wished to ensure that residents were eating properly and that no resident had forgotten to come and eat.</p> <p>Mrs. Chowdhry said she wanted to have the very best staff and also spoke about “needing to bring them up to standard” when they first arrived. It appeared considerable planning had gone in to appoint her staff.</p>
<p>Staff:</p>	<p>Care staff are Nurses either in this country or were in their country of origin. If they have come over here to work then they are counted as a GNVQ Level 4 until they are able to study over here and bring their skills into line with British requirements. During our visit we understood there were 4 Care staff at GNVQ level 4 and 2 fully qualified Nurses.</p> <p>Mrs. Chowdhry had employed one of her Nurses to be a qualified trainer. Most training is therefore done in house. We were told that training specific areas like Health and Safety are revisited 3 times</p>

Enter and View – Visit Report

	<p>each year and this is mandatory for all staff. Dementia training is cascaded throughout the staff. Some staff occasionally go for external training.</p> <p>We observed staff in different areas but noted that the top floor had only two staff, on their rest break, in a closed room and therefore, despite being up there for 20 minutes, we saw no-one respond to a Resident calling out for a drink.</p> <p>However, there was another resident who clearly did not want a meal when it was presented, but the Carer’s personal response to this situation meant that the Resident did finally eat.</p> <p>In the lounge, we observed a member of staff courteously and professionally acknowledging by name a Relative as he arrived, whilst busy doing what was necessary at the end of a meal.</p> <p>We were very warmly greeted by the Administrator. She had been there for 15 years.</p> <p>The Chef did not speak fluent English but our questions were answered by the assistant who did.</p> <p>All kitchen and Care staff are trained in food hygiene.</p> <p>There are key workers for every resident and each key worker had around 4 people in his/her charge, depending on the severity of their Residents’ needs. The Carer/Resident ratio we were told was 1:4 on the day we visited but it could drop to 1:5 at any time during the day. At night it was 1:10.</p> <p>The staff wore uniforms, but these did not very clearly distinguish which staff had which roles, although name badges were in evidence.</p> <p>Some staff although trained as Nurses or Carers would also take on the role of a domestic if needed. We discussed with Mrs. Chowdhry the</p>
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	<p>importance of ensuring that if staff did this, they should be supplied with different uniforms and that ideally the two roles should not merge on the same shift.</p> <p>We were told that staff turnover was very low because staff had job satisfaction and in a small home such as this, they were more like a family. Although there is a current vacancy for a Nurse, that was caused by one leaving after 3 or more years. No-one else had left in the last six months according to Mrs. Chowdhry's records.</p> <p>Mrs. Chowdhry is aware of the Gold Standards Framework for End of Life Care but has not yet decided to pursue this. She said she has had the North London Hospice in to give advice on certain Residents but not undertaken any training course with them.</p>
<p>Staff Views:</p>	<p>Our team spoke with various Staff. One staff member, in her first year of working for Sonesta, was very enthusiastic about the training that she had received and the atmosphere of working there.</p> <p>All responded with one voice that they were very happy with their position.</p> <p>Mrs. Chowdhry said she had regular meetings with her staff.</p>
<p>How the home gets residents views</p>	<p>Mrs. Chowdhry told us that she had quality assurance surveys, some of which we saw, took feedback from residents and acted on complaints. She said there were also meetings held with both Relatives and Residents every 2 months.</p> <p>We were unclear whether meetings with Residents were held as a group or individually as we were not shown any Minutes for these meetings nor the outcomes arising from them.</p>

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<p>How the Home Gets Relatives' / Carers' Views:</p>	<p>Food questionnaires occurred 3 times a year. We saw 8 responses from the last survey and were told that these were the only residents who had completed them. Of those sent out to relatives, about a quarter of them were returned.</p>
<p>Privacy and Dignity:</p>	<p>We felt overall that privacy and dignity were generally good. Toilet facilities were ensuite; curtains and blinds were in place for the rooms we saw and no-one was being overlooked. In some cases sounds came through the walls from one resident's room to one adjoining due to what looked like thin partition walls. The residents were clothed completely appropriately and coverings, when necessary were in good condition. We did not see any residents being lifted or handled either manually or with a hoist.</p>
<p>Environment:</p>	<p>A lot of renovation had gone on over the last year. It felt as if the residents had a personalised space in the lounge, either in their wheelchairs or in a chair with a footrest and table. The lounge looked comfortable.</p> <p>The interior of individual residents' rooms had ensuite bathrooms, almost all completed to a good standard. Whilst they varied in their homeliness, some public areas of the Home did not always encourage a feeling of warmth. Residents' names were half attached on some doors and on others they were not there at all.</p> <p>Notices were attached to the lounge walls addressing staff and stating that mobiles had to be turned off.</p> <p>Other parts of the home, particularly the top corridors to residents' rooms looked a little bare and the levels of light were low in some areas which created a gloomy feeling.</p> <p>There was a small outside garden though there were slopes without handrails. This could be</p>

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	<p>accessed from the lounge. There were some plants in the middle and a shed, but it was mainly paved.</p> <p>The 4 separate shower rooms were well refurbished.</p> <p>We only saw antibacterial gel available at the front door.</p>
<p>Furniture:</p>	<p>Residents’ rooms consisted of a bed with a wooden headboard, a dresser/cupboard with drawers, hanging space, mirror, sitting chair and TV. Furniture was clean.</p> <p>The lounge doubled as a dining room and had a medium sized dining table but this would be inaccessible for many of the Residents who were in wheelchairs and it raised the question of how often residents sat down to a meal together.</p>
<p>Food:</p>	<p>Lunch and evening meals are served in the Lounge on individual moveable tables that are placed in front of the Residents. This means they are not required to move -which some Residents may prefer.</p> <p>Lunch is served at 12:30 and the evening meal at 5:30. In between there is tea with cake and/or biscuits. Later in the evening there are “nite bites” available if a resident fancies something before going to bed.</p> <p>A chart in the kitchen outlines all residents’ likes/dislikes with one person in the kitchen being well aware of Residents’ different needs.</p> <p>Lunch was served on a tray but without napkins. None of the staff were wearing aprons and we did not see any latex gloves anywhere during our visit.</p> <p>There was a good choice of food with a four week - or in some months a 5 week menu. Much of the food we saw had been pureed but the rest looked</p>

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	<p>appetising and there was plenty to eat. We were told that relatives were able to see the menus when they came in. If any of the staff spotted food being brought in, they asked why, so that if necessary, they could alter their menu to provide what the resident wanted.</p> <p>Some residents were unable to feed themselves or required help but there were staff available to do this. We were told that there were six Residents in their rooms who would need support with eating. There were 2 Care Staff to do this.</p> <p>We did not see any drinks being served with the meal, but staff who fed patients were very supportive and encouraging during the time we were there.</p> <p>Halal meals are available but not kosher. There is one strictly orthodox Jewish resident and arrangements have been made for their food to be brought in by his community.</p> <p>Everything was cleared away quickly and cleanly and there was a window open which meant that the food smells did not remain in the lounge for the rest of the day.</p>
<p>Activities:</p>	<p>An Activity Provider was in the lounge, engaging Residents in their weekly activity. Mrs. Chowdhry employed them to come in for an hour each week. We were told that their usual day was Friday but they had changed for this week.</p> <p>We did not see many residents in this activity and were told that very few of them would be able to move or sing but they could watch and hear what was going on.</p> <p>We were not shown a weekly planned programme although there was an activities poster on the wall in the lounge. There did not seem to be an Activities Co-ordinator employed by the Home to work full time. It was emphasised to us that the</p>

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	<p>residents were too ill to make much use of activities.</p> <p>We were however shown an activity file which contained some photographic evidence and carefully typed up sheets listing residents who had attended some activities.</p> <p>Arts and crafts were also mentioned but unfortunately none of this work appeared to be on display.</p> <p>We discussed the value of having individual activity sheets listing the daily activities undertaken by the Resident. It was agreed that this could be kept in the resident’s room and this would enable Carers to talk to the Resident about what he/she had done and relatives would be able to see what had taken place.</p> <p>One resident is accompanied when they want to attend Church, as is another resident when they wish to attend synagogue.</p> <p>We met one very lucid, bedbound person, unable to join in activities as they were downstairs. She said the Administrator had helped her to write some letters.</p> <p>We asked what other activities, apart from Bingo and the occasional quiz, were available but were told that nothing else was really suitable for these residents. We were told that when Staff asked if they wanted to go out they said “Not today” or “No” which made forward planning for an outing difficult.</p>
<p>Feedback from Residents and Relatives/Visitors:</p>	<p>One Resident with whom we spoke commented that the activity we observed on entry was usually scheduled for Fridays! She was surprised it had changed.</p> <p>Another Resident said “I am warm enough because I am wearing a jumper and have this</p>

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	<p>scarf round my neck. Yes it is warm enough in here.”</p> <p>She said that everything was fine for her but commented that she had come to this Home because a friend of hers was already here. Now however, she hardly saw that person as she stayed in her room most of the time.</p> <p>We spoke with two visitors. One of these said that she liked the atmosphere here and she compared Sonesta favourably to another Home.</p> <p>Another relative said residents didn’t seem to talk to each other much and felt that there was no effort to try and encourage this.</p>
<p>Conclusion:</p>	<p>Mrs. Chowdhry clearly wants to run a good Home but as a single private provider she faces challenges not experienced in much larger companies. She would be helpfully supported by Barnet’s new Quality in Care Homes Team (IQICH).</p>
<p>Recommendations:</p>	<ol style="list-style-type: none"> 1. Brighter lighting to be made available in the downstairs lounge and corridors to lighten the atmosphere and allow reading in places other than by the window. When it is possible to repaint the lounge and corridors, a brighter or at least lighter colour is recommended for similar reasons. 2. All residents to have their names on their room door or/and a symbol illustrating something important to them, so personalising their space 3. A wider range of regular activities for residents to provide greater stimulation. 4. Individual activity sheets to be placed in residents’ rooms so that friends, staff and relatives could see what they had been doing. 5. Staff to wear aprons whilst serving food and at mealtimes.

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	<p>6. To consider leaving doors to bedridden Residents’ rooms open unless specifically asked by the Residents to close them, to avoid a feeling of isolation.</p> <p>7. To ensure training is kept up to date in line with best practice.</p> <p>8. Contact to be made with Barnet’s Integrated Quality in Care Homes (IQICH) initiative to increase Borough contacts and share expertise.</p> <p>9. Consider recruiting some volunteers to assist with activities.</p> <p>10. Separate uniforms which are easily differentiated to be available for and used by all staff if they change their role.</p>
Signed:	Jill Smith, Sarah Banbury, Robin Tausig, Janice Tausig.
Date:	26 th October 2013

Response received from Care Home:

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We thank you for your visit and helpful comments, enabling us to further improve our services.

The Home has undergone refurbishment, the lounge is planned to be done in February 2014.

We implemented your suggestion on the documentation for activities, and have a form for each service user, rather than an activity file.

The activity co ordinator works 24hours /wk. The Home employs two full time administrators, and the 2nd administrator (20hours/wk for admin work) is also the activity co-ordinator. Two sessions of activities (3hours) provided by external providers. Total activity hours are twenty seven, and the care staff also provide activities by engaging in games, puzzles, news, tea parties etc

All activities are planned according to service users choice & preferences, and the staff encourage all service users to participate.

It is a legal requirement from fire & health & safety, that all doors must be kept closed, some service users may prefer to keep door opened in which case a risk assessment is carried out, risks explained, written consent obtained.

House keeping duties are sometimes allocated to care staff on their off days, Never on the day when they are doing a care shift. Nurses wear Blue uniform, care staff have a lilac uniform and housekeeping wear green.

The cutlery on the food trays is wrapped in the napkins. Care Staff always wear blue aprons whilst serving meals, the qualified nurses are not directly involved, with meals so they do not wear aprons even if they are in the lounge overseeing the mealtime.

Contact has been made with IQICH.

**Healthwatch Barnet
Enter and View Visit Report**

Name of Establishment:	Nightingale Hammerson
Staff Met During Visit:	Andrew Leigh(CEO); Anne Edwards (Interim Head of Care – 3 days per week); Receptionist; various Care and Nursing Staff; Activities Organizer.
Date of Visit:	22 nd October 2013
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 Authorised Representatives Involved:	Ganesh Dutt; Allan Jones; Tina Stanton; Janice Tausig
Introduction and Methodology:	<p>Hammerson House is a multi functional Care Home for Jewish Residents wishing to spend the later part of their lives in settings commensurate with the level of care they need. It has been in existence since 1961 but in 2012 merged with Nightingale, another charitable Care Home, also for Jewish Residents, in South London. Both homes now share a common Board of Trustees and are beginning to share staff expertise for the mutual benefit of their Residents. For this report, the building we visited will be referred to as Hammerson, after its original benefactor.</p> <p>Hammerson has 12 sheltered accommodation units within the main building, and also provides Residential and Nursing care. We did not visit sheltered accommodation on this visit but focused our attention on residential and nursing care. The number of</p>

sheltered units is going to be gradually reduced during the extensive renovation taking place over the next few years. In their place a brand new dementia wing will emerge to reflect the changing needs of London's elderly population. Tenants are able to share in the Home's facilities e.g. taking meals if they do not wish to cook their own; joining in activities on offer to Residents. Tenants we spoke to are anxious about how the changes are going to affect them.

The 63 Residents, whether residential or nursing, have their own room with ensuite facilities. There is also a communal dining area for meals with waiter/ess service; a full activities programme is in place and we were told this runs over 7 days a week; a garden and synagogue services at appropriate times for a Reform congregation. A small shop, just off reception, opens mainly in the mornings, with a selection of items. At present, Hammerson is not taking any new, permanent, long term Residents due to the extensive building work.

The current CEO has been in place for 8 years. The Interim Head of Care has been in place for 6 months and will remain there until a permanent Head of Care is recruited. We observed and assessed the nature and quality of services and were able to obtain Staffs', Residents' and Relatives'/Carers' views through discussion with them. Our visit lasted 3 hours. The flyer advertising our visit was displayed inside the Home.

We discussed the running of the Home with the Manager and Staff, using a prepared prompt list of questions designed to discover what life was like for

	<p>Residents using the Home.</p> <p>This report was sent to the Manager for final agreement before being shared and published on this website.</p> <p>This report represents the Team’s observations as experienced on the day of the visit, having spoken to staff, relatives and residents who contributed on that or a later date.</p>
<p>General Impressions:</p>	<p>This was a busy Home with a positive atmosphere and a vision for the future. The majority of the Residents we saw were engaged in an activity rather than just left without stimulation.</p> <p>The building work was not particularly intrusive, but there was concern over the current changes in terms of Tenants losing their rooms and Staff losing their jobs. Some relatives refused to speak to us on site in case what they said affected their relatives in the Home.</p> <p>We heard two residents’ call bells ringing for 3 minutes or so before they were answered.</p>
<p>Policies & Procedures:</p>	<p>These are thorough and based around the Bradford University project.</p> <p>Accidents/Incidents/Complaints:</p> <p>There was a Falls Policy and we saw that accidents, incidents and complaints were recorded regularly with their outcomes. Various people had made entries, although it was clear that one person had the task of entering the outcomes of these incidents. We were told that the Policy was to encourage staff to report anything they saw. An example of where a staff member had self reported for causing an accident was pointed out to us. After an appropriate discussion with</p>

	<p>the Interim Care Manager, this person was then given further training. This shows the level of transparency about reporting incidents in the home. The Home told us they followed a policy of recording every single incident because they wanted to present an open and transparent culture.</p> <p>The Complaints Process in reception for tenants, residents and visitors, was clear to understand.</p> <p>Safeguarding: We were told there were Policies for safeguarding vulnerable adults, one specific to the Home and another specific to Barnet. These were in evidence, but it was not felt necessary to review them on this occasion.</p> <p>Smoking: We were told none of the Residents smoked, but the few staff who did, had an outside shelter they could use. Smoking is not allowed in the Home.</p> <p>Health and Safety: We were told there is a Health and Safety Policy and risk assessments are carried out regularly, as are fire drills, during the day and a mock one during the night. There is a fire marshal available on each shift.</p> <p>Medication: There is a Medication Policy and residents are encouraged to be as independent as possible. Those residents that are assessed as able to self-medicate are encouraged to do so. There are currently 13 residents who self-medicate. Both Registered Nurses and specifically trained Care Staff distribute medication after supervision and assessment for competency. When medication is refused, Care Staff return a while later to try again, but if it is still refused then it is recorded as such,</p>
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	<p>disposed of and repeat refusals are referred to the GP and the family.</p> <p>GP: Residents are registered with the local Heathfield Surgery. There is a weekly in house surgery; otherwise Barndoc attends out of hours.</p> <p>Dentist: Residents are referred to the Praz Dental Surgery but some have their own private dentist who visits.</p> <p>Chiropodist: Whilst Hammerson currently have a chiropodist we were told they are currently in the process of arranging a new service level agreement with a new freelance chiropodist. She will visit twice a week and residents will be seen every 6 weeks.</p> <p>Home for Life/End of life Care: Hammerson had offered a 'Home for life', for people over 60 until recently, when building work entailed losing a number of rooms temporarily. Some people have resided here for 30-40 years. Generally, people who deteriorate have the opportunity to move from a tenancy to residential or nursing care and similarly, from residential to nursing if that is required. However, until the new wing is completed, we were told that no new residents will be taken on. There had been two cases where residents' needs became so great that, working with the family, they were transferred to a more suitable Home, in one case, in the same road. In 99% of cases, Hammerson House is a <i>Home for Life</i>. It is only very seldom that a resident's needs are such that it is in that person's best interests to move to another home.</p> <p>End of Life Care is a developing area for Hammerson. At present many of the</p>
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	<p>residents and some relatives do not wish to discuss this at any length but the Head of Care is working with the GP, the Multi Disciplinary Team and families, to see how best to care for someone as life draws to a close. As the Home completes its building work and begins to take on new residents again, this issue will be introduced around 6 weeks after the resident has settled into the Home.</p> <p>Hammerson House is part of Nightingale Hammerson. Nightingale House in South London has achieved Beacon status within the Gold standards Framework. Hammerson House is actively considering the most appropriate time to embark on the Gold Standard Framework accreditation process.</p>
<p>Staff:</p>	<p>We were told there are 95 staff including ancillary staff. This excludes catering and security staff. We were also told staff turnover is very low. The ratio of care staff to residents is reported at 1:3.7 in the mornings; 1:5.25 in the afternoons and 1:8 overnight. The CEO said there were usually 5.5 staff who look after the 12 nursing residents in the conservatory wing, but we did not see this number. There is always a member of the Care Staff overseeing the conservatory area while the other staff provide care in the residents' rooms.</p> <p>We were told that Hammerson staff are being offered in-depth training in seven modules, currently provided at Nightingale House, in person-centred care, in accordance with Bradford University's Care Project. This is being rolled out in three phases.</p> <p>Nurses are registered with the Nursing</p>

	<p>and Midwifery Council and we were told that most carers have NVQ level 2/3 or the equivalent. Some Care Staff are especially trained up to give medication, supervised, then monitored, before being left to do the round themselves. People also have specialist training in venepuncture and ear syringing. Mental Health Awareness Training is available based on the Mental Capacity Act and Deprivation of Liberty Safeguards. A further module is available for dementia.</p> <p>There is a Staff newsletter.</p> <p>We met one Volunteer in the Shop.</p>
<p>Staff Views:</p>	<p>Staff were spoken to across all levels.</p> <p>The CEO said he had spoken to Staff openly about the changing care needs of residents and the need to ensure that Hammerson House adapted itself to ensure that it could care for the residents of the future, many of whom would have dementia.</p> <p>This means that not only is the nature of the building changing, but the residents' physical and emotional needs too. The Interim Head of Care was very positive about what the Staff have achieved during her tenure without being unrealistic about what still has to be done. A visitor to the building said that if a problem was taken to her, she ensured it was resolved as far as she could.</p>

	<p>The overriding comments from Nurses and Care Staff centered on the lack of time they had to talk with Residents, their increased paper work and job insecurity. Typical quotes were: <i>"This Home has lost its family atmosphere."</i></p> <p><i>"I no longer have time to chat to the Residents."</i></p> <p><i>"There are not enough Staff."</i></p> <p><i>"I cannot recommend the Home as it is now."</i></p> <p>Some felt concerns about their staffing levels had not been sufficiently acknowledged.</p> <p>The idea of being moved to work at Nightingale in the South of London was also a concern. The two positive comments received concerned the availability of training opportunities and that the changes, although difficult, would eventually be for the better.</p>
<p>How the Home gets Residents' views:</p>	<p>The CEO outlined the numerous meetings where Residents, relatives and Carers could put forward their views.</p> <p><u>For Residents</u></p> <ol style="list-style-type: none"> a. Monthly residents meetings with the Head of Care (minutes pinned on noticeboards) b. Quarterly Food Forums c. Ad hoc meetings in connection with the building work. Residents have actively been encouraged to contribute to the decision making e.g colour of wall paint, furniture etc. d. There is a resident who is a member of the House Committee which meets every 6-8 weeks. e. Annual survey

	<p>We were told the number of meetings has increased due to all the changes.</p> <p>We saw notes from the two last monthly meetings although Minutes were not available to Residents until they asked for them this month.</p> <p>Each resident, we were informed, now has a Key Worker whose role is to build up a close relationship with around 3 residents assigned to his/her care; apart from this, any member of staff can be approached with requests and it is up to that person to resolve these; finally the initial setting up of the Care Plan, reviewed monthly, also informs the Home about residents' views.</p>
<p>How the home gets Relatives'/ Carers' Views:</p>	<p><u>For Relatives and Carers</u></p> <ul style="list-style-type: none"> a. Quarterly relatives (carers) meetings b. Annual survey c. Ad hoc open one to one's as necessary d. There is a Relatives' representative who is a member of the House Committee who engages with relatives to capture their views
<p>Privacy and Dignity:</p>	<p>This was generally good for residents in terms of toilet facilities, the appropriate curtains, blinds and glass being in place and people being well dressed and covered up where appropriate. Noise levels between rooms were excellent. We did not see any examples of lifting and handling.</p> <p>However, the Minutes of the residents' October meeting suggest that staff were entering rooms without explaining why they were there. This had been brought up previously and although incidents had</p>

	<p>been reduced, this was still occurring. We were also told by residents that whilst Staff knock, they do not wait for a reply before entering. One resident has indicated to Staff that she does not wish them to enter her room at night time, but Staff said that they must, for safety reasons. The resident found accepting this difficult.</p>
Environment:	<p>For a Home undergoing such extensive renovation, this was still good. Considerable trouble had been taken to protect the carpet by using a nonslip plastic covering which, we were told, was removed each night. The Home was generally clean, had a 5 star food hygiene rating (Scores on the Doors), was tidy and in a reasonable state of repair. There were no unpleasant smells in public areas.</p>
Furniture:	<p>Some of this looked a little tired but the dining room was set out immaculately, even to the point of keeping a resident's footstool under her place at the table.</p> <p>One resident said <i>"I would like more cupboard space in my room"</i>.</p> <p>The ensuites we saw needed up dating but furniture was clean and not in a poor condition.</p>
Food:	<p>The CEO said "Food is a massive issue!" but did not elaborate further other than to say residents were very vocal about what they wanted; food is kosher and prepared freshly on site by an outside catering company. Management has tried to overcome difficulties by asking dining room staff to check two residents' opinions after each meal and record their comments; by providing a quarterly Food Forum to deal with the number of issues</p>

	<p>arising regularly from residents; by Management eating once a week in the dining room to test the food; and by inviting any relative to eat there as a Mystery shopper and report back on the meals. This is however a long standing problem which remains unresolved and Management remain unclear as to why this is.</p> <p>Breakfast is served in residents' rooms at 8am, although we understood from the CEO that residents could eat their meals whenever it suited them; if they wanted a later breakfast or lunch this was accommodated. One resident said that breakfast always arrived at 8, which was too early and she had not been told that she could have this at a later time.</p> <p>Lunch is at Noon in the dining room at present. It is also used for Dinner, which tends to be finished around 7pm and to welcome in Shabbat on Fridays.</p> <p>The most common comment from residents was that not all the choices on the printed Menu were available when the time came to eat. Two people said the food was "<i>too stodgy</i>", others said "<i>there is not enough</i>" and one comment made to the Team was that "<i>As the Home knew you were coming they would have put on a good show.</i>" Another comment was "<i>I am tired of having just cheddar cheese.</i>" Two further comments: "<i>It's like school dinners</i>"; "<i>Quantity was sufficient, but the quality often uninspired</i>".</p> <p>The food we saw looked interesting; water, fruit juice, coffee and tea were available, but it was a very busy environment so that people who needed</p>
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	<p>assistance were not always receiving it in a timely way.</p> <p>Other than at mealtimes, residents said fluid provision was more than adequate with drinks around mid morning and afternoon and fresh water always available in residents' rooms at the start of each day.</p>
<p>Activities:</p>	<p>These are the highlight of Hammerson House. Absolutely excellent! They are varied throughout the week; provide choice for Residents in that several different activities are arranged at the same time and include outings both in the day and in the evening. These outings are not expensive.</p> <p>The ladies occupied in art and handicrafts commented that they had been encouraged to engage in activities unfamiliar to them, which they really enjoyed.</p> <p>One of the residents complained that there was very little in the way of activities on offer over the weekend.</p> <p>We were told the Activities Co-ordinator is receptive to new ideas and saw almost all the activities planned for that day, going on during our visit. Residents were clearly engaged in what was happening.</p> <p>It is clear that with a declining number of both Residents and Staff, trips outside the Home will become more limited – as shown by the Relatives' Minutes meeting in October.</p>
<p>Feedback from Residents and Relatives/Visitors:</p>	<p>We were introduced to two Relatives by the Interim Care Manager and later met some others. The feedback from both groups was very varied and in some cases contradictory. There were a</p>

	<p>number of positive comments indicating that people would, even in its current state, recommend the Home.</p> <p>Other positive comments included: <i>"It is very clean here"</i>.</p> <p><i>"Pleasant staff and good activities."</i></p> <p><i>"There is very little I do not like about the Home."</i></p> <p><i>"Some of the staff are really wonderful."</i></p> <p>However we also received comments such as: <i>"There is an unsettled atmosphere here."</i></p> <p><i>"It has been dumbed down a lot."</i></p> <p><i>"Staff always have their heads down in paperwork."</i></p> <p><i>"It is not sufficiently Orthodox for some people."</i> – But the Website states that it is a Reform home, not Orthodox.</p> <p><i>"I am not saying anything to you. I have a relative there."</i> Two Relatives made a similar comment.</p> <p>Efforts have clearly been made to alleviate some issues arising from the merger, but clearly people continue to fear the future in a Home that was promised them for life.</p>
<p>Recommendations:</p>	<ol style="list-style-type: none"> 1. Management needs to understand the fear and uncertainty currently stopping genuine communication between residents, relatives, staff and management. There appears to be a high level of stress and not everyone has the courage to speak out. Some relatives also felt reluctant to talk to us due to fear of reprisals. 2. Establish why food has become such an intractable problem.

	<p>3. Ensure that Residents are aware that they can have their meals outside of 'normal' eating times.</p> <p>4. Ensure all bells are answered in an agreed time, acceptable to Residents and Relatives.</p> <p>5. Give Residents a bigger voice in running the Home whilst they are still able. This should not just be voicing complaints but also involve having some responsibility for sorting out difficulties. This will be a learning experience for everyone.</p> <p>6. Maintain and adapt for the future, your superb Activities programme, to involve all residents.</p>
<p>Conclusion:</p>	<p>Hammerson is a Care Home with a vision for the future, good training opportunities, some dedicated long term staff and currently an enviable Activities programme. However, difficulties arise in sharing that vision with some of the workforce, Tenants, Residents and Relatives. Management is therefore not allaying people's often understandable fears. This may impact on the quality of care and atmosphere created. The Managers need to reconsider the effectiveness of their communications with everyone one working in or using the Home regarding the changes, whilst continuing to ask for people's feedback and involvement. We note that several did not want to talk to us, nor be seen in our presence, and would recommend that the Home engages with everyone so that they are genuinely reassured that the Home welcomes feedback and there would be no reprisals when this was given.</p>

Signed: Ganesh Dutt, Allan Jones, Tina Stanton, Janice Tausig.
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Date: 29 th October 2013

Manager's Response to Hammerson House Enter and View Report

The following responses were received from the Chief Executive of the Home.

General Impressions:

Call bells: Reference is made to 2 residents' bells ringing for 3 minutes or so before they were answered. All bells sound in all locations throughout the home and continue to ring until answered. It could have been several bells ringing simultaneously and that individual bells were responded to in a quicker period than the stated 3 minutes.

Staff Views:

Staff numbers have been reduced in line with the reduction of residents. Staffing levels are still generous by comparison with other organisations.

The introduction of the Bradford University Person Centred Care programme in the New Year (2014) will enable staff to spend more time chatting to residents.

Food:

Contrary to the residents perception that the Home was trying to "put on a good show", this is simply not true. The food served on the day of the visit is typical fare served daily.

"People who needed assistance were not always receiving it in a timely way". There are 3 waiters in the Dining Room to serve food and 3 care staff are allocated to the dining room to assist the 3 or 4 residents who have been assessed as needing assistance with eating.

Recommendations:

Management need to understand the fear and uncertainty currently stopping genuine communication between residents, relatives staff and management.

Response: Management has always offered one-to-one conversations with residents, relatives or staff to discuss the concerns. As an alternative, members of the House Committee and Trustee's of the charity have offered themselves to discuss matters with those who have such feelings. Certainly a number of people have held such conversations. We will continue with this strategy.

Establish why food has become such an intractable problem

Response: This is an unfair judgment. There will never be a time when food won't be an issue. The responsibility of the home is to provide an opportunity for residents to voice their views and to be listened to. So many views amongst residents are contradictory that it is impossible to "tick" this issue and say that it is "done". We continue to give residents ample opportunity to voice their opinions. Moreover we have other mechanisms in place such as relatives joining residents to eat with them and monitor responses from our "mystery shopper".

Ensure that residents are aware that they can have meals outside the "normal" eating times.

Response: We will highlight this at forthcoming residents meetings and relatives meetings.

Ensure all bells are answered in an agreed time acceptable to Residents and Relatives.

Response: We will continue to conduct bell call audits as this will provide a better indication of the issue rather than a one off visit.

Give Residents a bigger voice in running the Home.

Response: In addition to the other ways mentioned above, there is also a resident who is a full member of the House Committee. This committee oversees the day to day operation of the home. As such, we feel that residents do have every opportunity to influence decision making at the highest level.

Maintain and adapt for the future the Activities Programme

Response: The Activities team are mindful of the changing needs and abilities of residents and are spending increased amounts of time on one-to-one activities as residents are frailer and less willing to join in larger group activities.

