

MEETING

HEALTH & WELLBEING BOARD

DATE AND TIME

**THURSDAY 17TH JANUARY, 2019
10.30AM**

VENUE

UNDERHILL SCHOOL, 215 MAYS LANE, BARNET, EN5 2LZ

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

Chairman: Councillor Caroline Stock (Chairman),
Vice Chairman: Dr Debbie Frost (Vice-Chairman)

Kay Matthews	Fiona Bateman	Dr Clare Stephens
Dr Tamara Djuretic	Councillor Sachin Rajput	Dawn Wakeling
Dr Charlotte Benjamin	Councillor Richard Cornelius	Selina Rodrigues
Chris Munday	Caroline Collier	

Substitute Members

Julie Pal	Councillor David Longstaff	Dr Murtaza Khanbhai
Councillor Shimon Ryde	Dr Jeffrey Lake	Ben Thomas
Dr Barry Subel		

In line with Article 3 of the Council's Constitution, Residents and Public Participation, public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is 10AM on Monday 14 January. Requests must be submitted to Salar Rida at salar.rida@barnet.gov.uk

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
Media Relations Contact: Gareth Greene 020 8359 7039

ASSURANCE GROUP

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ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes of the Previous Meeting	
2.	Absence of Members	
3.	Declaration of Members' Interests	
4.	Public Questions and Comments (if any)	
5.	Minutes of the Care Closer to Home Programme Board and Joint Commissioning Executive Group	5 - 16
6.	Forward Work Programme	17 - 20
7.	Corporate Plan 2019-2024, Business Planning: Medium Term Financial Strategy (MTFS) 2019-2024 and proposed savings	21 - 48
8.	Improving Children and Young People's Mental Health and Emotional Wellbeing	49 - 108
9.	Update report on the progress of Barnet Children's Services Improvement Action Plan	109 - 232
10.	Barnet Children and Young People Plan 2019-2023	233 - 274
11.	Family Friendly Barnet	275 - 298
12.	Any Items the Chairman decides are urgent	
13.	Declaration of Members' Interests	

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AGENDA ITEM 5

	Health and Wellbeing Board 17 January 2019
Title	Minutes of the Care Closer to Home Programme Board and Joint Commissioning Executive Group
Report of	Strategic Director for Adults, Communities and Health Chief Operating Officer, Barnet CCG
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 – Minutes of: <ul style="list-style-type: none"> Care Closer to Home Programme Board, 06 September 2018.
Officer Contact Details	Anita Thawani Programme Coordinator (Care Closer to Home) anita.thawani@barnet.gov.uk Helen Cavanagh Health and Wellbeing Policy & Commissioning Lead helen.cavanagh@barnet.gov.uk

Summary

This report provides the minutes of the Care Closer to Home Programme Board and the Joint Commissioning Executive Group (Appendix 1).

Recommendations

1. That the Health and Wellbeing Board comments on and approves the minutes of the Care Closer to Home Programme Board meeting of 06 September 2018; and the Joint Commissioning Executive Group meeting – no meeting has taken place since the last Health and Wellbeing Board.

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 Need 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 workstream identified to be led by this group is the Care Closer to Home workstream, which is jointly led by the CCG and the Council. Care Closer to Home encapsulates the existing Better Care Fund (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
- 1.5 On 19 October 2017 the Programme Board agreed a revised version of its terms of reference 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 to be known as the Joint Commissioning Executive Group (JCEG) meeting, for reserved or sensitive matters, attended by executive members of the Council and CCG only.

1.6 These revised terms of reference were approved by the Health and Wellbeing Board at its meeting of 9 November 2017.

Minutes and meetings

1.7 Minutes of the Care Closer to Home (CC2H) Programme Board meetings (which meets every six weeks) held in September 2018 are presented in Appendix 1.

In September, the CC2H Programme Board:

- Provided an overview and next steps for the CHIN delivery approach.
- Updates were provided on CHIN 1, CHIN 2 and CHIN 3 activities.
- The role of Social Prescribing was discussed.

1.8 Minutes of the Joint Commissioning Executive Group (which meets every six weeks) are not available within this report as no meetings were held since the last Health and Wellbeing Board.

1.9 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 Care Closer to Home Programme Board and Joint Commissioning Executive Group, 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 and the Care Closer to Home Programme Board to move forward with 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 a 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.

6. Corporate Parenting

- 6.1 Where appropriate the minutes detail the specifics that may have a direct or indirect impact on children in care and the steps that have been taken to mitigate them.

7. BACKGROUND PAPERS

- 7.1 None

APPENDIX 1

Care Closer to Home Programme Board

6th September 2018, 14:00 – 15:30

Boardroom Room, Ground Floor, Building 2, North London Business Park

Present

CW Colette Wood, Director, Care Closer to Home, BCCG (Chair)
 DW Dawn Wakeling, Strategic Director for Adults, Communities and Health, LBB
 DG Daniel Glasgow, Care Closer to Home Deputy Director, BCCG
 SR Selina Rodrigues, Community Barnet
 CB Charlotte Benjamin, GP Board Member, St. Georges Medical Centre
 TH Tal Helbitz, GP Board member, Lead for Primary Care, Barnet CCG (CHIN 2)
 DA Dami Adedayo, Local Medical Committees (LMC) Co-Chair
 AP Anuj Patel, Barnet GP Federation (CHIN 3)
 BO Bob O'Driscoll
 KS Karen Spooner, Deputy Director of Operations, CLCH
 MC Mandy Claret, Project Manager, Barnet CEPN
 AB Aashish Bansal, BCCG Governing Body member (CHIN 1)
 JC Julie Cairns, Executive Assistant, LBB (Minute taker)

Apologies

WH Will Hammond, Head of Adults Transformation, LBB
 AT Anita Thawani, Programme Coordinator, Adults Transformation, LBB

#	ITEM	ACTION
1.	Welcome and apologies As Chair, DW welcomed attendees to the meeting and apologies were noted.	
2.	Declaration of conflicts of interest No declarations	
3.	Review of 26th July meeting minutes Minutes approved from the last meeting.	
4.	Action Log tasks: <ul style="list-style-type: none"> Action 1: AT mapping all various communications channels developing simple fact sheets re CHIN and what is a CHIN. <ul style="list-style-type: none"> Primary care will have someone in the team CCS appointed communications and engagement lead-To look at what resource can be provided. Health Watch – Have volunteers happy to assist. Action 2 can be closed off Action 3 can be closed off Action 4 can be closed off – Check with Dawn if anything can be added Action log can be closed off 	

CHIN UPDATES		
5.	<p>Chin Delivery Approach:</p> <p>DW gave an overview of the CHIN delivery approach. Entry to be as easy as possible and once entered, to be a CHIN Steering Group. Looking to appoint a joint clinical lead. Will have 3 life cycles, 3 different components to it. Stage 3 to be monitoring how we bring in wider providers. To support need to formalise priority improvements function.</p> <p>AP & BO – Great process – Enjoyed working with DG and making good headway.</p> <p>BO – BAU not far off being completed.</p> <p>DW – Helpful to understand membership of the CSG. DG looks similar to this group.</p> <p>DW – What else do we strip-out? CW to bring to Board structure.</p> <p>DW – Engagement with provider side and VCS side – 2 specific sessions on the agenda in the future.</p> <p>What is happening with QIST Steering Group – DG looking at. BO – To table at Federation Board.</p>	
	ACTION: CD to send out dates for upcoming quarterly forums	CD
6.	<p>QIST update</p> <p>Paper to come to next meeting.</p>	
7.	<p>CHIN 1</p> <p>Going along smoothly once a week. Clinic out of Oak Lodge and second at Everglade practice.</p> <p>Looking at paediatric hot clinics. Putting case together to reduce 0-5 year olds.</p> <p>CW- Is there an opportunity to do work around obesity prevention? Looking at in the future.</p> <p>CCG governing meeting – To do with immunisation rates, immunisations and screening rates not what they should. There could be opportunity to do a piece of work to increase uptake. Would require a little investment. Not sure how it fits in with funding scheme. DW worth looking at – take off line with Public Health / Tamara Djuretic has an interest in this.</p> <p>Phlebotomy – Patients are unhappy that they have to wait 2 weeks to get a blood test. Concern about data. DW – will hear about CHIIN updates coming up.</p>	
	Action: CW or one of team to pick up outside of the meeting.	CW
8.	<p>CHIN 2</p> <p>In a balanced stage.</p> <p>Starting to move into mobilisation stage.</p> <p>Frailty business paper going through final stages 6/9. If passed should be on</p>	

	target for 1st October start.	
9.	<p>CHIN 3</p> <p>AP provided an update.</p> <p>Is there is a process if successful in a CHIN? How are they going to be monitored? DG – CHIN steering group will be the place where they will be monitored eventually.</p>	
10.	<p>Social Prescribing</p> <p>Innovation event - lots going on not joined up at the moment. Looking at how it can be embedded in the system. Initial discussions on risk shares. Lots going on in Barnet. Lots of voluntary services. Funding from Health London partnership until end of next year.</p> <p>DW – CHIN 2 Clair D'Souza coming to their groups. Isn't someone going to be attached to CHIN? DW - Build a mini PDSA that can be replicated.</p>	
	Action: To Pick up with Jeff outside on what the plan is for moving this forward.	
	<p>ACTIONS:</p> <ul style="list-style-type: none"> • Include information on how a new surgery can join a CHIN within the FAQ document - Possibly add something around interpretation and help. • Add contact leads to FAQ document - Completed • DM to send list of members included within CHIN 5 – To come to next meeting. • CW to send TD data for CHIN 4 & 5 - Completed 	<p>DG</p> <p>DG</p> <p>DM</p> <p>CW</p>
11.	<p>Barnet CC2H Highlight Report</p> <ul style="list-style-type: none"> • Needs to be tidied up • Key changes picked up • Milestones out of date and need changing • Needs to be improved for next time. 	
Governance		
12.	<p>NCL Health & Care Close to Home Highlight Report</p> <p>Questions to take back to Sara Mackleway for clarification.</p>	
13.	<p>Any other business</p> <p>CW – Future meetings will be good if a lead is nominated and formalised a bit more. DG and CW to aim to do for next meeting. Different format for agenda.</p>	
	<p>Future meeting dates:</p> <ul style="list-style-type: none"> • 17 January, 14.00 – 15.30 • 21 February, 14.00 – 15.30 	

	<ul style="list-style-type: none"> 21 March, 14.00 – 15.30 	
	ACTION: Add VCS to the agenda – This is deferred to a later meeting TBD.	AT

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Health and Wellbeing Board Work Programme

2018-2019

Contact: Salar Rida (Governance) salar.rida@barnet.gov.uk


Subject	Decision requested	Report Of	Contributing Officer(s)	Key decision*
17 January 2019 (Venue: Underhill School)				
NOTE				
Forward Work Programme	The Board to note the FWP	Chair and Vice Chair of the Health and Wellbeing Board	Director of Public Health	Non-key
Minutes of the Care Closer to Home Programme Board and Joint Commissioning Executive Group	The Board is asked to approve the minutes.	Strategic Director for Adults, Communities and Health Chief Operating Officer, Barnet CCG	Commissioning Lead – Health and Wellbeing	Non-key
DISCUSSION				
Corporate Plan 2019-2024, Business Planning: Medium Term Financial Strategy (MTFS) 2019-2024 and proposed savings	The Board is asked to sign off MTFS savings and Corporate Plan	Director of Public Health	Director of Public Health	Key
DEEP DIVE: Improving Children's and Young People's outcomes				
CAMHS Local Transformation Plan	The Board to endorse the CAMHS Local Transformation Plan and discuss how to supports proposed implementation	Clinical Lead for Mental Health – Barnet CCG	Deputy Director, Children's Commissioning – Barnet CCG	Key
Children's Service Improvement Action Plan – Ofsted	The Board to note and comment	Strategic Director – Children and Young People	Strategic Director – Children and Young People	Non-key

*A **key decision is one which**: a key decision is one which will result in the council incurring expenditure or savings of £500,000 or more, or is significant in terms of its effects on communities living or working in an area comprising two or more Wards

Children and Young People's Plan	The Board to note and discuss how to support implementation of the Plan	Strategic Director – Children and Young People	Strategic Lead – Children and Young People Commissioning, Strategy and Policy Advisor	Key
Family Friendly Barnet	The Board to note and discuss how to support imbedding its principles across the whole system	Strategic Director – Children and Young People	Strategy and Insight Officer Commissioning, Strategy and Policy Advisor	Non-key
28 March 2019				
NOTE				
Forward Work Programme	The Board to note the FWP.	Chair and Vice Chair of the Health and Wellbeing Board	Director of Public Health	Non-key
Minutes of the Care Closer to Home Programme Board and Joint Commissioning Executive Group	The Board is asked to approve the minutes.	Strategic Director for Adults, Communities and Health Chief Operating Officer, Barnet CCG	Commissioning Lead – Health and Wellbeing	Non-key
DISCUSSION				
Corporate Plan update: Delivery Plan and Performance for the Health and Wellbeing Board	The Board to note and comment on the report.	Director of Public Health	Director of Public Health	TBC
DEEP DIVE: Mental Health and Wellbeing of Adults and Older People				

Deep Dive on Mental Health and Wellbeing: Promoting mental wellbeing and preventing crisis by supporting people with mental ill health to live well in the community	The Board is asked to note and comment on the report.	Strategic Director of Adults and Health, Director of Public Health and Chief Operating Officer, Barnet CCG	Consultant in Public Health and Mental Health Joint Commissioner	Non-key
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Suggested future and standing agenda items	
Suggested future items	Standing agenda items
Implementing Barnet's Carers' Strategy	Minutes of the Health and Wellbeing Board Working Groups (where available): Joint Commissioning Executive Group
Health and Care Integration	Forward Work Programme
Devolution – estates	Improvement Action Plan – Ofsted (same paper as reported to CE&S Committee)
Dementia, Frailty and Social isolation	
Fit and Active Barnet, Open Spaces and Parks Strategy	
Annual Safeguarding Report for Children and Young People – Independent Chair Report	
Annual Safeguarding report for Adults – Independent Chair Report	

	<p style="text-align: right;">AGENDA ITEM 7</p> <h2 style="text-align: center;">Health and Wellbeing Board</h2> <h3 style="text-align: center;">17th January 2019</h3>
<p style="text-align: right;">Title</p>	<p>Corporate Plan 2019-2024, Business Planning: Medium Term Financial Strategy (MTFS) 2019-2024 and proposed savings</p>
<p style="text-align: right;">Report of</p>	<p>Director of Public Health (lead officer)</p>
<p style="text-align: right;">Wards</p>	<p>All</p>
<p style="text-align: right;">Status</p>	<p>Public</p>
<p style="text-align: right;">Urgent</p>	<p>Yes</p>
<p style="text-align: right;">Key</p>	<p>Yes</p>
<p style="text-align: right;">Enclosures</p>	<p>Appendix A: Corporate Plan Appendix B: Health and Wellbeing Board One Pager - Priorities and Approach to Delivery Appendix C: MTFS Savings</p>
<p style="text-align: right;">Officer Contact Details</p>	<p>Dr Tamara Djuretic, Director of Public Health Tamara.djuretic@barnet.gov.uk</p>

Summary
<p>The development of the council's Corporate Plan and Medium Term Financial Strategy have been aligned to cover the next five years (2019-2024). This paper sets out the priorities for the Health and Wellbeing Board (HWB) that make-up the corporate plan, as well as HWB Board specific priorities for the next five years. It also sets out the allocated ring-fenced Grant budget for Public Health. The indicative savings target for Public Health over the next five years is £2.5m.</p> <p>The budget projections through to 2024 are indicative figures. The budget will be formally agreed each year as part of the council budget as well as national Public Health Grant allocation, and therefore could be subject to change.</p> <p>A final budget will be considered by Policy and Resources Committee on 20 February 2019 before being recommended to Council on 5 March 2019. The final Corporate Plan will be</p>

published following this.

Officers Recommendations

- 1. That the Health and Wellbeing Board consider the Corporate Plan (Appendix A) and the Health and Wellbeing Priorities in Appendix B for referral to Policy and Resources Committee before adoption by Full Council.**
- 2. That the Health and Wellbeing Board approve the additional Health and Wellbeing Priorities as set out in Appendix B**
- 3. That the Health and Wellbeing Board consider the MTFS proposals that relate to the Board as set out in Appendix C after having considered the initial equalities impacts and refer their comments to Policy and Resources Committee before decision by Full Council**
- 4. That the Health and Wellbeing Board consider the savings proposals for the next financial year as set out in appendix C subject to the initial equalities impacts and refer them to Policy and Resources Committee for consultation and before decision by Full Council.**

1. WHY THIS REPORT IS NEEDED

- 1.1 This report is required as part of the business planning process in order to enable the consideration of the priorities for the Health and Wellbeing Board up to 2024. The report sets out the financial position of the council and, specifically, the context for the Public Health Grant, prevention agenda and Health and Wellbeing Board. The report seeks Health and Wellbeing Board consideration for the savings programme that relate specifically to the Board, as set out in Appendix C, to be recommended to Policy and Resources Committee.

2. STRATEGIC CONTEXT

- 2.1 The council wants to create successful places, achieve great outcomes, deliver quality services and develop resilient communities. But, like all councils, it faces an increasingly difficult financial challenge, with funding sources not keeping pace with demand and uncertainty about how services will be funded in the future.
- 2.2 The council has successfully risen to its financial challenges thus far, evidenced by delivering savings in excess of £155million since 2010. It was highlighted at the June 2018 Policy and Resources Committee that the council faced difficulty in balancing it's in-year position with a forecast overspend of £9.5m. Since then, hard work has resulted in this being reduced however there is still some way to go to fully balance.
- 2.3 Looking forward it is anticipated that these challenges will continue. Through refreshing the council's medium term financial strategy (MTFS) the organisation now

faces an anticipated budget gap of £69.9m to 2023/24. This includes the savings of £17.3m already identified for 2019-20, plus a further gap of £52.6m to 2023/24.

- 2.4 To address that gap, the council will need to make some tough decisions about priorities and how limited funds are spent. This may mean that the council stops doing some things or does them in very different ways, as well as looking at how it can find opportunities to generate more income.
- 2.5 Despite the challenges, the council is ambitious for Barnet and the people that live and work here. During this time of significant challenge, the council has seen levels of resident satisfaction remain high both in terms of satisfaction with the council as well as with the range of local services. The latest Residents' Perception Survey (Autumn 2017) indicates that 85 per cent of residents are satisfied with Barnet as a place to live and 65 per cent feel that the council is doing a good job.
- 2.6 The council must now prioritise its limited resources effectively and develop plans for the next five years to deliver both statutory duties and ambitions for Barnet within these financial constraints. The council wants to ensure residents get a fair deal by maximising opportunities, sharing responsibilities with the community and partners, and working effectively and efficiently.
- 2.7 To ensure the council has a plan that reflects local priorities, as well as a financial strategy that will support a financially sustainable position, the development of the Corporate Plan and MTFS have been aligned to cover the next five years (2019-to 2024). This will help to ensure we have a medium-term plan of how we will allocate our limited resources in line with what we want to achieve for the borough. The priorities within the Corporate Plan were approved by Policy and Resources committee on 11 December for referral to Council.
- 2.8 The Corporate Plan, known as Barnet 2024, is being refreshed to reflect the priorities of the new administration who were elected in May 2018, and resident feedback on what matters. Feedback has been captured through public consultation and engagement that took place over the summer of 2018. The Corporate Plan, Barnet 2024, will set the strategic direction of the council, including outcomes for the borough, the priorities we will focus limited resources on, and how we will approach delivery. The Corporate Plan has an emphasis on prevention and early help throughout all proposed outcomes.
- 2.9 The three outcomes for the borough focus on place, people and communities:
 - A pleasant, well maintained borough that we protect and invest in
 - Our residents live happy, healthy, independent lives with the most vulnerable protected
 - Safe and strong communities where people get along well

The full list of corporate priorities for the next five years that support these outcomes, and the approach to delivery, can be seen in Appendix A.

- 2.10 To support delivery of the outcomes in the Corporate Plan, Barnet 2024, the Health and Wellbeing Board will be responsible for delivering any corporate priorities that fall

within its remit, as well as any additional priorities that relate to matters the Health and Wellbeing Board is responsible for under its Terms of Reference.

- 2.11 These priorities will inform an annual Health and Wellbeing Board delivery plan which will set out the key activities, performance indicators / targets, and risks in relation to the corporate and the Board priorities. Delivery plans will be approved by Health and Wellbeing Board in March 2019 and will be refreshed on an annual basis.
- 2.12 The corporate priorities relevant to the Health and Wellbeing Board, the additional priorities identified for approval, and the strategic approach to delivery can be seen in Appendix B.

