MEETING

HEALTH & WELLBEING BOARD

DATE AND TIME

THURSDAY 9TH NOVEMBER, 2017

AT 9.00 AM

VENUE

HENDON TOWN HALL, THE BURROUGHS, NW4 4BG

TO: MEMBERS OF HEALTH & WELLBEING BOARD (Quorum 3)

Chairman: Councillor Helena Hart (Chairman),
Vice Chairman: Dr Debbie Frost (Vice-Chairman)

Councillors

Dr Charlotte Benjamin	Dawn Wakeling	Councillor Reuben Thompstone
Dr Andrew Howe	Councillor Sachin Rajput	Selina Rodrigues
Chris Munday	Ceri Jacob	Chris Miller
Kay Matthews	Dr Clare Stephens	

Substitute Members

Julie Pal	Councillor Richard Cornelius	Dr Ahmer Farooqui
Elizabeth Comley	Councillor David Longstaff	Dr Barry Subel
Helen Petterson	Bernadette Conroy	Mathew Kendall
Ben Thomas	Dr Jeffrey Lake	

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

Andrew Charlwood – Head of Governance

Governance Services contact: Salar Rida 020 8359 7113, salar.rida@barnet.gov.uk
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ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes of the Previous Meeting	5 - 12
2.	Absence of Members	
3.	Declaration of Members' Interests	
4.	Report of the Monitoring Officer (if any)	
5.	Public Questions and Comments (if any)	
6.	Joint Health and Wellbeing Strategy Implementation plan (2015 – 2020) annual progress report	13 - 34
7.	Healthwatch Barnet - Inclusion Barnet - Barnet Mencap: Learning Disability Care and Blood Testing	35 - 94
8.	Update report on the Ofsted Improvement Action Plan implementation progress	95 - 172
9.	Revised terms of reference and Minutes of the Joint Commissioning Executive Care Closer to Home Programme Board	173 - 196
10.	Forward Work Programme	197 - 208
11.	Any Items the Chairman decides are urgent	

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Decisions of the Health & Wellbeing Board

14 September 2017

Board Members:-

AGENDA ITEM 1

*Cllr Helena Hart (Chairman)
*Dr Debbie Frost (Vice-Chairman)

* Kay Matthews	* Dr Clare Stephens	* Selina Rodrigues
* Dr Charlotte Benjamin	* Cllr Reuben Thompstone	*Cllr Richard Cornelius (substitute)
* Chris Munday	* Dawn Wakeling	
	* Dr Jeff Lake (substitute)	* Chris Miller

* denotes Member Present

1. MINUTES OF THE PREVIOUS MEETING (Agenda Item 1):

The Chairman of the Health and Wellbeing Board, Councillor Helena Hart opened the meeting and welcomed all attendees.

In relation to matters arising from the previous minutes, the Board noted that an updated version of the terms of reference of the Joint Commissioning Executive Care Closer to Home Programme Board will be presented to the HWBB at its next meeting.

It was **RESOLVED that subject to the corrections under item 9, to read as below, the previous minutes of the Health and Wellbeing Board meeting held on 20th July 2017 be agreed as a correct record.**

Amendments: Dr Lake briefed the Board about the issues set out in the report and noted that there has been a steady improvement in life expectancy *but that inequalities have been stubbornly persistent. Close analysis of trends does not suggest any increase in life expectancy inequalities.*

He noted that work has commenced to review the pathways that respond to ~~*suicide*~~ *self-harm* and the follow up on that with health partners.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from:

- Councillor Sachin Rajput who was substituted by the Leader of the Council, Councillor Richard Cornelius.
- Dr Andrew Howe who was substituted by Dr Jeff Lake

The Board noted that NHSE will formally be asked to appoint a substitute for Ms Ceri Jacob

3. DECLARATION OF MEMBERS' INTERESTS (Agenda Item 3):

Councillor Helena Hart declared a personal non-pecuniary interest in relation to agenda item 8 – which includes Care Closer to Home and reforms to Secondary Care by virtue of

her son being a Consultant at the Royal Free Hospital which could be affected in the future by any such reforms.

Dr Debbie Frost made a joint non-pecuniary declaration on behalf of Barnet CCG Board members, Dr Clare Stephens, Dr Charlotte Benjamin and herself, in relation to agenda items 7 and 8 by virtue of being impacted through their respective GP practices.

4. REPORT OF THE MONITORING OFFICER (IF ANY) (Agenda Item 4):

None.

5. PUBLIC QUESTIONS AND COMMENTS (IF ANY) (Agenda Item 5):

The Board noted the responses to the six Public Questions which were published and circulated prior to the meeting. During the meeting, the Board received a number of supplementary questions from Mr D. Hurley which were responded to verbally by officers.

6. PUBLIC HEALTH ANNUAL PERFORMANCE REPORT FOR 2016/17 (Agenda Item 6):

The Chairman welcomed the report which provides the Board with the opportunity to review the annual performance and the achievements of the Public Health service against the Joint Health and Wellbeing Strategy for 2016-2017.

The Chairman noted the progress that had been made in many areas and commented that the majority of plans and targets have green performance ratings and this is the best performance we have had in recent years. She drew particular attention to Barnet having the highest number of schools registered with the London Healthy Schools scheme – 101 – with 10 schools achieving Gold Awards, the superb coverage and results from the excellent Shisha Campaign - especially the positive reception from young people, our innovative and unique work to build health improvement into leisure services and our lead in the work to develop a pan-London approach to sexual health services.

Rachel Wells and Natalia Clifford Consultants in Public Health joined the table. Ms Wells highlighted the key achievements and actions achieved during the period 2016-17.

With regard to the Red rating for the London Heathy Schools Programme, it was confirmed that this was in relation to targets for the number of **new** school registrations within the performance year. The Chairman requested that this clarification be noted by the insertion of the word new in the target descriptor. (Action)

Ms Clifford provided an update in relation to the ongoing commissioning of support to the Healthy Schools programme. The Board noted that targets were exceeded for Gold and Silver awards, but not met for Bronze awards or primary or secondary school registrations.

Ms Clifford explained that going forward one of the areas of focus around the Healthy Schools scheme will be working with special schools. The Board heard that a drive to increase secondary school registrations is also under way, with increased promotion of those schools that achieve awards.

Following comments from the Board about encouraging uptake of the Healthy Schools programme, Ms Dawn Wakeling noted the work that has gone into promoting physical activity – which includes the Mayor's Golden Kilometre initiative. Ms Wakeling stated that the Director for Education will be asked to consider this issue and remind Heads of Schools in Barnet about the Healthy Schools programme. (**Action**)

The Board requested an update about the work being done around promotion of physical activity and tackling obesity in children and young people. It was agreed that the annual report of the Joint Health and Wellbeing Strategy would include an update on the Fit and Active Barnet Framework. (**Action: Forward Work Programme**)

The Chairman queried the reasons for the increase in smoking prevalence in connection with KPI reference PH/S5 on page 33.

Ms Wells explained that the previous indicator was described as smoking cessation and that under the new indicator smoking prevalence PH/S5 a wider approach can be taken towards reducing health risks. She spoke about the target that was set last year and the tiers of work including the communications campaign which has been rolled out. The Board noted that the Barnet result for smoking prevalence during 2016/17 was higher, meaning better, than the London and national average.

Following a query about the achievements of the MAPS and IPS schemes, Ms Wells commented that the result for 2016-2017 has been marked as red due to the challenging target that was set for 2016-2017. Dr Jeff Lake, Consultant in Public Health noted that some providers have been very ambitious about what can be delivered and this has contributed to suboptimal results. In addition, it was noted that a number of their staff members had left and a recruitment process will be followed to backfill the posts.

In relation to the low non-opiates treatments reported at p.45, Ms Wells explained that this could be attributed to the way treatments are provided. She noted that treatments are often completed over a long period of time and that therefore results are expected to improve over extended periods.

The Chairman thanked the Board Members for the discussion and the points raised. It was **RESOLVED:**

That the Health and Wellbeing Board noted and commented as above on the report and its appendices.

7. UPDATE ON CHILDHOOD IMMUNISATIONS 0-5 YEARS (Agenda Item 7):

The Chairman asked Ms Clifford to join the meeting again for this item and welcomed Mr Kenny Gibson (Head of Public Health Commissioning) of NHS England to the meeting. The Chairman welcomed the update report and noted that this item has been considered on numerous occasions by the Board and previously referred to the Health Overview and Scrutiny Committee.

Councillor Hart drew attention to the Board's commitment to prevention and early intervention with Immunisation and |Screening set out as key priorities in the Joint Health and Wellbeing Strategy. Given the concerns expressed by the Board around data reporting issues the Chairman asked for assurance that future reports will provide an accurate picture of immunisation coverage.

Mr Gibson presented the report and informed the Board about the plan to improve childhood immunisation uptake and coverage. He noted the objectives which have been set to improve immunisation uptake rates. The Board noted the improvement in respect of the school age vaccination rates for the last two years. Mr Gibson noted that for flu vaccination Barnet has performed better than London averages for school aged children.

Dr Clare Stephens Barnet CCG, highlighted the importance of improving communication with schools and GP practices across the borough about immunisation given. Mr Gibson noted the actions underway to promote immunisation awareness through various communication channels.

Mr Gibson spoke about future steps which will be taken by NHSE in collaboration with partners to address health inequalities in immunisation and better align patient information.

The Board agreed an additional recommendation as follows:

That the Board support and endorse all necessary action by member and partner agencies to enable and encourage GPs to record immunisations on the relevant systems.

The Chairman thanked the Board for the discussion and it was **RESOLVED:**

1. **That the Health and Wellbeing Board noted the update on the work done by NHS England and Barnet Public Health, since the HWBB's request in November 2016**

2. **That the Board noted that Child Health Information Systems (CHIS hubs) have now been mobilised and the next update will provide more accurate data.**

3. **That the Board noted that a further update will be presented in early 2018.**

4. **That the Board supported and endorsed all necessary action by member and partner agencies to enable and encourage GPs to record immunisations on the relevant systems.**

8. BETTER CARE FUND PLAN 2017-2019 (Agenda Item 8):

The Chairman welcomed the report which presents the Better Care Fund Plan for 2017-2019 as submitted to NHSE. She commended the positive achievements of the Better Care Fund to date and the beneficial impact that integrated care is having for the residents of Barnet. She highlighted the positive performance in reducing the use of emergency care, demonstrating that we are preventing crisis and helping people stay independent and that we had overachieved on helping people with health and care needs to stay in their own homes and avoid admission to residential care. She particularly commended the positive work done to develop community dementia services and the benefits of our prevention services.

Following a query about Delayed Transfers of Care, the Strategic Director of Adults, Communities and Health Dawn Wakeling noted that DToC have gone up on a

national and London level. Ms Wakeling stated that despite the increase, London remains one of the best performers and improvement work will continue to address the interface between health and social care.

The Board noted that due to its location, several sites in Barnet receive ambulance traffic stemming from neighbouring areas which adds to the pressure.

She informed the Board about the targets within the BCF Plan to reduce DToCs and the plans going forward. It was noted that the process will be reviewed to ensure maximum efficiency, increase in care brokers and improvement to the referral mechanism.

The Chief Operating Officer Barnet CCG, Kay Matthews commended the plans and the ambitious systematic approach to improve alignment of services.

Ms Wakeling highlighted the importance of the partnership approach towards building community capacity and early intervention which will prevent unnecessary hospital visits and DToCs.

Dr Debbie Frost, Chair of Barnet CCG noted the ongoing work to address the issues and together with the Chairman commended the input towards continued partnership working.

It was **RESOLVED:**

1. **That the Health and Wellbeing Board noted that the Barnet Better Care Fund Plan 2017-2019 was agreed under Chairman's and Vice-Chairman's action for submission to NHS England on 11 September 2017.**

2. **That the Health and Wellbeing Board endorsed the attached Barnet Better Care Fund Plan following its agreement by the Chairman and Vice-Chairman.**

3. **That the Health and Wellbeing Board commented as above on the plan.**

4. **That the Health and Wellbeing Board (HWB) noted that progress will be monitored by the Joint Commissioning Executive Group and regularly reported to the HWB.**

9. VOLUNTEERING IN PUBLIC SERVICES: PROMOTING HEALTH AND WELLBEING (Agenda Item 9):

The Chairman welcomed the report and invited Sophie Leedham Strategy Officer, Community Participation and Engagement to join the meeting.

In relation to a question from the Chairman, Ms Wakeling informed the Board that although the number of volunteers with specific language skills has been low, work has continued to promote volunteering and its benefits.

Ms Leedham presented the report. Dr Jeff Lake and Dr Debbie Frost noted the importance of promoting and developing social prescribing and signposting.

Dr Clare Stephens emphasised the need to link young volunteers with long term volunteering opportunities by making use of schools' curriculum offer.

The Chairman thanked Ms Leedham for the report and the Board for the discussion.

It was **RESOLVED:**

1. **That the Health and Wellbeing Board noted the areas where volunteering is working well in Barnet.**

2. **The Board considered and advised as above how volunteering could be developed in partnership, in order to further Joint Health and Wellbeing Strategy priorities and as set out under section 1.10 of this report.**

10. HEALTHWATCH BARNET ANNUAL REPORT (Agenda Item 10):

Councillor Hart welcomed the annual Barnet Healthwatch report which sets out the good work of Healthwatch over the last year. The Chairman praised the activities and reach of Healthwatch in Barnet, especially in terms of Enter and View visits, the level of engagement with local residents and the value of the reports which have been produced.

Selina Rodrigues, Head of Healthwatch Barnet presented the report and spoke about the priorities for this year. Ms Matthews welcomed the report and encouraged closer working and data sharing between partners.

RESOLVED:

That the Health and Wellbeing Board noted and commented as above on the content of the report and appendix.

11. MINUTES OF THE JOINT COMMISSIONING EXECUTIVE CARE CLOSER TO HOME PROGRAMME BOARD (Agenda Item 11):

Ms Wakeling noted the standing item which presents the minutes of the Joint Commissioning Executive Care Closer to Home Programme Board of 15 June 2017.

It was **RESOLVED:**

That the Health and Wellbeing Board approved the minutes of the Joint Commissioning Executive Care Closer to Home Programme Board of 15 June 2017 (Appendix 1).

12. FORWARD WORK PROGRAMME 2017-2018 (Agenda Item 12):

The Chairman noted the items listed on the Forward Work Programme for 2017-18. The Board during this meeting, agreed to incorporate the following items into its Forward Work Programme for 9th November 2017:

- Ofsted Improvement Action Plan
- Update on tackling obesity in children and young people to be incorporated within the Joint Health and Wellbeing Strategy Implementation plan annual report

It was therefore **RESOLVED:**

That the Health and Wellbeing Board considered and commented as above on the items included in the Forward Work Programme (see Appendix 1).

13. ANY ITEMS THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 13):

The Chairman drew attention to an urgent matter which required the Board's attention.

She stated that in July of this year, Ofsted published its inspection findings, giving Barnet an inadequate rating. The Council and partners are in the process of developing an action plan in response to the inspection findings.

The Chairman invited Board Members to comment about the Board's role in delivering the improvements required and what the Board needed to contribute to the Action Plan. She underlined the necessity to work together and focus on multi-agency aspects, on the MASH and on health outcomes for vulnerable children and young people.

The Strategic Director of Children and Young People, Chris Munday updated the Board about the current position. Following the finding, an independent DfE commissioner has been appointed to assess whether the Council has the capacity and capability to continue improvements, or whether the services should be taken outside of Council control.

An Improvement Board has been set up and the Commissioner has met with several key teams and stakeholders. Mr Munday noted key challenges and that work has been ongoing to develop the Ofsted improvement Action Plan which is out for consultation and will be submitted in October.

The Improvement Plan has been informed by input from partners. He noted that the Improvement Plan has been developed around five key themes which were noted as (1) Leadership, governance, partnership (2) Practice leadership (3) Thresholds (4) Improving assessments and (5) Improving planning. The Board received a summary account of the workstreams under each of the branches within the Improvement Plan. Mr Munday noted the importance of partnership work, particularly in areas such as CAMHS, Looked after Children, school nursing and health visiting.

The Leader noted the importance of engagement with partners. It was agreed that the same version of the Ofsted improvement Plan report, once reported to CELS Committee would also be taken to various Committees/ bodies.

Ms Matthews stated that it would be beneficial, in light of the amount of work and overarching strategies, for partners from CCG to join the Improvement Board.

Following discussion, the Board agreed the following recommendation.

It was **RESOLVED:**

1. **That the Health and Wellbeing Board and its partners have committed to doing everything required of it to drive improvements for children and young people in Barnet.**

2. **That the Board continues to carry out is responsibilities particularly in light of the Joint Health and Wellbeing Strategy and to take forward actions that**

come under its remit under the Improvement Plan.

3. **That the Board noted that Board Members will join the Improvement Board.**

The meeting finished at 11.55 am

AGENDA ITEM 6

	Health and Wellbeing Board **9 November 2017**
Title	**Joint Health and Wellbeing Strategy Implementation plan (2015 – 2020) annual progress report**
Report of	Strategic Director of Adults, Communities & Health, LBB Strategic Director of Children and Young People, LBB Director of Public Health – Barnet and Harrow Public Health CCG Chief Operating Officer – NHS Barnet CCG
Wards	All
Date added to Forward Plan	September 2015
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1: Barnet Health Profile 2016 Appendix 2: Barnet Health Profile 2017 Appendix 3: Implementation plan progress (to follow)
Officer Contact Details	Catherine Searle, Interim Assistant Director of Joint Commissioning Email: Catherine.searle1@nhs.net, Tel: 020 3688 2299

Summary

In November 2015 the Health and Wellbeing Board (HWBB) approved the Joint Health and Wellbeing (JHWB) Strategy 2015 – 2020. The HWBB has received regular updates on progress to deliver the JHWB Strategy at each meeting. The Board agreed to receive a full annual report each November on progress in delivering the strategy, including performance targets, indicators and activity which allows the Board to review progress and refine priorities for the coming year.

This report:

- Sets out the progress made in delivering the JHWB Strategy over the past year

- Reviews Barnet's Health Profile (as produced by Public Health England) for 2016 and 2017
- Recommends the priority areas of focus for November 2017-2018.

Recommendations

1. **That the Health and Wellbeing Board notes and comments on progress and performance to deliver the Joint Health and Wellbeing Strategy (2015-2020).**
2. **That the Health and Wellbeing Board notes and comments on the analysis of Barnet's Health profile for 2016 and 2017.**
3. **That the Health and Wellbeing Board comments on and agrees the revised priority areas for the year 2017-2018, as set out in section 1.5 of this report.**

1. WHY IS THE REPORT NEEDED

1.1 Background

1.1.1 On 12 November 2015, the Health and Wellbeing Board approved a new Joint Health and Wellbeing (JHWB) Strategy (2015 – 2020)[1] for Barnet. The JHWB Strategy has four themes: Preparing for a healthy life; Wellbeing in the community; How we live; and Care when needed. The JHWB Strategy has a section on each theme, key data from the updated JSNA, planned activity to meet our objectives and specific targets.

1.1.2 The JHWB Strategy is the borough's overarching strategy to improve health outcomes for local people, keep our residents well and promote independence. The JHWB Strategy focuses on health and social care related factors that influence people's health and wellbeing, with clear recognition of the importance of prevention, early intervention and supporting individuals to take responsibility for themselves and their families. The JHWB Strategy also addresses wider factors such as education, employment, income and welfare. These wider factors can both impact on and be impacted by the health and wellbeing of an individual or population, and need to be considered in order to make sustainable improvements to health and wellbeing.

1.1.3 Actions in the JHWB Strategy may also be included in other key strategies and action plans such as the Primary Care Strategy, Better Care Fund plans and the Children's and Young People's Plan to ensure delivery across the health and social care system in Barnet. The actions detailed in this implementation plan focus on the priorities that require a partnership approach. The Plan indicates where an action or target is aspirational. The plan has no new financial resources to support its implementation but provides a framework and direction for focus of existing resources to have a significant impact on the health and wellbeing of the borough.

[1] The final Joint Health and Wellbeing Strategy (2015 – 2020) can be found here: home/public-health/Joint-Health-and-Wellbeing-Strategy-2015-2020.html

1.1.4 The Implementation Plan was agreed by the Health and Wellbeing Board in January 2016. The Implementation Plan is structured around the four theme areas of the JHWB Strategy: Preparing for a healthy life; Wellbeing in the community; How we live and Care when needed. For each theme area, the priorities are highlighted.

1.1.5 The Joint Commissioning Executive Group (JCEG) manages the delivery of the JHWB Strategy Implementation Plan and reviews activity and targets at each meeting. The minutes of the JCEG meetings are approved by the Health and Wellbeing Board.

1.1.6 The Health and Wellbeing Board have received progress reports at each meeting. The progress reports have highlighted key achievements, concerns and remedial action and provide the Board with an opportunity to review and comment on the progress to deliver the JHWB Strategy.

1.1.7 The Board agreed to receive a full annual report each November on progress including targets, indicators and activity which allows the Board to review progress and refine priorities for the coming year, feeding into the business planning processes.

1.2 Policy context

1.2.1 Since the Joint Health and Wellbeing Strategy was agreed the following national policy drivers have emerged which need to be considered when reviewing progress and deciding priorities:

- In December 2015, the NHS shared planning guidance 16/17 – 20/21 outlined a new approach to NHS planning to 2020. Every health and care system has produced a Sustainability and Transformation Plan (STP), showing how local services will become sustainable over the next five years. Local systems have been working in STP 'footprints' with Barnet included in the North Central London sub-regional area
- Work on five devolution health pilots commenced in December 2015 with Barnet leading the estates devolution Barnet for the North Central London region
- The NHSE Five Year Forward View delivery plan was published seeking to strike a balance between realism about the challenges facing the NHS today and improving care mainly focusing on urgent and emergency care, primary care, cancer, and mental health
- Mental health five year forward view seeks to achieve parity of esteem for all people with mental health needs, tackle inequality, and support community engagement, employment and housing
- Better Care Fund 2017-19 policy and planning guidance policy and planning guidance, with an emphasis on health and social care integration and prevention

1.3 **Barnet's Health Profile**

1.3.1 Public Health England has produced annual Health Profiles since 2006, providing a snapshot overview of health for each local authority in England. The aim of the Health Profiles has been to improve the availability and accessibility of health and health related information whilst helping local government and health services make plans to improve local people's health and reduce health inequalities.

1.3.2 The Health Profiles for Barnet in 2016 and 2017 are attached at appendix 1 and 2 respectively. The table below summarises Barnet's outcomes in comparison to the England average for each indicator in 2017.

Significantly better than England average	• Long term unemployment • Under 18 conceptions • Hip fractures in people aged 65 and over • Smoking status at time of delivery • Excess weight in adults • Killed and seriously injured on roads • Under 75 mortality rate; cardiovascular • Under 75 mortality rate; cancer • Violent crime • Hospital stays for self-harm • GCSEs achieved • Life expectancy at birth (Female) • Life expectancy at birth (Male) • Infant mortality • Hospital stays for alcohol-related harm • Admission episodes for alcohol-specific conditions (under 18) • Breastfeeding initiation • Children in low income families (under 16s) • Recorded diabetes
Not significantly different from England average	• Obese children (Year 6) • Smoking prevalence in adults • Percentage of physically active adults • Suicide rate • Excess winter deaths
Significantly worse than	• Incidence of TB • New sexually transmitted infections (STI)

England average	
Not compared	• Deprivation score (IMD 2015) • Statutory homelessness • Cancer diagnosed at early stage • Smoking related deaths

1.4 **Progress against the Joint Health and Wellbeing Strategy Implementation plan**

1.4.1 Building on the regular reports the Board has received, appendix 3 provides an overview of the progress made in the last year to deliver our Joint Health and Wellbeing Strategy implementation plan. The report (appendix 3) highlights areas of achievement and areas where planned progress was not made, with mitigating actions

1.5 **Priorities going forward**

1.5.1 In light of the Health Profile (point 1.3) and progress update (appendix 3) the following areas are recommended as priority areas of focus for the JHWB Strategy implementation plan for the next year.

1.5.2 The areas detailed below have been identified as areas of concern due to performance and/or areas where there is the potential for a large improvement for residents. The vision, themes and overarching objectives remain the same but the priorities and focus areas have been refined.

1.5.3 The rationale behind the priority areas can be found in the progress report at appendix 3).

Vision	To help everyone to keep well and to promote independence			
Themes	*Preparing for a healthy life*	*Wellbeing in e community*	*How we live*	*Care when needed*
Objectives	Improving outcomes for babies, young children and their families	Creating circumstances that enable people to have greater life opportunities	Encouraging healthier lifestyles	Providing care and support to facilitate good outcomes and improve user experience
What we	Focus on	Focus on	Focus on	Focus on

will do to achieve our objectives (2015 – 2020)	early years settings and providing additional support for parents who need it	improving mental health and wellbeing for all	reducing obesity and preventing long term conditions through promoting physical activity	identifying unknown carers and improving the health of carers (especially young carers)
		Support people to gain and retain employment and promote healthy workplaces	Assure promotion and uptake of all screening including cancer screening and the early identification of disease	Work to integrate health and social care services
Priorities for November 2017 – November 2018	**Improve the health and wellbeing of Looked after children, by:** • Working with social workers to improve the information provided to the GPs and Paediatrician completing the "Initial health assessments" regarding the	**Focus on improving mental health and wellbeing for all, by:** • Undertaking formal post-implementation evaluation of the "Reimagining Mental Health" programme • Closely	**Reduce excess weight in children and adults, by:** • Improving current services based on children's Tier 2 service evaluation recommendations • Improving the current 0-19 Healthy Weight Care	**Implement the Care Closer to Home programme, by:** • Mobilisation of CHIN and QIST teams across Barnet • Establishing an overarching partnership between commissioners and providers to support the roll-out of CHINs

	child's history • Completing an audit of Initial health assessments" IHA" and feeding back to GPs (by December 2017) • Providing training to GPs (November – December 2017) • Special Educational Needs and Disability - embedding the "SEND" reforms.	monitoring transferred "Improving Access to Psychological Therapies" services and work towards improving access targets • Working on wider wellbeing as part of the ThriveLDN initiative	pathway to ensure that it reflects all services available within Barnet • Re-commissioning Tier 2 weight management services (as contacts are due to expire on 31st March 2018) • Developing and implementing healthy weight action plans for CYP and adults • Implementing a new range of opportunities for Barnet residents to be physically active through the new leisure service (from January 2018) • Implementing a new range of health promotion	• Broadening the range of services that are available through CHINs beyond the initial scope of Primary Care and Community Services. Implementing prevention, social prescribing and information and signposting services linked to each CHIN •Developing an emergency care attendance prevention pathway for CYP within CHINs

			and prevention activities through the new leisure service (from January 2018)	
	Increase the uptake of childhood immunisation, by: • Working to increase the uptake of all pre-school boosters amongst the under 5s • Working to increase the uptake of flu immunisation amongst 2 and 3 year olds and pregnant women during autumn and winter seasons • Undertaking communications to health professionals including GPs, children centre staff, midwives, to increase uptake and keeping them up to date on latest policy and guidance	**Support disabled people to gain and retain employment, by:** • Implementing new employment support and retention services for adults with mental health needs and learning disabilities • Ensuring the Mental Health Network provides mental health recovery and enablement to all eligible residents	**Increase screening uptake by:** • Sending GP endorsed text reminders to encourage uptake of screening • Learning from NHSE funded Imperial University survey to identify the barriers to attendance of cervical screening in London and funded opportunistic cervical screening in sexual health	**Maintaining and improving support and advice for carers (including young carers), by:** • continuing to focus on identifying unknown carers and young carers • Continuing to improve the health of carers (especially young carers) • continuing to promote Employers for Carers so that more Barnet carers can access and retain

	• Supporting national immunisation campaigns at local level • Taking part in the NCL immunisation assurance programme **Review and improve early years provision**, by: • The continued roll out of Early Years Hubs in Barnet.	who would benefit • The BOOST team to continue working with partners to promote employment and skills • The Employment Trailblazer to continue support people with Common Mental Illness to find work and to support "Improving Access to Psychological Therapies" • Your Choice Barnet rolling out new employment support and retention support for people with learning disabilities	clinics for women who were overdue screening. • Replacing, in 2018/19, faecal occult blood testing with faecal immunochemical testing within the bowel screening programme across England. Pilot studies have shown that uptake will increase by up to 7% • Carrying out promotion of bowel cancer screening.	employment • Providing advice and information to carers through the dedicated carers service • Providing specialist support for carers of people with dementia

		(PWLD) • Recommissioning universal access employment support services for people with autistic spectrum conditions and PWLD.		

2. REASONS FOR RECOMMENDATIONS

2.1 Local Authorities and Clinical Commissioning Groups (CCGs) have equal and joint duties to prepare a JHWB Strategy, through the Health and Wellbeing Board.

2.2 The annual report allows a review of process to assure the HWB that the JHWB Strategy is being delivered and that targets are being met. It gives the Board the opportunity to review and refine the priorities for the coming year.

2.2.1 The Implementation Plan enables the Health and Wellbeing Board to monitor performance, progress and success in the short, medium and long term. The Health and Wellbeing Board will receive regular progress reports which will allow the Health and Wellbeing Board to continue to develop its work programme.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not producing a JHWB Strategy implementation plan would create a risk of non-alignment across the Health and Wellbeing Board membership, could result in decisions being made either in silos or based on sub-optimal evidence and intelligence, and increase the likelihood of unnecessary duplication and overlap of public sector spend.

4. POST DECISION IMPLEMENTATION

4.1 The detailed implementation plan will be developed with and agreed across the partnership. Detailed plans will be developed for new initiatives. These will be agreed by the HWB where necessary and progress reports will be presented to the HWB over the course of the year.

4.2 JCEG will receive detailed activity updates and escalate any concerns to the Health and Wellbeing Board.

4.3 The Board will receive regular progress reports and an annual report in November 2018.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The JHWB Strategy supports evidence-based decision making across the Health and Wellbeing Board and its partners. The JHWB Strategy has been developed to align and bring together national and local strategies and priorities including Barnet Council's Corporate Plan 2015-2020 and BCCG's strategic plans.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The JHWB Strategy sets the priorities of the Health and Wellbeing Board for the period 2015 – 2020, building on current strategies and focusing on areas of joint impact within current resources. The priorities highlighted in the JWHB Strategy will be considered by all the relevant organisations when developing activities. The JHWB Strategy will support the work of all partners to improve the health and wellbeing of the population. Each project will be individually funded however, using the existing resources of the participating organisations.

5.3 Social Value

5.3.1 The JHWB Strategy focuses on the health and social care related factors that influence people's health and wellbeing, with clear recognition of the importance of addressing wider factors such as education, employment, income and welfare. These wider factors can both impact on and be impacted by the health and wellbeing of an individual or population, and need to be considered in order to make sustainable improvements to health and wellbeing. The JHWB Strategy will inform commissioning.

5.3.2 The Public Services (Social Value) Act 2013 requires those who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.4 Legal and Constitutional References

5.4.1 Producing a JHWB Strategy is a legal requirement of the Local Government and Public Involvement in Health Act (2007). The Board must have regard to the relevant statutory guidance – Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies - when preparing the JSNA and JHWS.

5.4.2 The Council's Constitution (Responsibility for Functions – Annex A) sets out the Terms of Reference of the Health and Wellbeing Board which include:

- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet Joint Strategic Needs Assessment (JSNA) to all relevant strategies and policies.
- To agree a Health and Well-Being Strategy for Barnet taking into account the findings of the JSNA and performance manage its implementation to ensure that improved outcomes are being delivered.
- To consider all relevant commissioning strategies from the CCG and the NHS Commissioning Board and its regional structures to ensure that they are in accordance with the JSNA and the JHWBS and refer them back for reconsideration.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.
- Specific responsibilities include overseeing public health and developing further health and social care integration.

5.5 **Risk Management**

5.5.1 There is a risk that, if the JSNA and JHWB Strategy are not used to inform decision making in Barnet, that work to reduce demand for services, prevent ill health, and improve the health and wellbeing of residents be sub optimal, resulting in poorly targeted services and an increase in avoidable demand pressures across the health and social care system in the years ahead.

5.5.2 Risk is managed through progress updates at the Joint Commissioning Executive Group (JCEG) and escalated to the HWBB as necessary.

5.6 **Equalities and Diversity**

5.6.1 The JHWB Strategy has used evidence presented in the JSNA to produce an evidence based resource. The JSNA has equalities embedded, explicitly covering the current and future needs of people in Barnet from each equalities group.

5.6.2 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, advance equality of opportunity between people from different groups and foster good relations between people from different groups. Both the Local Authority and the CCG are public bodies. The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.7 **Consultation and Engagement**

5.7.1 A number of partners have been involved in the development of the JHWB Strategy including a public consultation which ran from 17 September – 25 October 2015 which included an online survey and workshops.

5.7.2 Feedback from the consultation has informed the final JHWB Strategy 2015-2020. Overall there was support for our vision, themes and areas of priority focus. A full consultation report was presented to the HWBB in November 2015.

5.7.3 The implementation plan has been developed with a number of partners to ensure the plan is universally agreed and embedded across the public sector.

5.7.4 The HWBB works closely with the Voice of the Child Strategy and Adults Engagement Structures to ensure that the voice of residents inform the development of the implementation plan. Individual programmes will consult during development.

5.8 **Insight**

5.8.1 The JSNA is an insight document and pulls together data from a number of sources including the Public Health Outcomes Framework, GLA population projections, Adult Social Care Outcomes Framework and local analysis. The JHWB Strategy has used the JSNA as an evidence base from which to develop priorities.

6. BACKGROUND PAPERS

6.1 Joint Health and Wellbeing Strategy Implementation Plan (2015 – 2020) progress update, Health and Wellbeing Board 15 September 2016, item 12: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8714&Ver=4

6.2 Joint Health and Wellbeing Strategy Implementation Plan (2015 – 2020) progress update, Health and Wellbeing Board 21 July 2016, item 11: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8713&Ver=4

6.3 Joint Health and Wellbeing Strategy Implementation Plan (2015 – 2020) progress update, Health and Wellbeing Board 12 May 2016, item 9: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8712&Ver=4

6.4 Joint Health and Wellbeing Strategy Implementation Plan (2015 – 2020) progress update, Health and Wellbeing Board 10 March 2016, item 9: https://barnet.moderngov.co.uk/documents/s30322/JHWB%20Strategy%20implementation%20plan%20March%202016.pdf

6.5 Joint Health and Wellbeing Strategy (2015 – 2020) including Public Health report on activity 2014/15 and the Dementia Manifesto, Health and Wellbeing Board, 12 November 2015, item 6: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8387&Ver=4

6.6 Draft Joint Health and Wellbeing Strategy (2016 - 2020), Health and Wellbeing Board, 17 September 2015, item 8: https://barnet.moderngov.co.uk/documents/s25837/Draft%20Joint%20Health%20and%20Wellbeing%20Strategy%20HWBB%20September%202015.pdf

6.7 Joint Health and Wellbeing Strategy (2015 - 2020) progress update including Care Closer to Home, Health & Wellbeing Board, 20 July 2017, item 10: https://barnet.moderngov.co.uk/documents/g9140/Public%20reports%20pack%2020th-Jul-2017%2009.00%20Health%20Wellbeing%20Board.pdf?T=10

Public Health England

Protecting and improving the nation's health

Barnet

Unitary Authority

This profile was published on 6 September 2016
Revised 9 September 2016

Health Profile 2016

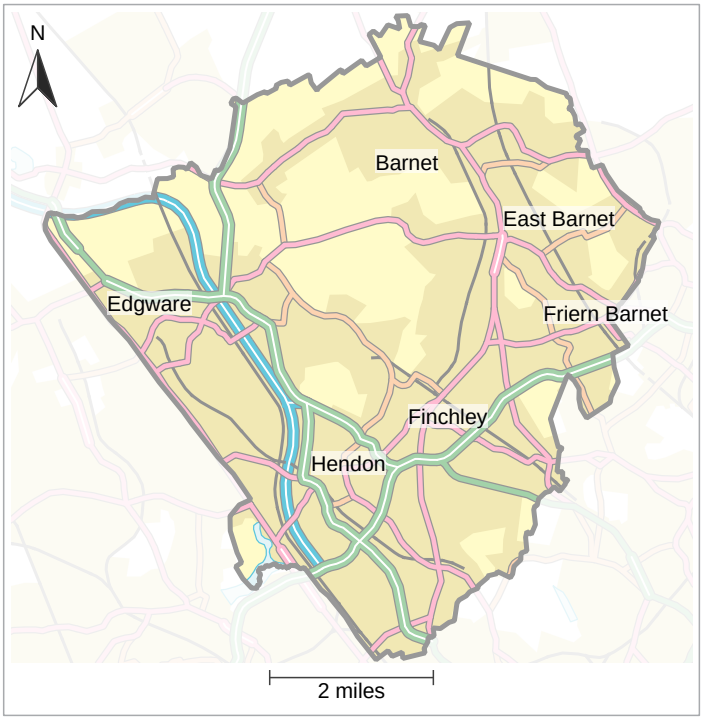
Health in summary
The health of people in Barnet is generally better than the England average. About 16% (11,500) of children live in low income families. Life expectancy for both men and women is higher than the England average.

Health inequalities
Life expectancy is 7.6 years lower for men and 5.6 years lower for women in the most deprived areas of Barnet than in the least deprived areas.

Child health
In Year 6, 18.0% (609) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 25.0*, better than the average for England. This represents 22 stays per year. Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation and smoking at time of delivery are better than the England average.

Adult health
The rate of alcohol-related harm hospital stays is 488*, better than the average for England. This represents 1,593 stays per year. The rate of self-harm hospital stays is 99.0*, better than the average for England. This represents 379 stays per year. The rate of smoking related deaths is 203*, better than the average for England. This represents 340 deaths per year. Estimated levels of adult excess weight are better than the England average. Rates of sexually transmitted infections and TB are worse than average. The rate of people killed and seriously injured on roads is better than average. Rates of long term unemployment, early deaths from cardiovascular diseases and early deaths from cancer are better than average.

Local priorities
Priorities in Barnet include early years, mental health and wellbeing, encouraging healthy lifestyles and care when needed. For more information see www.barnet.gov.uk



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Population: 375,000
Mid-2014 population estimate. Source: Office for National Statistics.

This profile gives a picture of people's health in Barnet. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Visit www.healthprofiles.info for more profiles, more information and interactive maps and tools.

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* rate per 100,000 population

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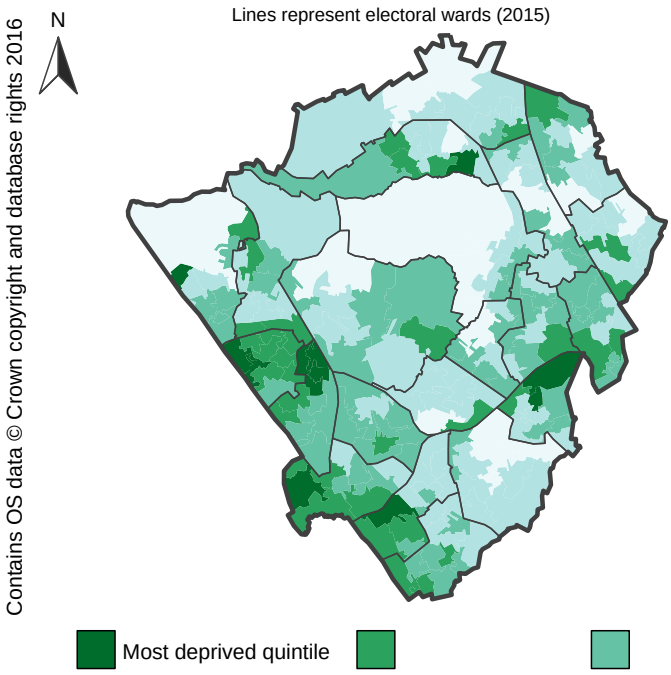
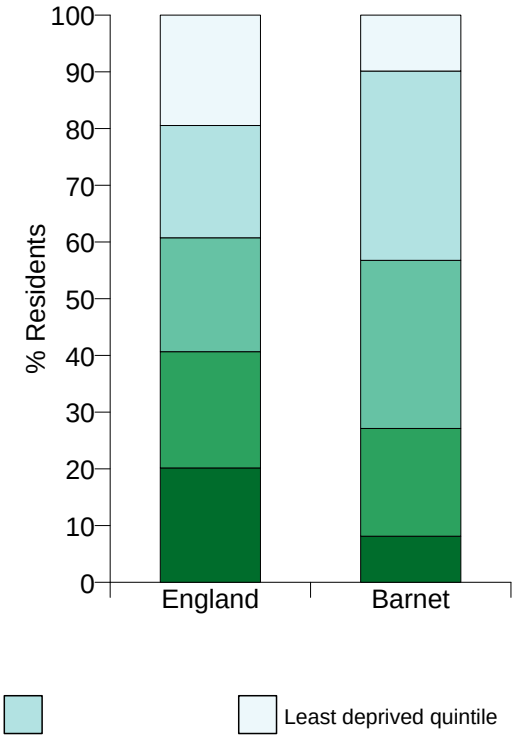
Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



This chart shows the percentage of the population who live in areas at each level of deprivation.

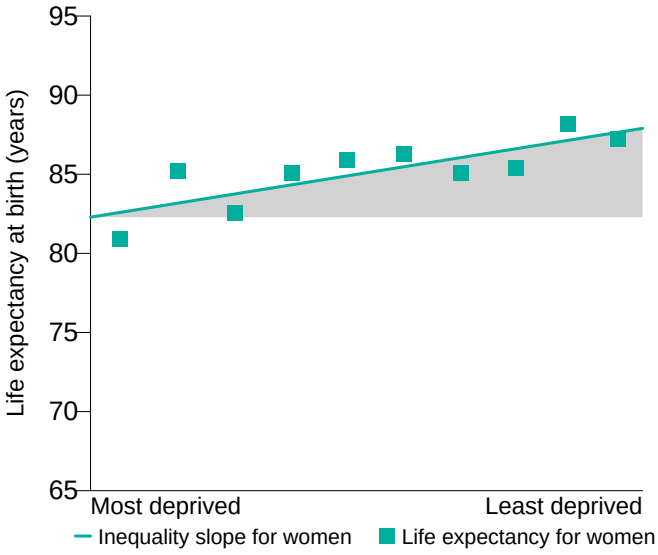


Life expectancy: inequalities in this local authority

The charts below show life expectancy for men and women in this local authority for 2012-2014. Each chart is divided into deciles (tenths) by deprivation (IMD2010), from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there was no inequality in life expectancy as a result of deprivation, the line would be horizontal.

Life expectancy gap for men: 7.6 years

Life expectancy gap for women: 5.6 years



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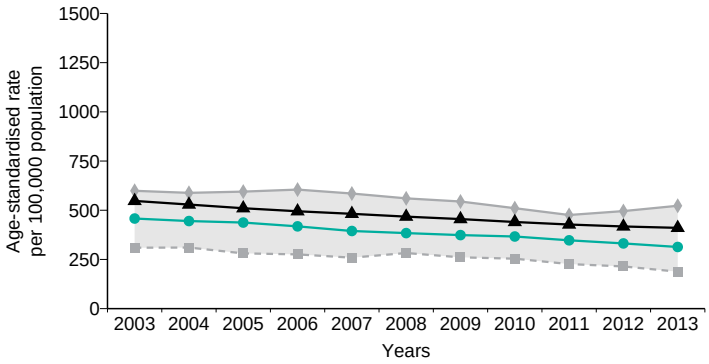
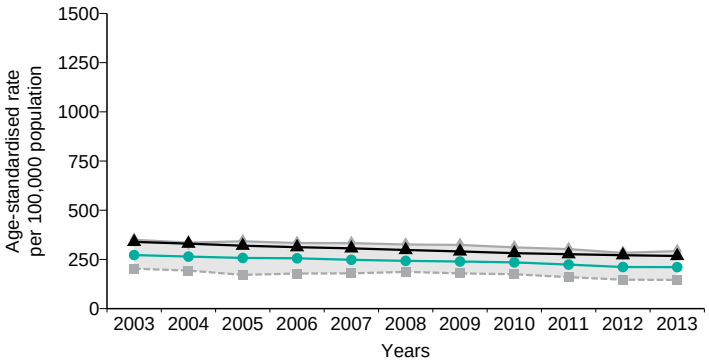
Health inequalities: changes over time

These charts provide a comparison of the changes in early death rates (in people under 75) between this area and all of England. Early deaths from all causes also show the differences between the most and least deprived quintile (IMD2010) in this area. (Data points are the midpoints of 3 year averages of annual rates, for example 2005 represents the period 2004 to 2006).