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Enter and View – Visit Report

Name of Establishment:	Grace House, 110 Nether Street, Finchley, N12 8EU
Staff Met During Visit:	Office Manager Deputy Manager The Cook, and 2 staff members Ann Gilbert, Manager
Date of Visit:	20th November, 2013 29th November, 2013
Purpose of Visit:	A pre-announced Enter and 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 Safeguarding Overview and Scrutiny Committee, CQC and the public via the website.
Healthwatch Authorised Representatives Involved:	Linda Jackson, Nahida Syed, Melvin Gamp, Derrick Edgerton
Introduction and Methodology:	The Team was introduced to the Home, by letter, e-mail, and a pre-visit telephone call to the Manager, with a date for the visit. Enclosed with the letter was a list of questions for the Manager and a flyer advertising our visit, requesting it be displayed for the information of visitors. The Team

	<p>took with them questionnaires for interviewing Staff and Residents.</p> <p>However when we arrived the Team was informed that the Manager was indisposed and the Office Manager would be answering our questions. He said he was not aware of our letter or e-mail but was willing to answer questions. The Team were introduced to the Office Manager. Two members remained to speak to him, the other two observed, and interviewed Residents and Staff.</p> <p>DISCLAIMER:</p> <p><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></p>
<p>General Impressions:</p>	<p>Grace House is a Residential Care Home without nursing, for up to 10 Residents. At present there are 9 Residents with varying degrees of dementia, mental and physical health problems. It was founded by Mrs Ann Gilbert, the present Manager to provide a retirement home with a Christian ethos.</p> <p>It is situated in a pleasant residential district. The road past the Home is narrow and busy. Although there is free parking on both sides and on the Home's forecourt it is quite difficult to find a parking space. There is no sign displaying the name of the Home. The exterior is well maintained.</p> <p>Entry and exit through the front door is by keypad for Residents, Staff, and relatives, and a doorbell for visitors. The hallway had a table with signing in and out books for staff and visitors. Handgel was concealed behind a large ornament. There was an empty noticeboard, and no sign of our flyer. There was no evidence of complaints or compliments procedures.</p>

	<p>The Team were given a tour of the premises. The ground floor consisted of two bedrooms leading off the hall, a comfortable and homely sitting room, a large and airy dining room looking onto a terrace and an attractive garden, a kitchen, bathroom with toilet, bath and shower, a utility room, and office. A lift and stairs led to the first floor, which had 4 single rooms and 2 double rooms all with washing and toilet facilities. Four rooms had showers as well.</p>
<p>Policies & Procedures:</p>	<p>At the time of our first visit the Office Manager was not able to produce the file of Policies and Procedures, although the team did see Staff Training files. These were up to date. We made arrangements to visit again to see the Policies. On our second visit we saw the Policies, and these appeared up to date, with staff signing them when they had seen them.</p> <p>Health and Safety.</p> <p>The Home held Fire Drills four times a year involving the Residents. The Fire Brigade visited to give advice, and fire appliances were checked regularly by an outside contractor.</p> <p>The ground floor had wooden floors, and there did not appear to be any obstruction. There were a few burnt out lightbulbs, and a drawer in the table in the hall and a drawer in one of the kitchen units were stuck open. Upstairs one of the rooms had a vinyl covering which had lifted.</p> <p>One Resident who was at risk of falling out of bed at night had a mattress placed beside it at night. This was following a district nurse recommendation. The resident is checked regularly at night by waking night staff.</p> <p>Safeguarding.</p> <p>The staff have received appropriate training. The Deputy Manager has instituted a "body chart" system for Residents each day, to check for accidents or other occurrences. Staff were aware</p>

	<p>of whistleblowing, and need for collective responsibility.</p> <p>Medication. Medication is dispensed by qualified staff, at least two per rota. If a Resident refuses to take their medication on a regular basis, this is noted, and the GP informed. All Residents are weighed monthly and the results are monitored on a spreadsheet. Residents are registered with the local Torrington Park Practice, but GPs only visit on a request basis. They declined to register a Resident who had recently entered the Home, though this has now been resolved. After hours the Home uses Barndoc or the Ambulance Service.</p> <p>Care Plans. We saw part of a Care Plan, that was no longer in use on our first visit and on a subsequent visit a Team member did see a complete up to date Care Plan (without a name). The Office Manager said these were drawn up with the residents and relatives, if possible, when the resident entered the Home. They were accessible to Staff and Residents and we were told they are reviewed at least once a year. End of Life Care Plans are in place for all Residents. These take account of the wishes of the Resident, or if the Resident is not able to participate the Home speaks to relatives or the GP.</p> <p>We did not see a Complaints policy, and the Complaints book contained only two complaints in the last two years. We saw the Accidents Book, and that too had only two incidents in the last few years.</p> <p>Food Hygiene. The kitchen had received a level 4 for food hygiene.</p>
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<p>Staff:</p>	<p>The Home also runs an Outreach company from the same premises. They employ 23 staff to work for the Outreach service and the Home. The Outreach company is inspected by the CQC as a separate entity</p> <p>We were told the Home uses the following rota system for Staff. 8am – 10am, minimum of 3 care staff, 10am to 3pm 4 care staff 3pm - 5pm, 2 care staff , 5pm to 10pm, 3 care staff, 10pm - 8am, 1 waking staff plus another on call.</p> <p>The volunteer team was somewhat confused about the actual number of care workers/ staff on duty during the shift system, as this seemed to vary according to the needs of the Outreach company. The Deputy Manager said that sometimes the Home had more Staff than they needed, but on the day we visited (11.30a.m.- 2.00p.m.) there were only 2 staff, and the Office Manager who was talking to us. There also seemed to be a great deal of movement of Staff in and out of the Home.</p> <p>All Staff had the mandatory qualifications up to NVQ2, and some were working towards 3, 4, 5 and one of 7.</p> <p>Staff training and assessments were undertaken by the Manager and Senior Carer on a regular basis. Staff received supervision 3 to 4 times per year.</p>
<p>Staff Views:</p>	<p>At the time of the visit we were not able to talk to the Staff very much because they were busy, but they said they were happy working in the Home.</p> <p>They were obviously aware of Safeguarding issues. One member described how she had used the body- chart system for monitoring when a Resident had bruised her hand.</p>

	<p>When asked if they would recommend the home to a relative, one Staff member said "Of course. The Residents are very well looked after here". The Deputy Manager would like more training for the staff.</p>
<p>How the Home Gets Patients' Views:</p>	<p>The Home has only 9 Residents, and the Staff obviously know the likes, dislikes and foibles of the Residents on an informal basis. There are monthly Residents' meetings to find out views, which the Staff do not attend. Individual complaints are dealt with on an informal basis. It was not clear at what point the complaint is recorded.</p> <p>Care Plans are set in place when the Resident enters the Home, and the Residents have access to them. They are reviewed once a year with the Resident if possible.</p> <p>Staff also have monthly meetings with individual Residents, and their views are recorded.</p> <p>All the Residents liked the food. One elderly visitor came in for lunch three or four times a week for lunch.</p> <p>The Home does not provide an Advocacy service.</p>
<p>How the Home Gets Relatives' / Carers' Views:</p>	<p>Relatives (and in some cases, close friends) are consulted on Care Plans and End of Life Care Plans when the Resident enters the Home. The Office Manager said that, except for one lady, not many relatives visited the Residents.</p> <p>It was not clear how suggestions, minor complaints, or compliments are dealt with or recorded.</p>
<p>Privacy and Dignity:</p>	<p>The Staff behaved in a courteous and dignified manner with the Residents at the time of our visit. Staff knocked on the doors of Residents' rooms before entering (but did not wait before going in). There was not a great deal of interaction with the Residents during the mealtime we observed.</p> <p>The doors of two bedrooms on the ground floor leading off the front hall were propped open wide at the time of our visit and all visitors and staff</p>

	<p>going in and out of the Home were able to see the Residents in the rooms. We understood that the Residents were not well, and the staff needed to keep an eye on them.</p> <p>Residents' laundry was dealt with on an individual basis, which meant that items were less likely to get lost, and staff get to know which items belong to which Resident</p> <p>Residents could have their meals in their room if they wished, and keep their door closed if medically possible.</p>
Environment:	<p>The Team found the atmosphere at Grace House calm and relaxed. The staff did not wear uniforms or badges as it was felt this was the Residents' home. Likewise there was no sign outside advertising the Home. This might make it difficult to find by visitors and emergency services. The house numbers are quite difficult to see from the road. The Home was clean with no unpleasant smells.</p> <p>The Home recently had a lift installed and the kitchen and dining room extended. Both the dining room and sitting room were airy and light, but we were told that the Residents preferred to sit in the dining room. The Home had been redecorated recently in calm muted colours. The Residents shared a common background and ethos, and obviously felt happy with that.</p>
Furniture:	<p>The furniture was comfortable, in good repair and fit for purpose. Residents could bring in some pieces of their own furniture and personal momentos.</p>
Food:	<p>This is a great strength of the Home, and the Residents obviously enjoyed their food. The Cook has been with the Home since it was started, and knows the likes and dislikes of the Residents. There was no choice of menu, and no menu displayed, but if a Resident did not like what was on offer, they could have a light dish. At this time no Resident needed a special diet, and all were</p>

	<p>capable of feeding themselves. Fresh fruit and vegetables were always offered.</p> <p>The Kitchen had a Hygiene rating of 4, and the Environmental Health service had recently visited and made some suggestions for food in the fridge, but these were not mandatory.</p>
<p>Activities:</p>	<p>A number of Church based activities were held regularly, such as Church services and Bible readings, and most of the Residents attended these.</p> <p>We were told that Activities depended on the client mix, as at present out of the 9 Residents, 6 were not able to participate.</p> <p>Two Residents were sufficiently mobile to go out on their own, and one lady liked to go to her hairdresser accompanied by a member of the staff.</p> <p>We were told that the staff had enough time in their rota to interact with the Residents, chatting and doing activities with them, although we did not see this. In the summer Residents were able to go for walks and have tea in the garden. The Home do not organise any more stimulating activities on a regular basis.</p> <p>The television was on in the dining room, and the Home provided newspapers, books and video games. One Resident had computer skills, and used his computer to help out in the Office.</p> <p>The Home also has access to a Hairdresser, Physiotherapist and Chiropodist.</p>
<p>Feedback from Residents and Relatives/Visitors:</p>	<p>The Residents appeared relaxed, and well cared for, although they did not appear to interact with the Staff or each other very much, except for one lady.</p> <p>They had no complaints although one Resident said they would like to have other activities besides Church functions. We did not see any visitors.</p>

<p>Conclusion:</p>	<p>The Team liked the relaxed and homely atmosphere in Grace House, engendered by the ethos, and shared background and beliefs of the Residents. However there did not seem to be much stimulation from other activities, or from their environment. One staff member appeared distant and made no attempt at conversation with the Residents during the mealtime.</p> <p>We felt that it might be disruptive for the Residents to be looked after by 18 different staff during the course of a week. Also we were concerned that the fluctuation in staff numbers might affect their ability to look after the Residents.</p> <p>The Team felt concerned that there was an underlying lack of understanding by the Staff of the need for Records.</p> <p>We understand that in a small Home it is easy to deal with complaints from Residents and relatives on an informal basis, but feel there is a need from the Home's point of view to have a way of recording these, the date and how they were dealt with.</p> <p>We commend the Deputy Manager's "body chart" policy, but feel there should be a way of recording accidents/incidents for cross referencing.</p> <p>We felt concerned that Records and Policies could not be produced when required. There also seemed to be a lack of communication over our visit.</p> <p>We were not too sure who was in charge of the Home in the absence of the Manager - the Office Manager or the Deputy Manager</p> <p>We commend the Cook's skills, which must contribute to the general happiness and wellbeing in the home.</p> <p>In the absence of visits by relatives, we felt that an independent advocacy service would be beneficial to the residents.</p>
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<p>Recommendations:</p>	<ol style="list-style-type: none"> 1. Install a more rigorous system of accounting for files in the Office. 2. Install a method of recording minor complaints. 3. Install a method of recording and cross referencing minor accidents/incidents. 4. Make sure that the needs of the Outreach programme does not affect the staffing in the Home. 5. Organise some activities to stimulate the Residents based on their interests, other than Church activities. 6. Organise an advocacy service for Residents. 7. Continue a training programme for the staff, based on their needs. <p>Outside the control of the Home:</p> <ol style="list-style-type: none"> 1. The deputy manager wished to source more training for staff and we have passed his details to the Integrated Quality in Care Homes team at Barnet Council.(IQICH) 2. The issue of doctor's surgeries not accepting all residents at a care home should be passed to the IQICH team/CCG.
<p>Signed:</p>	<p>Linda Jackson</p>
<p>Date:</p>	<p>9th December, 2013</p>

Response to Barnet Healthwatch Enter and View Report

These comments were received from the manager of Grace House:

Thank you for your visit. We have taken on board some of the recommendations you have given e.g. displaying a menu. However, in light of this we felt that the report does not reflect the true services that the Christian Care Trust offers as a care provider. Therefore, we would like to correct some of the misrepresentations about the Home in your report.

Activities

Please be informed that resident stimulation is carried out regularly and sometimes on a one to one basis, this must be through informed choice. Also, that the age of clients is always taken into consideration when involving them in activities. Half of our clients are well over 90 years old.

The staff always interact with the clients during meal times, even during morning coffee and afternoon tea, when all members of staff sit and share the break with the clients. Several days a week, I, Ann Gilbert, the manager, has lunch with the clients. However, we do take into account the emotions of those clients that like to maintain their personal space and quiet during meal times.

Staffing:

As a care provider in Barnet, we actively pride ourselves as an organisation with one of the highest staff ratio to clients. For example 5 staff to 9 clients when we are operating to full capacity, with periodic support from the office staff or the cook who are trained carers too. So we beg to differ on your concern on fluctuation in staff member's ability to look after our clients. We hold regular client meetings where our client can tell us of any concerns they may have. Even if staff members are absent for any reason, we never fall below the regulated requirements for staff.

All our staff members receive supervision 3 to 4 times a year as stipulated by CQC and in line with our policy and procedure.

Complaints:

The Christian Care Trust takes the complaints of any client seriously. Currently we are dealing with an Outreach client's complaint against a member of staff. We are carrying out a full investigation and the findings and feedback will be reported back to the concerned client. Throughout the year we carry out Quality Assessments, the log sheets along with the findings of compliments or complaints are recorded and filed, but we believe you did not access them. With regard to absence of relatives, Ann Gilbert and the Home organises volunteer visitors to talk with clients, to read or do small tasks for them, like posting a letter. At the present time we have three such people coming to the house on a weekly basis.

Regarding the Care Plan:

All our care plans are all up to date. During the last CQC inspection, August 2013 we were commended for our Care Plans.

We have an electronic copy and a hard copy of each robust care plan.

Environment:

Regarding no sign outside Grace House, We have a robust web-site. We are well known in the local community and as a Christian Home; our residents prefer not to have a sign indicating that they live in a Care Home. The emergency services have never had a problem finding us. Recently we had an incident when a client needed to be taken to the hospital and they arrived here within 2 to 3 minutes.

Records:

After the last CQC inspection in August 2013, we have put in an effective and well-organized recording and reporting system for the care delivery to our clients.

You came at a time when our Policies and Procedures had just been updated and were being read and signed by staff members. Unfortunately a member of staff failed to replace the file exactly where it should be.

Your comment and advice regarding the absence of visits by relatives and friends of our clients is not factual; on a weekly basis our residents receive visits from family members, friends, priests, community leaders, friends of Grace House. Staff members are allocated as key workers and they communicate with families on a regular basis. This is recorded on the relatives contact communication sheet and kept in their care plan. Equally, an electronic copy is also recorded daily. Even a client without any family or friends, have regular visits by people from outside the Home. A friend of the home visits once a week and conducts a Bible study and another also visits to chat, every week, as well as a young student training to be a doctor visits every Sunday and talks to all the clients.

Regarding the person in charge:

Ann Gilbert as the registered manager is in charge. Unfortunately on the day you visited, I was not well and unable to be in the office. In my place was the office manager, who had access to the deputy manager if need be.

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Meeting	Safeguarding Overview and Scrutiny Committee
Date	10 April 2014
Subject	Local Account of Adult Social Care
Report of	Cabinet Member for Adults
Summary	Adult Social Care Departments are required to publish an annual public statement giving information on local services to enable residents to hold the council to account on how well it is performing. This is the third Local Account which summarises key activities, achievements, challenges and next steps.

Officer Contributors	Andrea Breen – Head of Prevention and Wellbeing, Adults and Communities Delivery Unit
Status (public or exempt)	Public
Wards Affected	All
Key Decision	No
Reason for urgency / exemption from call-in	Not Applicable
Function of	Overview and Scrutiny Committee
Enclosures	Appendix A: 'How are we doing? Your Local Account of Adult Social Care in Barnet April 2013 - March 2014'
Contact for Further Information:	Andrea Breen – Head of Prevention and Wellbeing, Adults and Communities, Telephone: 020 8359 2955; andrea.breen@barnet.gov.uk

1. RECOMMENDATIONS

- 1.1 That the Safeguarding Overview and Scrutiny Committee make comments and recommendations to the Cabinet Member for Adults on the Local Account of Adult Social Care Services.

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Safeguarding Overview and Scrutiny Committee, 19 June 2013, decision item 6, Local Account of Adult Social Care Services.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Local Account provides information on Adult Social Care (ASC). This area comes under the Adults and Communities Delivery Unit, whose business plan is closely linked to the Council's core objectives as set out in the Corporate Plan 2013-16. The publication aims to provide information on ASC so that residents can, in turn, hold the Delivery Unit and Council to account on its performance. All Councils with a remit for adult social care are required by government to produce an annual local account of services.

4. RISK MANAGEMENT ISSUES

- 4.1 The proposal does not contain any specific / direct risk management implications. Adults and Communities comply with corporate requirements for monitoring, reporting on and managing risk.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 Adults and Communities comply with its public sector equality duty pursuant to the Equality Act 2010 and have completed Equality Assessments (EqAs) where appropriate. Equality and diversity issues are a mandatory consideration in decision-making in the Council which means that the Council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. Equality considerations are integrated into day to day business in the formulation of policies, the delivery of services and their review. The Local Account was published in an easy read version with provision made for alternative formats on request; for example large print, audio tape, CD, Braille and alternative language.

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

- 6.1 The 2013/14 net budget for Adults and Communities was £97m (rounded) with the spend analysed through the following headings: Social work and safeguarding £9.1m; Direct Payments £10.4m; Preventative £3.9m; Registered Care Homes £38m; Support in the Home £23.4m and Day Services £12.3m.

- 6.2 The Adult and Communities budget has been reduced between 2010-14. The Adults and Communities budget has been reduced by £8.4million in 2014/15, which represents 44% of the total savings identified by the council. A further financial savings target of £8.4million for 2015/16 has been identified as set out in the Medium Term Financial Strategy. These savings will be achieved by identifying effective and efficient ways in delivering social care services to service users and carers, and review of our contracts.
- 6.3 The Local Account is accessible via a link in the Council's website. In addition, 600 hardcopies will be distributed to various organisations throughout the borough, and 100 easy read versions will be produced and available too. The unit cost will be approximately £1.00 per copy.

7. LEGAL ISSUES

- 7.1 As noted in paragraph 3.1, all councils with a remit for adult social care are required by government to produce an annual local account of services. Local accounts are referred to in the Department of Health's "Transparency in Outcomes: a framework for adult social care" consultation paper (November 2010) in the context of localism and transparency, and in the subsequent 2011/12 outcomes framework published in March 2011.

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

- 8.1 The Safeguarding Overview and Scrutiny Committee has within its terms and reference the following responsibilities "To scrutinise the provision of adult social care services (including for 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 The Local Account is now in its third year. It makes information available to people about adult social care services highlighting activities and achievements, areas for improvement and the plans ahead. It uses performance data and feedback from what people say they want and their experiences of what is available. The Local Account is an important self-assessment tool for Adults and Communities.
- 9.2 Barnet's Local Account 2013 was highlighted as an example of good practice at the London Government Association 'Towards Excellence in Adult Social Care' conference on Local Accounts in November 2013. The delivery unit wanted to build on what worked well last year and incorporate other good practice recommendations.
- 9.3 The current edition, 'How are we doing? Your Local Account of Adult Social Care in Barnet April 2013 - March 2014' was published on 28th March 2014 and can be found at: www.barnet.gov.uk/local-account-2013

9.4 Changes this year to the Local Account:

- 9.4.1 Chapters now focus on service areas in a way which people are more likely to identify with. We will further test out the format in consultation with service users and carers in our engagement strategy for next year's Local Account.
- 9.4.2 We wanted to make sure that people understood how Barnet's performance compared with other similar boroughs, where Barnet is doing well and where we will target improvements. Therefore, this year, there is a specific chapter on 'headline performance' which brings together key data; other relevant sources of data are referenced throughout the Local Account. More detailed performance data together with various other documents will be made available on the Barnet website.
- 9.4.3 To inform the content of this year's Local Account, Adults and Communities has used a wealth of feedback obtained through consultations and data sources throughout the year. Healthwatch Barnet provided information about their Enter and View recommendations, and the Council consultation on the 'Community Offer' (carried out as part of the Council's budget consultation which set out proposals on ways to support people in their own homes by more use of technology and equipment in the home, short-term enablement support and support for family carers) generated feedback used to shape the Local Authority.

9.5 Achievements and Challenges

- 9.5.1 Below are some examples of key achievements and challenges from this year's Local Account.
- The opening of Speedwell Court, a specially designed supported housing for adults with high functioning autism/Aspergers so that they can live as independently as possible in their communities. Dementia cafes are up and running and Later Life Planners are now in place.
 - Adults and Communities has successfully managed our financial resources to deliver quality services. This is within the context of increasing numbers of people with complex needs especially those with mental health and dementia, which are placing additional demands on our services. This will continue to be a challenge in the coming years.
- 9.5.2 Being flexible in how services are delivered and close working with health was evidenced through the introduction of a seven day a week social work service in the Accident & Emergency Department at Barnet Hospital. In doing this, we have helped to reduce hospital admissions, which can be disruptive and stressful for people, and enabled people to get home support arranged more quickly.
- 9.5.3 We continue to perform well encouraging all those who are eligible for self-directed support to do so. There are some real examples in the Local Account where people have developed their own Support Plans using their Personal Budgets and Direct Payments to employ their own personal assistants and are more satisfied at having this choice. However, we want to make sure that this option is available for more people, and we aim to increase those numbers using direct payments next year.

9.5.4 Improving our information and advice for all people continues to be an area where we are making improvements. We need to work more closely than before with our partners in health and the voluntary sector, to ensure that people are well informed as early as possible about what is available to support them. This is especially so for those who care for others, so that they can easily access information about a range of mainstream and specialist support.

9.5.5 We plan to move towards a co-production approach, and getting those who use our services to be involved in the development of the Local Account. We also want to explore how the Local Account is being used, and by whom to further improve its function and reach to residents.

10. LIST OF BACKGROUND PAPERS

None.

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

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How are we doing?

Your local account of adult social care in Barnet in 2013

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Credits: Thank you to Age UK for the use of their photograph on the front cover and to everyone who kindly permitted us to use their story as part of our Local Account.

Introduction

from Councillor Sachin Rajput, Cabinet Member for Adults

Welcome to Barnet Council's third annual Local Account - our report on your local adult social care services in 2013.



The Local Account provides you with information on:

- our successes and areas we are working on
- how well we have been doing against local and national priorities
- the challenges we face and how we are tackling them
- what some of our service users and carers think about their experiences of adult social care services.

Changes and challenges

This is a very interesting time to be producing our Local Account. We have already seen lots of change in how services are run nationally, and there are more changes to come over the next few years.

The ageing population throughout the UK (in Barnet nearly 20% of residents are aged over 65) and an increase in people living with dementia means that we need to plan carefully the best ways to support our older people with complex conditions. We must address these needs within the context of continuing financial austerity across the whole public sector, as well as changes to the welfare system.

Faced with these changes and challenges, we are committed to providing high quality, modern and flexible services, which meet people's individual needs. We want residents and carers to be at the heart of a joined up health and social care system, designed to deliver the best outcomes for them and provide the best value for public money.

Overall, I am proud of how our social care services have performed over the past year, which is reflected in feedback we have received from people who use our services.

Every year we carry out a survey of social care users on behalf of the Department of Health. In the last survey, conducted in February 2013, 87% of service users who responded indicated that they were satisfied with the support they received, with 64.5% of users saying they were extremely or very satisfied. This is a rise of 10% from the previous year and 6% higher than other local authorities in London.

I think this demonstrates our dedication to ensuring that people receive personalised, high quality support. We are currently awaiting this year's survey results and I look forward to hearing how we have done.

Looking ahead

However, we are not complacent and constantly strive for excellence, working hard to address areas where we know we need to make improvements.

We want to further reduce the number of people in residential care who would rather be at home and increase the take-up of Direct Payments to give more people control of their own support. We also want to join up services to improve the experience of anyone who needs adult social care support and improve support for carers.

You can find some examples of people's first-hand experiences of our services, and some key priorities for 2014/15 and beyond, listed in the 'To do' section at the end of each chapter.

I hope that you find this Local Account useful and informative.

A handwritten signature in black ink that reads "Sachin Rajput". The signature is written in a cursive style with a long horizontal line extending from the end.

Councillor Sachin Rajput
Cabinet Member for Adult Services

1. What we do

The Adults and Communities Delivery Unit (known as Adults and Communities) aims to deliver services to promote people's independence, safety and wellbeing.

By working in a more joined-up way with partners, especially health, we want service users to feel they are dealing with one care organisation.

We support older adults, young people aged 18-24, people with physical or sensory disabilities, people with learning disabilities, people with mental health problems and those who care for family members or friends.

You can find breakdowns of numbers of people who receive services from us and types of service in 'Our headline performance' page 7.

We have a statutory responsibility to:

- provide information and advice to people with social care needs
- assess people's social care needs
- help people plan their support (if they meet nationally-set eligibility criteria)
- support family carers
- keep adults at risk safe from abuse.

How we provide support

We commission a range of service providers from the voluntary and private sector to deliver social care services for residents.

The service could be short-term 'enablement' to help someone to get back on their feet after an accident or illness, or longer-term support for someone to help them remain in their own home.

To be eligible for this more ongoing support we assess if a person has a 'critical' or 'substantial' need for social care support and if they meet nationally-set criteria based on their personal finances.

Our commitments to you

1. Information and advice about staying independent and how to plan for future care and support needs is available for all residents.
2. We will work with you to enable you and your family to maintain your independence.
3. You have the right to control your own care and support. Adult social care will aim to join up services around your eligible needs.
4. Family carers will be recognised as partners in care and be supported to continue in their caring role.
5. To respond quickly to keep vulnerable adults safe from harm when we receive concerns.
6. Your Personal Budget is based on your eligible needs and will only change as your needs change.
7. Financial contributions towards meeting the costs of care will always be based on an individual's ability to pay with a clear breakdown of how your contribution has been calculated.
8. Our staff who work with you will be professional in their approach, appropriately trained and caring.



Putting you at the centre

We believe that people who use social care services have the best understanding of their own needs. We aim for service users to be at the centre of planning their own support.

This means that people who have been assessed as eligible for funded social care support receive a Personal Budget. This tells them how much money is needed to meet their social care needs, and puts them in control of how the money is spent to meet those needs.

People can choose to receive their Personal Budget as a Direct Payment so that they can buy and arrange their own services. We give them information and advice about how to do this.

Other people prefer us to arrange services for them.

The support provided by the council is wide-ranging, and includes:

- practical aids to help you get around inside and outside of your home
- opportunities to meet other local people
- telecare equipment
- short breaks for people who care for a friend or relative
- help in the home with personal care tasks
- home-delivered meals.

The number of hours of support and the type of support given are agreed during an assessment by a social care professional.

You can read about other examples of what is available throughout this Local Account.

For more information, visit
www.barnet.gov.uk/careandhealth

2. Joining up care services

The Care Bill, which is due to become law in 2015, will mean fundamental changes to how we deliver social care services.

It requires all local health and social care services to be integrated by 2018 to provide a seamless high quality care service; described as an 'end to people being passed around the health and social care system'.

It will introduce:

- equal rights for carers
- care accounts to limit the amount people spend on care in their lifetime, and
- a focus on prevention services to support people in their own homes and help them feel connected to their community.

To meet these requirements and benefit Barnet residents we are building stronger links with a wide range of partners across the health, voluntary and private sectors, in order to:

- develop integrated social care services
- share professional expertise
- streamline services
- find cost-effective solutions.

One example of this is the introduction of a social work service seven days a week in the Accident & Emergency Department at Barnet Hospital.

In doing this, we have helped to reduce hospital admissions, which can be disruptive and stressful for people, and enabled people to get support at home arranged more quickly.

A priority over the past year has been work to provide integrated services for the most elderly and frail residents, who have a higher risk of hospital attendance or where their health is deteriorating (see box opposite).

You can see other examples of our partnerships with health and social care organisations throughout this Local Account.

Joined up services in action

Over the last year we have worked with the Barnet Clinical Commissioning Group (BCCG) to develop more coordinated, end-to-end services for the most frail and elderly people with long-term conditions.

We have introduced the following new services.

Nurses, doctors and social care professionals are working together in a Multi-Disciplinary Team, to carry out an assessment of the patient's full health and social care needs and make a plan with them before they leave hospital.

Once the person is home the Care Navigation Service makes sure that the care plan and actions are delivered, working closely with the person and their family. The care navigators currently provide support to 120 people in Barnet with complex health and social care needs.

Residents have told us that they would prefer to be assessed and treated at home if at all possible. The new Rapid Response Team provides exactly this type of home treatment, typically for between one to three days. It can also support transfer home from A&E or urgent care centres for people who do not need a hospital bed.

We are also developing a one-stop shop to manage referrals from health professionals such as GPs to give short-term enablement support to elderly people coming home from hospital.



For more information, visit www.barnet.gov.uk/integration

3. Our headline performance

These performance results are for the financial year 2012/13. Where applicable, we have included the results for 2011/12 for comparison.

Where they are already available, we also provide the most recently collated figures for the first three quarters April – December 2013 (shown as FY 2013/14).

Our performance informs where we need to improve next year and where we can build on our successes. These 'next steps' can be found throughout this Local Account.

Population in Barnet

362,200

Of which:
Aged 18-64

227,400

Of which:
Aged 65+

50,000

Of which: All adults
277,400

Older adults currently make up 18% of the total Barnet population.

By 2018 the number of adults 65+ is projected to be 54,900 (19%).

Adult social care service users

7,539

Of which:
Aged 18-64

2,768

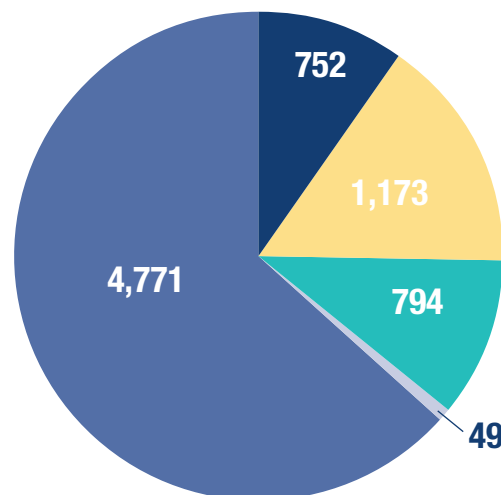
Of which:
Aged 65+

4,771

The majority of our service users are people aged over 65. This represents just under 10% of the Barnet population aged over 65.

Types of service user

- People with learning disabilities **752**
- People with mental health problems **1,173**
- People with physical/ sensory impairments **794**
- Other vulnerable people* **49**
- Older adults (65+) **4,771**



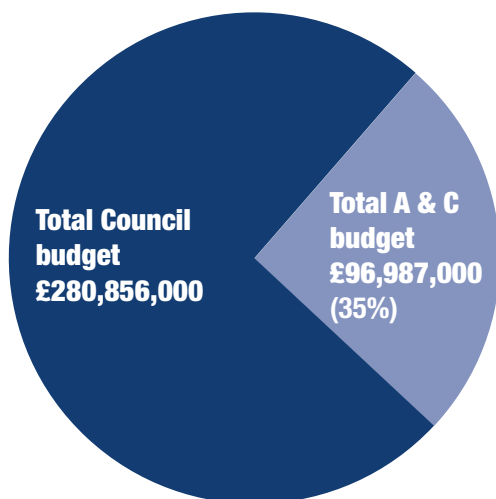
*This includes people with drug and alcohol problems.

Service users receiving different types of services

	2012-13	%	2011-12	%
Home care	2,982	40	3,046	40
Day care	1,064	14	1,055	14
Enablement services*	1,458	19	1,498	20
Residential care	1,076	14	1,078	14
Nursing care	387	5	363	5
Home delivered meals	466	6	513	6
Professional support	1,076	14	1,195	16
Equipment and adaptations, incl telecare	1,449	19	1,511	20

*includes both health and social care referrals.
Note: Numbers may not tally with total number of clients as some service users get more than one service.

How we spent your money



Barnet Council
Actual expenditure **£280,806,000**

Adults and Communities
Actual expenditure **£96,797,000**

The A & C budget 2011/12 was £98,897,275; actual expenditure was £98,896,275.

Assessments



* April - Dec 2013.

Direct Payments



In 2013/14 a 30% target was set for eligible adults to receive a Direct Payment.

The percentage was 31.4% as of December 2013.

The figures in 2013/14 are an increase of 60% in two years.