Public Health Grant context

- 2.13 Public Health Grant will continue to be ring-fenced until April 2020. It is anticipated that further announcement about ring-fence status and PH Grant allocation beyond 2020 will be announced at Spring Spending Review in 2019. There is anticipated national PH Grant reduction in 2019/20 of 2.64%.
- 2.14 PH Grant currently funds statutory and non-statutory services such as sexual health, Healthy Child Programme, drug and alcohol, smoking cessation, healthcare public health, resilience school programme – offers targeted to local needs and aimed at improving public health outcomes.
- 2.15 In recent years decreases in spend in core Public Health Grant due to the national grant reduction have been achieved via efficiencies and contract re-procurement.
- 2.16 Going forward, further efficiency savings will be realised as a part of London-wide sexual health transformation of services, third party funding for Public Health School Resilience Programme, mainstreaming Family Nurse Partnership into a new model of care, mainstreaming some of the public health initiatives into Leisure Provider contract and developing more focused, targeted approach of some intervention services to those in need of support.
- 2.17 Efficiency savings identified from ring-fenced Public Health Grant will be re-directed towards supporting demand management in social care: an investment in prevention and wellbeing contracts in adult social care and investment in early help.
- 2.18 A refresh of the Health and Wellbeing Strategy was reported to the Health and Wellbeing Board in July 2018, setting the whole system priorities for 2018/19 and 2019/20. These priorities are also reflected in the Corporate Plan (Appendix A and B). The guiding principles will seek to maximise the impact of prevention on population health outcomes using the Public Health Grant and influencing system-wide prevention across the whole partnership, mainly the Council's and local NHS agenda.

- 2.19 The Public Health Grant allocation for 2018/19 is £17.156m. Recent national announcement confirmed 2019/20 Grant allocation of £16.703m; a reduction of £453,000.

3 REASONS FOR RECOMMENDATIONS

- 3.1 Local Government as a whole continues to face significant reductions in funding and increased demand for services, as set out in the above context. These challenges require continual longer term, robust financial and strategic planning and the recommendations in this report support this.
- 3.2 By law, the council is required to set a legal, balanced budget. The proposals set out in the Medium-term Financial Strategy are the best way of doing that by meeting financial targets and delivering outcomes and ambitions for Barnet.

4 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 4.1 The alternative option is not to approve the savings programme and Health and Wellbeing Board priorities. This, however, is not considered to be good practice and may expose the council to the risk of not achieving the savings targets. It is considered by officers that these savings proposals are the most effective and efficient savings proposals.

5 POST DECISION IMPLEMENTATION

- 5.1 As part of recommendation 1 and 2, plans will be developed to deliver the Health and Wellbeing Board priorities as listed in Appendix B.
- 5.2 If Community Leadership and Libraries Committee approves recommendation 3 and 4 made by this report, then the savings proposals will be referred to Policy and Resources Committee in February, as part of the MTFS. The saving proposals for the next financial year are currently consulted upon and, if approved by Policy and Resources Committee, will then be referred to Council for final decision.

6 IMPLICATIONS OF DECISION

6.1 Corporate Priorities and Performance

- 6.1.1 The council's corporate plan, which sets out the outcomes, priorities and approach, has been refreshed for 2019 to 2024, alongside the Medium Term Financial Strategy for the same period. The updated corporate plan can be seen in Appendix A. Health and Wellbeing Board has specific additional priorities they will deliver alongside this. The performance indicators / targets for the corporate and Health and Wellbeing Board priorities will be updated in early 2019 as part of the HWB Board delivery plans.

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

6.2.1 The Public Health Grant allocation is formally agreed each year and subject to appropriate consultation and equality impact assessments where necessary.

6.2.2 The grant is ringfenced and spent on services as per the authorities Public Health MTFS plan.

6.3 Social Value

6.3.1 The Public Services (Social Value) Act 2012 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.

6.4 Legal and Constitutional References

6.4.1 Section 151 of the Local Government Act 1972 states that: “without prejudice to section 111, every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that one of their officers has responsibility for the administration of those affairs”. Section 111 of the Local Government Act 1972, relates to the subsidiary powers of local authorities.

6.4.2 Section 31A of the Local Government Finance Act 1992 requires billing authorities to calculate their council tax requirements in accordance with the prescribed requirements of that section. This requires consideration of the authority’s estimated revenue expenditure for the year in order to perform its functions, allowances for contingencies in accordance with proper practices, financial reserves and amounts required to be transferred from general fund to collection fund.

6.4.3 Local authorities owe a fiduciary duty to council tax payers, which means it must consider the prudent use of resources, including control of expenditure, financial prudence in the short and long term, the need to strike a fair balance between the interests of council tax payers and ratepayers and the community’s interest in adequate and efficient services and the need to act in good faith in relation to compliance with statutory duties and exercising statutory powers.

6.4.4 The 2019/20 saving proposals will be referred to Policy and Resources Committee for approval to be consulted on. The final budget for 2019/20 will then be presented to Policy and Resources committee and, if approved, referred to Full Council for decision. There will be contingencies within the budget envelope so that decision makers have some flexibility should any decisions have detrimental equalities impacts that cannot be mitigated.

6.4.5 All proposals emerging from the business planning process will need to be considered in terms of the council’s legal powers and obligations (including, specifically, the public-sector equality duty under the Equality Act 2010). All proposals are already, or will be, subject to separate detailed project plans and reports to

committee. The detailed legal implications of these proposals are included in those reports, which will have to be considered by the committee when making the individual decisions.

6.4.6 The Council's Constitution (Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all council Committees.

6.4.7 All proposals emerging from the business planning process will need to be considered in terms of the council's legal powers and obligations (including, specifically, the public-sector equality duty under the Equality Act 2010).

6.5 Risk Management

6.5.1 The council has an established approach to risk management, which is set out in the Risk Management Framework. Risks associated with the saving proposals will be outlined within delivery reports presented to the Health and Wellbeing Board in March 2019.

6.5.2 An integral part of the Health and Wellbeing Board delivery plans will be identifying any risks to delivering the corporate or committee priorities and key activities.

6.5.3 Risks will be reviewed quarterly (as a minimum) and any high-level risks will be reported to the relevant Theme/Partnership Committee and P&R Committee.

6.6 Equalities and Diversity

6.6.1 Equality and diversity issues are a mandatory consideration in the decision-making of the council.

6.6.2 Decision makers should have due regard to the public sector equality duty in making their decisions. The equalities duties are continuing duties they are not duties to secure a particular outcome. The equalities impact will be revisited on each of the proposals as they are developed. A lot of proposals are in formative stages, so the equality impacts will need to be updated as the projects are rolled out. Many of these proposals will need to be subject to separate decisions and at this stage the decision maker will need to be equipped with an updated equality impact assessment before they can make their decision. Consideration of the duties should precede the decision. It is important that Environment Committee has regard to the statutory grounds in the light of all available material such as consultation responses. The statutory grounds of the public sector equality duty are found at section 149 of the Equality Act 2010 and are as follows:

A public authority must, in the exercise of its functions, 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.

Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;*
- (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;*
- (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.*

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- (a) Tackle prejudice, and*
- (b) Promote understanding.*

Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act. The relevant protected characteristics are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race,
- Religion or belief
- Sex
- Sexual orientation
- Marriage and Civil partnership

- 6.6.3 If deemed appropriate, a project may be subject to future individual committee decisions once the budget envelope has been set by Council. The equality impacts will be updated for these decisions. As an alternative to agreeing any of the proposals, the committee would have the option of maintaining the current level of services; however, this will impact on the proposed budget.

6.6 Corporate Parenting

- 6.6.2 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. The outcomes and priorities in the refreshed Corporate Plan, Barnet 2024, reflect the council's commitment to the Corporate Parenting duty to ensure the most vulnerable are protected and the needs of children are considered in everything that the council does.

6.7 Consultation and Engagement

6.7.2 As a matter of public law, the duty to consult with regards to proposals to vary, reduce or withdraw services will arise in four circumstances:

- Where there is a statutory requirement in the relevant legislative framework
- Where the practice has been to consult, or, where a policy document states the council will consult, then the council must comply with its own practice or policy
- Exceptionally, where the matter is so important that there is a legitimate expectation of consultation
- Where consultation is required to complete an equalities impact assessment.

6.7.3 Regardless of whether the council has a duty to consult, if it chooses to consult, such consultation must be carried out fairly. In general, a consultation can only be considered as proper consultation if:

- Comments are genuinely invited at the formative stage
- The consultation documents include sufficient reasons for the proposal to allow those being consulted to be properly informed and to give an informed response
- There is adequate time given to the consultees to consider the proposals
- There is a mechanism for feeding back the comments and those comments are considered by the decision-maker / decision-making body when making a final decision
- The degree of specificity with which, in fairness, the public authority should conduct its consultation exercise may be influenced by the identity of those whom it is consulting
- Where relevant and appropriate, the consultation is clear on the reasons why and extent to which alternatives and discarded options have been discarded. The more intrusive the decision, the more likely it is to attract a higher level of procedural fairness.

6.7.4 Public consultation and engagement on the Corporate Plan took place between 16 July 2018 and 23 September 2018. The findings from this have been considered and incorporated into the draft document.

6.7.5 A total of 287 questionnaires were completed and 141 residents attended the three Question Time Leader led events.

6.7.6 Key headlines from the consultation are as follows:

- A clear majority of those responding to the questionnaire agree with all the outcomes the council is proposing to focus on for the next five years, with around nine out of ten respondents (90%) agreeing with each of the councils proposed outcomes.

- There was a similar level of agreement for the priorities set out under each outcome, with 80-90% of respondents agreeing with each of the priorities. The one exception to this was 'Delivering on our major regeneration schemes' where six out of ten agreed.
- Around 80% also agreed with the approach the council has outlined to deliver its outcomes over the next five years.
- When residents were asked to comment further, the main feedback was that they wanted more detail on how the priorities would be delivered and funded. This has resulted in more detail around the strategic approach to delivery being included in the draft corporate plan.
- Further comments on the outcomes, priorities and approach were very varied, the most common themes were around; street cleansing, tackling enviro-crime and anti-social behaviour, improving air quality and investing in sustainable transport methods.
- Comments on our approach related to outsourcing of services, robust management of contract and service delivery arrangements and a commitment to remaining transparent in our work. There was also a clear theme around how we balance our council tax rates with being able to deliver services.
- This feedback has now been incorporated and reflected in the draft plan.

6.7.7 Public consultation with residents and businesses on the overall budget for 2019-2024 will commence on 12 December 2018 subject to agreement from the P&R Committee on 11 December 2018. The final budget will then be recommended to P&R Committee on 20 February 2019 ahead of final approval at Full Council on the 5 March 2019.

6.7.8 In terms of service specific consultations, the council has a duty to consult with residents and service users in a number of different situations including proposals to significantly vary, reduce or withdraw services. Consultation is also needed in other circumstances, for example to identify the impact of proposals or to assist with complying with the council's equality duties, where there is a legitimate expectation or legislative requirement to consult. Service specific consultations will take place where necessary in line with timescales for any changes to be implemented.

6.7.9 Where appropriate, separate service specific consultations have already taken place or will be taking place for the 2019/20 savings.

7 INSIGHT

7.1 There are no insight implications at this time.

8 BACKGROUND PAPERS

8.1 None.



DRAFT CORPORATE PLAN

October 2018





BARNET

Barnet is a fantastic place, with many people choosing to call our part of London home.

As a council, we want to create successful places, achieve great outcomes, deliver quality services and develop resilient communities. As we look to the future we want to build on our unique strengths: the parks and green spaces, excellent schools and diverse communities that get along and make an active contribution.

The pace of change in our world is fast, especially technology, so it's important that we move with the times, and make the most of the opportunities that come our way. This gives us the chance to embrace change and be innovative in the way that we deliver services.

Financial challenges

Like all councils, we're in a difficult financial situation, with more and more people needing our services, less money to spend, and uncertainty about how councils are funded in the future.

Our resources are limited, so we must be clear about what we can do and ensure that we care for the most vulnerable people whilst achieving a financially sustainable balance across the services we provide.

We need to save £69million over the next five years. That's on top of the £155million we've saved since 2010. To do that, the council will need to make the decisions we need to about priorities and how we spend our limited funds. We may need to stop doing some things or do them in a very different way. We will also look at how we can find opportunities to generate more income.

Ambitions for the future

Despite the challenges, we are ambitious for Barnet and the people that live and work here. We must now prioritise and use our limited resources effectively as we develop plans for the next five years.

We developed a draft plan – Barnet 2024 - which outlined outcomes we want to achieve for the borough, and priorities to focus on. These reflected what we know are important for Barnet, based on feedback from surveys, consultations, engagement events and your councillors. We also set out an approach for how we will deliver the plan within our budget.

We wanted to hear from residents, communities and businesses, so throughout the summer we gathered feedback through an online survey and events. We have taken those views on board and now incorporated them into a final draft.

What you told us

A key piece of feedback was wanting to see more detail around how we would be delivering on the priorities we've set out, as well as how they would be funded. We understand that it's important to demonstrate our approach in how we are going to achieve what we're setting out to do.

Therefore, we have now added in information around the 5-year strategic approach to delivery for each of our priorities, giving an extra level of detail. This will be further supported by the development of annual delivery plans for each Theme Committee, which includes the responsibility of delivering any corporate priorities that fall within its remit, alongside any additional priorities specific to the committee.

Further comments on our outcomes and priorities were very varied with the most common themes being around; street cleansing, tackling environmental crime and anti-social behaviour, improving air quality and investing in sustainable transport. As these have come out as particularly important areas to you, we have now reflected them with more emphasis within our corporate plan.

Feedback was also received on our approach for how we will deliver the plan within our budget, with comments relating to outsourcing of services, robust management of contract and service delivery arrangements and a commitment to remaining transparent in our work. There was also a clear theme around how we balance our council tax rates with being able to deliver services. This has been taken on board and language has been changed to ensure there is greater clarity around these points.

What next

The Barnet 2024 plan will be published in March 2019, alongside our Medium Term Financial Strategy.

2024

WHAT WE WANT TO ACHIEVE

Our proposed focus is on three main outcomes:

OUTCOME



OUTCOME



OUTCOME



PRIORITIES

A set of key priorities that we will be focussing on sit underneath each outcome, including detail of how we intend to deliver this. This doesn't aim to capture all that the council does, rather it provides a framework to guide us.

Barnet 2024 PRIORITIES

Barnet
2024

OUTCOME

A pleasant, well maintained borough that we protect and invest in

Getting Barnet clean through efficient street cleaning services, minimising and recycling waste, and weekly bin collections

Keeping the borough moving, including improvements to roads and pavements

Getting the best out of our parks and improving air quality by looking after and investing in our greenspaces

Ensuring decent quality housing that buyers and renters can afford, prioritising Barnet residents

Investing in community facilities to support a growing population, such as schools and leisure centres

Responsible delivery of our major regeneration schemes to create better places to live and work, whilst protecting and enhancing the borough

OUTCOME

Our residents live happy, healthy, independent lives with the most vulnerable protected

Improving services for children and young people and ensuring the needs of children are considered in everything we do

Integrating health and social care and providing support for those with mental health problems and complex needs

Supporting our residents who are older, vulnerable or who have disabilities, to remain independent and have a good quality of life

Helping people into work and better paid employment

Encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing

Ensuring we have good schools and enough school places so all children have access to a great education

OUTCOME

Safe and strong communities where people get along well

Keeping Barnet safe

Tackling anti-social behaviour and environmental crime

Celebrating our diverse and strong communities and taking a zero-tolerance approach to hate crime

Ensuring we are a family friendly borough

Focusing on the strengths of the community and what they can do to help themselves and each other

Supporting local businesses to thrive

OUTCOME

**A pleasant,
well
maintained
borough that
we protect
and invest in**



Getting Barnet clean through efficient street cleaning services, minimising and recycling waste, and weekly bin collections

How we will deliver this:

- Supporting residents to reduce waste to below the London average by working on initiatives that promote waste minimisation and reuse
- Working with landlords and agents to reduce the hidden 'throw away' culture in many communal dwellings
- Fully utilising new street cleansing equipment
- Reducing bin clutter in town centres by continuing to implement time-banded collections

Keeping the borough moving, including improvements to roads and pavements

How we will deliver this:

- Improving the condition of our roads and pavements
- Encouraging the use of public transport, walking and cycling through the 'healthy streets' approach
- Lobbying for improvements to public transport and bringing back disused public transport such as rail lines
- Developing a cycle network to major destinations in the borough without impeding main traffic routes
- Promoting and continuing to roll out electric vehicle charging and car clubs
- Using enforcement to increase compliance and support traffic to move smoothly and safely

Getting the best out of our parks and improving air quality by looking after and investing in our greenspaces

How we will deliver this:

- Developing masterplans that deliver significant improvements to parks
- Delivering the tree planting programme across the borough to alleviate the effects of pollution
- Identifying sites for using green spaces to promote health and wellbeing
- Working with TfL and Highways England to improve air quality on the main network corridors and areas close to schools

Ensuring decent quality housing that buyers and renters can afford, prioritising Barnet residents

How we will deliver this:

- Increasing supply to ensure greater housing choice for residents
- Delivering new affordable housing, including new homes on council-owned land
- Prioritising people with a local connection and who give back to the community through the Housing Allocations Scheme
- Ensuring that good landlords continue to provide accommodation and that poor-quality housing is improved

Investing in community facilities to support a growing population, such as schools and leisure centres

How we will deliver this:

- Investing in community facilities such as;
 - new and replacement schools;
 - enhancing our indoor and outdoor sporting facilities;
 - maintaining our 21st century libraries
 - transformation of parks and open spaces

Responsible delivery of our major regeneration schemes to create better places to live and work, whilst protecting and enhancing the borough

How we will deliver this:

- Working with partners to deliver the Brent Cross Cricklewood scheme which includes; a new town centre, train station, 27,000 jobs and 7,500 new homes
- Working with The Barnet Group to deliver housing on smaller sites across the borough
- Continuing to invest in Colindale, including through;
 - progressing the development of Grahame Park
 - enhancements to Colindale tube station
 - ensuring that the major housing developments in the area contribute to an overall sense of place

OUTCOME

**Our residents
live happy,
healthy,
independent
lives with the
most vulnerable
protected**



Improving services for children and young people and ensuring the needs of children are considered in everything we do

How we will deliver this:

- Improving children's services to get a 'good' Ofsted rating
- Providing effective leadership and empowering staff
- Improving the social, emotional and mental health and wellbeing of children and young people
- Preventing young people from getting involved in violence, crime, exploitation and anti-social behaviour
- Being a good corporate parent to children in care and care leavers

Integrating health and social care and providing support for those with mental health problems and complex needs

How we will deliver this:

- Working with local NHS organisations, GPs and NHS Barnet Clinical Commissioning Group to provide more health and care services closer to home
- Working with the NHS to achieve timely discharge from hospital for patients
- Offering, and signposting to, prevention support for people to stay active and more independent in the community
- Developing joined up services for those with complex mental health needs to prevent crisis and to enable residents to fulfil their potential

Supporting our residents who are older, vulnerable or who have disabilities, to remain independent and have a good quality of life

How we will deliver this:

- Opening new extra care schemes for people that need additional support to remain living independently
- Providing enablement services that help people regain or increase their independence
- Using technology to enhance independence and assist with care
- Offering support for carers of people with dementia
- Providing equipment that allows people to stay more independent at home

Helping people into work and better paid employment

How we will deliver this:

- Working with partners to provide employment support
- Offering employment schemes and apprenticeships on the regeneration sites
- Offering specific support to help people find work such as care leavers, people with disabilities and Universal Credit claimants
- Promoting apprenticeships across Barnet and supporting businesses to make use of the apprenticeship levy

Encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing

How we will deliver this:

- Delivering new indoor and outdoor sporting facilities and enhancing existing sporting facilities, and ensuring participation in sport and physical activity is accessible to all
- Giving residents access to health and wellbeing information and activities through the Fit and Active Barnet (FAB) framework
- Completing the implementation of the new leisure contract (which includes a range of well-being services such as; the Fit & Active Barnet Card, weight management services, falls prevention, diabetes control and dementia friendly sessions)
- Supporting people to maintain and improve their mental health and wellbeing by raising awareness, tackling stigma and discrimination and making mental health everyone's business
- Providing residents advice, guidance and screening on substance misuse and ensuring that access to treatment is available to those who need it most
- Implementing the Healthy Weight strategy focusing on promoting physical exercise and healthy eating in schools

Ensuring we have good schools and enough school places so all children have access to a great education

How we will deliver this:

- Planning and forecasting to deliver school places to meet identified needs
- Improving pupils' achievement and narrowing the attainment gap
- Improving outcomes for children and young people with special educational needs and disabilities
- Supporting children to have the best start in life and be ready for learning

OUTCOME

Safe and strong communities where people get along well



Keeping Barnet safe

How we will deliver this:

- Maintaining low levels of crime, anti-social behaviour and substance misuse on our streets
- Ensuring the effective management of offenders to reduce offending
- Supporting victims of crime and anti-social behaviour to reduce the risk of repeat victimisation
- Delivering the Violence Against Women and Girls Strategy
- Delivering a multi-agency response to violence, vulnerability and the criminal exploitation of children and vulnerable adults
- Reducing the fear of crime

Tackling anti-social behaviour and environmental crime

How we will deliver this:

- Delivering targeted multi-agency interventions in areas subjected to persistent crime, anti-social behaviour and environmental crime (such as fly-tipping and littering)
- Using enforcement tools and powers to protect communities, reduce offending and increase compliance

Celebrating our diverse and strong communities and taking a zero-tolerance approach to hate crime

How we will deliver this:

- Raising awareness of Barnet's diverse communities and providing opportunities to celebrate and promote cohesion
- Preventing radicalisation and supporting victims of hate crime, including raising awareness
- Working with local community groups to respond to Hate Crime
- Mapping and building relationships with new and emerging communities

Ensuring we are a family friendly borough

How we will deliver this:

- Helping children to live in safe and supportive families and communities
- Providing services that encourage and build resilience
- Increasing the participation, voice and influence of young people
- Embedding children's rights across policies and procedures
- Ensuring children and families know about and can influence decisions that affect them

Focusing on the strengths of the community and what they can do to help themselves and each other

How we will deliver this:

- Encouraging individual and corporate volunteers to help build active communities
- Providing access to a comprehensive directory of community resources
- Supporting the voluntary, community and faith sector to build capacity for meeting the needs of residents
- Developing strong and resilient partnerships through the Communities Together Network and Barnet Multi-Faith Forum

Supporting local businesses to thrive

How we will deliver this:

- Streamlining council access for businesses and developing a clear business support offer through Entrepreneurial Barnet
- Reducing the numbers of vacant units to ensure key town centres are thriving
- Encouraging residents and local businesses to play an active role in shaping their high streets
- Supporting businesses to improve workplace health
- Making Barnet the best place in London to be a small business

OUR APPROACH

WE HAVE SET OUT BELOW HOW WE INTEND TO DELIVER BOTH OUR STATUTORY DUTIES AND AMBITIONS FOR BARNET WITHIN OUR FINANCIAL CONSTRAINTS. WE WANT TO ENSURE THAT TAX PAYERS MONEY GOES AS FAR AS IT CAN.