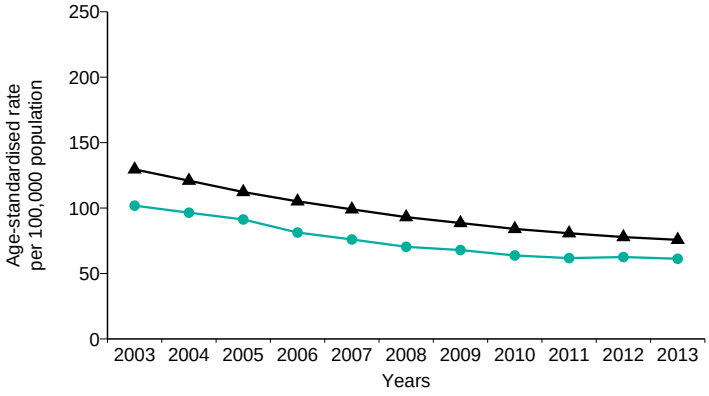
Early deaths from all causes: MEN



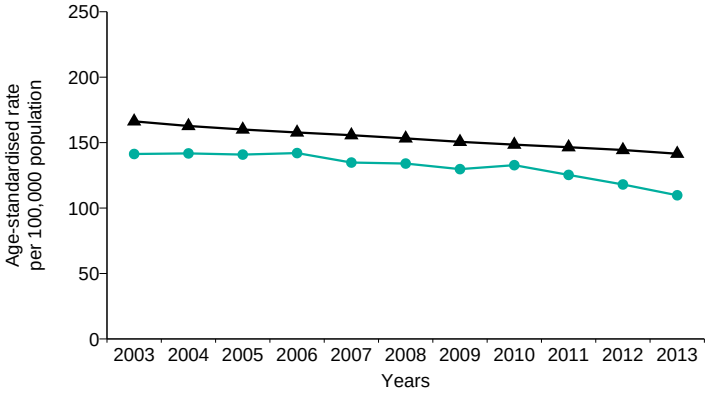
Early deaths from all causes: WOMEN

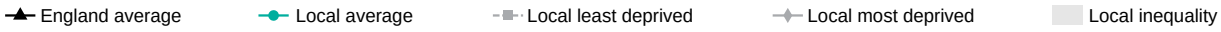


Early deaths from heart disease and stroke



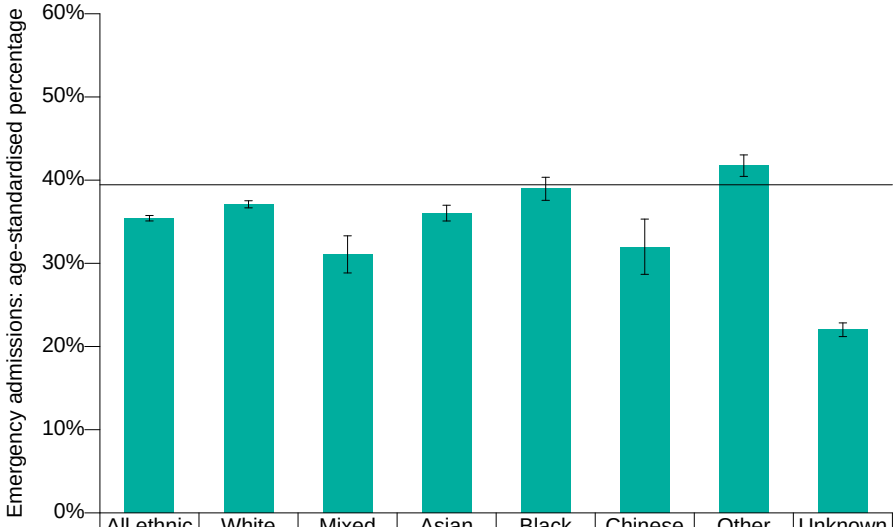
Early deaths from cancer





Health inequalities: ethnicity

Percentage of hospital admissions that were emergencies, by ethnic group, 2014/15



This chart shows the percentage of hospital admissions for each ethnic group that were emergencies, rather than planned. A higher percentage of emergency admissions may be caused by higher levels of urgent need for hospital services or lower use of services in the community. Comparing percentages for each ethnic group may help identify inequalities.

Barnet

95% confidence interval

England average (all ethnic groups)

Figures based on small numbers of admissions have been suppressed to avoid any potential disclosure of information about individuals.

All ethnic groups	White	Mixed	Asian	Black	Chinese	Other	Unknown	
29,265	18,643	532	3,486	1,856	235	2,376	2,137	Local number of emergency admissions
35.4	37.1	31.0	36.0	38.9	31.9	41.7	22.0	Local value %
39.4	39.9	38.8	44.0	43.1	35.9	44.9	30.9	England value %

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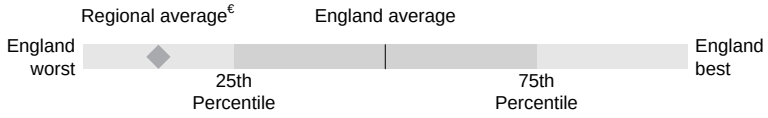
Health summary for Barnet

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



Domain		Indicator	Period	Local No total count	Local value	Eng value	Eng worst	England Range	Eng best
Our communities	1	Deprivation score (IMD 2015) #	2015	n/a	17.8	21.8	42.0		5.0
	2	Children in low income families (under 16s)	2013	11,510	15.8	18.6	34.4		5.9
	3	Statutory homelessness†	2014/15	143	1.0	0.9	7.5		0.1
	4	GCSEs achieved†	2014/15	2,322	68.8	57.3	41.5		76.4
	5	Violent crime (violence offences)	2014/15	4,986	13.5	13.5	31.7		3.4
	6	Long term unemployment	2015	813	3.3	4.6	15.7		0.5
Children's and young people's health	7	Smoking status at time of delivery	2014/15	181	3.7	11.4	27.2		2.1
	8	Breastfeeding initiation	2014/15	4,258	85.1	74.3	47.2		92.9
	9	Obese children (Year 6)	2014/15	609	18.0	19.1	27.8		9.2
	10	Alcohol-specific hospital stays (under 18)	2012/13 - 14/15	65	25.0	36.6	104.4		10.2
	11	Under 18 conceptions	2014	80	12.8	22.8	43.0		5.2
Adults' health and lifestyle	12	Smoking prevalence in adults†	2015	n/a	14.6	16.9	32.3		7.5
	13	Percentage of physically active adults	2015	n/a	59.5	57.0	44.8		69.8
	14	Excess weight in adults	2012 - 14	n/a	57.8	64.6	74.8		46.0
Disease and poor health	15	Cancer diagnosed at early stage #	2014	559	52.2	50.7	36.3		67.2
	16	Hospital stays for self-harm	2014/15	379	99.0	191.4	629.9		58.9
	17	Hospital stays for alcohol-related harm	2014/15	1,593	488	641	1223		374
	18	Recorded diabetes	2014/15	18,496	6.0	6.4	9.2		3.3
	19	Incidence of TB	2012 - 14	257	23.2	13.5	100.0		0.0
	20	New sexually transmitted infections (STI)	2015	2,433	980	815	3263		191
	21	Hip fractures in people aged 65 and over	2014/15	309	516	571	745		361
Life expectancy and causes of death	22	Life expectancy at birth (Male)	2012 - 14	n/a	82.1	79.5	74.7		83.3
	23	Life expectancy at birth (Female)	2012 - 14	n/a	85.1	83.2	79.8		86.7
	24	Infant mortality†	2012 - 14	36	2.2	4.0	7.2		0.6
	25	Killed and seriously injured on roads	2012 - 14	341	30.8	39.3	119.4		9.9
	26	Suicide rate†	2012 - 14	68	7.6	10.0			
	27	Deaths from drug misuse #	2012 - 14	14	x^2	3.4			
	28	Smoking related deaths	2012 - 14	1,020	202.9	274.8	458.1		152.9
	29	Under 75 mortality rate: cardiovascular	2012 - 14	447	61.3	75.7	135.0		39.3
	30	Under 75 mortality rate: cancer	2012 - 14	812	109.8	141.5	195.6		102.9
	31	Excess winter deaths	Aug 2011 - Jul 2014	398	18.0	15.6	31.0		2.3

Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 12 Current smokers, Annual Population Survey (APS) 13 % adults achieving at least 150 mins physical activity per week 14 % adults classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population 21 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged <1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10+) 27 Directly age standardised rate per 100,000 population 28 Directly age standardised rate per 100,000 population aged 35 and over 29 Directly age standardised rate per 100,000 population aged under 75 30 Directly age standardised rate per 100,000 population aged under 75 31 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.
# New indicator for Health Profiles 2016. x^2 Value cannot be calculated as number of cases is too small

More information is available at www.healthprofiles.info and http://fingertips.phe.org.uk/profile/health-profiles Please send any enquiries to healthprofiles@phe.gov.uk

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Public Health England

Protecting and improving the nation's health

Barnet

Unitary authority

This profile was published on 4th July 2017

Health Profile 2017

Health in summary
The health of people in Barnet is generally better than the England average. About 17% (12,600) of children live in low income families. Life expectancy for both men and women is higher than the England average.

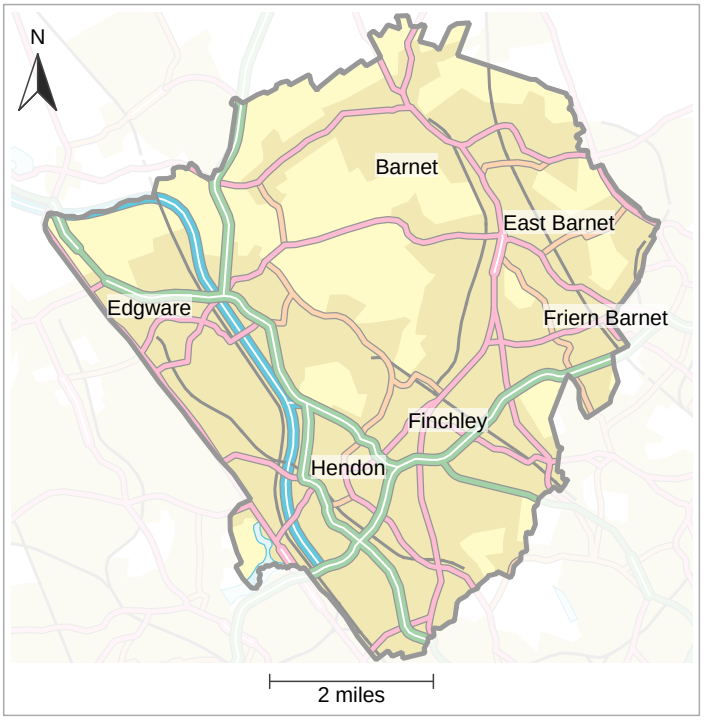
Health inequalities
Life expectancy is 7.3 years lower for men and 5.0 years lower for women in the most deprived areas of Barnet than in the least deprived areas.

Child health
In Year 6, 19.6% (714) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 is 22*, better than the average for England. This represents 20 stays per year. Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation and smoking at time of delivery are better than the England average.

Adult health
The rate of alcohol-related harm hospital stays is 488*, better than the average for England. This represents 1,598 stays per year. The rate of self-harm hospital stays is 103*, better than the average for England. This represents 399 stays per year. The rate of smoking related deaths is 205*, better than the average for England. This represents 353 deaths per year. Estimated levels of adult excess weight are better than the England average. Rates of sexually transmitted infections and TB are worse than average. Rates of hip fractures and people killed and seriously injured on roads are better than average. Rates of violent crime, long term unemployment, early deaths from cardiovascular diseases and early deaths from cancer are better than average.

Local priorities
Priorities in Barnet include environmental planning, early years, mental health and wellbeing, encouraging healthy lifestyles and self care, empowering the community and voluntary sector and care closer to home. For more information see www.barnet.gov.uk

* rate per 100,000 population



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This profile gives a picture of people's health in Barnet. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

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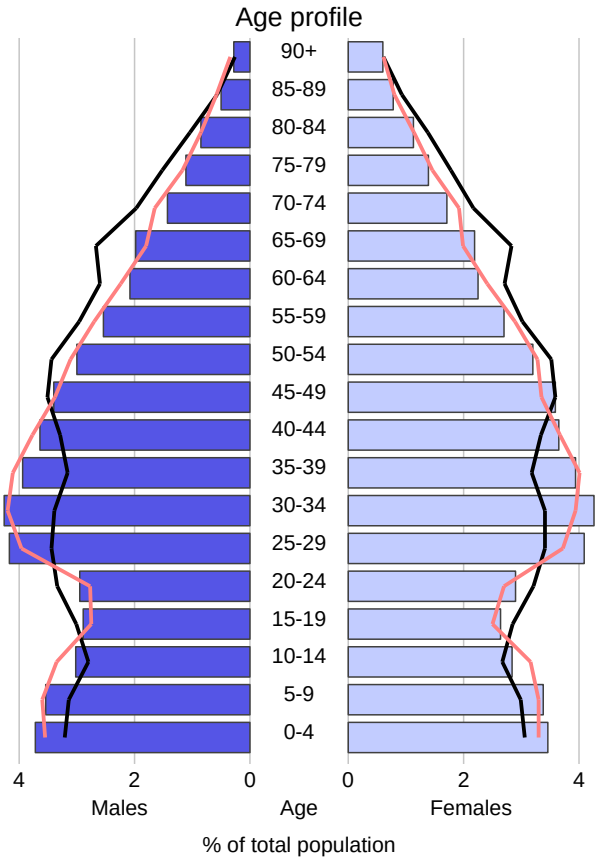
Population: summary characteristics



	Males	Females	Persons
Barnet (population in thousands)			
Population (2015):	187	193	380
Projected population (2020):	205	206	412
% people from an ethnic minority group:	31.6%	34.3%	33.0%
Dependency ratio (dependants / working population) x 100			56.2%
England (population in thousands)			
Population (2015):	27,029	27,757	54,786
Projected population (2020):	28,157	28,706	56,862
% people from an ethnic minority group:	13.1%	13.4%	13.2%
Dependency ratio (dependants / working population) x 100			60.7%

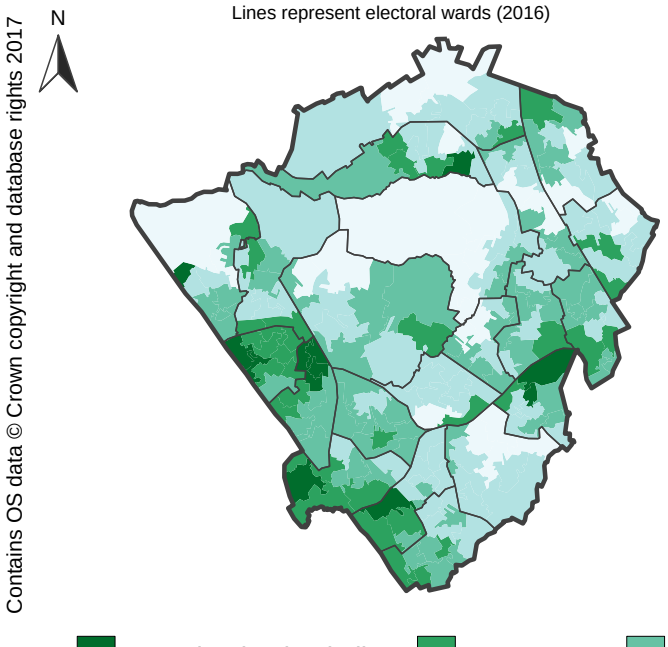
The age profile and table present demographic information for the residents of the area and England. They include a 2014-based population projection (to 2020), the percentage of people from an ethnic minority group (Annual Population Survey, October 2014 to September 2015) and the dependency ratio.

The dependency ratio estimates the number of dependants in an area by comparing the number of people considered less likely to be working (children aged under 16 and those of state pension age or above) with the working age population. A high ratio suggests the area might want to commission a greater level of services for older or younger people than those areas with a low ratio.

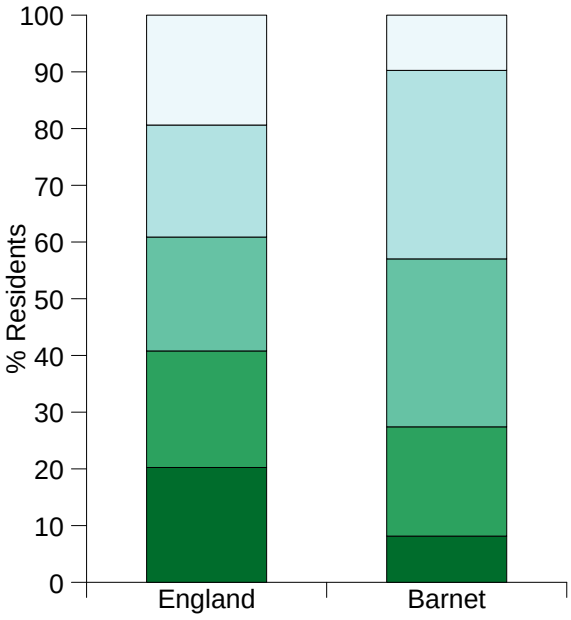
Barnet 2015 (Male)
Barnet 2015 (Female)
England 2015
Barnet 2020 estimate

Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



This chart shows the percentage of the population who live in areas at each level of deprivation.



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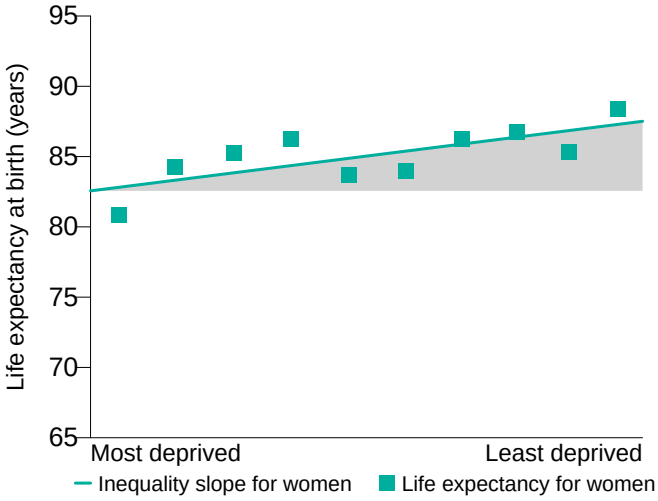
Life expectancy: inequalities in this local authority

The charts show life expectancy for men and women in this local authority for 2013-15. The local authority is divided into local deciles (tenths) by deprivation (IMD 2015), from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there was no inequality in life expectancy the line would be horizontal.

Life expectancy gap for men: 7.3 years

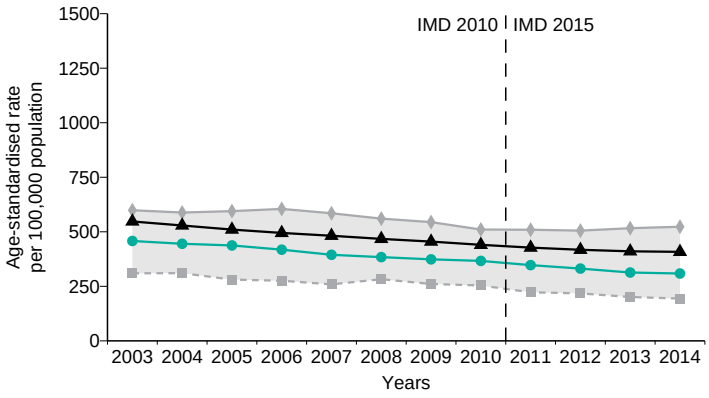
Life expectancy gap for women: 5.0 years



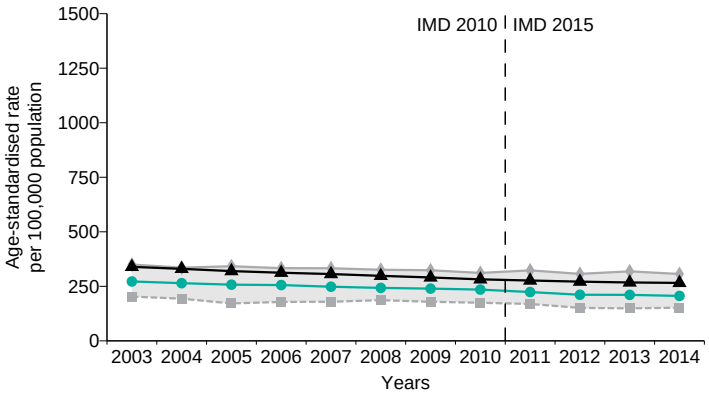
Health inequalities: changes over time

These charts provide a comparison of the changes in death rates in people under 75 (early deaths) between this area and England. Early deaths from all causes also show the differences between the most and least deprived local quintile in this area. Data from 2010-12 onwards have been revised to use IMD 2015 to define local deprivation quintiles (fifths), all prior time points use IMD 2010. In doing this, areas are grouped into deprivation quintiles using the Index of Multiple Deprivation which most closely aligns with time period of the data. This provides a more accurate way of discriminating changes between similarly deprived areas over time.

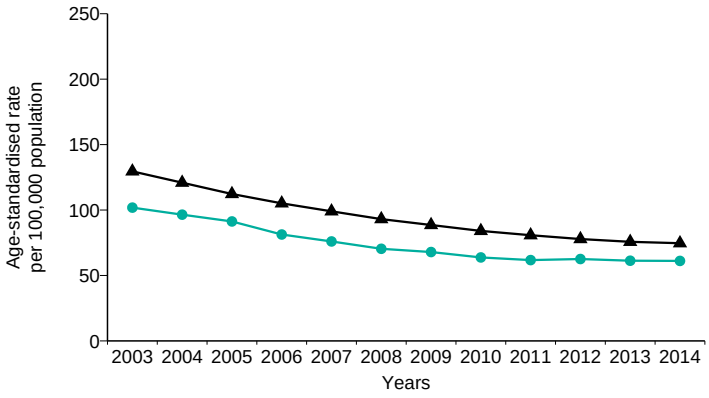
Early deaths from all causes: men



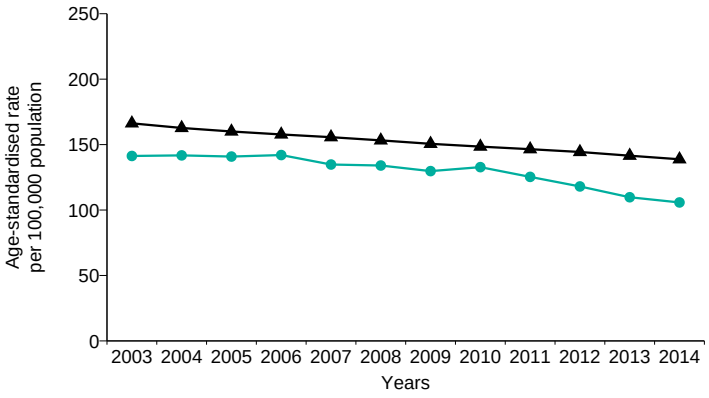
Early deaths from all causes: women



Early deaths from heart disease and stroke



Early deaths from cancer



Data points are the midpoints of three year averages of annual rates, for example 2005 represents the period 2004 to 2006. Where data are missing for local least or most deprived, the value could not be calculated as the number of cases is too small.

England average | Local average | Local least deprived | Local most deprived | Local inequality

33

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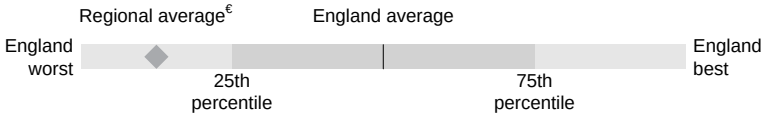
Health summary for Barnet

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



Domain		Indicator	Period	Local count	Local value	Eng value	Eng worst	England range	Eng best
Our communities	1	Deprivation score (IMD 2015)	2015	n/a	17.8	21.8	42.0		5.0
	2	Children in low income families (under 16s)	2014	12,580	17.4	20.1	39.2		6.6
	3	Statutory homelessness	2015/16	118	0.8	0.9			
	4	GCSEs achieved	2015/16	2,327	68.7	57.8	44.8		78.7
	5	Violent crime (violence offences)	2015/16	5,849	15.6	17.2	36.7		4.5
	6	Long term unemployment	2016	655	2.7 ^20	3.7 ^20	13.8		0.4
Children's and young people's health	7	Smoking status at time of delivery	2015/16	170	3.4	10.6 $1	26.0		1.8
	8	Breastfeeding initiation	2014/15	4,258	85.1	74.3	47.2		92.9
	9	Obese children (Year 6)	2015/16	714	19.6	19.8	28.5		9.4
	10	Admission episodes for alcohol-specific conditions (under 18s)†	2013/14 - 15/16	59	22.4	37.4	121.3		10.5
	11	Under 18 conceptions	2015	72	11.5	20.8	43.8		5.4
Adults' health and lifestyle	12	Smoking prevalence in adults	2016	n/a	14.8	15.5	25.7		4.9
	13	Percentage of physically active adults	2015	n/a	59.5	57.0	44.8		69.8
	14	Excess weight in adults	2013 - 15	n/a	56.7	64.8	76.2		46.5
Disease and poor health	15	Cancer diagnosed at early stage	2015	537	51.5	52.4	39.0		63.1
	16	Hospital stays for self-harm†	2015/16	399	103.2	196.5	635.3		55.7
	17	Hospital stays for alcohol-related harm†	2015/16	1,598	487.9	647	1,163		374
	18	Recorded diabetes	2014/15	18,496	6.0	6.4	9.2		3.3
	19	Incidence of TB	2013 - 15	219	19.5	12.0	85.6		0.0
	20	New sexually transmitted infections (STI)	2016	2,499	995.8	795	3,288		223
	21	Hip fractures in people aged 65 and over†	2015/16	286	488.1	589	820		312
Life expectancy and causes of death	22	Life expectancy at birth (Male)	2013 - 15	n/a	81.9	79.5	74.3		83.4
	23	Life expectancy at birth (Female)	2013 - 15	n/a	85.0	83.1	79.4		86.7
	24	Infant mortality	2013 - 15	37	2.4	3.9	8.2		0.8
	25	Killed and seriously injured on roads	2013 - 15	321	28.5	38.5	103.7		10.4
	26	Suicide rate	2013 - 15	84	9.3	10.1	17.4		5.6
	27	Smoking related deaths	2013 - 15	1,058	205.2	283.5			
	28	Under 75 mortality rate: cardiovascular	2013 - 15	462	61.1	74.6	137.6		43.1
	29	Under 75 mortality rate: cancer	2013 - 15	807	105.8	138.8	194.8		98.6
	30	Excess winter deaths	Aug 2012 - Jul 2015	418	18.5	19.6	36.0		6.9

Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 **2** % children (under 16) in low income families **3** Eligible homeless people not in priority need, crude rate per 1,000 households **4** 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority **5** Recorded violence against the person crimes, crude rate per 1,000 population **6** Crude rate per 1,000 population aged 16-64 **7** % of women who smoke at time of delivery **8** % of all mothers who breastfeed their babies in the first 48hrs after delivery **9** % school children in Year 6 (age 10-11) **10** Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population **11** Under-18 conception rate per 1,000 females aged 15 to 17 (crude rate) **12** Current smokers (aged 18 and over), Annual Population Survey **13** % adults (aged 16 and over) achieving at least 150 mins physical activity per week, Active People Survey **14** % adults (aged 16 and over) classified as overweight or obese, Active People Survey **15** Experimental statistics - % of cancers diagnosed at stage 1 or 2 **16** Directly age sex standardised rate per 100,000 population **17** Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population **18** % people (aged 17 and over) on GP registers with a recorded diagnosis of diabetes **19** Crude rate per 100,000 population **20** All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to 64 **21** Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over **22, 23** The average number of years a person would expect to live based on contemporary mortality rates **24** Rate of deaths in infants aged under 1 year per 1,000 live births **25** Rate per 100,000 population **26** Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) **27** Directly age standardised rate per 100,000 population aged 35 and over **28** Directly age standardised rate per 100,000 population aged under 75 **29** Directly age standardised rate per 100,000 population aged under 75 **30** Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.
^20 Value based on an average of monthly counts $1 There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed.

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AGENDA ITEM 7

	Health and Wellbeing Board **9 November 2017**
Title	**Healthwatch Barnet - Inclusion Barnet – Barnet Mencap: Learning Disability Care and Blood Testing**
Report of	Head of Healthwatch Barnet
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1: Healthwatch Barnet and Inclusion Barnet Learning Disability Care Report Appendix 2: Barnet Mencap Blood Tests Report
Officer Contact Details	Selina Rodrigues, Head of Healthwatch Barnet Selina.rodrigues@communitybarnet.org.uk 020 8364 8400

Summary

This report presents two recent Healthwatch reports for the Health and Wellbeing Board to note and comment on. The Healthwatch Barnet - Inclusion Barnet Learning Disability Care report provides an analysis of a survey of service users', support workers' and relatives' experiences of home care and family care. This has highlighted a number of areas for improvement in the way in which services are delivered for people with learning disabilities. The findings have been reviewed with the Council's adult social care service, the Adults and Communities Delivery Unit, and actions agreed as a result.

Barnet Mencap, another Healthwatch Barnet partner, carried out an in-depth review and report on people with learning disabilities experiences of blood tests and asked for responses from providers. It includes 125 responses, with some positive feedback, but also showing that those with higher needs were not always receiving good services, including that providers are not abiding by requirements for reasonable adjustments or meeting Accessible Information Standards.

Recommendations

1. **That the Health and Wellbeing Board note and comment on the content of the report and appendices.**

1. WHY THIS REPORT IS NEEDED

1.1 The Learning Disability Care report provides an analysis of a survey of 72 service-users, 10 support workers and 4 relatives experiences of home care and family care. The methods included: 20 1-1 interviews at the Barnet Healthy Eating Day; 2 group sessions at Your Choice Barnet and Dimensions (17 people); and 2 sessions at Inclusion Barnet (3 service users and 2 support workers). The recommendations were discussed with LB Barnet colleagues on 7th September 2017 and actions agreed. Recommendations include support workers signposting to benefits advice; information about training and support for family carers; and clarity to clients about contracts and support that can be provided.

1.2 Barnet Mencap, another Healthwatch Barnet partner, carried out an in-depth review and report on people with learning disabilities experience of blood tests and asked for responses from providers. The methods included a patient survey (61 responses: 39 people with learning disability; 16 family carers; 6 support workers); a GP survey; 4 case studies; and an Expect the Best quality check on 12th April 2017. It includes 125 responses, with some positive feedback, but also showing that those with higher needs were not always receiving good services, including that providers are not abiding by reasonable adjustment or Accessible Information Standards.

2. REASONS FOR RECOMMENDATIONS

2.1 To inform the Board of Healthwatch activity and for the Board to comment as appropriate.

2.2 The Council welcomes the Learning Disability Care report and the constructive approach of the team of authors who are evidently focused on improving outcomes for residents with learning disabilities. The Council delivers an on-going programme of provider contract monitoring and reviews for individuals in receipt of social care services. The nature of this research means that whilst it is not possible to track back specific issues to follow-up with named care providers or individuals, it does highlight general issues with the market. As a result, the following actions are being undertaken.

- To work with Healthwatch Barnet / Inclusion Barnet to present the findings to relevant care provider forums (supported living and LD care homes - in person or through use of pre-recorded video).
- To use the findings to adapt our planned programme of training / development sessions with providers to address the issues highlighted in the report.
- To work with Healthwatch Barnet / Inclusion Barnet to present the findings to social care practitioners (in person or through use of pre-recorded video).
- To brief social care practitioners to be cognisant of these findings when conducting social care reviews and seek to identify if they apply and need addressing in the lives of the individuals they are working with.

- The council will discuss the report findings with local learning disability providers at contract monitoring meetings, so that they have an opportunity to consider how these findings apply to them and what actions may be needed as a result, for example, awareness raising about how to make a complaint.

2.3 Individual and specific instances referred to in the report were discussed and consideration was given by the researchers as to whether a safeguarding concern needed to be raised. Having assessed the severity of the issues no safeguarding concerns were raised by the researchers as a result of this work. The Council has been in discussion with the Healthwatch Barnet to ensure that there are no further specific safeguarding concerns that need to be followed up.

2.4 The Council provides and commissions support to carers in a number of ways. This includes direct provision of information and advice, assessment and support planning for carers; respite care; employment support for carers; hospital outreach support services; online information and support; the carers emergency card scheme; mentoring; health and wellbeing sessions; and training for carers including on the diagnosis / illness of the person they care for.

2.5 The Council has commissioned Barnet Citizen's Advice Bureau to offer specialist information, advice and advocacy for people in Barnet with adult social care needs to help people maximise their independence and give them choice and control over the support they receive. Barnet Citizen's Advice Bureau also provide the Community Advice Service (CAS) which supports people in being independent by enabling them to deal with their civil, legal, financial and other problems by providing high quality advice and informing them of their legal rights and responsibilities. Through these services residents can access benefits advice and support. Barnet Citizen's Advice Bureau will work with Barnet Mencap and the Council's learning disabilities team to identify how best to raise awareness of how people can access the service. This will be kept under review through regular contract monitoring meetings and performance reporting.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 N/A

4. POST DECISION IMPLEMENTATION

4.1 The Health and Wellbeing Board will continue to be updated on Healthwatch activities through Board member contributions at meetings and update reports.

5. IMPLICATIONS OF DECISION

5.1 **Corporate Priorities and Performance**

5.1.1 Healthwatch Barnet is a department of Community Barnet, an independent

legal entity, registered charity and company limited by guarantee. Healthwatch was established through the Health and Social Care Act 2012. As such, Healthwatch sets its own priorities and projects. However, we pay close attention to Corporate Priorities and those of the Joint Health and Wellbeing Strategy 2015-2020 and work in partnership where appropriate. For example, in the past year, Home-Start Barnet reviewed the experience of parents and their children using dental services, and for 2017-18 our charity partner, Barnet Mencap will review the experience of people with learning disabilities in cancer screening. Both these align with priorities of the Joint Health and Wellbeing Strategy 2015-20.

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 N/A

5.3 **Social Value**

5.3.1 N/A

5.4 **Legal and Constitutional References**

5.4.1 Under the Council's Constitution, Responsibility for Functions (Annex A) the terms of reference of the Health and Wellbeing Board includes the following responsibilities:

- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.
- Receive the Annual Report of the Director of Public Health and commission and oversee further work that will improve public health outcomes.
- Specific responsibilities for overseeing public health and developing further health and social care integration

5.5 **Risk Management**

5.5.1 N/A

5.6 **Equalities and Diversity**

5.6.1 One of the core aims of Healthwatch Barnet is to ensure the views and

experiences are heard of under-represented groups and those with protected characteristic under the Equality Act 2010. Healthwatch Barnet delivers projects and targeted engagement with Barnet's under-represented communities and those that may face barriers to making their views and experiences known.

5.7 **Consultation and Engagement**

Consultation and engagement is a key element of Healthwatch role and details of such projects, outcomes and impact are detailed in the Annual Report.

5.8 **Insight**

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 N/A

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Learning Disability Care in Barnet

A Report on Quality of Care for Learning Disability Service Users in Barnet

July 2017

Contents

Executive Summary

In aiming to address increasing concerns about the quality of care, service users in Barnet are experiencing; this project revealed a number of areas, which could reasonably be improved.

While many service users reported they were satisfied on an overall level with the support they received, it was clear from the data we collected that their day-to-day experience could be considerably improved, if certain specific areas were targeted for improvement.

We collected many varied opinions about service provision, though many respondents voiced the same concerns. We are confident, therefore, that the recommendations we have made at the end of this report will increase satisfaction across the board.

Introduction

Healthwatch Barnet is one of a national network of independent local charities that aim to help local people get the best out of their health and social care services. Healthwatch enables residents to contribute to the development of quality health and social care services, and to provide information on local services in Barnet. It was formed in April 2013.

People's Choice is a team of three staff members who have learning disabilities, who are employed by Inclusion Barnet, a peer-led disability organisation which promotes inclusion and independent living so that disabled people can have choice and control over their lives. Inclusion Barnet have worked both with Barnet Council and the NHS to make sure people have a voice in the services they use.

This investigative project first came about because of a concern identified by the 'Learning Disability Parliament' around the quality of support that service users were experiencing, which was not as good as it could be. A growing number of individuals voicing a variety of different concerns led us to believe that the quality of care being received at home and at day centres should be explored. We decided it was important to find out if service providers were giving the right balance of good support and respecting the wishes of the individual with the ultimate aim of discovering how the wellbeing of the service user was affected.

Background

In the service area this report is concerned with we looked at feedback from people in Barnet with learning disabilities about the quality of care they received. Care could be received through a care agency, from family members or from individually registered carers and we wanted to find out how happy people were with their care and what the challenges were that carers and care agencies themselves faced, while aiming to provide a consistently high level of support.

The expectations of support working are to provide a high quality support service that will allow the person with learning disabilities to learn to make choices in a safe environment. The support worker should support the person by:

- Explaining difficult choices and situations – what the consequences can be, explained clearly using language that is easy to understand. .
- Speak up for the person with learning disabilities, act as an advocate on their behalf but NOT take over
- Not giving their own opinions on situations unless asked by the person with learning disabilities
- Listen and be supportive
- A good support worker will be familiar with Easy read and Makaton – both are forms of communication for people with learning disabilities.

Methodology

In order to make sure our research was as comprehensive as possible we spoke to 72 service users and 10 support workers as well as talking to 4 relatives of people with learning disabilities to gain their perspective on the care their relatives received. In addition to this, we created flyers to advertise our project and drew up questionnaires for people with learning disabilities and support workers, as attached at the end of this document. We designed and conducted focus groups, gained information from our members and also ran drop-in sessions for people with low communication skills to allow all people with learning disabilities the opportunity to express their views. For clarity, we decided to divide our research into the following information:

- Wellbeing
- Health and Safety
- Socialising
- Admin
- Budgeting

- Personal Care
- Food
- Independence

To begin our information-gathering we attended the Barnet Healthy Eating Day in September 2016 where we conducted 1-1 interviews with 20 service users. We held a group session for individuals with higher support needs at Your Choice Barnet (Local Authority Learning Disability and Autism service provider) which was attended by 15 people. We held two sessions at Inclusion Barnet which were attended by five people (three service users and two support workers). We also held a group session at Dimensions (Learning Disability Service Provider) which was attended by 2 people.

Findings

Having divided our research into 8 different themes we found that from a service user perspective:

Wellbeing – People with Learning Disabilities can feel isolated if their support worker does not have time to make personal conversation with them. People have also felt unhappy and rejected when their support worker reportedly shouts at them or calls them names such as 'lazy'. One respondent reported: "*My support worker talks bad to me*."

A major issue that was flagged up by around 20 per cent of respondents was that support workers often make a lot of telephone calls on their mobile phones during work time. Many people with learning disabilities have reported that this makes them feel ignored, and in addition to this, lack the confidence to speak up: "*When my support worker talks a lot on his mobile phone it makes me feel very down but I can't say anything as they might get rude to me*."

Health and Safety – Because of time restrictions and the fact that a lot of emphasis is placed on going out in the community 10 per cent of respondents said that housework does not get completed. On these occasions the safety of homes is compromised by items left lying around on floors, washing up remaining undone and tables and kitchen worktops uncleaned and therefore unhygienic.

Socialising – Around 85 per cent of respondents feel that they are well supported in choosing, planning and accessing their leisure activities such as sport and spending time with families.

Admin – Support hours are not always adequately explained, for example, some people do not know what happens to the money or cost when support hours are cancelled and service users are not always sure what happens to their hours when a support worker is away.

Budgeting – Most people are happy with the help they receive with budgeting however it was reported that in one instance a service user was left with not enough to live on.

Personal Care - Clothing is not always presentable. It is either un-ironed, inappropriate for the weather or outfits are not well put-together. Sometimes clothes are chosen that service users feel do not fit properly anymore. Seven percent of service users feel as though their wishes, in terms of what they wear, are not always respected.

Food – Some foods being bought are not what the service users said they wanted to eat. There is also an issue with the fact that support workers don't always use clear, easy-to-read food labels with the best-before-date for limited shelf-life products such as milk, ham and cheese. These are then left to go mouldy. Around 15 per cent of service users said that when out in the community unhealthy meal choices such as burgers and cake were often encouraged even though service users may need to watch their weight or have other health issues that mean that healthy choices are very important.

Independence – Around 80 per cent of respondents seemed to be happy with their level of independence. They felt as though they were well-supported in making choices about their care and were being given the right balance of good support while their wishes were being respected.

Support Workers viewpoint:

While people with learning disabilities were asked questions around the quality of care they received and how much they were supported to make independent choices, Support Workers were questioned on how much they felt supported in their posts, what kinds of daily tasks they performed and what their motivation was to enter the field of support work.

Many entered the profession because they saw it as a compassionate career choice. As one support worker responded:

"*Having spent most of my career working in a large corporation for whom profit was the key driver, I felt I had to do something more meaningful, that might have a real impact on supporting people less able and hopefully to make a difference*."

Despite being motivated to support people and feeling as though they made a positive difference to people's lives, one of the key challenges support workers reported was in dealing with the benefit system with many experiencing high levels of anxiety around navigating the benefit system of behalf of service users.

As one Support Worker said: "*I have had to fight and had to find out what help there was. The Department of Work and Pensions have been unhelpful and destructive.*"

Another added: "*I have had to be feisty and willing to challenge doctors and the DWP….I have encountered many obstacles and it has been so frustrating….the closure of the Welfare Rights Unit was the beginning of all the problems and difficulties.*"

While the benefit system is seen as being challenging, it is widely recognised as being even more problematic for people with disabilities to steer.

As one respondent summarised: "*The system is very difficult for people to navigate and there is not enough support particularly for people with disabilities.*"

Family Carers Viewpoint:

Carer's can often experience high frustration levels particularly if they are caring for a family member and have assumed the role because no one else is available. As one family carer said: "*I work at home…a carer looking after my husband. I don't enjoy it but I assumed the role because someone had to do it.*"

Another stated that his role caring for a family member meant that his life had '*completely altered*' and that he had '*lost his freedom*'. When asked what he had learned from his role as support worker he replied: "*Avoid this situation if humanely possible.*" Particularly problematic are the difficulties associated with ageing with one carer saying that as time got on he became '*very despondent*'.

While training does not generally seem to be an issue for those who are employed by care agencies, the reverse is true for those who care for family members with many feeling ill-prepared for the work they are called on to do. Family Carers reported they had had insufficient training (First Aid, Basic Life Support, Moving and Handling, Health and Safety, Understanding Dementia) which led to them feeling overwhelmed and unable to cope by many situations they encountered in their caring role: "*I have had no training…only what has been learned from looking after elderly parents.*" Another reported: "*Maintaining a healthy balance between work and home is often impossible to achieve.*"

Case Study

This is a case study of an individual who has high support needs and whose support is provided by Direct Payments.

When the individual moved into supported accommodation, the support worker stayed with him in order to provide continuity. The individual now has more than one support worker to assist with doctor and hospital appointments, food shopping, budgeting, choosing leisure activities and dealing with benefits. When

asked about his relationship with his main support worker he replied that '*she talks bad to me*'.

The support worker has written that they have to be firm for the everyday targets to be achieved: "*He has a very busy routine and his day starts early and he wants to stay in bed so staff have to be firm and consistent*."

While this individual does feel as though he is in charge of his own money, further comments by his support worker indicate that it is the support worker who is in control of this: "*He is aware that his money is being spent…. He might otherwise just spend the money on burgers and biscuits and KFC*."

Conclusions

With our primary project objective to find out the 'happiness' rating of individuals in terms of the support they receive we discovered that broadly, individuals are happy with their support.

Many had been with the same support worker for what they saw as a long time, were adequately supported to engage in daily activities of their choosing and were generally kept informed of their daily timetables.

Areas that could be improved on were:

- Support workers spending less time on their mobile phones while with service users
- Better support with household tasks, structuring the time spent to ensure that as many of the essential tasks as possible were completed.
- An additional area for improvement was that there could be greater transparency when it comes to contractual agreements between Support Workers and their service users. This is because service users were unsure of what agreements were in place, especially when support workers are not available.

From a carer's point of view:

It is very clear that happiness levels were not what they could be and that greater support was needed, particularly in terms of accessing benefits advice, which is currently a source of great frustration.

Family carers' wellbeing is also affected by feelings of isolation, a lack of training and feeling as though they are unable to achieve a healthy balance between work and home.

In particular, this is the message that comes through from those who care for family members as they reported high levels of stress and poor well-being because

of having less support and limited coping strategies. Many of these would benefit from respite care.

Recommendations

1) Help for support workers/carers to access benefits advice and to be kept-up-to-date on changes.
2) Ensure information is available to family carers about training and support that they can access.
3) Greater clarity and information be provided when it comes to the contracts between support workers/carers and the service users with all parties understanding the terms.
4) Support workers/carers to exercise discretion when it comes to using their mobile telephones during working hours.
5) Support workers to give greater focus to be given to household duties, provided this has been agreed with the service user.
6) Ensure that individuals receiving care are provided with details about how to complain or raise concerns about the care they receive where necessary.

Acknowledgements

Thank you to Benji Lanzkron, Mahmuda Murshed, Emma Hatfield and Michelle Burke from Inclusion Barnet for researching and writing this report.

Thank you to everyone who helped with this project including Inclusion Barnet's members; Kisharon, Barnet Carers, St Joseph's, Mencap, Dimension and Community Space. Thank you also to all those who took the time to talk to us about their experiences of care services.

Appendices

Appendix 1 - Extract Service User Questionnaire

For ease of presentation we have only included the questions from the questionnaire.

Who provides your support?

How long have they been your support worker?

Do you have one person supporting you or do you have lots of support workers?

Do your support workers help you with any of these activities:

Doctors and hospital appointments:

Yes

No

Food shopping:

Yes

No

Budgeting money

Yes

No

Choosing leisure activities

Yes

No

Benefits

Yes

No

How do your support staff talk to you?