New contacts to Social Care Direct

SCD is our first point of contact for most adult social care queries.



Of the **8,658** contacts:

5,459 had their enquiry dealt with and did not need a social care service.

581 were signposted to another organisation for advice and support.

3,199 were referred for assessment by a social worker/ occupational therapist.

Enablement



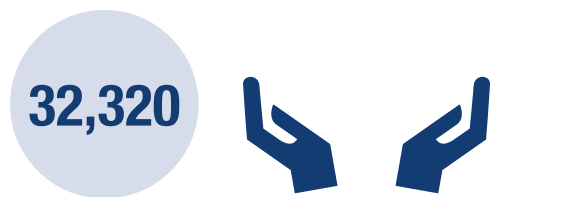
25% of service users who were not in residential or nursing care went through our intensive 6-week enablement programme. 64.1% of those going through enablement in 2013/14 have not needed any ongoing service. Our target was 50%.

Personal Budgets



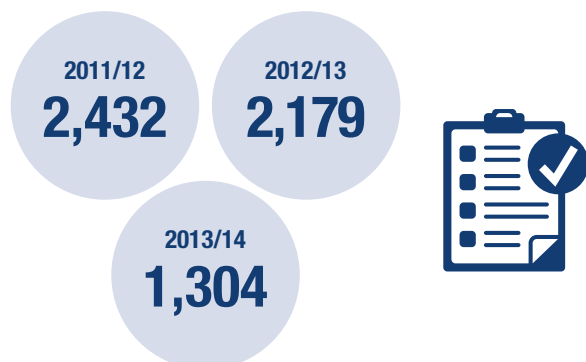
This represents 61% of people who qualify for a Personal Budget (compared to 68% of eligible people in similar local authorities). People receiving enablement, people with drug or alcohol problems or people on subsistence payments who have no recourse to public funds do not qualify for a Personal Budget.

Carers in Barnet



Source: ONS Census for England and Wales 2011

Carer's needs assessments



In 2013 we commissioned the Barnet Carers Centre to start conducting carer's needs assessments. The figure for 2013/14 is therefore only for assessments carried out by Adults & Communities.

Formal complaints

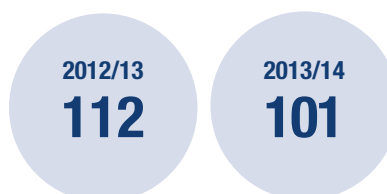
Number of complaints received



Number of these that were upheld



Written compliments



See examples on page 12.

Safeguarding

Alerts received



Investigations completed



* Some investigations in 2013/14 are ongoing at time of publication. Not all alerts will turn out to be abusive situations; they could be about a need for services or other help. Therefore, not all alerts lead to investigations.

Service users' feedback

I am satisfied with services

87% satisfied



64.5% extremely or very satisfied

(a rise of 10% from the previous year; 6% higher than the average for similar local authorities).

I find it easy to find information on social care provision in Barnet

79% (up 12% since 2011/12 and 5% more than the average for similar local authorities).

I have adequate control over my life

74.5% (6% more than in 2011/12)

These figures come from a representative sample of adult social care service users who responded to the latest published Department of Health Adult Social Care Survey for Barnet, February 2013.

4. Improving quality

Quality means that people are treated well at all times, feel safe and are empowered to feel more independent. We want to improve the satisfaction of residents with our services and with the care they receive.

We cannot do this without listening to what you say and acting on this. In order to find out what you think of your services, we:

- look at feedback from surveys, such as the council's Residents' Perception Survey and the annual Adult Social Care Survey. Whatever you want to say, whether it is a comment, compliment or complaint, matters to us.
- consult with people who use our services through a wide range of Partnership Boards, forums, public meetings and our Engage website. For more information on how we consult with residents, please see 'Listening to you', page 15.

We also collect and analyse a full range of evidence continuously to review the quality of our work to ensure that we make improvements.

Listening to complaints

We take complaints very seriously, both to ensure individual service users receive high quality services and to learn lessons and make improvements more widely where necessary.

Many social care services for adults such as home care, care homes and day centres are now run by specialist providers, commissioned by us. We are responsible for making sure they meet the high standards we have set with them.

We encourage service users to contact their care provider in the first instance if they are unhappy with the service they get. However, if people do not feel comfortable contacting their provider, they can contact our Complaints and Representations Lead at the council.

If a provider is regulated by the Care Quality Commission (CQC) and we find that it does not meet the National Care Standards we will inform the CQC and work with the provider to improve their standards.

What we did in 2013

Making sure services are good quality

In 2013-14 we developed our Quality Assurance Framework. This sets out the standards and behaviours, which we expect from our social care staff and those who deliver services on our behalf. It will help us address any areas of poor quality and learn from them so that they don't happen again.

All of our staff, and those whom we commission to provide services on our behalf, will work to these standards.

This framework will shortly be published on our website.



Auditing case records

Every three months our social care staff and managers audit (quality assure) the case records of 30 service users, including people who are subject to safeguarding investigations. Once a year we commission an independent social care expert to audit 40 cases.

These audits check on the quality of casework and recording, and we use the findings to make improvements.

The external audit for 2013 reported: "Committed, person-centred practice remained a real strength in Barnet; mainstream community care practice had improved further from a previously good base."

Improving quality in care homes

In May 2013 we set up the Integrated Quality in Care Homes (IQICH) Team to improve the quality of care in our residential and nursing homes.

We have 105 care homes in Barnet and each one is linked to an advisor from the team (see box).

Training for quality

Our Learning and Development programme provides professional workshops and training to keep our own social care staff and those who work in commissioned services updated on new legislation, procedures and best practice. Examples in 2013 included training in autism awareness, customer service, carers' needs assessments and welfare reform.

We provide a wide range of free training for care providers, covering topics such as safeguarding, dementia, risk assessment, emergency first aid and supervision.

We also work closely with the professional social care organisation Skills for Care to support the development of the workforce in the independent care sector.

In response to evidence that people were waiting too long to be assessed for small pieces of equipment such as grab rails and toilet frames, we developed a 'trusted assessor' programme.

This develops the skills of social workers and assessment and enablement officers to do these assessments. This has reduced the time it takes for people to get the equipment, helping them to stay as independent as possible.

We are also supporting people who use Direct Payments to pay for personal assistants to access grants to train these assistants.

Celebrating success

Dawn Wakeling, Director of Adults and Communities, presented the first-ever Adults and Communities Staff Awards at a staff conference in January 2014.

The awards recognised excellence in case management, problem solving and customer care and set a very high bar for all our staff to aspire to in improving the quality of services.

Integrated Quality in Care Homes Team in action

Tom Mahoney, an advisor from the team, describes his work:

"I meet up with care home managers to discuss how the council can support them to maintain high quality care for their residents.

I run training sessions for senior care home staff to share best practice about issues such as end of life care, dementia, mental capacity and safeguarding. I also work with individual care homes to help them tackle any challenges they are facing and improve services.

I'm also working with a group of family carers to produce a checklist to help people select the right care home to meet their needs.

It's early days but I think care home managers are now working more closely together and learning from each other. We are creating a growing network of people committed to high quality care in Barnet."



Listening to service users

Healthwatch Barnet was launched in April 2013. It is part of a national network, established through the Health and Social Care Act 2013, to be the voice of patients and carers who use health and social care services.

Its role is to listen to feedback on health and social care services from local people of all ages and communities. It then raises concerns or highlights good practice with senior health and social care leaders and recommends ways that services can be improved.

Healthwatch Barnet also provides an information and advice service to support people in finding and using health and social care services.

In the past year Healthwatch Barnet has met over 800 people to listen to their experiences. It has co-ordinated three focus groups for Adults and Communities to enable local residents to identify improvements and changes to health checks and care for frail elderly people and those with long-term conditions.

Through its 'Enter and View' scheme, it has visited 21 residential care and mental health settings in Barnet to review the quality of care. Many of these homes and wards have made positive changes as a result of the visits.



Learning from getting it right

Compliments (written or verbal) tell us what aspects of our work make a real difference to people, for example:

“I would like to say a big thank you to the therapist who carried out an assessment, and to the contractors who completed the work. It’s reduced the risk and means my mother is now able to access the outside world.”

“The social worker has been particularly helpful and accommodating. Thanks for your patience, support and alacrity.”

“You don’t know what a relief it is to be presented with such possibilities when the struggle has been so long. Thank you for your support, vision and encouragement.”

“Thank you very much for all your support and kindness. It has made life much easier.”

To do

We plan to:

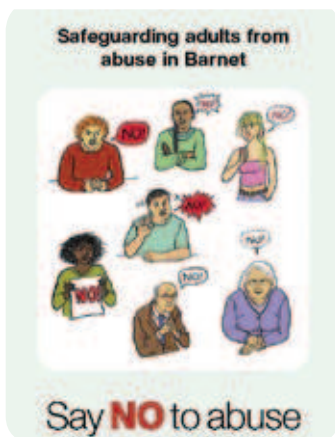
- embed the Quality Assurance Framework through regular meetings of a Quality Group, which will review evidence about the quality of our work and ensure improvements are made as necessary
- ask more residents for their views on what makes good care
- further develop our Leadership Programme, which provides targeted training and development for people identified as future leaders in Adults and Communities
- work with Skills for Care and employers in the independent care sector to develop Apprenticeship and other programmes to ensure that we have sufficient, high quality staff to meet the social care needs of the population.

For more information, visit

www.barnet.gov.uk/complaints-and-compliments

5. Keeping people safe

We are responsible for protecting vulnerable adults who may be at risk from abuse or neglect.



Abuse can take the form of mistreatment or lack of care that leads to injury or harm. It may be the result of deliberate intent, negligence or ignorance, and people are often subject to a combination of physical, psychological, financial abuse and neglect.

It can happen to anyone regardless – or indeed because of - their age, gender, race or ability. Women aged 65+ make up the largest number of people at risk in Barnet.

All our work in safeguarding is driven by a determination to prevent abuse in the community and ensure vulnerable people are safe.

Building on the lessons learnt nationally from the Winterbourne View and Francis Reports, we work with other local, statutory and voluntary sector partners in the Safeguarding Adults Board to improve safeguarding practices in both healthcare and social care in Barnet.

The Board determines policy, shares best practice and training, monitors and reviews progress on safeguarding practices and develops ways of working to improve our ability to support all Barnet residents to live free from abuse.

The Safeguarding Adults Service User Forum ensures that the voice of service users remains central to our safeguarding work.

We also work with the police and other organisations to share information and make sure that risk assessments and actions to protect vulnerable adults are put in place quickly.

What we did in 2013

An alert is a concern that a vulnerable person is or may be at risk of harm. The person may contact us themselves or someone else may tell us about it. We then take action to investigate the issue, as appropriate.

Given the national publicity and debate around safeguarding issues, professionals and the public now understand more about recognising and reporting signs of potential abuse, and we have received a large number of alerts.

We continued work this year within the council and with our partner organisations to ensure the safe, coordinated management of safeguarding concerns.

For example, we:

- worked proactively with care agencies to maintain high quality standards and reduce the potential for safeguarding issues arising. The newly formed Integrated Quality in Care Homes team is spearheading this work with managers and staff in residential homes - see page 11
- developed safeguarding plans for people at risk of abuse or neglect to ensure they have adequate protection
- raised public awareness of abuse and how to report it through better information and advice.

Safeguarding training

It is vital that all staff have the skills and knowledge of legislation to address potential or actual instances of abuse.

We have delivered awareness training to all Barnet Council staff, service provider agencies, probation services, benefits agency and health care professionals to recognise the signs of abuse and action to take. The training covers issues such as safeguarding policy, good practice and problem solving, working with different communities and domestic violence.

We have also worked closely with the Barnet Clinical Commissioning Group (BCCG) to embed adult safeguarding into existing and developing policy and procedures.

Peer audit

As part of our Quality Assurance Framework (see page 10) we have included a peer audit process in our work. Managers and frontline staff regularly assess how safeguarding cases are being handled to share best practice and expertise.

Safeguarding Service User Forum

This Forum has helped produce Adults and Communities factsheets on keeping physically safe and protecting yourself from scams and financial abuse. It also advised staff in local hospitals on making improvements to keep patients safe, for example, by understanding the need to use easy-read information for some people who have learning disabilities.

Safeguarding in action

Mrs A is 79 years old and has early onset dementia. She lives alone in New Barnet and is prone to falls. In the past year her home was burgled and she had money stolen when she let strangers in. She was left confused and frightened.



Her carers alerted the police and also raised a safeguarding alert. We worked with Mrs A, the police, the local Neighbourhood Watch co-ordinator and the carers to identify the risks to Mrs A and how best to manage these risks and reduce the harmful impact on her.

Her social worker helped Mrs A to understand the risks in allowing strangers into her home. She arranged for a key pad to be fitted outside the front door so that trusted carers could come in without Mrs A needing to stand up and open it herself, reducing the risk of falls and unwanted meetings with strangers at the door.

The Neighbourhood Watch team arranged for two dummy burglar alarm boxes to be fitted. A local community group keeps her front garden tidy so that the house doesn't look like it belongs to a vulnerable adult.

A review three months after the burglary noted that there had been no further causes for concern and Mrs A is happy with the outcome of the safeguarding intervention.

For more information, visit
www.barnet.gov.uk/safeguarding-adults

Safe Places

Actress Pam St Clement came to Barnet on 25 April to help launch the new Safe Places scheme.

The project supports people with learning disabilities as they go out and about in the community. The individual keeps a registered card with contact details for a friend or carer. If they get lost, feel worried or threatened, they can pop into any shop or business displaying the Safe Places logo on their window. The staff there will provide reassurance and contact the named person.

We have funded the project through the Supporting Independence Fund, which supports disabled and older Barnet residents to live more independent and fulfilling lives. It is organised by Your Choice Barnet and Barnet Mencap working with the council, Barnet police and local businesses.



To do

We plan to:

- continue to build partnerships with colleagues and organisations working with children and victims of domestic violence to share information and best practice
- provide better information to Barnet residents and communities so that they can protect themselves from harm and report when they are worried
- improve ways in which we respond when people raise concerns, by reviewing and monitoring that all our service provider organisations have a safeguarding adults policy and procedures.

6. Listening to you

We believe that engaging and consulting people is vital to ensuring that we deliver better services, spend money wisely and are fully accountable to the public.

To make sure that people can get the type of services that they want, we are working hard to involve service users, carers and local provider organisations in decisions about changes to services and developing new services.

How you can get involved

We invite people to:

- respond to consultations and surveys
- join Partnership Boards
- take part in workshops, planning meetings and focus groups
- sit on interview panels for staff.



People Bank

You can join our People Bank database to express your interest in getting involved. You can be involved as much or as little as you like. You can choose your areas of interest and the types of activities you would like to get involved in.

As a member we may ask you for feedback to help us shape future services. There is an online form you can complete to become a member of the People Bank at www.barnet.gov.uk/people-bank

We also support or facilitate lots of different special interest groups, which have their say on local services. Here are some examples:

Barnet Learning Disability Parliament

The Learning Disability Parliament is made up of eight MPs with learning disabilities, chosen by other people with learning disabilities.

It aims to ensure that people with a learning disability can have a say about the services they use in Barnet and in the decisions that affect their lives. People can meet their MP one to one, and the Parliament meets once a month.

Barnet Seniors' Assembly

This new assembly takes forward the work of the Barnet Older People's Assembly (BOPA) and 55+ Forum. It is an independent body, which provides a representative and campaigning voice in all matters that affect older people in the borough.

Previously, BOPA campaigned on issues such as bus passes, health and safety in care homes, elder abuse and the move to health and social care services working more closely together.

Carers Forum

Run by family carers for family carers, the Carers Forum is the voice of carers in Barnet. It works with health and social care services to improve support services for adults and children who look after relatives or friends.

Experts by Experience Group

This group brings together the views and ideas of people who have direct experience of adult social services as service users or family carers. They act as an invaluable 'sounding board' for new ideas in local social care and health services.

Partnership Boards

Barnet's six Partnership Boards are made up of service users, carers, voluntary organisations and professionals who represent the needs and interests of carers, adults with mental health problems, older adults, adults with physical and sensory impairment and adults with learning disabilities.

The Boards have contributed their experience and expertise to a wide range of improvements in the past year, for example, by helping to:

- update the strategy to support carers
- develop new systems to support stroke patients and frail elderly people
- create guidance on access to doctors' surgeries for people with physical or sensory impairments.

Being on the Board

Phillip Rackham has been a member of the Learning Disability Partnership Board for several years.



"I'm proud to be part of the board.

We've had lots of achievements, like the Big Health Check to help make sure people with learning disabilities have better access to health and social care services in Barnet.

I joined the Partnership Board because I needed something to do and somewhere to go.

I don't feel so isolated any more. It's good to know I'm not the only person with a learning disability. I enjoy the company and feeling part of the community."

Tender/recruitment panels

We aim to involve people as soon as possible when we have decided to commission a new service.

Examples in 2013 include people being involved in developing a new support service for people with learning disabilities, the Later Life Planners service and the new Floating Support service (for people who need help to maintain a tenancy).

Service users and carers also take part in interviews to recruit senior leadership staff within Adults and Communities at the council.

Consultations

We try to ensure that all our consultations are inclusive so that everyone can participate and have their say. For example, we hold meetings at easily accessible locations and provide information in Easy Read format for people with learning disabilities.

During 2013 we held public consultations on Barnet's draft equalities policy, NHS health checks, Floating Support, the Local Account for 2012 and the Community Offer.

We invited responses to online questionnaires on the Barnet Online Engage website <http://engage.barnet.gov.uk/> and ran public meetings and focus groups.

We also ran the Department of Health's annual carers and service users surveys and the Barnet Enfield and Haringey Mental Health Trust Carers Experience Survey to capture feedback about people's experiences of social care and satisfaction levels.

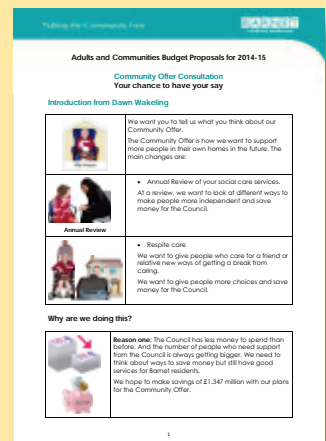
We have analysed the findings from these consultations to inform future service development, for example, to increase the number of carer's assessments that take place and create some new services such as the dementia cafés.

Consulting on the Community Offer

At the end of 2013 we ran a consultation on Barnet's Community Offer, which set out proposals on ways to support people in their own homes by more use of technology and equipment, short-term enablement support and support for family carers.

We created an online and Easy Read questionnaire (see image), contacted key organisations involved in adult social care, ran adverts in local newspapers and distributed posters in local libraries to invite people to consultation meetings.

Feedback from the exercise highlighted concerns about possible social isolation and confusion about the direct payments system, which we are now addressing.



To do

- Using the responses to the Community Offer, we will be working on ways to help people have easier access to community activities to help reduce social isolation
- We are also planning to re-launch the Direct Payments Users' Forum as a platform for people who use Direct Payments to share experiences, ask questions and help shape the future of this important element of adult social care provision
- We want to encourage more people from all backgrounds and those who might not have got involved before to participate in consultation and engagement opportunities.



For more information, visit www.barnet.gov.uk/get-involved

7. Keeping you informed

To support our service users to live how they want and make best use of the services available in the borough we need to provide clear and accessible information and advice.

The Care Bill, due to come into force in 2015, includes a formal duty to provide information and advice so that people are better informed about what support is available and ways to help them.

We provide information in a number of ways, including the face to face contact service users have with their social workers and other care professionals, by telephone, on the website and through publications.

Social Care Direct

Social Care Direct is the council's contact point for any enquiries about adult social care services. People can contact the service on 020 8359 5000 or by email socialcaredirect@barnet.gov.uk.

The service is open 9am - 5.15pm Monday to Thursday and 9am - 5pm on Fridays. There is also an out of hours emergency service available.

During 2012/13 Social Care Direct received over 8,500 enquiries and was able to deal there and then with over 5,000 of these calls, helping people to resolve their concerns quickly or directing them to relevant places for more guidance.

Online

We explain all our adult social care services, and share news on new projects on the Adult Social Care pages on the council's website, at www.barnet.gov.uk/careandhealth



The Social Care Connect directory on the website provides details of our lead service providers such as Age UK Barnet, Barnet Centre for Independent Living, the Barnet Carers Centre and a wide range of other local organisations offering advice and support in the community.

You can see the directory at www.barnet.gov.uk/socialcareconnect

In print

We know that many service users and carers may not have or wish to use digital communications so we ensure information is also available in print, including Easy Read publications for people with learning difficulties.

We produce the annual Barnet Care and Support Directory, which is available in public libraries, community centres, GPs' surgeries and from social workers. It gives a comprehensive overview of the services we provide.



Working with the Barnet Centre for Independent Living, we also produce a series of short factsheets and leaflets on topics such as: Support at Home, Getting Out and About, Keeping Safe at Home, Telecare, Money Matters, Supported Housing Choices, Direct Payments, Visual Impairment and Hearing Impairment.

You can find the full list and downloadable pdfs on the Adult Social Care pages of Barnet Online www.barnet.gov.uk/useful-factsheets

Through our partners

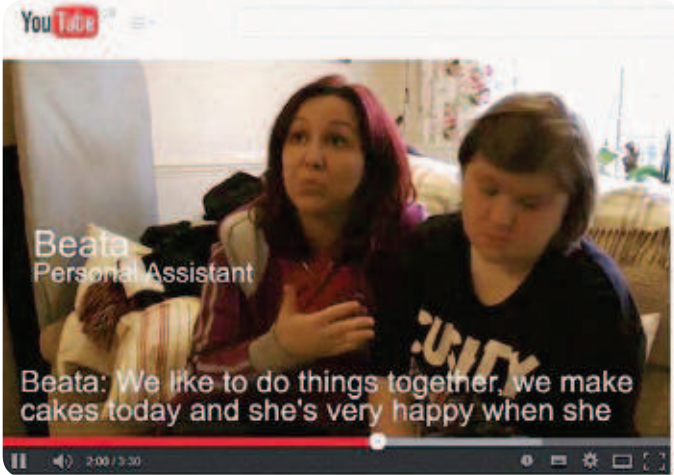
We want residents to have quick and easy access to expert advice, information and support to meet their particular needs. We have therefore commissioned several local organisations to provide specialist information, advice and advocacy services to Barnet residents.

You can see contact details of these organisations on page 33.

What we did in 2013

As part of the drive towards providing more joined up services, we set up a network with communication colleagues in the lead service provider organisations and with the Barnet Clinical Commissioning Group. The aim is to share best practice, co-produce information materials and make better use of free or low-cost communication channels.

We also filmed some short interviews with service users to ask about their experience of using Direct Payments to pay for different types of support (see video still). You can see these on our website.



To do

We plan to:

- improve the Barnet Online website, including the information about adult social care, to make it easier to find the information you need
- work with mental health organisations across the borough to review what information is currently available to residents about mental health problems and where to go for support. We will then look to see how we can improve this.

Who do I contact?

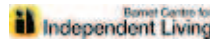
With our partner agencies, we have produced this poster and flyer to signpost people to our lead service providers in the community.

For example, Eclipse offers specialised advice and support for people with mental health problems and the Barnet Centre for Independent Living provides information, advice and support for people with a range of disabilities.

The poster and flyer are available in all public libraries and GPs' surgeries and as an advert on TV screens at Barnet Hospital.

Information and advice in Barnet

For disabled people
Tel: 020 8359 2444
www.barnetcil.org.uk



Planning and improving later life for over 55s

Tel: 020 8203 5040
www.ageuk.org.uk/barnet



About looking after someone

Tel: 020 8343 9698
www.barnetcareers.org



About mental health and wellbeing

Tel: 020 8359 4999
www.eclipsebarnet.org.uk



About autism and learning disabilities

Working for you service
Tel: 020 8349 3842 or 020 8343 8897
www.barnetmenacap.org.uk
www.dimensions-uk.org



On health and social care services

Tel: 0844 826 9336
www.healthwatchbarnet.co.uk



On your rights - and for welfare benefits and debt advice
Tel: 0844 826 9336
www.barnetcab.org.uk



On care options and paying for care

Tel: 0800 731 8470
www.mycaremyhome.co.uk



Delivered in partnership with
BARNET
LONDON BOROUGH

Barnet Clinical Commissioning Group
NHS

For more information, please contact
The Communications Team
Adults and Communities
Tel 020 8359 7150
Email: adultsocialcare@barnet.gov.uk

8. Supporting carers

In Barnet we value carers and recognise the vital role they play in supporting vulnerable people. Supporting carers is a primary aim of our Health and Wellbeing Strategy.

Working with our healthcare colleagues, we are developing support to help carers not only in their caring responsibilities but also to maintain their own health and wellbeing.



A carer can be any age. If you provide regular unpaid support to a partner, relative or friend who cannot live independently without your help, then you are a carer. The person you care for may need your help due to frailty, disability or serious health condition, mental ill health or substance misuse.

Our Carers Strategy takes account of the changing needs of carers and those they look after. It recognises that people are now living longer, that the number of people living with a disability who need care is increasing, and that we need to find ways to support people to stay in their own homes instead of moving in to care homes. All of this will have an impact on carers.

The Care Bill sets out a new legal entitlement for carers to have their own needs assessed and reviewed. We have been working this year to prepare for these changes and ensure we have high quality support for carers in Barnet. This is reflected in our updated Carers Strategy 2014-15.

The carers hub

We work in partnership with the Barnet Clinical Commissioning Group, our Carers Strategy Partnership Board and the Carers Forum to develop services. We have commissioned Barnet Carers Centre to be the lead provider of support for carers in the community.

The Centre is part of a 'carers hub', which includes:

- Age UK Barnet
- Alzheimer's Society
- Barnet Mencap
- Jewish Care
- Caring4Carers
- Friend in Need.

Carers can access information, advice, training and, importantly, social events through any of these organisations and at different locations around the borough.

In the past year Barnet Carers Centre has helped over 7,500 people, the majority of whom asked for support with the emotional challenges of being a full-time carer.

What we did in 2013

Carers Emergency Planning Service

In October 2013 we launched a free Barnet Carers Emergency Support Service (see below).

The carer is supported to write a plan, setting out what they would like to see happen in an emergency situation if they are unable to provide care as usual. They receive an ID card to carry with them. If an emergency arises, they can ring the 24/7 Assist call centre, which will then put the plan into action and contact the person who has agreed to take the carer's place.

Over 100 carers have joined the scheme so far.

Emergency care plans

Mary is in her late 60s and lives in Edgware. She has been looking after her husband Dennis (not their real names), who has had mental health problems for over twenty years. She uses Direct Payments to employ care assistants for the times when she needs to go out, but she was initially doubtful about having an emergency care plan. "We don't have any relatives living nearby, so I didn't know how it could work."

Luckily, a friend has agreed to be the named contact in the plan to look after Dennis if Mary cannot be at home, for instance if she had to go into hospital herself. The Assist monitoring service can also send in a professional carer for a short time if the friend is not immediately available. Mary says, "The plan gives me peace of mind, and one less thing to worry about."



Carers Forum

The Carers Forum meets four times a year as a place for family carers to discuss local and national developments and share their experiences.

It plays an important role contributing to the development of local services and plans, such as the carers' emergency plan scheme, hospital discharge support and raising awareness of the impact of welfare reforms on carers.

It also held training sessions on handling challenging behaviour and an informative event on how carers can safeguard adults from abuse. It provided us with valuable feedback on their expectations of a quality service.

Young carers

Alongside the Care Bill, the Children and Families Act will come into effect in 2015. It requires local authorities to ensure processes are in place to support children and young people who look after their parents. We are already using new joint protocols with colleagues in Children's Services to ensure a consistent approach to supporting young carers.

Carers looking after people with dementia

The dementia cafés set up this year in Barnet offer people with dementia and their carers a welcome place to meet others in a similar situation (see page 24). The Alzheimer's Society also runs workshops for people caring for people with newly diagnosed dementia.

Health Checks for carers

It is sometimes all too easy for people who are busy caring for a relative or friend to neglect their own health and wellbeing.

They may be smoking, not eating healthily or not taking enough exercise and rest, putting them at risk of developing common health problems such as heart disease, diabetes, kidney disease or stroke.



Carers have therefore been identified as a priority group for free NHS health checks. This support went live in Barnet in November 2013 for carers aged 40-74.



We plan to:

- improve the information on the council's and the Carers Centre website and make sure that social work staff know about all services available to carers
- provide training to health professionals such as pharmacists, district nurses and health visitors to ensure they are aware of carers' needs and the local support available
- contribute to the Government's consultation on the Care Bill regulations and guidelines about carers.

For more information, visit
www.barnet.gov.uk/carers

9. Supporting older adults

The number of older people in Barnet is rising. In particular, the number of people affected by dementia is projected to increase by 24% in the next decade. In addition, the loss of independence many older people experience is linked with increasing levels of social isolation and loneliness.

Our key challenge is to meet the rising demand for support in a period of reduced funding and resources.

We are working with older people, the NHS and a range of voluntary sector organisations, including our lead service provider Age UK Barnet, to explore new ways to support older adults in new more integrated ways to maintain their independence, health and wellbeing - in other words to 'age well'.

Part of this work has been to focus more on supporting people in their own homes or closer to home, instead of resources being concentrated on support in hospitals or residential care.

We want to focus on prevention and support people to become experts in their own wellbeing and care.

What we did in 2013

Neighbourhood services

In April 2013 we started rolling out Neighbourhood Services to provide activities and social opportunities for older people across the borough.

A wide range of activities is now running at 40 locations across the borough, delivered by 17 voluntary organisations supported by Age UK Barnet. Activities include social get-togethers, tai chi, cooking classes, reading groups, gardening clubs, falls prevention, befriending, dance and computer tuition.

Neighbourhood services are providing support to an extra 1,000 people and therefore reaching more people closer to home and offering more choice.

Another community-based service is the Casserole Club in Barnet, through which people can share extra portions of home-cooked food with neighbours who may not be able to cook for themselves. You can sign up at www.casseroleclub.com

Dementia support

We worked this year with the Alzheimer's Society to set up dementia cafés (see page 24).

In line with the National Dementia Strategy, the Barnet Clinical Commissioning Group has commissioned a new Memory Assessment Service to make sure that people get the right diagnosis and advice, treatment and help as early as possible.

To support this, we have commissioned a Dementia Advisor service from Barnet Alzheimer's Society. The advisors can signpost people with dementia and their carers to suitable local support services and help them to make informed decisions.

Later Life Planning

We have been developing a new service to be provided by Age UK Barnet. This will offer targeted information and advice for all older people to help them to plan for their future, think about next steps after retirement and to keep them well and active.

Advisors will be able to give one-to-one advice, and will also be experienced in accessing local services, such as where to find a lunch club, where to access exercise, find peer support or access an established support network.

Altogether Better

As part of the Ageing Well programme to improve services for older people, we have set up a number of projects to encourage health and wellbeing among older residents and reduce social isolation.

One such project is Altogether Better, which brings individuals, local businesses and community and faith groups together to plan, run and take part in projects to make their local area a great place to live and work.



So far, four Altogether Better schemes have been launched - in East Finchley, Burnt Oak, Edgware/Stonegrove and High Barnet/Underhill.

In these areas local people have volunteered to share ideas and develop new initiatives, such as:

- IT skills training for older people
- a network of befriending schemes
- games and interest groups
- cooking skills sessions for those not confident in the kitchen
- activities and excursions for residents of local care and retirement homes
- back to work confidence workshops.

You can find out more by visiting www.barnet.gov.uk/ageing-well

Timebanking

Linked to Altogether Better's aims, we are launching the first timebanking network in Barnet in summer 2014.

There are already around 300 time banks across the UK. Participants 'deposit' the time they can give to offer practical help to others and can 'withdraw' from the time and skills offered by other people.

They may help a neighbour with shopping, walk a dog, show someone how to bake a cake, visit someone who lives alone or share a skill like painting or playing an instrument. People can join up at www.barnet.timebanking.org

Support for the most frail and elderly

Over the last year we have worked with the Barnet Clinical Commissioning Group to develop more coordinated, effective services for the most frail and elderly and people with long-term conditions. You can find details about this work on page 6.