A FAIR DEAL

- Delivering services that matter most by making decisions to prioritise our limited resources
- Providing value for money for the tax payer and ensuring we are transparent in how we operate
- Standing up for Barnet and ensuring it gets its fair share of resources including policing and general funding

EFFICIENT AND EFFECTIVE COUNCIL

- Managing our finances and contracts robustly
- Providing residents with the assistance they need at the first point of contact and greater access to online services and support
- Treating residents equally, with understanding and respect, with all having access to quality services





MAXIMISING OPPORTUNITY

- Taking a commercial approach to generating income, and looking for new opportunities to generate revenue from our estate
- Making use of evolving technology and innovation to help us achieve better outcomes and become more efficient
- Capitalising on opportunities from responsible growth and development to boost the local economy

SHARED RESPONSIBILITY

- Working with residents and the community to share responsibility to ensure Barnet thrives
- Focussing on prevention and early help so residents can live independently for as long as possible
- Collaborating locally to achieve the best outcomes for Barnet



SCHOOLS

COMMUNITIES

HEALTHY

STRONG

INVESTMENT

RESIDENTS

SAFE

Health and Wellbeing Board

The Health and Well-being Board plays a key role in the local commissioning of health care, social care and public health through developing and overseeing a Joint Strategic Needs Assessment (JSNA) and Health and Well-being Strategy.

Introduction:

The Health and Wellbeing Board represents a strategic partnership across local health and care economy and, as such, has a responsibility for collective leadership, joint decision-making, shared responsibilities and accountability. This partnership's role is to provide strategic oversight on the health and care offer locally, promote joint working, joint commissioning, as well as a joint bidding process for external resources.

Specific responsibilities for the Board include:

- Addressing health inequalities across the borough
- Overseeing public health and promoting prevention agenda across the partnership
- Developing further health and social care integration

Committee Priorities for 2019-2024

Corporate priority	How we will deliver this by 2024
Integrating health and social care and providing support for those with mental health problems and complex needs	<ul style="list-style-type: none"> • Supporting and enabling the implementation of care closer to home and embed prevention in primary care with a focus on pre-diabetic screening, diabetes, childhood asthma, cardiovascular diseases and dementia • Implementing 'the whole borough' social prescribing model for referring people to interventions in the community (such as exercise classes, reading clubs etc.) • Develop an enablement model that would promote prevention, early intervention and recovery in mental health by tackling wider determinants (e.g. access to good housing and having something meaningful to do)
Encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing	<ul style="list-style-type: none"> • Supporting residents across the lifecourse to maintain and improve their mental health and wellbeing by raising awareness, tackling stigma and discrimination and making mental health everyone's business • Providing a digital offer of interventions for residents (such as OneYou, health checks and smoking cessation services) • Implementing the Healthy Weight strategy focusing on promoting physical exercise and healthy eating in schools.
Improving services for children and young people and ensuring the needs of children are considered in everything we do	<ul style="list-style-type: none"> • Improving the social, emotional and mental health and wellbeing of children and young people • Support prevention of children and young people from getting involved in violence, crime, exploitation and anti-social behaviour • Improving the health and wellbeing of those children and young people who are in need (children in need, In need of protection, requiring early help, looked after children and those with special educational needs and disability) • Supporting the Improvement journey for safeguarding services across Barnet
Additional committee priority	How we will deliver this by 2024
Creating a healthy environment	<ul style="list-style-type: none"> • Tackling unhealthy advertising and sponsorship around our schools • Promoting healthy food and restricting access to sugary drinks on our premises by adhering to the Local Government Declaration on Sugar Reduction and Healthier Food • Supporting local businesses to improve workplace health and offer healthier food options • Promoting cycling and walking through the 'healthy streets' approach
Continuing improvements on preventative interventions	<ul style="list-style-type: none"> • Ensuring that screening services meet the needs of Barnet's residents and that uptake is increasing • Focusing on promoting healthy sexual behaviour and preventing sexually transmitted infections amongst risk groups • Promoting benefits of and access to immunisation services

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Public Health

Line ref	6898395600	Theme	Service Area	Management Responsibility	What service metrics will be used to demonstrate the achievability of the savings	Opportunity Area	Corporate Plan Approach: Fairness, Responsibility, Opportunity or Efficiency	Outcome Priorities	Description of savings	Consultation (How are we consulting on this proposal)	Impact Assessment			Budget										Total savings (All years)	Variance Analysis				
											Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact		2018/19	2019/20		2020/21		2021/22		2022/23				2023/24			
																£000	£000	FTE	£000	FTE	£000	FTE	£000			FTE	£000	FTE	
Efficiency																													
E1	Public Health	Policy & Resources	Public Health	Tamara Djuretic	N/A	Different mode of delivery	Efficiency	Encourage residents to live active and healthy lifestyle	Health Improvement - smaller scales initiatives will be replaced by awareness raising campaigns	None	No significant impact	N/A	None identified		(83)							(100)				(183)	0.00%		
E2	Public Health	Policy & Resources	Public Health	Tamara Djuretic	Confirmation of fund	Third party income	Opportunity	Encourage residents to live active and healthy lifestyle	PH School Resilience - This programme will be funded via NHS CAMHS Transformation Fund	None	None	N/A	N/A		(250)										(250)	0.00%			
E3	Public Health	Policy & Resources	Public Health	Tamara Djuretic	Reduction of FTEs	Staff restructure to improve skills and capacity	Responsibility	Encourage residents to live active and healthy lifestyle	Staffing - Proposed restructure to centralise public health functions across the Council and increase resilience and capacity of the team	Any proposed restructure affecting staff will be subject to a minimum of 30 days consultation	There maybe a reduced capacity to deliver preventative services	None	Equality impact assessment on proposed new structure will be undertaken		(111)									(143)	(254)	0.00%			
E4	Public Health	Policy & Resources	Public Health	Tamara Djuretic	Built in contract	Contract efficiency savings	Efficiency	Tackling anti-social behaviour, environmental crime	Substance Misuse - 2.5% year on year efficiency savings due to medicine prescriptions are built into contract until	None	None	None	None identified		(65)										(65)	0.00%			
E5	Public Health	Policy & Resources	Public Health	Tamara Djuretic	Agreed new model	Reprocurement of current contract	Fairness	Encourage residents to live active and healthy lifestyle	Health Checks - Reconfiguration of healthchecks via GP federation to focus on hub approach will result in management cost reduction	None	Potential impact on delivering statutory targets	Reduced access to services for low risk groups	People over 50 years of age and those in least deprived areas may see reduction in services O11											(50)	(50)	0.00%			
E6	Public Health	Policy & Resources	Public Health	Tamara Djuretic	Decrease in genital	Service Transformation and demand management	Efficiency		Sexual Health Services - London-wide sexual health transformation including digital testing offer, channel shift and decreased attendances to clinics outside the contract as well as better focus on prevention	London-wide service transformation included consultation and service users focus groups that were used to inform	Sexual health services are demand led services and therefore any savings may be jeopardised by increase in demand	There is a potential to have delayed access to services as a result of savings	Sexual health services are used by all protected characteristics population but some of the high risk groups are LGBT groups, some ethnic minorities and young people		(489)		(100)		(310)		(250)		(100)		(1,249)	0.00%			
Total															(998)	0	(100)	0	(310)	0	(350)	0	(293)	0	(2,051)				
Service Redesign																													
S1		Policy & Resources	Public Health	Tamara Djuretic	Project plan	Service Transformation	Opportunity		Healthy Child Programme	Family Nurse Partnership transformation will require public consultation that focusses specifically on service users and stakeholders	Transformational change will need to be project managed to minimise impact on service continuity	Evidence from areas that have implemented new model suggest increase in residents satisfaction	Equality impact assessment will be carried out in redesign phase		(134)			(324)							(59)	(517)	0.00%		
Total															(134)	0	(324)	0	0	0	0	0	(59)	0	(517)				
Overall Savings															(1,132)	0	(424)	0	(310)	0	(350)	0	(352)	0	(2,568)				

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AGENDA ITEM 8

	Health and Wellbeing Board 17 January 2019
Title	Improving children and young people's mental health and emotional wellbeing
Report of	Director of Commissioning, Barnet CCG
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 – Child and Adolescent Mental Health Services Local Transformation Plan 2018/19 Appendix 2 – Slide pack
Officer Contact Details	Zoë Garbett, Senior Commissioning Manager, Barnet CCG 0203 688 1870 / zoe.garbett@nhs.net

Summary

This report presents Barnet's Children and Adolescent Mental Health Services (CAMHS) Local Transformation Plan 2018/19 for discussion and approval. The Plan focuses on prevention across the whole system as well as ensuring access to good quality care, when needed. The report offers an opportunity for the Board to consider the whole-system response to improving children and young people's mental health and wellbeing.

Recommendations

1. That the Health and Wellbeing Board approve the CAMHS Local Transformation Plan 2018/19 for submission to NHS England and publication of partner websites.
2. That the Health and Wellbeing Board agree to support the system wide CAMHS Transformation.
3. The Health and Wellbeing Board agree to consider children and young people's mental health and emotional wellbeing across portfolios and service provision.

1. WHY THIS REPORT IS NEEDED

- 1.1 We are proud of the progress we have made so far against our plan to improve CAMHS in Barnet such as increased investment in early help, reduced waiting times and our progress in moving services out of clinical settings and into the community.
- 1.2 We know there is more to do and our Local Transformation Plan for 2018/19 (appendix 1) reflects our commitment to continue to improve provision for young people and their families. Discussion at the Health and Wellbeing Board allows an opportunity to further develop our Plans and embed them across the whole-system to further improve outcomes.
- 1.3 Initial feedback from NHS England on the Plan stated that the following areas of our Plans are strong:
 - Collaboration and whole system working
 - Awareness of local need
 - Links to strategic reforms
 - Schools and emotional wellbeing plans
 - Inpatient NCL plans
 - Governance
- 1.4 However, there are a number of areas where improvement is required:
 - Workforce: training and capacity required to meet ambitions to 2020
 - Finance: further breakdown of spend and how this will impact on outcomes
 - Key Performance Indicators (KPIs)
 - Eating disorder services – performance and recommended model
- 1.5 NHS England timescales have not aligned so the improvements detailed at 1.3 have not been made to the Plan at Appendix 1 but will be made ahead of submission to NHS England in mid-January 2019.

2. REASONS FOR RECOMMENDATIONS

- 2.1 Each local area is required to submit an annual CAMHS Local Transformation Plan which has been considered by the local Health and Wellbeing Board.
- 2.2 The *Future in Mind* and *Five Year Forward View* outline the necessity of a partnership, whole-system approach to build capacity and capability across the system to be able to secure measurable achievements in children and young people's mental health outcomes by 2020/21.

2. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

2.1 N/A

3. POST DECISION IMPLEMENTATION

4.1 Delivery of the Local Transformation Plan as detailed in appendix 1 overseen by the CAMHS Transformation Board.

4. IMPLICATIONS OF DECISION

4.1 Corporate Priorities and Performance

4.1.1 *Improving mental health and wellbeing (life course approach) and improving children's outcomes* are key priorities of the Corporate Plan 2019-2024.

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

4.2.1 The CAMHS transformation fund has increased annually from 2016/17 up to 2020/21. In 2016/17, Barnet CCG received £772k to transform CAMHS locally. For 2018/19 the fund grew to £1.1m. In addition, the CCG invests circa £4.6m in community / outpatient CAMH services and the London Borough of Barnet invests an additional circa £1m in early help and prevention.

4.3 Social Value

4.3.1 The voluntary, community and social enterprise sector are a key strategic partner.

4.4 Legal and Constitutional References

4.4.1 Article 7 of the Council's Constitution sets out the responsibilities of the Health and Wellbeing Board which includes 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 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 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; and
- To explore partnership work across North Central London where appropriate.

4.4.2 In October 2015 Clinical Commissioning Group (CCG) areas were required to develop a Local Transformation Plan (LTP) in response to the recommendations set out in the Future In Mind Report - promoting, protecting and improving our children and young people's mental health and wellbeing,

the report of the Government's Children and Young People's Mental Health Taskforce in 2015.

4.4.3 The Government has recently published Transforming Children and Young People's Mental Health Provision: Green Paper (December 2018) which builds on Future in Mind and highlights the need for further focus on effective and sustainable provision for children and young people (CYP) with mental health issues

4.4.4 The local CAMHS Transformation Plan is informed by local and national policy and context considered to be pertinent in the development of mental health and wellbeing provision for children and young people. In addition to Future in Mind, these include:

- Mental Health Act 1983 as amended and the Children Act 1989
- Children Act 2004
- Mental Health Act 2007
- Equality Act 2010
- No Health without Mental Health (DH, 2011)
- Closing the Gap (DH, 2014)
- Children and Families Act 2014
- The Care Act 2014
- Promoting the Health and Wellbeing of Looked After Children (2015)
- Working Together to Safeguard Children (2018)

4.4.5 Other relevant policy and contextual drivers include guidance from the National Institute for Health and Care Excellence (commonly referred to as NICE guidance), Access and Waiting Time standard for children and young people with an eating disorder, DfE guidance on Behaviour and Counselling, Transforming Care and the Crisis Care Concordat.

4.5 **Risk Management**

4.5.1 Risks are reported to and oversee by the CAMHS Transformation Board. Risks are included in the Plan (appendix 1).

4.6 **Equalities and Diversity**

4.6.1 The Equality Act 2010 outlines the provisions of the Public-Sector Equalities Duty which requires Public Bodies **to have due regard** to specific needs and 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

4.6.2 The CAMHS Transformation Plan is based on the assessment of local need. Equality and diversity are therefore a key element for providers in the delivery of services.

4.7 **Corporate Parenting**

4.7.1 Looked-after children are considered explicitly as a vulnerable group within our CAMHS provision with the Integrated Clinical Team within the council providing specific support to this group.

4.8 Consultation and Engagement

- 4.8.1 The Local Area is committed to engaging with young people and their families and carers. We take a holistic approach to enable us to fully understand young people's experiences such as considering the impact of council tax and housing on young people's mental health and wellbeing. Our engagement also takes into account the demographics of the borough including the introduction and engagement in the Orthodox Jewish Children and Young People's Forum, which is attended by BEH MHT and the council's Family Services. (see section 4 of the Plan at appendix 1)

5.9 Insight

- 5.9.1 Local provision is commissioned in line with local need. The CAMHS LTP uses JSNA data as well as up to date Public Health England data. See section 2 of the Plan (appendix 1).

5. BACKGROUND PAPERS

- 5.1 Health and Wellbeing Board 25 January 2018 – Item 7 – Child and Adolescent Mental Health Services Update
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=9143&Ver=4>
- 5.2 Health and Wellbeing Board 19 January 2017 – Item 8 – Child and Adolescent Emotional Wellbeing and Mental Health Services – Transformation and Procurement
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8716&Ver=4>

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Foreword

We want Barnet to be the most Family Friendly Borough in London by 2020. At the heart of that approach is the concept of resilient children, resilient families and resilient communities. This is at the core of our Child and Adolescent Mental Health Services (CAMHS) transformation programme.

We are proud of the progress we have made so far against our plan to improve CAMHS in Barnet such as increased investment in early help, reduced waiting times and our progress in moving services out of clinical settings and into the community.

We know there is more to do and this plan reflects our commitment to continue to improve provision for young people and their families. Across the whole pathway, from prevention to the whole population to clinical services, for those who need it most. We are committed to implement Thrive model across the pathway.

In 2018/19 we will continue to embed our early help provision (Integrated Clinical Services), expand our Resilient Schools Programme, move to a Thrive model of Specialist NHS CAMHS provision and work with our neighbouring boroughs to explore the local commissioning of inpatient care.

These are only some of the highlights of our ambitions for the next year; our CAMHS Transformation Plan continues to evolve as we receive feedback from young people, families and professionals, which inform the direction of our developments.

The CAMHS Transformation Programme Board has been strengthened in 2018 to provide leadership across the whole mental health and wellbeing system. The partnership Board is committed to whole system, integrated working. As members of the Health and Wellbeing Board, we see this Transformation Plan as central to our priority of improving mental health and wellbeing for all through a life course approach.

Dr Charlotte Benjamin

NHS Barnet CCG, GP lead for Mental Health

Kay Matthews

NHS Barnet CCG, Chief Operating Officer

Chris Munday

London Borough of Barnet, Director of Children's Services

Dr Tamara Djuretic

London Borough of Barnet, Director of Public Health

Barnet CAMHS Local Transformation Plan 2018/19 (Refresh)

1 Executive Summary

1.1 Local transformation 2017/18

To inform our transformation plans, in 2017, we undertook engagement exercises with children, young people and stakeholders. Through strong partnerships between health, local authority and the voluntary sector, we have started to transform services for CAMHS in Barnet. In the last two years, we have:

- pioneered online support for local Children and Young People (Kooth) and exploring rolling out online support for professionals and parent/carers (QWELL)
- exceeded our reach target for those receiving mental health support
- began work to develop a strong programme of support to schools and early help through our resilient schools programme (hosted by Barnet Public Health),
- invested in our Emotional Wellbeing Team and re-aligned our CAMHS in schools team within our multi-agency locality based approach to providing Early Help so both these teams are embedded within London Borough of Barnet's Early Help service (see below)
- commissioned parenting support for children with ADHD/ASD provided via the voluntary sector and the Educational Psychology Service.

To support our vision of becoming the most Family Friendly Borough in London by 2020, we are taking a resilience based approach across the whole system. We have remodelled our 0-19 early help services into three multi-disciplinary, multi-agency locality based hubs. Weekly Multi-Agency Early Help Panels are held in each locality, which explore holistic needs of young people requiring early interventions to meet their needs.

Programme	Lead	Progress Highlights
Online Counselling and Support	Kooth (Xenzone)	733 CYP used site in first 7 months 95% Recommend to a friend-94% returned more than once 4000+ Visits to site
Resilient Schools Programme	Public Health/Barnet Schools	5 Schools recruited 2 Primary, 2 Secondary and 1 Special provision school
Emotional Wellbeing Practitioners	Barnet Council Families First	Established in Barnet Families First Team, holding cases identified through CAF or referred on from CAMHS access team-Projected to have 150 cases per year by 2019
Expansion of Counselling Sessions	Rephael House	Self-referral access for 50+ young people not meeting CAMHS threshold
REACH Project	Barnet Council/MAC-UK	Partnership project for hard to reach/gangs CYP

1.2 Local transformation 2018/19

In 2018/19 we aim to further develop and embed provision across the programme.