Good

Bad

Did you choose your support worker or Key worker?

Yes

No

When you first had support workers, did they explain:

- **What their job is**
- **What they will support with**
- **How they will support you?**

Yes

No

Do your support worker's plan sessions with you?

Yes

No

Are you in charge of your money when you go out with your support worker?

Yes

No

Do your support workers help you to budget your money?

Yes

No

If you had a problems with your benefits, did your support staff know who to go and get the right advice and help from?

Yes

No

Do your support workers support you to choose a healthy lifestyle?

Yes

No

Does your support worker support you to cook meals that you have chosen?

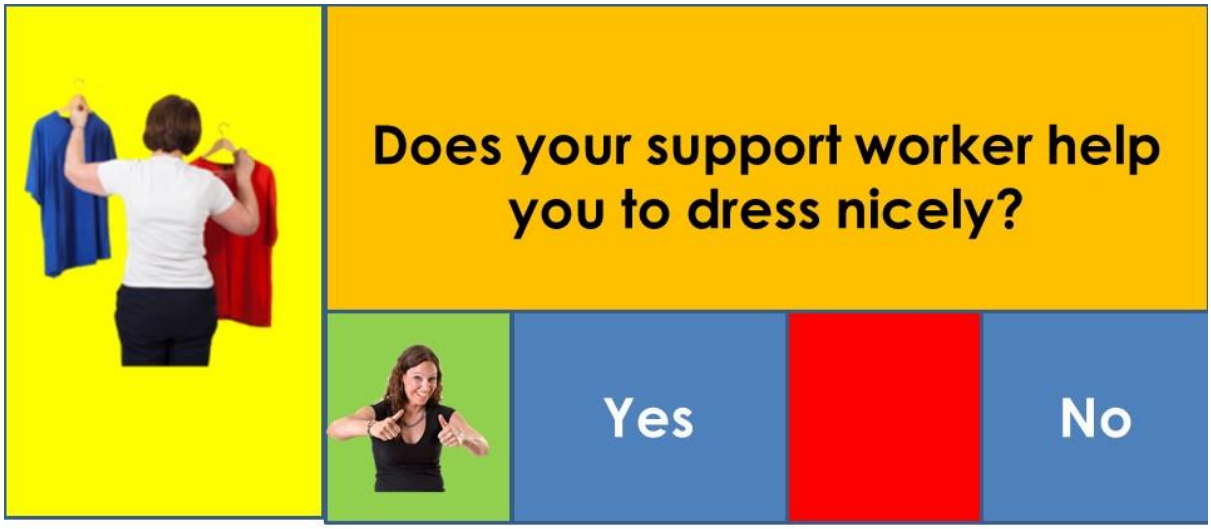
Yes

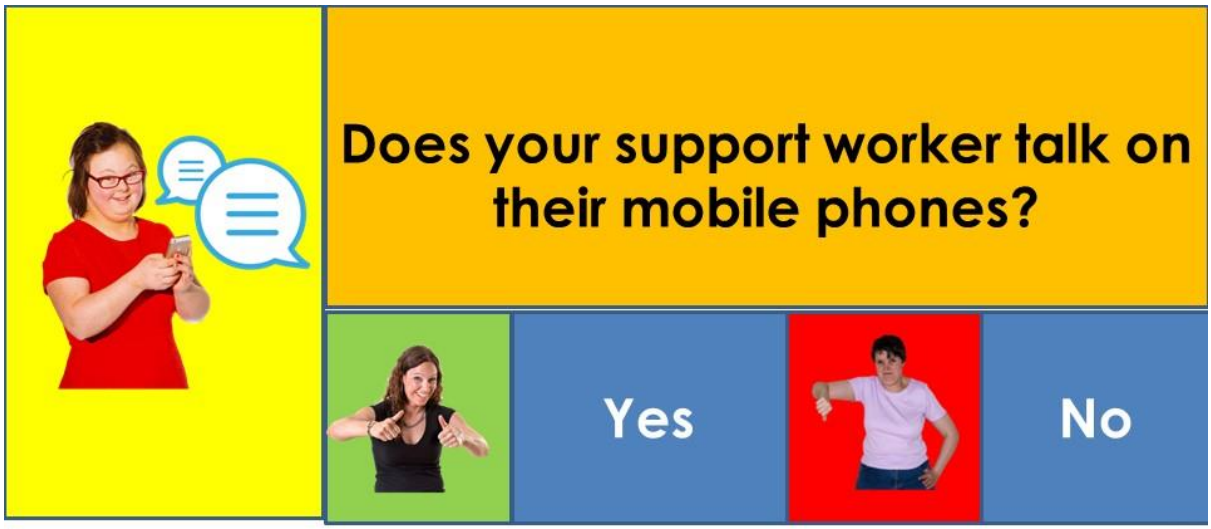
No

Does your support worker help you to clean your home?

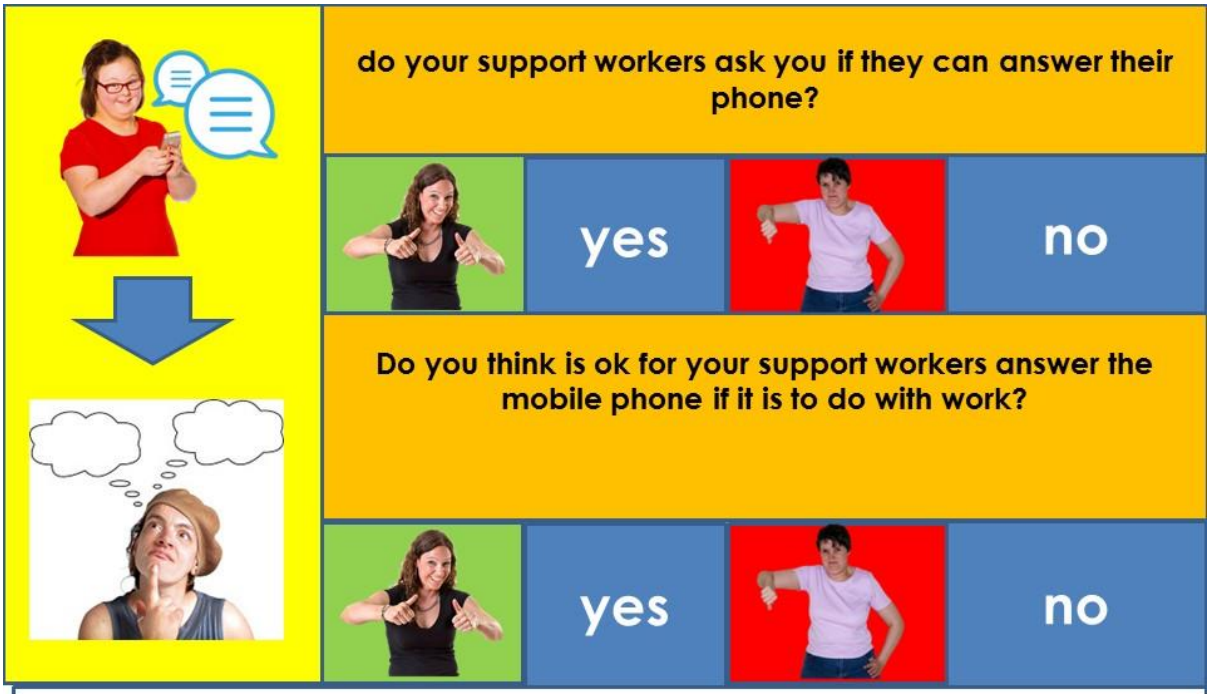
Yes

No


Does your support worker help you to dress nicely?
Yes
No


Does your support worker talk on their mobile phones?
Yes
No


If they do talk on their phone a lot, how does it make you feel?
happy
angry


do your support workers ask you if they can answer their phone?
yes
no
Do you think is ok for your support workers answer the mobile phone if it is to do with work?
yes
no

Appendix 2 - Extract Carer Questionnaire

For ease of presentation we have only included the questions from the questionnaire.

Which support organisation do you work for?

How long have you been a support worker?

What do you enjoy about being a support worker?

Why did you want to work as a support worker?

What personal skills do you have that help you be a support worker?

What training have you had to be a good support worker?

Does the organisation you work for; give you good training for developing your skills to help you to work as a support worker?

What have you learnt from your role as a support worker?

What kind of daily tasks do you have to support people with?

Have you ever had to support a person with learning disabilities to sort out benefit problems

☑	**Yes**	☒	**No**

If the answer is yes could you give us more information about what support you had to give:

What do you think is good practice for a support worker? (e.g.: using makaton, how you verbally communicate, knowing good support tools to use)

Have you any other information to tell us about being a support worker?

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the power of experience

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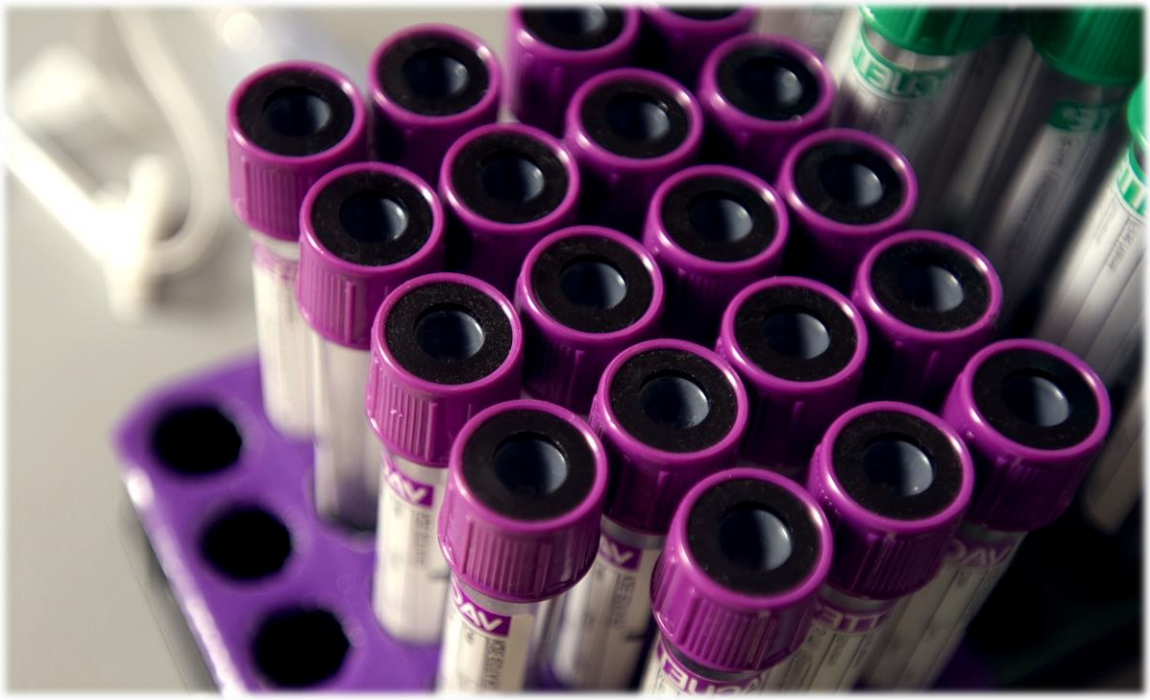
Blood Tests in Barnet

A report on Patients with Learning Disabilities and their Experience of Blood Tests in Barnet



May 2017

Contents

Executive Summary

It is well reported that people with learning disabilities experience worse Health inequalities than those without disabilities. Blood testing is one very important way that doctors can assess general state of health and check for infections and other issues. After hearing a number of anecdotal reports of people with learning disabilities having significant problems accessing Barnet's Phlebotomy (blood test) services, this study aimed to use Patient and GP surveys, case studies, and quality checks to examine how accessible Barnet's Phlebotomy services was for people with learning disabilities.

Our findings indicated that the majority of people with learning disabilities had had a positive experience of blood test services. There were some good examples of effective reasonable adjustments being made by Hospitals, and 65% of GP practices were providing blood tests for people with learning disabilities, especially those with higher levels of need.

The findings evidenced just how important it was to have friendly, reassuring staff who explained the blood test process to patients, and a quick easy to access service. There were many examples of this good practice from all types of services but particularly in GP practises, which received no direct negative feedback from patients.

The study was unable to determine how the Community Phlebotomy services provided for people with learning disabilities, but one case study suggested that reasonable adjustments were not being made for patients who were unable to have blood tests in Hospital or at their GP practice, but who were not eligible for a blood test at home.

Whilst blood tests services are working well for most patients with learning disabilities, there are still cases of patients with higher level needs reporting very poor experiences. Poor experiences and missed blood tests were largely caused by reasonable adjustments not being made prior to the appointment due to the learning disability and support needs not being flagged at the booking stage; or by the phlebotomists being unprepared for, or lacking the relevant experience or training, to support people with learning disabilities effectively. Improvements to the flagging and booking systems would enable staff to be more prepared, and for reasonable adjustments to be made by Hospitals and Community Clinics. This will help to reduce the number of patients who have a poor blood test experience.

Additionally more GP's offering blood tests for patients with higher level needs would also help to reduce the number of poor experiences which happened primarily in Hospitals. How GP phlebotomy services are funded may need to be reviewed in order to achieve this.

The findings and recommendations of this study are intended to be used to help by Healthwatch, NHS Health services and commissioners to further improve Phlebotomy services for people with learning disabilities in Barnet.

Introduction

Healthwatch Barnet is one of a national network of independent local charities that aim to help local people get the best out of their health and social care services. Healthwatch enables residents to contribute to the development of quality health and social care services, and to provide information on local services in Barnet. It was formed in April 2013.

Barnet Mencap was established in 1965 and is one of the leading learning disability charities in the London Borough of Barnet. Barnet Mencap provides a wide range of person-centered services which aim to respond to the issues affecting the lives of people with learning disabilities and autism and their carers.

Barnet Mencap's values are clear and work towards these in all they do: Barnet Mencap believes that everyone should have the same life chances, and the right to live and participate in their own community. To actively enable people to stand up for their rights, challenge discrimination, and to achieve this by working together with service users, carers, staff, volunteers and the wider community.

Barnet Mencap is part of the North West London Mencap Consortium – a group of 7 Local Mencap's which work together to better support the needs of people with learning disabilities across North West London.

The Expect the Best checking service is North West London Mencap Consortium Project based in Barnet Mencap. Expect the Best are experienced at quality checked a wide range of Health and Social Care services, including Care Homes, Hospitals and Activity Centres across London.

Expect the Best was asked to lead on this Phlebotomy research project for Healthwatch Barnet. The project aimed to research people with learning disabilities experiences of using Barnet's Phlebotomy (blood test) Services, and to quality check the Phlebotomy services themselves.

The project aimed to look at the patient journey from the initial referral and booking process, to having the blood test itself, and finally getting the results. We aimed to find out how easy or difficult people with learning disabilities found these different stages, and whether reasonable adjustments were being made.

The overall purpose of the project was to gather feedback and information which can then be used to make further improvements to the Blood test services for people with learning disabilities and Autism in Barnet.

Background

Barnet's Phlebotomy services was identified as an important area to research through discussions with Health professionals including the Learning Disability Team Lead Nurse, Royal Free Learning Disability Acute Liaison Nurse, Healthwatch and through feedback from Barnet Mencap staff and service users.

Anecdotal feedback from Health professionals prior to this research suggested that some people with learning disabilities, particularly those with more complex, severe and profound needs may be finding it difficult to access the Phlebotomy services, and therefore may be missing out on having blood tests.

People with a learning disability are known to experience worse health inequalities than the general population. Life expectancy is 13- 20 years lower for men and 20-26 years lower for women. The Confidential Inquiry (CI) found that almost 40% of people with a learning disability who died in hospital died from causes that could have been prevented with good-quality healthcare. This is in comparison to just 8.8% of cases of those without learning disabilities. For these reasons it is essential that Health services are as accessible as possible to ensure people with learning disabilities and autism can access them, and receive the same Health Care as everyone else.

Blood tests are one important way for Doctors to check patients overall health and to test for specific infections. This is particularly true for patients who are unable to communicate verbally and may be unable to tell people when they are feeling unwell. Annual Health Checks for people with learning disabilities is one opportunity for eligible people to have a check-up, including a blood test, to check their overall health.

People in Barnet can have their blood tests taken in a number of different ways, including at Hospital, in a Community Clinic, or at their GP if they offer this service. Patients who are house bound may also be able to have a blood test at home by the District Nursing/Community Phlebotomy Team. The study aimed to see whether patients had a choice over where they had their blood test.

Accessible Information Standard

The Accessible Information Standard was introduced in 2016 and by the 31st July 2016 all NHS services should have fully implemented and conformed to it. This means that services should: ask people if they have any communication needs, record those needs, highlight these needs clearly on their file, provide information in an accessible way according to needs (including in easy read), and share this information with other NHS and social care services when they have consent to do so. This project aimed to see whether services in Barnet are meeting this standard.

Methodology

This Project utilised several different research methods to gather our findings. These included:

1. **Patient Survey: An Easy read survey assessing People with Learning Disabilities' experience of the Blood Test Services in Barnet.** (Appendix 1)

   This survey was made accessible for people with learning disabilities to complete themselves or with support. Family/carers and professionals could also complete the survey on behalf of those who were unable to complete it themselves.

   In addition to circulating the easy read and online survey to Barnet Mencap staff and service users, both version of survey were sent to 7 learning disability service providers in Barnet, Royal Mencap, the Barnet Parent Carer Forum, and the Parent Action Group. The survey was discussed and promoted at both parent and carer meetings and the online survey was promoted online through Barnet Mencap's and Expect the Best's social media (Twitter and Facebook).

   61 responses were received between November 2016 and March 2017
   39 from people with learning disabilities or autism
   16 from family members or carers
   6 from Professionals who support people with LD

   Patient feedback on Hospitals could not analysed by individual Hospital. Hospital findings are therefore combined findings for all Barnet Hospitals which offer a phlebotomy service.

2. **GP Survey: Survey of Barnet's GP feedback on Phlebotomy Services for People with Learning Disabilities in Barnet** (Appendix 2)

   The Phlebotomy research project was discussed at the Barnet GP Practice Managers meeting on 10/11/2016. All GP Practices in Barnet were subsequently sent an online survey via survey monkey which aimed to analyse what Phlebotomy services were being offered in GP practices, review the referral process, and whether reasonable adjustments were being made, and to gather feedback from GP's on how effective and accessible Barnet's Blood Test services were for people with LD and autism. 20 responses were received.

   The GP Survey was sent to Practice Managers but did not record who at the GP Practice completed the survey. Responses, feedback and suggestions may therefore have been completed by either the GP Practice Manager, a GP, or other GP Practice staff.

3. **4 x Case Studies:** Additional face to face or phone meetings took place with 8 respondents, leading to 2 detailed and 2 simple case studies. (Appendix 3)

4. **Quality Check of Barnet General Hospital Phlebotomy Service.**

   Expect the Best completed a Quality Check at Barnet General Hospital on 12/4/2017. This quality check utilised quality checking tools and processes developed by NHS England. The Project Manager and a quality checker with a learning disability and with experience of using blood test services completed the quality check which included the following stages:

   - An observational check of the environment
   - Review of a Self-assessment questionnaire which had been completed by the Learning Disability Acute liaison nurse and the Phlebotomy Service Manager.
   - Role Play: The Quality Checker role played following the patient pathway through the service, speaking to the receptionist, waiting in line, and having a mock blood test with a nurse.
   - Follow up Questions – The Quality Checking team spoke with the Phlebotomy Service Manager, Acute Liaison Nurse and other staff to ask general follow up questions arising from the self-assessment, environmental check and role play.

5. **Other unsuccessful research attempts**
   Attempts to organise quality checks at Finchley Memorial Hospital, and several GP practices proved unsuccessful. We requested feedback and information from Barnet's Community Phlebotomy Services (District Nursing Team) however no information was provided.

Data Analysis:

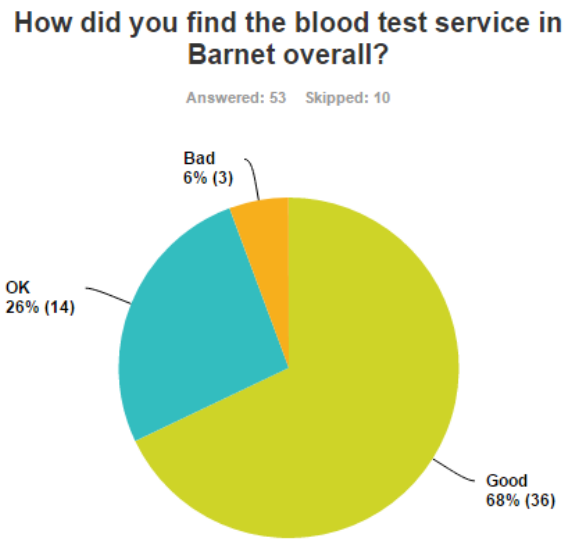
Data from the Patient and GP surveys were analysed using the Surveymonkey.com software.

Findings

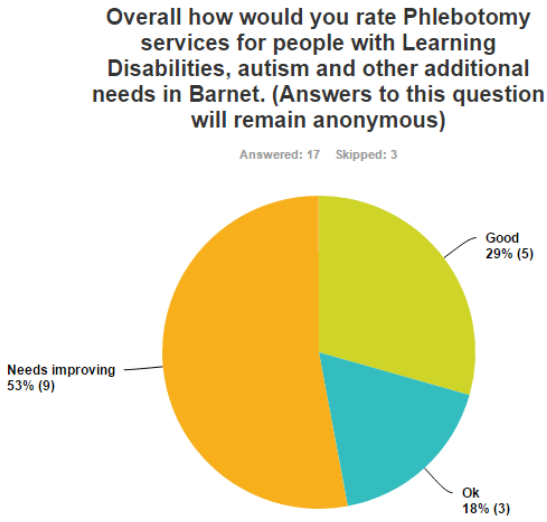
Analysis of the data and have led to the following key findings:

Overall views of Barnet's Blood test services

Graph 1: Patient Survey



Graph 2: GP Survey



Patient Survey: Overall patients were happy with the blood testing services with 94% of respondents to the Patient Survey saying it was either Good or Ok.

GP Survey: However 53% of GP's said that they felt the Phlebotomy Service for people with LD, Autism and other additional needs needed Improving.

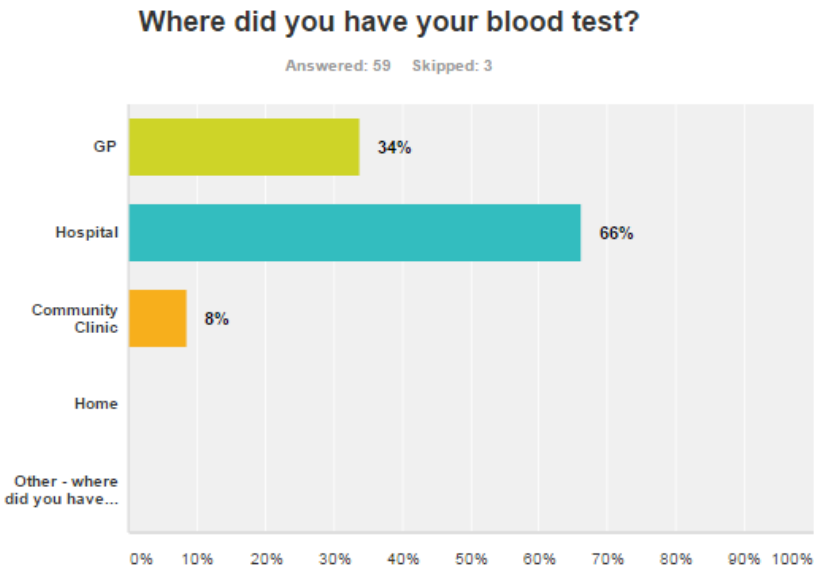
Findings from the Patient Survey:

Blood Test referrals process

Of the 61 people who completed the Patient Survey 84% (49) of respondents had been referred for a blood test by their GP. Only 19% (11) of respondents had been referred for a blood test by a Hospital.

Where did people go for their blood test?

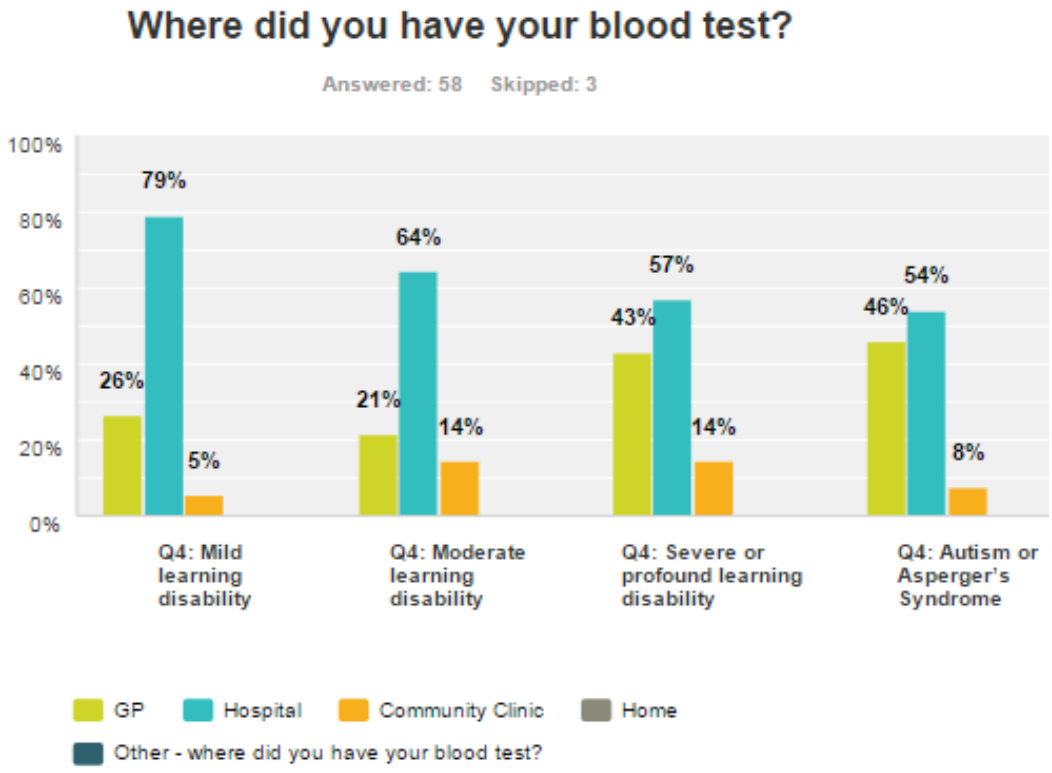
- 66% (39) of respondents had had their blood test in a Hospital.
- 33% (20) of respondents had had their blood test at their GP surgery
- 8% (5) had had their blood test at a community clinic
- No one who answered the survey had had a blood test at home.



Note – Some respondents said they had had blood tests in more than one place.

Where did people go for their blood test - Compared by Disability type:

Whilst overall the majority of patients have their blood tests in Hospital. When responses are compared down by learning disability type there are some key differences.



40% of respondents with severe or profound learning disabilities, and 46% of those with Autism or Aspergers had their bloods taken at their GP surgery. This is far higher than those with Mild (26%) or Moderate (21%) learning disabilities.

This may indicate that some GP's are making some reasonable adjustments for patients with severe or profound learning disabilities and for those with Autism and Asperger's as these are user groups who are known to find it more difficult to access Hospitals.

Findings from the GP Survey back up this theme, as discussed in the GP Survey section (page 17).

Choice and control:

Only 47% of respondents said they were given a choice over where they had their blood test. 38% said they did not have a choice, and 15% did not know whether they were offered a choice.

However whilst less than half had a choice over where they had their blood test **95%** said they were happy with where they had it. This included **100%** of those who had their blood test at their GP surgery, and 92% of Hospital blood test.

One person commented that they were happy having the test at the GP Surgery because they **"know the nurse who will take my blood test".**

Only 5% (4) were unhappy with where they had their blood test. These had their blood tests at either Hospital (3) or Community Clinic (1).

Whilst most people were happy with where they had their blood test 2 People commented very negatively about having the blood test at Hospital:

"The Nurse had absolutely no idea how to deal with my daughter with learning difficulties and who's terrified of needles"

"The person taking my blood had no thought for my disability."

There was no difference between where respondents said they would have preferred to have had their blood test taken: Respondents said they would have liked to have them at: GP (2), Hospital (2), Community Clinic (2), Home (2).

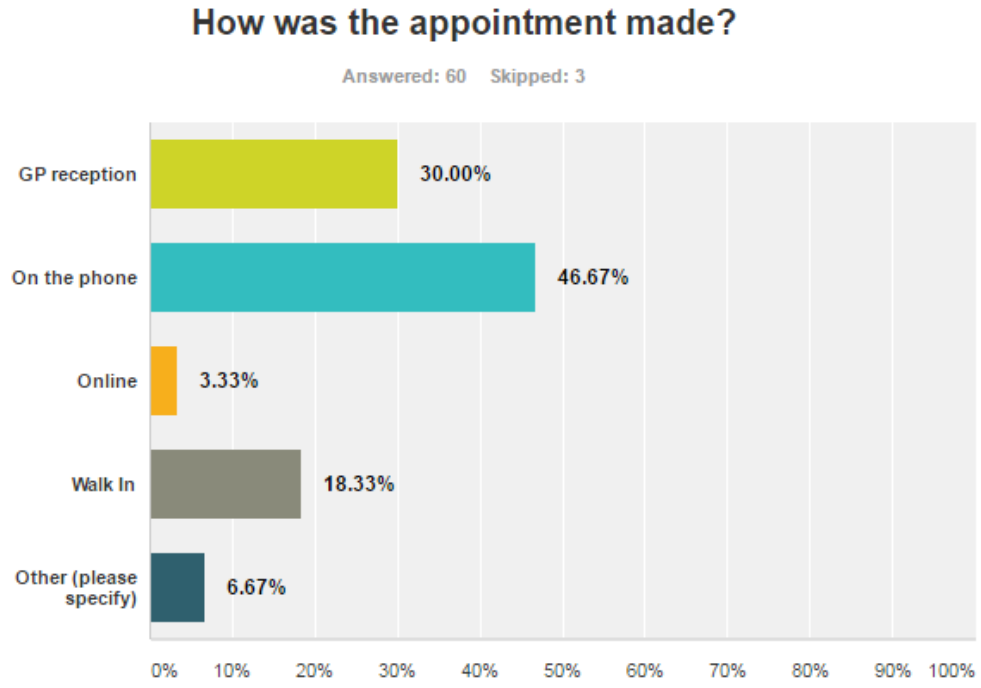
Booking the appointment:

Support from parents, carers and Support workers:

79% (45) of respondents said they had help to book their appointment. This was support was provided by parents/carers, support workers, or staff at the GP surgery. This figure is consistent with the 80% of respondents who said that someone went with them to their check. These figures may suggest that around 80% of people with learning disabilities have support throughout the blood test process.

47% (28) booked their appointments by phone, 37% (22) booked their appointments at the GP surgery (includes 'Other' responses as the narrative described GP /settings). Only 3% (2) booked their blood tests online.

There were relatively few problems with booking appointments as 89% (51) said that they found making the appointment either Easy or Ok. 11% (6) said that it booking the appointment was hard.

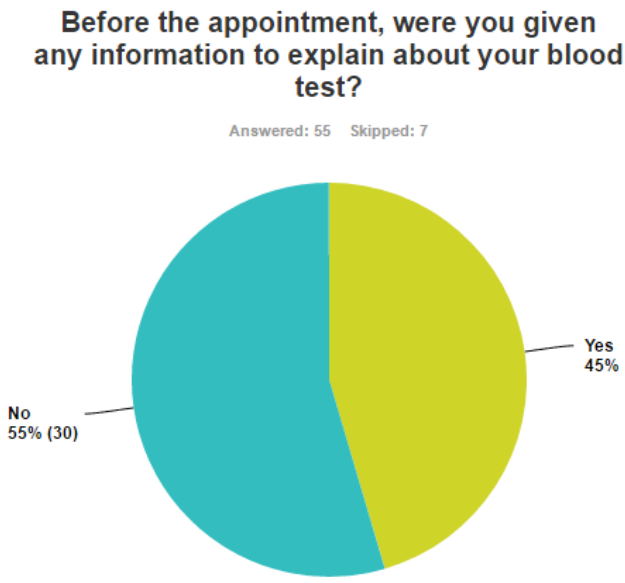


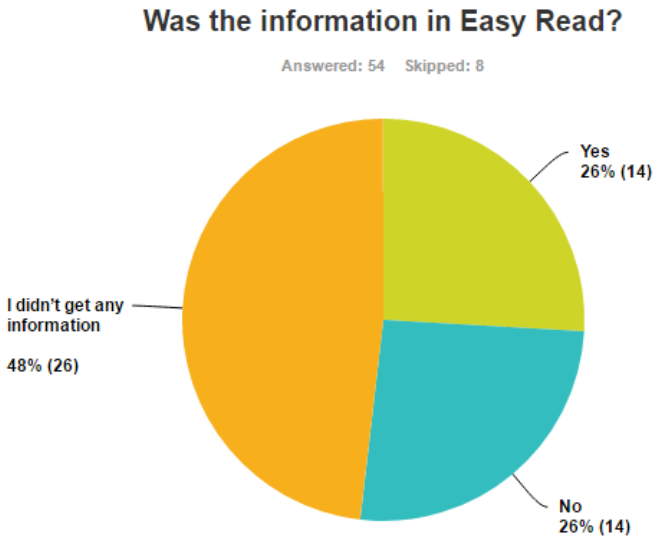
Key Recommendation: It's is therefore important that staff taking phone bookings ask if people have any additional needs. A flagging system is needed to ensure the Blood test service is aware of these needs prior to the blood test.

Barnet General Hospital has flagging system in place which asks whether patients have additional needs including elderly, mobility, hearing impairment and visual impairment. There is currently no learning disability flag.

Anecdotal feedback from Barnet Mencap staff has suggested that these flagging questions are not asked as standard when appointments are booked either on the phone or in person at Barnet General Hospital, or for other Barnet Hospitals.

Accessible Information and Communication





Only 45% (25) of respondents said they were given information to explain about the blood test, only half of this information was in easy read. 55% of respondents said they were given no information about their blood test.

Of those who were given information 76% (22) said it was easy to understand and 24% (7) said that it was not easy to understand.

One respondent who said the written information difficult to understand commented that this was due to it: **"Using medical terms that I don't know"**

The Accessible Information Standard states that services should be giving patient's information in an accessible way which they can understand. The findings indicate that this is not currently happening.

During the quality check at Barnet General Hospital's Phlebotomy service staff stated that they felt that Easy Read materials needed to be given to patients by GP's at the referral stage of the blood test process, as it was too late by the time they patients arrived at Hospital.

The Blood Test itself

Overall 95% of people said that the actual blood test itself was either Good or Ok.

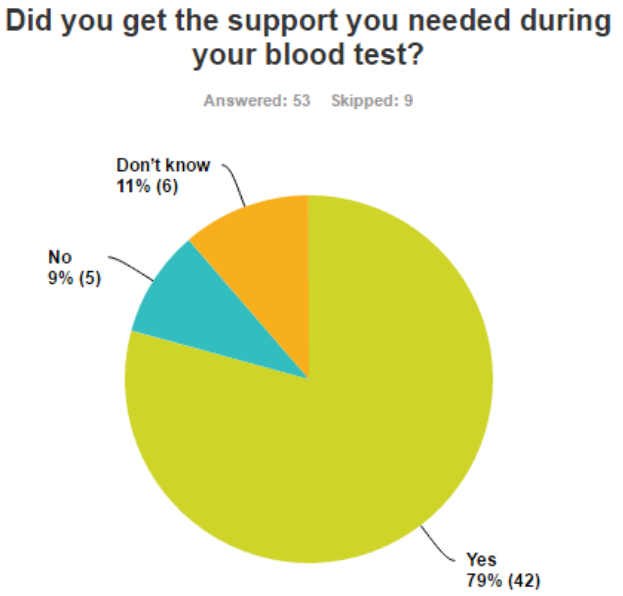
The ratio was again slightly higher for GP surgeries with 100% of people who had a GP blood test saying it was Good or Ok, compared to 92% of those who had a Hospital blood test.

All 3 of the people who said that they had a 'bad' blood test had it in a Hospital.

81% of people felt that the appointment was long enough, and there were only 3 negative comments about waiting times which was a positive finding.

Did People Get Enough Support?

People were asked whether they got the 'support they needed during the blood test':



Overall people felt they had enough support during their blood test.

79% said that they had got the support they needed during their blood test. 9% said they did not get the support the needed and 11% did not know.

Narrative feedback from the Question: "Tell us about the Support they gave you":

What they did well:

"The nurse was nice and she talked to me with respect and I was distracted"

"The nurse was very reassuring, patient and explained what was going to happen throughout the process"

"They helped me to find the location of the clinic and they explained the blood test to me."

"Treated like any other patient, but perhaps fast forwarded in the queue"

"They took his blood while he was in the general anesthesia"

41 respondents gave us examples of what the service did well to support them.

Narrative responses to what services did well to support respondents have been used to create the diagram to the left.

What do they need to improve about the support they were given:

6 people gave feedback on what they felt needed to be improved with regard to the support they received on the day of the blood test:

"Stronger numbing cream"

"(to improve) the way they talk to people"

"Could explain the test better"

"To help me control my worry and nerves"

"To understand that disability is not tattooed on forehead and understand when they are told what it means. Understanding English fully may help"

30% (17) of respondents said that the nurse/doctor **did not** explain what was going to happen to them.

GP v Hospital checks:

90% of those who had a blood test at their GP said that the doctor or nurse explained what was going to happen. This is far higher than the 64% of people who had things explained to them during a Hospital blood test.

More people felt worried about their blood test when they had a blood test at Hospital, rather than their GP:

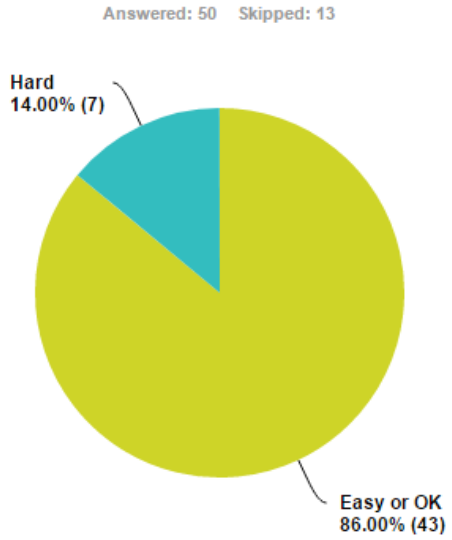
Only 11% of those who had a GP blood test were worried, but 30% of those having a blood test in Hospital said they were worried.

Patient Survey: Feedback forms and Results:

The Patient Survey highlighted that a very low number of people with learning disabilities gave any type of feedback on how they found their blood test. Only 5%

(3) of respondents said they filled in a feedback form. There were no Feedback forms available during the Barnet General Hospital Quality check at all.

Were your results easy to understand?



Results:

Respondents said that they received their results by follow up appointment (43%, 24), phone call (30%, 17) or letter (14%, 8)

86% of people found their results either Easy or Ok to understand.

Only 2 people said explicitly that they would like to have their results in an easy to read format. This low figure may be partly due to the fact that 80% of respondents are supported throughout the Blood test process by family or support workers and their results are therefore likely to be explained by the person providing this support.

Whilst the overall feedback on results was generally positive, there were 5 narrative comments which highlighted results as an area for improvement.

3 respondents stated that they would have liked to receive their results quicker. 2 referenced that they would like it in an easier to understand format and/or language and one stated that their results had been lost meaning that the blood test had to be repeated.

"Getting the results quicker and in language which we can understand and not in medical terminology."

Patient Survey Overall Experience

What was good?

94% of Patient survey respondents said that overall the Blood Test Services were 'Good' or 'Ok'.

The narrative feedback referred very positively to the **"quick"** service, and **"friendly, patient and experienced staff"**, staff **"explaining things clearly"**,

staff understanding their needs, and to being **able arrange the appointment, and find the service easily**.

> **"I know everybody at the GP service and the building is very familiar I am more relaxed"**
>
> **"At my GP, it is excellent they understand my requirements"**
>
> **"I did not have to wait long, and the nurse was very sympathetic to my needs and very reassuring**
>
> **"Easy to arrange, not painful, not too long waiting"**

What could be improved?

Only 3 respondents said that the overall Blood Test Service was 'Bad', all of these had had a blood test in Hospital (2) or Community clinic (1).

There were 11 narrative responses to the question: **"What would make the blood test service better?"** These included the 5 comments relating to the results referenced in the previous section.

3 patients, or their carers who had had Blood tests in either Hospital or Community Clinics made comments which suggested that they had had negative experiences overall where they felt the service was not making appropriate reasonable adjustments to cater for their needs.

One carer of someone with a severe/profound learning disability, who had had a blood test in a community clinic, commented:

"Nothing (was good) if you're a severely disabled person who needs extra care."

Whilst 2 more comments from those who had a Hospital Blood test suggested that the service needed to do more to make adjustments for people with learning disabilities:

One stated that the service could be improved if the service understood… **"That disabled child(ren) come with their own problems and it's not their fault"** and another said that the service needed to look at from the **"patients with difficulties angle".**

Findings from the GP Survey (Appendix 2)

The GP Survey was sent to all GP practices in Barnet. 20 GP's completed and returned the survey.

65% (13) of those who completed the survey said they provided some level of Phlebotomy Service at their GP Practice. 12 of these (92%) were available to patients with learning disabilities, but only 50% (7) offered a service to all patients. 77% (10) of GP Phlebotomy service were available every day, whilst 23% (3) had a weekly service.

Of those 7 GP's which did not offer a blood test service, all referred patients to either 'Hospital' or a 'Community Phlebotomy Service'. Only 2 (29%) said they may refer to the 'District Nursing Team' which is available for patients who are house bound. In contrast 6 (46%) of the 13 GP's who did offer a blood test service said that they would refer to the District Nursing Team.

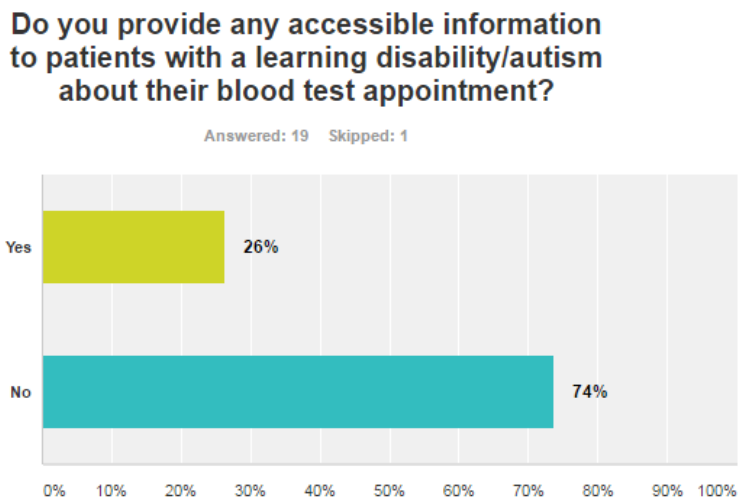
The survey asked if GP Practices offered an alternative to a hospital referral for people with LD/Autism who find it difficult to access hospital. Of the GP's who do not offer in-house blood tests 86% (6 of 7) said that they **do not offer** an alternative to a hospital referral for those who find it difficult to access Hospital.

Only 3 GP's said that house-bound patients would be referred to the district nursing team or community phlebotomy, and one GP stated they were **"unaware if there are any places we can send our patients with LD /autism".**

However 2 GP Practices who had previously said that they do not have a regular Blood Test service which people with learning disabilities could access, said that they would do blood tests for **"some patients with learning disabilities"** and for some **"patients who will not go to hospital to get their bloods done but need them done urgently".**

One GP said they would **"Ask if they prefer to go to a community phlebotomy, or to a neighbouring GP."**

It was positive to hear these examples of reasonable adjustments being made, however very few GP's seemed to be aware that they could refer to another local GP, or to the District Nursing Team Phlebotomy and no GP's made any reference to the Learning Disability Team, or the Learning Disability Team Community Nurses.



GP Survey: Accessible Information

26% (5) of GP's said that they provided accessible information to patients with a learning disability about their blood test appointment.

4 (of the 5) of these were GP's which offered an in-house blood test. 86% of GP's which did not offer an in house Blood test said that they gave no accessible information.

The survey found that GP's who did not provide an in-house blood test were less likely to offer any support with booking appointments for people with learning disabilities who may struggle to make their own appointment; 86% of GP's with no in-house phlebotomy offered no booking support, compared to the 33% of GP's with in house services who offered no booking support.

Those that did offer booking support said that either reception staff or the GP would make the booking on behalf of the patient. Several GP's said that carers usually support people with learning disabilities and made the bookings for patients.

GP Survey: Flagging Systems

The survey asked whether GP Practices had a flagging system which informed the Phlebotomy service when a patient with learning disabilities had been referred. 54% of GP's who were referring to their own in-house Phlebotomy services did have a flagging system, however 84% (5 of 6) who were referring externally did not have a flagging system for this.