Dementia cafés

“The café has a really nice and relaxed atmosphere. We came along to meet other people and to spend a couple of hours in a friendly, understanding environment - the café definitely offered us that today!”



We have commissioned the Alzheimer’s Society to run regular dementia cafés across the borough. So far, three cafés have opened - in New Barnet, Mill Hill and Golders Green - with another one at Finchley Memorial Hospital, which is funded separately.

They are safe, relaxed places in the community where people with dementia, their family members and carers can meet up for a chat, get information about services and enjoy some activities.

As research shows that taking part in creative activities can be of real benefit to people with dementia, the cafés offer activities such as pottery, dance, photography, film making and music. Carers can also take part in workshops to help them understand dementia and build coping skills.

The cafés are an important part of Barnet’s dementia care pathway, linking residents and carers to specialist and advice and treatment so that people with dementia are supported to live longer and better lives, with earlier diagnosis, treatment and support.

Neighbourhood services

Older men have been putting on their chefs’ hats to get creative in the kitchen.

Over a five-week course they can learn how to make a range of tasty nutritious dishes they can then make easily at home.

The men-only cooking classes are just one of wide range of daytime activities for older adults organised by Neighbourhood Services, a new partnership of Age UK Barnet and other local voluntary organisations, which work with older people.

The choice is huge - from lunch clubs and exercise classes to digital inclusion sessions, from befriending to craft classes and art appreciation groups.

As Helen Newman, Age UK Barnet’s Neighbourhood Services Manager, explains,

“We’ve asked older people what activities they would like in their local neighbourhood. The aim is to make it easy for people to keep in touch with others and boost their health and wellbeing.”



To do

We will:

- explore setting up a Barnet Dementia Action Alliance with private, public and voluntary sector organisations to commit to making Barnet a dementia-friendly borough
- provide training for frontline social care staff on ways to help older people avoid falls
- launch Later Life Planning in 2014
- promote more Altogether Better projects.

For more information, visit
www.barnet.gov.uk/careandhealth

10. Supporting people with learning disabilities and autism

We aim to help people with learning disabilities and autism to stay healthy, live as independently as possible and keep safe in the community.



People with learning disabilities are one of the most vulnerable 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.

Autism is often associated with a range of poor social outcomes including low educational attainment, long-term unemployment and reliance on social housing.

Our key priorities over the last year were to:

- build on progress made to provide more integrated health and social care support for people with learning disabilities
- implement the Winterbourne View Concordat to help anyone with a learning disability who is inappropriately placed in hospital to move to community-based support.

We work in partnership with the Barnet Clinical Commissioning Group (BCCG), the NHS, local private and voluntary sector service providers and organisations representing the views of service users with learning disabilities and their carers to develop our services.

What we did in 2013

As part of the drive towards better integration, we continued developing the Barnet Learning Disabilities Service, bringing together social workers, community nurses, speech and language therapists, psychologists and other professionals.

The team shares expertise to help people with learning disabilities access the right local services to meet their needs.

This might be arranging for a person to move to more suitable housing, sort out benefits or provide them with opportunities to meet other people, learn new skills or take part in community activities.

We undertook a review of Sarnes Court, our 18-bed supported living scheme for people with learning disabilities, which opened in July 2012.

We checked with the tenants if this type of housing helps them develop independence and choice. Using their feedback, we will help set up a steering group for the Court, to include tenants, carers and support providers.

We also opened Speedwell Court for people with high functioning autism.

Speedwell Court

Speedwell Court is the first supported housing scheme in Barnet specially designed for adults who have high functioning autism-Asperger syndrome.

It was opened by the Mayor, Councillor Melvin Cohen, on 3 December 2013 and meets a need for this type of support in the borough.

It enables people aged 18+ who previously lived at home or in residential care homes to gain the skills to live independently. We expect that they will be able to move into their own flats after around a year.

Situated in North Finchley, it provides a safe, supportive setting with ten studio apartments and a communal lounge and laundry.

Careful attention was paid to ensure the lighting, colour schemes and design suit people who have autism-Asperger syndrome, and specialist onsite support is available 24/7.

Feedback is positive. As one resident said: "I like it - the support is good. It's more independent and I don't disturb my mum anymore."



Working for You

Working for You (WfY) supports people with learning disabilities or autism.



We commissioned Barnet Mencap and Dimensions to run this service, which provides individual help with solving everyday problems, finding training or employment and opportunities to join in social activities to make new friends.

Joe (not his real name) is 46 years old, and has a learning disability and mental health issues. He was struggling with a housing issue and feared losing his home. WfY helped him sort out this problem so he could stay in his home. It also helped him develop his independent living skills and is currently helping him to get back to work and develop his social links.

Joe says he is much happier. Although he no longer needs one-to-one support he knows he can go back to WfY at any time if he needs help and reassurance.

Nearly 300 people are using Working for You services such as the drop-in services and clubs. During 2013/14 twenty clients secured paid work, six of whom have been in these jobs for over six months.



In the coming year, we plan to:

- conduct a review of the integrated Learning Disabilities Service to make sure the service is working in the best way possible
- develop a new care pathway for people with autism, to provide quicker access to diagnosis and support.

For more information, visit www.barnet.gov.uk/learning-disabilities

11. Supporting people with physical disabilities

We want to ensure that people with physical or sensory disabilities have control of their own care and support, can make informed decisions about the options available to them and can live as independently as possible in the community.



Barnet Centre for Independent Living

Barnet Centre for Independent Living (BCIL) is our lead service provider. It aims to provide a peer-led, multi-service one-stop shop for people with any form of disability living or working in Barnet.

It brings together service users and carers and community organisations to offer services that promote independence, social inclusion and equality for disabled people.

During 2013 BCIL's support planning service helped 165 service users to plan the support they needed to live more independently and reach their goals.

We also worked with BCIL on the design of a new Centre for Independent Living (see opposite).

What we did in 2013

Accessible housing

A key priority has been to support people currently in residential care or receiving a high level of social care support, who wish to live independently.

We have worked with the council's Housing Service and Barnet Homes on a new rented housing programme. The new building will include 25 fully accessible properties suitable for people who use wheelchairs.

The homes will incorporate adaptations such as lower kitchen work surfaces, accessible bathrooms and wider doorways.

Prospective tenants will be able to input into the design details of their homes to meet their specific needs.

The first seven properties should be ready to move into in 2015.

Stroke services

Following a wide consultation exercise in 2012, we have improved our stroke services, working with the Stroke Association. Starting from October 2013 patients leaving hospital now receive short-term continued care at home to help them in their recovery.

They receive a progress review six months after their discharge from hospital to ensure they feel supported and have access to further specialist review, advice, information, support and rehabilitation, where appropriate.

The Communication Support service for people with aphasia and the Stroke Support Service, both provided by the Stroke Association, continue to be well used. 187 people have used these services in Barnet in the past year.

BCIL's new centre

A new purpose-built Centre for Independent Living will open in 2016. It will be co-located with Grahame Park Library and Barnet and Southgate College in Colindale. Social care users were involved in its designing this new building.

This will greatly improve the services BCIL can offer and enable service users to enjoy the full range of accessible facilities and services including a library, coffee bar and meeting rooms.

We also set up an accessibility group to input into the major Brent Cross Regeneration programme. The group is ensuring that transport, housing and neighbourhood design take account of the needs of people with disabilities.

BSL Tuesdays

During 2013 we reviewed the BSL Tuesdays pilot scheme, which we set up with the Jewish Deaf Association (JDA) in 2012 to support deaf and deafblind people to be as independent as possible.

BSL Tuesdays offers an informal weekly drop-in session for anyone in Barnet who uses British Sign Language (BSL) as a first language. It is the first service of this type for deaf people in Barnet.

Around 60 people a week have benefitted from the service, which offers practical help, such as translating letters and emails and advice on welfare benefits and advocacy. It also enables clients to test out equipment such as telecare.

The review showed that the scheme provided good value for money and demonstrated that there is a continuing need for this type of service in the community.



Telecare

We have recently introduced a number of dedicated telecare advisors to work alongside social workers and occupational therapists in our multidisciplinary care teams. They support people through the use of telecare devices such as personal alarms and movement sensors.

Over 700 service users in Barnet now use a range of telecare devices all remotely monitored 24 hours a day by Barnet Homes, which provides a local rapid response service should an alarm be raised.

This technology allows residents to remain at home and live independently, with the reassurance that they can get help quickly if there is a problem.

Carl and Emily

"I'm 38. I've had cerebral palsy since birth. I live on my own and independently because I have the support package I need.



My life was basically torn apart and it's no exaggeration to say Direct Payments saved my life. If I fell out of my wheelchair ten years ago I could have got myself back in it. Now that's a total impossibility so I need the personal assistant I employ with my Direct Payment to help me at home and to take me out and about.

Your personal assistant gets to know you and your everyday needs and you need to be at the forefront of how you integrate that into your life, how you train them, how you help them to help you.

My assistant Emily's hours are fluid, depending on what I'm doing. She's very good at knowing my needs.

And it's not just me. Having the money to pay for Emily enables my children to have 100% dad all of the time - just doing what every dad does I can do with my kids - going to the park, going to the seaside.

What Direct Payments provides isn't a service - it's a golden opportunity."



We plan to:

- increase our offer of telecare equipment and Direct Payments to support people's ability to live independently in their own homes
- do more work to promote the Stroke Service, and consult on setting up an aphasia café for people with communication problems following a stroke
- develop an integrated care pathway for people with visual impairment.

For more information, visit
www.barnet.gov.uk/careandhealth

12. Supporting people with their mental health

One in four people will be affected by mental health problems at some point in their life. For some people this can lead to social exclusion and isolation.

In Barnet an estimated 40,000 people experience depression and anxiety at any one time and are mainly supported in the community by their GP.

Around 4,000 people with long-term mental health conditions such as severe depression, bipolar disorder, psychosis and schizophrenia are supported by secondary mental health services delivered by the Barnet, Enfield and Haringey Mental Health Trust (BEH MHT).

We work closely with the Trust, the Barnet Clinical Commissioning Group and the voluntary sector to ensure services for people with mental health problems are joined up, good quality and accessible. We also work with the Mental Health Partnership Board, which includes individuals and carers with direct experience of using the mental health services.

We know that there is stigma when it comes to mental health and that's why we are committed to raising awareness of mental health in Barnet, and ensuring people with mental health problems know where to find support.

We commission a range of voluntary sector organisations, such as Eclipse, Barnet Refugee Services, Barnet Depression Alliance, Barnet Bereavement Service, Barnet Asian Women's Association and the Chinese Mental Health Association, to provide:

- informal support in the community to help people cope with mental ill-health and build their mental wellbeing
- information, advice and advocacy services
- support for carers of people with mental health conditions.



What we did in 2013

The Network

The Network provides short-term enablement support to people who have received long-term mental health services in the past.

Those supported by The Network are helped to gain or regain skills and confidence to be active members in their communities and manage their own wellbeing in the future.

In 2013 The Network supported 311 people into volunteering, paid employment, leisure activities, work placements with community organisations, and further education.

Of these, 70 people started courses at the Birkbeck College, the Open University, City Lit and other colleges. The courses included website design, IT, creative writing, fashion, English as a Second Language and philosophy.

An independent evaluation of The Network, conducted by Middlesex University in 2013, commended its achievements to date: "The staff team are enthusiastic and motivated and provide a consistent approach to the enablement model which seems to strengthen its effectiveness."

Eclipse

We launched Eclipse in April 2013 to offer an innovative approach to inspire and help people find better mental health and wellbeing.

As our lead service provider for mental wellbeing support in the community, it brings together the expertise of the Richmond Fellowship, Mind in Barnet and the Barnet Centre for Independent Living.

Eclipse offers free one-to-one mentoring and group recovery support. People are also encouraged to share their experiences and coping strategies to support each other and Eclipse run special interest activities, training and help to find work as well as general advice on wellbeing.

It has also held a series of very successful Mental Health First Aid training days for local employers and colleges and similar events for the general public in local libraries.

Crisis support

Following feedback from Barnet residents and GPs, the Mental Health Trust have set up a simpler referral system.

People who need urgent mental health treatment can now refer themselves to the new Crisis Resolution and Home Treatment team. This service is available 24/7 to assess people wherever they may be, for example, a GP's surgery, Accident & Emergency or their own home.

Experience of Eclipse

Grace (not her real name) is in her 30s and married. She was referred to Eclipse by her GP. She had suffered from depression and health problems for several years and felt she couldn't face 'the outside world'.

At Eclipse she was offered free one-to-one support from a professional mental health advisor. Over several months of weekly meetings she got gentle mentoring support to gradually work out an action plan of small steps to build up her confidence.

She started volunteering with an animal charity, made new friends through Eclipse's social clubs and, in September 2013, started a course at a local college.

Grace says: "Without Eclipse I wouldn't be leaving the house at all, wouldn't be volunteering after six years of not working, wouldn't have been encouraged to go to college. And I would not have the confidence to feel I'm good enough to get out there and try things."



Barnet marks World Mental Health Day



The Greek Cypriot Centre in North Finchley was buzzing on 10 October when nearly 200 adults and young people joined in a range of activities to mark World Mental Health Day.

Under the theme ‘No health without mental health’, it was designed to raise awareness of mental health and help break down barriers of discrimination.

As well as information stalls about local mental health organisations and services, the event included art sessions, drama performances, live music, Zumba and workshops on stress relief and debt management.

The day was a combined effort by the Mental Health Partnership Board, Eclipse, Multilingual Wellbeing Services, Depression Alliance and Barnet Asian Women’s Association and others.

Photo: Councillor Lisa Rutter, Allan Johnson-Mwangi of Multilingual Wellbeing Services and Jonathan Ashby, founder of the mental health social enterprise Forward, check out the art activity.

To do

We plan to:

- commission a new mental health and wellbeing service for people from black, minority ethnic and refugee (BMER) groups. These people are often marginalised and only come into contact with mental health services at points of crisis
- work with Public Health to develop support for people with mental health conditions, who may also use drugs and/or alcohol
- organise events to mark World Mental Health Day 2014
- conduct the first-year review of the Eclipse service.

For more information, visit

www.barnet.gov.uk/mental-health

13. Supporting young adults

Moving into adulthood can be a challenging time for most young people, and especially for young people with significant learning or physical/ sensory disabilities.

We need to make sure that these young people and their families can get the right information and support at the right time to enable them to make the best decisions for their future and prepare for adulthood. Our overall aim is to support them to lead as fulfilling and independent a life in their local community as possible.

The Transition Team in Adults and Communities supports young people aged 16 - 25 who have complex learning, physical or sensory needs who will require ongoing social care support as an adult.

Working with the young people and their carers, the team:

- provides support through the move from children's to adult social care services
- assesses their needs and helps identify goals for their future
- introduces them to using a Personal Budget to arrange their social care support.

This year we worked with family carers and the council's Children's Service to simplify and improve the customer journey for young people moving from children's into adult services and for those other young people with 'low to moderate needs', who may need more general services. This has resulted in better information and guidance available on the council's website.

0-25 Local Offer

In line with the statutory requirement of the Children and Families Bill, we are working with the Children's Service to bring together information for a 0-25 Local Offer.

This Local Offer will be published online to set out in one place all the services in education, health and social care that are available in Barnet for children and young people with a statement of Special Educational Need (SEN). It will clearly explain how people can access them.

For more information, visit

www.barnet.gov.uk/supporting-young-adults

Transition Pathway

Between the ages of 14 - 25 young people with special needs and their parents/ carers need to make important choices about their future such as what they want to do when they leave school and where they want to live.



To help them make informed choices, we consulted with health, education and social care professionals and carers to develop a new year-by-year Transition Pathway for all young people with an SEN statement aged 14 - 18 years.

This information will help young people and their parents/carers to better understand how they will be supported each year, the role of different professionals and when key decisions should be made. This will enable them to be in control of the process and to better plan for the future.



We plan to publish:

- the 14 - 25 SEN Transition Pathway in April 2014
- the 0-25 Local Offer in September 2014.

14. Useful contacts

Information and advice in Barnet

For disabled people

Tel: 020 8359 2444
www.barnetcil.org.uk



Planning and improving later life
for over 55s

Tel: 020 8203 5040
www.ageuk.org.uk/barnet



About looking after someone

Tel: 020 8343 9698
www.barnetcarers.org



About mental health and wellbeing

Tel: 020 8359 4999
www.eclipsebarnet.org.uk



About autism and learning disabilities

Working for you service

Tel: 020 8349 3842 or 020 8343 8897
www.barnetmencap.org.uk
www.dimensions-uk.org



On health and social care services

Tel: 0844 826 9336
www.healthwatchbarnet.co.uk



On your rights - and for welfare
benefits and debt advice

Tel: 0844 826 9336
www.barnetcab.org.uk



On care options and paying for care

Tel: 0800 731 8470
www.mycaremyhome.co.uk



Delivered in partnership with




Barnet Clinical Commissioning Group

15. Useful information

If you are interested in finding out more about the work of Adults and Communities, please visit **www.barnet.gov.uk/careandhealth**

You can also find more detail on issues covered in this Local Account by reading the following reports on the council website **www.barnet.gov.uk**

- Joint Strategic Needs Assessment
- Barnet Health and Wellbeing Strategy
- Barnet Council Corporate Plan and Performance
- Annual Adult Social Care Complaints Report 2012-13
- Carers Strategy Refresh 2014-15
- Annual Social Care User Survey Report 2013
- Safeguarding Adults Board Annual Report 2012-13

Social Care Direct

Social Care Direct is the council's contact point for any enquiries about adult social care services. The service is open 9am - 5.15pm Monday to Thursday and 9am - 5pm on Fridays. There is also an out of hours emergency service available.

You should contact Social Care Direct if you want to raise a safeguarding alert. In an emergency always ring 999.

Tel: 020 8359 5000

Email: socialcaredirect@barnet.gov.uk

Your feedback

We welcome your feedback on this Local Account. Please tell us what you liked or disliked and what you'd like to see in next year's Local Account.

To give your feedback, you can:

- Fill in our online reader survey at <https://www.surveymonkey.com/s/Barnet-Local-Account-2013>
- Email us at engage.adults@barnet.gov.uk
- Call us on 020 8359 7150

Alternative formats

If you need this information in another format such as Easy Read, audio CD or large print, please contact the Adults and Communities Communications Team.

Tel: **020 8359 7150**

Email: **adultsocialcare@barnet.gov.uk**

Produced by Adults and Communities
London Borough of Barnet
March 2014

 AGENDA ITEM 8

Meeting	Safeguarding Overview and Scrutiny Committee
Date	10 th April 2014
Subject	The Care Bill Update Report
Report of	Cabinet Member for Adults
Summary of Report	This report sets out the main points from the forthcoming changes to social care legislation as set out in the Care Bill. This includes adult safeguarding in primary legislation for the first time. The report sets out implications for Barnet and the approach being taken to prepare for the new requirements.

Officer Contributors	Dawn Wakeling, Adults and Communities Director
Status (public or exempt)	Public
Wards Affected	All
Key Decision	No
Reason for urgency / exemption from call-in	N/A
Function of	Committee
Enclosures	None
Contact for Further Information:	Dawn.wakeling@barnet.gov.uk or tel 0208 369 4290

1. RECOMMENDATION

- 1.1 That Committee consider the report and the impact of the new legal framework on safeguarding and adult social care and make appropriate comments and/or recommendations to the Cabinet Member for Adults.

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Special Safeguarding Overview and Scrutiny Committee on 24 September 2012 received a report on the three key adult social care policy documents published in July 2012: Caring for Our Future (White Paper); the draft Care and Support Bill; and the Government's interim statement on funding reform for Adult Social Care. The Committee endorsed Officers undertaking further work to assess the potential impact of these policy changes on Barnet.
- 2.2 Cabinet on 18 April 2013 received a report on describing the main impact of the White Paper, Caring for our Future, and the draft Care & Support Bill, both published in July 2012; and of the policy statement on Care and Support Funding Reform, presented to Parliament on 11 February 2013. The report set out the implications for Barnet based on empirical data and modelling where appropriate.
- 2.3 Health and Well Being Board on the 27 June 2013 received a report which summarised the implications of the Care Bill and a further report on 21 November 2013 to update the Board on progress made locally to prepare for the implementation of the new legislation.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The 2013/14 Corporate Plan objectives: "Support families and individuals that need it – promoting independence, learning and wellbeing"; and "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" accord with the underpinning principles set out in the White Paper. The Council's future plans for adult social care will need to be within the policy and legal framework set out in the White Paper and draft Care Bill.
- 3.2 The Health and Wellbeing Strategy 2012-15 echoes many themes of the new policy framework with its emphasis on promoting independence and wellbeing whilst ensuring care when needed. The White Paper agenda links directly with three of the main planks of the strategy: Wellbeing in the community; How we live; and Care when needed. In particular 'Care when needed' identifies plans for developing increased independence for older people, improving support for residents in care homes and improving support for carers.

4. RISK MANAGEMENT ISSUES

- 4.1 Whilst the overall direction set out in the Care Bill is positive for users and carers, an initial review of the Care Bill has identified some potential risks for the Council in implementing its requirements. These are particularly the

resource and financial implications of providing enhanced services to carers, to people who fund their own care along with the deferred payments scheme.

- 4.2 A number of new statutory requirements and duties are set out in the new policy and legislative framework and there would be risk for the council in failing to meet these new statutory requirements.
- 4.3 The demographic challenges and increasing complexity of need faced by adult social care are already being addressed through a focus on prevention and early intervention, with improved information and advice, and better access to telecare and enablement for adult social care key mitigating strategies. However, with an increased focus on an integrated care and accommodation approach, a council wide response will need to be developed that plans for a range of private and social housing that is able to meet different people's needs and requirements and maximises the opportunity provided by recent changes to the Housing Revenue Account. This approach would mitigate the demand and financial pressures that will continue to be faced by adult social care.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 The Equality Act 2010 places a duty on public authorities 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 On 1 October 2012, new provisions in the Equality Act came into force banning age discrimination in health and social care. This is in line with the duties incumbent on all public bodies through the Equalities Act 2010. Adult Social Care works within the Council's policy framework for equalities, offers services to users within this framework and undertakes relevant positive action to ensure social care is accessible to groups with different equalities characteristics; for example, producing easy-read information for people with learning disabilities and offering interpreters for service users.
- 5.3 Age discrimination should be considered broadly: younger people may perceive that older people receive more favourable treatment from services as well as older people perceiving that they are less favourably treated. The prohibition does not mean that all age groups should therefore be offered identical supports or services. However, it does require the council to have a transparent and fair rationale for different approaches or supports offered to different age groups, just as it already does for current positive action in place, such as providing interpreters.
- 5.4 However, there is a general risk from this prohibition applicable to all councils, which may face an increased level of potential legal challenge from individual users or groups, using this prohibition as its basis. Nationally, there have been legal challenges based on equalities legislation: for example, the 2011 challenge to Birmingham City Council on its proposed change to adult social care eligibility criteria.

5.5 In order to ensure Barnet Council is compliant with this requirement, consideration will need to be made of existing social care supports specific to different age groups, along with wider universal services, to ensure there is a transparent and fair approach to the offer to social care users based on age.

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

6.1 It is clear that the reforms will have a significant impact on social care locally. However, it should be noted that it is not possible at this stage to predict with precision the demand changes that these reforms will bring. Modelling of costs and demand in relation to the Bill was presented to the Health and Wellbeing Board in June 2013 and is being further revised as new information becomes available. This modelling indicated that the potential additional financial pressure on the authority as a result of these changes to social care is significant. The additional annual cost of implementing the proposals could be in excess of £10m per annum and, if government funding to support this falls short, this will result in a significant shortfall for the authority. The comprehensive spending review of June 2013 identified national 'new burdens' funding to be made available to local authorities to address additional costs arising from the Care Bill. Any shortfall in national funding would require the authority to re-prioritise resources from other areas, earmark additional business rate or Council Tax income or identify other measures to balance the budget.

6.2 It is worth noting that the Local Government Association along with other representative bodies, continues to lobby central government on the costs of the reforms, based on the view that the funding made available to meet the costs of the reforms will not cover their full impact. London Councils' 2013 analysis estimated that the cost of the social care funding reforms (i.e. the cap on care costs and changes to capital limits) will cost London authorities £1 billion per annum. The additional impact in London is related to regional variations in costs of care. Prices for care tend to be higher in London than elsewhere, meaning that service users will reach the Cap levels earlier than in other areas.

6.3 The Council has also received notification of a provisional allocation for 2015-16 for Adult Social Care new burdens of £1.719m; the final allocation will be known in 2014/15.

7. LEGAL ISSUES

7.1 The current social care legislation has evolved over a number of decades and in a piecemeal manner. As with the Equality Act 2010, the draft Care Bill sets out to consolidate several pieces of legislation and will replace over a dozen different pieces of legislation with one Act. The new legislation is designed to be less complex and easier to apply for practitioners within the council, their legal advisers and, in the case of legal challenges, the Courts.

- 7.2 The Bill is intended to give effect to the policies set out in the White Paper *Caring for our future: reforming care and support*, to implement the changes put forward by the Commission on the Funding of Care and Support, chaired by Andrew Dilnot, and to meet the recommendations of the Law Commission in its report on Adult Social Care to consolidate and modernise existing care and support law. The Bill also gives effect to elements of the Government's initial response to the Mid Staffordshire NHS Foundation Trust Public Inquiry that require primary legislation.
- 7.3 The Bill contains four parts. Part 1 sets out the legal framework for the provision of adult social care in England, including the general responsibilities of local authorities and the provisions for assessments, charging, establishing entitlements, care planning and the provision of care and support. This includes provision to create a cap on the costs of care and for local authorities to enter into deferred payment agreements. There is a new requirement to establish a Safeguarding Adults Board. This puts into primary legislation for the first time, the local authority's duties in respect of adult safeguarding.
- 7.4 Part 2 relates to Care Standards. There is a requirement to introduce a duty of candour on providers of health and social care registered with the CQC. There are a number of provisions in relation to the role of CQC, including ensuring that it is more autonomous and independent from the Secretary of State.
- 7.5 Part 3 deals with Health and sets up two new non departmental health bodies.
- 7.6 Part 4 deals with technical matters to ensure proper operation of the legislation.
- 7.7 The Bill has now completed all stages in the House of Lords and the Commons and is expected to become law in April 2014.

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

- 8.1 The scope of Overview and Scrutiny Committees is contained within Part 2, Article 6, of the Constitution.
- 8.2 The Terms of Reference of the Scrutiny Committees are in the Overview and Scrutiny Procedure Rules (Part 4 of the Constitution). The Safeguarding Overview and Scrutiny Committee has within its terms of reference the following responsibilities:
- To scrutinise the provision of Adult Social Care services (including those who have physical disabilities, sensory impairment, learning disabilities, mental health needs or other special needs) to ensure that residents are safeguarded and supported to lead as independent lives as possible in their own homes.
 - To scrutinise the Council and its partners in the discharge of statutory duties in relation to safeguarding.

9. BACKGROUND INFORMATION

9.1 July 2012 saw the publication of the 'Caring for our future: reforming care and support' White Paper. The White Paper outlined the vision for a reformed care and support system, one that would:

- Focus on people's wellbeing and support them to stay independent for as long as possible.
- Introduce greater national consistency in access to care and support.
- Provide better information to help people make choices about their care
- Give people more control over their care.
- Improve support for carers.
- Improve the quality of care and support.
- Improve integration of different services.

9.2 On the 10th May 2013, the Care Bill was published, introducing legislation to provide social care protection and support to the people who need it most and to take forward elements of the government's initial response to the Francis Inquiry, to give people peace of mind that they will be treated with compassion when in hospital, care homes or their own home. The Bill brings together existing care and support legislation into a new, modern set of laws and builds the system around people's wellbeing, needs and goals. The Care Bill has, as its primary principle, a key element of the White Paper, stating at clause one of the Bill that the overriding principle of adult social care is to focus on the individual's wellbeing.

9.3 The Bill sets out new duties on local authorities to provide information and advice; along with preventative services that reduce the need for social care support. It introduces a national eligibility threshold for care and support for users and carers; along with new rights for portability of care when a service user moves to a new area. It introduces increased rights for carers, with national eligibility thresholds for carers and a right to review for the first time. It introduces a cap on the costs that people will have to pay for care. These have been set at £72,000 for older people and £0 (zero) for those who have eligible social care needs as they become 18. There will also be another level of cap for adults of working age, which is still to be announced. The Bill sets out a universal deferred payment scheme, for those with assets below £23,250, so that people will not have to sell their home in their lifetime to pay for residential care.

9.4 The Bill also raises the means test threshold for people with eligible needs. This means that people with higher levels of assets will be able to receive local authority support with the costs of care. The upper level will be £118,000 where the value of someone's home is counted (i.e. when they are to move to residential care). The means test threshold where the value of someone's home is not counted, (i.e. for community based care) will be £27,000, an increase of £4,000 above the current thresholds.

9.5 Changes to the Bill as it went through its later stages of the legislative process have included the following. Firstly, the introduction of new duties on Councils in the event of a financial failure of a local social care provider. Councils will be responsible for meeting the needs, on a temporary basis, of all users placed with a provider, including those placed by a different council or those funding their own care. This is a change from the current system, where Councils usually take responsibility only for those they have placed. Secondly, the introduction of the right to independent appeal against decisions on social care needs made by councils. This would give individuals who are not content with the result of their social care assessment, their assessed eligibility level, personal budget or support plan, the right to appeal the Council's decision through an independent process. It is anticipated that further details of many aspects of the Bill including these two aspects will be set out in secondary legislation (scheduled for publication in draft form in May) and in future guidance.

10. Current Progress

10.1 The Adults and Communities Delivery Unit has carried out an analysis of the Council's current status against the Bill's requirements and of relevant work in progress that also meets the requirements of the Bill. A formal work programme to address the requirements of the legislation is in the mobilisation stage.

10.2. The gap analysis is still evolving, but indicates that there are good foundations in place in many of the key Care Bill requirements: information and advice, safeguarding, prevention, carers and market shaping are already being addressed by Adults and Communities independently of the Bill. Further key programmes such as Health and Social Care Integration and IT replacement are also underway and have been identified as important in meeting the requirements of the Bill.

10.3 The Bill sets out several requirements for local authority adult safeguarding. This puts adult safeguarding on a statutory footing for the first time and enshrines in law much of the good practice adopted by Councils, building on the No Secrets statutory guidance. In the Care Bill, local authorities remain the lead agency for adult safeguarding. Adult Safeguarding Boards become statutory bodies, with the council, the NHS and the Police as the key statutory partners. The Adult Safeguarding Board is required to publish an annual report detailing its work over the previous year; and its forward work programme. Barnet already has an Adult Safeguarding Board, with membership from the Police, the NHS and the Council, with an independent chair. The Barnet Adult Safeguarding Board already publishes an annual report and its forward work programme, which is reviewed by this Committee as well as the Health and Wellbeing Board. The Bill also requires Councils to make safeguarding enquiries where it is suspected that a vulnerable adult may be at risk of abuse, including financial abuse. It also requires local authorities to conduct safeguarding adults reviews (SAR, the replacement term for serious case reviews) in circumstances where there is the need to learn lessons following incidents of harm or death of a vulnerable adult. Both these requirements set current good practice into law. Barnet has in place systems to make safeguarding enquiries, including for vulnerable adults who are not known to Barnet adult social care. Barnet already has a system for determining whether

to initiate a SAR, led by the independent chair of the Adult Safeguarding Board.