Programme	Lead	Plans for 2018/19
Early Help, Children, Young People and Family Hubs	London Borough of Barnet – Family Services	Local Authority and its partners continue to develop prevention and early help provision into a coherent, joined up and embedded offer. Further embedding 0 – 19 model which launched on the 1 October following a pilot period; strengthening the panel approach as a framework for mental health and wellbeing early help. Focus on promotion and communication of the service offer as well as improving pathways to specialist provision.
Primary mental health workers and Mental health and wellbeing practitioners in Family Services	London Borough of Barnet – Family Services	The reach of these teams has been expanded and opportunities for further expansion will be explored in 2018/19.
CAMHS in schools	London Borough of Barnet – Family Services	Continue to establish the provision, ensuring equitable, quality service offer across Barnet schools.
Resilient Schools Programme	London Borough of Barnet - Public Health/Barnet Schools	Expand offer to a further 11 schools All schools to have Mental Health First Aiders by 2020/21 All schools to have a Youth Mental Health First Aider with the further development of whole school training to raise awareness of Mental Health signs and symptoms in 2019/20
Resilient Schools Programme	Xenzone (QWELL / KOOTH)	Continue to offer KOOTH, expanding text based support to school staff and parents (QWELL)
Space to Grow	Young Barnet Foundation	Provide further waves of funding for project's supporting young people's emotional and mental wellbeing

Transforming Care	Barnet CCG / NCL	Embed CETRs and admissions avoidance risk registers to avoid tier 4 admissions Work with Enfield to deliver Accelerator Project (key workers) Consider roll out of Positive Behaviour Support service
Specialist NHS CAMHS Provision	BEH MHT	Implement Stepped Care based on Thrive Model. Assertive Outreach Team in place from January 2019.
NCL Crisis Intervention Service (out of hours)	Royal Free Hospital	Nurse-led crisis out of hours provision to commence in January 2019
Inpatient and Specialist Care	Barnet CCG / NCL	Explore local commissioning, with NEL, for tier 4
Eating disorder services	Barnet CCG	Review of eating disorder services across NCL focusing on care pathways and including the introduction of self-referral
Workforce	Barnet CCG	Establish NCL CAMHS training forum Upskill via digital avenues Recruit to train and seek to avoid fixed term contracts Utilise workforce across NCL, including the voluntary sector

1.3 Identified risks, issues and mitigations

Each partner will hold their own risk register in relation to their aspects of the Plan and report these to the CAMHS Transformation Board. The Board will review individual and system risks and ensure appropriate controls and mitigations are in place.

Objective	Risk	Controls
Successful delivery of CAMHS Transformation Plan	Unable to deliver commitments in the plan	Senior Commissioning Manager (CCG) responsible for the delivery of the plan. Programme Board Strengthened. CCG Clinical Lead chairing the Programme Board. Plans to be signed off by CCG Governing Body, LBB Children, Education and Safeguarding Committee and Health and Wellbeing Board.
Financial Management	Resource pressures	S75 being developed to provide governance (overseen by the Joint Commissioning Executive Group)

See appendix A for more detail.

1.4 Alignment with the STP and other LTPs

Mental Health is identified as a priority area in the North Central London (NCL) STP Case for Change. This has resulted in the development of the NCL Mental Health Programme as part

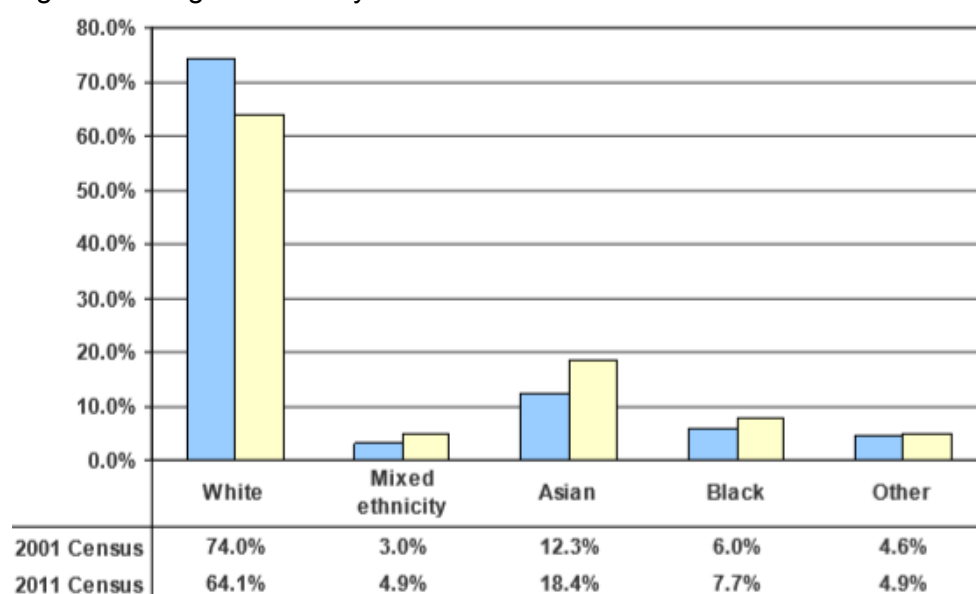
of the NCL STP, which covers mental health support for all age groups. The programme currently has five main identified initiatives for 2018/19: acute care pathway, primary care mental health including IAPT, CAMHS, mental health workforce and liaison psychiatry. Other areas of focus include community resilience, perinatal, student mental health and dementia.

2 Understanding local need

2.1. Barnet's Population

Barnet has 99,152 children and young people aged 0-19 years, representing 25% of the Borough's total population¹. Barnet is an increasingly ethnically diverse borough, in the 2011 census only 45.4% of its population identified as White British, compared to 58.6% of the population in 2001. Figure 2.1. shows the ethnicity of Barnet's population in 2001 and 2011, as illustrated the proportion of Barnet's population who were from non-white ethnic groups increased over this time. In the 2011 census, 14.4% of households in Barnet reported that no one in them spoke English as their first language; this figure is slightly higher than the proportion for London as a whole. Barnet also has a great religious diversity; for the 2011 census 41.2% of the population identified as Christian, 15.2% as Jewish, 10.3% as Islamic, 6.2% of Hindu, and 16.2% as having no religion. Barnet has the largest Jewish population in the country.² It will be important to ensure that mental health service provision for children and young people in Barnet is developed in consultation with the local community and faith groups, is culturally sensitive, and is accessible to people for whom English is not their first language.

Fig 2.1. Change in ethnicity in Barnet 2001-2011



Source: Barnet census information briefing note 2.2, available at: www.barnet.gov.uk

2.2. Understanding local prevalence of mental illness amongst children and young people.

¹ Barnet Joint Strategic Needs Assessment, available at <https://www.barnet.gov.uk/jsna-home/children-and-young-people.html>

² Barnet census information briefing note 2.2, available at: www.barnet.gov.uk

The most recent nationwide survey of diagnosable mental health disorders amongst children in Great Britain was undertaken by the Office for National Statistics in 2004.³ Estimates for the level of mental illness among young people in Barnet are modelled by Public Health England using data from this 2004 survey adjusted for the age, sex, and socio-economic classification of Barnet's population. It is estimated that around 8.3% of children and young people in Barnet aged 5-16 will have a mental health disorder that meets ICD10 diagnostic criteria, this would represent around 4,776 children and young people in Barnet⁴. When looking at prevalence for 0 – 17 year olds regarding common mental health disorders, the figure rises to 7,565⁵.

In 5 -16 year olds, It is estimated that around 5% of children in Barnet will have conduct disorder and around 3.2% of children in Barnet an emotional disorder meeting ICD10 criteria (see table 1).⁶

Table 1 Estimated prevalence of mental health disorders in children, aged 5-16 (2015)

Geographical Area	Estimated prevalence of mental disorders			
	Emotional disorder	Conduct disorder	Hyperkinetic disorder	Any mental health disorder
Barnet	3.2%	5.0%	1.4%	8.3%
London Region	3.6%	5.7%	1.5%	9.3%
England	3.6%	5.6%	1.5%	9.2%

Source, Fingertips. Available at: www.fingertips.phe.org.uk/profile-group/mental-health

The 2004 Office for National Statistics survey found that mental health disorders varied by gender, with overall boys more likely (11.4%) to experience a mental health problem than girls (7.8%), but girls slightly more likely to experience an emotional disorder than boys. The 2004 survey also found that prevalence of mental health disorder varied by age, with 11 to 16 years olds more likely to experience mental health disorders than 5-10 year olds.⁷

As there are probably a significant number of children living with undiagnosed mental health disorders, clinical diagnoses from service use in Barnet are likely to underestimate the burden of mental ill health in the Borough. Therefore the 2004 Office for National Statistics survey is currently still the best source for an estimates of mental health disorders in children and young people under 16 in Barnet. However, there is evidence that the prevalence of mental health disorders in young people may be increasing. The 2017 0-19 Health Needs Assessment for Children and Young People in Barnet found that since 2013 there had been a rapid increase in referrals to Barnet CAMHS from the local authority and significant rise in the number of young people presenting with deliberate self-harm.⁸ This local finding is in line with the national

³ Green H. et al, Mental health of children and young people in Great Britain, 2004. Office for National Statistics, 2005.

⁴ Children and Young People's Mental Health and Wellbeing, Fingertips, Public Health England. Available at: www.fingertips.phe.org.uk/profile-group/mental-health

⁵ ONS – Source 2017: Office for National Statistics licensed under the Open Government Licence.

⁶ Children and Young People's Mental Health and Wellbeing, Fingertips, Public Health England. Available at: www.fingertips.phe.org.uk/profile-group/mental-health

⁷ Green H. et al, Mental health of children and young people in Great Britain, 2004. Office for National Statistics, 2005.

⁸ London Borough of Barnet 0-19 Needs Assessment 2017-2020, 2017.

increase in hospitals admissions for deliberate self-harm in children and young people.⁹ In addition to the children and young people in Barnet living with mental ill health meeting diagnostic criteria for a mental health disorder, many more children in the Borough could potentially benefit from primary mental health interventions; the recent “What about Youth Survey” of 15 year olds found that in Barnet 1 in 2 participants were unhappy with their body shape; 5% of participants had low satisfaction with life, and 1 in 2 had been bullied at least once in the previous few months.¹⁰

In 2016/17 there were 184 hospital admissions for deliberate self-harm (DSH) amongst children and young people aged 16-14 in Barnet, representing 179 admissions/100,000, which is a lower than the national rate of admissions for DSH in young people of 407 admissions/100,00. However, the rate of first hospital admission for mental health conditions in 0-17 year olds in Barnet is significantly worse than the English average, 158/ 100,000 for Barnet compared to 82/ 100,000 for England (and 77/100, 000 for the London region).^{11,12}

2.3. Understanding of the needs of children with special educational needs and disabilities (SEND)

The In 2016, 8,637 students in Barnet were identified as having SEND, this represents 13.6% of pupils in Barnet, which is slightly lower than the London and England averages. Also in 2016 1.8% of Barnet’s resident population had a statement of Special Educational Needs (SEN) or an Education, Health and Care Plan (EHC). The most common reason for children to have a SEN or EHC in Barnet in 2016 was a diagnosis of an autistic spectrum disorder (33%), with speech and language communication needs and other learning difficulties the next most common reasons for a SEN or EHC.¹³ In addition to any needs specific to their individual diagnosis, children with learning difficulties are at an increased risk of developing anxiety and conduct disorders.¹⁴ Children and young people with physical disabilities are also at an increased risk of developing mental health problems.¹⁵ Any mental health services commissioned for children and young people in Barnet should ensure that they are easily accessible to all children and young people in the Borough, including those with physical disability or specific learning needs.

⁹ Children and Young People’s Mental Health and Wellbeing, Fingertips, Public Health England. Available at: www.fingertips.phe.org.uk/profile-group/mental-health

¹⁰ London Borough of Barnet 0-19 Needs Assessment 2017-2020, 2017

¹¹ Children and Young People’s Mental Health and Wellbeing, Fingertips, Public Health England. Available at: www.fingertips.phe.org.uk/profile-group/mental-health

¹² London Borough of Barnet 0-19 Needs Assessment 2017-2020, 2017.

¹³ SEND Joint Strategic Needs Assessment, London Borough of Barnet

¹⁴ Emerson E. Prevalence of psychiatric disorders in children and adolescents with and without intellectual disability. *Journal of Intellectual Disability Research*, Volume 47, Issue 1, 2003.

¹⁵ Murphy M. Mental health problems in children and young people. Chapter 10, Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pay.

2.4. Impact of health inequalities on mental health disorders in children

Although Barnet has low levels of socio-economic deprivation compared to the national average, there are still areas of high socioeconomic deprivation in Barnet, as outlined in figure 2.2 and 2.3.¹⁶

Figure 2.2. Percentage of the population living in areas at each level of socioeconomic deprivation in Barnet compared to England (2015)

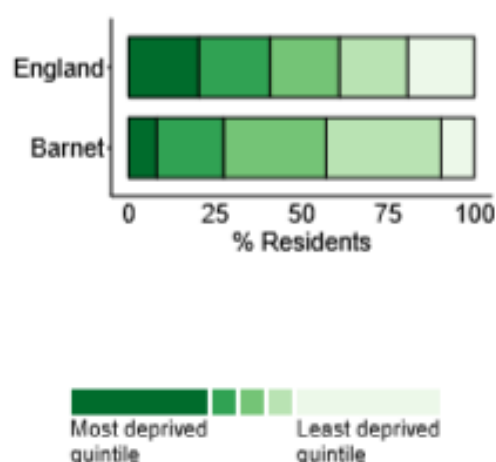
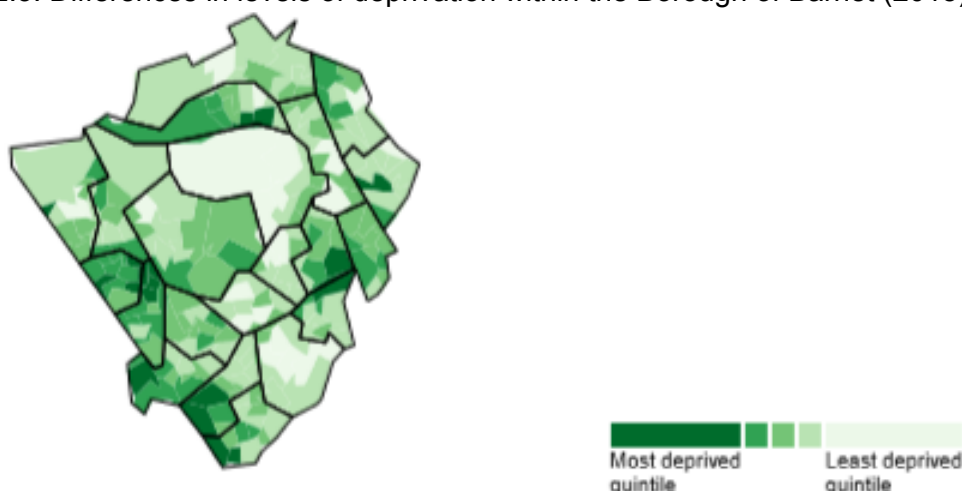


Figure 2.3. Differences in levels of deprivation within the Borough of Barnet (2015)



Source for figure 2.1 and 2.2. The PHE Local Authority Health profile for Barnet 2018

It is well established the social disadvantage and adverse life events are strongly associated with an increase the risk of developing mental health problems.¹⁷ The 2004 ONS survey of the prevalence of mental health disorders in children and young people found that prevalence of mental health disorders was higher in children and young people where:

¹⁶ Local Authority Health profile for Barnet 2018. Fingertips, Public Health England. Available at: www.fingertips.phe.org.uk/profile/health-profiles/area-search-results/E12000007?search_type=list-child-areas&place_name=London

¹⁷ Murphy M. Mental health problems in children and young people. Chapter 10, Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pay.

- there were lower levels of parental educational attainment.
- neither of their parents were working.
- they were living in households with a low household income.
- they were living in areas of socio-economic deprivation.

Thus, it is important that Barnet offers a comprehensive mental health provision for children, that is easily accessible to all children at an appropriate level; this would include ensuring access to high quality specialist mental health services locally, to reduce the need for travel and inpatient placements far away from their homes. The provision of a universal mental health resilience programme and where appropriate counselling in schools, will help to ensure that all children have access to basic mental health provision. Additionally, Barnet is commissioning a comprehensive healthy child programme to work with families and schools to provide a positive, healthy environment for children. It is important that Barnet Borough Council, Barnet CCG and other stakeholders work together to reduce health inequalities and improve wider determinants of health to ensure that all children have a positive start in life.

2.5. Recommendations from the 2017 0-19 Health Needs Assessment.

The recent SEND and 0-19 health need assessments for Barnet have identified a need to increase the Barnet's capacity to deliver preventative and early intervention mental health services for young people in Barnet. The 2017 0-19 health needs assessment for Barnet made the following recommendations:

- Ensure that the transformation of the CAMHS is completed and children and young people have a service that is based on prevention and early intervention with better pathways enabling access to specialist services where required.
- Move away from the traditional tiered working to more prevention and early intervention. Hence, developing THRIVE in schools (Resilient Schools); THRIVE in the community (development of a Wellbeing Hub) and THRIVE in recovery (specialist services).
- Reduce waiting times for CAMHS services by providing specialist services in Barnet.¹⁸

3 Overview of finance and activity

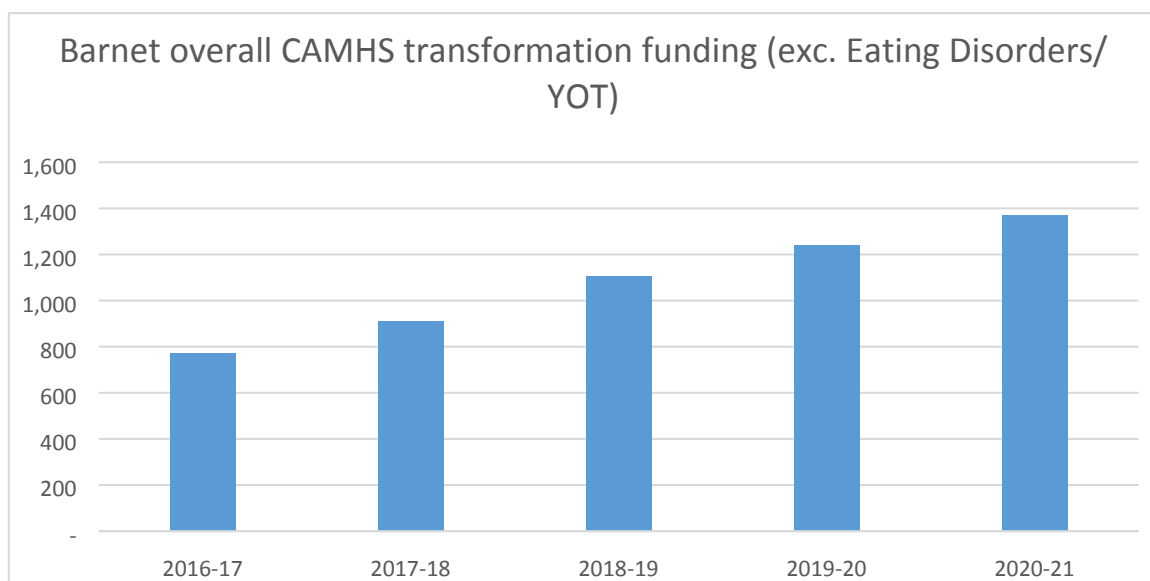
3.1 Investment in to the local transformation plan

The CAMHS transformation fund has increased annually from 2016/17 up to 2020/21. In 2016/17 Barnet CCG received £772k to transform CAMHS locally. For 2018/19 the fund grew to £1.1m. See charts 1 below.

In addition, the London Borough of Barnet invests circa £1m in early help and prevention services.

Chart 1. Total (increase plus baseline value) CAMHS transformation funding

¹⁸ London Borough of Barnet 0-19 Needs Assessment 2017-2020, 2017.



In addition, Barnet CCG invests circa £4.6m in community/ outpatient CAMH services, as shown in table 2 below.

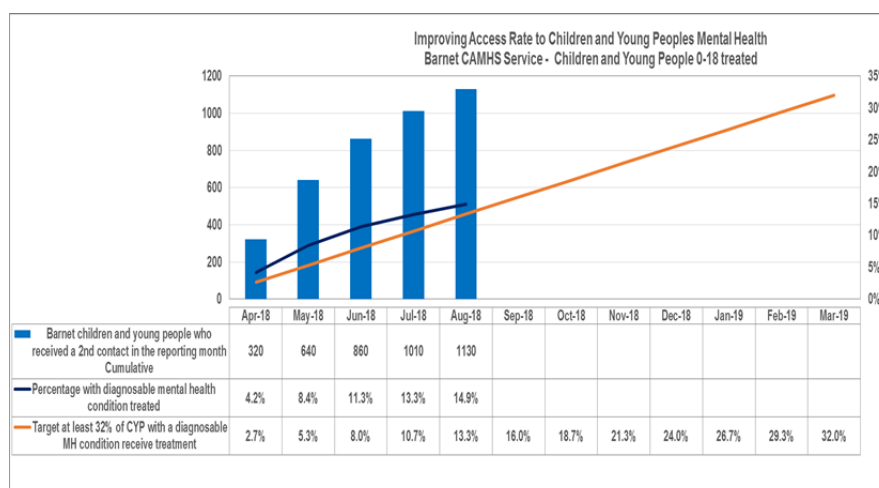
Table 2. Barnet investment in Tier 3 CAMHS

Provider	18/19 Forecast outturn
BEH MHT	£ 3,492,310
South London & Maudsley	£ 113,944
CNWL	£ 134,079
Tavistock & Portman	£ 592,473
Royal Free	£ 135,998
Total	£ 4,468,805

3.2 Activity

The annualised access target for CYP mental health care target for 2018/19 was 32%. According to a one-off data collection exercise carried out in May 2018, NHS England reported that nationally the access rate was 30.5% and in London the rate was 27.6%. Barnet recorded an access rate of 33%, above target (see chart 2 below for trajectory).