Of those who did have flagging system 3 stated that they have an alert on the record, whilst 2 stated that they would include it in the notes.

This is a key difference as the 'notes' are often not read until moments before an appointment, whilst 'alert' or flag on the record is visible without opening the record and reading the text notes, meaning that staff are more likely to notice it and prepare any reasonable adjustments prior to the patient arriving.

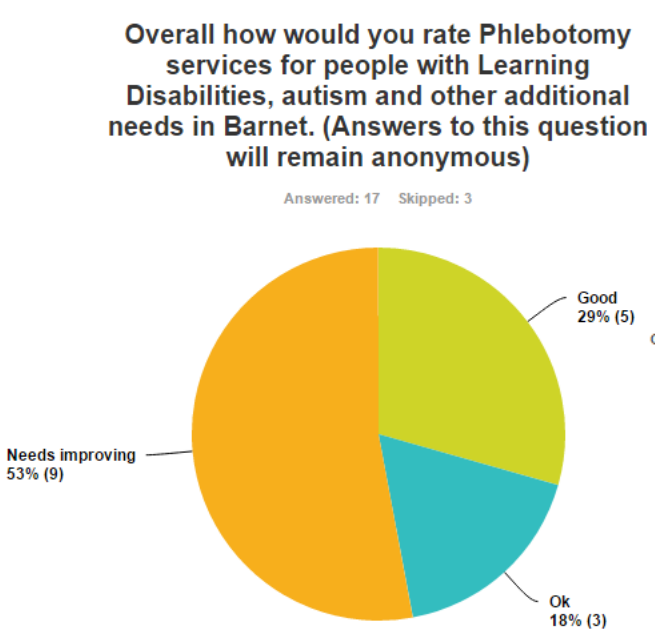
GP Survey: Learning Disability Awareness Training

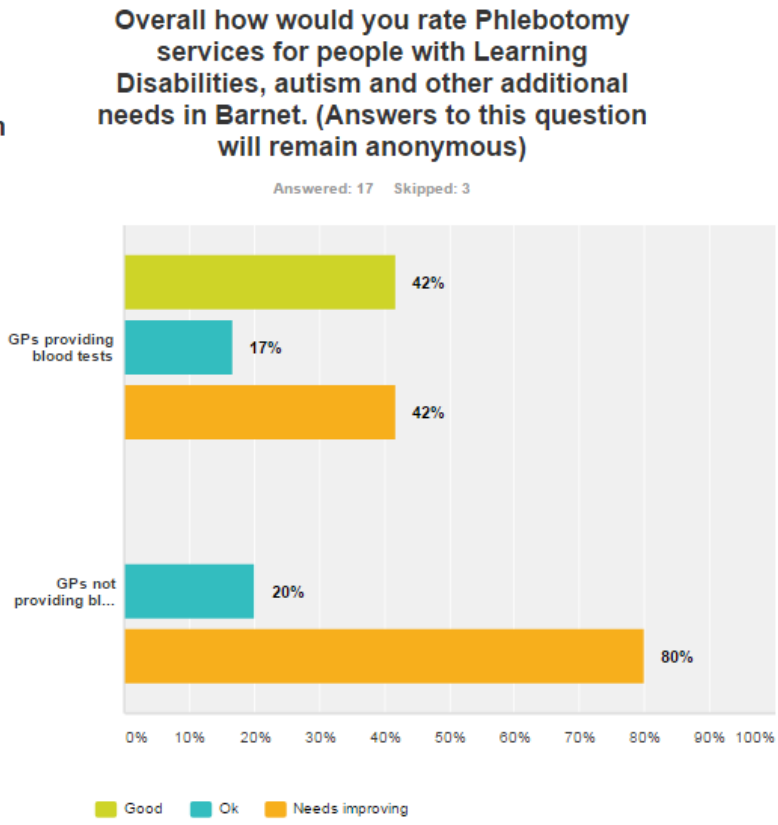
Positively 79% of GP's said that staff had had Learning Disability Awareness training.

GP Survey: Overall views of Barnet's Blood Test services

Whilst overall 54% of GP's felt that Phlebotomy services for people with Learning Disabilities, autism and other additional needs in Barnet needed to improve, there was a significant difference between GP's who offered a Blood test service and those that did not.

80% of GP's who did not offer a blood test service felt that that Phlebotomy services needed to improve, and none of them rated the blood test services as good. This contrasts with the 42% of those GP's who did offer blood tests who thought the service was good overall and the 42% which felt it needed to improve.





Suggestions for Improvements from GPs:

Narrative feedback from GP's suggested a number of different ways to improve blood test services for people with learning disabilities. These included:

Information packs for Services detailing what services and support are available for Patients' with Learning Disabilities – to be included in the BAR documents.

2 GP's referenced the fact that they are not currently funded to do blood tests. One stated that whilst they do so "for the benefit of patients" it costs the service "a lot of time and money" and "cannot continue unless funding is given to support this in house service".

Another said that they would "welcome being able to offer a phlebotomy service at our surgery" and said that if "fully funded" they could co design it with Mencap to ensure we meet the needs of our patients and especially those with special needs".

GP's also suggested **"more easy read materials", "longer appointments and flexible times"** for patients with learning disabilities in Hospitals, and **"more learning disability awareness and dementia training for key staff"**.

Case Study findings (Appendix 3)

4 Case studies were collected through interviews with the carers of adults with severe or profound learning disabilities. All 4 reported difficulties with accessing blood test services for adults with severe or profound learning disabilities or complex needs. One patient had waited for over a year for their blood test because reasonable adjustments were not made, and 2 carers said the people they cared for were unable to have bloods taken at all due to the distress it causes. These missed blood tests increase the risk of serious illnesses remaining undiagnosed.

These case studies and feedback from the patient questionnaire indicates that whilst the phlebotomy services meet the needs of most people with learning disabilities with some reasonable adjustments being made, those with the highest needs are missing out on this service due to the difficulties they face.

Quality Check Report – Barnet General Hospital Phlebotomy Service (Royal Free Trust)

Expect the Best Quality checked Barnet General Hospital's Phlebotomy service on 12/04/2017. This quality check was facilitated and supported by the Phlebotomy Services Manager and the Learning Disability Acute Liaison Nurse. Overall the Quality Checking team felt that Barnet General Hospital was providing a good service for the majority of patients with learning disabilities, and were making good reasonable adjustments when the service knew about patient's needs in advance.

Key findings from the quality check are outlined below:

Barnet General Hospital – Phlebotomy Service: What was Good?

Reasonable adjustments

- Barnet General Hospital gave several good examples of where they had made reasonable adjustments for patients with learning disabilities, and the staff appeared to be more than happy to make these adjustments when they are needed. Examples of reasonable adjustments included:
    - **Booking double appointment times** for people with learning disabilities. The service was eager to inform our quality checking team that even if double slots aren't booked, the service would not rush an appointment and would take as long as was needed.
    - **Adapting the location:** The service has previously used a separate quiet area for patients who were claustrophobic. They cleared all medical equipment out of the room to ensure the setting was a comfortable and 'non-medical' as possible.
    - **Using Children's Nurses:** Patients with learning disabilities who are known to become distressed have been able to have their bloods taken in the Children's phlebotomy area by Children's nurses. The Children's nurses are more experienced at distraction techniques and use them regularly with children. These skills are transferable to making blood tests for some patients with learning disabilities easier and less stressful.

- **Prioritising patients with learning disabilities:** Patents with learning disabilities and other additional needs were prioritised to reduce their waiting times.

- **Friendly Staff** - All Staff spoken to in the Phlebotomy Service were friendly, welcoming and knowledgeable. This included reception, managers and nurses taking the bloods. The Quality Checking team were impressed with their attitudes and team spirit.
- **Learning Disability Awareness Training** – All new staff to the trust have an Induction which includes Safeguarding, Mental Capacity and Learning disability awareness training. Regular learning disability awareness training sessions are delivered by the Learning Disability Acute Liaison Nurse.
- **Openness and Transparency** – Management and staff on the day of the check and whilst organising the check were open and transparent, and appeared to be keen to hear and take on board feedback to improve the service.

Mock Blood test role play

- Overall the mock blood test went well. Both the reception staff and Nurse taking the blood test were friendly and personable.

- It was easy to know when your appointment was. The TV screen displaying patient's names was 'colour blind friendly', and names were clearly displayed.
- Quick blood test – Our appointment was prioritised and we were seen quickly but without being treated any differently to other patients.
- Other appointments were quick and waiting times were reasonable.

Environmental Observations and Accessibility:

- The Team were very impressed with the great volunteers at the Hospital reception and at the end of the Hospital corridor. Many patients fed back that they were helped by volunteers to find the right department. The team felt this helped make the process far easier and less stressful.
- The waiting area was large, spacious, clean and organised.
- The Hospital was easily accessible for wheel chair users – the ramps and lifts to the service were good.
- Whilst there were some areas for improvement around the lack of feedback forms, the Phlebotomy service knew to direct any complaints to PALS.
- The Quality checkers visited PALs and found them to be helpful. They said they would inform the Acute Liaison Nurse if patients with Learning disabilities raised a complaint. There was a visible poster on the wall in PALS to remind all staff to contact the Acute Liaison Nurse if patients with Learning Disabilities raised an issue.

Flagging Systems

- Barnet General Hospital has flagging systems in place both on the Hospitals electronic system and on the nursing handover sheets. These are used by all members of the multi-disciplinary team and indicate when patients have a learning disability or other additional needs. However these are not compatible with the Phlebotomy Service system.
- The Phlebotomy Appointment booking system does have its own flagging system which flags some additional needs such as Physical Disability, Visual Impairment, Hearing impairments, and Elderly patients. This was a very positive feature however there was no flag for Learning Disability.

Other

- Royal Free Trust website: Whilst not about Phlebotomy - The website displayed some good information for people with learning disabilities. There was a good video made by and for people with learning disabilities about how to prepare for being an inpatient at the hospital and what to expect.
- Hospital passports are used by the trust, although but not within Phlebotomy.
- Learning Disability Acute Liaison Nurse – The service gave examples of how they had worked closely with the Learning Disability Acute Liaison Nurse in order to provide a good service for patients with learning disabilities.

Barnet General Hospital – Phlebotomy Service: Areas for improvement:

Reasonable adjustments:

- **Flagging Systems:** Whilst there were some very positive examples of reasonable adjustments being made for patients already known to the service. Reasonable adjustments can understandably only be made if the service knows about needs in advance. The quality checking team felt that the flagging system and appointment booking systems could be further improved to ensure more patients with learning disabilities, particular those with more complex, severe and profound and autism were flagged as having a learning disability and given the opportunity to explain their needs and have reasonable adjustments prepared for their blood test.

- **Booking and booking System:** Blood test appointments at Barnet General can be made in person, by phone or online. When booking online people are given the opportunity to flag any additional needs (although not learning disability) however anecdotal feedback from patients and carers has been that these flagging questions are not asked when appointments are booked by phone or in person. Only 3% made appointments online meaning most this flagging opportunity was likely to be missed.

- Barnet General Hospital does not record the number of people with learning disabilities accessing the phlebotomy service.

Environmental Observations and Accessibility:

- There were no visible signs for the Phlebotomy service at reception. Our team needed to ask volunteers.
- There were no Easy read materials on blood tests available from the Phlebotomy service.
- There were no easy read materials or flyers on other Hospital services available from the Phlebotomy service.

Patient involvement and Feedback

- It was difficult to give feedback – There were no friends and family tests at the Phlebotomy service. Staff said there is usually a box at reception but they did not know where it had gone.
- PALS also had no Friends and family feedback forms, and there were no accessible easy read feedback forms available.

- Examples of the Friends and Family feedback test obtained from other wards were not in an easy read format and did not capture whether the patient had a learning disability or any other additional needs.
- There were no posters or visible information encouraging patients to give feedback or raise compliments or complaints.

Mock blood test role play

- Whilst the TV screen announcing appointments was good - the number of the cubicle on the TV display was very small. The quality checker could not read the cubicle number from the waiting area.
- The cubicles for blood tests were very small and felt cramped. It was felt that this could increase anxiety for some patients. Wheel chair users may also find it more difficult to fit in them comfortably.
- The cubicle curtain for the mock blood test was not pulled closed during the blood test. It was felt that some patients may feel uncomfortable with the curtain open, however if it had been closed the small cubicle would feel even more uncomfortable. Particularly for patients in wheelchairs.
- Whilst the nurse taking the mock blood test was very friendly and welcoming, she did not explain what was going to happen on the blood test or talk the 'patient' through the process.
- The Phlebotomy service informed us that they did not administer any emla (numbing) cream and stated that patients very rarely have this. A cold water freeze spray was suggested as an alternative however there was none available when it was requested.

Conclusions

This research project was pleased to find that overall Barnet's Phlebotomy services were working well for many people with learning disabilities. There were some good examples of reasonable adjustments being made by services, and the majority of patients said they had had a positive experience of blood test services.

Whilst there was good feedback from patients for both Hospital and GP blood tests, our findings suggest that patients are less likely to have a bad blood test experience if having a GP blood test. This is particularly true for patients with higher needs. The good news is that patients with autism, or severe or profound learning disabilities, who may find accessing a Hospital more difficult, were found to be more likely to have a GP blood test than those with mild and moderate learning disabilities, indicating that GP's are prioritising appropriately.

The study found that it was very important for staff to be friendly, to talk to the patient throughout the blood test, and to clearly explain what was happening. This helps to reduce worry and leads to more successful blood tests and positive experiences. Whilst there was evidence of this good practice in both Hospital and

GP blood tests, the study also found examples of patients with higher needs having bad experiences of Hospital blood tests. Bad experiences were largely due to no reasonable adjustments being made, staff being unprepared for the patients level of need, or staff not understanding how to support people with learning disabilities. There was no evidence of these issues in GP blood tests.

This finding indicates that people with the highest levels of need should have their blood tests at their GP practice. Where referrals need to be made to Hospitals for patients with high levels of need it is essential that these needs are flagged in advance so the staff can prepare the necessary reasonable adjustments. It was disappointing to find that 86% of the GP's who did not offer an in house blood tests had no alternative to a Hospital referral even for high need patients who they knew would find it difficult to attended a Hospital appointment. This is an area which requires improvement.

This study contacted the community phlebotomy service (District Nursing Team) to discuss the services they provide, however no comments or feedback was given.

This research project also aimed to quality check a GP Practice and a second Hospital, however the researchers were unable to organise these due to a lack of communication from services. The Quality check at Barnet General Hospital also took 5 months to arrange due to issues with gaining permission from the Hospital Trust. The researchers felt that the offer of independent peer to peer quality checking was a valuable way of supporting these services to improve, and that communication and the systems for granting permissions needed to be improved in order to take advantage of similar opportunities in the future.

Recommendations

1. GP's to give Easy Read information on blood tests to patients with learning disabilities at the referral stage. www.easyhealth.org.uk is a good source of free, easy read materials
2. Easy read materials on blood tests to be made available at the Hospital Phlebotomy sights.
3. All Phlebotomy and other Health services to ensure they are confirming to the Accessible Information Standard.
4. Patients with higher levels of need should have their bloods taken at their GP practice where possible.
5. More GP's to offer blood tests to people with learning disabilities, particularly those with higher needs. Currently 35% of GP respondents do not offer a blood test service.
6. District Nursing/Community Phlebotomy Teams to provide home or community blood tests as a reasonable adjustment for patients who are

not house-bound but find it very difficult to attend Hospital or GP blood tests due to their needs.

7. Funding for GP Phlebotomy services to be reviewed. Many GP's are not currently funded to deliver blood tests and only do so as an additional free service for patients, which one GP said was unsustainable.
8. Patients with higher level needs who are referred to Hospital for a blood test need to be flagged at the booking stage to ensure Hospital staff are prepared, and reasonable adjustments have been made.
9. Booking Blood test appointments – Reception staff for all services taking bookings by phone or in-person should ask there are any additional needs and if so if any reasonable adjustments are required. This should be asked as standard for all patients and recorded on the system as a visible flag.
10. All services to ensure staff have learning disability awareness training, and that staff are reminded how important and impactful it is to be friendly, and to talk patient's throughout their blood test, explaining the process.
11. Services to record the number of patients with learning disabilities using Phlebotomy services.
12. Feedback forms to be made easy read, more easily available, and to capture whether patients have any additional needs.
13. Services to promote the use of feedback forms, and to promote accessible ways for patients to leave complaints and compliments.
14. Trusts to review their governance procedures regarding how permission is granted for services to work with independent quality checking projects.
15. Barnet General Hospital Phlebotomy Service to review and act upon the areas for improvement highlighted in the Quality Check section of this report.
16. All services to continue working to make Phlebotomy services accessible to people with learning disabilities and to share best practice whenever possible.

Acknowledgements

Expect the Best, Barnet Mencap and Healthwatch Barnet would like to thank the following people who helped to produce this report:

Tamara McNamara - Learning Disability Acute Liaison Nurse, Royal Free London Trust; Janev Hassan - Phlebotomy Services Manager Royal Free London Trust; Barnet General Hospital Phlebotomy staff; Sophie Thompson, Barnet Learning Disability Team Nurses; Dr. Caroline Peters-O'Dwyer, Oaklodge Medical Centre, Barnet Parent Carer Forum; Parent Action Group; Royal Mencap; Dimensions; Norwood; Yourchoice Barnet; Community Space; Rosa Morrison; Barnet Carers Centre; and all the GP's, people with learning disabilities and autism, and their parents and carers who completed surveys and told us about their experiences.

References

Accessible Information Standard Specification (2015): https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-spec-fin.pdf

Accessible Information Standard implementation Guide (2015): https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-implmntn-guid.pdf

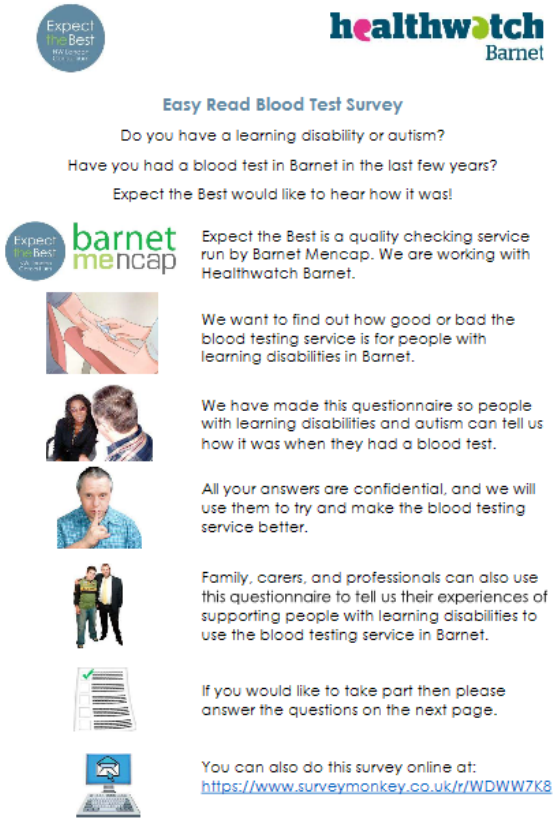
Making Health and Social Care Accessible (2016 summer update): https://www.england.nhs.uk/wp-content/uploads/2016/07/access-info-stndrd-er-upd-jul16.pdf

Royal Mencap, Don't Miss Out Campaign (2017) https://www.mencap.org.uk/advice-and-support/health/dont-miss-out/dont-miss-out-annual-health-checks

Healthwatch Brent (2016), Phlebotomy in Brent Report

Appendices

Appendix 1 – Patient Survey



Expect the Best

healthwatch Barnet

Easy Read Blood Test Survey

Do you have a learning disability or autism?

Have you had a blood test in Barnet in the last few years?

Expect the Best would like to hear how it was!

barnet mencap

Expect the Best is a quality checking service run by Barnet Mencap. We are working with Healthwatch Barnet.

We want to find out how good or bad the blood testing service is for people with learning disabilities in Barnet.

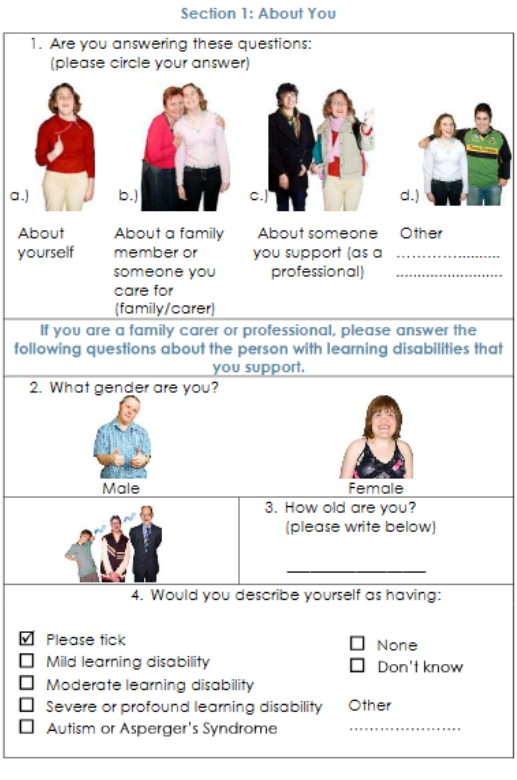
We have made this questionnaire so people with learning disabilities and autism can tell us how it was when they had a blood test.

All your answers are confidential, and we will use them to try and make the blood testing service better.

Family, carers, and professionals can also use this questionnaire to tell us their experiences of supporting people with learning disabilities to use the blood testing service in Barnet.

If you would like to take part then please answer the questions on the next page.

You can also do this survey online at: https://www.surveymonkey.co.uk/r/WDWW7K8



Section 1: About You

1. Are you answering these questions: (please circle your answer)

a.) About yourself

b.) About a family member or someone you care for (family/carer)

c.) About someone you support (as a professional)

d.) Other .....

If you are a family carer or professional, please answer the following questions about the person with learning disabilities that you support.

2. What gender are you?

Male

Female

3. How old are you? (please write below)

_____

4. Would you describe yourself as having:

☑ Please tick
☐ Mild learning disability
☐ Moderate learning disability
☐ Severe or profound learning disability
☐ Autism or Asperger's Syndrome
☐ None
☐ Don't know
Other .....

2

5. Do you have any physical disabilities?

Yes No

6. Do you need any extra support? or example a wheelchair or mobility aid, or help to communicate?

Yes No

If yes, please tell us what extra support you need

.....

.....

.....

Section 2: Booking your blood test

7. Have you ever had a blood test? (if no, skip to section 7 on Page 10)

Yes No

8. If yes, how long ago did you have it?

In the last year Over a year ago

9. How often do you have a blood test?

Every month Every 6 months Once a year Other .....

10. Who sent you for your blood test?

GP Hospital consultant Other .....

11. Where did you have your blood test?

GP Hospital Community clinic Home Other

If 'Other', where did you have your blood test?

.....

12. Did you have a choice about where to have your blood test?

Yes No Don't know

13. Were you happy with where you had your blood test?

Yes No

14. If No, where would you have liked to have your blood test?

GP Hospital Community clinic Home Other

If Other, where would you have liked to have your blood test?

.....

15. Did someone help you to make your appointment, or make your appointment for you?

Yes No

If Yes, who helped you?

.....

.....

.....

16. How was the appointment made?

GP reception On the phone Online Walk In Other

If Other, how did you make your appointment?

.....

17. How easy was it to make your appointment?

Easy Ok Hard

18. How long after you made the appointment did you get the blood test?

Same Day 1 day 5 days 1 week 2 weeks Other .....

Section 3: Accessibility

19. Before the appointment, were you given any information to explain about your blood test?

Yes No

If yes, what information were you given? .....

.....

20. Was the information easy to understand?

Yes No I didn't get any information

Why?.....

.....

21. Was the information in Easy Read?

Yes No I didn't get any information

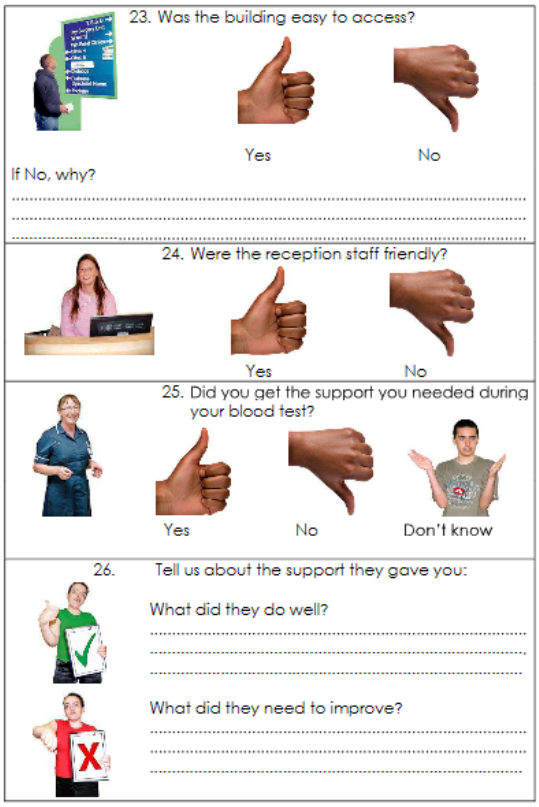
Why?.....

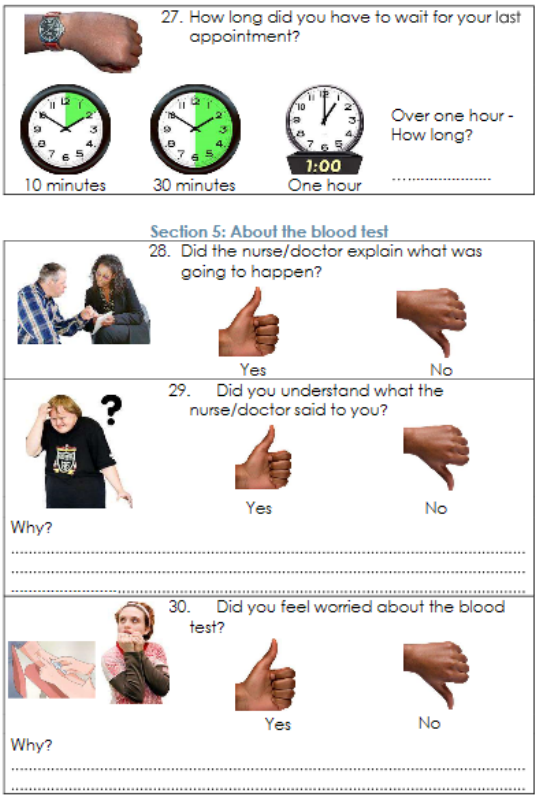
.....

Section 4: On the day of the Appointment

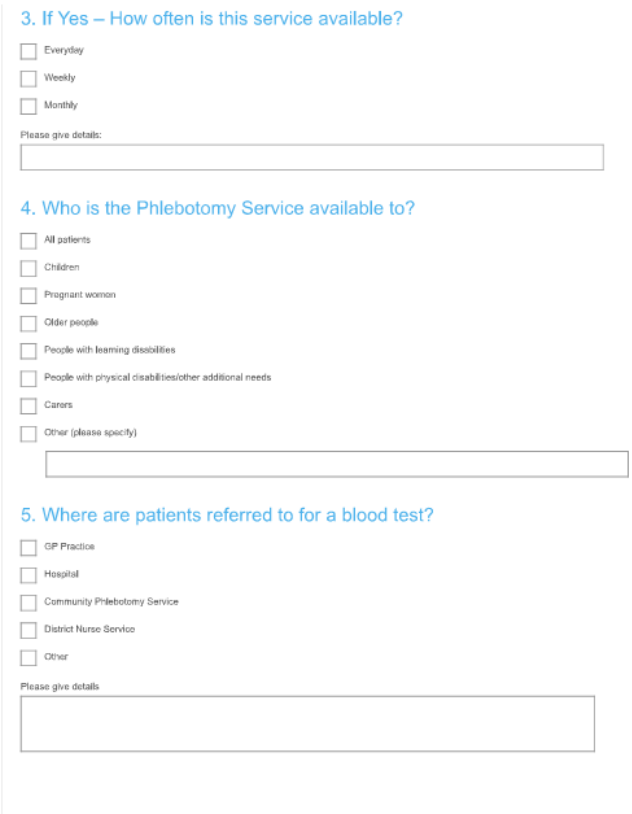
22. Did you take anyone with you for support?

Yes No





Appendix 2: GP Survey -



6. Do you offer an alternative to a hospital referral for people with learning disabilities/autism or other additional needs who may find it difficult to access the Hospital Phlebotomy Services?

- [ ] Yes
- [ ] No

Please give details

7. Do you provide any accessible information to patients with a learning disability/autism about their blood test appointment?

- [ ] Yes
- [ ] No

Please give details

8. After a referral has been made, how does the patient make their appointment?

- [ ] Telephone
- [ ] Online
- [ ] Walk in
- [ ] Other (please specify)

9. Is there any support available for people with learning disabilities/autism or additional needs who may struggle to make their appointment on their own?

- [ ] Yes
- [ ] No

Please give details

10. Do you have a system which flags to the Phlebotomy Service when a referred patient has a learning disability or autism and may require additional support on their blood test?

- [ ] Yes
- [ ] No

Please give details

11. How are the results of the blood test delivered to the patient?

- [ ] Telephone
- [ ] Letter
- [ ] Follow up appointment
- [ ] Other (please specify)

12. Does the GP service offer training to its staff around learning disability awareness?

- [ ] Yes
- [ ] No

Please give details

13. Overall how would you rate Phlebotomy services for people with Learning Disabilities, autism and other additional needs in Barnet. (Answers to this question will remain anonymous)

- [ ] Good
- [ ] Ok
- [ ] Needs improving

Please give details:

14. If you have any other feedback or information on how the Phlebotomy Service works for people with learning disabilities, or any suggestions on how things could be further improved then please tell us here:

(Answers to this question will remain anonymous)

Thank you for taking part in this survey and for helping to improve services for people with learning disabilities.

If you would like to give any more information or feedback on this area or to discuss this survey further then please contact matt.gamble@barnetmencap.org.uk

Thank you

Appendix 3: Case Studies

Detailed Case Study 1 – Mark and Simon.

This case study reported by Phone interview on 19/12/2016 by Simon, who is the brother of Mark, a man who has Profound and Multiple Learning Disability, and no verbal communication.

Both names have been changed for anonymity.

Mark's brother Simon had been arranging blood tests for Mark for last 15 year since 2002. These blood checks took place every 2-3 years. Simon first started requesting regular blood tests for Mark in 2002 after Mark had been losing weight and a Psychologist recommended a blood test to monitor his health. As Mark has no verbal communication skills he may be unable to indicate that he is feeling unwell.

Mark finds going to a hospital extremely distressing and so blood tests at a hospital setting was not possible. Mark's GP does not offer a blood test service. Simon spoke to Mark's GP Practice and discussed the options. The GP was very helpful, and contacted an assistant Psychologist within the Learning Disability Team to discuss how they could facilitate a blood test for Mark.

It was agreed that the best place for Mark to have his blood test was at his regular day service, where he felt relaxed and at ease in familiar surroundings and with familiar staff. It was agreed that a Phlebotomist from the District Nursing Community team would travel to the day service at an agreed time to complete the blood test. It was also agreed that Simon would also be present to support Mark and that would administer a mild sedative 2 hours prior to help prepare Mark for the blood test. On the day of the blood test Simon, day service staff and the phlebotomist all worked together to distract Mark and complete the blood test. This was very successful and the blood test went well.

This was an excellent example of a reasonable adjustment working very well, and was repeated successfully for Mark's blood tests every 2-3 years between 2002 and 2012.

However in Dec 2014 Mark was not very well and had diarrhoea. After visiting the GP it was decided that Mark needed a blood test. Simon asked that the GP request the blood test through the system that had previously worked.

In January 2015 the GP made the request, however they were informed that the District Nursing Team could no longer carry out the blood test as whilst Mark's disabilities were severe and profound, and unable to attend a Hospital blood test he not house-bound, and that changes to CLCH meant that the District Nursing Team could only visit house bound patients.

Simon was informed that Mark would have to go to Hospital for his blood test. This was despite it being known that Mark found Hospitals extremely distressing. As there was already a very successful tried and tested system for Mark having a blood test, Simon felt that this should have been a reasonable adjustment to make.

Over the next 17 months Simon contacted his GP, the Learning Disability Lead Nurse, the Learning Disability Commissioner and the Phlebotomy Services at CLCH to ask for reasonable adjustments to be made, but were told that these were not possible.

The Community Phlebotomist did then arrive at Simon and Mark's house with no prior warning to do the blood test. However neither Simon nor Mark were prepared for the check as the sedative had not been prescribed or administered. Whilst this miscommunication was frustrating Simon was pleased that the Community Phlebotomist now appeared to able to come to the house for the blood test. However when Simon tried to rearrange the blood test at home he was told that the Community Phlebotomist should not have gone to the house at all, and that this had been a mistake. They

reconfirmed that the community phlebotomist would not be able to do return to the home or go the day service for the blood test.

Simon then says he spoke to the the Learning Disability team and was told that the blood test would have to be done at Barnet General Hospital or not at all. It was also suggested that Mark may not need the blood test any more. This was despite a referral being made by the GP, and the fact that Annual Health checks, which include blood tests, are recommended as People with learning disabilities often have difficulty in recognising illness, communicating their needs and that regular health checks for people with learning disabilities often uncover treatable health conditions which would otherwise go undetected.

Mark was re-referred by his GP in February 2016 over a year after his originally referral. After further 4 months of continued pressure from Simon, Mark had a Health review with his GP, and it became apparent that there had been some mis-communications between several health professionals and they had thought the blood test had already taken place.

In early June 2016 after further discussion the blood test, with reasonable adjustments, was finally agreed, and took place at the end of June 2017 – 17 months after Mark was originally referred.

The blood test itself went very successfully, it was carried out by the District Nursing Team at the Day Service exactly as had been done previously.

Simon found the process very draining and frustrating and felt Mark's health was not treated as a priority throughout the process, and reasonable adjustments were not made.

Simon's main fear was that serious Health issues could have been missed in the 17 months wait for the blood test, and that other parents and carers would not be able to navigate the confusing and complicated system. Simon felt that this would lead to people with similar disabilities missing blood tests and health checks, which could lead to serious health issues not being diagnosed.

Detailed Case Study 2 (Janek and Ana)

Expect the Best spoke to a Mother (Ana) whose child (Janek) is aged 14years old with complex learning disabilities and is a wheel chair user. They had an appointment to go to Edgware Hospital to the Phlebotomy department for Janek to have a blood test.

Ana explained that there were 6 blood test stations at the hospital all with curtains; Ana felt that the setting was very open and lacked privacy. On arrival the family were told to wait for their appointment time, and were not prioritised. The wait was long, and Janek had started to get distressed by this.

When Janek was called to the cubicle for his blood test, the Mother felt that the nurse did nothing to try and make him feel calm and relaxed. No private room was offered and the nurse did not apply any numbing cream on him.

Ana stated that the nurse who was taking the bloods seemed inexperienced and kept repeating that Janek needed to be still in order for her to take the bloods from the arm, but did nothing to help calm him. Due to Janek's distress Ana could not keep him still.

Ana felt that the staff member was rude to them, and was so furious at their behaviour that she asked to see the manager and to have someone who understands the needs of someone with a disability to take Janek's bloods.

Ana was advised to go and have a coffee and take their son away for a while to help calm him down and then come back and another attempt will be made.

After returning calmer Janek was prioritised and the blood test was successfully taken by another member of staff who seemed more experienced and helped to keep Janek relaxed and calm.

Ana explained that the whole experience felt awful, humiliating and very upsetting. Ana said that both her and Janek were exhausted by the process.

Ana suggested that reasonable adjustments could be made by the hospital by having a separate section for people with a learning disability when bloods are taken. She felt that staff should have more awareness of people with learning disabilities, and that numbing cream for their son should have been prescribed and used to make the process less painful for Janek.

Simple Case Studies 3 and 4.

In a group interview setting with parents and carers, 2 parents of adults with severe learning disabilities and complex needs told of their similar experiences of trying and failing to have blood tests:

Both parents had been referred for a blood test by their GP and had attempted to have these blood tests at Hospitals in Barnet. Neither was successful in having the blood test. In both cases Hospital staff had been patient, supportive and helpful, however they were unable take any blood due to the patients being very distressed by the experience. They had both tried to have the blood test several times but their adult sons and daughters had been far too distressed by the setting and experience.

Both had subsequently tried to have the blood test at their GP surgery and also failed, however they had been unable to have a blood test at home.

Both parents said that they had not been able to have a blood test for over 5 years as a result of these difficulties.

One parent stated that they had previously had one blood test successfully completed as it was done whilst their adult child was under anaesthetic for a separate Hospital procedure.

Both parents were concerned that missing blood tests could lead to medical conditions remaining undiagnosed.

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AGENDA ITEM 8

	Health and Wellbeing Board **9 November 2017**
Title	**Update report on the Ofsted Improvement Action Plan implementation progress**
Report of	Strategic Director for Children and Young People
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	**Appendix 1: Joint Housing and CSC Protocol for Homeless 16 and 17 year olds** **Appendix 2: Children in care visit data** **Appendix 3: Draft Private Fostering marketing poster** **Appendix 4: Draft Finance Policy for Care Leavers**
Officer Contact Details	Chris Munday Strategic Director for Children and Young People Chris.Munday@barnet.gov.uk

Summary

The Health and Wellbeing Board at its meeting on 14 September 2017 agreed to receive the update report on the Ofsted Improvement Action Plan. This report presents the information that was considered by the Children, Education, Libraries and Safeguarding Committee on 18 September 2017.

Ofsted inspected the Council's services for children in need of help and protection and children looked after between 25 April and 18 May 2017, the Barnet Safeguarding Children Board (BSCB) was also inspected. The full Ofsted Inspection Report was published on 7 July 2017; Ofsted gave Barnet Children's Services an overall judgement of 'Inadequate' and the BSCB was also judged to be 'Inadequate'.

A draft Action Plan setting out the inspection findings, recommendations and improvement plan was submitted and approved at Children, Education, Libraries and Safeguarding Committee on 18th July 2017.

The authority is subject to intervention by the Department for Education (DfE) until services are improved. This report provides details of the Commissioner appointed by the DfE to review Barnet and its capacity to drive improvement at pace following the Ofsted

inspection, for an initial period of three months. The Commissioner is required to update the Secretary of State as to the level of improvement, and make recommendations regarding delivery arrangements with the presumption that services will be removed from the Council's control.

This report provides an update on the progress made and key priorities for improvement. It sets out how the draft Improvement Action Plan is driving activity to address the inspection recommendations, and provides details of the new draft Finance Policy for Care Leavers, developed in response to feedback from young people in relation to wanting to be clear on their entitlements.

Recommendations
1. That the Health and Wellbeing Board note and comment on the content of the report and the appendices 1-4.
2. That the Board note the actions that have been taken to respond to recommendations within the Ofsted report as set out in paragraphs 1.20 to 1.31.

1. WHY THIS REPORT IS NEEDED

1.1 At the request of the Health and Wellbeing Board, this report is being presented to the Board in line with its responsibilities under section 5.4.4. Between 25 April and 18 May 2017 Ofsted inspected Barnet's Children's Services under the Single Inspection Framework (SIF). Overall, Ofsted judged the quality of services provided to children to be Inadequate.

1.2 The Council developed a draft Improvement Action Plan for consultation based on inspection findings and recommendations. This Action Plan for consultation was approved at CELS Committee on 18 July 2017.

1.3 To enhance scrutiny by elected members and improve the effectiveness of the local authority in protecting children in need and caring for children and young people as a corporate parent, it was agreed at the CELS Committee on 18 July 2017 that an update on the progress of implementing the Improvement Action Plan will be a standing item on its future committee agendas.

1.4 On 18 August 2017, the Strategic Director for Children & Young People received notification from the DfE about the appointment of the Commissioner appointed to Barnet following the Inadequate Ofsted inspection in line with DfE policy and reported to members on 18th July.

1.5 The DfE appointed Frankie Sulke CBE to review Barnet and its capacity to drive improvement at pace following the Ofsted inspection over the next three months. Ms Sulke will make recommendations to the Secretary of State about whether Children's Services should remain within the control of the Council. The presumption from the DfE is that services should be externalised when there is systemic failure. Ms Sulke has extensive experience in children and young people's services, having been Executive Director for Children and Young People in Lewisham for 14 years, and more recently, working with the London Borough of Bromley as the Commissioner following the Inadequate Ofsted Inspection in 2016.

1.6 Ofsted has confirmed the first monitoring visit will take place on 14 and 15 November 2017. The first monitoring report will not be published in line with OFSTED guidance.

1.7 Transforming services for children from inadequate to good or better is a major task and requires the commitment of the whole Council and partnership. The pace of change must be swift and we need to ensure that there is a relentless focus on improvement activity.

Recommendations from the Ofsted Inspection

1.8 There were 19 recommendations for improvement made by OFSTED. At the centre of all 19 recommendations is the need to ensure that children's needs are well understood and responded to effectively so that their outcomes are improved. Two core themes arise from the recommendations which are, the need to:

- improve practice leadership and management, and
- improve core social work skills

1.9 Other areas to improve relate to recommendations for specific groups of children and are outlined below:

- Improving our response to homeless young people to ensure they are provided with the support that they need
- Raising awareness of Private Fostering and improving the assessment processes for this group of children
- Expanding and improving our life-story work to ensure all children in permanent placements have an understanding of their past.
- Establishing more workshops for Care Leavers on areas like money management helping them to prepare for independence.
- Improving our approach to connected carers

1.10 A draft Improvement Action Plan was developed in response to the recommendations and areas for improvement highlighted by Ofsted, which was approved for consultation by the CELS Committee in July 2017.

1.11 The Council had been working to improve the quality of services provided to children over the past year in a collegiate partnership with Essex County Council. This work has focused on achieving 'conditions for success' by securing investment to reduce caseloads, improve systems and tools for staff and to strengthen practice-focused leadership across children's services.

1.12 In the light of the OFSTED judgement there is a clear imperative to re-focus our activity on ensuring high quality social work practice.

1.13 There are, therefore, three core strategic objectives that cut across our Plans for Children, Young People and Families including the draft Improvement Action Plan. The objectives underpin the systemic and cultural change needed to drive improvement at pace within the borough and align with our corporate commitment to develop services to achieve Barnet's Family Friendly vision and implement a resilience-based practice model:

- Empowering and equipping our workforce to understand the importance and meaning of purposeful social work assessments and interventions with families

- Providing Practice Leadership and management throughout the system to ensure progress is made for children within timescales that are appropriate and proportionate to their needs and that practitioners are well supported, child focused, curious and inquisitive about what they are seeing and assessing

- Ensuring our involvement with the most vulnerable children in the borough positively impacts on their outcomes

1.14 In order to maintain focus on where pace and resource are applied, five key themes have been identified initially and are in the process of being communicated to managers, staff and key partners so our efforts are coherent and focused in this period; the three priorities are:

- Leadership, Governance and Partnership (including strengthening the Local Children's Safeguarding Board
- Practice Leadership and Management
- Core Practice Skills:
  - Thresholds
  - Risk Assessments
  - Planning

1.15 To achieve improvement in these areas, resource is being directed to scrutinise, challenge and support practice to ensure that:

- Improving outcomes for children is at the heart of what we do across the partnership and Council
- children receive timely interventions at the right level for their needs across the system,
- risk is identified and responded to swiftly, and
- children's plans are outcome focused and robustly monitored, to ensure that when change is not being achieved, action is taken to improve their circumstances.

1.16 Feedback from staff and partners will be incorporated into the draft Action Plan ahead of the final submission to Ofsted in October 2017.

1.17 An important step in achieving the change we want to see for children has been ensuring that the senior leadership and management team have a clear understanding of what 'good' looks like and ensuring that they have the capacity to drive change in the system and improvements in practice through a combination of high support and high challenge. The Council needs to turnaround the services rapidly and will work with Essex County Council to drive the change.

1.18 At the heart of our improvement approach is the strengthened Quality Assurance and Workforce Development activities which have been aligned to ensure that there is sufficient oversight and scrutiny of practice quality, but to also ensure that when gaps in skills and knowledge are identified the workforce development offer is rapid and responsive; to give practitioners the support they need to improve the quality of their work with children and families.

1.19 Practice Development roles have been created to get alongside practitioners and managers by sitting with them, joining in assessments, planning meetings, home visits and direct work activities so that there is practical 'hands on' support available where it is needed most. Skills are therefore developed through modelling and practice is enhanced through reflective supervision and robust case management directions.

1.20 **Changes since the Inspection:**

Structural changes

There have been some immediate improvements made within the MASH following a change of Senior Management arrangements which has enabled the facilitation of coordinated activity within the service to improve information sharing opportunities, timeliness of decisions and threshold conversations through daily MASH meetings.

Similarly, in the Intervention & Planning Service where children in need of longer term social work support are managed the changes made in Senior Management roles has introduced practice leadership that is evidencing a tighter grip on care planning for children, particularly those that require legal proceedings to ensure their safety. This progress, whilst positive is not yet consistent and focused activity in this area will continue.

Staffing Changes

In line with the decision from General Function Committee there have been a number of changes in the senior leadership and management team since the Ofsted inspection, with the deletion of the previous Assistant Director roles, and creation of two new Operational Director roles which have both been recruited to. The Head of Service roles in Intake and Assessment and Intervention & Planning have been filled by experienced practice leaders, who have capacity to drive change in the system and workforce.