10.4 The overall draft programme is described in the table below.

Workstream	1 Demand analysis and modelling
Aim	Ensure LBB is prepared for impact of care funding and care and support reforms in 2015 and 2016.
Workstream	2 Assessment, support planning and eligibility
Aim	To ensure readiness for national eligibility criteria for users and carers, to introduce improvements to process for and communication of direct payments to ensure new requirements are met. To develop and implement new approaches to assessment and support planning to ensure sufficient capacity and effective risk mitigation arising from the likely increased take up of assessment due to the funding reforms.
Workstream	3 The Care Account and measuring progress towards the cap
Aim	To implement an effective system for measuring progress towards the cap and providing the Care Account to residents.
Workstream	4 Revision of fairer contributions policy
Aim	To implement the new national contribution policy for funding reform from 1.4.2016.
Workstream	5 Carers
Aim	Prepare for introduction for new carers entitlements, review current offer/services for carers; ensure offer is consistent with ethos and requirements of care bill; introduce enablement for carers to reduce requirement for ongoing carers services/costs of funded care.
Workstream	6 Prevention Information and Advice
Aim	To ensure LBB is compliant with new duties from the Care & Support Act. To include I&A, telecare, NSCSO, Public Health, private sector providers. Delay and reduce need for funded social care support through prevention services
Workstream	7 Young people and working age adults
Aim	To consider and implement improvements to the LBB 'offer' to working age adults and young people with care needs, ensuring the requirements of the reforms are met.
Workstream	8 Public awareness and communications
Aim	To raise awareness and inform the public how to take steps to prevent/prepare for future dependency and care needs.
Workstream	9. Deferred payment
Aim	To have a universal deferred payment scheme in place on April 2015. This will replace the current scheme.

10.5 We are taking forward the following activities as early priorities:

- Activity and financial modelling: As a result of the reforms, it is likely that increased numbers of Barnet residents who currently fund their own care will come forward for a social care assessment, a carer's assessment, support planning and a care account. To prepare for the reforms effectively, we need to model the rate at which demand for assessment and care planning will increase and over what timescale, to inform workforce and service planning. We also need to develop a robust financial model to enable the Council to manage the financial impact of the reforms. The outputs of this work stream will underpin several other work streams in the programme. In particular, it will enable officers to take forward the work stream on assessment, eligibility and support planning.
- Deferred payments: Although the Council has a deferred payment scheme in operation, the current scheme will need further development to meet new national requirements. Part of this work stream is identifying the financial implications of large scale take up of deferred payments and risk management of the implications.
- IT and infrastructure requirements: New IT systems within Adults and Communities are in the pre-procurement stage and given the lead in time for IT changes, Care Act requirements need to be factored in at the early stages.

11.0 List of Background Papers

11.1 Social Care Funding Reform and the draft Care & Support Bill: Implications for the London Borough of Barnet

<http://barnet.moderngov.co.uk/ieDecisionDetails.aspx?ID=4670>

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

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Meeting	Safeguarding Overview and Scrutiny Committee
Date	10 April 2014
Subject	Application of Mental Capacity Act 2005 and Deprivation of Liberty Safeguards
Report of	Cabinet Member for Adults
Summary of Report	This report documents the work of the Safeguarding Adults and Deprivation of Liberty Safeguards (DoLS) Team for the period 2013-2014 in relation to consideration and adherence to the Mental Capacity Act and Deprivation of Liberty Safeguards.

Officer Contributors	Barbara Jacobson, Acting Safeguarding Adults Manager
Status	Public
Wards Affected	All
Key Decision	No
Reason for urgency / exemption from call-in	Not applicable
Function of	Committee
Enclosures	None
Contact for Further Information:	Barbara Jacobson, Acting Safeguarding Adults Manager, barbara.jacobson@barnet.gov.uk

1. RECOMMENDATION

- 1.1 The Safeguarding Overview & Scrutiny Committee to give consideration to this report and make appropriate comments and/or recommendations to the Cabinet Member for Adults.**

2. RELEVANT PREVIOUS DECISIONS

None

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Corporate Plan 2013-16 outlines the Council's commitment to safeguarding which underpins everything we do and aims to protect the most vulnerable people, both children and adults, from avoidable harm or abuse. One of the strategic objectives is to: 'Support families and individuals that need it – promoting independence, learning and well-being.' Legislation from The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) serve to support the corporate objectives. One of the Safeguarding Adults Board (SAB) key objectives for 2013-15 is 'consideration of the application of the Mental Capacity Act'.

4. RISK MANAGEMENT ISSUES

- 4.1 The Best Interest Assessor (BIA) role is an independent role. The local authority is required to ensure that there are sufficient best interest assessors (BIA's) to complete assessments required for DoLS Legislation.
- 4.2 The DoLS Service has to adhere to BIA Training Standards to confirm that the practitioners have adequate training.
- 4.3 The DoLS service needs to ensure that the managing authorities (hospitals and care homes) have completed referrals in to the local authority (supervisory body) under the correct procedures. Failure to properly authorise the Deprivation of Liberty when this is required is unlawful.

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 as set out in s149 of the Equality Act 2010 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 Within the deprivation of Liberty Safeguards equality and diversity issues are considered and monitored within the service.

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

- 6.1 The budget for the DoLS service for 2013/14 is £134,793.00; this includes monies from the CCG.
- 6.2 The DoLS Service shows that there have been 50 requests to date (2 for which decisions haven't been received as they are currently being undertaken). There were also 8 extensions (request for the urgent authorisation to extend beyond 7 days allowed) requested.
- 6.3 Work within both safeguarding adults at risk and DoLS arenas require the involvement of Independent Mental Capacity Advocates (IMCA's). Barnet works with the 'Voiceability' Service and have continued the contract with Voiceability for 2014-2015 to work in partnership and to support the most vulnerable people in our community. Partner Contributions for the IMCA/DoLS (Paid Representative) service was provided by Voiceability in 2013/14. The total contract price was £107,311.00 (Barnet £39,815.00, Enfield £35,525.00 and Haringey £31,971.00).
- 6.4 The current standards of BIA training are currently being examined within the service to ensure that the standards of service are optimal in practice.
- 6.5 The local authority initially trained in-house best interest assessors in 2009 in response to the new addition to the MCA. Five additional BIA's are currently being trained. There are currently 15 best interest assessors who can undertake the assessments.
- 6.6 We hold MCA forums and BIA forums monthly. Forums have included discussions in relation to the MCA, the function of The Court of Protection and the important interface between the MCA and Mental Health Act (MHA).
- 6.7 Webinar sessions from *Browne Jacobson* Solicitors provide updates on Case Law for practitioners.
- 6.8 Safeguarding quarterly practice forums for staff focused on the application of the MCA and DoLS Legislation. This included a forum which considered 'Risk vs. Rights' of the service user in decision-making within the safeguarding process. The forum also considered the difficulty of assessing mental capacity and when the decision taken by the service user is 'risky' and highlighted the importance of involving the service user within the process, particularly in the best interest decision process.
- 6.9 During Safeguarding Month in November 2013, the Council held a workshop for staff on sharing good practice in safeguarding adults at risk by using the MCA. This was presented by the safeguarding team lead practitioner and the MCA/DoLS lead for Barnet.
- 6.10 The legislation changed in April 2013, where the local authority became the supervisory body over referrals from hospitals as well as care homes, Barnet Local Authority saw a 90% increase in DoLS health referrals for the service.

7. LEGAL ISSUES

- 7.1 The deprivation of a person's liberty in the context of a care home or hospital engages Article 5 of the European Convention on Human Rights which states: 'Everyone has the right to liberty and security of person. No one shall be deprived of his liberty save in the following cases and in accordance with a procedure prescribed by law.' Therefore any deprivation must have a lawful basis otherwise it is a breach of Article 5.
- 7.2 The legal basis is set out in The Mental Capacity Act 2005. Deprivation can be authorised by way of an Order from the Court of Protection under section 16 of the Act or by the process set out in Schedule A1 to the Act where a person is deprived of their liberty in a care home or hospital. Deprivation in other settings or where the deprivation is opposed by relative or carer should be authorised by a Court Order.
- 7.3 If proper authorisation is not in place the resident may bring a claim for damages for unlawful detention, bringing with it legal costs and reputational damage.

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

- 8.1 The scope of Overview and Scrutiny Committees is contained within Article 6 of the Constitution.
- 8.2 The Terms of Reference of the Overview and Scrutiny Committees are set out in the Overview and Scrutiny Procedure Rules. The Safeguarding Overview and Scrutiny Committee has within its terms of reference the following responsibilities:
- To scrutinise the Council and its partners in the discharge of statutory duties in relation to safeguarding.
 - To scrutinise Barnet's Safeguarding Adults Board and any relevant Sub-Groups, including policies, procedures and performance through consideration of the Board's Annual Report.
 - 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 The Mental Capacity Act 2005 should be seen to be at the heart of safeguarding adults at risk. It is a strong piece of legislation, designed to promote empowerment of the most vulnerable people in our society and to serve to protect their rights. If a person is unable to make a decision at a particular time, this renders them more vulnerable and so they may be at greater risk than if they had mental capacity to make the decision.

- 9.2 The Mental Capacity Act provides guidance and should inform all decision-making for approximately 2 million people who may lack capacity for decision-making in some aspect of their lives. All providers and commissioners of care need to have a solid understanding of the MCA and how it is applied, for example, considering the MCA from the very beginning of the safeguarding process. It is our responsibility to promote autonomy and independence where possible for the customer.
- 9.3 If a person (relevant person) is unable to make a specific decision at a particular time then a best interest decision will be made on their behalf. The act explains how these decisions should be made to ensure that the vulnerable person's 'wishes and feelings' are heard within the process.
- 9.4 The professional who undertakes the work needs to adhere to several areas. They need to consider if the employment of the DoLS is in the person's best interest, whether it is necessary to prevent harm and also if it is a proportionate response to the harm. Only then can it be applied for, for a maximum of a year. The length of the application has to be justified. When a DoLS is in place, this can only be as the least restrictive option in the person's best interests. If a DoLS is granted then the relevant person will receive a representative, either paid (through 'Voiceability' Service) or unpaid, when a representative is chosen by the relevant person or the BIA has chosen a representative (relevant person's representative). The relevant person has to agree to this role of monitoring the DoLS. The representative may be a family member or a friend, for example.
- 9.5 The Mental Capacity Act is the foundation for the Deprivation of Liberty Safeguards and provides the legal framework for people who may lack capacity to make their own decisions.
- 9.6 Section 39 within the MCA states that an Independent Mental Capacity Advocate must be appointed and consulted if the placement is arranged by the local authority and there is no family or other appropriate person to consult before placement.
- 9.7 The DoLS can only be applied to those persons living in care homes or hospitals. Barnet has one of the largest number of care homes in Greater London. There are 105 care homes registered with the Care Quality Commission within the borough, 85 of which are residential and 19 registered as nursing homes. In total these homes provide 2800 beds for a range of older people and younger people with disabilities.
- 9.8 The hospital or care home is known as the managing authority. They are not permitted to deprive a person of their liberty without lawful authority. The person would need to lack capacity in making a particular decision and not be in agreement with the proposed care arrangements that deprive the person of their liberty are in their best interests.
- 9.9 The appropriate assessments of capacity have to be carried out, including all possible attempts to empower people to make relevant decisions for themselves.
- 9.10 The BIA can carry out either four or five of the six assessments that are required. One of the assessments, the mental capacity assessment, can only

be completed by a section 12 approved mental health doctor who has had special training for the role.

- 9.11 The DoLS Services must take in to account that there is further care planning required to meet the demands of an ageing population and longer life spans for people with learning disabilities, which means that there is an increasing proportion of people who receive health and social care. This together with the increase in dementia is expected to impact on the number of DoLS requests to the service for the future.

10. LIST OF BACKGROUND PAPERS

- 10.1 http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_087309.pdf
- 10.2 <https://www.justice.gov.uk/downloads/protecting-the-vulnerable/mca/mca-code-practice-0509.pdf>
- 10.3 <http://www.scie.org.uk/publications/reports/report66.pdf>

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

Meeting	Safeguarding Overview and Scrutiny Committee
Date	10 April 2014
Subject	Corporate Parenting Annual Report: 1st Annual Report November 2013
Report of	Cabinet Member for Education, Children and Families
Summary of Report	This report contains the first Corporate Parenting Annual Report.

Officer Contributors	Anita Vukomanovic, Overview and Scrutiny Officer Marie Moody, Service Manager, Specialist Resources, Children's Service Gina Filose, Corporate Parenting Team Manager
Status (public or exempt)	Public
Wards Affected	All
Key Decision	No
Reason for urgency / exemption from call-in	N/A
Function of	Overview and Scrutiny Committee
Enclosures	Appendix A: Corporate Parenting Annual Report November 2013
Contact for Further Information:	Marie Moody, Service Manager, Specialist Resources marie.moody@barnet.gov.uk

1. RECOMMENDATION

- 1.1 That the Safeguarding Overview and Scrutiny Committee note the Corporate Parenting Annual Report and make appropriate comments and/or recommendations to the Corporate Parenting Advisory Panel**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 21 May 2013: Annual Council: Annual Council approved changes to the membership of the panel.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 Corporate Parenting in Barnet is underpinned by the 2013/16 Corporate Plan's strategic objective to "support families and individuals that need it – promoting independence, learning and well being." The Corporate Plan's outcome to "create better life chances for children and young people across the borough" is the driver for striving for excellent Corporate Parenting in Barnet.

4. RISK MANAGEMENT ISSUES

- 4.1 A failure to keep children safe represents not only a significant risk to residents but also to the reputation of the Council. Failure to keep children safe is identified as a key risk in Children's Service. Although safeguarding must be the concern of all agencies working with children, the Local Authority is the lead agency for safeguarding children. As such, both Members and senior officers carry a level of accountability for safeguarding practice in Barnet. Governance structures 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.
- 4.2 The local authority must ensure that it fulfils its functions as corporate parents to children and young people leaving care to whom Barnet owe a duty of care. Services must be of a high quality and produce the best outcomes for children.

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.

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 Parts 3, 4 and 5 of the Children Act 1989 (CA 1989) together with statutory guidance place various statutory duties upon local authorities including the general duty to safeguard and promote the welfare of all children within their area who are in need. In cases where children are found to be at risk of significant harm as defined in the CA 1989, the Local Authority has a clear legal duty to take steps to protect them by invoking the powers contained in Part 4 of the CA 1989. Upon being satisfied that the relevant criteria are met and that an Order is necessary for the protection of the child, the Court may grant an interim care or supervision order as an interim measure when care proceedings are commenced.

7.2 An interim care order (placing the child in the care of the Local Authority) will give the Local Authority parental responsibility whereas an interim supervision order will put the child under the supervision of the Local Authority. At the conclusion of the proceedings the court will determine whether a final care or supervision order should be made. Children can also become looked after under section 20 of the Act without court direction.

7.3 The Children (Leaving Care) Act 2000 extended the responsibility of the local authority to young people leaving care, requiring them to plan the young person's transition to adulthood and provide on-going advice and assistance until that age of at least the age of 21. Since December 2012, young people remanded into custody under Section 106 of the Legal Aid, Sentencing and Punishing of Offenders Act (LASPO) 2012 also come into care.

7.4 The Children Act 2004 (CA 2004) provides the legislative framework for integrated planning, commissioning and delivery of children's services and for lines of accountability through the appointment of directors of all Children's Services. It created a statutory framework for local co-operation between local authorities, key partner agencies (health, police, schools, housing, early years, youth justice, probation etc) and other relevant bodies including the voluntary and community sector, in order to improve the wellbeing of children in the area. This provided for the framework for Children's Trusts within which agencies have been able to integrate commissioning and delivery of children's services with arrangements for pooled budgets. Barnet has chosen to keep a Children's Trust Board and to publish a Children and Young People Plan each year. The Act also imposes a duty on the relevant agencies to carry out their functions having regard to the need to safeguard and promote the welfare of children and to guidance provided by the Secretary of State. The duty continues to apply where services are contracted out.

7.5 In addition, sections 18 and 19 of the CA 2004 impose a duty on the children's services authority to appoint a director of children's services (DCS) and a lead member for children's services (LMCS) respectively for the purposes of the functions conferred on or exercisable by the authority as prescribed by statute.

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

8.2 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; and
- scrutinise the Council's procedures in relation to the protection of children.

9. BACKGROUND INFORMATION

9.1 The Corporate Parenting Advisory Panel is chaired by the Cabinet Member for Education, Children and Families and has cross-party membership. There are eight members of the Panel. In May 2013 at the Annual Council Meeting there was a change in the chairmanship of the Panel and there were some changes to the membership of the Panel. The terms of reference, which were endorsed by the Panel, state that:

9.2 Purpose of the Corporate Parenting Advisory Panel

The group will support the London Borough of Barnet's Corporate Parenting Strategy and will assist the council and its partners in being a better parent to children and young people in care and care leavers. The Panel will ensure that the whole council and its partner agencies have a joint commitment to corporate parenting in order to achieve continuing improvements to outcomes for children in care and care leavers.

9.3 How this will be achieved

The Corporate Parenting Advisory Panel will meet quarterly and will have an annual work programme which will include:

- consideration of a range of management and financial information about children in care and care leavers;
- consideration of policies that support children in care and care leavers; to be happy, healthy, fulfilling their potential and making successful transitions to adulthood;
- monitoring the progress of children in care and care leavers outcomes under the five Every Child Matters outcomes;
- hearing from key staff on their services and outcomes for CIC meeting with key staff;
- hearing the views of children and young people;

- being updated about any new government initiatives, guidance, examples of good practice;
- review commitment to the London Pledge;
- regulation 33 visits to children's homes.

10. LIST OF BACKGROUND PAPERS

10.1 None.

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Cleared by Legal (Officer's initials)	SW

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Appendix A

Meeting	Corporate Parenting Advisory Panel
Date	26 th November 2013
Subject	Corporate Parenting Annual Report
Report of	Improving outcomes for children
Summary of Report	1 st Annual Report November 2013

Officer Contributors:	Gina Filose, Corporate Parenting Team Manager
Contact for Further Information:	Marie Moody, Service Manager Specialist Resources marie.moody@barnet.gov.uk
Enclosures:	None

1. Introduction

- 1.1. This report is prepared for the Corporate Parenting Advisory Panel (CPAP). It is the first annual report and sets the national and local context, a profile of the children and young people and it details the activities that have contributed to improving outcomes for children and young people for whom Barnet have a duty of care.

2. Background

- 2.1. Corporate parenting is the term used to refer to the collective responsibility of the council to provide the best possible care, protection and opportunity for children and young people in care and leaving care. Effective corporate parenting needs a commitment from all council employees, elected members and partner agencies and requires a collaborative approach. (Barnet Corporate Parenting Strategy April 2010).
- 2.2. The terms 'children in care' or 'looked-after children' refer to all children under the age of 18 for whom the local authority have a duty of care under the provision of The Children Act 1989 via a court order (Care Order Section 31) or with the voluntary agreement of their parents (Section 20). Since December 2012, young people remanded into custody under Section 106 of the Legal Aid, Sentencing and Punishing of Offenders Act (LASPO) 2012 also come into care. Care leavers are supported under the Children (Leaving Care) Act 2000 up to the age of 21 however, support can continue beyond that time if they remain in education.

3. National Context

- 3.1. In 1998 Frank Dobson, as Secretary of State for Health, launched a programme of transformation for Children's Services. He wrote to all councillors underlining their vital role and his message for councillors was to ask themselves "Is this good enough for my child?" The Children and Young Persons Act 2008 highlights the importance of corporate parenting as one of the priority issues for shaping services to children in care.
- 3.2. Good corporate parenting relies upon ownership and leadership at council level, including all senior members of staff from across the council and elected members. To be a good corporate parent requires that all involvement and interventions in the lives of children and young people in care or leaving care, should stand comparison with the care and attention given by any good parent to their own child. This includes enhancing the quality of life as well as keeping children and young people safe.

- 3.3. The Local Government Association published “Questions to ask if you are scrutinising services for looked after children in 2012”:

“When they are elected, all councillors take on the role of ‘corporate parent’ to children looked after by their local authority. They have a duty to take an interest in the wellbeing and development of those children, as if they were their own. Although the lead member for children’s services has particular responsibilities, the role of corporate parent is carried by all councillors, regardless of their role on the council. Overview and scrutiny offers a key way in which councillors can fulfil this responsibility, by giving them the opportunity to ask searching questions of a range of service providers and assure themselves that children in the care of the local authority are being well looked after.”

4. Local Context

- 4.1. Corporate Parenting in Barnet is underpinned by the 2013 Corporate Plan’s strategic objective to “support families and individuals that need it – promoting independence, learning and well being.” The Corporate Plan’s outcome to “create better life chances for children and young people across the borough” is the driver for striving for excellent Corporate Parenting in Barnet.
- 4.2. Barnet’s Corporate Parenting Strategy sets out the structure and principles for corporate parenting in Barnet identifying three levels of responsibility. The Lead Member for Education, Children and Families and the Director of People, who is the statutory Director of Children’s Services, hold the level one specialist responsibility to take the lead to champion the corporate parenting agenda. The level two targeted responsibility for corporate parenting is held by the Corporate Parenting Advisory Panel, the Corporate Management Group and the Children’s Service Managers, officers and partner agencies. The level three universal responsibility for corporate parenting is held by the whole Council, elected members, officers and partner agencies.
- 4.3. In 2012 the Ofsted inspection of safeguarding and looked after children, found the overall effectiveness of services for looked after children, young people and care leavers to be good. It found that the council and partners provide effective management and leadership, including through elected members, to secure a wide range of services across the borough to meet the diverse needs of the looked after population.

They stated:

“the council and partners demonstrate good ambition and prioritisation for looked after children and care leavers leading to good outcomes overall. Corporate parenting arrangements are established and elected members are committed to raising levels of aspiration and attainment. The inclusion of young people within the corporate parenting board is also ensuring that the voices of looked after children are being represented. The board is rigorous in highlighting that all council departments are responsible for corporate parenting.”

5. Barnet’s Corporate Parenting Advisory Panel (CPAP)

- 5.1. CPAP is chaired by the council’s Cabinet Member for Education, Children and Families and has cross party membership. There are 8 members of the panel. In May 2013 at the Annual Council Meeting there was a change in the Chair of the Panel and there were some changes to the membership of the Panel. The terms of reference, which were endorsed by the Panel, state that the role of the Panel is to:

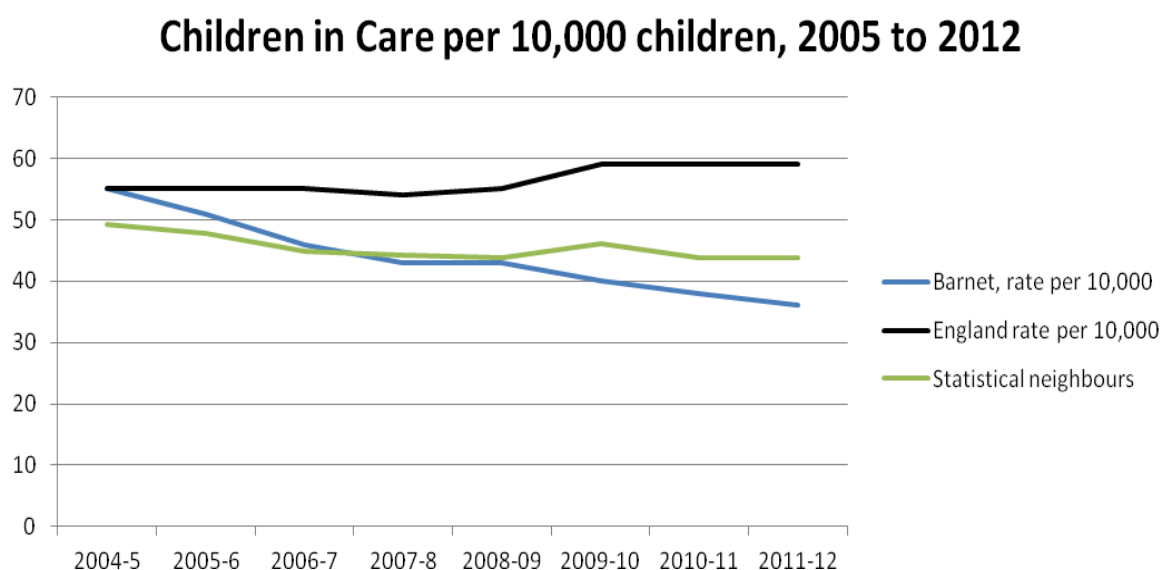
‘...support the London Borough of Barnet’s Corporate Parenting Strategy and... assist the council and its partners in being a better parent to children and young people in care and care leavers. The Panel will ensure that the whole council and its partner agencies have a joint commitment to corporate parenting in order to achieve continuing improvements to outcomes for children in care and care leavers.’

- 5.2. At the CPAP meeting on 4 September 2012, the Panel made the decision to reshape the governance and to formalise the link between the Panel and the Overview and Scrutiny Committee. The Panel agreed that establishing a formal reporting mechanism would increase the focus of the Panel on outcomes. Issues that can be addressed by CPAP can be expedited in a timely way and more complex issues that would benefit from wider engagement with non-executive members and the public could be referred to the Safeguarding Overview and Scrutiny Committee for consideration in a formal committee setting.
- 5.3. The Panel meets on a quarterly basis. Members agree the forward plan and the agenda for each meeting reflects items of interest, there are also regular items to be reported annually. This encourages flexibility so that where topics of specific interest arise these can be placed on the plan and addressed and considered in a timely way.

6. Profile of children in care

6.1. Barnet had 310 children and young people in care as at 31 March 2013. As a rate per 10,000 children aged 0-17, this was 37, which is notably less than the national average (60). See Figure 1 and Table 1 comparing Barnet's children in care rate per 10,000 children with statistical neighbours between 2005 and 2012.

6.2. **Figure 1: Comparison of the rates of children in care per 1000 of Barnet's closest statistical neighbours**



6.3. **Table 1: Rates of children in care per 10,000 at 2011/12 for Barnet's closest statistical neighbours. Data for 2012/13 is not yet published.**

Statistical Neighbour*	Children in care per 10,000
Merton	30
Redbridge	31
Sutton	35
Barnet	36
Kingston	38
Hounslow	56
Hillingdon	58
Reading	71
Average	44

*DfE Children's Services Statistical Neighbour Benchmarking Tool

6.4. Of the children in care at 31st March 2013:

- 126 are female (41%)
- 180 are male (59%)
- 177 (57%) belong to an ethnic group other than white
- 41 (13%) is the largest single ethnic group, which is black British African

7. Children's Placements

7.1. The importance of providing a safe and stable placement for children in care and care leavers is vital to maximising their full potential and a key part of corporate parenting. When children and young people become looked-after, the local authority always consider familial networks and will place them with their own family members, if there are no suitable family or friends then placements will be made with foster carers or within residential children's home. The decision for where to place is based on the child's individual needs. There is a matching process and consideration is given to the wishes and feelings of the child and their parents.

7.2. Table 2 reflects the different types of placements. The table differentiates between internal and external placements. Internal foster care and internal residential care denote that these providers are approved, supervised and regulated by Barnet, whereas external foster carers and residential homes are from the 'independent' sector. As placements are made in accordance with the child's needs, Barnet use a mixture of internal and external providers.

Table 2: Numbers of Barnet CiC in different placement types

No of CiC as at 19/11/ 2013	310
No of CiC in internal fostering	115 internal fostering
No of CiC in internal residential	12
No of CiC in external fostering	90 external fostering
No of CiC in external residential	36
No of CiC living in Barnet	102 from Barnet
No of children in Remand placements	3
No of young people in Secure	0*
Kinship placements (Reg 24)	18
CiC placed at home	5

*There has been 1 Secure placement in this financial year.

- 7.3. Every child in care has a care plan. This is reviewed independently at a Looked After Review (LAR) and is chaired by an Independent Reviewing Officer within the first month. Looked After Reviews are then held at regular intervals with a remit of ensuring that the Local Authority is fulfilling its duty to enacting the plan. The Looked After Review process monitors and oversees the child's journey in care, ensuring that there are robust and clear plans that are being followed in a timely way. Recommendations are made at each review and at the second review the issue of permanence is discussed and agreed if the child cannot be reunified at home.
- 7.4. Since 2010 there has been a raft of revisions to guidance's relating to care planning and duties on the Local Authority. Volume 2: Care Planning, Placement and Case Review (England) Regulations 2010 specifies the requirements for care plans, including health and education plans, placement decision and case reviews. It consolidates previous regulations and guidance, providing a central source of reference for local authority to work with looked-after children.
- 7.5. Table 3 shows the stability of children who have been looked after continuously for at least a one year period. They do not reflect the total number of children that have been looked after within one year, when taken into account these figures add between 100 and 130 children that come in and out of care. Therefore, Children's Services can work with 450 children in care in any given year. It also depicts the percentage of Barnet children in care who have had three or more placements in any year. These include planned moves and moves to adoptive and permanent placements. It also shows the numbers and percentages of children under the age of 16 who have remained in the same placement for at least 2 ½ years.

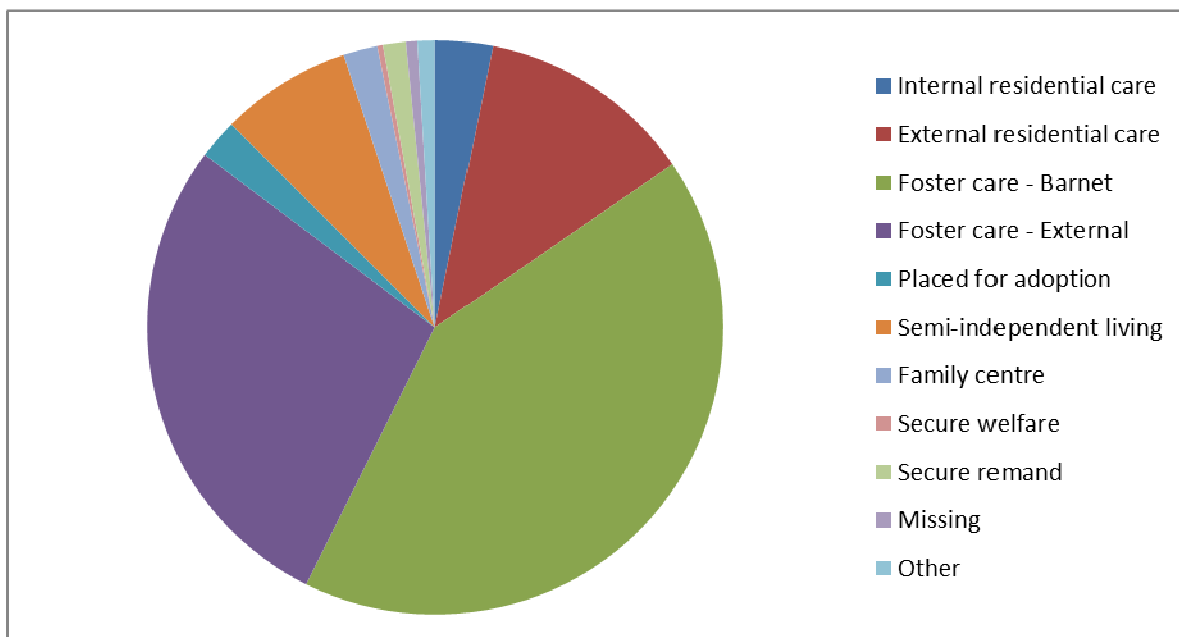
Table 3: Placement Stability of CiC between 2007 – Present

Year	2007	2008	2009	2010	2011	2012	2013
Number of CiC	345	330	330	310	305	298	306
% 3 moves or more	13.2%	11.9%	9.5%	10%	6.3%	4%	11.7%
Stability 2.5 years CiC	105 of 145 (70%)	85 of 140 (60%)	85 of 135 (64%)	86 of 25 (64%)	80 of 120 (67%)	88 of 140 (63%)	83 of 137 (61%)

7.6. In order to ensure efficiency and value for money from the independent sector Barnet have joined the West London Alliance (WLA). This is a partnership between 9 London boroughs who use their collective buying power to drive down costs and attract discounts on cost and volume.

Figure 2 shows a representation of where all Barnet's children are placed as at August 2013.

Figure 2: Placement distribution of Barnet CiC as at August 2013



8. Corporate Parenting Team

8.1. Barnet's corporate parenting team is a multidisciplinary team based in Social Care. The Team supports and promotes the interests and needs of Barnet children in care and care leavers placed in and out of Barnet. The structure of the team ensures that there is a holistic approach. The team comprises of workers from education, health and participation.

9. Health

9.1. The health team work to ensure that all looked after children and young people are physically, mentally, emotionally and sexually healthy. They co-ordinate initial health assessment, within four weeks; review health assessments are completed by the nurses and are undertaken twice yearly for under-five's and annually for children over the age of five. These are organised at a time and venue suitable to the child/young person.