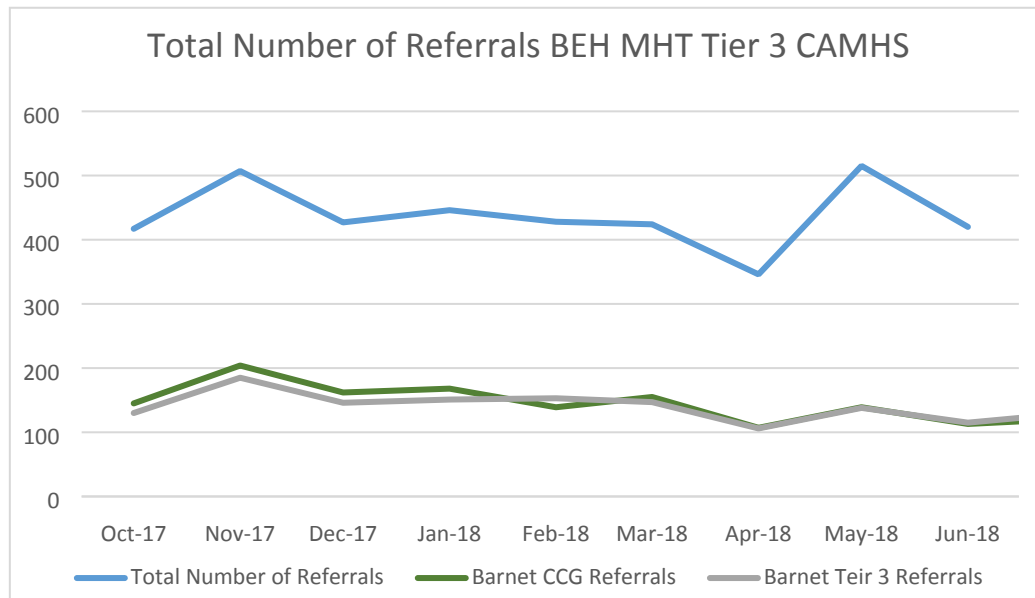
Chart 2: access rates (monthly)



Whilst according to NHS England's one-off data collection process in May 2018, Barnet CCG are ahead of plan, the CCG and partners are working with providers to ensure information on access is provided in an accurate and timely manner to ensure performance can be monitored.

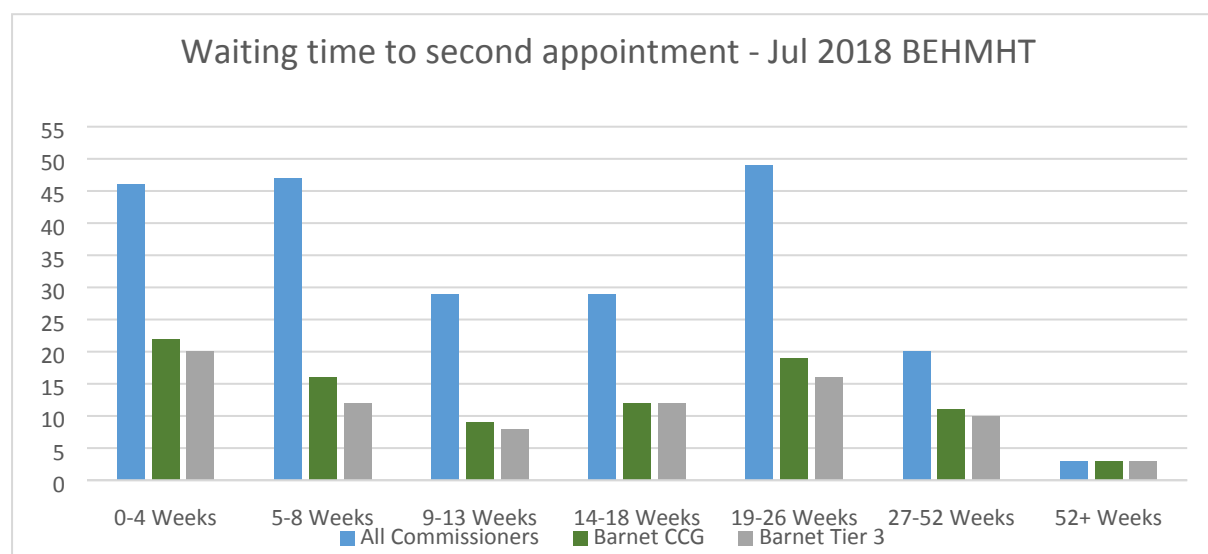
As is shown in chart 3 below, referral rates to Barnet, Enfield and Haringey MHT are relatively stable month on month.

Chart 3. Monthly referral numbers BEHMHT



Barnet, Enfield and Haringey MHT have improved waiting times standards in recent months, however as is shown in chart 4 below, we continue to see larger proportions of patients waiting longer periods for their second appointment with the Trust, an issue which is being directly addressed as part of Transformation plans for this area of CAMHS, mentioned later in the plan.

Chart 4. Waiting time to second appointment



4 Engagement

The Local Area is committed to engaging with young people and their families and carers. We take a holistic approach to enable us to fully understand young people's experiences such as considering the impact of council tax and housing on young people's mental health and wellbeing.

Our engagement also takes into account the demographics of the borough including the introduction and engagement in the Orthodox Jewish Children and Young People's Forum, which is attended by BEH MHT and the council's Family Services.

There are also examples of young people and parents being involved in interview panels such as a young people interviewing for a new clinical practitioner in the Youth Offending Team and a parent interviewing for the borough's Designated Clinical Officer.

Make Your Mark

Most recently just under 5000 (4783) young people in Barnet engaged in the Make Your Mark vote which is a national voting engagement tool for young people- over 1 million votes across the UK were counted this year- the highest ever. This year, mental health support for children and young people received the second highest vote in Barnet, after reducing knife crime.

Communication and wellbeing

The perception of knife crime rates in Barnet is higher than the actual statistics. With national daily coverage of youth violence and knife crime in the news and papers- the overwhelming responses that young people have regarding their top fears locally- tell us that children and young people are deeply impacted by what is going on in London. Despite Barnet being relatively low in terms of the rates of youth violence and knife crime- it is clear that communication on these topics and specifically what we- LBB and partners- are doing to counter/deal with the issues- needs to greatly improve. This would serve to counter the fear factor and make children and young people aware of the support available to them.

4.1 Summary of engagement activities related to CYP which have impacted governance

In 2017, the Local Authority undertook a review of the Corporate Parenting Advisory Panel (CPAP), which is where elected members scrutinise and improve provision for looked-after children and care leavers. The revised Panel, launched in early 2018, now sits outside of the council's constitution as a more informal engagement Panel which also includes foster carers and young people.

Our Care Leavers Joint Strategic Needs Assessment (JSNA), published in February 2017, led to the development of the Corporate Parenting Strategy and action plan, which is the main work on the Corporate Parenting Officers Group (CPOG). The Group, which reports to CPAP, was established and embedded during 2017/18. The Group often meets at Onwards and Upwards (the care leavers service) where young people are invited to join the discussions.

4.2 Summary of engagement activities related to CYP which have impacted needs assessment, service planning/delivery, treatment/supervision and evaluation

Engagement resulting in improvements in specialist NHS CAMHS Provision

In February 2018, the Borough's Designated Medical Officer and Young People's Joint Commissioner coproduced a health-training event with the Barnet Parent Carer Forum. The event was attended by 40 parents as well as professionals from across local area provision.

Parents said...	BEH MHT are ...
Accessing CAMHS again after discharge is difficult	Planning to be able to take self re-referrals 4 – 6 months following discharge
Communication with us is poor and the service offer is not clear	Coproducing new leaflets with parents Continue to embed a “doing with” not “doing to” culture with young people and their families Coproducing a Health Passport when a young person enters the service.

BEH MHT continue to have service user voices at the centre of their redesign work which includes active engagement and coproduction with a young people's reference group and Barnet Parent Carer Forum representatives.

Council tax relief for care leavers

There are currently more than 200 care leavers in Barnet, many of whom have experienced challenges in childhood and adolescents. We asked if you thought we should help these Care Leavers (up to the age of 25) by providing Council Tax Relief. Residents were invited to complete an online questionnaire to give their views. Twenty-one residents completed the questionnaire with 90% agreeing Barnet Council should help Care Leavers by providing Council Tax Relief. Through the consultation, we heard of that, for care leavers, having to pay council tax has adverse effects on their emotional and psychological wellbeing due to the high levels of stress and anxiety associated with debt. Young people also participated in the analysis of the consultation results. The results of this questionnaire, along with additional supporting evidence, were taken to a full meeting of the authority on 31 July 2018 and approved meaning that for the first 2 years of independent living or until their 25th birthday (whichever is shorter). We will also be giving care leavers the additional support required to help prepare them for independence, as any good parent would want.

Transition

Recent work has been undertaken to review the transition from paediatric to adult health services. Focus groups were conducted with young people and parents and 20 people completed a survey. Some of the key findings from the survey results were:

- 50% of respondents strongly disagreed that they/ their child received adequate information about transition to adult health services
- 33% of respondents strongly disagreed that they were clear when they/their child would leave paediatric services
- The top two answers to where respondents would look for information about transitions were don't know/not sure and their current paediatric healthcare professional.

As a result of the consultation, the information on our Local Offer has been improved and internal communication between health, social care, education and our providers has

improved through a revised Transitions Tracking meeting. The project was also supported by the Clinical Lead for Children who will be working with the paediatricians in Barnet to explore ways of using the Learning Disability Health check from age 14 to handover care more effectively to GPs as young people approach adulthood. BEH MHT have also updated their transition policy.

Onwards and Upwards has responding to care leavers who have said that they feel like their emotional wellbeing is not considered and support services are inadequate at the point when young people are leaving care. Onwards and Upwards now provides counselling support and links with adult mental health services are being explored, the service is also supported a care leaver to develop peer support groups and networks for care leavers.

CFC and CYP Plan engagement

As part of the UNICEF Child Friendly Cities and Communities programme and the co-production of the new Children and Young People's plan; we have engaged with over 1900 children and young people across Barnet, to listen to their priorities, feedback and ideas on how to make the Barnet community, its' services and programmes more accessible, relevant and child/youth friendly. We have delivered 5 events, 28 focus groups and 2 borough-wide surveys over the past 10 months. Reaching out to a variety of different settings that young people attend (both formally- ie. schools and informally- ie. youth clubs/groups).

One of the key themes that young people felt passionate about was mental health support. Specifically around improving:

- access to support services for children and young experiencing low level and high level needs
- visibility and clarity of the different support services through a borough-wide campaign led by/with young people
- consistency of support (including better partnership work to ensure children, young people and their families are getting the appropriate support at the right stages, across different settings)

This will inform the update of the boroughs Children and Young People's Plan.

Integrated Clinical Service

The Integrated Clinical Service was developed in consultation with a wide range of stakeholders, including 27 Barnet schools, 25 community and voluntary providers and 150 professionals and on-line consultation with 8000 young people and more than 400 face to face who overwhelming responded that CAMH provision needed to become much more accessible to children and young people.

Self-harm and suicide prevention

The thematic review, commissioned by the Executive Safeguarding Board, has considered, through interviews and focus groups, what professionals and service users feel are the issues that face Barnet when considering prevention of suicide and self- harm and completed suicides. The review was presented in September 2018 and detailed 12 recommendations, which are being considered by Public Health and partners:

1. To consider the use of the Healthy London Partnership toolkit and promote awareness in Barnet
2. To consider adapting the Essex self -harm toolkit for Barnet and promote widely

3. To implement a process from prevention to post critical incident (including A&E role) for self-harm including information sharing agreements, improving awareness and promote widely through training.
4. To improve awareness and implementation of process for all providers from prevention to critical incident and postvention (activities which reduce risk and promote healing after a suicide death) care for suicide including information sharing agreements and promote widely through training
 - Avoiding crisis escalation to A&E; heard from a young person during the consultation: *"it would be so much better not to have to go to A+E"*
5. To involve young people in service planning and composition of training material
6. All schools to have a self-harm policy
7. To consider annual training to all those with a DBS in general knowledge about suicide prevention; talking about suicide and self-harm and knowing the back up support in school and the wider system including Kooth. This could be by an e-learning package.
8. To equalise the CAMHS in schools offer
9. To promote and offer Resilient schools programme in all Barnet schools
10. To improve data recording for self-harm and attempted suicide across the system.
11. Consider adopting a zero-suicide policy in Barnet
12. Devise a toolkit and materials for families about where to go for help.

4.3 Summary of engagement activities related to CYP which have impacted commissioning decisions

More than 100 children and young people from across the borough gathered in February 2017 to voice their views during Barnet's 'Youthorium'. Participants from the borough's schools, colleges, youth groups and charities took part, voicing their opinions on a range of topics from young people's emotional wellbeing, to youth services and the best ways for young people's voices to be heard. There was also a 'voxpath booth' to capture participants' views on video. Feedback at the Youthorium event led to the development and commissioning of online support (Kooth) and to improving emotional wellbeing support in schools (Resilient Schools programme).

Building on previous engagement of young people in the commissioning process, such as young people's involvement in improving placements (regional level feedback), in 2017, training was provided to 10 young people to become "young commissioners". Subgroups are formed for key projects and young people are provided with training as appropriate. Barnet's Parent Carer Forum have also been involved in commissioning such as our Integrated Therapies Service in 2018 and recommissioning of short breaks. There are ambitions to develop mechanisms for parents and families to be able to involve in monitoring of provision.

5 Governance arrangements for managing implementation of the plan

5.1 Governance arrangements

Partners have been working together to review CAMHS governance locally to ensure it is fit for purpose. The proposed governance arrangements include a newly established CCG led CAMHS Transformation Board which brings together representatives from across Children's Mental Health services in Barnet to oversee the implementation of the CAMHS Transformation Plan. The Board is chaired by the GP lead for Mental Health (Barnet CCG Governing Body

member) and is now responsible for the whole mental health and wellbeing system for children and young people. The Local Authority lead delivery for prevention and early help and the NHS lead delivery of the specialist provision. The Board has been strengthened and will have a crucial role in scrutinising outcomes and delivery across the system.

The diagram below provides an overview of the proposed governance structures.

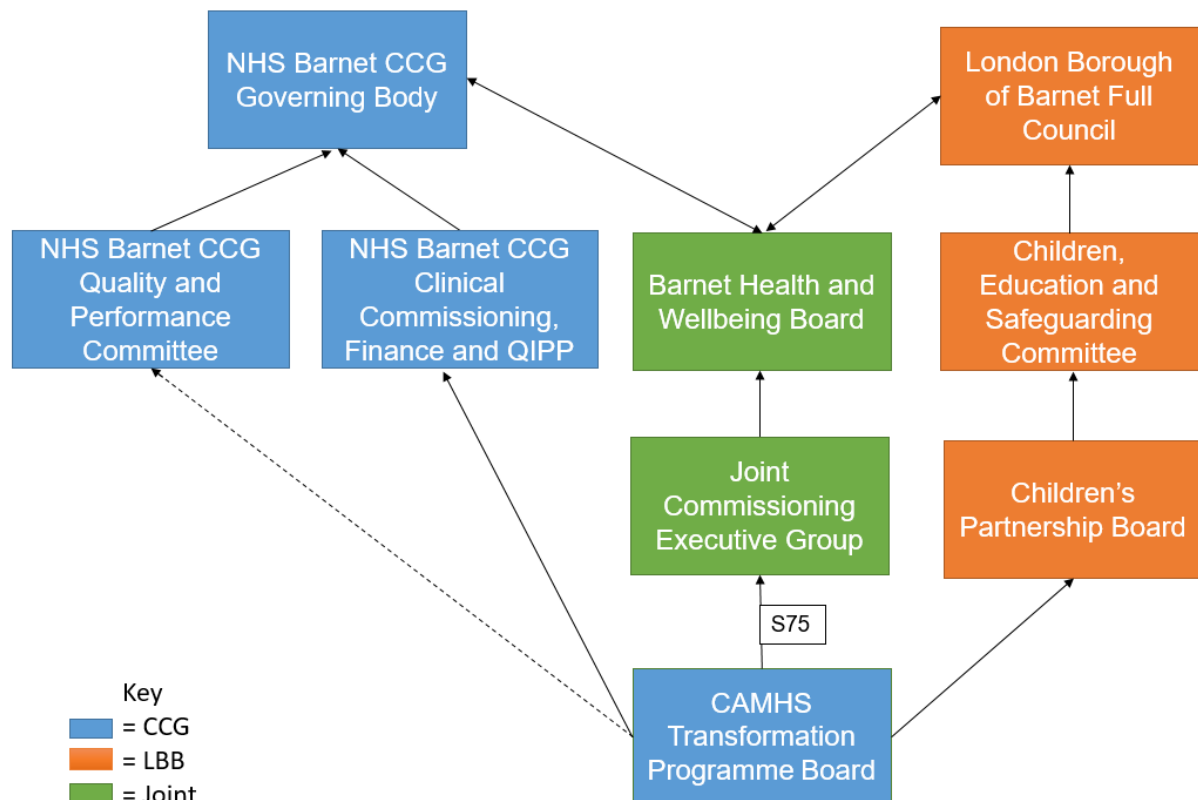
The CCG Governing Board is responsible for the delivery of the plan and the deployment of funding against it. It will do this through delegated responsibility to the Governing Body's committees for finance, commissioning and performance. The Transformation Programme Board is not a decision making body of the CCG but it will make commissioning recommendations to the CCG Governing Body.

The Local Authority will oversee the delivery of their elements of the plan via Children's Partnership Board which reports to the Children, Education and Safeguarding Committee. The Children's Partnership Board has oversight of the local area's Children and Young People's Plan which has mental health and emotional wellbeing as a key priority.

The Joint Commissioning Executive Group oversees the Section 75 agreements between the Council and CCG.

The Health and Wellbeing Board provides joint oversight of the programme. In line with the Board's priority of improving mental health and wellbeing for all through a life course approach, the Board will oversee the programme and ensure that the changes being proposed are embedded in the wider system.

Diagram 1. Reporting of CAMHS Transformation Programme Board



5.2 SEND reforms and Transforming Care

The Local Area is committed to implementing the Special Educational Needs and Disabilities (SEND) Reforms detailed in the Children and Families Act 2014. The SEND Development Group is a multi-agency, partnership Board overseeing the implementation of the SEND improvement plan, which has been developed from our SEND Strategy and SEND JSNA. The SEND Improvement Plan has a key focus on reducing waiting times for services across education, social care and health – this has included CAMHS and ASD diagnosis. There is also a strong focus on early identification and improving access to services as well as improving outcomes for our children and young people.

The CCG work with the LA to commission services in an integrated way and recently have jointly commissioned an integrated therapies service (SLT, OT and PT), the contract includes a transition therapist role who can support 19-25 year old still in Education and training with EHC therapy provision. There is a strong partnership between the CCG and LA in matters relating to SEND provision.

Recent work has been undertaken to review the transition from paediatric to adult health services. This includes engagement with young people and parents, research into best practice. This has resulted in recommendation and actions that the CCG will be taking forward in partnership with LA and health providers.

Transforming Care

Transforming Care is a national driven programme to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. This programme aims to drive system-wide change to prevent unnecessary admission to hospital beds and the use of residential provision, to enable more people to live in the community, with the right support and care close to home.

CCGs are working together across North Central London (NCL), in collaboration with Local Authority Children and Young People's Services, to realise our ambition to: Keep Children and Young People with their families through commissioning an appropriate range of community and respite provision that reduces the need for residential and inpatient admissions

We have established a CYP Sub Group of our NCL Programme Board, led by an identified lead Children's Commissioner for NCL who is driving forward our agreed programme of work.

Achievements to date across NCL:

1. North Central London Admission Avoidance Register and NCL Care, Education and Treatment Reviews (CETRs) Protocol:
 - The single process developed for NCL is being embedded in Barnet. The appointed Senior Care Co-ordinators started in 2018 to maintain an overview of the CETR process and the At Risk of Admission Registers. This work provides an opportunity to support YP and collate needs and experiences across NCL from CETR process and to share learning across NCL to help to prevent the need for tier 4 and for expediting step down.
2. Information to be placed on Local Offers to ensure consistency of information to service users and parents and carers
3. Positive Behaviour Support Services

- In NCL we are working towards a consistent model of positive behaviour support (PBS) services that are able to support families intensively in the home at times of crisis to implement PBS interventions and strategies. What is crucial is that these interventions are applied across the whole network involved in working with the YP so there is consistency of approach and reinforcement across all settings.
- The main part of the new service uses Key Workers who will work with families (who are part of the Transforming Care cohort) for 3 months, to support them in a personalised way; what the actual service looks like will be different for each family, and we are keen to make available a wide-ranging offer to ensure the families are supported in a way that best meets their needs and helps them to achieve their outcomes. Consultation with families to understand and develop what that offer might look like; this could be practical or emotional support, and may be targeted directly at the young person, parents, siblings, or the family as a whole.