A new Practice Development, Innovation and Programmes Manager has been appointed to lead Quality Assurance and Workforce Development activity and to manage the new Practice Development Workers, Quality Assurance Manager and Quality Assurance Officer roles. This appointment has led to a stronger focus on reflective learning opportunities for staff and practitioners and the roll out of a new Appreciative Inquiry approach to quality assurance. This approach consists of creating and sustaining organisation change which focuses on what is working well and builds on this, instead of focusing on problems and issues.

A Life Story Worker has been recruited to work alongside social workers in Children In Care and Onwards and Upwards, to complete later life letters and support social workers to write in a sensitive, in a child focused way. Improved practice in this area is essential, and is an Ofsted recommendation, as Social Workers use later life letters to complete life story work with individual children, to help them understand their histories.

There is also a newly strengthened BSCB (Barnet Safeguarding Children's Board) Business Unit which includes a Transformation Manager, Project Coordinator and Administrator. Recruitment of a Data Analyst and Learning and Development Officer is underway.

Recruitment Campaign

On 14 September, Barnet will launch a new recruitment campaign to attract experienced practitioners and managers into the borough for a number of new and existing vacancies in key roles across the service. To ensure that there are no gaps in key delivery areas, interim appointments are actively being sought. A total of 19 additional Practice Development posts have been created across Family Services.

Workforce stability remains good; Family Services are continuing to convert more agency social workers to permanent staff, with 10.83% being agency as at 2 August 2017. In addition to this, a turnover rate of 8.13% has been achieved for the 2017/18 financial year to date. This improvement provides the consistency needed to drive systemic and cultural change and embed improved social work practice within Family Services.

Embedding Workforce Development

A programme of training to equip the workforce with evidence based practice tools such as Signs of Safety and Motivational Interviewing are being delivered and embedded across the service. There is a detailed programme of learning sourced through internal and external providers and this is supported through Barnet's partnership with Research in Practice, Middlesex University and the recently launched Practice Academy.

Resource Allocation

In June 2017, the Policy and Resources committee approved an additional £5.7million for Family services, some of which is being invested to improve practice, as indicated below:

Demand	**2017/18**
	£'000
Demographics	
• Placements	733

Health Visitors • Links to Multi Agency Safeguarding Hub (MASH), Signs of Safety (SoS) and Child Protection (CP).	270
UASCs	260
Special Guardianship Orders	173
Children and Social Work Bill • Additional staffing in the leaving care service	125
Disability • Staff and placement costs from adults social care	1,556
Improvement	
Increase in gang activity and serious youth crime • Commissioning of Growing Against Violence and Art against Knives to do prevention work in schools. This will be going out for Single Tender in September 2017.	117
Youth homelessness • Spot purchase arrangements for Outreach Support Packages for young people living in supported accommodation in the community.	100
REACH service • Staffing costs for the service.	510
Children in Care staffing • Recruitment in progress of 3 Team Managers – a start date has been agreed for 7 October 2017. • 1 Life Story worker has been recruited and recruitment for 2 more is in progress.	190
Practice Improvement and Quality staffing • 1 Practice Development, Innovations and Programme Manager has been recruited. • The recruitment of 4 Practice Development Workers has been completed – 1 is now in post, and the remaining 3 have start dates confirmed for October 2017. • Recruitment has commences for 4 interim Quality Assurance Officers. • 1 Interim Quality Assurance Manager is now in post.	354
Business Support in Performance Hubs • 6 Practitioner Support Assistants are being recruited to support Team Managers in practice.	183
Others	
Pay inflation	195
Contract inflation	400
Benefits package	200
TOTAL	**5,705**

Policy and Strategy development

The MASH Protocol has been refreshed with the multi-agency partnership to provide a clear framework for operational delivery.

The Quality Assurance & Workforce Development Strategy is currently being refreshed to ensure that Barnet Family Services evolve into a learning organisation that uses a broad range of opportunities to engage the workforce in reflective and purposeful learning opportunities and to create an environment where challenge is both expected and welcomed.

Responding to vulnerable children and young people

A new lead for young people who are at risk of Child Sexual Exploitation (CSE) and Missing children has been appointed and is having a positive impact on the development of robust tracking systems for children and young people with high levels of vulnerability or risk. This is beginning to lead to improvements in the timeliness and effectiveness of planning to ensure that risk is understood, effectively responded to and escalated when risk does not reduce, or increases.

Private Fostering Campaign

Within the Children In Care service, there is a dedicated social worker for Private Fostering who, with Barnet's Communications Team, will be leading on a private Fostering awareness raising campaign in Barnet with refreshed leaflets and posters.

Improving support for care leavers

In July 2017, a Project Lead was confirmed for a Life Skills Project being delivered by The Family Resource Centre, to work closely with Barnet's 16+ cohort and support Pathway Planning and independent living preparation. A targeted independent living skills programme is being developed by the Project Lead, which will be delivered to young people identified as in need of support in areas such as money management and budgeting, understanding risks and cooking.

An advanced practitioner has been identified within the Care Leavers' service and will lead on a review of Barnet's Pathway Plans to improve their quality and ensure the pathway planning process is conducive to the achievement of plan ownership by care leavers.

Finance Policy for Care leavers

1.21 Care Leavers need to be fully aware of their entitlements, having greater ownership of their Pathway Plans and possessing tools, such as money management, to cope with life's challenges. The proposed Finance Policy (included in Appendix 1) for Care Leavers has been refreshed to ensure it is up to date, responsive to and able to meet the needs of Care Leavers.

1.22 The current financial policy Advice, Support, including Financial Support and allowances, for Care Leavers 2015-2016 provides guidance for leaving care practitioners regarding financial support and allowances available to Barnet's Care Leavers. The policy sets out the type and amount of allowances that young people leaving care are entitled to. The figures outlined within the policy refer to the 2015/16 financial year.

1.23 The revision of this policy is one of a number of changes being made to improve the care leaving experience of Barnet young people, in line with Barnet's Care Leavers' Action Plan 2017-2020 and Corporate Parenting Pledge 2017, as well as to deliver progress in line with the draft Improvement Action Plan.

1.24 The updated policy provides clarity regarding the allowances payable to Care Leavers that enables allocated workers and Finance Teams to effectively implement the policy, and Care Leavers to understand their financial rights and entitlements.

1.25 A series of stakeholder engagement activities were undertaken to develop the new draft financial policy, to understand gaps in financial processes and support, and ensure that the policy effectively addresses inconsistencies in understanding and practice regarding financial support for Care Leavers. Changes to the policy were made on the basis of feedback received throughout the development process, from stakeholders including Onwards and Upwards, the Virtual School, Finance and Children in Care teams.

1.26 Some of the key changes to the policy include:

- Clarification on the financial support to be provided to Unaccompanied Asylum Seeking Children with Appeal Rights Exhausted (ARE)
- Updated benefit rates for the 2017/18 financial year
- Clarification regarding of the financial support provided to Care Leavers in Higher Education
- Extension of the period for which financial support will be provided to Care Leavers awaiting benefits or salary payments
- Introduction of the provision of financial support for rent and deposit advances and moving costs for Care Leavers moving home

1.27 Once the draft version of the policy has been approved, The Onwards and Upwards service will work with Barnet's Communications Team to develop a young person friendly version of the policy, to ensure information regarding financial rights and entitlements is available and accessible for Care Leavers, and aids increased ownership of Pathway Plans.

Joint Housing and Children's Social Care Protocol for homeless 16 and 17 year olds

1.28 Homeless 16 and 17 year olds will benefit from a refreshed joint protocol which sets out Barnet's commitment, and responsibility, to ensuring that young people receive a good or better service when they ask for help.

1.29 In February 2017, a Task and Finish group was established to develop a new protocol for 16 and 17 year olds that present as homeless, as a review of the quality of service to this vulnerable group had been found to insufficiently safeguard or meet their individual needs. The Ofsted inspection report noted that this was an area that the local authority had already identified as in need of development and which was being re-modelled and made a recommendation to ensure that homeless 16 to 17 year olds are thoroughly assessed and that appropriate ongoing support is offered to them to meet their needs.

1.30 The new draft protocol sets out Barnet's commitment and responsibility, to ensuring that young people receive a good or better service when they ask for help. The protocol addresses the need for Barnet to ensure homeless 16- to 17-year-olds are thoroughly assessed and that appropriate ongoing support is offered to them to meet their needs by securing good quality, supported accommodation, and a focused plan for homeless young people to help them manage independence and access training, education and employment.

Some key changes introduced within the new draft protocol include:

- The provision of early help services for young people that are not assessed as homeless and remain at home;
- Ensuring young people who are homeless have access to good quality and supported accommodation or comprehensive outreach support whilst their needs are being assessed;
- Using the Placements Team to source emergency accommodation via an approved provider list both in and out of Borough;
- Recognising that young people are 'Children in Need' when they are in need of accommodation and therefore must be provided with s17 support and a CiN Plan that outlines the support they will receive;
- Ensuring that young people are assisted to make decisions about the services they can receive via use of advocates who can help them to understand their rights and entitlements for services.

1.31 The draft protocol, which can be found in Appendix 2, will be rolled out across Family Services once approved, and will result in positive changes within the service when homeless 16-17 year olds present.

Our performance in July 2017

1.32 In this first report since the inspection we are including both quantitative and qualitative indicators for Members to consider. The improvement plan will establish a range of indicators that will be reported regularly for scrutiny

1.33 The quantitative data reported is based on activity in July 2017. Reporting is solely of underperforming quantitative indicators that are subject to additional focus

Quantitative

1.34 In relation to Children in Need and Children in Need of Protection the levels of repeat referrals is at 18.8%. This figure is too high and may indicate that thresholds may be inconsistently applied or that interventions may not be sufficiently effective at dealing with the presenting problem.

1.35 75.1% of assessments were completed within 45 working days. This may mean that children's needs are not being addressed in a timely fashion.

1.36 Visits to children in need and children in need of protection are not consistently in time with 45% of Children in Need visits and 22.5% of child protection visits late.

1.37 68.2% of visits to Children in Care took place within timescales and similarly 69.5% for those who had left care. Some are still being recorded on some occasions 3-4 weeks after the visit has taken place.

1.38 The recording of Children Looked After Reviews is poor, although the review may have taken place within timescales, the recording of minutes and care plan details is lagging which affects this indicator. The system is reporting 82% on time.

1.39 Looked After Children Health indicators continue to show a positive direction of travel with Initial Health Assessments increasing month on month. Even though this is still below target, we expect to reach a good level of performance by November 2017.

1.40 In July the development checks for under fives had deteriorated to 75% and this has been followed up with the LAC health team and will be at 100% by the end of September 2017.

1.41 For children in care the quantitative data was presented to Corporate Parenting Advisory Panel. The full data is attached at Appendix 3.

Qualitative

1.42 During the reporting period (April – August 2017) a total of 414 audits of children's records were completed, comprising of 108 regular audits and 306 Thematic Audits. The findings from these are detailed below.

1.43 There was less than usual regular or thematic audit activity during April/May 2017 due to the Ofsted Inspection. As part of the inspection 20 audited cases were submitted to Ofsted who subsequently downgraded 8 of them advising that the local authority gradings were overly optimistic when considered in context of the child's journey through the system and lived experience.

1.44 Family Services developed the Quality Assurance audit tool immediately following the inspection. The new tool brings together the key relevant criteria from Ofsted's Single Inspection Framework evaluation schedule which means it better captures the experiences of children and young people at each key stage of their journey through the system and better supports auditors in recording summative evidence, grading the quality of social work practice and recording clear corrective actions on the child's record. Essex County Council will be scrutinising the accuracy of our audits to triangulate that the cases are being accurately graded.

1.45 Between May and July, 31 ‘Live Audits’ were undertaken in which direct observations of practice by auditors i.e. observing social workers engaged in home visits and meetings with families. The audits are not graded and are largely focused on the child’s plan or process rather than the quality of social work skill in direct work with children and families. The tool is being developed to ensure that observations and feedback are graded and focused on what is observed to ensure workforce development activities are targeted at supporting practitioner skillsets.

Inadequate Audits

1.46 The Quality Assurance Team tracked inadequate audits for progress, between April and July 2017, 26 children received audits that were graded as ‘Inadequate’. Of these, 12 were children referred to the local authority as ‘Annex H’ cases during the inspection.

1.47 All 26 children’s records have been re-audited on a monthly basis to track and monitor progression for the children towards safe, timely and outcome focussed plans; this level of scrutiny has evidenced that almost half are progressing towards positive outcomes for the children, but the rest are not progressing quickly enough.

1.48 To address the lack of progress being made the 4R (Rapid, Responsive, Reflective Review) process is being used as a tool to engage social workers and their managers in reflective discussion to understand why circumstances are not improving for children and further drive activity to achieve positive impact. Three 4R learning sessions have taken in August and a further 13 are planned for September..

Annex A Audits

1.49 In June and July, 20 ‘Annex A’ cases were randomly selected for audit by the Quality Assurance Team.

1.50 For **children in and out of care**, there is evidence that decisions to accommodate children are starting to show evidence of stronger understanding of thresholds and improved timeliness. There were no cases graded Inadequate in the last 10 children who came in and out of care in both June and July, with 3/10 were graded as Good in June increasing to 6/10 graded as Good in July. There is evidence that decisions are starting to be made earlier in the assessment and intervention process, particularly in respect of unborn babies and that that the Permanency Planning Panel is more effective in monitoring care planning for children at risk of care and/or in need of care proceedings.

1.51 10 Open/Closed referrals were audited in July and August of which half were Graded as Good. Three were graded as Requires Improvement and 2 were graded as Inadequate, both of which led to immediate remedial action being taken.

1.52 There is emerging evidence that threshold's in MASH are stronger and facilitating more timely progress to assessments of need. There is increasing evidence that managers in Duty & Assessment and Intervention & Planning Teams are increasing their oversight and grip on casework to prevent drift and delay, however, strategy discussions are not being recorded in a timely manner and managers need to improve their rationale for decisions to proceed to child protection investigations with greater rigour.

1.53 **Children Missing from Home and Care** audits are not yet consistently demonstrating that the Missing Children Protocol is being followed and Return Home Interviews are not yet supporting robust identification or responses to risk. The Missing Children tracker and Strategic MASE is providing increased oversight of this vulnerable cohort of young people and is prompting timely management review.

1.54 **One MASE (multi-agency sexual exploitation) audit** was graded as Requires Improvement owing to an absence of evidence from the MASE minutes to demonstrate the development of a robust multi-agency action plan to address or reduce risk. The Child Sexual Exploitation and Missing Children Lead has developed a new risk assessment tool, SEAM (Sexual Abuse & Missing) which is going live on 18 September and will support practitioners to consider risk and the actions needed to protect children from harm.

1.55 One **MARAC (domestic violence)** Audit was undertaken and graded as Inadequate; the audit was subsequently re-graded as Requires Improvement following a discussion with the Team Manager and Social Worker to progress the child's plan.

1.56 No **Private Fostering** Audits have been completed in June/July as there have been no Private Fostering referrals or assessments in this period.

1.57 In April 95 audits of children who had recently been subject to **Child Protection Plans** were undertaken, the audit found that the decisions to remove the large majority of the children from Child Protection Plans was correct, however, the subsequent Child in Need planning was poor, with little evidence of SMART outcome focused plans or CIN Reviews taking place.

1.58 In July, progress for the 95 children was subjected to a further audit and found that almost half the children had been subject of a CiN Meeting, although SMART plans were not evident.

1.59 28 children had been safely closed to Children's Social Care with no evidence of new concerns arising through contacts to the MASH. Two children were placed in care and two others had been re-referred progressing to child protection enquiries being undertaken.

1.60 18 of the children (which included one sibling group of 5) were escalated to the Head of Service to review practice and to address safeguarding concerns. All have been tracked and subsequently graded as Requires Improvement

1.61 Team Managers are now routinely chairing Children in Need Meetings to ensure that Plans are made in accordance with children's needs and focused on achieving positive change for them within agreed timescales.

1.62 116 children (66 siblings groups) who were in the pre-proceedings stage of Public Law Outline (PLO) were subject to audit in June. The audits flagged a number of areas for improvement in practice including the need for earlier intervention, improved rigour and oversight of the process, improved thresholds and the need for increased challenge when progress was not being made for children. A re-audit of children in PLO is taking place in September to track progress against the required areas for improvement.

1.63 Overall, the Quality Assurance process has become increasingly robust which is exposing more practice that falls below the raised expectations of the service. The continued cycle of quality assurance, practice development and leadership is driving change. There is a need to improve evidence of management oversight on children's records to demonstrate the rationale for decisions made and actions taken. There is also a continued need to drive the regularity and quality of supervision provided to social workers.

2. REASONS FOR RECOMMENDATIONS

2.1 Members are asked to note Ofsted progress updates and actions to ensure scrutiny by elected members and improve the effectiveness of the local authority in protecting and caring for children and young people as a corporate parent.

2.2 Authorisation to agree the draft Financial Policy for care leavers is recommended to improve parity and financial support for Care Leavers, and aid the implementation of the Care Leavers' Action Plan 2017 – 2020, Corporate Parenting Action Plan 2017—2020 and ensure the delivery of Barnet's Pledge for Children in Care and Care Leavers.

2.3 Members are recommended to agree the Joint Housing and Children's Social Care Protocol for homeless 16 and 17 year olds to ensure Barnet's duty to assess and appropriately support homeless young people is effectively discharged and progress against Barnet's Children and Young People's Plan (2016 - 2019) and the Family Friendly vision is achieved.

2.4 Authorisation to agree the draft Private Fostering poster set out in Appendix 4 is recommended to raise awareness of private fostering to increase the number of private fostering notifications received by Family Services, and enable the effective protection and care of privately fostered children and young people.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The continued monitoring of actions and impact of the draft Improvement Action Plan is integral to driving the continuation of the Family Services' improvement journey to ensure improved outcomes for children and families. The alternative option of maintaining the status quo will not make the desired improvements or improve outcomes at the pace required.

3.2 The completion and publication of the draft Finance Policy for Care Leavers is essential to drive outcome and service improvement for Care Leavers. The alternative option of working to the current policy will hinder social care in delivering an improvement in young people's lives, to become resilient and successful adults.

3.3 The implementation of the Joint Housing and Children's Social Care Protocol for homeless 16 and 17 year olds is necessary to ensure Barnet's duty under Section 17 of the Children Act is discharged. The alternative option of not consistently assessing and providing alternative support to all young people in need will not support these young people becoming resilient and successful adults.

3.4 The completion and publication of the draft Private Fostering posters and leaflets is needed to ensure public awareness of Private Fostering is promoted within Barnet to ensure that arrangements are recorded and monitored by the Local Authority. The alternative option of not promoting public awareness will result in the welfare of children and young people not being known or checked by the Local Authority, thus potentially leaving children at risk.

4. POST DECISION IMPLEMENTATION

4.1 The delivery of the draft Improvement Action Plan will continue to be overseen by the Family Service's Social Work Improvement Board, chaired by Independent Chair Dave Hill, with regular updates to the Strategic Commissioning Board, CELS and Corporate Parenting Advisory Panel.

4.2 The draft Care Leaver's Finance Policy, following approval, will be implemented within Family Services. A young people friendly version of the Finance Policy will be designed and published for Care Leavers by the end of October 2017.

4.3 The delivery of the draft Care Leaver's Finance Policy will to be overseen by the Head of Service for Corporate Parenting and Onwards and Upwards Team Manager. Communication promoting the policy will be cascaded via the Family Services newsletter and Heads of Service and Team Managers will share information about the updated policy with their teams. The policy will be updated annually, ahead of the upcoming financial year, with input from key stakeholders such as Finance, Strategy and Insight, Children in Care and Education teams.

4.4 The Joint Housing protocol will be overseen by the Operational Director for Early Help, Children in Need of Help and Protection. Communication regarding the approved protocol will be disseminated to key services and agencies by the Operational Director, Heads of Service and Team Managers in Family Services, Housing Service Manager at Barnet Homes and other key stakeholders within the borough, such as commissioned services.

4.5 To ensure that young people are able to access information regarding their rights and entitlements when presenting as homeless, the Voice of The Child Team delivered a series of co-production sessions with service users residing at the commissioned service within the Borough, Centrepoint. The purpose of these sessions was to establish what information young people would have like included in leaflets, to inform and support them when they presented as homeless.

4.6 A draft leaflet has been created and will be signed off by the Operational Director for Early Help, Children in Need of Help and Protection in September 2017. The leaflets will be sent to services within the borough where young people may present when in need, such as Barnet House and Woodhouse Road, once the draft protocol has been agreed.

4.7 A Private Fostering awareness raising campaign, with refreshed leaflets and posters, will be launched in September 2017. The campaign will be led by the Children in Care Service and will focus on promotion within Family Services and Community settings.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The implementation of the draft Care Leaver's Finance Policy and Joint Housing Protocol and finalising of Private Fostering marketing materials are key mechanisms through which Family Services will deliver the Family Friendly Barnet vision.

5.1.2 Both support the following Council corporate priorities as expressed through the Corporate Plan for 2015-20, which sets outs the vision and strategy for the next five years based on the core principles of fairness, responsibility and opportunity, to make sure Barnet is a place;

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves, recognising that prevention is better than cure

5.1.3 Family Services are working with partners to make Barnet the most family friendly borough to ensure a great start in life for every child and prepare young people well for adulthood. Building resilience through purposeful social work practice, enabled by appropriate tools and a high quality workforce so that families are able to help themselves and prevent problems from escalating.

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 In order to meet the housing needs of homeless 16 and 17 year olds, £100,000 was secured through Policy and Resources Committee in June 2017, to pay for supported accommodation and packages for this cohort of young people living in the community. This investment has been added to the base budget in Family Services, and will be reviewed annually as part of the Joint Housing Protocol's refresh.

5.2.2 Policy and Resource Committee agreed to invest an additional £5.7m in Family Services, which has been allocated to ensure improvements are made which result in better outcomes for children, young people and families. Further information can be found in paragraph 1.20.

5.2.3 There was no additional resource provided though Policy and Resource Committee for the new Fostering campaign, however, an increase in in-house foster carers should lead to savings in the Family Services Placements budget, where there is currently a forecasted pressure and the need to meet a £1.9million savings target by 2020. Any additional investment required to deliver the Fostering Campaign will be taken from the Transformation Budget for Family Services. This will be overseen by the Operational Director for Corporate Parenting, Transitions and Safeguarding.

5.2.4 Financial modelling of the Onwards and Upwards budget was undertaken in August 2017, and provided clarity which will enable consistency of cost centre control and parity in Care Leaver allowances to be delivered.

5.2.5 The service is forecasted to remain in budget, and spend will be kept under regular review against the baseline provided below:

Cost description	Sum of 2017/18 Amount (£)
Accommodation	1,384,100
Birthday Allowance	10,900
Clothing Allowance	13,300
Festival Allowance	5,500
Miscellaneous	9,700
Personal Needs	400
Setting Up Home Allowance	29,900
Start up	200
Subsistence	129,200
Support / outreach	25,000
Travel	13,600
University Bursary	6,200
Grand Total	**£1,628,000**

5.3 **Social Value**

5.3.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.4 **Legal and Constitutional References**

5.4.1 Local Authorities have specific duties in respect of children under various legislation including the Children Act 1989 and Children Act 2004. They have a general duty to safeguard and promote the welfare of children in need in their area and, provided that this is consistent with the child's safety and welfare, to promote the upbringing of such children by their families by providing services appropriate to the child's needs. They also have a duty to promote the upbringing of such children by their families, by providing services appropriate to the child's needs, provided this is consistent with the child's safety and welfare. They should do this in partnership with parents, in a way that is sensitive to the child's race, religion, culture and language and that, where practicable, takes account of the child's wishes and feelings. Schedule 8 of the Children Act 1989 places a duty on Local Authorities to promote public awareness in their area of Private Fostering notification requirements.

5.4.2 The Children (Leaving Care) Act 2000 outlines specific duties of Local Authorities to ensure provision about children and young people who are being, or have been, looked after by a local authority; to replace section 24 of the Children Act 1989. Local Authorities have a general duty to support Care Leavers until the age of 21, or 24 in some instances, by pathway planning, assessing and meeting needs, providing financial support and a Personal Advisor, ensuring accommodation (including for Higher Education) and maintaining contact and support. The support provided should be identified and provided in conjunction with the young person, and recorded in a Pathway Plan. The Act outlines that as most 16 and 17 year olds cannot claim benefits, the Local Authority has a duty to provide financial support to these young people.

5.4.3 Part 8 of the Education and Inspections Act 2006 provides the statutory framework for Ofsted inspections. Section 136 and 137 provide the power for Ofsted to inspect on behalf of the Secretary of State and requires the Chief Inspector to produce a report following such an inspection. Following receipt of the report, the local authority must prepare a written statement of (1) action which they propose to take in light of the report and (2) the period within which they propose to take that action.

5.4.4 In line with the Council's Constitution, Responsibility for Functions (Annex A) the terms of reference of the Health and Wellbeing Board includes the following responsibilities:

- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.
- To consider all relevant commissioning strategies from the CCG and the NHS England and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- Specific responsibilities for overseeing public health and developing further health and social care integration

5.4.5 Responsibility for Functions, Annex A, in the council's constitution states that the Children, Education, Libraries and Safeguarding Committee has the responsibility for powers, duties and functions relating to Children's Services. In addition to this, the committee has responsibility for overseeing the support for young people in care and enhancing the council's corporate parenting role.

5.5 **Risk Management**

5.5.1 The work of Family Services to support Care Leavers entails the management of high levels of risk. Inadequate financial support or poor pathway planning for a young person could lead to a safeguarding incident or their needs not being met, resulting in significant harm. Good quality leaving care services reduce the likelihood of young people being unprepared for independence and unable to cope with life's challenges; instead they improve lives and transitions to adulthood. The implementation of the draft Financial Policy for Care Leavers based on Barnet's Care Leaver and Corporate Parent Strategies and Ofsted's inspection findings and recommendations reduce this risk, and accelerate progress towards a good quality leaving care service.

5.5.2 The nature of services provided to children and families by Family Services includes the management of significant levels of risk. A lack of awareness regarding fostering arrangements or poor decision-making around a child that is in need could lead to a significant children's safeguarding incident resulting in significant harm. Good quality early intervention and social care services, including public awareness promotion of Private Fostering requirements, reduce the likelihood of children suffering harm and increase the likelihood of children developing into successful adults and achieving and succeeding. The implementation of the Joint Housing Protocol and launch of the Private Fostering marketing campaign based on internal investigations and Ofsted inspection findings and recommendations reduce this risk and drive forward improvements towards good quality services.

5.6 **Equalities and Diversity**

5.6.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies **to have due regard** to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

5.6.2 The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services

5.6.3 Equalities and diversity considerations are a key element of social work practice. It is imperative that help and protection services for children and young are sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender, identity, language, race and sexual orientation. Barnet has a diverse population of children and young people. 25% of the borough's population is aged under 19 years old. Of all children and young people in this age group, 14% are aged 16 – 17 years old. Despite the small population, 36% of our children in care are 16 -17 years old, the majority of whom have come into care due to family breakdown.

5.6.4 The average age at which children come into care in Barnet has increased over the past few years, to average age being 16 years old over the past year. There has been an increase in the numbers of Unaccompanied Asylum Seeking Children (UASC) and Former UASC in Barnet's care, currently making up 35% of Care Leavers. With this change in demographic of the Care Leaver population, there is an increased need for financial support for Care Leavers who often have higher levels of need due to coming into care during their teenage years, and for some, having no recourse to public funds.

5.6.5 The current Financial Policy for Care Leavers causes disparity in the provision of support to young people, especially 16 and 17 years olds in semi-independent accommodation; the revised policy serves to deliver fairness and equality to all of Barnet's Care Leavers and ensures their individual circumstances are acknowledged and appropriately supported.

5.6.6 To ensure equality of opportunity for all Care Leavers, further assessment of allowances payable to Care Leavers will be undertaken in the coming months in response to points raised by stakeholders regarding draft policy. Feedback regarding disparities in pocket money and savings for Care Leavers in residential and foster care compared to those in semi-independent provision was received and has been shared with the Operational Director for Corporate Parenting, Safeguarding and 0 – 25 for consideration.

5.6.7 To ensure fairness and equality for 16 and 17 year old young people that present as homeless, the draft Joint Homeless Protocol will be amended by the end of October 2017 to include specific sections on UASC, pregnant and teenage parents and children arriving out of area. To confirm that the protocol reflects best practice, further development will be overseen by the Strategic Director for children and young people who will feedback to a future CELS committee.

5.7 **Consultation and Engagement**

5.7.1 Consultation and engagement with children and young people is central to social work practice and service improvement. Barnet has a range of mechanisms to engage and consult with children, young and their families. This includes Pathway Plan meetings, youth forums such as Barnet Youth Board and Youth Assembly; young commissioners to co-design services and Children in Care Council to improve the support children in care receive.

5.7.2 The draft Finance Policy includes information on how children and young people can share feedback, including if they wish to complain. The Policy reinforces that young people will not be penalised should they wish to complain, and provides links and contact details to services that can support a young person that wishes to do so, such as the advocacy service and complaints team. Such feedback will help monitor the impact of the Finance Policy in achieving positive outcomes for Barnet's Care Leavers. There was also engagement, consultation and communication with key stakeholders as part of the development of the draft Finance Policy, including the Finance Team, Virtual School, Children in Care Team, Fostering service and Legal Team to ensure the Policy is fit for purpose and fair for Care Leavers. The draft Finance Policy will need to be noted by all Family Services teams that support Care Leavers, to ensure entitlements and allowances are delivered in a consistent way.

5.7.3 The Joint Housing Protocol for Homeless 16 and 17 year olds was developed in partnership with Housing Options, Children's Social Care, Youth Services and Early Help Services. Young people were also met and their views noted and incorporated within the new protocol, which sets out Barnet's commitment, and responsibility, to ensure all young people receive a good or better service when they ask for our help.

5.8 **Insight**

5.8.1 A large amount of insight was collected and used to develop the Care Leaver Finance Policy and Joint Housing Protocol for Homeless 16 and 17 year olds. This data has been used to develop the documents, and work has been undertaken to ensure Barnet's offer aligns with the Children and Young People Plan 2016-2020, Care Leavers' Strategy 2017-2020 and Corporate Parenting Pledge 2017, as well as entitlements and allowances of other Children's Services.

5.8.2 Insight data will continue to be regularly collected and used in monitoring the progress and impact of the Ofsted Improvement Action Plan and shaping ongoing improvement activity.

6. BACKGROUND PAPERS

6.1 Family Services Improvement Action Plan, Policy and Resources Committee 27 June 2017
http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=692&MId=8736&Ver=4

6.2 Ofsted Report and Action Plan, Children Education, Libraries & Safeguarding Committee, item 7, 18 July 2017
http://barnet.moderngov.co.uk/documents/s40996/Ofsted%20Committee%20Report_FINAL.pdf

6.3 Children Education, Libraries & Safeguarding Committee, 18 September 2017, Item 7, Update report on the Ofsted Improvement Action Plan

https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=697&MId=8693&Ver=4

Family Services

Document control	
Document title	**Barnet Joint Housing and Children's Social Care Protocol for Homeless 16 & 17 Year Olds**
Document description	This protocol sets out Children's Social Care and Housing Options joint procedure for responding to 16/17 year old homelessness. It covers what will happen from the point young people present asking for help to longer term support arrangements
Document author	**Tina McElligott**

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Name of person who approves the document to be added to the Document Bank – this should be the Head of Service or above **Tina McElligott – Assistant Director Social Care**	Date the document has been approved **12th July 2017**

Contents

1. Introduction

Barnet recognises the value that a strong and stable family life provides to young people aged 16/17, particularly in relation to the quality of their relationships, education, financial security, preparation for adulthood and positive health; this is widely supported by research which tells us that children and young people do better when they remain living within their own families.

As such, we will always strive to find ways to help young people remain living with their families by helping to repair relationships with their parents/carers or exploring other members of the family who might be able to offer the security of a stable home into adulthood.

We recognise that for some young people, this type of stability and security may not be available to them within their own families, and when this is the case we will assess their needs thoroughly in order to decide the type and level of accommodation and support that will need to be provided to them.

This protocol sets out Children's Social Care and Housing Options joint procedure for responding to 16/17 year old homelessness. It covers what will happen from the point young people present asking for help to longer term support arrangements.

Our commitment is:

- To ensure that all young people approaching our services for help are treated fairly, with respect and with sensitivity to their age, understanding and individual backgrounds or circumstances
- To thoroughly assess a young person's circumstances without prejudice
- To seek to find the best outcome for young people by listening to what they have to say and working in their best interests and in collaboration with them
- To maintain a professional and calm approach towards young people at all times
- To ensure that is safe for young people to return home
- To ensure that accommodation provided to young people is of a good quality
- To ensure that young people are escorted to their accommodation and helped to settle in and/or introduced to those that will be providing day to day support to them
- To listen to young people's views and feedback about their experiences

2. Out of hours/Emergency referrals

Outside of office hours, young people will need to call the Emergency Duty Team on (0208 359 2000), all young people who contact the service as homeless out of hours will be placed in foster care or in a high support placement until the next working day.

3. First Point of Contact

When young people present as homeless and ask for help, our first priority is to ensure that they are safe from harm. We will also make sure, where necessary, they have somewhere safe to stay where there is an appropriate level of support available to help them cope with living away from home, whilst we assess their needs and explore their circumstances fully.

All 16/17 year olds that are homeless or at risk of homelessness will need to present themselves at Barnet House between the hours of 9am – 5pm where they will meet with a Youth Mediation Coordinator who will ask them questions about what has happened and obtain contact information for their parents/carers and any other relatives who might be able to support them.

The Youth Mediation Coordinator will establish if the young person is homeless or at imminent risk of homelessness, they will explore with the young person and their family if the difficulties that have led to the young person presenting at Barnet House can be resolved and attempt to enable the young person to remain at home, when it is safe for them to do so.

The Youth Mediation Coordinator will consider:

- The young person's history of involvement with services
- Family circumstances and composition
- Support networks within and outside of the family
- The young person's particular vulnerabilities (i.e. health, mental health and learning needs) and immediate risks (i.e. gangs, safeguarding)
- The young person's education, training or employment status
- The young person's views
- The views of the young person's family, particularly those that hold parental responsibility

If the Youth Mediation Coordinator establishes that a young person can safely return home and is not in need of a statutory assessment of their needs, they will ask for consent to make a referral to MASH to enable early help options to be explored for the young person and their family, including the need for a CAF.

All young people found to be in need of accommodation or at risk of imminent homelessness will be referred to MASH, without the need for consent, to enable the commencement of a single assessment by Children's Social Care and Housing Options.

4. Emergency Accommodation

Once a young person has been referred to MASH as homeless or at imminent risk of homelessness, the MASH will make a same day allocation to the Social Work Team on duty in Children's Social Care. For young people in immediate need of accommodation the allocated social worker will make an immediate referral to the Placements Service to source emergency accommodation with an appropriate level of support.

The Placements Team holds an approved provider list of supported accommodation options, including out of borough placements. At no time must young people be placed in temporary accommodation in an emergency unless there is also a high level package of support to wrap around them in place. Some young people, particularly 16 year olds and those with a higher level of vulnerability may need to be placed in an emergency foster or residential placement to ensure that they are safe and well cared for.

All young people placed in accommodation in accordance with a Children Act assessment will immediately become 'Looked After' pursuant to s20 Children Act 1989. The social worker must immediately commence 'Looked After' processes including referral for a LAC medical and make a referral to the Permanency Planning Panel.

A young person may also be placed in supported accommodation pending an initial assessment in accordance with s.188 of the Housing Act 1989. Once an initial assessment has been completed and it has been determined that s.20 accommodation will be provided, the housing duty will cease and the young person will be accommodated under s.20. A young person's vulnerability to harm and exploitation and risk to others must always be considered when considering the type and level of placement and support that is needed and provided.

Accommodation provided whilst an assessment takes place, ensures that young people are not left in unsuitable living arrangements before the extent of their needs are known. The provision of accommodation during an assessment does not automatically qualify the provision of longer term housing support for a young person.

4.1. Young People at risk of/involved in Gangs, Offending and Exploitation

Young people who are engaged in offending or who are gang-involved may be at risk of harm to others and still present with a high level of vulnerability to serious youth violence and exploitation. The Youth Offending Team must always be consulted when a young person is open to their service and is in need of emergency accommodation. This includes young people at risk of homelessness on release from a custodial setting. The highest context is always to ensure a young person will be safe and risk of harm to others is minimized by making adequate checks to ensure that gang-involved young people are not placed in the vicinity of rival or other high profile gang affected areas, or that other very vulnerable young people are not sharing the same placement/accommodation. The same principal applies to young people who are at a high risk of going missing and are vulnerable to child sexual and other forms of exploitation.

4.2. Young people in custody

Young people who are in custody will require contingency planning for their release on bail into the community and/or following a custodial sentence. Planning for release should commence as soon as a young person is placed in custody by holding a Family Group Conference which will help identify who in the family the young person can expect to receive support from whilst in custody and where they will live upon their release, whether this is planned or unplanned.

Planning for young people leaving who have served a custodial sentence must commence no later than 4 weeks ahead of their known release date. A placement must be identified and an address confirmed in readiness for resettlement support and any community based support or restrictions to be adequately planned for. Young people that have served more than 13 weeks on remand will be entitled to services from Onwards & Upwards as a former relevant care leaver. They must be allocated to Onwards &

Upwards as soon as the 13 week threshold has been met if their release date will occur before their 21st birthday.

5. Assessment

5.1. Section 17, Children Act 1989

All young people placed in emergency accommodation under s20 Children Act 1989, and those at risk of imminent homelessness who remain living at home or with a safe family member/friend will have a full assessment of their needs undertaken by their allocated social worker. It is in the best interests of young people and their families for a full assessment of their needs to be undertaken in order to make timely decisions about what needs to happen next, as such, single assessments will be completed within 45 days unless there are very good reasons to extend the length of the assessment. Manager agreement must be sought by the social worker and recorded by their manager to extend an assessment beyond 45 days.

In accordance with Barnet's Local Assessment Protocol 2017 the assessment will explore the young person's life at home, in school and in the community; it will explore relationships with family and friends to understand what life is like for the young person, it will focus on individual and family strengths as well as any risks that the young person poses to others or may be facing.

A Family Group Conference must be convened to explore alternatives to care arrangements and to mobilise the support family members, family friends and other trusted adults including neighbours community groups and churches may be able to offer support to a young person who is living away from home.

All assessments must be undertaken jointly with the Housing Options team who will assess what duties are owed to the young person under Part VII, Housing Act 1996.

5.2. Assessment Outcome

The single assessment will determine if the young person is 'in need' as defined by s17 Children Act 1989, all young people who are found to be homeless will almost always be defined as Children in Need in accordance with the Act. The assessment must also determine whether the young person is in need of accommodation and longer term accommodation and support be provided .

Once a young person has been determined to be 'in need' **and** 'in need of accommodation' they must be provided with information about their rights and the local authority's and Housing Options responsibility for them. Young people must be given written information and supported to access an advocate who can provide impartial advice. Young people can receive housing and support services under:

- **Section 17 Children Act 1989** – will entitle a young person to support provided by the local authority .Any young person who is provided with support services pursuant to s17 will be afforded a Child in Need Plan until they reach 18 years of age. If a young person, having made an informed decision, does not wish to be accommodated under s.20, the young person will be assessed for housing under Part VII of the Housing Act 1996. If a young person is able to be accommodated with family members with support, accommodation may be offered under s.17.

- **Section 20 Children Act 1989** – As a result of being provided with accommodation under s20 the young person will become a Looked After Child (LAC) and thereafter will be eligibile to receive all the services which the Local Authority has a statutory duty to provie to Looked After Children as set out in the Children Act 1989 including regular LAC reviews to ensure that their needs are continuing to be met. They may also be entitled to a range of services once they cease to be looked after as a result of the Local Authority's leaving care duties as set out in the Leaving Care Act 2000 and the Care Leavers (England) Regulations 2010. Young people who are accommodated under s. 20 must be transferred to the Children in Care/Onwards and Upwards Service at the end of the assessment and following ratification at Permanency Planning Panel.
- **Part VII Housing Act 1996** – will entitle a young person to temporary accommodation and placement on to the Council's Housing Allocation Scheme for longer term housing options. With the exception of emergency accommodation pending a Children Act assessment, accommodation can only be provided under the Housing Act if a young person is not assessed as in need of accommodation under s.20 or has declined the provision of s.20 accommodation. When declining the provision of accommodation under s.20, a young person must be given advice on the consequences of this decision and the legal tests that Housing will apply in determining whether they are eligible for housing, including whether they are intentionally homeless. All young people who are provided with Housing Act accommodation will be assessed to identify whether they require support under s.17 and if so, will be afforded a Child in Need Plan and an outreach support package. Specific consideration will be given to funding arrangements to cover accommodation costs and affordability once the young person reaches the age of 18 years.

For young people who are found to be homeless and have been living at home or in family/friends arrangements during the assessment period, a referral to the Permanency Planning Panel must be made followed by a referral to the Placement Team to identify suitable accommodation in accordance with their assessed needs and panel decision.

An assessment may also determine that a young person:-

- Is not 'in need' and therefore '*not*' in need of s20 accommodation

  In such circumstances the social worker will ensure that the young person is supported to return home, if they have been provided with accommodation for the duration of the assessment and are referred on for early help services where appropriateAlternatively if the young person does not wish to return home they may be advised to approach the Housing Department who will determine whether they have a statutory duty to provide them with Housing. This will include an assessment of any identified risks at home and the parents willingness to have them return home. Children's Social Care will have no on-going involvement with the young person, although early help services may be required. If Housing Options, having assessed the child, believes that they may be in need of services, the officer should refer the matter back to Children's Social Care for further consideration.
- Is 'in need' but is *not* in need of accommodation

In these circumstances the young person will be supported to return home, if they have been provided with accommodation for the duration of the assessment, and will be subject to a Child in Need Plan to ensure their needs are met to remain living in the family.

Following assessment the Targeted Youth Service will offer support to ensure young people are supported with education, career paths, managing finances and life skills.

6. Support Packages

All young people placed in emergency accommodation will initially receive a high level support package to ensure that they have access to the support they need from the accommodation provider, Targeted Youth Service or other provider. This avoids the risk of young people being left in situations where they are not yet ready to manage the complex task of living independently. The support package must include daily visits to the young person until there is sufficient evidence that the young person has developed the skills and knowledge they need to manage independent living without the need for high levels of support. It is acknowledged that some young people are better prepared for independent living than others and may only require high level packages for a short period. This will be decided on a case by case basis. (See Appendix 2 for checklist)

Youth Workers will also act as advocates at meetings and provide mediation where they are currently involved with a young person in order to avoid unnecessary layering of professional involvement

7. Advocacy

An advocacy service is available for young people who need support to attend appointments. Out of office hours a telephone call should be made.

Barnet Family Services has an arrangement with SOVA who can provide support on a spot purchase basis. For further information contact:

SOVA

John McAuslan

07770 640560 John.McAuslan@Sova.org.uk

http://www.sova.org.uk/

Appendix 1 -

Factors to be considered by children's services when assessing 16/17 year olds who may be homeless children in need,

	Dimensions of Need	Issues to consider in assessing child's future needs.
1.	**Accommodation**	• Does the child have access to stable accommodation? • How far is this suitable to the full range of the child's needs?
2.	**Family and Social Relationships**	• Assessment of the child's relationship with their parents and wider family. • What is the capacity of the child's family and social network to provide stable and secure accommodation and meet the child's practical, emotional and social needs.
3.	**Emotional and Behavioural Development**	• Does the child show self esteem, resilience and confidence? • Assessment of their attachments and the quality of their relationships. Does the child show self control and appropriate self
4.	**Education, Training and Employment**	• Information about the child's education experience and background • Assessment as to whether support may be required to enable the child to access education, training or employment.
5.	**Financial Capability and independent living skills**	• Assessment of the child's financial competence and how they will secure financial support in future • Information about the support the child might need to develop self management and
6.	**Health and Development**	• Assessment of child's physical, emotional and mental health needs.
7.	**Identity**	• Assessment of the child's needs as a result of their ethnicity, preferred langrage, cultural background, religion or sexual identity.

Appendix 2 - 50 Point Checklist for young people living in supported and independent living arrangements.