9.2. The health team complete strength and difficulty questionnaires (SDQ) with children in care and their carers at the health review; these give a measure of emotional health. Table 4 shows the average SDQ score in Barnet over the past three years. The health team follows up with social workers any scores that are considered a concern and will explore what is required if CAMHS and other appropriate therapeutic support services are not already in place.

Table 4: SDQ Statistics for Barnet’s Children in Care aged 4 to 16 looked after for a year or more 2010, 2011, 2012

	Total number of eligible children	Number of eligible children with an SDQ score	Percentage of eligible children for whom an SDQ score was submitted	Average score per child	Percentage of eligible children with an SDQ score considered:		
					Normal	Borderline	Concern
2010	180	170	92	14.5	44	13	43
2011	170	165	98	14.8	44	13	43
2012	155	155	99	13.9	51	12	37

9.3. The health team provides health advice to professionals within social care and assist with specialist referrals in and out of borough. Barnet’s Young People Drug and Alcohol project, YPDAS provided by the Tavistock and Portman, offer services to all Barnet’s children and prioritise children in care. The Designated Nurse works closely with Barnet’s Children and Adolescent Mental Health Service (CAMHS) for Looked after Children discussing and progressing referrals to the service. The CAMHS team work with Barnet’s children in care, foster carers and offer regular consultation to social workers and the two children’s homes in Barnet. The Designated Nurse for children in care compiles and presents an annual report to CPAP. A recent pre audit of services in Barnet commended the health team on their first class service. Table 5 illustrates the health outcomes for Barnet’s children in care in 2012 compared with all London and all England.

Table 5: Health Statistics for Barnet’s Children in Care who had been looked after for at least twelve as of 31st March 2012

	Total number of Children Looked After	Number of children whose immunisations were up to date	Number of children who had their teeth checked by a dentist	Number of children who had their annual health assessment	Number of children aged 5 or younger	% of these children whose development assessments were up to date
Barnet	200	175 (87.5%)	165 (82.5%)	195 (97.5%)	15	15 (100%)
All London	6980	83.5	84	92	1080	87%
All England	46590	83	82	86	9430	80%

10. Schools

10.1. Barnet has 122 schools, comprising 4 nursery schools, 89 primary schools, 22 secondary schools, 4 special schools and 3 pupil referral units. There are 17 academies in Barnet (15 secondary and two primary), and there are two Free Schools. 97 looked after children (53%) are educated in Barnet schools.

11. The Virtual School for Children in Care

11.1. The Virtual School is a concept. It has accountability for all children in care to Barnet who are of statutory school age and treats them as if they are in one organisation. The Virtual School has a staff team that is led by the Head Teacher and their function is to track and monitor educational attainment and set targets to improve academic success.

11.2. Success in education in the broadest sense is one of the main resilience and protective factors to give children and young people so they can thrive and reach their potential in life. The Virtual School works to narrow the gap between outcomes for Barnet’s children in care and care leavers and the general population; to raise attainment and accelerate rates of progress; to promote inclusion, ensure effective planning and action and develop community links to promote the cohesion of the network around the child in care.

11.3. The Virtual School ensures that all children have access to a school placement or alternative education provision; it monitors pupil progress and

provides advice, resources, training and interventions to children and young people, social workers, designated teachers and carers. The Advisory Teacher leads on the PEP Action Plan to ensure all children in care have a high quality, timely Personal Education Plan that forms part of the child's Care Plan.

11.4. Table 6 shows the Barnet schools attended.

Table 6: Profile of Children in Care and their school placements November 2013

No of CiC in Virtual School	182
Total Primary Schools CiC	57*
Primary Schools In Borough	41
Primary Schools OOB	16
Total Secondary Schools CiC	125
Secondary Schools In Borough	56
Secondary Schools OOB	68
No Secondary School	2**

* 1 of which has no school as abroad on SGO

** Both children are missing

11.5. The Virtual School have developed new projects this year to support Children in Care in their education such as a Monday night homework club at Woodhouse Road Young Peoples Centre, Project 8/9 and the Grasvenor Project.

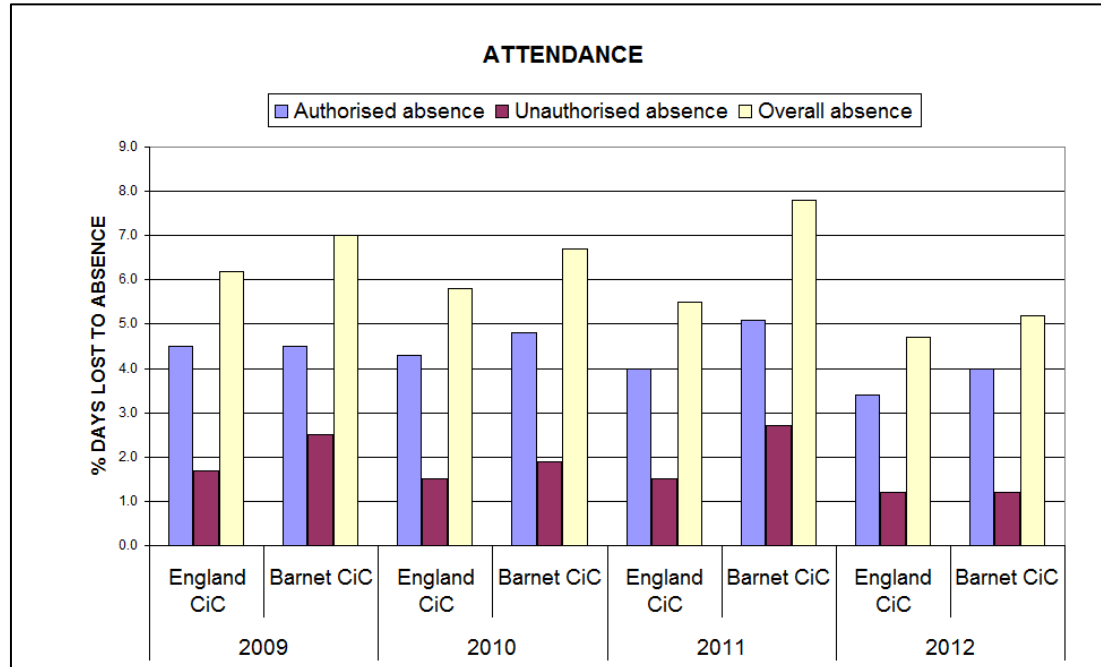
11.6. Project 8/9 is offered to all children in care in key stage 3 who are able to access Canada Villas outside of school hours in the summer term. It is designed to develop relationships with key stage 3 pupils and their carers and understand further what their needs are. It allows all participants to get to know each other and experience educational opportunities which may not otherwise have been offered to them. Last year the young people went to the theatre, for lunch, canoeing, and were offered the opportunity to produce and record music, had a BBQ which everyone contributed to and went camping.

11.7. The Grasvenor Project is run in 2 schools in Barnet and offers support to children in care who are experiencing difficulty in their educational provision for whatever reason including low self-esteem, low confidence, emotional difficulty and those at risk of exclusion from school. There are currently 6 young people on the project and it has worked with 13 young people in the year who are no longer on the project. Each participant is offered the

opportunity to attend the school one day each week for a minimum of a term. They keep a journal of their weekly participation and there are regular reviews of progress. Each child in care is offered a Lead Mentor in the school who works closely with them to address and identify any areas of concern. Lead Learning Mentors report back each week to the Virtual School on the events of the day. Children in care leave the project when they are ready to and when they are no longer experiencing the difficulty in school.

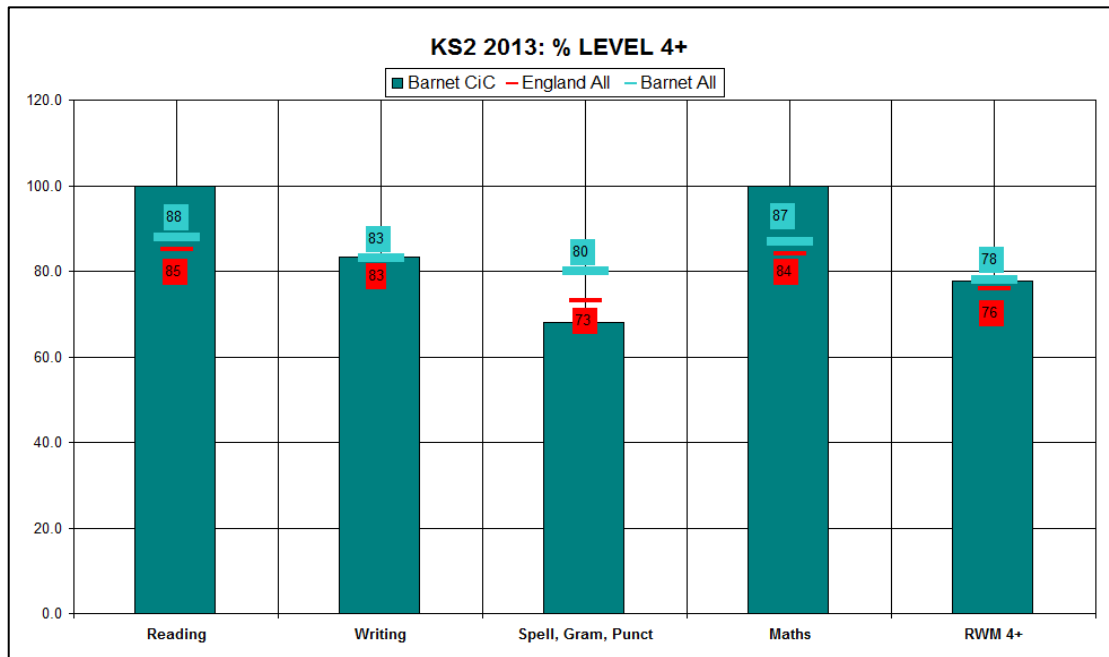
- 11.8. At the November 2012 CPAP meeting a presentation was given on education outcomes for 'looked after children'. The Head of the Virtual School outlined the barriers to learning children in care can face and the range of interventions to raise educational attainment the Virtual School offers to pupils attending schools in and outside of Barnet at each key stage.
- 11.9. Figure 3 compares absence rates attendance data for children in care in Barnet with the national statistics. This indicates that Barnet's children in care's attendance has improved in 2012 and are now in line with national rates.

Figure 3: School absences for children in care in Barnet and nationally between 2009-2012.



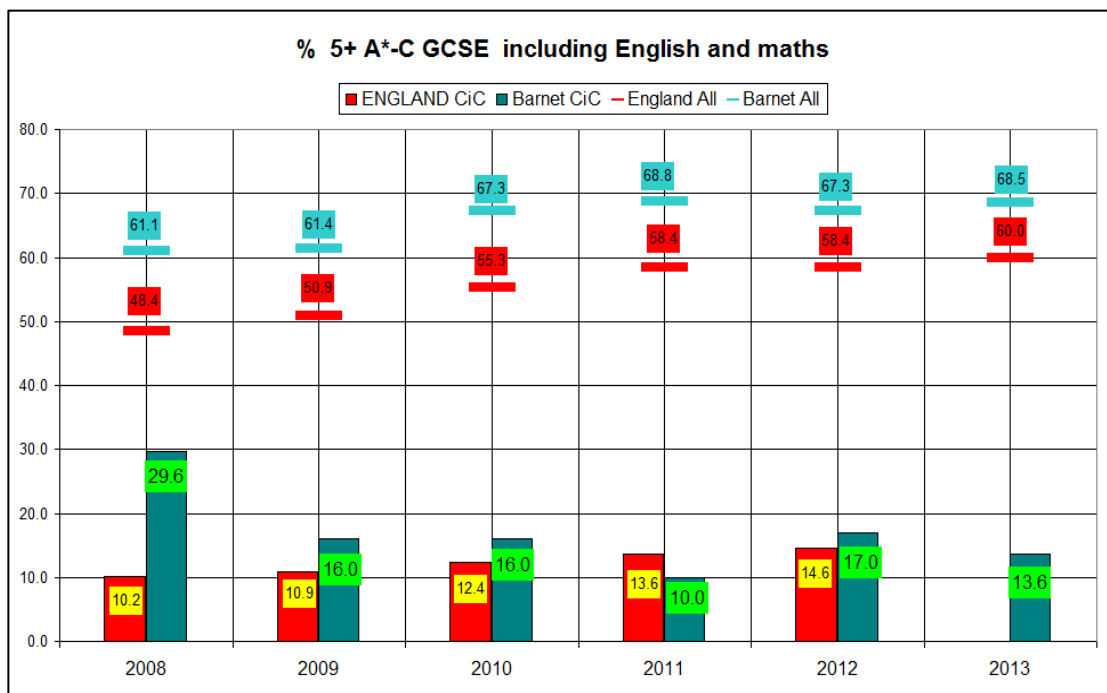
- 11.10. Figure 4 shows the number of children in care for a year or more in key stage 2 who have attained a level 4+ in key stage 2. These excellent results encompass a very small cohort.

Figure 4: % of Barnet Children in Key Stage 2 achieving Level 4 + in 2013 in key subjects with comparison to national attainment figures



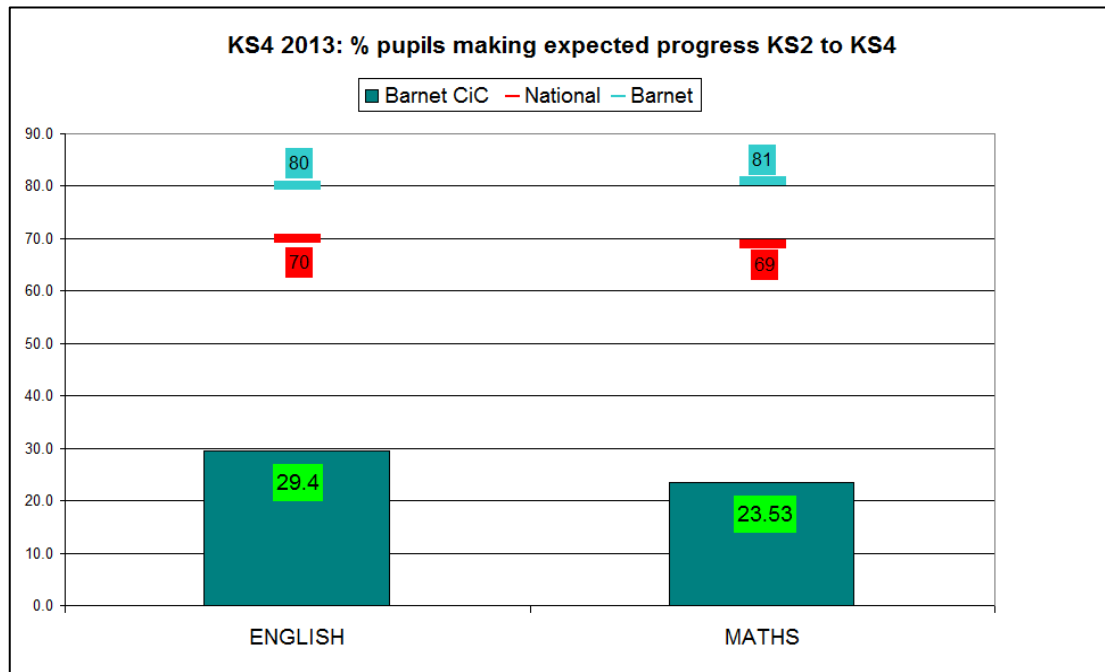
11.11. Figure 5 shows the percentage of Barnet's children in care for a year or more achieving 5+ A* - C GCSE including English and Maths compared with all England children in care, all Barnet pupils, and all England pupils.

Figure 5: Barnet and national statistics for % of all children and children in care achieving 5 A*-C GCSE grades including Maths and English



11.12. Figure 6 illustrates the percentage of children in care making the expected progress from key stage 2 to key stage 4 compared with all Barnet pupils and all England pupils highlighting the achievement gap that needs to be narrowed.

Figure 6: % of Barnet children and children in care making the expected progress between Key Stage 2 and 4 in English and Maths with comparison to national progress figures



11.13. The Educational Psychologist from Barnet’s Virtual School presented a report on special education needs at the September 2013 Panel. The changes for SEN in the new Children and Families Bill 2013 were discussed and the introduction of the Education, Health and Care Plan to replace a Statement.

11.14. The Education Champions Scheme 2013 was launched in November 2013. The scheme involves matching social workers who hold responsibilities for children in Year 6 and Year 9. The Education Champions are from the most senior managers in Barnet Council and partners, their remit is to question and critically appraise the work undertaken with children in order to raise their educational attainment. The scheme represents corporate parenting in action and will be evaluated at the end of the academic year to inform the development of the scheme.

12. Participation

- 12.1. Children and young people are at the centre of Corporate Parenting and hearing their voice, knowing their rights, having fun, encouraging their participation, and ensuring its impact on service delivery are key components of participation work in Barnet. Children in care and care leavers in Barnet are making a significant contribution to surveys, consultations and focus groups on a local, regional and national level.
- 12.2. Barnet's Children in Care Council is called the Role Model Army (RMA) and was set up in 2010 for young people in care and leaving care aged 14 upwards. There are currently 17 members of the RMA. The RMA meets fortnightly on a Thursday evening and is supported by the participation officer, a targeted youth worker and a social worker. The Junior Role Model Army (JRMA) was set up in October 2012 for children in care aged 8 to 13 years. There are currently 10 members of the JRMA. The JRMA meets monthly on a Saturday and is supported by the participation officer, a social worker and a member of the RMA. Both groups have very committed memberships that include children and young people placed out of borough. Currently there are discussions with the RMA and Participation Officer for the Independent Reviewing Officers to regularly join their sessions to improve partnership working and communication.
- 12.3. At the respective sessions there are a variety of activities and the children and young people talk and plan how things can be made better for children and young people in and leaving care. Both groups are visited by councillors, senior managers and officers for discussions and consultations, to ensure the voice of children in care is at the centre of service planning and delivery in Barnet. Representatives of RMA are regularly invited to the Children in Care and Leaving Care Service meeting to work together with social workers improving services for children in care and care leavers.
- 12.4. In March 2012 the CPAP reviewed its terms of reference and extended an open invitation to the Role Model Army (RMA, Barnet's Children in Care Council) to participate in Panel meetings. All CPAP papers are now sent to the Role Model Army representatives on CPAP ahead of the meetings and have a slot at the beginning of every meeting. The Participation Officer has attended all 5 meetings, in the year, to support the RMA representatives and ensure that key information is fed back to the RMA, when they are unable to attend. The RMA have 2 representatives on CPAP and in the 5 CPAP meetings between September 2012 and September 2013 the RMA have attended 2 and provided a film for all Councillors about Barnet's Care in September 2012 and a film for the May 2013 panel.

13. Good outcomes from participation

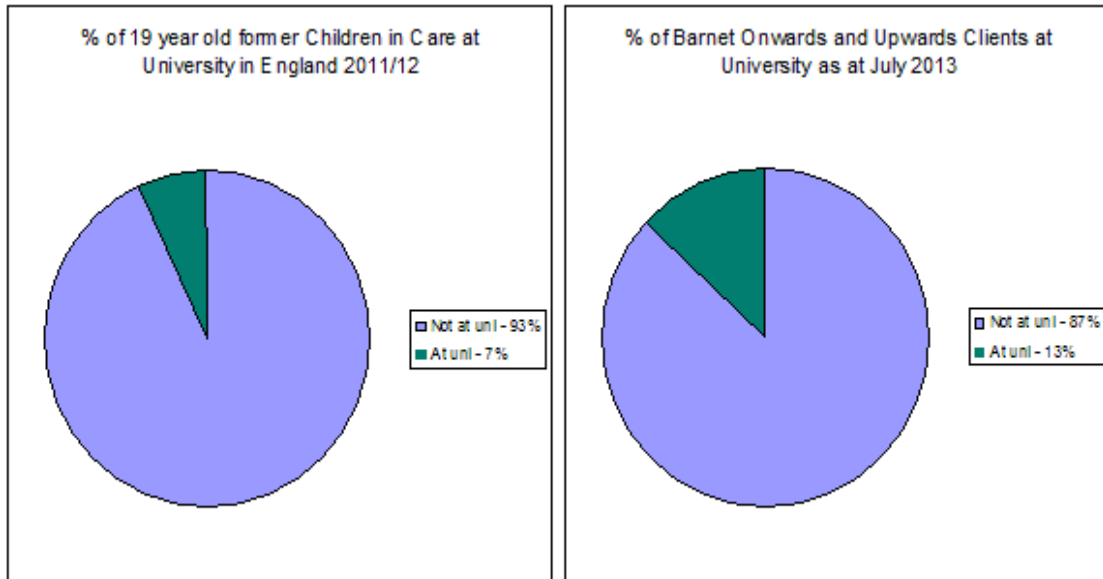
- 13.1. The RMA chose to focus the Barnet's Care 2 film on three priority areas that they felt had the greatest impact upon the health and well being of children and young people in Barnet's care. The three key areas were: emotional wellbeing, education and transition. The film 'Our Voice' the Junior RMA created was shown at the May 2013 Panel and described their journeys in care, their aspirations for the future and some of their experiences and wishes and feelings in care. Both films have been used for training with CPAP, Children Services staff and Barnet foster carers.
- 13.2. Members of the RMA have also been involved in the staff interview processes on a regular basis. They have undertaken the 'Total Respect' training and are delivering this to other workers and social care professionals.
- 13.3. The September 2012 CPAP was informed of the plan to develop a Barnet Pledge, using the views obtained at Barnet's first 'Speak Out Day' for children in care and care leavers, and the information from the pledge survey and consultations with the RMA and Junior RMA. 'Speak Out Day' was held in August 2012 at Tottenham Hotspurs Football Stadium. The Barnet pledge is now incorporated in the Welcome Pack for children in care and has been sent out to all children in care and care leavers and their social workers. The RMA is leading on plans to review the Barnet pledge at the next Speak Out Day in Barnet in March 2014.
- 13.4. Barnet celebrates the achievements of all their children in care and care leavers at an annual Achievement Day. There were two Achievements Days this year, one in October 2012 and one in August 2013. This is a very important day in Barnet where children and young people come together with their carers, social workers, the Mayor, councillors, Children's Service staff, senior managers, and partner agencies to enjoy activities, eat together and participate in a ceremony where each child's achievement for the year is acknowledged with a certificate. The Mayor of Barnet sends birthday cards to all children and young people in care which were designed by children and young people at Achievements Day.

14. Leaving Care Service

- 14.1. In September 2012 a presentation was given by Barnet's Service Manager for Children in Care and Care Leavers to CPAP highlighting the proposed changes to the Leaving Care Service. Barnet's leaving care service was restructured in November 2012 and set up as a social work practice, launched with a new name Onwards and Upwards, in December 2012. In September 2013 the Business Manager for the Onwards and Upwards Service presented a report of the new service. In response to this presentation CPAP requested that the Cabinet Member for Children, School and Families invite the Senior Housing Allocation Officer and the Cabinet Member for Housing to the next meeting (November 2013) to discuss the housing needs of care leavers and the housing options available to care leavers in Barnet.
- 14.2. The team works with care leavers over 18 and prepares young people 16 and 17 years old for moving into independence. The leaving care service is delivered from Woodhouse Road Young People's Centre and provides individual work with young people and a range of drop ins offering general advice, health advice, and education employment and training advice. At any one time the leaving care service works with over 200 care leavers.
- 14.3. At the September 2013 Panel the targeted youth worker for 16+ young people in care and leaving care presented an overview of young people in care, 16+, and care leavers' progress, destinations and interventions. The targeted youth worker has developed links across Barnet Council, and with other organisations such as charities, colleges and training providers to increase the offer to young people to support them into Education, Employment and Training. Barnet has referred 46 young people to the E18hteen Project, a 3 year partnership with the Virtual Schools of Haringey, Enfield and Waltham Forest and Tottenham Hotspur Football Club aimed at keeping 16+ care leavers in, or getting them back into, education, employment and training. The project offers each young person a mentor and a range of opportunities for education, training, sports participation and volunteering. 25 Barnet young people engaged with the project and young people involved have reported feeling both physically and emotionally better and the project having a positive impact on their employability and social network. Barnet is planning to continue this partnership with E18ghteen Phase II starting in January 2013.
- 14.4. The statistics for young people in care in Education, Employment and Training, (EET) in Year 12 in Barnet reflect favourably against the most recently reported statistics for England (2011/12). **83%** of CIC in England were EET in Year 12 at the start of academic year 2012/13 compared with

88% of Barnet young people in care. At the end of Year 12, **87%** of Barnet clients are still EET.

- 14.5. Barnet's care leavers compare favourably with the most recently published national data for England (2012/13). 13% of Barnet care leavers are at university, compared with 7% of leaving care young people in England, in the academic year 2011/12 at the point of turning 19.



There are currently 27 young people at university with cases open to the Onwards and Upwards team.

15. Fostering

- 15.1. The fostering and adoption function provide specialist and different services; both services are essential and integral to the work that we do with our children. The two services are highly regulated and they have been subject to separate inspections, however Ofsted's newly implemented inspection of Children's Services regime will incorporate their findings on fostering and adoption services into their overall inspection framework.
- 15.2. The fostering service consists of three teams the recruitment and training team, support and development team and kinship and permanence team. The service was inspected by Ofsted on 6.11.12 and the overall effectiveness was judged to be good. At the time of the inspection there were 111 fostering households and they were caring for 128 children, including kinship placements. There has been a reduction in the total number of fostering households, and in July 2013 there were 103 fostering households. There were 10 new approvals of 'recruited carers' over the last

two years, however there were also 11 households ended through resignations or de-registrations.

- 15.3. Kinship placements under Regulation 24 of the Fostering Regulations (Volume 4) 2010 defines that family and friends carers are assessed, regulated and supported in the same way as other approved foster carers. Unless they have undertaken the training they would not be approved to take other unrelated looked after children. Therefore, when the child leaves their care they are no longer foster carers.

Ofsted stated that,

“The service sustains fostering placements very well through high quality of support and supervision”, “There are effective procedures and practices to ensure the assessment process of foster carers is robust and the service is successful in its efforts to retain approved foster carers”. “Leadership and management of the fostering service are strong”.

- 15.4. The Fostering Development Group undertake regular analysis and an overview of the service, which includes prospective carers, vacancies, placements and the use of external fostering placements. There is a drive to increase the number of in house foster carers as they tend to be local to Barnet, they are supported, monitored and supervised by Barnet social workers. ‘IMPOWER’ is a fostering recruitment project and Barnet have commissioned them to work with us to increase our bank of in house foster carers.

16. Adoption

- 16.1. The Service Manager presented the adoption report to CPAP on 7.5.13 which including the adoption scorecard. The adoption scorecard measures the average time between a child entering care and moving in with their adoptive family, the average time between the local authority receiving a Placement Order and deciding on a match, and children who wait less than 21 months between entering care and moving in with their adoptive family. Following the publishing of the Adoption scorecard, which showed an increase of 91 days on the previous submission, the DfE suggested a diagnostic assessment which was accepted. A report was produced in January 2013 and found that the adoption service was making good and timely decisions for children.
- 16.2. Barnet are a member of the North London Adoption and Fostering Consortium, which is a partnership with 5 other local authorities. This is very beneficial to the development of the service and meets government’s

agenda to increase the number of adoptions and speed up the adoption process. A joint recruitment team has been set up to increase the number of prospective adopters. The team is working to the new regulations and assessing 'fostering to adopt' placements. Barnet has received a one off payment from the Adoption Reform Grant which is to assist in improving timely recruitment for prospective adopters.

- 16.3. One of the functions of the adoption team is 'permanency planning'. Routes to permanence can be through long term fostering with the same carers, Residence Orders, Special Guardianship Orders and Adoption. Following the Family Justice Review a Court Manager has been appointed for one year to track, monitor and quality assure cases that are before the family courts. The purpose is to reduce delays in care proceedings to ensure that permanence for children is concluded in a timely way. The Project works with both Enfield and Haringey as all three boroughs share the same court.

17. Commissioned services that support children in care

- 17.1. There are a range of services commissioned to deliver bespoke services for children in care and care leavers.
- The Childrens Rights and Advocacy Service are commissioned from Barnardos to provide independent advocates for children and young people who are looked after by Barnet.
 - The Independent Visitors Scheme was commissioned from CommUNITY Barnet to provide independent visitors for twelve children in care. This locally based service was unable to meet the needs of children and young people placed far out of Barnet so this will be re-tendered; until such time independent visitors are spot purchased.
 - Welfare Call is a specialist company that provides daily attendance data and termly progress data for the Virtual School.
 - The Letterbox Club is commissioned from the Booktrust and provides children and young people in care from eight to thirteen with 6 monthly parcel of selected books and educational resources posted to each child's home.
 - The Virtual School identifies pupils for tuition; this is commissioned from a range of tuition agencies.
 - Children in care over 11 years and care leavers engaged in education are provided with laptops; these are supplied and serviced by Barnet Schools IT Service.

18. Summary

18.1. There is a whole range of activities undertaken with children and young people throughout their journey in care. Corporate parenting works best when the whole council and its partner agencies understand their duties and responsibilities to our children and young people and are committed to improving the outcomes for our children. The Corporate Parenting Strategy sets out the principles and values that underpin our work. It is essential that we have aspirations for our children and that we set high expectations for ourselves as corporate parents to ensure that every opportunity is offered to our children in care and young people. Barnet is listening to our children and young people and they are involved in the design and delivery of the services. Our children and young people show a huge commitment and engagement to improve services. Corporate parenting is embedded in Barnet and there are good structures in place. The Corporate Parenting Advisory Panel plays a key role in leading, challenging and strengthening the work that we undertake in Barnet to improve the life chances for our children.

18.2. Future actions are addressed in the CPAP forward agenda

Dated: 22/11/2013

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Meeting	Safeguarding Overview and Scrutiny Committee
Date	10 April 2014
Subject	Adoption Annual Report: 2nd Annual Report March 2014
Report of	Cabinet Member for Education, Children and Families
Summary of Report	This report contains the Adoption Service Annual Report 2013/14.

Officer Contributors Debbie Gabriel, Service Manager, Provider services

Status (public or exempt)	Public
Wards Affected	All
Key Decision	No
Reason for urgency / exemption from call-in	N/A
Function of	Safeguarding Overview and Scrutiny Committee
Enclosures	Appendix A: Annual Adoption Report 2013/14
Contact for Further Information:	Debbie Gabriel, Service Manager, Provider Services Debbie.gabriel@barnet.gov.uk

1. RECOMMENDATION

- 1.1 That the Safeguarding Overview and Scrutiny Committee note the Annual Adoption Service Report and make appropriate comments and or/recommendations to the Cabinet Member for Education, Children and Families.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 A report titled 'Barnet's adoption service performance in light of the government report further action on adoption – finding more loving homes' was submitted to the Budget and Performance Overview and Scrutiny Committee on the 7 March 2013. This report gave an overview of the adoption reform agenda, and the scorecard data that led to the visit from the DfE.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 Implementing the "Further Action on Adoption: Finding More Loving Homes" agenda published by Government in January 2013 supports the delivery of the following corporate priority.
- 3.2 The Adoption Service in Barnet is underpinned by the 2013 Corporate Plan's strategic objective to "support families and individuals that need it – promoting independence, learning and well being." The Corporate Plan's outcome to "create better life chances for children and young people across the borough" is the driver for striving for excellent Adoption Services in Barnet.

4. RISK MANAGEMENT ISSUES

- 4.1 A failure to keep children safe represents not only a significant risk to residents but also to the reputation of the Council. Failure to keep children safe is identified as a key risk in Children's Service. Although safeguarding must be the concern of all agencies working with children, the Local Authority is the lead agency for safeguarding children. As such, both members and senior officers carry a level of accountability for safeguarding practice in Barnet. Governance structures 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.
- 4.2 The local authority must ensure that it fulfils its functions as corporate parents to make timely decisions regarding permanence planning for those children who cannot remain in the care of their parents or be placed with other family members. Services must be of a high quality and produce the best outcomes for children.
- 4.3 If timeliness is not improved children will remain in local authority care for longer, increasing the likelihood of reduced outcomes for the children, increased expense for the local authority and potentially compromising the prospect of identifying an appropriate adoptive family for the child.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 Equality and diversity issues are a mandatory consideration in decision-making in the Council pursuant to s149 of 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.