4. Market Development

- In order to deliver a flexible model of community provision to avoid admission to hospital or residential units, we need to develop the market across the sector. NCL CYP commissioners have started to do some of this work with the involvement/facilitation of Oxford Brooks. Commissioners' have started a dialogue with local providers to understand what is currently available, and what is possible, so we can develop services that are led by what our service users tell us and what local data tells us. A particular priority for us in 18/19 is to think about how we can support CYP and their parents and carers at times of crisis and how we can offer intensive support, possibly as a shared care arrangement, that prevents family breakdown.

5. Accelerator Pilot

- NCL has recently been successful in becoming an Accelerator Site for the CYP Transforming Care Programme; securing additional funding to develop a pilot of early intervention and intensive key worker support to families and CYP as an early intervention programme. The pilot aims to measure impact of intensive key worker support provided on a 3 month (in some cases 6 month) basis to families identified as amber on the at risk of admission register to prevent escalation to a RAG rating of red and therefore moving into CETR process. Alongside intensive key worker support the programme will also develop parent to parent support opportunities as well as making family therapy available to parents/carers and siblings. The pilot programme will be formally evaluated with the intention of being able to demonstrate an invest to save opportunity for CCGs and LAs.

NCL Transforming Care Programme – Key Priorities for 18/19

- Continue to embed local protocol and consistent process for admission avoidance register
- Improve data through work with providers to record LD/ASD and through better use of and profile of admission avoidance register
- Develop a clear engagement plan to ensure patient/family rep are engaged as partners at all stages and levels of decision making
- Continue market development work to consider development of NCL crisis Crash pad and shared care short break provision
- Deliver NCL acceleration pilot and share learning from pilot
- Consider how we can roll out PBS service across NCL as a whole and develop an investment proposal for Transforming Care Programme Board

6 LTP ambition from 2018/19 to 2020/21

The CAMHS Transformation Board will ensure that outcome have measurable impacts on the mental health and wellbeing of children and young people.

6.1 Prevention and Early help provision in universal settings, schools, colleges and primary care

At the end of 2017/18 LBB consulted on (see section 3 for details) and developed the Integrated Clinical Service; this reflects investment in early help, enhancing our prevention offer. Integrated Clinical Service structure organises and distributes clinical expertise across Early Help, Schools, Children's Social Care and Youth Offending Services so that CAMH clinicians are embedded with the wider children's workforce offering direct support to children, young people and families, as well as clinical consultation, supervision and training.

Barnet children's 0-19yrs services are in the process of moving to a locality based structure with three Children's Hubs which went live at the start of October 2018. The hubs are established and coordinated through Barnet Council Children and Families 0-19 service. They will cover a range of provision and are also 'inviting in' partners to become part of the Hub provision. This provides an opportunity to develop a more integrated model for Children and Young people's mental health with youth services and other positive support.

In April 2018, the staff from two BEH MHT services TUPEd into the Local Authority (Schools and the Looked-After Children CAMHS provision), this has allowed for service integration and development. The following services are now available, provided by the Local Authority:

- Barnet Family Services provide 8 whole time equivalent Primary Mental Health Worker (PMHW) posts which are co-located with the Early Help, Children, Young People and Family Hubs. PMHW's can meet with teachers, parents, children and young people in schools or other community based settings or at home. Referrals are made directly by the schools via the Head/ Deputy Teacher, Special Educational Needs Coordinator (SENCO) or Inclusion Manager. The reach of this team has been expanded and opportunities for further expansion will be explored in 2018/19.
- Clinical Practitioners are co-located with Children's Social Care and Youth Offending Teams. The integrated approach allows for psychologically and systemically informed practice and joined up, assessments, planning and interventions for children, young people and their families. Each of the service areas have designated Clinicians that are available for consultation or requests for individual, family or group clinical work with children, young people and their families directly from the social work teams without the need for a referral system.
- The Duty and Assessment and Intervention & Planning Teams (including REACH) have 4 whole time equivalent Clinical Practitioner posts linked to the service. The Children in Care/Onwards & Upwards/Fostering & Adoption Teams have three whole time equivalent Clinical Practitioner posts linked to the service. The Youth Offending Service has 2 Clinical Practitioners linked to the services and 8 whole time equivalent Clinical Practitioners are linked to the Early Help Service

Following the development work in 2017/18, the Local Authority and its partners continue to develop prevention and early help provision into a coherent, joined up and embedded offer. Opportunities to develop the programmes will be explored and discussed at the CAMHS Transformation Programme Board.

The **Youth Offending Team's (YOT's)** health provision contributes to its ability to address its three Key Performance Indicators (KPI's). These are to reduce first time entrants, reduce re-

offending and reduce the number of young people who receive custodial sentences. The YOT's Youth Justice Plan outlines its key priorities, which are overseen by its management board, and the Youth Justice Board, who receive performance information related to the KPI's on a quarterly basis.

The YOT has recently re-established its school nurse provision, which will initially be in the form of weekly drop in sessions (as from November 2018). This will allow young people to receive support and to be signposted to services related to sexual health, managing anxiety, trauma, healthy eating and other related health matters. The intention is to develop this into a 0.8 post, which will then offer assessments and direct support for young people.

NHS England funding has enabled the YOT to employ a full time Liaison and Diversion worker who completes a series of emotional, mental and physical health screening whilst the young people are detained at the Police station. The intention is to utilise the information to deter a criminal charge but also, to signpost and support young people into prevention services. The funding also supports a 0.8 clinical practitioner, who is able to complete assessments and to work directly with young people who have entered the criminal justice system. The clinical practitioner is also able to support staff with training and clinical supervision.

Furthermore, the YOT's health provision is enhanced by Educational Psychology (EP) input with support around identifying needs young people may be presenting with that impact on their learning and development. The young person themselves, their family and professionals working with them can gain a further understanding of their needs and consider ways forward. Parent and YOT officer consultation is offered. Whole staff input in terms of training and team problem solving is provided in the EP offer.

The youth justice system acknowledges the importance of effectively managing transitional periods for young people such as from custody to community, from youth to adult services, from one authority to another. Barnet YOT ensures that it works to National Standards, liaises well and incorporates all the relevant health information and support into its transitional arrangements, so services can follow young people and be seamless, where possible.

Resilient Schools Programme has been co-produced with parents, pupils, Barnet Public Health, Cambridge Education, Local Schools and Barnet CCG. The programme aims to:

- Help schools, parents and pupils to recognise their own mental wellbeing needs and be confident to access information to support themselves and others
- De-stigmatise mental health in schools
- Intervene early to prevent escalation of mental health problems
- Involve parents, pupils and schools in tackling issues

The pilot phase started in May 2017 and will run until July 2019, with a roll out offer to all schools in Barnet in 2019/20. Phase 1 has five-member schools with the Programme having 8 strands designed to offer a holistic approach to school staff, children's and families need; which represents a partnership between the school and support services. Coordination and project management of the pilot is led by Barnet Public Health with support from Barnet CCG. Northampton University will be evaluating the project and reporting to commissioners by April 2019.

A streamlined and sustainable core offer has now been offered to a further 11 schools, including 7 faith schools and 2 ESMH schools and the 2017/18 control schools.

A core package of support comprising of a menu of whole school interventions (for pupils, parents/carers and staff) is offered to the schools. Key elements included are Mental Health

Youth First Aid and Resilience Training, Peer Mentoring and supportive therapies (Kooth and Qwell text based counselling services) and the Digital Resilience Award to address on line healthy as well as on line safety. Additional initiatives such as the Mayors Golden Kilometre, Resilience Board to address diversity, difference and promote Mental Health and the development 'school champions' to share expertise are also included.

Outcomes to be achieved:

- All schools to have a Youth Mental Health First Aider with the further development of whole school training to raise awareness of Mental Health signs and symptoms in 2019/20 with a particular focus on self-harm and suicide ideation (Resilient Schools actions taken from the Safeguarding Boards thematic review on suicide and self-harm).
- School staff and parents with a child with SEMH or SEN needs to be able to access Qwell (on line counselling) to support staff and families' mental health and resilience
- All young people between 11-26 to be able to continue to access Kooth (on line counselling)
- Support Barnet schools to develop and maintain resilient communities for staff, pupil's families, including further co-development with the Family Resilience Team and CAMHS in school to 'Practitioner Groups' for networking and training for school staff on the frontline of working with vulnerable pupils.
- Deliver support to schools to assist them in responding to increased levels of need through co-ordination of the programme further develop 'Champions of Expertise' for a sustainable model of support and training for schools and working in partnership with Local Authority and voluntary services.

With 135 schools, our trailblazer Green Paper proposal is to situate 6 Mental Health Support Teams (MHSTs) (2 within each of 3 locality based early help hubs) working alongside 0-19 early help services providing support to approximately 45 schools within each hub area. Our schools have shown demonstrable commitment to providing pastoral support to address low level mental health issues over many years with 32 school based staff having completed mental health youth first aid training. The proposal builds on the Resilient Schools Programme and Primary Mental Health Workers and would, if successful, enhance the further development of resilience in Barnet's whole school based population. Schools are aware of this Expression of Interest we have submitted and are currently in the process of expressing their interest in becoming potential host sites. Given our growing child population, our proposal is proportionate to reach our whole school population. Our proposal builds on existing structures and services from which we can develop 6 MHSTs, increasing capacity by 48 wte staff members.

Children and Young People's Wellbeing Practitioners (CWPs) work with children and young people who have mild to moderate mental health needs i.e. low mood, low level anxiety or behavioral difficulties. The CWPs use a guided self-help approach with young people and parents based on Cognitive Behaviour Therapy approaches and is embedded in the 0-19 Early Help framework. The service also works with schools providing groups for young people, parents and teachers on specific topics such as exam stress and managing anxiety. The aim is to increase self-awareness, create a toolkit of self-help strategies and develop stronger family and community support; preventing escalation of need and requirement for further, higher level interventions.

In year 1 (2017/18), four trainees completed post-graduation training with the team and became and have been embedded in permanent roles within the Early Help CWP team. Trainee CWPs are also in-situ studying through the University College London and Anna Freud/Tavistock and Portman NHS Foundation Trust. In line with ambitions to grow the

provision to support the three 0 - 19 Hubs, in 2018/19 and 2019/20, a further three trainees will join the team each year. Currently plans to make further permanent posts are being considered.

Space2Grow, led by the Young Barnet Foundation, aims to:

- Support local voluntary and community groups, who are members of the Young Barnet Foundation and are working with children and young people (and their families).
- Grow activities and services for children and young people in the London Borough of Barnet.
- Give priority to community organisations with limited access to other sources of funding. However, decisions will be on a case by case basis, based on the purpose of the grant and outcomes it will achieve for beneficiaries.

Using joint grant funding to grow capacity in children and young people's mental health; awards have been given to a variety of local community and voluntary sector providers. As part of the third wave of funding 8 projects were funded for a total of £90,000. Further funding waves have been made available.

Terapia trains child and adolescent psychotherapists for children of all ages; Terapia is providing trainee psychotherapists under a one year agreement to hard to reach groups i.e. Onwards & Upwards (Leaving Care) and London Jewish Family Centre until December 2018.

Parenting support is also available through courses for parents of children and young people with ASD and ADHD.

Rephael House: A VCS organisation funded to provide a counselling service for Barnet children and young people up to age 19 who do not meet the CAMHS

Health visiting and school nursing provision (0 – 19 public health nursing) are a key part of our early help and provision model. In 2018/19 training will be offered to school nurses regarding mental health and wellbeing (including self-harm and suicide prevention) to increase early identification and appropriate referrals.

Work for 2018/19 includes ensuring equity in our approach across the boroughs and across settings such as schools and improving pathways between prevention and specialist provision.

6.2 Transforming Specialist NHS CAMHS Provision

Current provision:

Provider	Service	Description
The Royal Free NHS Trust	Out of Hours	Royal free Hospital (RFH) provides an out of hours service for children and young people presenting at A&E at the RFH
	Eating Disorder	RFH service for young people with anorexia nervosa, bulimia or atypical variations of these disorders, providing support to assist recovery in the community, achieving good clinical outcomes and satisfaction ratings

	Generic CAMHS	Providing assessment, treatment and support of the mental health, behavioural and emotional wellbeing needs of those aged 0-18 years living in Barnet South
Tavistock & Portman NHS Trust	Adolescent and Young Adult Service	A specialist psychoanalytic psychotherapy service for young people between the ages of 14 and 25. The service is multi-disciplinary, and offers group and individual weekly and intensive psychoanalytic psychotherapy. AYAS also offers brief psychoanalytic psychotherapies, including: Dynamic Interpersonal Therapy (DIT), short-term psychoanalytic psychotherapy for depression (STPP), psychoanalytic family therapy, parent work, and consultation to professional networks.
	Family Mental Health Team Service	A multi-disciplinary team providing assessment, treatment and support of the mental health, behavioural and emotional wellbeing needs of those aged 0-18 years, including group psychotherapy, intensive psychotherapy, interpersonal psychotherapy (IPT), STPP, Eye Movement Desensitisation and Reprogramming (EMDR), Non Violent Resistance (NVR) groups, Parents as Partners Groups, couple psychotherapy, mindfulness, and Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD).
	Fostering, Adoption and Kinship Care Team	A specialist multi-disciplinary team for looked-after children and young people in foster or kinship care or who are living in adoptive or special guardianship families, who are experiencing emotional or behavioural difficulties.
	Refugee Service	A culturally sensitive multi-disciplinary service for refugee and asylum seeking families, working closely with advocates and interpreters.

	Lifespan team	A specialist multi-disciplinary team that works with children and young people experiencing psychological difficulties as a result of having an autism spectrum condition and/or a learning disability. The team provides NICE approved diagnostic assessment for autism and autism spectrum conditions (ASD), and individual, family and group therapeutic input for young people with ASD and learning disabilities where appropriate, alongside consultation to professional networks.
Barnet, Enfield and Haringey Mental Health Trust	Service for Children and Adolescents with Neurodevelopmental Difficulties (SCAN)	A service for children and young people with severe learning difficulties, neurodevelopmental disorders and autistic conditions where there is significant impairment coupled with mental health problems.
	Generic Tier 3 service	Generic CAMHS provides assessment, treatment and support to children and young people aged 0-18 years and their families for a range of mental health, behavioural and emotional well-being needs. The service offers a range of individual, family and group based interventions. There are two Generic CAMHS teams within Barnet (East and West).
	Barnet Adolescent Service (BAS)	A specialist multidisciplinary team working with young people between the ages of 13 and 17 facing complex, severe or chronic mental health issues. Often these young people find it hard to engage with other services and may be at a higher risk, with complex presentations including chronic self-harm and psychosis.
	Barnet Hospital Paediatric Liaison Service	Specialist mental health provision and consultation for young people and families who are inpatients or outpatients under the care of the paediatric and neonatal services at Barnet Hospital.
	Barnet CAMHS in Specialist Schools	A team of Child and Adolescent Mental Health professionals supporting young people in Barnet's Specialist Schools (Pavilion, Meadway and Oak Hill Campus)

Specialist NHS CAMHS Services

The NHS providers are working together to reduce service variation across the borough and to enable BEH CAMHS to provide a service that is timely and responsive and maximises the scope for an integrated and co-produced CAMHS with our partners,

Service challenges to be met during Transformation include:

- Meeting new access to treatment standards (2 appointments within 6 weeks of referral and/ or within 6 weeks between T1 and T2)
- Waiting times and waiting lists
- Standardisation of evidence based care pathways.
- Earlier access to assessment and triage through developed access and triage model
- Stepped Care based on Thrive Model
- Integration with 0-19 Hub and community based provisions
- Co-production culture.

To achieve this, Barnet CAMHS has developed a new service model and is working closely with Inclusion Barnet, Service users and the Parent Carer Forum to create a fully co-produced model of care. We expect to go to consultation on our changes in early 2019, followed by a graduated roll out throughout the following year. The introduction of new access and triage services has already delivered a significant reduction in response times to first and second appointment and this is something we will build on throughout the year. .

Barnet CAMHS is working closely with our Local Authority partners, the Integrated Clinical Services, and the voluntary sector, supporting the creation of new pathways between the newly commissioned services and Specialist CAMHS to support the Thrive ideals of patient choice and treatment according to needs.

7 Urgent and emergency (crisis) mental health care for CYP

Barnet requires significant enhancement of assertive outreach and crisis responses due to current gaps in provision.

Whilst we have been proactive in establishing early warning and preventative initiatives and services, we continue to see increasing demand for crisis interventions in CYP, as well as demands of services out of hours, the latter which requires liaison between the acute hospitals, CAMHS and social care.

7.1 In-hours crisis care - Assertive Outreach Team

Barnet requires significant enhancement of assertive outreach and crisis responses due to current gaps in provision. Young people and their families who are experiencing a crisis in their mental health which, in the absence of enhanced support, may lead to serious harm, long term health impact or hospital admission and therefore need a responsive service

In 2017-18, Barnet Commissioned the adolescent outreach team (AOT) from BEH to deliver high quality emotional wellbeing and mental health support to children and young people (CYP) who are in mental health crisis and are at risk of presenting to A&E and admission to Tier 4 if the crisis remains unmanaged.

A mental health crisis, as defined by the Healthy London Partnership Children and Young People Mental Health and Wellbeing Implementation Group, is as follows:

“A mental health crisis occurs when the level of distress and risk presented by a young person is not supported or contained by the care system that is in place for them. It may be the view of the young person themselves and/or the view of those involved in their care, that their current condition and situation represents a crisis. The crisis might be triggered by a worsening of the young person’s condition, a

weakening of the support system, or both. In reality, these are not independent factors and the young person's experience of weakened support frequently triggers a worsening of their condition".

The AOT will support CYP in times of mental health crisis and improve quality of care and outcomes by offering:

- A faster response to young people in crisis
- Increased accessibility through flexible approach (i.e. safe meeting locations agreed with CYP and/or carer, at a time that suites them)
- Prevention of crisis escalation
- Assertive approach to engagement (i.e. persistent approach with repeated attempts to make contact, including immediate follow-up of DNA)
- Planned intensive intervention (i.e. 2-3 contacts a week in addition to care as usual until the need for intensive input is resolved)
- Brief to mid-term interventions
- Tailored evidence based therapy interventions in line with NICE guidance
- Promote resilience and self-management for CYP in crisis
- Support for parents/carers
- Continuity of care post intensive crisis intervention
- Collaborative relationships (i.e. liaison with other agencies as required)
- Liaison with other professionals via the 0-19 Hub model
- Reduction in referrals on Tier 4 admissions.

The AOT will also:

- Close the gap in current provision to meet the requirements of the Mental Health Crisis Concordat and HLP Guidance. Reduce the negative impact on long term outcomes for children who have a mental health crisis.
- Reduce Length of Stay (LOS) at acute hospitals for children awaiting a specialist assessment. Young people and families experiencing a crisis will be able to have swift access to a responsive service. Reduce the number of admissions to mental health related hospital presentations and admissions for young people

The primary goal of the Assertive Outreach Service is to offer an accessible, flexible, community-based child and adolescent mental health assessment and treatment service by a specialist team to children, young people and their families in crisis. The service will be delivered in hospitals, clinic settings, schools, community and in homes and will be running in January 2019.

7.2 Out of hours

Rationale for joint priority across NCL

CAMHS crisis care is a focus area within Future in Mind, the Five Year Forward View (24/7 mental health crisis response and community based crisis response), the Crisis Concordat, the HLP Children's Programme (rapid response and de-escalation) and expected national guidance currently in DH gateway:

In NCL there is variable day time crisis care with some CCGs having active outreach services into A&E and the community, and others less able to provide outreach, often for complex reasons such as funding, staff recruitment and retention. Additionally the out of hours crisis

response across the sector is extremely variable with the hospitals in the south of the borough having access to a comprehensive psychiatric registrar rota, but the service in the north unable to access this level of support. Commissioners and providers from across NCL have therefore been collaborating closely to develop a model based on new guidance and drawing on good practice examples from elsewhere.