	Please consider:	Yes/ No	What needs to happen? By Whom and when?
1.	Are the young person's independent living skills being consolidated		
2.	Does further work needs to be done and what resources are required to achieve independence		
3.	Is a mentor/advocate engaged with the young person		
4.	Does the young person have copies of the documents they will need as an adult or do they know where to find them if they need them in the future? • Birth certificate • NHS Card • Passport • Student card • Provisional Drivers licence • National Insurance Number • Bank Account		
5.	Does the young person have sufficient identification documentation		
6.	Are the services currently engaged with the young person clearly outlined in their Plan		
7.	Is the young person providing input to the plan? And how are they kept aware of any changes to the plan		
8.	Are all stakeholders, including the young person, aware of their roles and responsibilities in relation to tasks outlined in the Plan		
9.	Has a plan for keeping the young person's significant relationships connected and maintained been developed?		
10.	Does the young person have reliable support networks		
11.	Does the young person have regular contact with family or significant others		
12.	What community groups could the young person be linked with to help develop wider social and support networks		
13.	Are there any ongoing safety needs for the young person?		
14.	Does the young person know how to contact relevant people in an emergency?		
15.	Do they have a list of emergency contacts		
16.	What are the accommodation arrangements		
17.	Are all relevant people clear regarding these arrangements		
18.	What services are involved that may be able to provide ongoing or one off assistance to the young person		
19.	Do they currently have stable accommodation? How long is it likely to remain stable		
20.	Can the young person remain in their current living		

	arrangement when they reach 18? If not what is the Plan		
21.	Has contact been made Housing regarding available options		
22.	What are the contingency arrangements should a placement breakdown occur? How will the young person be assisted to enact these arrangements?		
23.	What are the young person's ongoing medical and dental needs and how are they being addressed		
24.	Is the you person engaged with a therapeutic service to support their ongoing mental health		
25.	Does the young person have a GP, Dentist, Optician		
26.	Does the young person need ongoing medication? If yes, do they understand how to manage this, including obtaining repeat prescriptions from a Doctor and going to the chemist to collect these		
27.	Does the young person have a disability or special educational needs		
28.	Does the young person need help to read and respond to letters they receive		
29.	Does the young person understand their sexual health and how to manage this		
30.	Does the young person have alcohol or drug issues? If yes how are these to be managed		
31.	What are the young person's plans for the future in terms of education and employment		
32.	Does the young person have an Education Plan		
33.	Does the young person have a CV, and do they know how to write a job application?		
34.	Is the young person engaged with Education, Training and Employment support?		
35.	Has the young person been assisted to apply for relevant benefits		
36.	What are the young person's financial supports		
37.	Can the young person manage money		
38.	What is the plan if they run out of money		
39.	Does the young person know how to pay bills and rent?		
40.	Does the young person know how to budget for grocery and essentials shopping?		
41.	Can the young person cook		
42.	Can the young person cope with loneliness		
43.	Does the young person have a network of friends		
44.	Are their friends a positive influence, if not has risk that their friends pose been considered		
45.	Is the young person involved in any religious or cultural groups in the community		
46.	What do you know about these and how can they support the young person to live independently		
47.	Is there a risk of radicalisation		
48.	Has the young person been ostracised by their cultural or religious community		

49.	Is the young person engaged in positive social activities with their peers		
50.	Is the young person clear about how and when you will stay in contact with them		

Children in Care - Data Analysis

• The total Number of Children in Care is 9% higher than the same period last year. Although figures have continued to climb over the previous 12 months, it has plateaued over the last 3 months. Although our figures have increased they still remain below statistical neighbours, London and England per 10,000 figures.

• The % of Children with 3 or more placements is below the target of <11.5%.

• We are finding that visits are still being recorded on some occasions some 3-4 weeks after the visit has taken place. Plans are underway for the systems team to support teams in managing data quality and will be functional from September.

• The recording of CLA Reviews is poor, although the review may have taken place within timescales, the recording of minutes and care plan details is lagging which affects this indicator. Recording will have to become timelier to give a true reflection of work being done.

• Looked After Children Health indicators continue to show a positive direction of travel with Initial Health Assessments increasing month on month. Even though this is still below target, we expect to reach a good level of performance by November 2017.

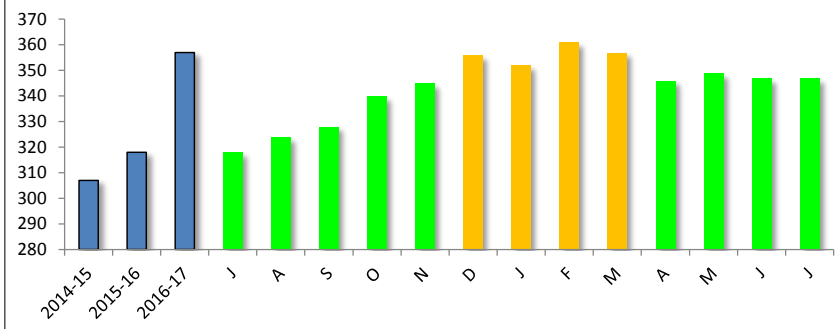
• Participation in CIC Reviews remains high.

• Private Fostering Numbers have climbed over the past 5 months and the recording of statutory visits remains inconsistent.

• There are data gaps in recording that the Performance team are gathering retrospectively.

CLA1

Total Number of children in care



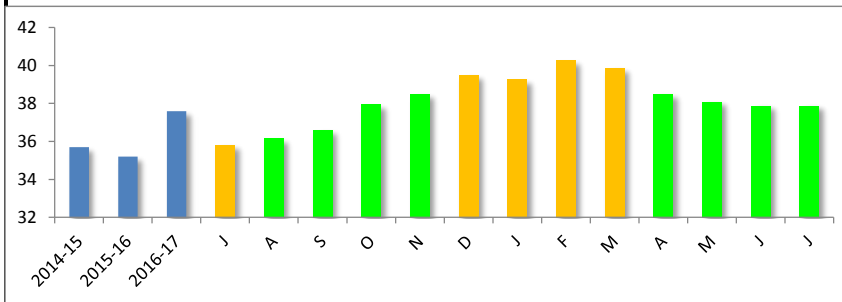
May	June	July	Target/ Tolerance
349	347	347	<270 271 - 279 280 – 350 351 – 379 380>

The number of Children in Care for the past 4 months has decreased back to within Green tolerances when compared to the period between December and March. Barnet continue to exceed the figure of its Statistical Neighbours.

Statistical Neighbours	2016/17	Consistency Score
256.5	335	

CLA5

Children looked after per 10,000 (Delivery Indicator)



May	June	July	Target/ Tolerance
38.1	37.9	37.9	<34 35 36 39 41>

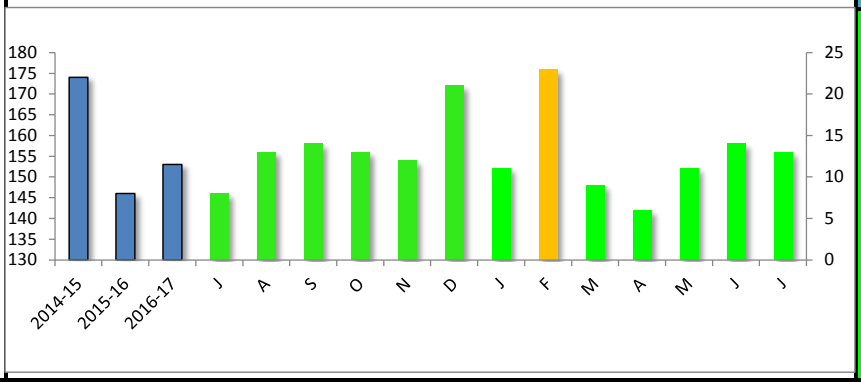
The CLA rate continues to be rated as 'Green' for July

Statistical Neighbours	2016/17	Consistency Score
43.5	37.6	

Children in Care

CLA2

Number of children coming into care this month



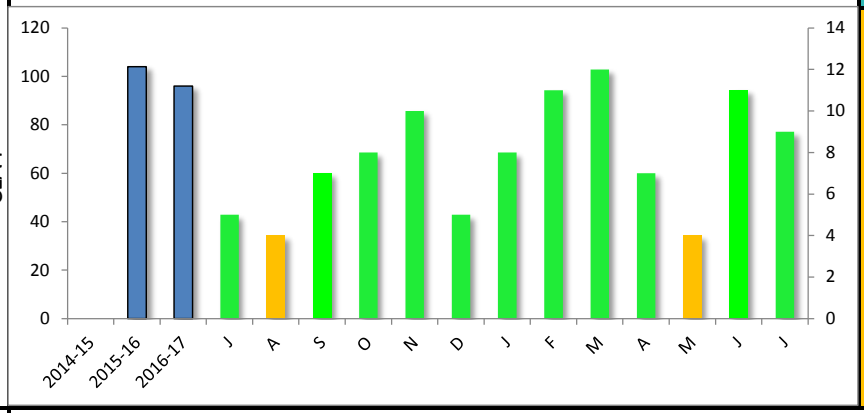
May	June	July	Target/ Tolerance
11	14	13	<2 3 to 4 5 to 20 21 - 29 30>

There were 38 children who came into care during the past 3 months in 2017/18, compared to 27 children during the same period in 2016/17

Statistical Neighbours	2016/17	Consistency Score	
	13		

CLA4

Number ceased being looked after



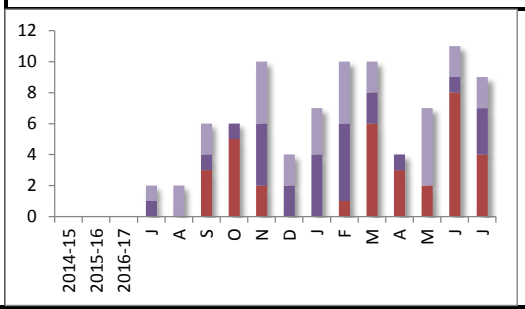
May	June	July	Target/ Tolerance
4	11	9	<3 4 5 to 16 17 - 19 20>

There were 24 children who ceased being in care during the past 3 months in 2017/18, compared to 22 children during the same period in 2016/17

Statistical Neighbours	2016/17	Consistency Score	
	8		

CLA33

Percentage of CIC who ceased to be looked after due to:



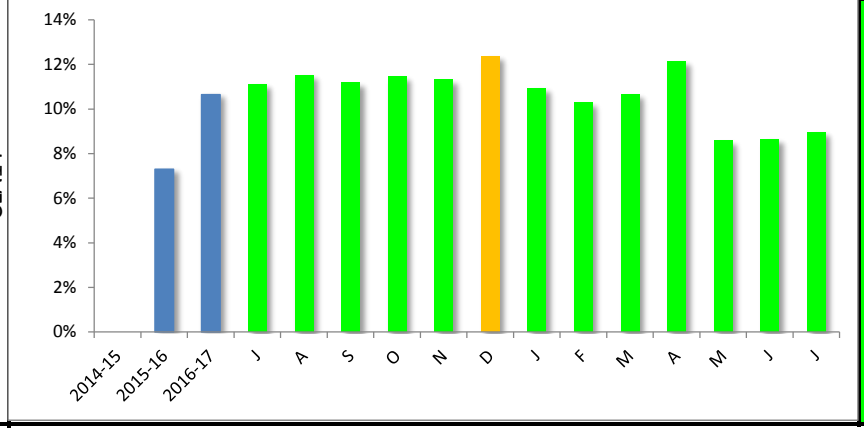
	May	June	July	Target/ Tolerance
SGO	2	8	4	
Returned Home	0	1	3	
Adoption	0	0	0	Monitor
Child Arrangement Order	0	0	0	
Independent Arrangement	5	2	2	

Statistical Neighbours	2016/17	Consistency Score	

Children in Care

CLA14

Percentage of CIC with 3 or more placements during the previous 12 months



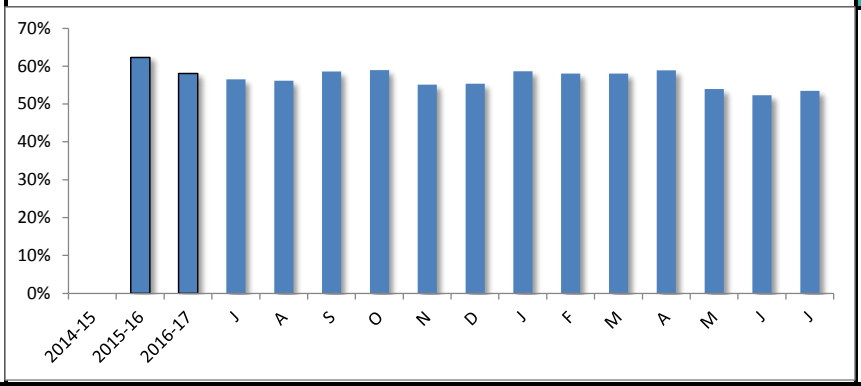
April	May	June	Target/ Tolerance
8.6%	8.6%	8.9%	<11.5%

Children in care with 3+ Placements has remained below target for the past 3 months. In July a total of 31 Children had the following placements: 3=18, 4=10, 5=3 . A new report has been written for this indicator.

Statistical Neighbours	2016/17	Consistency Score	
11.3%	10.6%		

CLA34a

Percentage of CLA (more than 2.5 years) in the same placement for at least 2 years



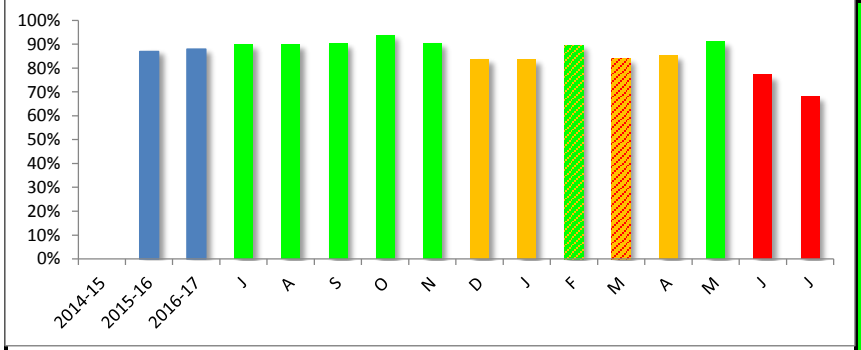
May	June	July	Target/ Tolerance
54.0%	52.3%	53.5%	Monitor

This indicator remains within the 50-60% range

Statistical Neighbours	2016/17	Consistency Score	
66.4%	58.6%		

CLA9

Percentage of CLA whose last visit was within 6 weeks?



May	June	July	Target/ Tolerance
91.0%	77.0%	68.2%	90-100%

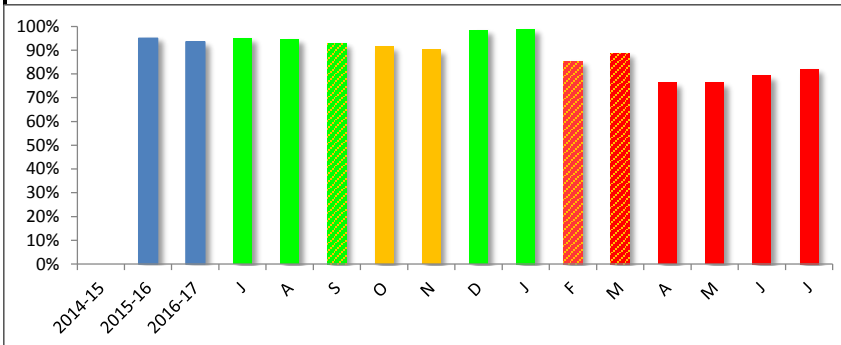
Initial visit data shows a further decrease in percentage, with an LCS trawl this figure increased to **77.5%,** which still remains rated as 'red'.

Statistical Neighbours	2016/17	Consistency Score	
	88%		

Children in Care

CLA8

Percentage of CLA whose last review was within timescales? (6 months)



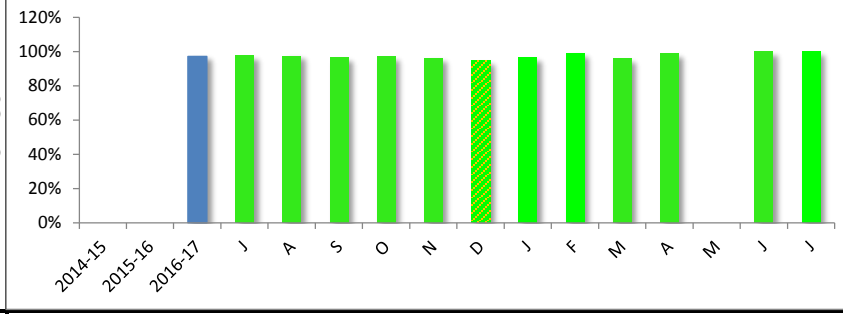
May	June	July	Target/ Tolerance
76.5%	79.6%	82.0%	95-100%

This indictor conitnues to be rated as 'Red', but has increased slightly to within the 80% range.

Statistical Neighbours	2016/17	Consistency Score	
	93.5%		

CLA36

Percentage CLA have an up-to-date care plan



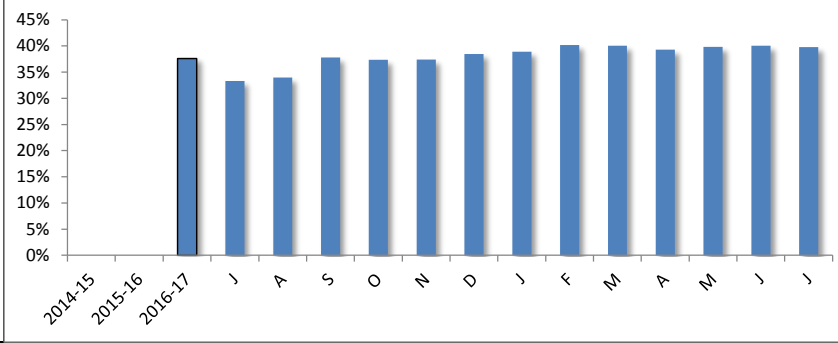
May	June	July	Target/ Tolerance
Awaiting Data	100.0%	100.0%	95-100%

July has continued to reach its highest percentage seen (100%) although this indictor has not dropped below 95% since recording began.

Statistical Neighbours	2016/17	Consistency Score	
	97.1%		

CLA30

Percentage of CIC under section 20 (new)



May	June	July	Target/ Tolerance
39.8%	40.1%	39.8%	Monitor

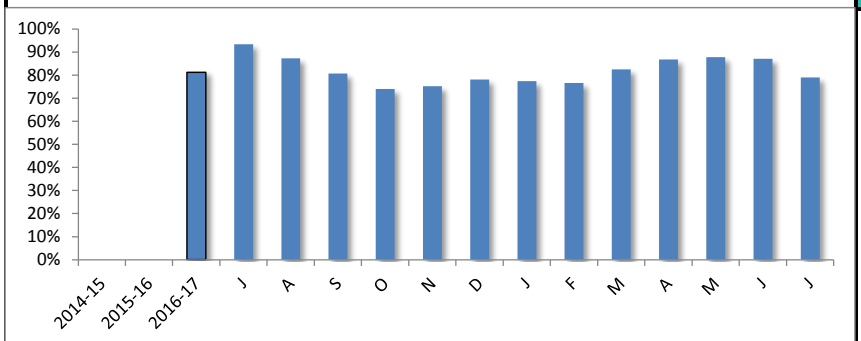
There has been no significant change for this indicator

Statistical Neighbours	2016/17	Consistency Score	
	37.6%		

Children in Care

CLA30b

Percentage of CIC under section 20 >3 months



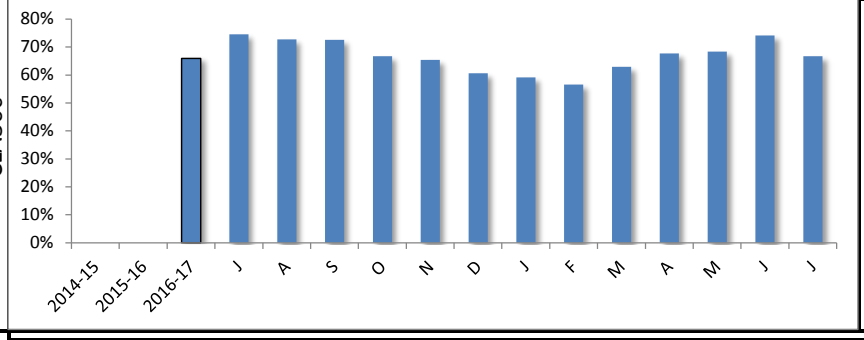
May	June	July	Target/ Tolerance
87.8%	87.1%	79.0%	Monitor

This indicator can fluctuate but tends to remain within the 75 - 90% range

Statistical Neighbours	2016/17	Consistency Score	
	81.2%		

CLA30c

Percentage of CIC under section 20>6 months



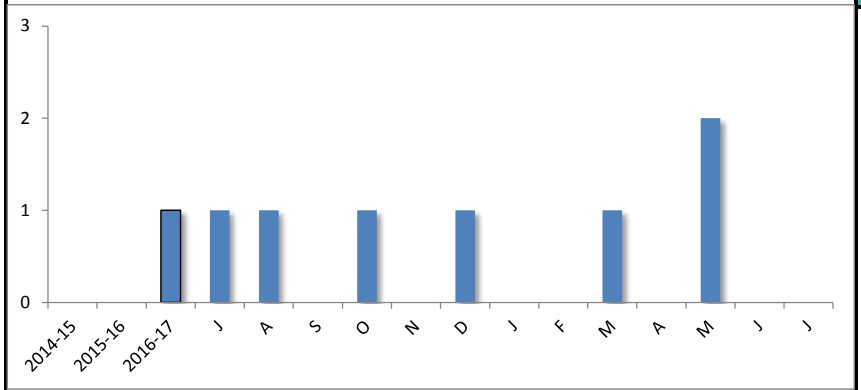
May	June	July	Target/ Tolerance
68.3%	74.1%	66.7%	Monitor

There has been no significant change for this indicator

Statistical Neighbours	2016/17	Consistency Score	
	65.9%		

CLA3

Total number of remands to custody this month



May	June	July	Target/ Tolerance
2	0	0	Monitor

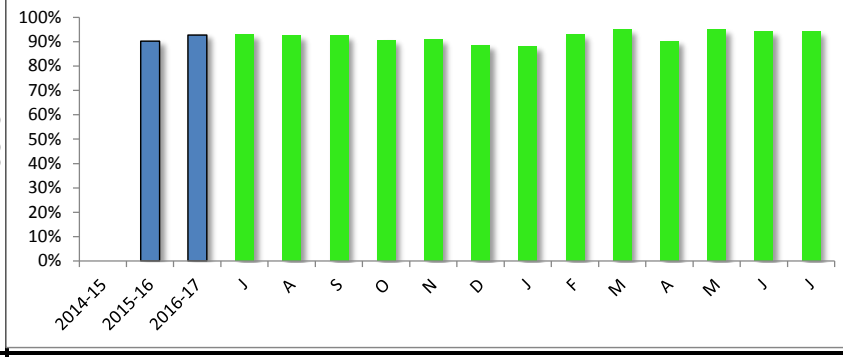
Numbers for remands to custody remains low, with June and July at 0.

Statistical Neighbours	2016/17	Consistency Score	
	1		

Children in Care

COP9

Percentage of children in care with up to date immunisations



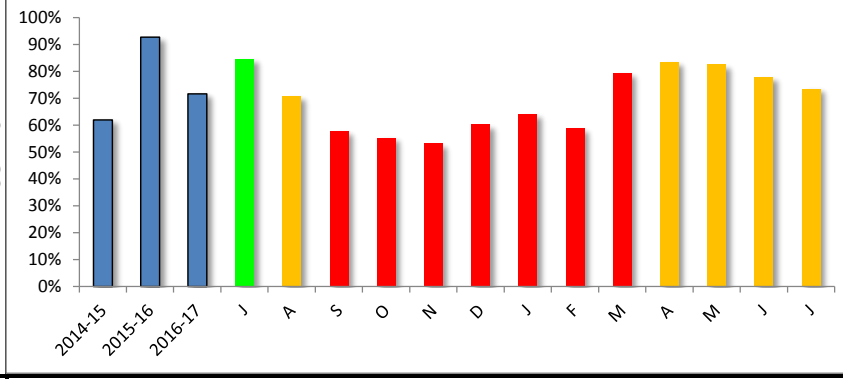
April	May	June	Target/ Tolerance
95.0%	94.1%	94.1%	85 - 100%

This indicator continues to remain above 90% and rated as 'Green'

Statistical Neighbours	2016/17	Consistency Score	
	92.7%		

COP10

Number and percentage with dental checks in the previous 12 months



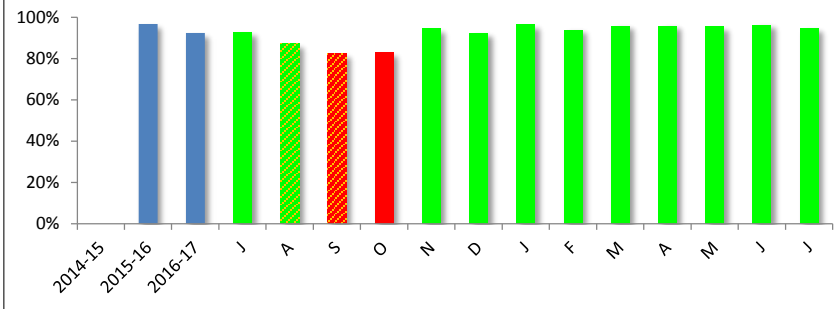
May	June	July	Target/ Tolerance
82.8%	78.1%	73.6%	85 - 100%

Figures for the last 4 months show an increase, from the 50 - 60% seen from September to February, to 70 - 80% which is now rated as 'Amber' . Need to monitor.

Statistical Neighbours	2016/17	Consistency Score	
	71.7%		

COP11

Number and percentage of CIC who have had a health assessment in the last 6 months (12 months)



May	June	July	Target/ Tolerance
95.5%	96.3%	94.5%	95-100%

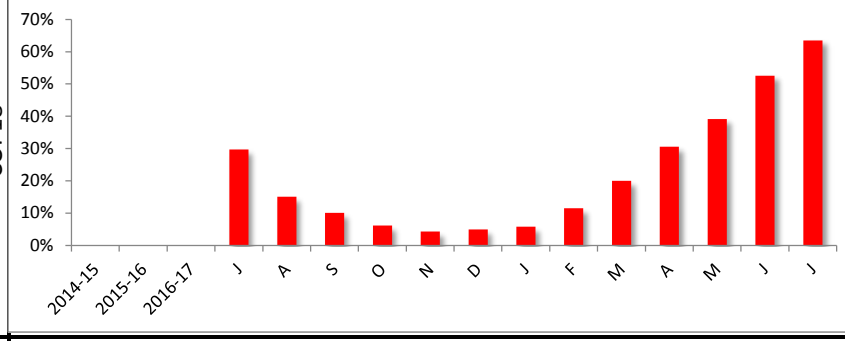
The last 9 months data shows this has remained above 92% and within the 'Green' target for this indicator

Statistical Neighbours	2016/17	Consistency Score	
	92.3%		

Children in Care

COP18

Percentage of CLA who have had a timely initial health assessment in the last 6 months



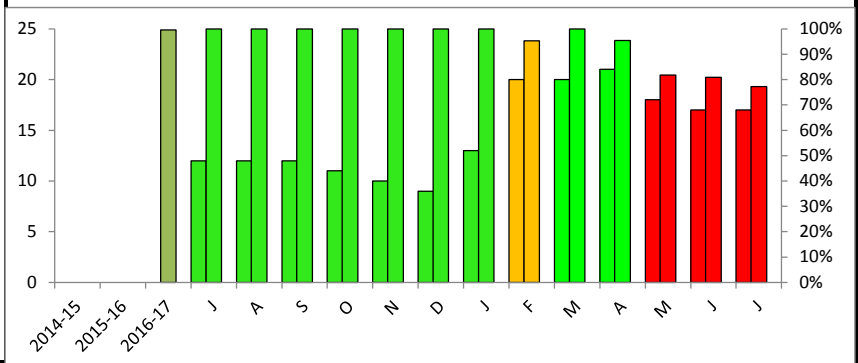
May	June	July	Target/ Tolerance
39.0%	52.5%	63.5%	95-100%

Although this indicactor has remined with the 'Red' rated category, figures show an improvement when compared to the low of 4% seen in November 2016 and also compared to the average of 13.8% for 2016/17. Improved logging has had a significant impact on this figure.

Statistical Neighbours	2016/17	Consistency Score	
	13.8%		

COP33

Number and Percentage of CLA under 5 with an up to date developmental check



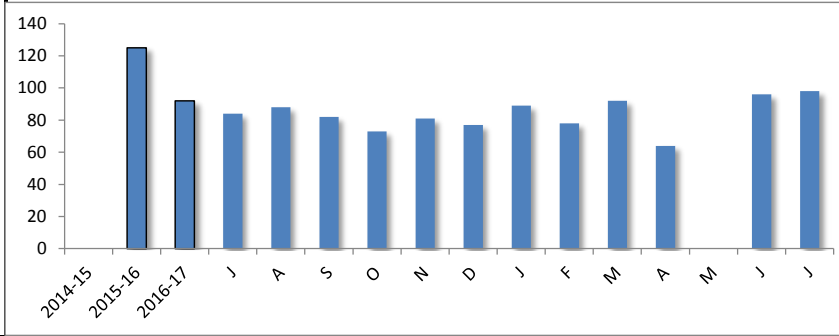
May	June	July	Target/ Tolerance
18 81.8%	17 81.0%	17 77.3%	100%

This indictor has dropped below the usual 100% that has been achieved previously, for July, 5 children have a development check out of timeframes

Statistical Neighbours	2016/17	Consistency Score	
	99.6%		

COP12

Number of Looked after Children seen by an optician in the previous 12 months



May	June	July	Target/ Tolerance
Awaiting Data	96	98	Monitor

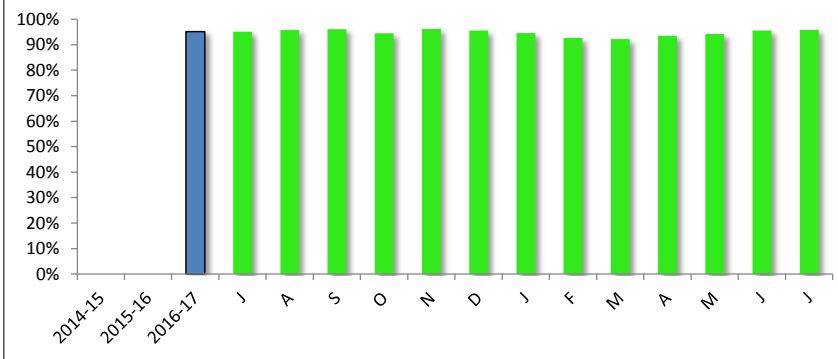
There has been a marked increase in this figure for June and July compared to the previous year, this change could be due to a different report being used on a more updated system.

Statistical Neighbours	2016/17	Consistency Score	
	88		

Children in Care

COP6

Percentage of children in care participating in their own statutory reviews



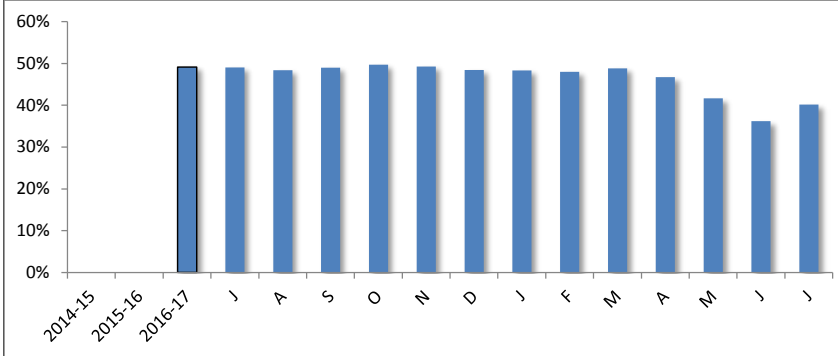
May	June	July	Target/ Tolerance
94.3%	95.6%	95.9%	80%

Figures for this indicator remain above the 80% target, and haven't dropped below 90% for the past 2 years.

Statistical Neighbours	2016/17	Consistency Score	
	95%		

COP2a

Percentage of completed SDQs in the month that had a score of more than 13 (Annual)



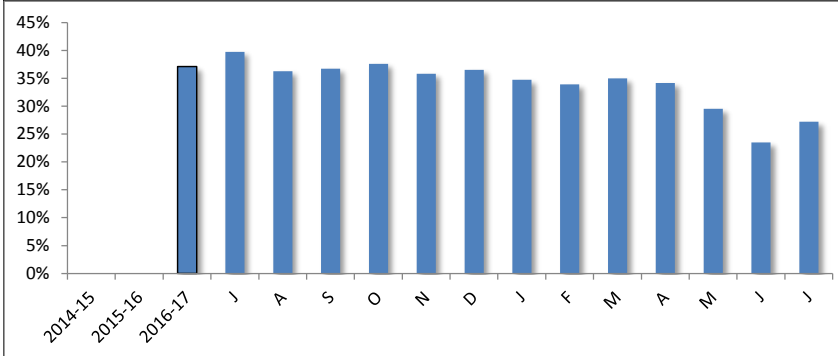
May	June	July	Target/ Tolerance
41.6%	36.1%	40.1%	Monitor

This indictor has been decreasing month on month for the past year, the last 3 months have an average of 39% compared with 50% for the same period last year.

Statistical Neighbours	2016/17	Consistency Score	
	49.1%		

COP2b

Percentage of completed SDQs in the month that had a score of more than 16 (Annual)



May	June	July	Target/ Tolerance
29.5%	23.5%	27.2%	Monitor

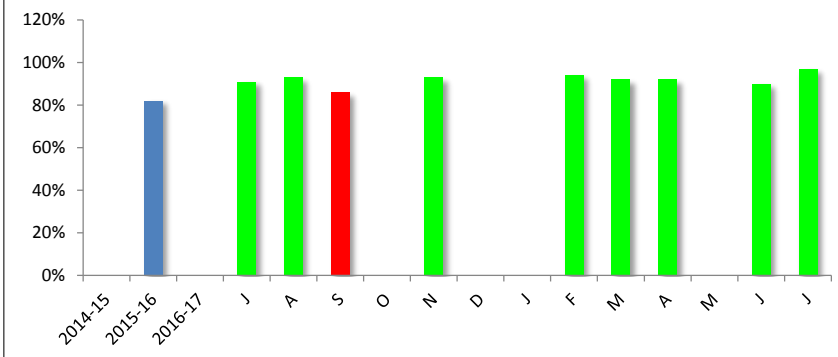
This indictor has decreased in the past 3 months, with an average of 26.7% compared to 40% for the same period last year.

Statistical Neighbours	2016/17	Consistency Score	
	37.1%		

Children in Care

COP13

Percentage of 5 to 16 year old children in care with a Personal Education Plan meeting completed in the last 6 months



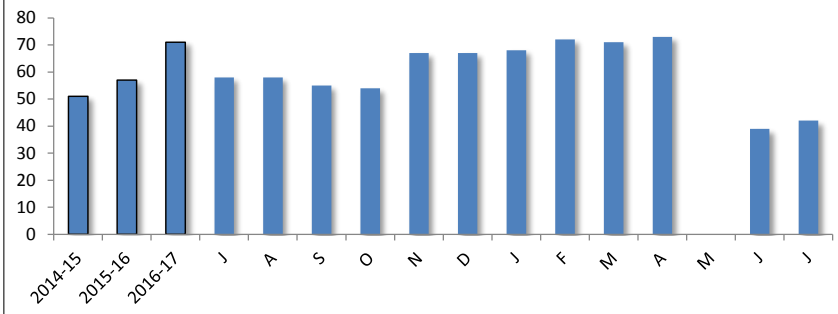
May	June	July	Target/ Tolerance
Awaiting Data	90%	97%	90 - 100%

This indicator has remained above 90% for the last 7 months of logged data

Statistical Neighbours	2016/17	Consistency Score	
	89.6%		

COP30

The number of CIC with Education provision concerns



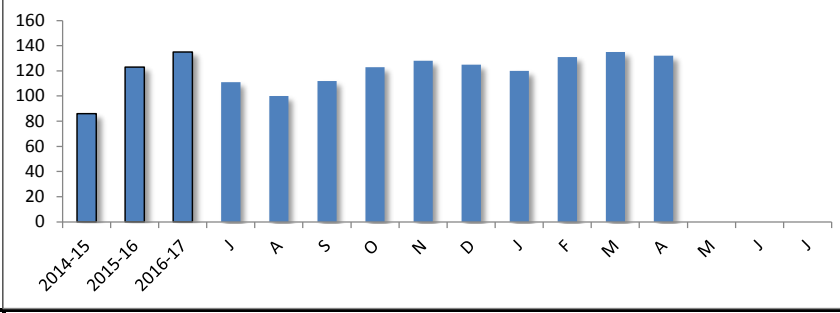
May	June	July	Target/ Tolerance
Awaiting Data	39	42	Monitor

There has been a marked decrease in this figure for June and July compared to the previous year.

Statistical Neighbours	2016/17	Consistency Score	
	62		

COP31

The number of CIC who have attended 2 or more schools in the past 2 years



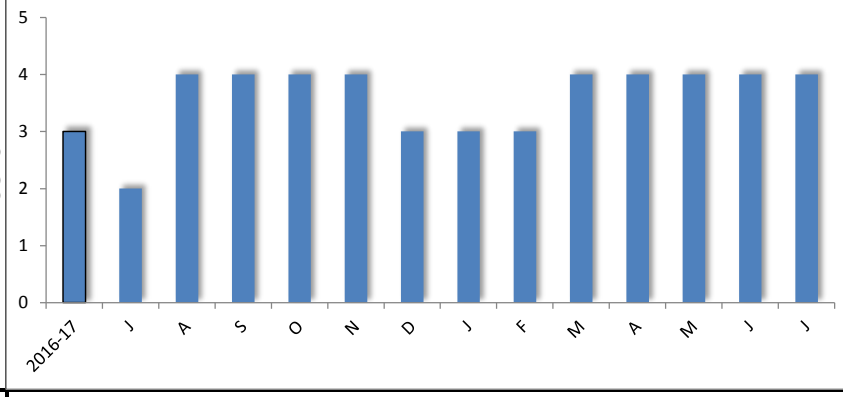
May	June	July	Target/ Tolerance
Awaiting Data	Awaiting Data	Awaiting Data	Monitor

Statistical Neighbours	2016/17	Consistency Score	
	135		

Children in Care

COP34

Number of CLA who have had a substance misuse identified



May	June	July	Target/ Tolerance
4	4	4	Monitor

This indicator remains at 4 young people

Statistical Neighbours	2016/17	Consistency Score	
	3		

PF3

Number of new Private fostering notifications

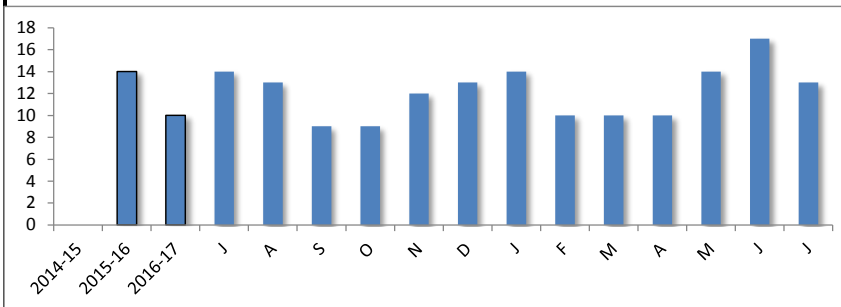
May	June	July	Target/ Tolerance
0	1	0	Monitor

Numbers for this indicator remain low.

Statistical Neighbours	2016/17	Consistency Score	
	0		

PF1

Current number of young people being privately fostered



May	June	July	Target/ Tolerance
14	17	13	Monitor

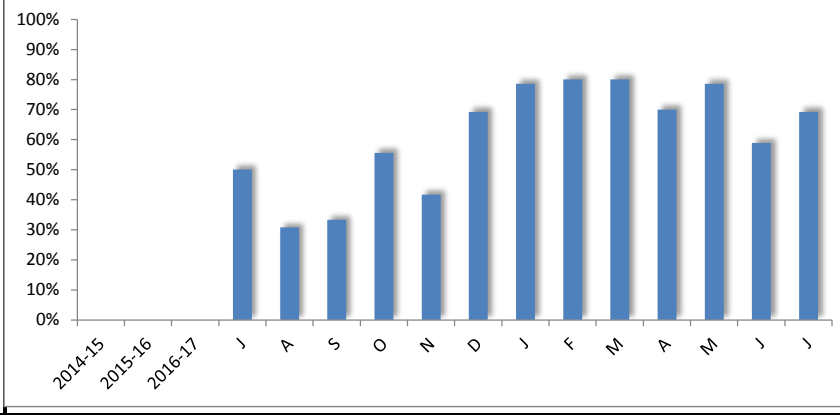
July figures have decreased slightly from June's, numbers usually range between 9 - 16 young people.

Statistical Neighbours	2016/17	Consistency Score	
	12		

Children in Care

PF2

Percentage of Private Fostering cases that have had visits within timescales



May	June	July	Target/ Tolerance
78.6%	58.8%	69.2%	90-100%

This indicator remains rated as red but has increased in July when compared to June. 4 young people had visits out of timescales.

Statistical Neighbours	2016/17	Consistency Score	
	68.3%		

Onwards & Upwards - Data Analysis

• The number or Care Leavers remains relatively stable and matched the same period last year. We think due to the influx of Children into Care in a higher age bracket over the past 6 months, the number of young people eligible for leaving care services has seen an increase outside of tolerances. The expectation is for this to impact these figures over the next 12 months.

• Pathway Plans continue to be a challenge as we are still to achieve the target of 90 -100% of all Care Leavers having an up to date Pathway Plan

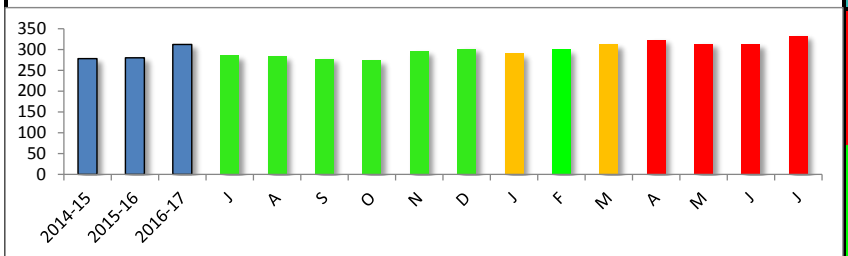
• Visits for Care Leavers have decreased to sit outside of the target of 80%.

• Former relevant and relevant Care Leavers who have been in touch remains well above target.

• EET continues to show good performance with it being 13% above statistical neighbours and 2% above the same position the previous year.

CYP1

Number of young people who are currently eligible for leaving care services/Number of Care Leavers



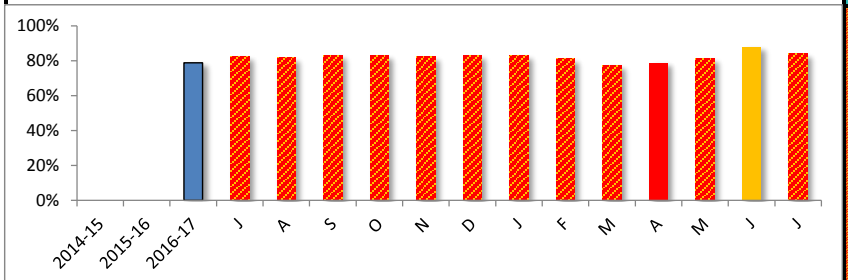
May	June	July	Target/ Tolerance
314	313	333	<240
198	196	196	241 - 250
			251 – 300
			301 -309
			310>

This indicator continues to remain rated as 'Red' , the large volume of children who have been in care is now having an impact on the leaving care numbers.

Statistical Neighbours	2016/17	Consistency Score	
	289		

CYP3

Percentage of Care leavers with up to date Pathway Plans



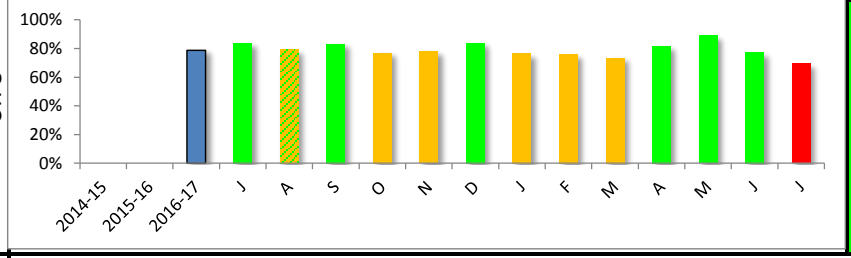
May	June	July	Target/ Tolerance
81.4%	88.0%	84.3%	90-100%

Up to date Pathway Plans have increased slightly over the past few months to over 80%, although this is still below the target of within 90-100%.

Statistical Neighbours	2016/17	Consistency Score	
	80.7%		

CYP5

Percentage of Care Leavers on a Pathway Plan who have had a visit within 2 months (former relevant and relevant care leavers)



May	June	July	Target/ Tolerance
89.2%	77.6%	69.5%	80%

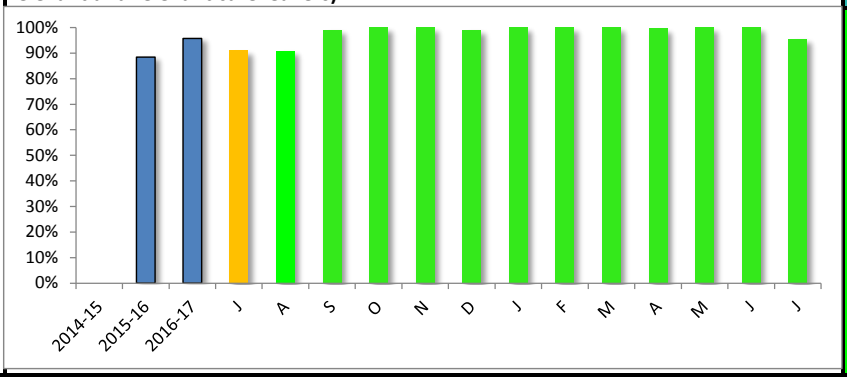
Initial visit data shows a further decrease in percentage, with an LCS trawl this figure increased to **77.6%,** which still remains rated as 'red'.