S149 states that a public body must have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- (2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).

The relevant protected characteristics are:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

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

- 6.1 The Adoption Reform Grant for 2012/13 is in two parts; for Barnet, part A is a £798k non-ring fenced grant with no time limit stipulation on the period in which it has to be spent, it is anticipated that it will be within 2 years. Local Authorities can use this to drive forward adoption reform, targeting funding at the entire adoption process and the specialist support children need; part B is a one off £195k ring-fenced grant that LA's are required to spend on adoption services with a clear focus on increasing the number of adopters.

7. LEGAL ISSUES

- 7.1 Parts 3, 4 and 5 of the Children Act 1989 (CA 1989) together with statutory guidance place various statutory duties upon local authorities including the general duty to safeguard and promote the welfare of all children within their area who are in need. In cases where children are found to be at risk of significant harm as set out in s31 the CA 1989, the Local Authority has a clear legal duty to take steps to protect them by invoking the powers contained in Part 4 of the CA 1989. Upon being satisfied that the relevant criteria are met

and that an Order is necessary for the protection of the child, the Court may grant an interim care or supervision order as an interim measure when care proceedings are commenced.

- 7.2 An interim care order (placing the child in the care of the Local Authority) will give the Local Authority parental responsibility whereas an interim supervision order will put the child under the supervision of the Local Authority. At the conclusion of the proceedings the court will determine whether a final care or supervision order should be made. Children can also become looked after under section 20 of the Act without court direction.
- 7.3 The local authority has a statutory duty pursuant to the Adoption and Children Act 2002 and Adoption Agencies Regulations 2005, and National Minimum Standards to offer a range of services to meet the needs of; children requiring adoption, prospective adopters, adopted adults and birth family members.
- 7.4 The Children Act 2004 (CA 2004) provides the legislative framework for integrated planning, commissioning and delivery of children's services and for lines of accountability through the appointment of directors of all Children's Services. It created a statutory framework for local co-operation between local authorities, key partner agencies (health, police, schools, housing, early years, youth justice, probation etc) and other relevant bodies including the voluntary and community sector, in order to improve the wellbeing of children in the area. This provided for the framework for Children's Trusts within which agencies have been able to integrate commissioning and delivery of children's services with arrangements for pooled budgets. Barnet has chosen to keep a Children's Trust Board and to publish a Children and Young People Plan each year. The Act also imposes a duty on the relevant agencies to carry out their functions having regard to the need to safeguard and promote the welfare of children and to guidance provided by the Secretary of State. The duty continues to apply where services are contracted out.
- 7.5 In addition, sections 18 and 19 of the CA 2004 impose a duty on the children's services authority to appoint a director of children's services (DCS) and a lead member for children's services (LMCS) respectively for the purposes of the functions conferred on or exercisable by the authority as prescribed by statute.

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. The Terms of Reference of the Overview and Scrutiny Committees are in the Overview and Scrutiny Procedure Rules (Part 4 of the Constitution).
- 8.2 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; and
 - scrutinise the Council's procedures in relation to the protection of children.

9. BACKGROUND INFORMATION

9.1 An Annual Adoption Report has been prepared to provide an overview of the work of the service to elected members, please see Appendix A.

10. LIST OF BACKGROUND PAPERS

10.1 None.

Cleared by Finance (Officer's initials)	A.D
Cleared by Legal (Officer's initials)	L.C

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Appendix A: Adoption Service Annual Report 2013/14

1. Introduction

- 1.1 Barnet Adoption Service operates within the regulatory framework of the Adoption and Children Act 2002, revised February 2011, Adoption Regulations, associated Statutory Guidance and National Minimum Standards. Adoption Services until September 2013 were inspected separately by Ofsted , however, the new inspection framework incorporates judgements on Adoption services into the overall Ofsted Children's Service inspection.
- 1.2. The last Ofsted inspection of the Adoption service took place in December 2009, the service was judged to be **Good**

2 Team Structure

- 2.1 There are currently 10 permanent staff in the Adoption Service, a Team Manager and 5 social workers in the Adoption team, a Deputy Team Manager, manages 2 social workers and a social work assistant in the Adoption Support Team.
- 2.2 A number of temporary posts have been created on a fixed term basis funded from the Adoption Reform Grant. These posts are; an Agency Advisor, social worker for the Adoption North London recruitment team, part time social worker for family finding, a social work assistant.
- 2.3 The team undertake a range of duties to comply with regulatory requirements, these duties include; the assessment and approval of second time adopters, assessment and approval of foster carers wishing to adopt children already placed with them, linking and matching of approved adopters with children, non-agency adoptions, supervision of oversea's adoption cases . Family finding for children who need a permanent alternative family placement outside of their own families, this can be through adoption or long term fostering.
- 2.4 In addition, the adoption support team carry out a wide range of duties in relation to adopters, adopted children and adopted adults.

3 Governance – Adoption Development Group

- 3.1 The Adoption Development Group (ADG) is chaired by the Assistant Director, Children's Social Care who is also the Agency Decision Maker (ADM) and forms part of the overall strategy for Children in Care. The purpose of the ADG is to monitor practice and facilitate the continuous improvement and ongoing development of the Adoption Service.

- 3.2. National Minimum Standard 25.6 requires that “*the executive side of the local authority*” Adoption Service have a system in place to “*monitor the management and outcomes of the service in order to satisfy themselves that the agency is effective and is achieving good outcomes for the children and/or service users*”
- 3.3. Adoption Panel – Adoption Regulations require an Adoption Panel to be established, the panel must be chaired by an independent person. A new chair of panel has recently been appointed and will take up the role in April, other panel members are representatives from within the Children’s Service, elected members and independent members with a range of experience relevant to adoption.
- 3.4. The Adoption Panel performs an important role in assisting the service to reach the best possible decision in respect of:
 - The suitability of prospective adopters
 - Whether a child should be placed with a specific prospective adopter

4 Adoption Reform update

- 4.1. Over the last two years there have been many changes to the adoption system, a programme of reform commenced in April 2012 with the publication of the Governments Action Plan for Adoption; Tackling Delay in April 2012, subsequent guidance, Further Action on Adoption: Finding More Loving Homes was published in January 2013.
- 4.2. The aim of these reforms is to reduce delay for children, speed up the approval process for adopters, secure early permanence for children and improve the matching process of adopters and children.
- 4.3. A National Adoption Reform Grant was made available to local authorities to support the changes in the whole adoption process that the Government intended. The Adoption Reform Grant was allocated in 2 parts; part A is a £100 million non -ring fenced grant for Local Authority’s to use to drive forward adoption reform, targeting funding at the entire adoption process and the specialist support children need; part B is a one off £50 million ring –fenced grant that LAs are required to spend on adoption services with a clear focus on increasing the number of adopters.
- 4.4. Barnet’s allocation of the reform grant was used in part last year and will extend into next year, funding has been used to support various developments in implementing the reform agenda, including; a Court Proceedings Project, to work with neighbouring boroughs to reduce the length of court proceedings, a specialist adopter recruitment team, a number of posts established specifically to target reducing timescales in achieving permanence for children. In addition, funding has been used for an Education Project for Adopted children delivered by PAC (Post Adoption Centre) in partnership with the North London Adoption Consortium.

5 Reducing Delay

5.1. A Care Planning Panel has been established to ensure robust tracking of all children subject to legal proceedings and or who are newly looked after, its purpose is to ensure that there is sufficient scrutiny and challenge to the planning process with an emphasis on achieving early permanence decisions.

5.2. Restructure of the Adoption team

The adoption team has been restructured to enable two social workers to focus on family finding tasks specifically, thus ensuring that a proactive approach is taken as soon as it is identified that a child may require a placement for adoption.

5.3. Specialist Training

Family futures, a specialist children's service was commissioned to deliver training to the Adoption team on the matching of children and prospective adopters, this training provided a particular framework for ensuring that the child's individual needs and in particular their attachment style, are fully considered within the context of the specific strengths and vulnerabilities of any prospective adopters. This is crucial in developing an effective adoption support plan.

5.4. Fostering for Adoption (FFA)

Another significant practice development that can significantly reduce delays for children is Fostering for Adoption, this now allows a Local Authority to temporarily approve approved adopters as foster carers in order to place the child with adopters prior to the making of a Placement Order, the legal authority required to place a child for adoption.

5.5. Fostering for Adoption enables children to be placed at an earlier stage, thus enabling the attachment relationship between the child and their new adoptive parents to begin weeks if not months earlier than it otherwise might.

5.6. Two Fostering for Adoption placements have been made so far in Barnet, this option is now routinely considered when planning for very young babies. However, it must be noted that this approach is not suitable in all cases as there is an inherent level of risk that the court will not make a Placement Order.

6. Legal context

6.1. Barnet, Haringey & Enfield began a tri borough court project in June 2013, the purpose of the project was to establish common systems and practice across the three boroughs all of which use the Barnet Family Proceedings Court. A post of Principal Officer, Court Proceedings has been established using funding from the Adoption Reform Grant to promote improved practice in Care Proceedings and to ensure compliance with new expectations set out following the Family Justice Review, a central aim of which is to conclude Care Proceedings within a 26 week

timeframe. Cases in Barnet were taking on average 58 weeks to conclude, prior to the judicial reform.

- 6.2. There have been two significant court judgements made in the last year that are likely to have far reaching consequences for Local Authorities making permanent plans for children in their care, for whom Adoption would usually be the plan..
- Cases Re:B & Re:BS have redefined practice in relation to the courts determination of the appropriate disposal and final order in care proceedings.
 - A robust balancing exercise must now be undertaken, where the merits of every possible option are considered, the judge must actively evaluate “proportionality” before deciding that adoption is indeed necessary.
- 6.3. A very strong message has emerged from these cases, a care plan of Adoption is considered extreme, only to be considered when there is no other appropriate order or option for the child, that severing the relationship with the child’s parents and family is “draconian” and should be considered only as a last resort when “nothing else will do”
- 6.4. As a consequence, it is likely that the numbers of children being placed for Adoption will decline. It is expected that the numbers of Special Guardianship Orders, (SGO’s) will continue to increase, these orders are being made in most cases to extended family members, Grandparents, Aunts, Uncles etc. SGO’s are permanent legal orders where the Special Guardian is granted Parental Responsibility for the child, however, unlike in Adoption, the parent retains their parental responsibility, for this reason SGO’s are seen as a more reasonable and proportionate order by many. On the making of an SGO the child ceases to be a Child in Care and the Local Authority ceases to have parental responsibility. However, a financial allowance is paid to Special Guardians, the level of the allowance is based on the weekly maintenance allowance paid to foster carers. In addition, Special Guardians are entitled to ask for support services throughout the life of the order, until the child is 18.

	SGO’s Granted
2012/13	20
2013/14	27

7. Recruitment - North London Adoption & Fostering Consortium (NLAFC)

- 7.1. Barnet, Camden, Enfield, Haringey and Islington have been working together as the North London Adoption Consortium for more than 10 years, 2 years ago the consortium Memorandum of Understanding between the partners was extended to include fostering. In August 2013, Hackney also joined the consortium. NLAFC is widely recognised as being the most successful and well established consortium

arrangement in London. The consortium is chaired by each consortium member in turn and rotates annually, Barnet take up the chair in April 2014.

- 7.2. Each Local Authority is required to offer a range of services to children who require adoption, to those adults who wish to be approved as adopters, adopted adults and to birth family members whose lives have been affected by adoption. By delivering a range of services jointly the consortium partnership offers a range of benefits that include shared practice development, service improvement and cost efficiencies by joint contracting of some services.
- 7.3. A central theme of the Governments Adoption Reform Agenda is to deliver Adoption Services on a regional basis, particularly in relation to the recruitment of adopters and the placement of children. With this in mind, following a scoping exercise to determine its viability, the consortium established a joint recruitment team, each member authority contributed some of the Adoption Reform Grant allocation to fund posts in the team, "Adoption North London" was launched in November 2013, at this stage it is a pilot project for 1 year.
- 7.4. Each stage of the recruitment process for adopters is now clearly defined with prescribed timescales, Adoption North London deals with all aspects of the Stage 1 process, Stage 1 is defined as being "adopter led" prospective adopters are offered an information session within 10 days of their enquiry, they then move on to a stage of self- directed learning with support from the adoption service. Stage 1 lasts for a period of 2 months, if the decision is that applicants proceed to Stage 2, the detailed assessment stage, prospective adopters are then referred back to the individual borough to carry out the assessment.
- 7.5. Stage 2, the detailed assessment stage during which the Prospective Adopters Report is completed, should last no longer than 4 months, therefore the total assessment timescale is now 6 months, the previous overall timescale was 8 months.
- 7.6. Barnet has not generally had a problem recruiting adopters and most children are placed with Barnet approved adopters. If it is not possible to place with adopters approved by Barnet then adopters from within the consortium group, other London consortiums and VAA's (Voluntary Adoption Agencies) are all considered.
- 7.7. If there are no children within Barnet who are a suitable match for any approved adopter, it is likely that the placement with adopter/s will be "sold" to another local authority, payments for these adopters are known as Inter- agency fees, the cost of a placement is £27,000 per child (a fixed price set by the DfE) it is therefore possible to generate some income, although this will vary based on the needs of the cohort of children needing an adoption placement.
- 7.8. In 2013/14, Barnet have made 8 placements of children in other Local Authorities; and one Voluntary Adoption Agency. Barnet adopters have been matched with children from; Camden, Hillingdon, East Riding, Bolton and Luton.

Adoption North London



[Home](#) [About adoption](#) [FAQ's](#) [Adoption process](#) [About us](#) [Events](#) [Adoption support](#)

Welcome



“ I began my journey to being a mum, and have not looked back since! I can't put a finger on what the trigger was, it just felt like the right time for me. ”

Start your journey and find out more

Your Name:*

Contact number:*

Email Address:*

Got a question for us?:

[Tell me more](#)

Adopting a child is a life-changing experience. Adoption offers children the love, stability and security of family life they may not have experienced before. It's one of the most important decisions you could make, so we are here to support you every step of the way. As a partnership of six north London boroughs we have a wealth of experience and a wide range of children waiting to be matched. So why not begin your journey with us today and discover if adoption is right for you. Last year we placed 100 of our children in loving adoptive families. We can also advise about overseas adoption.

Adoption Consortium Website www.adoptionnorthlondon.co.uk

8. iMPOWER

- 8.1. In order to optimise continued service improvement, iMPOWER Consulting Ltd have been commissioned to deliver their Family Values programme in Barnet, the Adoption Reform Grant is being used to fund this project.
- 8.2. Family Values is a programme of councils working together supported by iMPOWER Consulting. The specific aim is to combine business analysis with insight from adopters and foster carers, in particular understanding their values, to recruit and retain more adopters and foster carers.
- 8.3. More broadly the project aims to transform Adoption and Fostering by changing the understanding and behaviours of staff in the service. A customer led transformation model is encouraged by iMPOWER, early indications from the iMPOWER analysis to date shows that there is a high level of satisfaction amongst adopters in Barnet and a high level of motivation to help support service improvement.

- 8.4. The findings from the Family Values project are expected by early May, an action plan for improvement will be produced following the findings and recommendations made by iMPower.

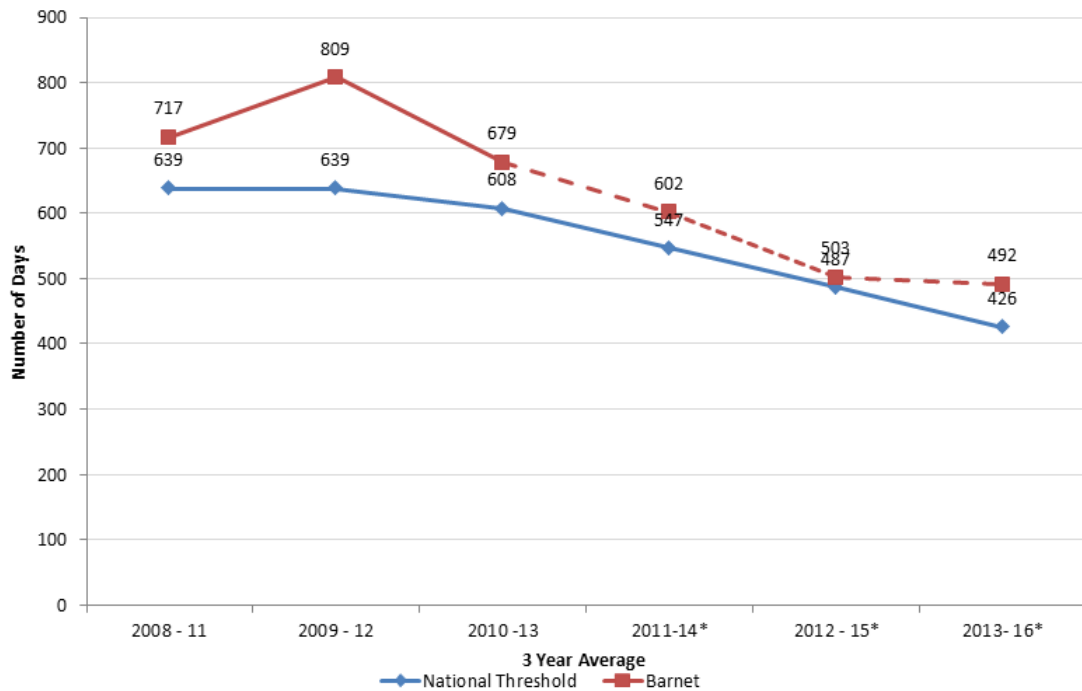
Profile of Children in Care Population

9. Performance Data

- 9.1. The DfE introduced the publication of Adoption Scorecards as a way of monitoring local authority's performance in May 2012, the scorecards are published annually monthly intervals, the November 2013 scorecard is attached at Appendix 1.
- 9.2. There are three key indicators that are measured in the scorecard;
- 1) Average time between a child entering care and moving in with their adoptive family(days)
 - 2) Average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family
 - 3) Children who wait less than 21 months between entering care and moving in with their adoptive family (number and %)
- 9.3. Scorecards are based on a 3 year average, performance in relation to the scorecard measures is improving, however, cohorts of children who are adopted are small, in 10/11, 11/12 and 12/13 the cohorts were 9,16 and 12 children respectively, therefore, delays in any individual case can impact in the next scorecard. For example, one case of a child who has yet to be placed for adoption but for whom adoption is the plan, is the subject of protracted, complex proceedings, if and when this child is placed there will be a significant impact on the scorecard data.

Average time between a child entering care and moving in with its adoptive family, for children who have been adopted (days)

Source: Adoption Scorecard and * Predictions are included using adoption spread sheet



	Adopters Approved	Adoption Orders Granted	Currently placed for Adoption
2012/13	17	14	
2013/14	23	12	12

- 9.4. More adoption orders were expected this year, however, 4 of the children currently placed for adoption have had their final orders delayed as a result of new challenges by their birth parents following the aforementioned cases. (Re; B & Re; BS) However, the combined total of children leaving care as a result of permanent orders being made has increased from 34 in 12/13 to 39 in 13/14

Performance

10. Adoption Support

- 10.1. A priority area for future development as part of the reform agenda is the provision of Adoption Support Services. Further guidance is expected imminently, government are keen to ensure that adopters are given a greater choice to determine what type of adoption support services they need for their child. There has been some discussion and indication that personal budgets may be implemented. An Adoption Passport is to be introduced, this will require local authorities to publish information about available support services and allow adopters to access these services in whichever authority they choose. With this in mind, a comprehensive Adoption Support Handbook has been published with our consortium partners.

11. The Pupil Premium

- 11.1. The Pupil Premium is additional funding given to schools to raise the attainment of disadvantaged pupils and close the gap between them and their peers, from April 2014, the Pupil Premium payments will also be made for adopted children. This will enable adopters to work with schools to consider what individual support will be of benefit for their adopted child.

12. Service Development in 2014/15

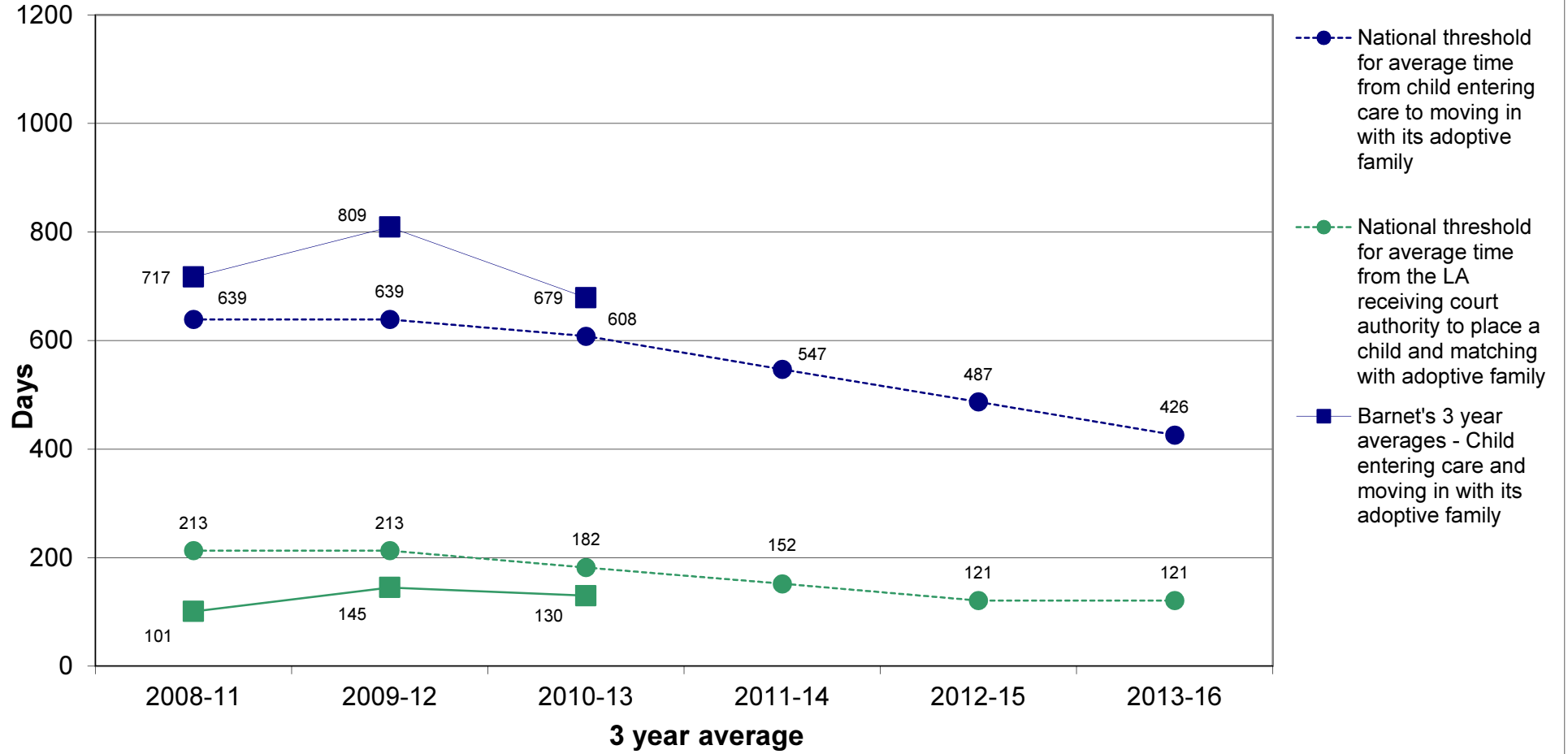
The overall aim is to further reduce the time it takes to place children permanently, minimising any delay for the child and to ensure that there are a sufficient range of suitable prospective adopters to meet the needs of the children who are to be placed.

- A pan London Adoption Board has recently been established to work towards a comprehensive “offer” of Adoption Support Services on a regional basis. Barnet is represented on the board by the Head of Service in Islington as part of the NLAFC partnership
- A scoping exercise is currently taking place to consider the viability of a shared Adoption Support Service within the consortium.
- An evaluation of the pilot joint recruitment team project, Adoption North London, to determine if all or some of the consortium partners wish to make a joint recruitment team a permanent arrangement.
- Consideration of extending Barnet’s Virtual School for Children in Care to include adopted children.

Appendix 1

Children			
	Average time between a child entering care and moving in with its adoptive family, for children who have been adopted (days)	Average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family (days)	Children who wait less than 20 months between entering care and moving in with their adoptive family (number and %)
LA's 3 year average (2010-13)	679	130	50 (57%)
1 year trend - Improvement from 2012 to 2013	Average time in 2013 was shorter than 2012	n/a	n/a
3 year trend - Improvement from 2009-12 to 2010-13	Average time in 2010-13 was shorter than in 2009-12	Average time in 2010-13 was shorter than in 2009-12	n/a
England 3 year average (2010-13)	647	210	11,360 (55%)
Distance from 2010-13 performance threshold	71 days	Threshold met	n/a

Average Time Indicators



Adopters

	Number of approved adoptive families as at 31 March 2013	Proportion of adoptive families who were matched to a child during 2012-13 who waited more than 3 months from approval to being matched to a child	
LA average	15	55	
England	4,195	58	

Related Information

	Adoptions from care (number adopted and % leaving care who are adopted)	Number and % of children for whom the permanence decision has changed away from adoption	Average time between a child entering care and moving in with its adoptive family. Where times for children who are adopted by their foster family are stopped at the date the child moved in with the foster family (days)	Adoptions of children from ethnic minority backgrounds (number adopted and % of BME children leaving care who are adopted)	Adoptions of children aged five or over (number adopted and % of children aged 5 or over leaving care who are adopted)	Average length of care proceedings locally (weeks)	Number of children awaiting adoption (as at 31 March 2013)	Number of applications for approval as an adopter still being assessed (not yet approved or rejected) as at 31 March 2013
LA's 3 year average (2010-13)	40 (8%)	20 (18%)	513	15 (6%)	10 (3%)	58	40	10
England 3 year average (2010-13)	10,540 (13%)	2,020 (9%)	545	1,600 (7%)	2,580 (4%)	51	6,890	2,506

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Meeting	Safeguarding Overview and Scrutiny Committee
Date	14 April 2014
Subject	Fostering Annual Report
Report of	Cabinet Member for Education, Children and Families
Summary of Report	This report contains the first Fostering Annual Report.

Officer Contributors	Debbie Gabriel, Service Manager, Provider services
Status (public or exempt)	Public
Wards Affected	All
Key Decision	No
Reason for urgency / exemption from call-in	N/A
Function of	Overview and Scrutiny Committee
Enclosures	Appendix A: Annual Fostering Report 2013/14
Contact for Further Information:	Debbie Gabriel, Service Manager, Provider Services Debbie.gabriel@barnet.gov.uk

1. RECOMMENDATION

- 1.1 That the Safeguarding Overview and Scrutiny Committee note the First Fostering Annual Report and make appropriate comments and/or recommendations to the Cabinet Member for Education, Children and Families**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 None

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Fostering Service is part of Family Services, service delivery is underpinned by the 2013 Corporate Plan's strategic objective to "support families and individuals that need it – promoting independence, learning and well being." The Corporate Plan's outcome to "create better life chances for children and young people across the borough" is the driver for striving for excellent Corporate Parenting in Barnet.

4. RISK MANAGEMENT ISSUES

- 4.1 A failure to keep children safe represents not only a significant risk to residents but also to the reputation of the Council. Failure to keep children safe is identified as a key risk in Children's Service. Although safeguarding must be the concern of all agencies working with children, the Local Authority is the lead agency for safeguarding children. As such, both members and senior officers carry a level of accountability for safeguarding practice in Barnet. Governance structures 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.
- 4.2 The local authority must ensure that it fulfils its functions as corporate parents to children and young people who are looked after by the council to whom Barnet owe a duty of care. Services must be of a high quality and produce the best outcomes for children.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 Equality and diversity issues are a mandatory consideration in decision-making in the Council pursuant to s149 of 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.

S149 requires a public body to have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- (2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).
- 7) The relevant protected characteristics are:
- age;
 - disability;
 - gender reassignment;
 - pregnancy and maternity;
 - race;
 - religion or belief;
 - sex;
 - sexual orientation.

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 Parts 3, 4 and 5 of the Children Act 1989 (CA 1989) together with statutory guidance place various statutory duties upon local authorities including the general duty to safeguard and promote the welfare of all children within their area who are in need. In cases where children are found to be at risk of significant harm as set out in s31 of the CA 1989, the Local Authority has a clear legal duty to take steps to protect them by invoking the powers contained in Part 4 of the CA 1989. Upon being satisfied that the relevant criteria are met and that an Order is necessary for the protection of the child, the Court may grant an interim care or supervision order as an interim measure when care proceedings are commenced.
- 7.2 An interim care order (placing the child in the care of the Local Authority) will give the Local Authority parental responsibility whereas an interim supervision order will put the child under the supervision of the Local Authority. At the conclusion of the proceedings the court will determine whether a final care or supervision order should be made. Children can also become looked after under section 20 of the Act without court direction.
- 7.3 The Children Act 2004 (CA 2004) provides the legislative framework for integrated planning, commissioning and delivery of children's services and for lines of accountability through the appointment of directors of all Children's Services. It created a statutory framework for local co-operation between local authorities, key partner agencies (health, police, schools, housing, early years, youth justice, probation etc) and other relevant bodies including the voluntary and community sector, in order to improve the wellbeing of children in the area. This provided for the framework for Children's Trusts within which agencies have been able to integrate commissioning and delivery of children's

services with arrangements for pooled budgets. Barnet has chosen to keep a Children's Trust Board and to publish a Children and Young People Plan each year. The Act also imposes a duty on the relevant agencies to carry out their functions having regard to the need to safeguard and promote the welfare of children and to guidance provided by the Secretary of State. The duty continues to apply where services are contracted out.

7.5 In addition, sections 18 and 19 of the CA 2004 impose a duty on the children's services authority to appoint a director of children's services (DCS) and a lead member for children's services (LMCS) respectively for the purposes of the functions conferred on or exercisable by the authority as prescribed by statute.

7.6 Fostering Services operate within the The Fostering Services (England) Regulations 2011, associated Statutory Guidance and the National Minimum Standards

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

8.2 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; and
- scrutinise the Council's procedures in relation to the protection of children.

9. BACKGROUND INFORMATION

9.1 An Annual Fostering Report has been prepared to provide an overview of the work of the service to elected members, please see Appendix A.

10. LIST OF BACKGROUND PAPERS

10.1 None.

Cleared by Finance (Officer's initials)	A.D
Cleared by Legal (Officer's initials)	L.C

Appendix A: Annual Fostering Service Report 2013/14

1. Introduction

- 1.1. Barnet Fostering Service operates within the regulatory framework set out in The Fostering Services (England) Regulations 2011, associated Statutory Guidance, Volume 4: Fostering Services and National Minimum Standards.
- 1.2. Inspections of fostering services were carried out by Ofsted as single inspections until September 2013, when a new inspection framework for Children's Social Care services was implemented. The last full single inspection of Barnet Fostering Service was in November 2012, the outcome of which was a judgement of **Good**: "*a service of high quality that exceeds minimum standards.*"
- 1.3. The service has three fostering teams each with their own distinct function;
 - **Fostering Recruitment team** - is responsible for the marketing, recruitment, pre-approval training, assessment and approval of new foster carers. In addition this team also manages the Peer Support scheme, a unique scheme that coordinates support for enquirers, applicants and new carers by experienced Barnet foster carers.
 - **Fostering Support & Development team** - is responsible for the ongoing support and supervision of foster carers, post approval. This includes allocating and supporting placements of newly Looked After children and those who require a placement move. Regular supervisory visits and the completion of annual foster carer reviews are a requirement under regulations and are undertaken by the FSD team.
 - **Kinship & Permanence team** - is responsible for the assessment and approval of those carers who are already known to the child: "connected persons." These are most often family members (grandparents, aunts, uncles etc). In addition, this team carries out a large number of assessments of family members who are applying for Special Guardianship Orders (SGOs); these reports are submitted to court.
 - There are 25 staff members in the Fostering Service

2. Governance

- 2.1. The Fostering Development Group (FDG), chaired by the Acting Assistant Director & Agency Decision Maker (ADM), has been established as part of the overall strategy for Children in Care.
- 2.2. The aim of the Fostering Development Group is to facilitate the continuous improvement and ongoing development of the Fostering Service; this complies with the requirements of National Minimum Standard 25.1 to ensure that there is a system in place for monitoring the quality and effectiveness of the service.