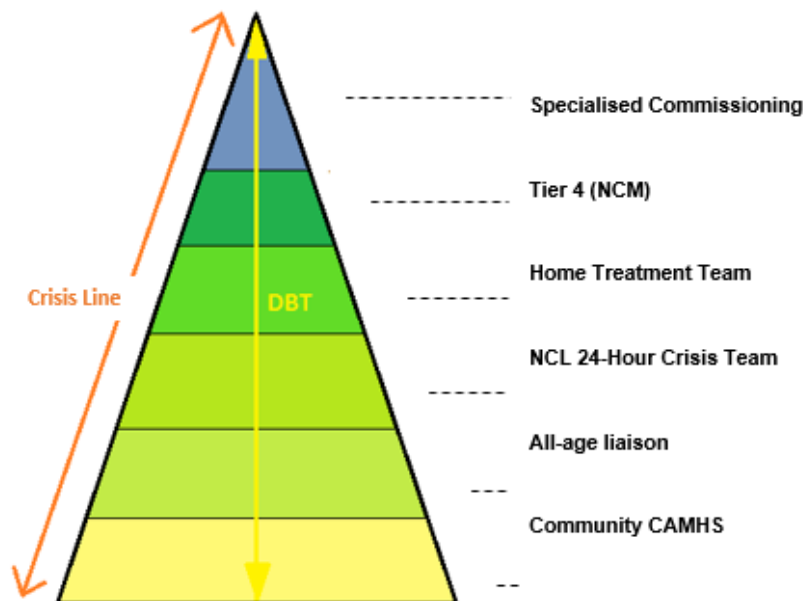
The development of out of hours crisis has been included in the CAMHS work stream of the NCL mental health STP programme as it is a service which, to achieve sufficient economies of scale and maximised effectiveness and efficiency, would work best across an NCL-wide population. The aim is to provide a service covering the whole STP area which is equitable across the patch.

What we are aiming to achieve across NCL

NCL will develop a local integrated pathway for children and young people with higher tier mental health needs which includes rapid community-based and out-of-hours responses to crisis. There will be investment in expanding the crisis workforce and in training for the crisis response team, with a focus on Dialectical Behaviour Therapy (DBT) as the core treatment modality. This will result in admission prevention, reduced length of stay and support appropriate and safe discharge and a reduction of admission to acute paediatric beds across the footprint. NCL will work closely with Specialised Commissioning and jointly with Health & Justice Commissioners to develop local integrated pathways including transitioning in or out of acute, specialist and secure settings. Over the lifespan of the LTP programme until March 2021, the aspiration of NCL is to develop a comprehensive acute care pathway for children and young people experiencing a mental health crisis. The development of the acute care pathway will occur in phases as additional LTP investment comes on stream and savings are realised through the proposed New Care Model (NCM) programme for CAMHS Tier 4 across NCL and North East London (NEL). This is an iterative programme of work taking a long term view of service development and delivery of the ambition to better meet the needs of those children and young people experiencing mental health crisis.

The role of the NCL CAMHS Project Board in overseeing this work ensures that commissioners and providers work collaboratively with service users and that there is service user challenge and oversight as proposals are developed.

CAMHS Acute Care Pathway – a whole system approach to crisis care

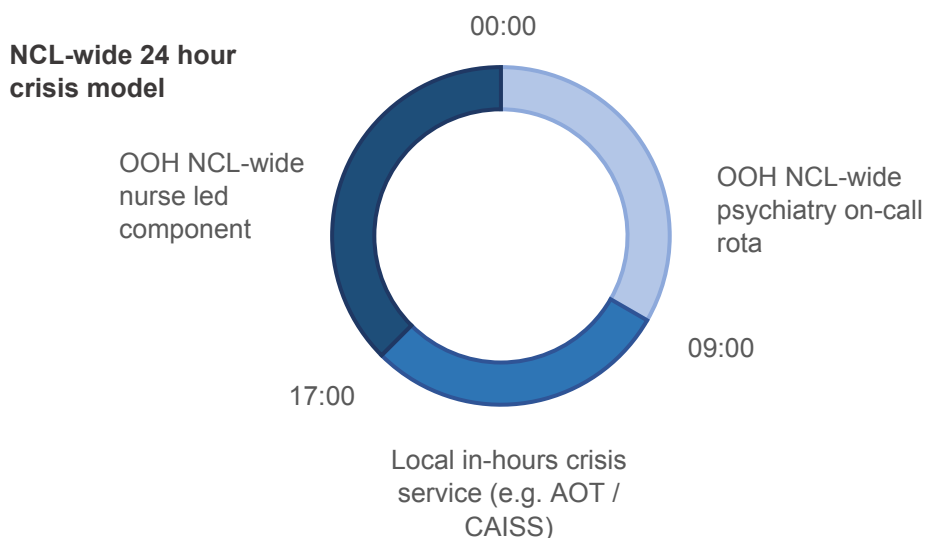


NCL-wide 24-hour crisis service

During 2017/18, commissioners and providers collaborated closely to develop and agree a model for 24-hour CAMHS crisis care that would meet as much of the vision as possible, within a set of parameters, which include:

- The financial envelope
- Keeping staff and patients safe
- Having a service that is accessible to the whole NCL
- Having a service that has the capacity to ensure that children and young people are enabled to be kept safe and secure until the morning or when a full and timely assessment can be completed if not possible immediately
- Interface with current, and any new arrangements for the collaborative commissioning of local CAMHS Tier 4 provision

To ensure full coverage across 24 hours, seven days a week, commissioners and providers have agreed a service model that comprises three services elements, local in-hours crisis services; an NCL-wide out of hours nurse led crisis service; and out of hours NCL-wide on call psychiatry, as follows



Out of hours NCL-wide nurse-led component

Following consultation with key stakeholders, options appraisals and financial analysis, it was agreed the core out of hours component be provided by a nurse-led component delivering twilight cover 7 days a week, plus weekend cover from 9am to midnight. The component will be delivered by Band 6 nurses with Band 7 leadership and will be integrated into Paediatric Liaison.

A Single Tender Action (non-OJEU) was run during 2018 and the Royal Free Hospital was awarded the contract to deliver the component for an initial pilot period on the basis that they:

- Are able to mobilise in short timeframes;
- Have established working relationships with other CAMHS providers operating across NCL to ensure coordinated daytime and out of hours services; and
- Have an identified local base from which to operate which includes provision of paediatric A&E to ensure safe management of any co-morbid physical health needs.

A contract variation for the component has been signed and RFH has begun recruitment for the component, with a view to commencing service delivery in January 2019. The model for the nurse-led component comprises:

- Twilight and weekend 9am to midnight component integrated into the Paediatric Liaison team and the NCL on-call rota, to be provided by Band 6s with Band 7 leadership
- Nightshift covered by on-call junior doctor to enable children and young people to stay safe through the night
- Provision of mental health and paediatric assessments as and when required
- Advice, information and consultation to be provided to clinicians from other agencies when needed.

The nurse-led component will deliver the following outcomes:

- Reduction in time spent in A&E
- Improved CYP and family experience
- Timely response to CYP in out of hours crisis
- Reduction in numbers of CYP requiring specialist RMN Support on paediatric wards
- Reduction in length of admission to paediatric beds
- Improved outcomes for CYP
- Faster access to MH assessment

NCL-wide psychiatry on-call rota

The success and safety of the nurse-led OOH component is contingent on robust supervision from an on-call psychiatrist of senior-training grade or higher (consultant). Historically there have been a number of on-call psychiatry rotas operating across NCL with varying workloads and consultant remuneration for out of hours work is also variable. As part of the development of the 24-hours crisis offer it has therefore been proposed that a single rota for consultants across NCL be developed. A particular focus for this work is to ensure parity of access across the sector, greater equity in workloads and responsibilities and more consistency in contracting arrangements for on-call psychiatry.

Healthy London Partnership (HLP) children and young people's mental health crisis peer reviews

Building on the HLP guidance on Improving care for children and young people in mental health crisis in London (October 2016), and the HLP CYP mental health crisis services self-assessment (2017), in autumn 2017, HLP invited local areas to participate in a series of peer reviews of CYP MH crisis services. In NCL, HLP undertook two peer reviews of CYP MH crisis services, of Barnet, Enfield & Haringey Mental Health Trust (February 2018), and a combined peer review of services provided by the Tavistock & Portman NHS Foundation Trust and Whittington Health (May 2018).

The HLP found many positives in the services provided by BEH, T&P and the Whittington. The review praised the knowledge and understanding that representatives from the pathway organisations have in relation to what the challenges are and what it working well. The report highlighted the progress that has been made in transforming the crisis pathway but noted that there is still variation in the service provided across the three boroughs.

The HLP review highlighted that the NCL STP programme and the associated CYP mental health work stream has aligned the transformation and created a strong vision for future transformation, with a focus on improving community and outreach provision to reduce inpatient stays, reducing variation in medical rotas and delivering a consistent extended hours service. The investment each CCG has agreed to fund this transformation jointly across the STP was highlighted as a strength. In addition the potential opportunity to develop a North Central and North East London New Care Model and deliver to further transformation across a wider geography in the future, was seen as a positive. The joint HBPOs bid for NCL was also seen to be a positive although it was noted that there is no plan B, if this bid is unsuccessful.

The review praised the amount of feedback sought from CYP across all boroughs and the way that this is being used to try to improve the experience for CYP. For Barnet, the following was noted:

- Having a crisis service even if this is not commissioned, and make best use of what is in place
- Fantastic and cooperative relationship with paediatric staff ward
- Barnet Adolescent Service
- Commissioning and implementation of Kooth
- Barnet Resilience Schools Programme and mental health specialists allocated to schools.

For tier 4, improvements at the Beacon Centre and Bed Management Team

Representatives from the local pathways in all boroughs welcome the feedback from the reviews and found them a positive experience which have generated ideas for improvement which are informing strategic planning going forward; a detailed action plan is being developed based on the recommendations from the peer reviews and delivery of this plan will be overseen by the NCL CAMHS Board.

7.3 Mental health liaison services

Currently NCL partners are working together to deliver mental health liaison services across NCL which meet the minimum core 24 service standards by 2021/22. As part of this work Commissioners are considering how best to ensure that there is improved access to liaison mental health services for all ages in line with the requirements set out in the Five Year Forward View for Mental Health and, that needs of young people with mental health problems presenting in urgent and emergency care settings are being met appropriately and well. In agreeing the way forward, commissioners will be considering the impact of current plans to introduce a nurse led CAMHS crisis service across NCL and the move to a common out of hours CAMHS rota which will inform how best this resource will interface with adult mental health liaison teams to best meet the needs of patients of all ages.

8 Inpatient and specialist care

The development of New Care Models for CAMHS Tier 4 services is a priority within the Five Year Forward View for Mental Health and is a priority within the North Central London (NCL) Sustainability & Transformation Plan. It is recognised that the outcomes for children and young people experiencing severe mental illness can be both poor and inconsistent. Through joint work across NCL, the STP aims to improve population based health outcomes for children and young people experiencing mental health crisis and/or those with complex and enduring mental health needs. The wider collaboration across the STP provides an exciting opportunity to share learning and resources to better meet the mental health needs of children and young people across the system and tiers of need.

Our ambition

- Improve quality and reduce variability of Tier 4 experience for our patients
- Reduce distress to young people
- Reduce length of stay for a significant proportion of young people
- Smooth transition in and out of Tier 4, including reduced waits for CYP to access Tier 4 beds when required

Current picture

During 2016/17, two bids were submitted to NHSE under the New Models of Care programme for the development of NCL-wide arrangements for the co-commissioning of CAMHS Tier 4. Unfortunately, both bids were unsuccessful, with feedback from NHSE indicating that the proposed models were not sufficiently ambitious or transformative and that a wider footprint, beyond NCL boundaries should be considered.

Looking beyond NCL, North East London (NEL) is the only other London STP area that has not developed local commissioning for Tier 4. NHSE Specialised Commissioning therefore made a specific request to NCL to develop a sub-regional shadow-NCM collaboration between NCL and NEL STPs, with the view to improving outcomes for children and young people across a wide geographical area. NHSE have indicated that the following adolescent specialist services would be involved in the shadow-NCM programme (table 3):

Provider name	Unit name	OBDs commissioned	Commissioned beds	Total bed capacity
Barnet, Enfield & Haringey (BEH) MH Trust	Beacon Centre	4,976	13.63	14
East London Foundation Trust (ELFT)	Acute T4 CAMHS	4145	11.36	12
	PICU	5103	13.98	16
	Day care service	2264	NA	
North East London Foundation Trust (NELFT)	Brookside	9483	25.98	30
Ellern Mede	Ridgeway Unit	7975	21	26
Whittington	Simmons House	TBC	12	TBC
Great Ormond Street Hospital (GOSH)	Mildred Creek	TBC	10	TBC
Royal Free Hospital	(Eating Disorders)	TBC	TBC	

In response to this request, Chief Executive Officers of the four NHS providers of general acute CAMHS Tier 4 services and the corresponding community CAMHS (BEH MHT, Whittington Health, NELFT and ELFT), plus the Tavistock & Portman NHS FT as the SRO for the NCL programme, have commenced a joint programme of work to identify the number of beds required within and across NCL/NEL and the potential savings from preventing out of area placements as well as reduced lengths of stay. A Non-Discloser Agreement (NDA) has been drafted in order to release the contract with NHSE to commence the programme; the NDA is currently awaiting signature.

What we are aiming to achieve across NCL

Through the shadow-NCM programme, the STPs will develop a sub-regional CAMHS pathway across NCL and NEL which will increase integration between locally provided community CAMHS, social care and education, acute hospitals and paediatric liaison services. In addition, through the delegation of specialised commissioning functions in relation to contracting and payment of children and young people's psychiatric inpatient care, the programme will achieve greater integration with adolescent inpatient services for general acute, eating disorders, learning disability and psychiatric intensive care.

The programme will result in a more preventative approach and ensure that care is provided in the most appropriate place at the right time, preventing Tier 4 admissions, reducing lengths of stay and supporting appropriate and safe discharge through improved integration across the children's health, education and care system. By working across a larger geographical

footprint, the programme will increase efficiency and equity of access to high quality community, acute and inpatient services, improving population based mental health outcomes for children and young people and realising savings that will be reinvested into community services.

We will develop a local integrated pathway for CYP requiring beds that includes rapid community based response to crisis. This will result in admission prevention, reduced length of stay and support appropriate and safe discharge and a reduction of admission to acute paediatric beds across the footprint. NCL and NEL will work closely with Specialised Commissioning and jointly with Health and Justice Commissioners to develop local integrated pathways including transitioning in or out of secure settings, SARCs plus liaison and diversion provision.

The NCL CAMHS Project Board is currently overseeing this work and a wider NCL/NEL programme board is being established to lead the work. The programme board will be responsible for ensuring that commissioners and providers work collaboratively with service users and that there is service user challenge and oversight as proposals are developed.

Key Milestones

- Signing of contract with NHSE Specialised Commissioning – September / October 2018
- Baselineing of in area and out of area 2017/18 month 12 full year outturn to set NCM budget for 2019/20 – November / December 2018
- Establish forecast activity for 18/19 – November / December 2018
- Undertake modelling to inform phasing of implementation and potential financial implications of implementation, e.g. including any options for pump-priming of community crisis services – January to March 2019
- Commence delivery of shadow place-based commissioning of CAMHS Tier 4 – April 2019

9 Eating disorders

NCL jointly commissions the specialist Eating Disorders Service at the Royal Free Hospital, Barnet CCG is the lead commissioner. The services comprise of the Intensive Eating Disorder Service (IEDS) and the Community Eating Disorder Service. Following NHS England's "Access and Waiting Time Standard for Children and Young People with an Eating Disorder" in July 2015, the initial phases of transformation for NCL focused on improving data recording and reporting, investing in additional specialist staff to meet gaps in capacity and reducing waiting times.

An application has now been submitted to QNCC – ED to commence the peer review process. This process is likely to take a year to complete. NCL Commissioners will also be engaging in a review of the intensive eating disorder service. This review is due to report in early 2019.

A key focus of our service development plans will also include exploring the options available to implement self-referrals.

Summary of Progress against priorities identified in Transformation Plans 2015.16 and 2016.17 (table 4):

Priority	Summary of Actions to Progress	RAG
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		Rating
1. Increase capacity and reduce waiting times to meet key requirements of NICE Guidance	<ul style="list-style-type: none"> Additional staffing across MDT achieved – see table below Waiting Times Targets – see table below 	Achieved
2. Outreach education training for eating disorders to primary care health and education staff	<ul style="list-style-type: none"> Two training sessions held – one for primary Care and one for Schools-30 attendee's <p>The Service Manager of the Eating Disorder service reports:</p> <ul style="list-style-type: none"> A seminar was held for the Jewish schools in spring 2018. The seminar was delivered to eight schools. The Eating Disorder service regularly goes into schools to support young people and staff to manage eating disorder issues and concerns. 	Achieved
3. Offer telephone support for General Practitioners	<ul style="list-style-type: none"> Is available but requires further evidence of wider knowledge by GP's. The provider reports that clinicians are always available to speak to GP's. Plan to record GP contacts going forward in 18.19. This area will also form part of the service review and service developments going forward. 	Partially achieved
4. Improved performance monitoring and management	<ul style="list-style-type: none"> Quarterly performance reports and contract meetings taking place. Disaggregation of Urgent and Non-Urgent cases. A Service review is now taking place of the Intensive Eating Disorder Service and is due to report early 2019. Outcomes data routinely captured and reported. Length of stay in Intensive Eating Disorder Service reported. 	Achieved

Performance against Eating Disorders Service Waiting Times and Access Targets (table 5):

CCG	Year of Performance	NCL Targets for Eating Disorders Service- Waiting Times RTT Non-Urgent/Urgent	Performance < 4 weeks RTT non-urgent	Performance RTT < 1 week urgent
All NCL CCGs	2014.15	Baseline Year	54.0%	Not Known
	2015.16	60%	69.2%	No Target
	2016.17	80%/95%	85%	100%
	2017.18 Q1	90%/95%	95%	100%
	2017.18 Q2	95%	100%	100%
	2017.18 Q3	95%	100%	100%
	2017.18 Q4	95%	100%	100%
	2018.19 Q1	95%	94.1%	100%

Summary of Service Activity

Table 6

Referrals for all five boroughs 2015.16, 2016.17 and 2017.18 Q1		
CCG	Number of referrals received	Number of referrals accepted
All NCL	181	171
All NCL	141	127
All NCL	166	153

Phase 3 of Eating Disorders Transformation

To support our planning process and identify the next phase of transformation Healthy London Partnership (HLP) asked hospitals and community providers to complete a self-assessment tool to reflect the eating disorder service they provide. The outcomes for NCL covering eight themes reported in July 2017. Subsequently a Self –Assessment was undertaken in 2018. This along with discussion with, Commissioners, providers, clinical partners and families have informed our new priorities as set out in Table 7:

Table 7

RFL Eating Disorder Service Progress in 17.18	RAG	NCL Local Transformation Plan-Priorities 2018.19
Co-morbidities management. <ul style="list-style-type: none"> The Service provider reports very strong links with community paediatrics. RFL ED team currently sits within Paediatrics at RFL accordingly. Care pathways have been developed and are closely monitored. Care pathways developed for patients with eating disorders requiring feeding and medical stabilisation. Care pathway for patients with eating disorders who self-harm. 		<ul style="list-style-type: none"> The review of the Intensive Eating Disorder service will also be looking at this area of practice more closely. In particular, there will be a focus on care pathways with generic CYPMH as it is recognised that this is an area that needs to be developed across NCL.
Needs and provision <ul style="list-style-type: none"> This is reported as maintained and full compliance. 		<ul style="list-style-type: none"> To be monitored in Performance Management meetings.
Evidence based care		<ul style="list-style-type: none"> The implementation of self- referrals will form part of future service developments during this period.
Community model <ul style="list-style-type: none"> Reported as moved to full compliance. 		<ul style="list-style-type: none"> Additional training for schools and primary care.

<p>NICE Concordant treatment standard</p>		<ul style="list-style-type: none"> Engage with peer review through QNCC. Application has been submitted. Initially a one year process to complete application. To be reviewed in quarterly performance management meetings. Referral to treatment will continue to be performance managed. The intensive service will also review this component of the service.
<p>Engagement with CYP, families and carers. Currently any new family that is referred to the service is given the option to participate in Carer and Family courses which focus on eating disorders and how they are managed and treated. Families and Carers are then invited to a follow up sessions consisting of 6 ½ day workshops. The programme consists of a series of four workshops programs delivered during the course of the year.</p>		<ul style="list-style-type: none"> Exploring the options available for Self-referral for families to form part of future service development plan. Signposting and navigation for families and professionals to access support will be monitored.
<p>Demonstration of evidence based care. Engage with peer review through QNCC</p>		<ul style="list-style-type: none"> The service has now made an application to the QNCC- ED. The process is likely to take a year to complete.
<p>Transition and partnership working</p>		<ul style="list-style-type: none"> Will be monitored in performance management meetings. Will also form part of service review.

10 Workforce

Rationale for a joint priority across NCL

Across NCL, there are two mental health NHS trusts and an Integrated Care Organisation that provide CAMHS services for the five boroughs. In addition, the specialist Eating Disorder Service for the five boroughs is provided by Royal Free London NHS Trust. Due to the shared provider landscape, along with the migration of our population within the NCL patch, it has been agreed to conduct workforce mapping across the entire patch as this is seen as the most beneficial and efficient method of doing so, while also allowing for local variations in workforce need. The result will be a multiagency strategy to develop the workforce for the NCL STP footprint.