Statistical Neighbours	2016/17	Consistency Score	
	78.8%		

Onwards & Upwards

CYP6

Percentage of care leavers who have been in touch in the previous 12 months (former relevant and relevant care leavers)



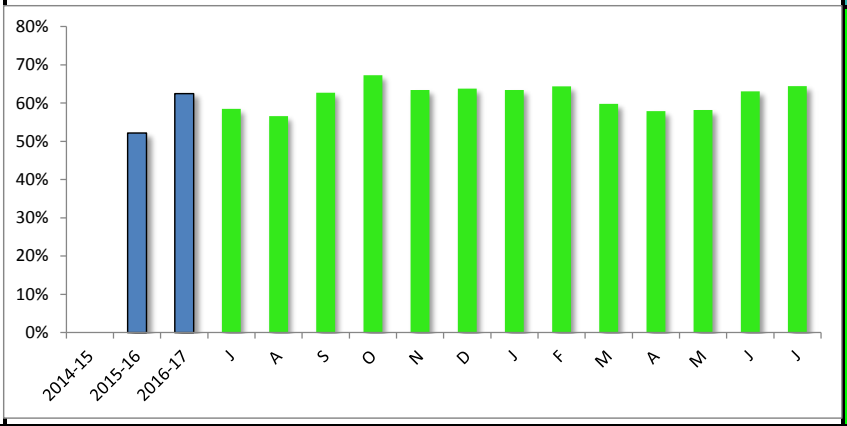
May	June	July	Target/ Tolerance
100.0%	100.0%	95.4%	90-100%

Athough July figures have dipped slightly when compared to May and June, In touch figures have remained above 90% over the last 12 months.

Statistical Neighbours	2016/17	Consistency Score
	95.7%	

CYP7

The percentage of care leavers (aged 19, 20,21) in employment, education or training



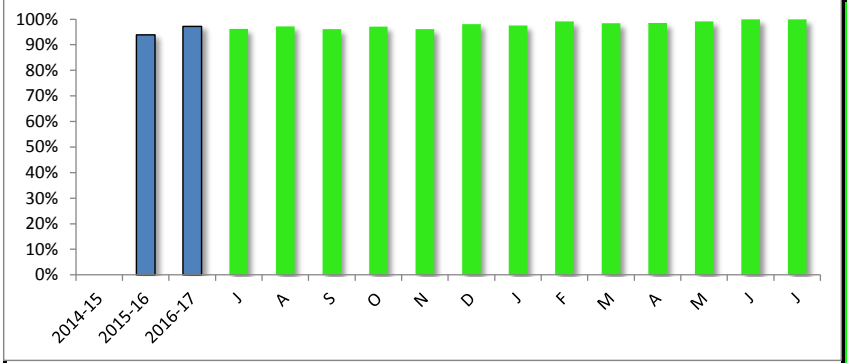
May	June	July	Target/ Tolerance
58.2%	63.1%	64.5%	55%

April and May saw a slight decline in figures below 60%, but June and July have increased once more and this indicator is now in line with the average seen during 2016/17

Statistical Neighbours	2016/17	Consistency Score
51.2%	62.5%	

CYP8

Care leavers (aged 19,20,21) in suitable accommodation



May	June	July	Target/ Tolerance
99.2%	100.0%	100.0%	90-100%

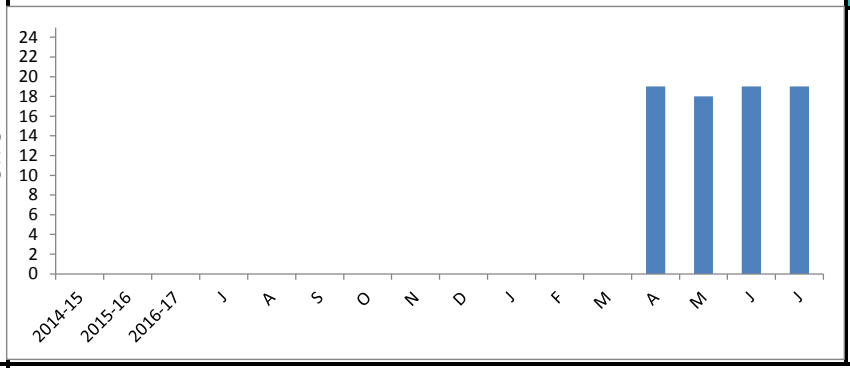
This indicator has consistently remained above 90% and has reached 100% for the first time in June and July

Statistical Neighbours	2016/17	Consistency Score
80.2%	97.2%	

Onwards & Upwards

CYP9

Number of Care Leavers 'Staying Put'



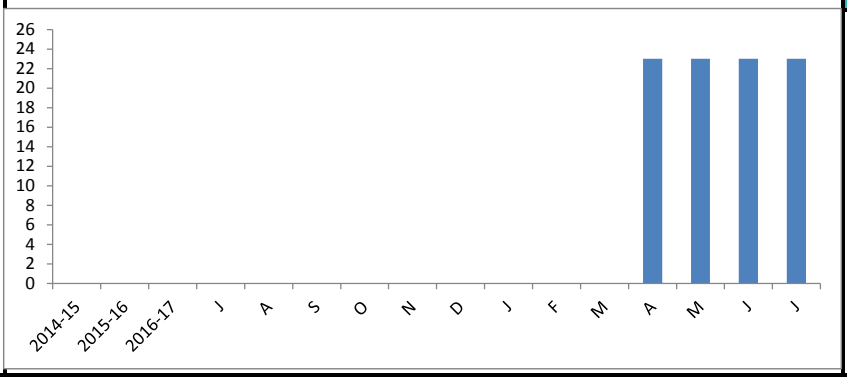
May	June	July	Target/ Tolerance
18	19	19	

There has been no significant change for this indicator

Statistical Neighbours	2016/17	Consistency Score	

CYP11

Number of Care Leavers at University



May	June	July	Target/ Tolerance
23	23	23	

There has been no significant change for this indicator

Statistical Neighbours	2016/17	Consistency Score	

Are you caring for a child in your home for more than 28 days and you are not their close relative* or guardian?

Aims and our involvement

- Undertaking private fostering assessments to ensure that the placement is suitable
- Making regular visits to the children to ensure that they are safe and well
- Ensuring the child's educational, emotional, cultural and physical needs are being met
- Providing support and guidance to carers
- Informing carers of their responsibilities.

*Parent, Grandparent, Aunt, Brother Sister, Uncle, Step-parent or Legal guardian

FAMILY FRIENDLY BARNET

For more information, please contact our MASH team:
tel: **020 8359 4066** email: **mash@barnet.gov.uk**
or visit **www.barnet.gov.uk/private-fostering**

BARNET LONDON BOROUGH

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POLICY NAME	Financial Policy for Care Leavers		
Document Description	This policy provides an overview of Barnet's commitment and position on provision of financial support to care leavers. A summary of relevant legislation, taking into account the requirements of the Children Act 1989 and 2004 are included.		
Document Author 1) Team and 2) Officer and contact details	1) Strategy, Insight and Commissioning Team, Family Services 2) Laurelle Brown, Strategy and Insight Officer Ext. 2322		
Status (Live/ Draft/ Withdrawn)	Draft	**Version**	14
Last Review Date	March 2014	**Next Review Due Date**	January 2018
Approval Chain:	Chris Munday Strategic Director, Children and Young People	**Date Approved**	

Barnet Financial Policy For Care Leavers 2017

Contents

Introduction

In Barnet, we want the same things for our care leavers as any good parent would want for their child. We want our care leavers to be resilient, and by that we mean healthy, happy and feel valued. We want them to grow into well-adjusted individuals who will experience positive relationships, be responsible citizens, fulfil their goals and ambitions, and ultimately provide good parenting to their own children.

In line with our Family Friendly Barnet approach, we want care leavers to be able to bounce back from life's challenges and embrace new opportunities. Our vision is for a society where care leavers have the same life chances and ambitions as other young people.

This desire is reinforced through our Corporate Parenting Pledge, which seeks to support our ambitions for Children in Care and Care Leavers as outlined within the Children and Young People's Plan 2016 – 2020. The Pledge reflects our corporate values of fairness, responsibility and opportunity, furthermore, it promotes our approach to delivering a model of resilience based practice through empowering children and young people to take ownership of their pathways and identify their entitlements.

This policy is for practitioners working with Care Leavers, and covers all aspects of eligibility for financial support available from London Borough of Barnet. The policy sets out the types of allowances that care leavers are entitled to receive based on their status and circumstances, and the current amounts payable.

The local authority will provide an adequate package of financial support for all care leavers that will maintain them up to independence, and support their overall Pathway Plan by meeting their identified needs and helping them to achieve their potential.

All decisions on eligibility and levels of financial support will be based on a thorough assessment of all the young person's needs. An allocated Personal Advisor (PA) or Social Worker will ensure that young people are aware of and fully understand the assessment criteria and how decisions have been made regarding their financial support package.

Decisions on how financial support will be delivered to a young person will be taken by their allocated worker following assessment of their budgeting skills during the pathway planning process.

1. Support and eligibility

1.1. Pathway plan

Financial support can only be agreed as part of the pathway planning process. The young person's needs regarding financial support should be assessed within the development of a Pathway Plan, and areas of support, amounts to be paid and the frequency of payments, will be set out in this plan. The Pathway Plan should be devised by the young person and their allocated worker and signed by the young person.

Onwards & Upwards prepare a Pathway Plan for all Eligible, Relevant and Former Relevant young people. The Pathway Plan replaces a care plan when a young person turns 16. The initial Pathway Plan will be completed before a young person reaches 16 years and 3 months old. If a young person is aged over 16 when first accommodated, then the Pathway Plan will be within 3 months of the date they are accommodated.

Financial support will be reviewed every 6 months during a Pathway Plan review meeting, but young people can ask their allocated worker to review their support needs earlier, for example, if their circumstances have changed or they are having difficulty managing their finances.

1.2. Payments

All care leavers are expected to have a bank account, and payment of all allowances and grants from Onwards & Upwards will be made directly into this bank account, unless there are concerns about the young person's ability to manage their money.

If a young person does not already have a bank account, their allocated worker will help them to open an account. In exceptional circumstances where a young person is assessed as not being able to maintain a bank account or is not able to open one, direct payments can be made via a pre-paid debit card as agreed by the Onwards & Upwards Team Manager.

Allocated workers should regularly assess how the young person is managing their money and whether they need extra support in learning how to budget. If payments are to be stopped for any reason, this must be discussed with the Onwards & Upwards Team Manager, and the allocated worker should write to the young person to explain the reasons for this. Discussions around a young person's capacity to manage their finances and the provision of support to develop money management skills, will be discussed as part of the Pathway Planning process.

1.3. Eligibility

Eligibility for financial support packages are based on the young person's care leaving status as outlined below:

- **Eligible children** are those aged 16 or 17 who have been looked after by the Local Authority for at least 13 weeks since their 14th birthday and are still looked after. In addition to the services they are eligible to receive as a looked after child, they are also entitled to an assessment to determine need for advice, assistance and support, a pathway plan and a personal advisor.

- **Relevant Children in non-residential settings (Youth Offending Institutions, Prison or Hospital)** are entitled to an assessment to determine need for advice, assistance and support, a pathway plan and a personal advisor.

- **Relevant children** are those aged 16 or 17 who are no longer looked after, but were eligible children before he or she was last looked after. The local authority will take reasonable steps to keep in touch, will carry out an assessment to determine the need for advice, assistance and support, prepare a pathway plan and appoint a personal advisor.

- **Former Relevant children** are those aged 18 or above and either has been a relevant child and would be one if he were under 18 or immediately before he ceased to be looked after at age 18, was an eligible child. Until the age of 21 (or for as long as a programme of education or training extends if this extends beyond the age of 21), the local authority will take reasonable steps to keep in touch, continue to provide a personal advisor, if the young person's welfare requires it, provide financial assistance for living expenses where he is or will be employed or seeking employment and if the young person's welfare and educational and training needs require it, provide financial assistance to enable him or her to pursue education or training. Where a young person has ceased to qualify for support under s.23C of the Children Act 1989, but has confirmed that he or she wants to pursue or is pursuing a course of education or training, the local authority must carry out an assessment, prepare a pathway plan, appoint a personal advisor and provide financial assistance to the extent the person's educational or training needs require it.

- **Qualifying children** are young people aged at least 16 but under 21 to whom a special guardianship order is in force or was in force when they reached 18 and was looked after immediately before the making of that order or after reaching the age of 16, but whilst still a child was looked after, accommodated or fostered. These young people can be assessed for support needs, including advice, befriending and assistance and financial assistance in relation to their education and training (such assistance can be provided up to 25 if in full time further or higher education).

- **Young People with no recourse to Public Funds**, aged 16 and 17 and over 18 who are looked after or were looked after by the local authority with no recourse to public funds, but have not exhausted all their appeal rights will be entitled to the same level of leaving care services as set out above.

  Young people aged 18 to 21 who are excluded from Children's Services support due to being All Rights Exhausted (ARE) will be offered a Human Rights Assessment within three months of being notified that they are ARE.

The assessment will look at their individual needs to establish if support should be provided in order to prevent a breach of their human rights if they cannot return to their country of origin. If the outcome of the assessment is that the young person's rights will be breached then they will be entitled to the level of support as assessed in the Human Rights Assessment.

The financial support offered will be outlined in the young person's Pathway Plan, and discussed at each Pathway Plan review to ensure young people are aware of expectations. The young person will be further supported to engage with their agreement if they are failing to do so. Following support, the plan will be reviewed to establish if the young person has made the necessary changes to prevent subsistence and rent payments being suspended.

2. Our approach

2.1. Benefits and income

2.1.1 Benefits

Young people, who are eligible, will be expected to submit a claim for benefits on their 18th Birthday. The allocated worker will discuss and plan for this as part of the Pathway Planning process, and provide support with the online application process.

Young people in education are entitled to claim Income Support and Housing Benefit if the course started before the start of the academic year of their 20th birthday.

The rate for Income Support is £57.90 as at 13th July 2017, and is paid weekly.

From February 2018, a new benefit called Universal Credit will be activated in Barnet to replace means-tested benefits and tax credits in Barnet. Eventually the following benefits and tax credits will all be replaced by universal credit:

- income support
- income-based Job Seekers Allowance (JSA)
- income-related Employment and Support Allowance (ESA)
- housing benefit
- working tax credit
- child tax credit

Universal Credit is a new single monthly payment for people in work or out of work. It will be made up of a standard allowance plus other 'elements' - for example for children, childcare, housing and caring. There will also be an element for those with limited capability for work, so what is paid will depend on a young person's own circumstances.

If a young person qualifies for Universal Credit, their monthly payment will cover everyone in their family who qualifies for support. 'Family' could mean them as a single person, or for example they might also be claiming for a partner.

If a young person and/or their partner are responsible for paying rent (including any eligible service charges) for the home they live in, Universal Credit may provide help towards the cost. This is called the Universal Credit Housing Costs. Further details can be found in 2.2.

Young people that are ill or disabled can claim Employment and Support Allowance (ESA) which provides financial support if they are unable to work or study, and personalised help so that they can work if they are able to. How much ESA a young is paid depends on their circumstances, such as income, the type of ESA they qualify for and where they are in the assessment process.

Further information about disability related financial support available to care leavers can be found within Barnet's Local Offer: https://www.barnet.gov.uk/citizen-home/children-young-people-and-families/the-local-offer-and-special-educational-needs/economic-well-being-in-the-local-offer.html

In cases where a young person needs to sign on for a particular benefit, they are able to do so at Woodhouse Road with the dedicated Department of Work & Pensions Care-Leaver Outreach Work Coach. Continued signing on at Woodhouse Road (WHR) is conditional of the young person meeting all the requirements of the DWP.

2.1.2 Income changes

On occasions care leavers may change income source and experience a period of time without an income, for example:

- When awaiting to receive welfare benefit payments
- When moving from one benefit type to another E.G. from JSA to ESA if deemed unable to work
- When ceasing to claim benefits due to taking up employment

Onwards & Upwards will provide financial support equivalent to the young person's benefit entitlement for up to four weeks, once proof of a submitted benefit claim or job offer is provided. In some circumstances, this timescale can be extended at the discretion of the Onwards and Upwards Team Manager.

These payments will be reviewed on a weekly basis, whilst there is up to date evidence of a benefit claim being processed, appointment attendance and the provision of any requested information to the Department for Work and Pensions (DWP).

Onwards & Upwards will also help care leavers to explore other forms of assistance, such as food parcels, as interim support options.

2.1.3 Sanctions

When young people are sanctioned by the DWP, have their payments reduced or experience difficulties in budgeting, their allocated worker will support them to contact the relevant agencies to seek resumption of their benefits, access the food

bank at Woodhouse Road and apply for loans and other assistance from public bodies and voluntary agencies. They will also be supported to access budgeting support as part of the Pathway Planning process.

In exceptional circumstances, a request can be made to the Onwards & Upwards Team Manager for a discretionary payment. In such circumstances, the young person and allocated worker must demonstrate that all possible options have been exhausted, and the young person has been unable to obtain food or financial support from the options pursued. The young person will be supported to plan for such eventualities arising in future.

2.1.4 Crisis grants

Care leavers can access the Barnet Crisis Fund up to twice a year. The grant helps people who:

- need extra help in an emergency
- are working but are on a low income
- have a pending Council Tax support or Housing Benefit claim

Care Leavers should be supported by their allocated worker to complete an application when is needed.

Barnet's Crisis Fund policies are available on the Child Poverty Action Group's (CPAG) website.

Allocated workers should assess the young person's needs and bring forward their next Pathway Plan review meeting if it is identified that finances are a recurrent or long term issue, for which the young person is in need of additional support to prepare them for independence.

Care leavers are also able to apply and have priority status for Discretionary Housing Payments (DHP) if they experience housing related payment issues.

DHPs can provide extra money to young people or their landlord if they already receive Housing Benefit, and if there is a shortfall between the rent the young person has to pay and the Housing Benefit they receive.

DHPs are usually paid for a few months to help through a crisis or short-term problem, but can pay for longer periods in exceptional circumstances.[1] These payments are helpful for Care Leavers that experience financial difficulties. Allocated workers will support young people in applying for DHPs.

2.2. Accommodation

2.2.1 Accommodation costs

[1] DHP information

A young person's accommodation needs must be assessed and planned for in a timely way, and should form part of the pathway planning process to ensure accommodation decisions are made for young people at the earliest opportunity. By aged 17 years and 9 months, plans should be in place for when the young person turns 18, to ensure they are adequately prepared and supported for any moves, and that any special needs are identified.

When Care Leavers reach the age of 18, they are expected to pay for their own rent and accommodation. Young people in Higher Education are expected to apply for available grants and loans and use such funding to pay for their accommodation and living.

Young people in receipt of Job Seeker's Allowance or Employment and Support Allowance can apply for Housing Benefit (Universal Credit from February 2018), to contribute to, or cover the cost of their accommodation.

Young people in receipt of Universal Credit are responsible for paying their rent and other living costs from this income as Universal Credit is paid in one monthly lump sum. Onwards & Upwards can make a request to the DWP to pay a young person's Landlord directly, and the remainder of the Universal Credit across two instalments each month to the young person directly, to aid them with budgeting and managing their tenancy. An allocated worker should discuss such arrangements with a young person as part of the pathway planning process.

Onwards & Upwards will contribute to the costs of accommodation if:

- it is agreed that the young person can remain in their residential placement, or semi-independent placement as a result of their SEN or complex needs, and this is recorded in their Pathway Plan;
- a young person is at university or a residential Further Education establishment, and they require vacation accommodation costs;[2]
- a young person is over the age of 21, in full time education and they are not eligible for any benefits, grant or loan to cover accommodation costs;
- If exceptional circumstances present, and funding is agreed by the Onwards & Upwards Team Manager and is recorded in the young person's Pathway Plan.

The DWP will consider payments for Housing Benefit to young people in Further Education who have their own tenancy and are on a part-time course. Care leavers should liaise with the DWP to find out if they are eligible for this support.

2.2.2 Rent and deposit in advance

Young people who require a deposit and rent in advance, should submit a request to the Onwards & Upwards Team Manager for financial support, so the level of support can be established. This support is only available to young people who are not

[2] This could be part of a payment to a Staying Put carer, rent for their own tenancies or financial support to help find their own accommodation (up to £155/week), or for accommodation sourced by Onwards & Upwards.

intending to take up their permanent housing offer with Barnet Homes. In exceptional circumstances manager's discretion will apply to any decision on rent and deposits.

In most cases, care leavers will be supported with housing by Barnet Homes, and therefore will not be required to pay deposits and rent in advance.

2.2.3 Moving costs

Onwards & Upwards will pay moving costs if they are detailed in a young person's Pathway Plan and approved by the Onwards & Upwards Team Manager.

Onwards & Upwards will pay for removal costs for one move per care leaver, with the exception of university students who may need to have a number of moves in the duration of their course. The payments of removal costs in such circumstances are at the discretion of the Team Manager, and will form part of the ongoing pathway planning conversation with the allocated worker.

If a care leaver moves more than once, and this is due to exceptional circumstances such as to protect them, the cost of moving may be covered by Onwards & Upwards at the discretion of the Team Manager.

2.2.4 Council Tax

Care leavers are responsible for paying their utility bills and Council Tax and should be supported by their allocated worker to access adequate support and learning opportunities around budgeting and financial management to avoid arrears.

The Onwards & Upwards Team has developed links with the Revenues Operations Team, who are responsible for Council Tax services within Barnet. For Care Leavers required to pay Council Tax; a Revenues Operations Officer is available to provide dedicated support to those in long term tenancies and residing in-borough on any Council Tax issues.

For Care Leavers experiencing difficulties in paying their Council Tax, in the first instance they should inform their allocated worker who can signpost them to relevant support to prevent the issues escalating. This should include an application for a Discretionary Housing Payment (DHP) where necessary; further information on the DHP can be found in section 2.1.4.

For Council Tax accounts which have been referred to Debt Management Services, the Revenues Operations Team are able to contact bailiffs on a young person's behalf to make payment arrangements, and call cases back from bailiffs while they are being reviewed. It is imperative that young people contact their allocated worker or the Revenue Operations Team if they struggling to pay their Council Tax to avoid further issues.

The Housing Benefit Team Manager is the first point of contact for all Housing Benefit applications for Care Leavers living in-borough.

2.2.5 Setting Up Home Allowance (SUHA)

A SUHA is available for Former Relevant Children aged 18 or over who have recourse to public funds and have moved into long term housing with their own tenancy.

A young person's SUHA is discussed as part of the pathway planning process when planning long term accommodation. The basic grant is £2000, and should be used to cover all setting up home costs.

4.1 For each young person's SUHA, individual needs are assessed to identify which essential items and services, up to the value of £2000, are required for to equip and furnish their independent accommodation. All payments are subject to authorisation from the Onwards & Upwards Team Manager and can be paid directly to approved companies or using the Onwards & Upwards payment card. In exceptional circumstances payments by instalments can be made to the young person directly, subject to the authorisation of the Team Manager. All such decisions make part of an ongoing discussion within the Pathway Planning process.

4.2 Young people who are placed into temporary accommodation for a period of time until they are allocated their long term tenancy, may need financial support to furnish the temporary accommodation. In such cases, the allocated worker will arrange for a discretionary payment to the young person from their SUHA, to enable them to furnish their temporary accommodation with key items such as a kettle, toaster, duvet etc. All such payments need to be authorised by the Onwards & Upwards Team Manager.

4.4 Other setting up home related costs such as re-decoration, TV licence, telephone line, broadband, cutting spare keys etc. should be budgeted to be paid out of the SUHA.

4.5 Where there are exceptional accommodation-related needs not met by the above points, or charitable funding, an application can be made for further financial assistance from Onwards & Upwards for decision and approval from the Team Manager.

As responsible Corporate Parents, the London Borough of Barnet aims to ensure that all Care Leavers are resilient and able to bounce back from life's challenges. A key way this is achieved is by supporting young people to budget and plan for their SUHA, to ensure that it best meets the need for which it is intended.

A Care Leaver's budgeting needs are identified as part of the pathway planning process, and support will be provided by the allocated worker. The support will vary according to the young person and their needs, but could include attending a budgeting workshop at WHR or signposting them to a Careers Advisor for advice.
Developing a young person's financial literacy, and how to be sensible with their grant, is of equal importance to ensure they get the most out of this and their finances in general.

Young people who are detained will still be eligible to receive their SUHA upon release, on condition of them getting their own tenancy.

2.3. Young people, education, employment and training

Onwards & Upwards will provide financial support to young people completing progressive levels of education. Onwards & Upwards will not generally provide financial support to young people who complete more than one course at the same level.

If a young person is required to complete more than one qualification to achieve their final qualification, then this will be considered to be a progressive course. This should be included in the Pathway Plan.

2.3.1 Further Education Bursaries

Care Leavers attending college are expected to access the college bursary which they are entitled to and from which many essential study expenses can be purchased such as travel, course materials and food. Young people must provide evidence of their course of study, including term dates, and evidence of attendance.

Onwards & Upwards will liaise with the college to ensure that care leavers are provided with the financial support that they are entitled and to confirm course details. In order for this to take place; young people will need to give consent for Onwards & Upwards to contact their college. Onwards & Upwards will not provide financial support towards Further Education if course details have not been confirmed by the college.

All care leavers are entitled and will be supported to apply for the 16 – 19 Bursary Fund, which is available from their education institution. This is a fund provided by the Government to support students who need financial help to stay in education.

There are 2 types of 16 - 19 bursaries:

- a vulnerable bursary of up to £1,200 a year for young people in one of the defined vulnerable groups.
- discretionary bursaries that institutions award to meet individual needs. For example, for transport, meals, books and equipment.

The education institution is responsible for managing both types of bursary.

Care leavers can get up to £1,200 if studying full time for a minimum of 30 weeks. If their course is only for a few hours a week, or less than 30 weeks, they will usually receive less.

Young people aged 19 or over will be supported to apply for Discretionary Learner Support available from their education institution.

As part of the pathway planning process, an assessment will be undertaken to ensure that a young person has enough financial support to complete their course. Young people that require equipment or materials at a cost or frequency not met by their bursary will be supported by their allocated worker to explore all available

sources of financial support to meet the young person's needs, for example, charities or the education panel which has a small discretionary fund held by the Virtual School which is often used to meet exceptional need. In exceptional circumstances, a request can be made to the Onwards & Upwards Team Manager for financial support towards the cost of essential course equipment.

For 16 and 17 year olds, and some Care Leavers aged over 18, some costs may be met as part of their Personal Education Plan (PEP).

2.3.2 Travel

Care Leavers are expected to fund travel to college through their bursary. In exceptional circumstances, Onwards & Upwards may offer short term support during term time. Calculations are based on the cost of travel from the young person's home to their place of study. All travel contributions must be approved by the Onwards & Upwards Team Manager.

Young people aged under 18 and based in London, can apply for a Zip Oyster photocard which enables them to travel at half adult-rate on all TfL services and most National Rail services in London. If they live in London they may be eligible to travel for free on buses and trams.

Students aged over 18 and based in London, attending a course at a school, college or university in London can apply for an 18+ Student Oyster Card to get 30% off the price of adult-rate travelcards and Bus & Tram Pass season tickets.

All students can also apply for rail cards and other travel related discounts, and should be supported by their allocated worker to explore what discounts they may be eligible for, especially when studying outside of London.

2.3.3 Apprenticeships

Young people who commence employment or training and subsequently are no longer in receipt of benefits, will receive an allowance equivalent to JSA rates from Onwards & Upwards until they receive their first salary payment.

Onwards & Upwards will support young people on apprenticeships or salaries paying less than the Income Support rate, by providing a top up payment, to ensure they receive the same amount of income as if they were in education.

As at June 2017, a young person in education would receive:

- Income Support (£57.90 per week)
- 16 – 19 bursary (£30.77 per week)
- Housing benefit contribution to rent
- Travel costs paid by Onwards and Upwards

Top up payments are conditional on the young person providing consent for their allocated worker to verify details of the apprenticeship status with the provider, and

any other relevant details as requested. All top up payments must be authorised by the Onwards & Upwards Team Manager.

2.4. Higher Education

Barnet is committed to supporting care leavers to achieve their full potential academically. A key priority within Barnet's 2017-20 Care Leavers' Strategy, is to increase the number of Care Leavers going to university, in order to close the gap with their peers. Providing financial support is therefore instrumental in this being fulfilled.

Onwards & Upwards will support Former Relevant Care Leavers to complete one full-time programme of Higher Education study (Bachelor's, Master's or Doctorate degree) as recorded in their Pathway Plan. Support will be provided to the young person until the end of the institution's academic year, during which the young person's 25th birthday falls, for study of a progressive, full-time programme.

Applications for degrees or other Higher Education courses should therefore be planned with this in mind; young people should be aware of what support is available from Onwards & Upwards during their course.

Onwards & Upwards will not provide financial support to a young person if the academic year falls after the young person's 25th birthday. For example, if the young person's birthday falls in the summer holiday and their course begins in October, the support will not be provided for the coming year.

The young person's allocated worker will ensure this is clearly explained throughout the pathway planning process, and the young people will be signposted to support post-25 if still completing a course at that point.

2.4.1 Allowances

Onwards & Upwards will pay a young person's rent during Easter, Christmas and summer holiday periods, to ensure they do not lose their placement due to accruing rent arrears at these times. This is subject to enrolment and attendance confirmation as outlined below**.**

Onwards & Upwards will pay subsistence at a rate equivalent to JSA, throughout the Easter, Christmas and summer holiday periods.

This will be done for the duration of the Higher Education course until the end of the academic year during which the young person turns 25, as outlined in the Pathway Plan.

If a young person finds that they are required to repeat a year of university, Onwards & Upwards will pay subsistence for one year to allow the retake of the full-time Higher Education course outlined in the young person's Pathway Plan, as long as:

- The undertaking of this year is completed by the end of the academic year during which the young person's 25th birthday falls;

- Confirmation of retake term/dates, enrolment and attendance (minimum 90% required) has been provided to Onwards & Upwards from the university directly.

Onwards & Upwards will pay subsistence to Care Leavers that change course after starting a degree. The Care Leaver should discuss with the allocated worker their desire to change course at the earliest available time before the end of their programme of study, so they can be supported and signposted accordingly. A Pathway Plan meeting should be convened by the allocated worker to discuss and record any planned changes. Subsistence will only be provided for one change of course.

When attending university, Care Leavers are expected to apply for all available financial support and bursaries that they are entitled to. This expectation will be explained by the allocated worker as part of the pathway planning process and before enrolment, to ensure young people are fully aware and are supported to do this.

Care leavers can access various grants and loans to assist them with Higher Education costs:

- **High Education Bursary:** Under the Education Act 1989 (Higher Education Bursary) (England) Regulations 2009, all *Former Relevant Children* attending university will be provided with a Higher Education Bursary to the value of £2000 over the life of the course they are attending.

- **Maintenance Grant (Non repayable):** An application for a Maintenance Grant can be submitted to help meet costs while studying. For 2017-18 the maximum amount of Maintenance Grant that can be awarded is £3,354 per year, this includes for care leavers.

- **Maintenance Loan (Repayable):** An application for a Maintenance Loan, in addition to the Grant, can be made to help meet costs while studying. The maximum Loan amount a student can apply for is up to £4,375 (however they will be offered less if they have had the full Maintenance Grant). A student does not have to apply for the loan initially, they can wait until they have started the course and see how they manage financially.

- **Tuition Fee Loan:** Students are required to apply for a Tuition Fee Loan to cover the cost of course fees. A new application has to be submitted for each year of the course. The amount a student will receive for their Tuition Fee Loan will cover their fees and will be paid directly to the university (there are a few exceptions but the university website would say if a course has higher than usual fees).

- **Bursary:** Students are also able to apply for a bursary (a one off payment) from their university - this varies between universities, however, many universities provide additional bursaries to care leavers. Details about whether a university offers a bursary can be obtained from them during enrolment.

More information about bursary payments can be found at: https://www.gov.uk/extra-money-pay-university.

- **Access to Learning Fund:** All universities have an Access to Learning Fund. This fund provides money to students who are facing financial difficulties, either as a grant or a loan, in a lump sum or instalments. Students need to apply for the Access to Learning Grant via the Student Services Department, or equivalent team, when they have started their course.

- **Disability Student Allowances:** Disabled students can claim additional allowances. These are to pay for additional needs, such as special equipment or a helper. An assessment has to be undertaken before any money is awarded; however, the allowances are grants not loans.

Some universities have a support worker to provide advice and guidance to Care Leavers, to help with the complexities of student finance.

The Student Finance website can be accessed through www.direct.gov.uk and has useful information about Higher Education, including how to apply for funding.

In order for the Higher Education Bursary and Vacation payments to be authorised, Care Leavers will need to give consent for Onwards & Upwards to contact their university to verify:

- Course name
- Enrolment status
- Term dates
- Attendance (minimum of 90% required)

If consent is not provided or the above cannot be verified, financial support will not be provided from Onwards & Upwards.

Young people must also provide evidence of:

- Loans and grants received
- Official list of equipment or books required for the course
- Proof of tenancy or Licence agreement including weekly or monthly rent costs

All payments from Onwards & Upwards must be authorised by the Team Manager.

2.2.1 Graduation Allowance

For students that have successfully completed their course and will therefore graduate, a one off allowance of up to £850 will be paid to cover the graduation costs and transition costs from finishing course to employment. Young people will no longer be entitled to support from Onwards & Upwards once their Higher Education course is complete.

2.2.2 Young people with Discretionary Leave to Remain

Young people who have applied for asylum and been granted Discretionary Leave to Remain are not able to apply for 'home' fees and Student Support for a Higher Education course in England. This is because eligibility is restricted to those with Humanitarian Protection and their family members.

As at June 2017, The Educational Grant Advisory Service (EGAS) is an independent advice agency for people wanting to obtain funding for Higher Education who are not eligible for statutory funding.

They can be contacted on:

- Telephone: 020 7251 7459.
- Website: https://www.family-action.org.uk/what-we-do/grants/educational-grants/

Further information about sources of funding can also be obtained from www.prospects.ac.uk

2.5. Former Relevant Children returning to education

Onwards & Upwards will continue to support young people in education post 21, as long as:

- The young person furnishes full details of the intended course of study and provides consent for Onwards and Upwards to contact the education provider directly to obtain evidence of an offer of a place on a course and their attendance, if applicable;
- The course is a progression from previous courses.

Former Relevant Children can resume education or training when they are over the age of 21, following an assessment of their case by Onwards & Upwards. If their case is reopened, they will be allocated a Personal Advisor who will develop a Pathway Plan in conjunction with the young person. Support will then be provided to this young person as a Former Relevant Child as outlined in the rest of this policy.

It is important that allocated workers inform young people that if they are intending to undertake a full-time Higher Education programme, support from Onwards & Upwards will be until the end of the academic year during which they turn 25 years old.

2.6. Other Allowances

2.6.1 Subsistence

Most 16 and 17 year old care leavers will not be able to claim benefits; therefore, for as long as a young person is a Relevant Child, Onwards & Upwards will provide financial support to ensure their needs are met.

Financial support includes subsistence to meet a young person's day to day living costs. Subsistence is paid into a young person's bank account weekly at a rate of £57.90 per week[3], unless an alternative arrangement has been agreed by the Team Manager.

When a young person turns 18, their allocated worker will support them to apply to claim benefits, as outlined in section 2.1.

Eligible Children in non-residential settings (Youth Offending Institutions, Prison or Hospital) are paid living expenses at a rate of £10 a week.

2.6.2 Health costs

For exemption from dental and prescription charges, young people in Higher Education should complete an HC1 form. They may be granted full exemption from charges or partial exemption.

For clarity on dental costs, and exemption, Care Leavers can visit the following website: http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Dentalcosts.aspx
In exceptional circumstances, the Onwards & Upwards Team Manager will consider requests for financial support towards health costs associated with optical and dental issues, and may authorise one discretionary payment.

2.6.3 Clothing Allowance

Onwards & Upwards provide a clothing allowance to Eligible and Relevant Children who are 16 and 17 year olds. The allowance is £168 and is paid twice a year. If a young person needs additional financial support for clothing, for example to commence employment, their allocated worker can help them to apply for grants or clothing from local charities or the DWP and in exceptional circumstances a further allowance may be payable at the discretion of the Onwards & Upwards Team Manager.

2.6.4 Social and leisure activities

Care leavers are provided with one free Barnet leisure pass from the age of 16, which enables them to access swimming activities free of charge.

Access to other Barnet leisure activities can be provided and agreed in the Pathway Plan. Access to similar services will be sought for young people living outside of Barnet.

In exceptional circumstances, sporting activities will be paid for at the discretion of the Onwards & Upwards Team Manager.

2.6.5 Birthday gifts

[3] This is the rate a young person would receive if entitled to claim benefits.

Birthday gift vouchers or cash will be given to young people by their carer if they are in Foster Care or Children's Home, or by their allocated worker if they live independently. Young people who live in independent living will be paid their birthday allowance, if there is evidence of ongoing contact between the young person and Onwards & Upwards.

For young people in Young Offenders Institutions the birthday allowance is paid by postal order.

The allowance paid to all Care Leavers is as follows:

18th birthday - £100
19th birthday - £30
20th birthday - £30
21st birthday - £50

Young people should indicate their voucher or cash preference to their Personal Advisor who will arrange for the allowance to be given.

2.6.6 Special Allowance

Care leavers aged 16 and 17 will be paid a festival allowance of up to £176.50 in December of each year or an alternative date as agreed with the young person, which will support any religious festivals they wish to celebrate.

2.6.7 Savings

Any savings that have been saved for the young person whilst they have been in care will be paid to them on their 18th birthday from their carer.

If there are concerns about a young person's capacity to manage their money, prior to the young person turning 18, work will be done with the young person to explore how they may best use their savings and consider options about how to spend them. All concerns will be discussed with the young person as part of the pathway planning process

If it is deemed that a young person does not have capacity to manage their finances, the allocated worker should inform the Onwards & Upwards Team Manager regarding at the earliest possible opportunity. Concerns regarding a young person's capacity will be referred to the 0-25 Team who will organise for a Mental Capacity Act assessment to be undertaken, to establish a young person's ability to manage their own finances. Depending on the outcome of the assessment, a best interest meeting may follow to determine who is best placed to manage the young person's finances. Capacity assessments can be completed from the age of 16.

Where a young person has received other monies, either from the Criminal Injury Compensation Board or by way of inheritance, the allocated worker will help them to access support to budget the money and use it sensibly. All such payments should be paid into the young person's bank account.

2.7. Young parents

Care leavers who are parents are expected to maximise their income. They may claim the following benefits:

- **Housing costs for 16 to 17 year olds:**16 and 17 year old Eligible and Relevant children may claim Income Support but not Housing benefit or Universal Credit for housing costs; accommodation costs will be met by Onwards & Upwards for these young people.
- **Housing costs for 18 – 25 year olds:** Care leavers aged 18 and over may claim Income Support if they are a lone parent with a child under the age of 5, and will also need to claim Housing Benefit or Universal Credit for housing costs. The shared accommodation rate for private rented accommodation does not apply to care leavers until they reach their 22nd birthday.
  Once the child is 5 years old, the care leaver will be expected to transfer to Job Seekers Allowance.

- **Income Support:** Can be claimed by lone parents, and is paid fortnightly at a rate of £57.90 per week as at 13th July 2017. To claim income support, care leavers must be aged 16 or over.

- **Sure Start Maternity Grant:** Young parents may also claim a Sure Start Maternity Grant of £500 on the birth of their first baby (or subsequent multiple births e.g. twins) if they are in receipt of benefits, to help pay for essential equipment. A claim should be made within 11 weeks of the due birth date. In some cases care leavers are also able to submit a claim up to 3 months after the birth of their newborn. Claiming Sure Start Maternity Grant 2017 does not affect other benefits entitlement, and as a rule, Tax Credits remain unchanged. too.

- **Care to Learn Grant:** Young parents who wish to return to or remain in college or university can apply for a Care to Learn Grant of up to £160 per child per week if they live outside London and £175 per child per week if they live in London. This is a grant available from the DWP for help with childcare costs for parents who are:
  - Aged under 20
  - The main carer for their child
  - Studying a publicly-funded course (The school, college or learning provider advise if the course is eligible)

- **Childcare contributions:** For parents that have a dependent child, it is sometimes possible to apply for financial support for childcare costs when attending Higher Education. Information should be sought from the university directly to find out if this applies.

- **Childcare Grant:** Young parents can also claim a Childcare Grant available from the DWP for help with childcare costs. The grant is paid weekly to students in university full-time who have, or are eligible for, a student finance package and have a childcare provider who is registered with Ofsted. The

amount of grant paid is dependent on household income, cost of childcare and number of dependent children, however, for 2017/18 the maximum payable is:
    - Up to £159.59 per week for one child;
    - Up to £273.60 per week for two or more children.
    - doesn't have to be paid back
    - is paid on top of your other student finance

- **Child Tax Credits:** can be claimed by Care Leavers that are responsible for their children and are aged under 20 and in eligible education or training. Parents do not need to be working to claim Child Tax Credit; however, only one household can get Child Tax Credit for a child. There are rules regarding who can apply for Child Tax Credit, as usually parents need to apply for Universal Credit instead. Benefits Advisers can provide more information on eligibility.

- **Parents Learning Allowance:** Full-time undergraduate or Initial Teacher Training students with children may be eligible for help with their learning costs. The Parents Learning Allowance does not have to be paid back, is on top of other student finance, does not require parents to be paying for childcare and won't affect benefits or tax credit. In the 2017-18 year, students could get up to £1,573.

Onwards & Upwards will help young parents who wish to take up education, training or employment opportunities to identify possible funds to cover childcare costs, such as applying for the Vulnerable Children's Fund. Onwards & Upwards will not provide funding for ongoing childcare costs, however, in exceptional circumstances a request can be made to the Team Manager.

Allocated workers undertake an assessment of a young parent's needs, and identify what reasonable contributions are needed from Onwards & Upwards to the cost of education, such as enrolment fees, travel and equipment.

All contributions must be authorised by the Onwards and Upwards Team Manager.

2.8. ID, Citizenship and naturalisation

Onwards & Upwards will purchase 1 birth certificate and 1 passport for all Children In Care and Care Leavers, up until the age of 21, or 25 if still supported by the service. If these documents, are lost after being purchased by Onwards & Upwards, then the young person is responsible for the cost of replacing them.

Onwards & Upwards will help Care Leavers to access legal support from services that offer free support for Indefinite Leave to Remain applications. In the absence of legal aid being available, financial support for these applications will be considered on an individual basis by the Team Manager. If legal aid has been refused based on the lack of merit for the claim, financial support will not be provided unless there are exceptional circumstances.

Onwards & Upwards will not pay for young people who have Indefinite Leave to Remain to apply for citizenship or naturalisation.

For UASC young people who are not eligible to apply for a passport but require Home Office travel documents, Onwards & Upwards will pay the cost of this document one time per Care Leaver, equivalent to the passport offer.

Onwards and Upwards will not pay the costs of other travel visas.

2.9. Young people needing continuing care

If a young person has been assessed as needing support from the 0-25 service, a transition plan will be developed, which will include arrangements for accommodation.

The young person will continue to be eligible for travel allowances from Onwards & Upwards (where applicable), and will still be entitled to their Setting Up Home Allowance. Any entitlements will be recorded in their Pathway Plan.

3. Making a complaint

3.1. How to make a complaint

As part of Barnet's 'Family Friendly' approach, we are keen to hear from Care Leavers if they feel we have made a mistake. Young people will not be treated differently if they make a complaint; it is important that young people inform us if we may have done something wrong.

If a Care Leaver wishes to complain, they can:

- Do so themselves by contacting the Family Services Complaints Officer
- Tell their PA or Social Worker
- Tell their Foster Carer or Key Worker
- Talk to an adult or friend they trust

The Complaints Officer can be contacted by:

- Email: FSComplaints@barnet.gov.uk
- Online: www.barnet.gov.uk/family-ccc
- Paper form – available from Onawrds and Upwards Team
- Telephone – 00208 359 7008
- In writing – Family Services Complaints Officer, North London Business Park, Oakleigh Road South, London, N11 1NP

3.2. Advocacy support

If a Care Leaver feels that they cannot complain themselves, or ask an adult or friend, they can ask for an advocate to support them.

Barnet Care Leavers can contact Barnardos for an advocate, who can help with understanding rights and entitlements, submitting a complaint, and understanding the response. An advocate will also try to help with any problems that present along the way.

Barnardos can be contacted by:

- Telephone: 0808 800 0017 (Freephone)
- Email: advocacy2@barnardos.co.uk.

PAs and Social Workers can also provide further information about advocacy support.

3.3. Contacting the local MP

Care Leavers can also ask their Member of Parliament (MP) for help with issues that they feel need more support. An advocate can support a young person to obtain the details of their MP.