3. Fostering Panel

- 3.1 Regulation 23, Fostering Services (England) Regulations 2011 and Minimum Standard 14 require a Fostering Panel to be constituted, which must be chaired by an independent person. Panel members include representatives from the Children's Service, elected members and independent members with a range of experience
- 3.2 Fostering panels carry out a range of functions including: considering applications for approval of new foster carers, considering the suitability of foster carers to continue fostering and offering advice to the Fostering Service on the overall effectiveness of the service, based on cases presented to the panel for consideration.
- 3.3. An annual Fostering Panel report is prepared by the Chair, summarising the activity of the panel and any practice issues that have been identified.

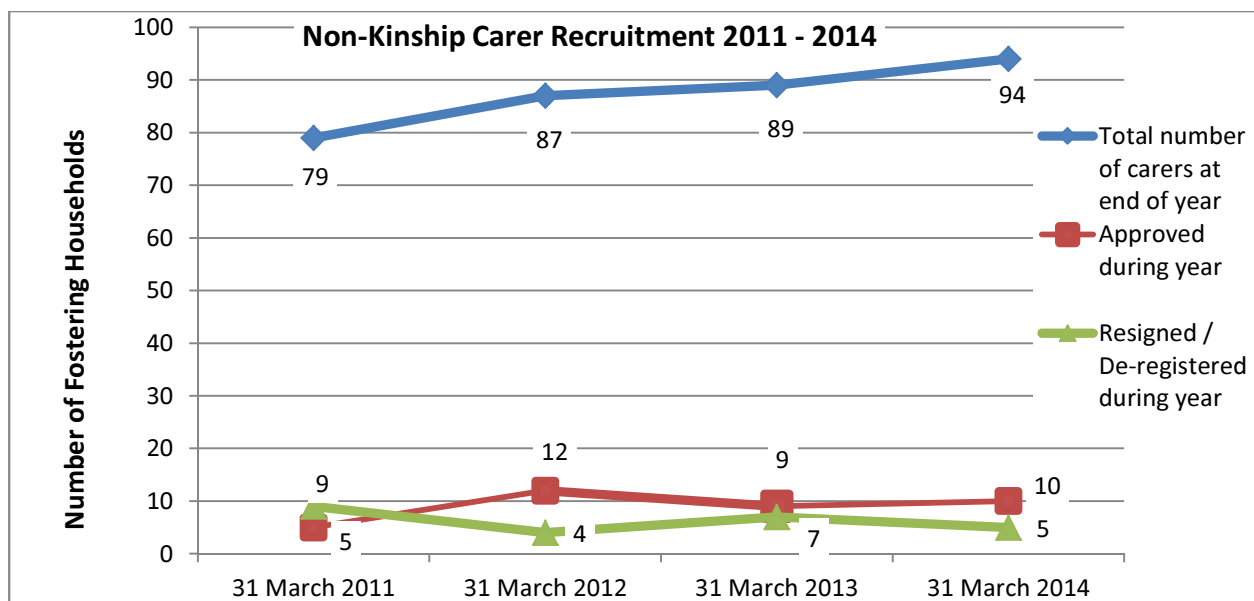
4. Profile of Children in Care

	Targets and benchmarking	2012-3	As at Jan 2014
Rate of CIC per 10,000 population	England 60 Statistical neighbours 44 London: 55	36.7	36.2
Number of children in care		311	314
Percentage of children in Foster care	National Average 75%	70%	70%
Number of CIC in LBB foster care	National Average 51%	133 (43%)	133 (42%)
Number of CIC in external foster care	National Average 24%	86 (27%)	88 (28%)



5. Fostering Recruitment

- 5.1. Whilst there has been a steady increase in the number of approvals of foster carers, and our progress is in line with our Consortium Partners and the London region, we are still experiencing a shortage of all foster carers and in particular those who can offer placements for; teenagers, sibling groups and children with more challenging behaviour.
- 5.2. The recruitment of foster carers is a key corporate priority, as increasing the numbers of foster carers who are recruited is necessary to:
 - Minimise the disruption to children's lives by keeping them within the borough
 - Improve placement choice
 - Meet the diverse range of needs of the children in Barnet's care
 - Reduce costs by being less reliant on Independent Fostering Agencies
- 5.3. The Fostering Network, which is the UK's leading charity organisation for everyone involved in fostering, estimates that an additional 9,000 more foster carers are needed nationally to meet the current demand. The Fostering Network recommends that fostering services should set a recruitment target by calculating the average annual loss of foster carers as a percentage and adding the equivalent of 5% of their workforce. Barnet has met or exceeded targets calculated in this way over the past three years, thereby increasing the numbers of non-kinship foster carers by 15 households.



Total Number of Foster Carers as at 31 March 2014 = **106 households**

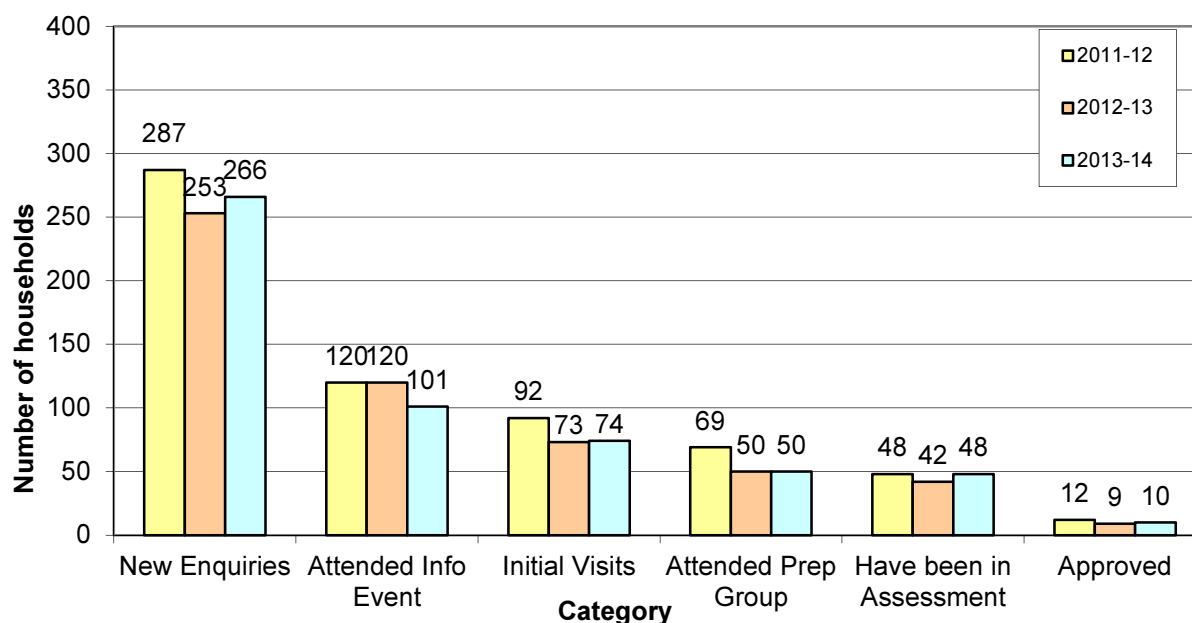


Approvals vs Resignations / De-resignations Non-Kinship Carers 2011 - 2014

	31 March 2011	31 March 2012	31 March 2013	31 March 2014
Total carers at end of year	79	87	89	94
Approved during year	5	12	9	10
Resigned / de-reg during year	9	4	7	5
Reasons for leaving	4 x resigned personal reasons 1 x retired 1 x moved out of area 2 x de-registered 1x adopted	2 x resigned personal reasons 1 x retired 1 x BL specialist scheme ended	3 x retired 2 x resigned personal reasons 1 x adopted 1 x took children on SGO	1 x retired 1 x moved to Kent 1 x resigned personal reasons 1 x de-registered 1 x resigned after standard of care issues

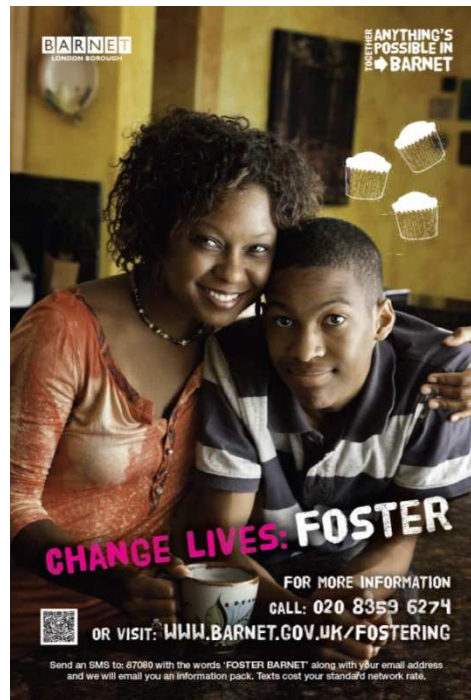
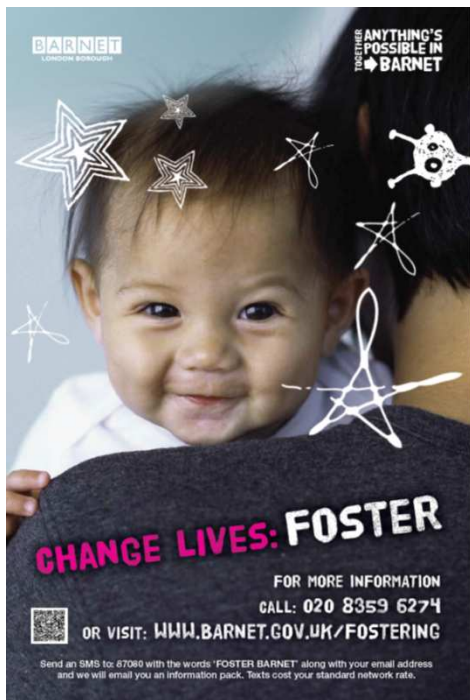
- 5.4. Barnet has a low attrition rate, 5% against a National average of 13%. Whilst it is extremely positive that we lose very few foster carers each year, recruiting sufficient additional carers for particular types of placement needs remains a significant challenge. In parallel with virtually all fostering services, Barnet needs more carers who can take placements of sibling groups, teenagers, and children with complex needs and behavioural challenges, and children who need long-term fostering placements.
- 5.5. Successfully recruiting foster carers requires careful attention to each stage of the process, ensuring retention of potential candidates and sensitive counselling out of those who are unlikely to be able to provide adequate care for troubled children. Barnet has developed a range of ways of supporting enquirers and applicants, but the conversion rate still needs to improve.

Non-Kinship Carer Recruitment Overview by Financial Year



- 5.6. Recruitment methods are regularly re-evaluated, using data and qualitative feedback. Targeted recruitment has taken place following the use of Mosaic analysis of residents of the borough to formulate target markets.
- 5.7. A range of advertising and marketing has taken place during the year, this includes;
- Internet advertising, links and articles, fostering website
 - Local newspapers and magazines, - the Times Group newspaper, Primary Times Magazine and the Everyone's a Winner magazine
 - Tube, bus and train advertising
 - Schools, children's centres and libraries – newsletters and notice boards
 - Specific advertising on till receipts for Argos & Homebase
 - As a joint project with the North London Consortium, a 'Fostering Teenagers' film was produced and distributed on-line

- 5.8. In addition, specific recruitment projects have been initiated and developed with specific community groups, for instance the Orthodox Jewish Community in partnership with Haringey, Hackney, Norwood & Ezer Leyeldos (a voluntary organisation within the Orthodox community in Stamford Hill.)
- 5.9. More recently a new initiative has been launched to recruit additional foster carers from within the Muslim community, in partnership with North London Consortium partners.



Examples of advertisements

6. iMPower- Family Values Programme

- 6.1. In order to address the significant challenge of increasing additional placement capacity in our in-house service and reduce our reliance on Independent Fostering Agency (IFA) placements and residential provision, Barnet commissioned iMPower Consulting Ltd to provide a focused consultation using funding from the Adoption Reform Grant (specific time-limited funding made available by the Government to implement structural reform to the Adoption process).

- Family Values is a programme of councils working together supported by iMPower consulting
- The specific aim is to combine business analysis with insight from foster carers and adopters, in particular understanding their values, to recruit and retain more foster carers
- More broadly it aims to transform fostering, adoption and permanence by first changing the understanding and behaviours of directly involved staff

- It builds on the work already completed by eight councils working with iMPower and work underway by DfE, the Fostering Network, iMPower and a number of other councils.

6.2. iMPower are due to report their findings on the project by the end of April 2014; this will feed into the wider transformation projects already underway within Family Services and contribute to defining a new operating model for the service.

7. North London Adoption & Fostering Consortium (NLAFC)

7.1. Barnet in partnership with Camden, Enfield, Islington, Haringey & Hackney, form the North London Adoption & Fostering Consortium. A Memorandum of Understanding provides the framework for the consortium arrangements. Membership provides numerous practice benefits for fostering, in addition to cost savings as a result of pooled budgets for advertising and recruitment.

7.2. Specific projects have been established within the consortium; e.g. Parent and Child and Remand fostering schemes. For the Parent and Child scheme, each borough has recruited two foster carers to provide assessment placements for young women and their babies, as an alternative to high-cost residential provision. Barnet are the strategic lead for this project. The Remand fostering scheme also is operational, although less established at this stage, this project aims to place young people with a specialist foster carer as an alternative to a remand to custody.

7.3. In addition, the practice of sharing foster placements across the Consortium is gaining momentum. The financial agreement for sharing carers provides a more cost-effective option than using independent fostering agencies.

Fostering North London

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Welcome: Together we can change a life.

Help us to offer our children and young people the love and care of a foster home when they need the security of family life at times of change and upheaval in their own lives. Become a foster carer and we will support and help you every step of the way.

As a partnership of six local authority fostering agencies we have a wealth of experience, training and support to offer. So why not begin your journey with us today and find out if fostering is right for you.

“ Fostering has been a life-changing experience for us all. You learn so many new things and realise some of the things you take for granted in your everyday life are not the same for others. ”

Come to an information event

North London Fostering Consortium - Recruitment

8. Implications from Case Law.

8.1. Tower Hamlets judgement

- 8.1.1. In 2013, an Appeal Court judgement was made in relation to fostering allowances paid to Kinship foster carers (also referred to as Family & Friends foster carers or Connected Persons).
- 8.1.2. Prior to the court judgement, most London boroughs including Barnet paid kinship foster carers the same “maintenance allowance” as foster carers who care for children who previously were not known to them; this allowance is to cover the full cost of caring for the child as defined by the DfE and the Fostering Network, who agreed minimum allowances. However, no fee or reward element was paid to kinship foster carers, on the basis that they were usually relatives of the child and therefore paying a reward element was not considered appropriate. Since the Court of Appeal judgement, fostering services must now apply the same criteria for payment of any fee element to all foster carers. In Barnet, this means that any Kinship foster carer who is willing to attend the Skills to Foster preparation group (which is undertaken by all other foster carers who are recruited) will also be entitled to the weekly reward fee on completion.

9. Additional service developments

- 9.1. The aim is to recruit and retain more foster carers, particularly the types of foster carers, who with an appropriate level of skill and additional support and training could offer placements to children who at present might otherwise be placed with an IFA carer or in residential provision. And, most importantly, Foster carers who can sustain these placements to provide the stability and security needed by the child to improve their individual outcomes.
- 9.2. The service will develop a new recruitment strategy and model of support to foster carers based on the outcomes and any recommendations made at the conclusion of the iMPower project.
- 9.3. Consideration will be given to a range of possible incentives to foster carers to increase their capacity to care for additional children for example, by increasing the available accommodation within their home.
- 9.4. Revision of Barnet’s support and supervision policy for foster carers
 - Consolidating and extending the Peer Support Scheme into core provision, through a partial restructure of the Recruitment team to provide funding

- Further developing the use of available fostering placements in other Consortium boroughs and in turn develop Barnet's practice of sharing our own foster carers with other boroughs if they have vacancies
- Further developing the Parent & Child scheme to provide additional assessment placement resources specifically for Barnet's use
- Develop further the Staying Put policy to enable young people to remain in their foster placements beyond their 18th birthday
- Consideration of implementing a specific teen-care placement scheme

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Meeting	Safeguarding Overview and Scrutiny Committee
Date	10 April 2014
Subject	Report on the Children and Families Act
Report of	Cabinet Member for Education, Children and Families
Summary of Report	This report sets out the main requirements of the Children and Families Act that will impact on services in Barnet and describes the action being taken to meet the requirements of this new legislation.

Officer Contributors	Jo Pymont, Interim Assistant Director Social Care Ian Harrison, Director for Education and Skills
Status (public or exempt)	Public
Wards Affected	All
Key Decision	No
Reason for urgency / exemption from call-in	N/A
Function of	Safeguarding Overview and Scrutiny Committee
Enclosures	None
Contact for Further Information:	Jo Pymont: Interim Assistant Director Social Care jo.pymont@barnet.gov.uk

1. RECOMMENDATION

- 1.1 **That the Committee note the report and make comments and/or recommendations to the Cabinet Member for Education, Children and Families where appropriate.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 The Education Overview and Scrutiny Committee on 23 January 2014 received a report Children and Families Bill and Future Provision of Special Educational Needs in Barnet.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The council's Corporate Plan 2013-2016 contains a corporate priority to 'support families and individuals that need it, promoting independence, learning and well-being'
- 3.2. Outcomes in the Corporate Plan 2013–16 include the promotion of family and community well-being, encouraging engaged, cohesive and safe communities and to create better life chances for children and young people across the borough.
- 3.3. The Corporate Plan outlines the council's commitment to ensuring that children who enter the care system are given a good start in life, with a stable home and access to education and other support. It includes the commitment to speed up the adoption process and ensure that adopted children have a stable, loving home as early as possible– increasing the proportion that are adopted or placed permanently through another route.
- 3.2. Barnet's Children and Young People plan sets out a range of priorities to improve outcomes for children and young people in Barnet and is supported by Barnet's Education Strategy 2013/14-2015/16.

4. RISK MANAGEMENT ISSUES

- 4.1 There are risks associated with implementing the reforms from the Children and Families Act. There is a risk that the Council will fail to achieve adoption targets and exceed the time limit of 26 weeks when courts are considering whether a child should be taken into care.
- 4.2 Paragraphs 10.2 to 10.10, 11.2 to 11.4 and 12, outline the mitigating actions that are being implemented in relation to these risks.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 The Council has a general duty to give due regard to specific issues in relations to equalities as set out in Section 149 of the Equality Act 2010 and these duties should inform all decision making by the Council.

These issues are to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

(2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).

7) The relevant protected characteristics are:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

- 5.2 The Children and Families Act includes provisions that are intended to improve services and support for children and young people who are adopted or fostered; those that are looked after by the local authority, and those with special educational needs including children and young people with learning difficulties or disabilities. The Council's response to implementing the requirements of the legislation seeks to address the equalities issues raised in this legislation by:

- improving the 'local offer' of services and support for SEN children and young people.
- ensuring that when children are placed for adoption, ethnicity is recognised as a significant consideration (including cultural and religious factors), but it is not the primary consideration for placing children, and we do not allow this to inhibit our search for adopters. Our over-riding priority is to find adopters who can meet the primary needs of our children.

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

- 6.1 Financial provision to meet the costs of implementing the new legislation can be found from existing budgets.

7. LEGAL ISSUES

- 7.1 The Children and Families Bill received Royal Assent and became an Act on 13 March 2014. Three sections will come into force on 22 April 2014 but no

date has yet been appointed for the remainder of the Act to come into force. Once the it does come into force it will amend or repeal other legislation particularly much of the current SEN legislation mainly contained within the Education Act 1996 as amended, and parts of the Children Act 1989.

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

- 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 role of the Safeguarding Overview and Scrutiny Committee is to scrutinise and monitor the Executive and Officers in the delivery of their statutory responsibilities in relation to safeguarding and corporate parenting. Safeguarding involves protecting the welfare of vulnerable adults and children.

9. BACKGROUND INFORMATION

- 9.1 In February 2013, the government published a Children and Families Bill which takes forward the Government's commitments to improve services for vulnerable children and to support families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background. The Act will reform the systems for adoption, looked after children, family justice and special educational needs. It will encourage growth in the childcare sector, introduce a new system of shared parental leave and ensure children in England have a strong advocate for their rights.
- 9.5 This report provides an overview of the sections of the Act relevant to the work of the Children's Services with a commentary on actions being taken within the Council to meet the requirements of this new legislation.
- 9.6 The provisions covered by the Act¹ which are relevant to the work of the Children's Service are, in summary:
- **Adoption**– the Act supports the reforms set out in '[An action plan for adoption: tackling delay](#)'² including by promoting fostering for adoption and improving support for adoptive families.
 - **Virtual School Head** - In addition, the Act requires every local authority to have a virtual school headteacher to champion the education of children in the authority's care.
 - **Family justice system** - the Act has introduced a time limit of 26 weeks in the courts for the completion of care proceedings.
 - **Special educational needs (SEN)** - the Act has introduced a system for children and young people with special educational needs (SEN), including those who are disabled, so that services consistently support the best outcomes for them. It will extend the SEN system from birth to 25, giving

¹ Refer to the DfE web-site at for more detail <http://www.education.gov.uk/a00221161/>.

² For more information please refer to the government publications web-site at: <https://www.gov.uk/government/publications/an-action-plan-for-adoption-tackling-delay>

children, young people and their parents greater control and choice. It takes forward the reform programme set out in 'Support and aspiration: a new approach to special education needs and disability - progress and next steps' including by:

- replacing old statements with a new birth- to-25 education, health and care plan
- offering families personal budgets
- improving cooperation between all the services that support children and their families, particularly requiring local authorities and health authorities to work together.

10 Adoption

The legislative provisions on adoption are summarised as below:

10.1 The Government wants **more children adopted with less delay**. Children wait an average of almost two years between entering care and moving in with an adoptive family. The Bill supports the reforms set out in *An Action Plan for Adoption: Tackling Delay* by:

- creating a new power for Ministers to drive an increase in adopter recruitment by requiring outsourcing if necessary.
- promoting 'fostering for adoption' so that children are placed sooner with the families that are likely to adopt them;
- ensuring that search for a perfect or partial ethnic match does not become a barrier to finding a child a parent;
- improving support for adoptive families;

10.2 In order to respond to concerns about delays in adoption Barnet has been developing a new, regional approach to recruitment, and has begun to use 'fostering for adoption' as a way of speeding up and improving the adoption journey. We have also been expanding the support we offer for adoptive families with services commissioned through the new North London Adoption Consortium.

10.3 Improving Adopter Recruitment

- Working with six other boroughs we have formed a consortium to provide a regional adoption recruitment service; 'North London Adoption Consortium'. The recruitment team boroughs are Camden, Islington, Haringey, and Enfield and most recently Hackney.
- The consortium recruitment team is a one-year pilot which began in November 2013 and promotes its work as 'Adoption North London'.
- It provides a regional partnership approach to recruitment of adoptive parents, ensuring that we use resources efficiently and significantly increase the reach of our search for prospective adopters. A centralised recruitment team has been established with all boroughs contributing a team member.
- Adoption North London is a specialist adoption recruitment service, working together to find adopters for children who need new families and offering the

best possible support and preparation to our adopters. The aim is to ensure that children waiting for new families from within the six boroughs are linked and matched with the families who can best meet their needs.

- Adoption North London also support and encourage all parents to register on the national First4Adoption web-site.
- The pilot has used part of the ring-fenced element of the Adoption Reform grant, distributed to all boroughs. Further grant funding will be available in 2014/15

10.4 Promoting 'Fostering for Adoption'

10.5 Barnet has just started to make its first 'fostering for adoption' placements which enable us to place a child with approved adopters who are also temporarily approved as foster carers. This is an extremely beneficial development in terms of improving the attachment experience for adopted children.

10.6 Improving support for adoptive families

10.7 Barnet's Adoption Support team provide an increasing range of support for adoptive families including support for adoptive parents, adopted children, and adopted adults. Services are provided both in-house and through Adoption Plus and the Post Adoption Centre, commissioned jointly through the North London Adoption Consortium.

10.8 The consortium provides fortnightly information sessions on adoption for prospective adopters, as well as on-going training for adopters.

10.9 The consortium provides support groups for parents and therapeutic support for adoptive children; both younger children and teenagers with an intensive therapeutic support service for some adoptive families.

10.10 The consortium also ensures that adopted adults are supported with birth record counselling and a tracing and re-unification service. There is also support for children's contact with birth families through Letter-box support and direct contacts.

11 Looked After Children

The draft legislative provisions on looked after children which impact on the local authority concern the implementation of a Virtual School Head, ensuring that the view of young people in care are listened to, and improving the stability and quality of long-term foster placements.

11.1 Virtual School Head

The educational attainment of looked after children is not catching up with other pupils fast enough and it is known that a 'virtual school head' (VSH) can have a positive impact on the educational progress of looked after children and so the Act will require every local authority to have a 'virtual school head' to champion the education of children in the authority's care, as if they all attended the same school.

11.2 Barnet already has a Virtual School Head, a post which has been in place for over six years with the role of championing the education of children in our care. The current head is appointed for two days per week with a Virtual School team including a senior Educational Welfare Officer, an Advisory Teacher and an educational psychologist. The post is overseen by the Corporate Parenting Team which has responsibility for the education of looked after children including participation, as well as their health.

11.3 We monitor the progress of our looked after children with reports on attainment. The functions, progress and impact of the work of the Virtual School is overseen by a multi-agency panel including lead officers and Head Teachers (Raising Educational Achievement) on a termly basis. The Virtual School also reports to the Corporate Parenting Advisory Panel.

11.4 Listening to the views of young people in care

Barnet has a dedicated Participation Officer who also supports and works with the 'Role Model Army' Barnet's Children in Care Council. This work, which involves an annual event for young people in care, helps us to listen to the views of young people and to feed these views back into service development.

12 Improving support for foster carers

Barnet has a comprehensive training programme in place for foster carers. We have also implemented a successful peer-support project which is run by, and for foster carers.

13 Family Justice System

The Government is reforming the family justice system to help deliver better outcomes for children and families who go to court. The reform programme is tackling delays and ensuring that children's best interests are at the heart of decision making. The Act will implement commitments the Government made in response to the Family Justice Review by:

- introducing a time limit of 26 weeks when courts are considering whether a child should be taken into care ensuring that they focus on the essentials and don't get caught up in unnecessary evidence or bureaucratic delay.
- a revised Public Law Outline setting out a timetable and guidance, has been introduced as a pilot in all areas and will operate with the purpose of moving cases towards resolution within 26 weeks

13.1 Time limit of 26 weeks

In order to drive through the 26 week time limit for court proceedings Barnet is working with Haringey and Enfield, as we all share the same family court. Each borough has appointed a new and specific post of Principal Officer Court Proceedings to work with all parties involved to shorten the time for proceedings take to conclude and to drive up the quality of social work evidence.

14 Special education needs

14.1 The legislative provisions are summarised as follows:

a) Publishing a **Local Offer** of Provision in Barnet:

- parents and young people will have access to a single source of coherent and complete information to manage their choices with regard to services which support children and young people with

SEN and disabilities in Barnet. This single source will also include information about family support services and guidance on dispute resolution. It will be published as a web-based document but will also be available in other accessible formats.

- parents and young people are directly involved in the development and review of the local offer with the local authority and their feedback will be published.
 - the intention is that the local authority will be able to obtain a clear idea about gaps in provision following the local offer process, which will enable the authority, in collaboration with stakeholders, to review current provision and develop future provision to meet local needs.
- b) Developing a coordinated **0-25 assessment process and Education, Health and Care (EHC) Plans** (including a new duty for joint commissioning which will require local authorities and health bodies to take joint responsibility for providing services):
- the introduction of a co-ordinated assessment process across education, health and social care.
 - the replacement of the current system of statements and learning difficulty assessments, with a single 0-25 Education Health and Care Plan, which retains all the protections of statements, places parents and young people at the heart of decision-making and is clearly focused on both short and long term outcomes – including employment and independent living.
 - so those children and young people with an EHCP, parents and young people are able to express a preference for any State-funded school, college or training provider and some independent provision.
- c) Introduction of an option for a **Personal Budget** for parents of children and young people with an Education, Health and Care plan:
- parents and young people who have an EHCP will have the option to have a personal budget for some of the support they require. For a child or a young person with an EHCP, the Local Authority will identify an amount of money available to secure provision that is specified in the EHCP, with a view that the child's parents or the young person is involved in securing the provision. The personal budget will cover the individualised support activity as set out in an EHCP, but not the school or college / training provider place.

14.2 Transformation projects

14.3 In order to address the requirements of the Act and to ensure we develop appropriate plans to meet future needs, two 'transformation' projects have been established:

- The Children and Families Bill (now Act) project
- The Planning to meet Future Needs project

Both projects report into a Project Board chaired by the Education and Skills Director.

14.4 The Children and Families Bill (Act) project is well under-way and has established three work-streams, one for each of the areas described in 9.7 above:

- Local Offer
- Education, Health and Care Plans
- Personal Budgets.

Each work-stream has a lead officer and is supported by an officer team and a wider, stakeholder working group. The groups involve officers from Education and Skills, Family Services, Adult Services and the Health Service.

Stakeholder involvement includes voluntary groups, parent groups and consultation with individual stakeholders including parents and children and young people. The Project is designed to ensure that the key requirements of the legislation are met in line with the statutory timetable (with provisions coming into effect from September 2014).

14.5 The Planning to Meet Future Needs project is a longer-term project which has been established more recently. Drawing on the information provided as a result of consultation on the Local Offer, the project will involve:

- a comprehensive data mapping exercise identifying current and projected need for provision and support to meet the needs of children and young people with SEN/LDD (Learning Disabilities and Difficulties).
- a detailed review of current provision (in borough, out of borough maintained/ independent/non-maintained).
- forecasting of gaps in provision relating to data on current and future need.
- options appraisals:
 - first to identify gaps in provision that might be addressed in the short-term (in 2014/15 or 2015/16)
 - secondly to identify gaps that might be addressed in the longer term
- research into options to meet needs/address gaps
- development of Business Cases with recommendations for meeting future need.

15. LIST OF BACKGROUND PAPERS

15.1 None.

Cleared by Finance (Officer's initials)	A.D
Cleared by Legal (Officer's initials)	L.C

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Meeting	Safeguarding Overview & Scrutiny Committee
Date	10 April 2014
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 or anita.vukomanovic@barnet.gov.uk

1. RECOMMENDATION

- 1.1 That the Committee note the items included in the 2013/14 work programme of the Safeguarding Overview & Scrutiny Committee (Appendix A).**
- 1.2 That the Committee refer any additional, items to be considered at the earliest opportunity on the relevant successor committee work programmes.**

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.

9. BACKGROUND INFORMATION

9.1 The Safeguarding Overview and Scrutiny Committee's Work Programme 2013/14 indicates items of business previously considered by the Committee.

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.

9.4 This being the final meeting of the Safeguarding Overview and Scrutiny Committee any outstanding or additional items should be considered for referral to the relevant successor committee under the new governance system commencing from June 2014.

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	Children's Social Care Assistant Director
HealthWatch Enter and View	Standing Report	N/A	Overview and Scrutiny Office / HealthWatch Coordinators (BarnetLINK)

Subject	Decision / Decision requested	Cabinet Member	Author
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
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
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
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
HealthWatch Enter and View	Standing Report	N/A	Overview and Scrutiny Office / HealthWatch Coordinators
The Care Bill Update Report	Committee to receive a report on the main points from the forthcoming changes to social care legislation as set out in the Care Bill.	Cabinet Member for Adults	Adults and Communities Director
Member's Visits to Hostels for Young People	Standing Item	N/A	N/A

AGENDA ITEM 17

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