Appendix 1

Table of Allowances 2017-18

Allowance	16-17	Frequency	18+	Frequency
Subsistence	57.90	Weekly	N/A	N/A
Birthday 16	176.50	Once on birthday	N/A	N/A
Birthday 17	176.50	Once on birthday	N/A	N/A
Birthday 18	N/A	N/A	100.00	Once on birthday
Birthday 19-20	N/A	N/A	30.00	Once on birthday
Birthday 21	N/A	N/A	50.00	Once on birthday
Birthday 21-24	N/A	N/A	N/A	N/A
Clothing Allowance	168.00	Twice a year	N/A	N/A
Council Tax support / arrears	N/A	N/A	-	Varies
Festival Allowance	176.50	Annually	N/A	N/A
Passports	72.50	Once	72.50	Once
Birth Certificates	46.00	Once	46.00	Once
Travel Documents	72.00	Once	72.00	Once
Glasses	0.00		0.00	
Outreach	-	Varies	-	Varies
Young People in secure settings	10.00	Weekly	10.00	Weekly
Leisure activities	-	Varies	-	Varies
Savings	-	Varies	-	Varies
Accommodation costs	-	Varies	-	Manager's discretion Varies
Setting Up Home Allowance	N/A	N/A	2000.00	One off
18+ in foster placement (Staying Put)	N/A	N/A	181.00	Weekly

Travel while learning - TFL area	-	Varies	-	Varies
Travel while learning - outside london	-	Varies	-	Varies
University vacation	N/A	N/A	-	Varies
Graduation	N/A	N/A	850.00	Once on graduation
HE Bursary	N/A	N/A	2000.00	Academic year
UASC 18+	N/A	N/A	57.90	Weekly
UASC ARE 18+	N/A	N/A	57.90	Manager's discretion
UASC temporary accommodation starter pack	N/A	N/A	85.00	
Apprenticeships, benefits or low wages bridging	57.90	Weekly	57.90	Weekly
Apprenticeships/low wages top up	-	Varies	-	Varies
Crisis payments/financial support	-	Varies	-	Varies
Rent and Deposit loan	N/A	N/A	-	Manager's discretion : once only
Moving costs	-	Varies	-	Manager's discretion: Once per care leaver Maximum of twice per academic year for those at university Other reasons considered, such as safety.
Citizenship applications	0.00		0.00	

Indefinite Leave to Remain Applications	-	Varies Manager's discretion (means tested) Application cost as at 31/8/17:: £1,875 Legal fees: Vary		Varies Manager's discretion (means tested) Application cost as at 31/8/17: £1,875 Legal fees: Vary
Qualifying Young Person support	-	Manager's discretion	-	Manager's discretion
Other circumstances	-	Manager's discretion	-	Manager's discretion

AGENDA ITEM 9

	Health and Wellbeing Board **9 November 2017**
Title	**Revised terms of reference and minutes of the Joint Commissioning Executive Care Closer to Home Programme Board**
Report of	Strategic Director of Adults, Communities and Health
Wards	All
Date added to Forward Plan	November 2014
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 – Minutes of the Joint Commissioning Executive Care Closer to Home Programme Board 20 July 2017. Appendix 2 – Joint Commissioning Executive Care Closer to Home Programme Board revised terms of reference.
Officer Contact Details	Joanne Humphreys Project Lead joanne.humphreys@barnet.gov.uk

Summary

This report provides the minutes of the Joint Commissioning Executive Care Closer to Home Programme Board (Appendix 1) and revised terms of reference for the Joint Commissioning Executive Care Closer to Home Programme Board (Appendix 2).

Recommendations
1. **That the Health and Wellbeing Board comments on and approves the minutes of the Joint Commissioning Executive Care Closer to Home Programme Board of 20 July 2017 (Appendix 1).**
2. **That the Health and Wellbeing Board comments on and approves the revised Joint Commissioning Executive Care Closer to Home Programme Board Terms of Reference (appendix 2).**

1. WHY THIS REPORT IS NEEDED

Background

1.1 On 26 May 2011 the Barnet Health and Wellbeing Board agreed to establish a Financial Planning group to co-ordinate financial planning and resource deployment across health and social care in Barnet. The Financial Planning Group developed into the Joint Commissioning Executive Group (JCEG) in January 2016 with the key responsibility of overseeing the Better Care Fund, Section 75 agreements, the development of a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy through its respective membership. JCEG is required to report back to the Health and Wellbeing Board (HWB).

1.2 On 9 March 2017 the HWB held a workshop session to discuss the development of a local health and care delivery strategy. In light of the development of the Sustainability and Transformation Plan (STP) it is important that the Barnet HWB can set out its collective priorities for the health and care system for 2017-18 and beyond.

1.3 The workshop also agreed the current Joint Commissioning Executive Group (JCEG) would take on the role of overseeing and supporting local implementation of STP plans in Barnet, ensuring alignment with the goals and ambitions of the HWB and the Joint HWBS. This Group will shape local delivery of STP initiatives to ensure each initiative meets local need and works for Barnet as a local system, as well as delivering STP requirements. A critical work stream identified to be led by this group is the Care Closer to Home work stream, as this encapsulates the existing BCF services, elements of urgent and emergency care, which are both led jointly at the moment; primary care improvement, led by the CCG; and public health, voluntary sector, volunteering and community capacity building, currently led by the Council. Therefore, JCEG membership has been expanded to include providers and rescheduled as the Joint Commissioning Executive, Care Closer to Home (CC2H) Programme Board.

1.4 The Terms of Reference for the Joint Commissioning Executive, Care Closer to Home (CC2H) Programme Board were approved by the Health and Wellbeing Board on 20 July 2017.

Minutes and meetings

1.5 Minutes of the Joint Commissioning Executive CC2H meeting held on 20 July 2017 are presented in Appendix 1. In July the Board:

- Reviewed, commented upon and agreed a number of core pieces of CC2H programme documentation including:
    - Reviewing and approving the Delivery Plan and agreeing the formation of a "task and finish" group.
    - Commenting upon a draft communications and engagement plan and agreeing next steps for further development of the plan.
    - Signing off the project brief and approving initiation of the information, advice and signposting workstream.
    - Noting the resource plan.
    - Commenting upon and requesting additions to the governance map and detailed board mapping.
- Received a paper providing an overview of preventative activity currently occurring in Barnet and work being undertaken through adult social care to develop the prevention "offer" and deliver local area co-ordination. It was agreed that the task and finish group would identify how the CC2H programme can draw effectively upon the many preventative services for children and adults that are available in Barnet.
- Received and noted a paper presenting analysis of non-elective admissions and delayed transfers of care in Barnet.

1.6 The August meeting of the Joint Commissioning Executive CC2H Programme Board was cancelled in consideration of a number of absences of key Board members, due to annual leave.

1.7 The September meeting of the Programme Board was replaced by a special meeting for Council and CCG commissioners to review the draft Better Care Fund plan prior to its submission.

1.8 On 19 October 2017 the Programme Board agreed a revised version of its terms of reference (presented in Appendix 2) which had been updated to clarify the division of each Board meeting into two parts:

- Part 1, the Care Closer to Home Programme Board, attended by representatives of commissioner, provider and partner organisations.
- Part 2, for reserved or sensitive matters, including commercially sensitive matters, identified by either the Council or the CCG as commissioning organisations. This part of the meeting is attended by executive members of the two organisations only. Papers and minutes for and of Part 2 of the meetings will be recorded and distributed in a way that recognises and respects the confidential character of any matters discussed.

1.9 The minutes from the Programme Board meeting of 19 October 2017 will be reviewed and agreed at the Board's next meeting in November and then presented to the 25 January 2018 meeting of the Health and Wellbeing Board.

2. REASONS FOR RECOMMENDATIONS

2.1 The Health and Wellbeing Board established the Health and Wellbeing Financial Planning Sub-Group (now the Joint Commissioning Executive Care Closer to Home Programme Board) to support it to deliver on its Terms of Reference; namely that the Health and Wellbeing Board is required:

To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.

2.2 Through review of the minutes of the Joint Commissioning Executive Care Closer to Home Programme Board, the Health and Wellbeing Board can assure itself that the work taking place to ensure that resources are used to best meet the health and social care needs of the population of Barnet is fair, transparent, stretching and timely.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Provided the Health and Wellbeing Board is satisfied by the progress being made by the Joint Commissioning Executive, Care Closer to Home Programme Board to take forward its programme of work, the group will progress its work as scheduled in the

areas of the Sustainability and Transformation Plan, Better Care Fund and Section 75 agreements.

4.2 The Health and Wellbeing Board is able to propose future agenda items for forthcoming group meetings that it would like to see prioritised.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Joint Commissioning Executive Care Closer to Home Programme Board is responsible for the delivery of key health and social care national policy including the Sustainability and Transformation Plan and Better Care Fund.

5.1.2 Integrating care to achieve better outcomes for vulnerable population groups, including older people and children and young people with special needs and disabilities, is a key ambition of Barnet's Joint Health and Wellbeing Strategy.

5.1.3 Integrating health and social care offers opportunities to deliver the Council's Medium Term Financial Strategy (MTFS) and Priorities and Spending Review (PSR), and the CCG's Quality, Innovation, Productivity and Prevention Plan (QIPP) and Financial Recovery Plan.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The Joint Commissioning Executive, Care Closer to Home Programme Board acts as the senior joint commissioning group for integrated health and social care in Barnet.

5.3 Social Value

5.3.1 Social value will be considered and maximised in all policies and commissioning activity overseen by the Board.

5.4 Legal and Constitutional References

5.4.1 The Health and Wellbeing Board has the following responsibility within its Terms of Reference:

To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet.

5.4.2 The Council and NHS partners have the power to enter into integrated arrangements in relation to prescribed functions of the NHS and health-related functions of local authorities for the commissioning, planning and provision of staff, goods or services

under Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended). This legislative framework for partnership working allows for funds to be pooled into a single budget by two or more local authorities and NHS bodies in order to meet local needs and priorities in a more efficient and seamless manner. Funds pooled by the participating bodies into single budget can be utilised flexibly to support the implementation of commissioning strategies and improved service delivery. Arrangements made pursuant to Section 75 do not affect the liability of NHS bodies and local authorities for the exercise of their respective functions. The Council and CCG now have two overarching section 75 agreements in place.

5.4.3 Under the Health and Social Care Act 2012, a new s2B is inserted into the National Health Service Act 2006 introducing a duty that each Local Authority must take such steps as it considers appropriate for improving the health of the people in its area. The 2012 Act also amends the Local Government and Public Involvement in Health Act 2007 and requires local authorities in conjunction with their partner CCG to prepare a strategy for meeting the needs of their local population. This strategy must consider the extent to which local needs can be more effectively met by partnering arrangements between CCGs and local authorities. At Section 195 of the Health and Social Care Act 2012 there is a new duty, The Duty to encourage integrated working:

s195 (1) A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

s195 (2) A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

5.4.4 As yet, there is no express provision in statute or regulations which sets out new integrated health budgets arrangements, and so the s75 power remains.

5.4.5 NHS organisations also have the power to transfer funding to the Council under Section 256 of the National Health Service Act 2006, and the Council similarly has the power to transfer money to the NHS under Section 76 of the NHS Act 2006. These powers enable NHS and Council partners to work collaboratively and to plan and commission integrated services for the benefit of their population. The new integrated budgets arrangements replace the current use of Section 256 money although Section 256 will remain in place.

5.5 **Risk Management**

5.5.1 There is a risk, without aligned financial strategies across health and social care, of financial and service improvements not being realised or costs being shunted across the health and social care boundary. JCEG has identified this as a key priority risk to mitigate, and the group works to align timescales and leadership of relevant work plans which affect both health and social care.

5.6 **Equalities and Diversity**

5.6.1 All public sector organisations and their partners are required under s149 of the Equality Act 2010 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.

5.6.2 The protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

5.6.3 The MTFS has been subject to an equality impact assessment considered by Cabinet, as have the specific plans within the Priorities and Spending Review. The QIPP plan has been subject to an equality impact assessment considered.

5.7 **Consultation and Engagement**

5.7.1 The Joint Commissioning Executive, Care Closer to Home Programme Board will factor in engagement with users and stakeholders to shape its decision-making.

5.7.2 The Joint Commissioning Executive, Care Closer to Home Programme Board will also seek assurance from group members that there is adequate and timely consultation and engagement planned with providers as integrated care is implemented.

5.8 **Insight**

5.8.1 N/A

6.1.1 BACKGROUND PAPERS

None.

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Joint Commissioning Executive
Care Closer to Home Programme Board

Thursday 20 July 2017
North London Business Park, Room G6
14:00 – 16:00

Present

(DW) Dawn Wakeling, Strategic Director of Adults, Communities and Health, LBB (Chair)
(BW) Beverly Wilding, Assistant Director, Urgent Care, BCCG
(CM) Collette McCarthy, Head of Children's Joint Commissioning, LBB/BCCG
(CW) Cathy Walker, Director of Divisional Ops, Central London Community Healthcare NHS Trust
(FJ) Fiona Jackson, Director of Integrated Care and Chase Farm Hospital Director, Royal Free
(GP) Gill Parsons, Chair, Community Education Provider Network (CEPN)
(JH) Joanne Humphreys, Project Manager, LBB
(JL) Jeff Lake, Consultant in Public Health, Barnet and Harrow Public Health Team
(MA) Muyi Adekoya, Joint Commissioning Manager, LBB/BCCG
(MD) Maria Da Silva, Director of Integrated Commissioning, BCCG
(MK) Mathew Kendall, Director of Adults and Communities, LBB
(NSc) Nazia Scott, Adults Transformation Coordinator, LBB
(SP) Sarah Perrin, Prevention & Wellbeing Manager, LBB
(TH) Tal Helbitz, BCCG Governing Body

Apologies

Aashish Bansal, BCCG Governing Body
Anisa Darr, Director of Resources, LBB
Courtney Davis, Head of Adults Transformation, LBB
Leigh Griffin, Director of Strategic Development, BCCG
Ron Agble, Director of Partnerships and Transactions, Royal Free
Selina Rodrigues, Barnet Healthwatch and Community Barnet

	ITEM	ACTION
1.	**Welcome / Apologies and declarations of conflicts of interest** As Chair, DW welcomed attendees to the meeting and apologies were noted. DW noted that Dr Ahmer Farooqi has stepped down from the BCCG Governing Body, and that Neil Hales and Neil Snee have moved from BCCG to new positions. FJ will be stepping down from her role at Royal Free London before the next Programme Board meeting. DW recorded the Programme Board's thanks for these members' contributions to the Care Closer to Home Programme. A potential conflict of interest was recorded for those members of the Board who are members of the first, second and third CHINs. A general conflict of interest was also noted for all GPs and provider organisations (including LBB's Adults and Communities Delivery Unit) present at the meeting.	
	ACTION: Contact Barnet, Enfield & Haringey Mental Health NHS Trust to	**JH**

	ITEM	ACTION
	confirm an attendee for future Programme Board meetings.	
	<u>ACTION:</u> Provide JH with names of the GP practices that will be part of the first three CHINs. To action before the next Board on 17 August.	**BW**
	<u>ACTION:</u> Include list of GPs who are future CHIN members (and therefore may have a potential conflict of interest) as an addendum to future JCE CC2H Programme Board agendas. To action before the next board on 17 August.	**JH**
2a	**15 June 2017 Minutes** The minutes from the 15 June JCEG CC2H meeting were approved with the following corrections: • Gill Parsons' name to be corrected. • FJ apologies to be recorded.	
	<u>ACTION:</u> Correct 15 June 2017 minutes prior to their publication as part of the papers for the next Health and Wellbeing Board (14 September 2017).	**NSc**
2b	**Action Log** The Action Log was reviewed and completed actions were closed.	
Strategy and Planning		
3	**Care Closer to Home** DW introduced this part of the meeting to review, comment and agree CC2H programme documentation. <u>Delivery Plan</u> DW introduced the Delivery Plan for Board members to review and approve. Discussion and feedback in relation to the cover paper was provided: • GP suggested that, in the cover paper, the reference to secondary care referrals should read "fewer inappropriate referrals to secondary care". • It was agreed that as the outcome measures are developed, they should have a greater number of positive "increase" measures. DW noted that a detailed outcomes framework will be an output of the business intelligence/data analytics workstream and that feedback given on the outcomes in this meeting would inform this workstream. • BW said the plan does not yet reflect the QIST (Quality Improvement Service Teams) element of CHINs implementation. The content of the first	

	ITEM	ACTION
	Barnet CHIN business case will influence how QISTs are developed. • FJ suggested the outcome around emergency hospital admissions could be reframed to show that improved access to a range of primary care services will result in fewer emergency hospital admissions. • MK said the outcomes should reflect the programme's wider objectives around supporting people to continue to be active members of their community, remain socially connected and improve their employability. • MK added that products addressing the workforce should be included as products for each workstream and not only addressed in the 'workforce' workstream. • TH said the outcomes needed to include more 'softer' benefits for patients/residents and for staff. • GP said the outcomes should include a reference to addressing variations in standards of care. • DW noted that an additional product would be a description of the vision and the service model for CC2H, against which progress would be reported.	
	<u>Approval:</u> The Delivery Plan was approved subject to Board members' feedback being incorporated.	
	<u>ACTION:</u> Update Delivery Plan and cover paper to reflect Board members' feedback. To action before the next Board on 17 August.	**JH**
	<u>ACTION:</u> Circulate QIST design template to Board members. To action before the next Board on 17 August.	**BW**
	<u>'Task & finish' group terms of reference</u> DW introduced the task & finish group terms of reference for Board members to review and agree the formation of a task & finish group. BW explained that the task & finish group would be a group of operational leads, representing all partner organisations, that focuses upon agreeing the operational detail around how providers will work together to deliver CHINs, ensuring that these conversations are only held once, and not repeated for each CHIN. The group would report back to each meeting of the Programme Board. A key output from this group will be the CHIN business case, which will be brought back to the Programme Board for review and approval.	

	ITEM	ACTION
	DW requested that a representative from Children's Services be included in the task & finish group membership. It was agreed that BW would invite representatives from other provider organisations outside of the core operational group (for example, community pharmacy, urgent and OOO care, community and voluntary sector group representation) to attend the group's meetings as required.	
	Approval: Formation of a task and finish group was agreed by the Board.	
	ACTION: Contact Board members to request nominations for representatives to attend the task and finish group meetings and schedule the first meeting to take place before the next Board on 17 August.	**BW**
	ACTION: Provide task and finish group member nominations to BW – staff with appropriate seniority and operational responsibility.	**All**
	ACTION: Update JCE CC2H agenda to include an update from the task and finish group as a standing agenda item from 17 August onwards.	**NSc**
	Draft Communications Plan DW introduced the draft plan for Board members to comment on and agree next steps. Feedback was provided: • TH agreed that it was important to inform and engage with GPs who did not apply to be part of the first wave of CHINs. • MK said the objectives need to be more encompassing of the whole system workforce (for example, social care staff). • DW noted that communications to patients and residents would initially be targeted towards people in the catchment area of the first CHINs, preparing them to see a different professional and/or go to a different location. Broader messages to the wider public would be developed at a later date. • FJ added that the communications should identify the benefits of CHINs to patients and residents. • The group agreed it was important that the Communications workstream be appropriately resourced, with involvement and resource from communications professionals across all of the JCE CC2H partner organisations. • It was agreed to schedule a workshop for communications professionals from each partner organisation to flesh out the draft communications plan, shape and define the communications activities and develop a resourcing proposal for consideration by the Board at a future meeting.	

	ITEM	ACTION
	• DW noted that since the first CHIN goes live in October 2017, initial communications need to begin in September 2017. • BW informed the group that the STP has a Communications team, and they may have produced CC2H communications material that could be used as a starting point for communications in Barnet.	
	ACTION: Contact Board members to request nominations for representatives to attend the communications plan workshop, to be scheduled before the Board on 17 August if possible.	**JH**
	ACTION: Provide staff nominations for communications workshop to JH.	**All**
	ACTION: Contact Gen Ileris (STP Communications Lead) to identify any relevant communications materials that could be shared. To action before the next board on 17 August.	**BW**
	Information & signposting project brief DW introduced the project brief for Board members to sign off and approve initiation of the workstream. Feedback was provided: • GP advised that Harrow CCG has developed a health information app that should be considered as an example of good practice. • SP emphasised the importance of training staff to navigate information resources and ensuring that this workstream does not duplicate existing resources. • DW said that the first objective of the workstream was to map all of the resources that are already available, including people. The workstream should improve the accessibility of information. • TH is meeting the MiDoS team next week. • It was agreed that membership of the workstream group should include SP and a member of the Children's Joint Commissioning team. • MK suggested that community and voluntary sector organisations that provide information and advice should be involved in the mapping exercise, including Age UK, Barnet Carers Centre and Alzheimer's Society.	
	Approval: Board members signed off the project brief and approved initiation of the workstream.	
	ACTION: Initiate the information & signposting workstream.	**TBC**
	Resource Plan	

	ITEM	ACTION
	DW introduced this paper for Board members to note. The plan lists the staff resources currently in place and identifies those areas where additional resource is needed. DW emphasised that this document is a first draft that requires further development. Any additional funding requirements will need to be presented in a proposal to partner organisations' Chief Executive Officers. CW queried whether sufficient resource had been allowed for contracting and for business intelligence analysis. BW noted that the QIST teams will have some analytics capacity.	
	ACTION: Review the Resource Plan and provide any feedback to JH before the next Board on 17 August.	**All**
	Governance map and detailed board mapping DW introduced the Governance map, which had been developed in response to requests for information about how the various groups and boards fit together. Board members were asked to comment and make additions. Feedback was provided: • FJ said the mapping should include the other STP workstreams such as urgent and emergency care and planned care. • CM requested that the Children, Education, Libraries and Safeguarding Committee be included in the governance map. • It was agreed that the new task & finish group should be included. • It was also agreed that the Barnet GP Federation should be added to the map, with a dotted line to the JCE CC2H Programme Board and the task & finish group. • Reference to other provider organisations' own governance structures should be added as a footnote.	
	ACTION: Update the governance map and board mapping to reflect Board feedback. To action before the next board on 17 August.	**JH**
4	**Summary of LBB preventative activity including local area co-ordination** SP introduced the paper, for the Board to note and agree how existing preventative activity can be aligned with CHINs development. She explained that LBB's preventative activity follows a holistic model that draws upon a range of commissioned and non-commissioned services. Four Local Area Coordinators, who will be able to help people to navigate and access preventative services, will be in post from October 2017.	

	ITEM	ACTION
	• CM suggested that this work should be joined up with work that Karen Pearson (Head of Early Years) is leading around early intervention and prevention, and a local offer for children with SEN and disabilities. • DW noted that the prevention summary did not include the many preventative services that are offered for children, young people and their parents, and that appropriate connections need to be made with Children's Services preventative activity. • TH suggested that the Four Local Area Coordinators are involved with the CHINs once in post so that they can be part of the process. • MK suggested that more can be done to support and engage with the community and voluntary sector, and make it easier for them to work with the Council and other statutory services. • It was agreed to ask the task & finish group to consider how to ensure that CHINs use preventative services effectively. DW thanked SP and JL for their work on this agenda item.	
	<u>ACTION:</u> Work with Tony Lewis and Karen Pearson in Children's Services to make connections with their work around early intervention and prevention. To action before the next board on 17 August.	**SP**
	<u>ACTION:</u> Identify how CHINs can draw effectively upon the many preventative services for children and adults that are available in Barnet. Consider what efficiency implications this may have for the CHIN business case.	**T&F Group**
5	**BCF Metrics: NEAs and DTOCs** This paper was provided in response to a previous request for information by the Joint Commissioning Executive Group. The paper was noted by the Board.	
Governance		
6	**JCE/CC2H work programme** This item was noted.	
7	**Health and Wellbeing Board work programme** This item was noted.	
8	**AOB** MA is developing the Better Care Fund plan and will circulate a draft to the Board for review prior to submission on 11 September 2017.	

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Joint Commissioning Executive
Care Closer to Home Programme Board
Terms of Reference – REVISED OCTOBER 2017

The Joint Commissioning Executive Group (JCEG) will monitor existing joint arrangements between NHS Barnet Clinical Commissioning Group (CCG) and the London Borough of Barnet (LBB) and make recommendations to the relevant decision making bodies or officers for future joint arrangements.

The North Central London (NCL) Sustainability and Transformation Plan (STP) sets out wide ranging delivery plans covering the full range of health care. Whilst many of the STP aspirations are in alignment with the ambition set out in Barnet plans, it is important that as a local system there is a clear view of what is needed for the implementation of these plans in Barnet. JCEG will be a space for CCG, LBB and selected partners to discuss local priorities for commissioning and delivery across health and care in Barnet within the context of the STP.

Barnet CCG and LBB recognise that the delivery and implementation of STP plans and of services delivered through Better Care Fund and Section 75 agreements are strategically linked. The delivery of these programmes and services needs to be jointly overseen between these two commissioning agencies and, in respect of delivery, in conjunction with representatives from the provider organisations.

The JCEG further recognises that there will be reserved or sensitive matters, including commercially sensitive matters, identified by either LBB or Barnet CCG as commissioning organisations. These matters can be allocated by either organisation to be dealt with in a section of the meeting designated for attendance by executive members of the two organisations only. The meetings of the JCEG will therefore comprise two parts, part 1 and part 2, with part 2 being designated for consideration of reserved or sensitive matters. It is for the individual organisations to designate items for part 2 of that meeting.

JCEG will operate within existing schemes of delegation and reservation, constitutions and standing orders of each organisation.

Purpose

To operate as the executive delivery arm of the Health and Wellbeing Board.

To oversee the development and implementation of plans for an improved and integrated health and social care system including:

- the local delivery of the STP including being the programme board for Care Closer to Home.
- the borough's Better Care Fund.
- the delivery of Section 75 agreements between NHS Barnet CCG and London Borough of Barnet.

Functions

1. To provide the overarching governance mechanism for the health and social care system transformation programme (STP), ensuring that the transformation programme is driven by the Barnet vision and that programme leads are adequately supported in their work and held to account for the delivery of their responsibilities. Key areas from the STP include:

    a) **Care Closer to Home**:

        - Develop and deliver the Care Closer to Home vision
        - Consider, commission, prioritise and approve proposed new programmes and projects, approving programme briefs and business cases
        - Establish, secure agreement to and oversee implementation of a local Care Closer to Home strategic implementation and resourcing plan.
        - Identify programmes and projects that should be discontinued or re-prioritised due to changes in the environment
        - Ensure consistency, compatibility and co-ordination between programmes and projects
        - Manage high-level interdependencies and risks associated with all transformation programmes and the wider portfolio of change.
        - Ensure programmes deliver against their outcomes, KPI's, budgets, timescales, quality measures and business benefits, as identified in their business cases
        - Strategically identify, prioritise and allocate resources to programmes and projects, re-aligning where necessary including recommending financial allocations and changes to respective organisations
        - Monitor the impact of transformation programme as a whole, including unintended consequences/dis-benefits, and agree appropriate strategic response
        - Ensure that an overarching effective Communications and Engagement

Strategy exists, including key messages for circulation to the partner organisation as the result of each meeting

- Ensure appropriate public and patient engagement is undertake across the programme.
- Ensure that plans to enhance Care Closer to Home include health and wellbeing initiatives and programmes designed to improve the physical and mental health and wellbeing of individuals, the public and local communities.
- Ensure that plans for Care Closer to Home explicitly enable improvements in the health and wellbeing of the Borough's children and young people.
- Ensure that plans are prioritised to reduce avoidable demand on hospital services.

b) Prevention

c) Children and young people

d) Urgent and emergency care pathways

e) Planned care

f) Mental health.

2. To oversee the delivery of the **Better Care Fund** including:

a) Overseeing the Integrated Care Model by holding the Joint Commissioning Unit and partners to account for its delivery

b) The Group is responsible for making recommendations on the governance and legal functions required to develop and implement the Better Care Fund Pooled budget and manage risk

c) Monitoring expenditure for budgets for the Better Care Fund and for wider work to integrate care services

d) Monitor progress in delivering Better Care Fund services and tracking benefits realisation against these budgets

e) Overseeing the financial risk of the Better Care Fund and, where necessary, making recommendations on recovery plans.

3. To oversee all **Section 75 agreements** held between the London Borough of Barnet and NHS Barnet CCG to ensure that they are operating effectively including:

a) Monitor performance reports at least quarterly, and generating an annual report for the Health and Wellbeing Board

b) Monitor expenditure and management of the pooled funds

c) Review risks to ensure that appropriate actions are in place

d) Oversee the extension and renewal process for Section 75 agreements.

Section 75 agreements cover:

Adults	Community Equipment;
	Prevention / Voluntary Sector
	Learning Disability
	Campus Re-provision
	Health and Social Care Integration
	Mental Health (between LB Barnet and Barnet, Enfield and Haringey Mental Health Trust).
Children	Speech and Language Therapy
	Looked After Children
	Occupational Therapy
	Children and Young People Mental Health Services (from January 2018)

4. Performance and finances

a) To recommend to the Health and Wellbeing Board, Council Committees and Barnet CCG's Finance Performance and QIPP Committee how budgets should be spent to further integrate health and social care

b) To ensure appropriate governance arrangements and management of additional budgets delegated to the Health and Wellbeing Board

c) To develop and review the work programme for the Health and Wellbeing Board and make recommendations for amendments or additions

d) To review reports being considered by the Health and Wellbeing Board which

have financial or resource implications

e) To approve the work programmes of the Joint Commissioning Units (adults and children)

f) To agree business cases arising from the Joint Commissioning Units for adults and children subject to both the Council and Barnet CCG's governance framework or Scheme of Reservation and Delegation

g) To support the refresh of the Joint Strategic Needs Assessment and oversee the refresh and implementation of the Joint Health and Wellbeing Strategy

h) To develop and maintain a forward work programme to ensure strategic and operational alignment between the Council and Barnet CCG.

5. Each organisation should ensure that the **risks** relating to BCF and section 75 agreements are clearly reflected on each organisation's respective Risk Registers and that these risks are reviewed regularly at each meeting and escalated to the Health and Wellbeing Board and the FPQ Committee as required.

Membership

Organisation	**Post**
Commissioning	
London Borough of Barnet (LBB)	Strategic Director for Adults, Communities and Health
	Strategic Director for Children and Young People
	Director of Public Health
	Director of Resources
NHS Barnet Clinical Commissioning Group (CCG)	Chief Operating Officer
	Director of Commissioning
	Director of Care Closer to Home
	CCG Board representatives
	Deputy Finance Director
Providers	
London Borough of Barnet	Director of Adults and Communities
Central London Community Healthcare NHS Trust	Director of Divisional Operations
Royal Free London NHS Foundation Trust	Hospital Director

Barnet Enfield Haringey Mental Health Trust	Borough Clinical Director
Barnet GP Federation	Two members
Partners	
Community Education Providers Network	Chief Officer
Healthwatch	Head of Healthwatch

In respect of both Part 1 and Part 2 of the meetings, members are able to appoint a substitute to attend in their place if they are unavailable to attend a meeting.

Administration and Secretariat Support

The Council and CCG will provide support to the Board which will include taking and circulating minutes, organising meetings (dates; rooms), circulating papers and supporting agenda setting and developing a work programme. The following roles will support the Board and assist in referring matters for decision to the relevant Council or CCG Committee:

- Associate Director of Governance & Corporate Affairs (CCG)
- Head of Adults Transformation (LBB)
- JCU Health & Wellbeing Commissioning Lead (LBB)

Declaration of Interests

The Chair will ask at the beginning of each meeting whether any member has an interest about any item on the meeting agenda. If a member has a direct or indirect conflict with an issue on the agenda which may impact on their ability to objective, it should be declared at the meeting and recorded in the minutes. On the basis of the interest declared, the Group will make a decision as to whether it is appropriate or not for this member to remain involved in considering the agenda item in question.

The agenda for meetings will stipulate where items are for commissioners only and will be managed, as appropriate, by the Chair (e.g. through moving to part 2).

Quoracy

For the Group to be quorate, two representatives from each organisation (CCG and LBB) need to be present.

Chairmanship

There will be alternate chairing arrangements, shared between the Strategic Director for Adults, Communities and Health (LBB) and the Director of Care Closer to Home (CCG).

Reporting and Referrals

The minutes of all the JCEG meetings (including an attendance record) shall be formally recorded and submitted to the Health & Wellbeing Board and to NHS Barnet CCG's Finance, Performance and QIPP Committee.

Papers and minutes for and of Part 2 of the meetings will be recorded and distributed in a way that recognises and respects the confidential character of any matters discussed.

The JCEG will refer matters for decision to the Health & Wellbeing Board and/or relevant NHS Barnet CCG and/or LB Barnet Officers or Committees where appropriate (within the appropriate level of delegated authority to take decisions).

Frequency and Notice of Meetings

Meetings shall be held at least monthly, unless otherwise agreed.

Items of business to be transacted for inclusion on the agenda of the meeting should be approved via the work programme and agreed with the chair at least 10 working days before the meeting takes place (chairs are able to add items to the agenda as they arise). Any supporting papers should be sent to the members at least 5 working days before the meeting.

The Chair reserves the right to call for an urgent or extraordinary meeting of the Group through a virtual distribution of paper(s) with clear specific instructions to the members.

Review

These terms of reference will be reviewed on an annual basis and the work of this group is subject to both organisation's internal audit work plan and programme to review its effectiveness.

Amendments will be reported to the Health & Wellbeing Board.

To be reviewed April 2018.

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AGENDA ITEM 10

	Health and Wellbeing Board **9th November 2017**
Title	**Forward Work Programme 2017-18**
Report of	Strategic Director Adults, Communities and Health
Wards	All
Date added to Forward Plan	January 2014
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1- Forward work programme of the Health and Wellbeing Board 2017-18
Officer Contact Details	Salar Rida Governance Officer Salar.Rida@Barnet.gov.uk 0208 359 7113

Summary

This report introduces the forward work programme for the Health and Wellbeing Board (the Board) and outlines a series of considerations that will support the Board to manage and update its forward work programme effectively. These considerations are:

- The statutory responsibilities and key priorities of the Health and Wellbeing Board
- The work programmes of other Strategic Boards in the Borough, thematic Committees and Health Overview and Scrutiny Committee;
- The significant programmes of work being delivered in Barnet in 2017/18 that the Board should be aware of
- The nature of agenda items that are discussed at the Board.

Recommendations

1. That the Health and Wellbeing Board considers and comments on the items included in the Forward Work Programme (see Appendix 1).

1. WHY THIS REPORT IS NEEDED

1.1 At the Health and Wellbeing Board meeting on 13th November 2014 the Board committed to monthly updates of the forward work programme in alignment with other council committees.

1.2 The current forward work programme has been designed to cover both the statutory responsibilities of the Health and Wellbeing Board and the key projects that have been identified as priorities by the Board at its various meetings and development sessions. The current work programme covers a period until the end of March 2018.

1.3 The forward work programme attached to this report at Appendix 1 supersedes the previous work programme presented to the Board on 19 January 2017 and suggests a refreshed schedule of reports and items for the following eleven months, reflecting the Board's statutory requirements, responsibilities as the Commissioning Committee for public health and agreed priorities set out in the Joint Health and Wellbeing Strategy (2015 – 2020). The work programme will be regularly reviewed and updated.

1.4 Agendas are split into two sections. The first section will be decision and discussion items which will explore topical issues; this section will include external speakers (including residents) to speak at the Board to agree joint action. In the second section, the Board will consider and note papers.

1.5 The Health and Wellbeing Board must ensure that its forward work programme is compatible with the forward work programmes of the Adults and Safeguarding and Children's, Education, Libraries and Safeguarding Committees. The Board also needs to seek alignment with the work programmes of the Council's Health Overview and Scrutiny Committee, and Barnet CCG's Governing Body, to ensure that these work programmes are discussed within the correct forums, with information shared across other Board's as appropriate.

1.6 There are a number of work programmes being delivered in 2017/18 that will be of interest to the Health and Wellbeing Board, and should be reflected in the Board's forward plan. These work programmes include, but are not limited to Care Closer to Home, Early Years ADM and work across North Central London.

2. REASONS FOR RECOMMENDATIONS

2.1 To maintain a programme of agenda items that will aid the Board in fulfilling its remit.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Following approval of the recommendations in this report, Board Members will be asked to update the forward work programme.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Health and Wellbeing Board needs a robust forward work programme to ensure it can deliver on the key objectives of the Joint Health and Wellbeing Strategy, including the annual priorities within the Strategy that were agreed at the November 2016 Board meeting.

5.1.2 Successful forward planning will enable the Board to meet strategic local and national deadlines for each organisation represented at the Board and transformational changes required to meet the savings targets for both the Council and the Barnet CCG.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

5.3.1 Health and Wellbeing Boards have a number of statutory duties designated through the Health and Social Care Act (2012) that will inform what items should be taken to the Health and Wellbeing Board meetings.

5.3.2 The work programme should ensure that the Health and Well-Being Board is able to deliver on its terms of reference as set out in the Council's Constitution Responsibility for Functions- Annex A, which are set out below:

*(1) To jointly **assess the health and social care needs of the population** with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.*

*(2) To **agree a Health and Well-Being Strategy** for Barnet taking into account the findings of the JSNA and performance manage its implementation to ensure that improved outcomes are being delivered.*

*(3) To work together to **ensure the best fit between available resources to meet the health and social care needs of the population of Barnet** (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.*

*(4) To **promote partnership and, as appropriate, integration, across all necessary areas**, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.*

(5) Specific responsibilities for:

- ***Overseeing public health***
- ***Developing further health and social care integration.***

5.4 Social Value

5.4.1 N/A

5.5 Risk Management

5.5.1 A forward work programme reduces the risks that the Health and Wellbeing Board acts as a talking shop for the rubber stamping of decisions made elsewhere, or does not focus on priorities. It ensures that all decisions formally within the Board's statutory duties, Terms of Reference and other key issues relating to local health and care services are considered.

5.6 Equalities and Diversity

5.6.1 All items of business listed in the forward programme and presented at the Health and Wellbeing Board will be expected to bear in mind the health inequalities across different parts of the Borough and will aim to reduce these inequalities. Individual and integrated service work plans sitting within the remit of the Health and Wellbeing Board's work will need to demonstrate how the needs analysis contained in the Joint Strategic Needs Assessment (JSNA) has influenced the delivery options chosen, including differential outcomes

between different communities.

5.6.2 The Public Sector Equality Duty at s149 of the Equality Act 2010 will apply to CCGs and local authorities who as public authorities must in the exercise of their functions have due regard to the need to eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the 2010 Act and advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics are - age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.6.3 This is particularly essential when addressing 5.3.2. (6) above regarding health inequalities.

5.7 Consultation and Engagement

5.7.1 The forward work programme will be set by the Members of the Health and Wellbeing Board but the Health Overview and Scrutiny Committee also has the opportunity to refer matters to the Board.

5.7.2 The bi-annual Partnership Board Summits, and the meetings of the Partnership Board co-chairs, will provide opportunity for the Board to engage with each of the Partnership Boards on the forward work programme.

5.8 Insight

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 None.

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Health and Wellbeing Board Work Programme

2017 – 2018

Contact: Salar Rida (Governance) salar.rida@barnet.gov.uk

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
9 November 2017				
DISCUSSION				
Joint Health and Wellbeing Strategy Implementation plan – annual report (including update on tackling obesity in children and young people)	**The Board is asked to consider the progress made to deliver the Joint Health and Wellbeing Strategy.**	Strategic Director for Adults, Communities and Health Strategic Director – Children and Young People Director of Public Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing** **Safeguarding Adults Board Business Manager** **Consultant in Public Health** **Head of Children's Joint Commissioning**	Yes
Improvement Action Plan – Ofsted* *(same paper as reported to other Committees)	**The Board in September asked to receive the Improvement Action Plan for discussion.**	Strategic Director – Children and Young People	**Strategic Director – Children and Young People**	Yes
Healthwatch Barnet Learning Disabilities Report	**The Board is asked to note and comment on the paper.**	Head of Healthwatch	**Head of Healthwatch**	No
NOTE				
Minutes of the Health and Wellbeing Board Working Groups (where available): • Joint Commissioning Executive Group • Updated Terms of Reference	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board**	Strategic Director Adults, Communities and Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	No
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Strategic Director Adults, Communities and Health	**Commissioning Lead – Health and Wellbeing**	No
25 January 2018				

****A key decision is one which**: Will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or is significant in terms of its effects on communities living or working in an area comprising two or more wards.*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
DISCUSSION				
Joint Health and Wellbeing Strategy Implementation plan – report	**The Board is asked to consider the progress made to deliver the Joint Health and Wellbeing Strategy.**	Strategic Director for Adults, Communities and Health Strategic Director – Children and Young People Director of Public Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	Yes
Care home development work	**The Board is asked to review and comment on the developments with care homes.**	Director of Integrated Commissioning	**Joint Commissioning Manager – Integrated Care**	No
Annual Director of Public Health Report	**The Board is asked to note the report.**	Director of Public Health	**Consultant in Public Health**	No
Smoking Cessation Strategy	**The Board is asked to comment on the Strategy.**	Director of Public Health	**Consultant in Public Health**	Yes
Consultation on the draft Pharmaceutical Needs Assessment	**The Board is asked to review and comment on the Pharmaceutical Needs Assessment**	Director of Public Health	**Consultant in Public Health**	Yes
NOTE				
Section 75 agreements: annual report	**The Board is asked to review the status, activity and finances associated with all Section 75 agreements.**	Strategic Director Adults, Communities and Health Strategic Director – Children and Young People CCG Accountable Officer	**Strategic Lead Adults Health**	No
Annual Prevent update Presentation	**The Board is asked to note a presentation on the progress of the Prevent delivery.**	Prevent Coordinator (Presentation)	Prevent Coordinator	No
Minutes of the Health and Wellbeing Board Working Groups (where available):	**The Board is asked to approve the minutes of the Joint Commissioning Executive**	Strategic Director Adults, Communities and Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	No

***A key decision is one which**: Will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or is significant in terms of its effects on communities living or working in an area comprising two or more wards.*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
• Joint Commissioning Executive Group	**Group and Health and Social Care Integration Programme Board**			
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Strategic Director Adults, Communities and Health	**Commissioning Lead – Health and Wellbeing**	No
8 March 2018				
DISCUSSION				
Joint Health and Wellbeing Strategy Implementation plan – report	**The Board is asked to consider the progress made to deliver the Joint Health and Wellbeing Strategy.**	Strategic Director for Adults, Communities and Health Strategic Director – Children and Young People Director of Public Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	Yes
Fit and active Barnet: new leisure service contract to promote health and wellbeing	**The Board is asked to consider and discuss the progress made to encourage healthier lifestyles.**	Strategic Director Adults, Communities and Health	**Strategic Lead – Sports and Physical Activity**	No
Screening Update	**The Board is asked to note and comment on the Screening Update report.**	Director of Public Health – NHS England	**Consultant in Public Health**	No
NOTE				
Minutes of the Health and Wellbeing Board Working Groups (where available): • Joint Commissioning Executive Group	**The Board is asked to approve the minutes of the Joint Commissioning Executive Group and Health and Social Care Integration Programme Board**	Strategic Director Adults, Communities and Health CCG Accountable Officer	**Commissioning Lead – Health and Wellbeing**	No
Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Strategic Director Adults, Communities and Health	**Commissioning Lead – Health and Wellbeing**	No
Unallocated				

***A key decision is one which**: Will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or is significant in terms of its effects on communities living or working in an area comprising two or more wards.*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
Health visiting and integration of health services	**The Board is asked to comment on the progress made in developing the Boroughs health visiting and integration of health services.**	Strategic Director – Children and Young People	**Head of Joint Children's Commissioning**	No
Children's Continuing Care	**The Board is asked to comment on the progress to develop the model for children's continuing care.**	Strategic Director – Children and Young People	**TBC**	No
Corporate Parenting	**The Board is asked to comment on the progress made to develop the borough's offer to children looked after.**	Strategic Director – Children and Young People	**TBC**	No
Implementing Barnet's Carers' Strategy	**The Board is asked to comment on the progress made to implement the Carer's Strategy.**	Strategic Director Adults, Communities and Health Strategic Director – Children and Young People	**Carer's Lead**	No
Devolution – estates	**The Board is asked to comment on Barnet's roles and contribution to the developments across North Central London (NCL).**	Strategic Director Adults, Communities and Health CCG Accountable Officer	**TBC**	No
Update report on sexual health services (July/ Sep 2018)	**The Board is asked to note the progress of the procurement of sexual health services**	Director of Public Health	**Head of Public Health Commissioning**	No
Annual Safeguarding Report	**The Board is asked to note the information set out in the Annual Safeguarding Report.**	Strategic Director – Children and Young People Strategic Director Adults, Communities and Health	Divisional Director Improvement	No

***A key decision is one which**: Will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or is significant in terms of its effects on communities living or working in an area comprising two or more wards.*

Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
Public Health Nursing (TBC Jan/ Mar 2018)	**The Board is asked to endorse the future model for Public Health Nursing**	Strategic Director – Children and Young People	**Head of Children's Joint Commissioning Commissioning Manager for PHN**	Yes

***A key decision is one which**: Will result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or is significant in terms of its effects on communities living or working in an area comprising two or more wards.*