We will continuously review the current workforce provision across NCL which will enable the effective planning for the workforce requirements in order to address the mental health and psychological wellbeing needs of children and young people in NCL. We will use the '*Stepping forward to 2020/21: The mental health workforce plan for England July 2017*¹⁹' report to steer our work. This document sets out the high level road map for regions, STPs and local areas from which to build their regional workforce plans to 2021 that reflect local needs and strengths.

We need to understand what new roles may be required to address future demands on mental health services and what alternative ways of delivering support are required. Training will also be key to ensuring the workforce is adequately skilled to deliver the support required by children and young people with mental health needs. We also need to consider the impact on physical health that mental health issues can have and how we seek to ensure our workforce can address those aspects of mental health too. Addressing these questions may see care and support being delivered in alternative ways, such as further collaborative working with the voluntary sector, schools and colleges. We do not envisage moving to a single workforce model but will share ideas, expertise and learning to develop a more efficient CAMHS system and network of service provision.

Workforce mapping outcomes

In 2017, an independent mapping exercise was undertaken across the five NCL CCGs. Whilst specific issues were identified in each CCG, the report concluded that some areas commission a broader range of services than others which may lead to a more diverse range of roles and skills and a broader scope for workforce development in line with the NCL CAMHS and Perinatal initiative and current national policy drivers. The work also identified individual CCGs' skill mix and staffing models, how they compare across NCL, but also in relation to wider benchmarks.

Following this work, we have been able to identify changes to the NCL CAMHS workforce required in order to achieve the ambitions of the Five Year Forward View plan, the Mental Health Taskforce and Future in Mind. These include the following specific priorities and tasks aligned to the recommendations in the mapping report:

Priorities	Tasks
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¹⁹ <https://hee.nhs.uk/sites/default/files/documents/Stepping%20forward%20to%20202021%20-%20The%20mental%20health%20workforce%20plan%20for%20england.pdf>

Priorities	Tasks
Ensuring equity of access	<ul style="list-style-type: none"> Each borough to review their own access performance, staffing and access to inform a benchmarking exercise Ensure a maximum wait for referral to first assessment (for 92% of CYP MH seen within 13 weeks) Understanding ethnicity and local population needs, and gaps that may exist
Ensuring the stability and sustainability of services	<ul style="list-style-type: none"> 'Recruit to train' - implement across all boroughs, and sharing learning, e.g. CWP posts. Aim to establish a five borough-wide resource through economies of scale Seek to avoid fixed term contracts to facilitate delivery of a stable and sustainable workforce
Upskill the NCL mental health workforce via digital avenues	<ul style="list-style-type: none"> Explore the potential to establish Kooth across NCL and how such solutions could dovetail with other interventions including face to face contacts Consider social media training for staff and how digital solutions (e.g. apps) could support CYP, and how social media impacts on CYP MH
Engage providers in developing services to deliver NCL shared priorities	<ul style="list-style-type: none"> Formally engage non-NHS/borough providers in local forums including the voluntary sector
Utilising capacity across NCL	<ul style="list-style-type: none"> Undertake a full service review through a demand and capacity model that reflects the needs of the local population, and considering the use of Voluntary Care Sector (VCS) providers wherever possible
Collaborate across the system to ensure that workforce mapping, skills and training needs are more robust and accessible; and that processes are in place to commission and deliver training	<ul style="list-style-type: none"> Undertake borough level Training Needs Analysis and bring this together through an NCL requirement, securing economies of scale in delivering the identified training Undertaken annual workforce mapping to continually assess service needs, underpinned by consistent metrics and benchmark data
Involve practitioners from adult mental health services in training in working with adolescents with mental health problems	<ul style="list-style-type: none"> CAMHS commissioners to liaise with their adult mental health commissioners to identify training opportunities for adult staff in supporting CYP in acute environments

CAMHS training programme

We recognise the training is a key component of the delivery of safe and effective care and support and we will continue to pursue a proactive programme of training across NCL. One area where we have been successful in securing Health Education England (HEE) funding is to establish an STP-wide clinically-led CAMHS training forum, linked to an agreed rolling programme of in-sourced training. The intention is to develop targeted training programmes to upskill registered professionals and others to take on extended and advanced roles in priority service areas: mental health, learning disabilities, long term conditions, urgent and emergency care, and leadership.

This supports the five year forward view priority area of Mental Health. In particular, talent management and recruitment and retention of staff is an STP priority. It will also feed into the programme of CAMHS clinician rotation being developed.

Once we have agreed the scope of training and high impact staff groups, we will be developing training materials prior to implementing the programme through the rest of the year and into 2019/20.

Children and Young People's Wellbeing Practitioners (CWPs)

The Children and Young People's Wellbeing Practitioners a new role that offers evidence-based interventions in the form of low intensity support and guided self-help to CYP with mild to moderate mental health problems.

CYP IAPT Collaboratives throughout the country have set up CWP programmes in response to the target of offering evidence based intervention to 70,000 more children and young people annually by 2020, by training up 1,700 new staff in evidence based treatments, as outlined in 'Implementing the Five Year Forward View for Mental Health'.

In the first year, CWP services have been set up under the guidance of senior CWP Leads in 15 localities or 'partnerships', including Barnet, in services tailored to provide mental health support to children depending on local needs as part of local provision. A variety of service models were established in that time, including the CWP program being offered within schools, CAMHS services, Local Authority and Third Sector organisations. As CWPs are rolled out across other CCGs, we will be learning from those 15 partnerships which will help to inform the development of this program over the next few years and how we will therefore configure the workforce in support of it.

In Barnet, trainee CWPs are also in-situ studying through the University College London and Anna Freud/Tavistock and Portman NHS Foundation Trust (see page 23).

Supporting Crisis and Out of Hours services

We are increasing staffing capacity in the NCL-wide crisis service to better meet demand. We will also be reviewing the effectiveness of the current on-call rotas and use of specialist registrar doctors grades to ensure greater consistency and more efficient and effective working arrangements across the five CCGs.

As part of the work to develop NCL-wide all-age liaison provision, we will need to review the staffing capacity of existing CAMH services and consider potential restructuring of existing resources to improve parity of access across the sector. We will also need to establish effective cross-training between adult and children's mental health services to ensure both staffing cohorts have the skills / competencies to deliver within an all-age service. To support this, we expect to bid to HEE for a short term pilot for having an embedded CAMHS liaison post within a combined all-age service, as opposed to the current model of stand-alone CAMHS liaison. This would give us an opportunity to test the effectiveness of the model to inform future planning, ensuring a strong all-age liaison service.

Vacancy management

Whilst we will always be looking to recruit and retain the best staff in NCL, inevitably they do leave for a variety of reasons, taking on new roles, and moving to new organisations in new areas. So there will always be an element of staff turnover which we will need to manage in order to minimise the time that a post remains vacant.

Linked to the outcomes of the workforce mapping audit mentioned earlier in this section, we will use our NCL wide networks to constantly monitor vacancies within our commissioning functions as well as our providers, both NHS and non-NHS.

We will look at any emergent trends as vacancies arise and we will take whatever actions may be necessary to mitigate the risks associated with long term vacancies, seeking support from NHSE and Health Education England as necessary.

Appendices:

Appendix A – Risks and issues log

Appendix A – Risk and issues log

ID	Director	Objective	Risk	Controls in place	Evidence of Controls	Overall Strength of Controls in Place	Consequence	Likelihood	Rating (Current)	Risk level
1	Sarah D'Souza/ Collette McCarthy	Successful delivery of the CAMHS LTP	If the LTP does not have sufficient clinical and political support and suitable capacity and resource to deliver.	CCG GB clinical lead in place and chair of programme board. Plans to be signed off by CCG Governing Body and HwBB. CCG, LBB and	Terms of reference. Reports. Programme plans	Strong	3	2	6	Moderate
2	Sarah D'Souza/ Collette McCarthy	Financial management	If the LTP does not have sufficient financial investment/ management of cost pressures to deliver	S75 proposed for management of T1/2 transformation. Crisis/ AOT budgeted for and financial plans in place over period of investment and signed off by FPQ. Regular contract review and performance meetings regarding T3 provision.	Terms of reference. Contract monitoring meeting minutes. S75 agreement.	Strong	3	2	6	Moderate
3	Sarah D'Souza/ Collette McCarthy/ Dr Jonathon Stephen	Workforce	If the LTP does not have sufficient workforce to manage the LTP programme	Senior Commissioner responsible for Children's transformation in place (CCG). LBB and BEH capacity deployed to transformation within LTP	Recruitment and JD info.	Strong	3	2	6	Moderate

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Barnet

Clinical Commissioning Group

Mental Health and Emotional Wellbeing Support: A young person's journey

Health and Wellbeing Board

17 January 2019



Working together with the Barnet population to improve health and well being



Prevalence (1)

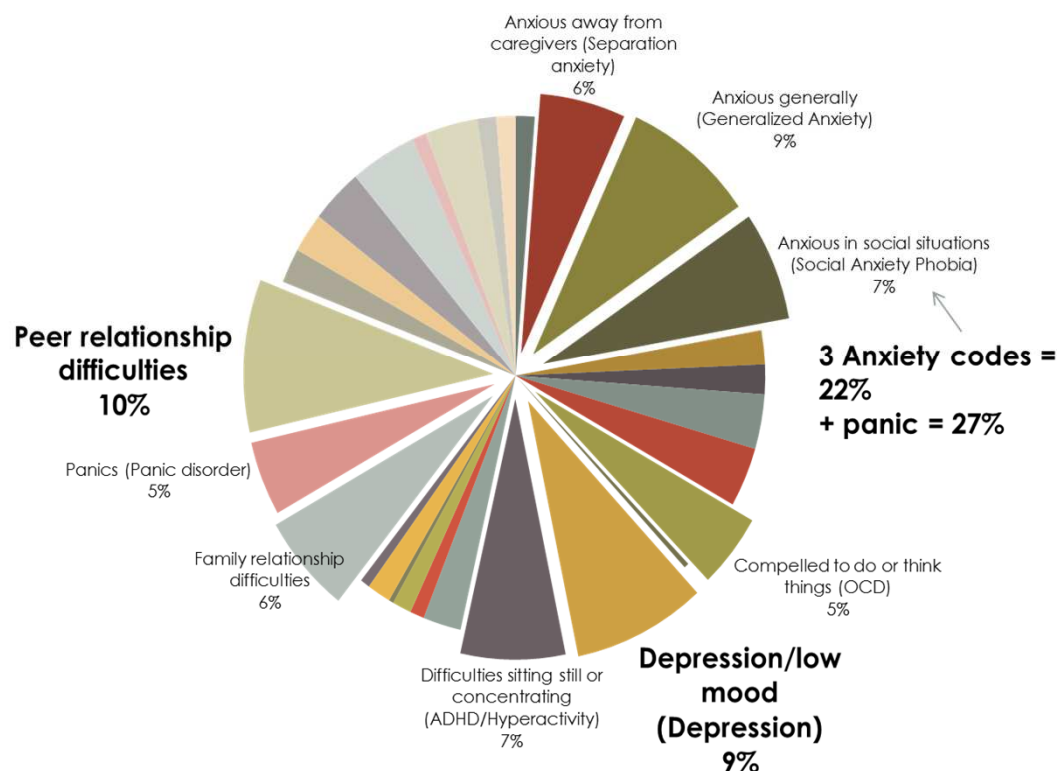
- Estimated prevalence of mental health disorders in CYP (2015) was 8.3% of the population aged 5-16 (compared to London 9.3%; England 9.2%) – rises to 7,565 for 0 – 17 year olds
- In 2016/17 - 184 hospital admissions for DSH (aged 16-14) in Barnet, representing 179 admissions/100,000, lower than the national rate of 407 admissions/100,00.
- Rate of first hospital admission for mental health conditions in 0-17 year olds in Barnet is significantly worse than the English average, 158/ 100,000 for Barnet compared to 82/ 100,000 for England (and 77/100, 000 for the London region)
- “What about Youth Survey” of 15 year olds found that in Barnet 1 in 2 participants were unhappy with their body shape; 5% of participants had low satisfaction with life, and 1 in 2 had been bullied at least once in the previous few months.
- 2004 ONS survey found that prevalence of mental health disorders was higher in children and young people where:
 - there were lower levels of parental educational attainment.
 - neither of their parents were working.
 - they were living in households with a low household income.
 - they were living in areas of socio-economic deprivation.



Prevalence (2)

- Overall boys are more likely (11.4%) to experience a mental health problem than girls (7.8%), but girls are slightly more likely to experience an emotional disorder
- Since 2013 there had been a rapid increase in referrals to Barnet CAMHS from the local authority and significant rise in the number of young people presenting with deliberate self-harm (DSH)

Current view: problems codes as a percentage



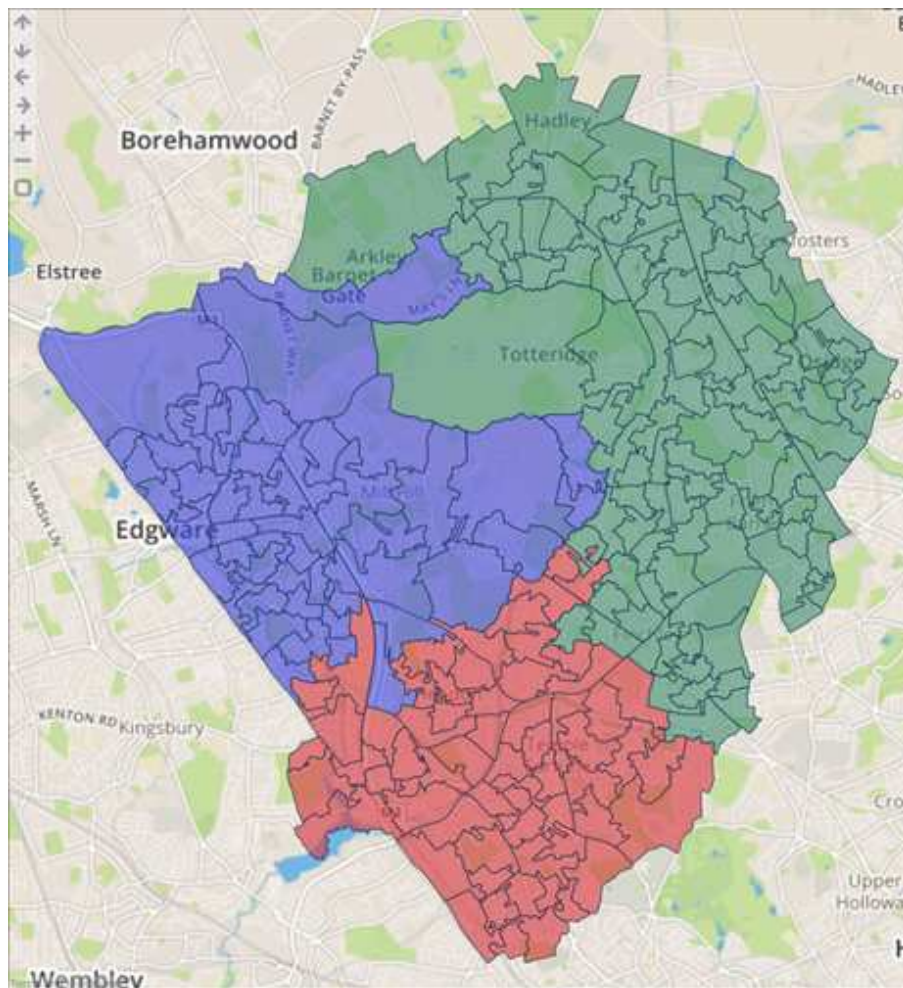


CAMHS Transformation Plan

- Submitted annually to NHS England from 2015
- Ambitions to improve whole system of emotional health and wellbeing for CYP inline with THRIVE
- Overseen by CAMHS Transformation Board
 - Monthly partnership meetings, chaired by CCG Clinical Lead
 - Improved communication between partners to improve pathways and adapt to challenges
- Focus for the next 6 months to address:
 - Continue to embed improvements in early help
 - Reduce waiting times
 - Improve support for young people in crisis
 - Reduce variability in service offers
 - Improve access – explore single point of access
 - Coproduction and engagement.



Early years



- Early Years Hubs (0 – 19) – **live from October 2018**
- Children's Centres
 - Classes, childcare
 - Adult support: parenting, wellbeing, employment
- Health visiting
- Perinatal mental health



Working together with the Barnet population to improve health and well being



Support in school

Prevention and early help

- Mental health first aid
- Digital - KOOOTH / QWELL



More support

- Children's Wellbeing Practitioners
- Primary Mental Health Workers

Continue to embed LBB Clinical Team
Review equity of offer
Space2Grow funding for VCSE



Specialist provision

Specialist support:

- Primary care and general practice
- Generic CAMHS
- Eating disorders – [NCL Review](#)
- Adolescent services
- Family therapy
- SEND
- Paediatric liaison

Waiting times

Review of Specialist Provision:

- Three providers
- Variability in





Supporting CYP in crisis

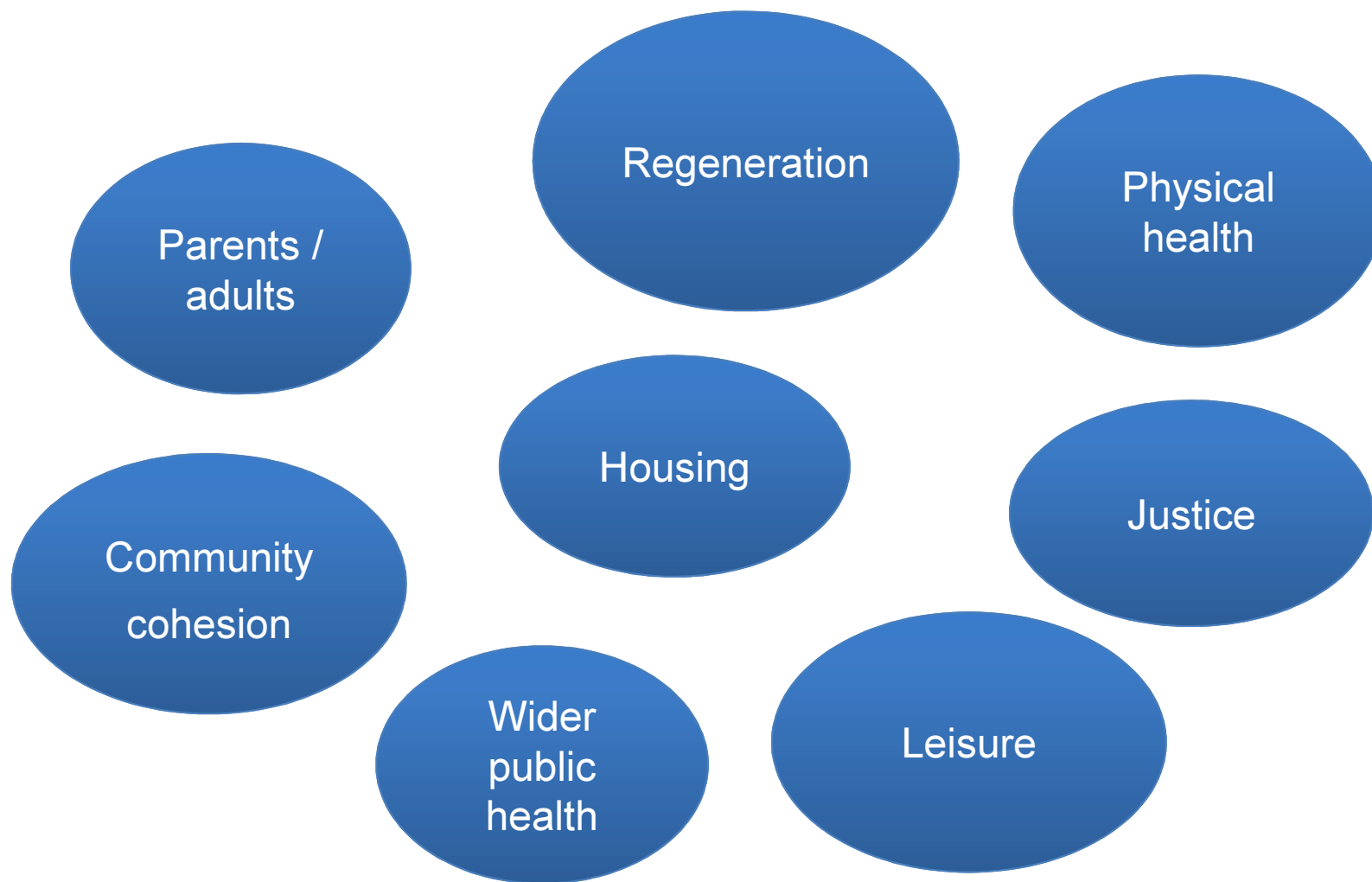
- Transforming care – Key workers
- Assertive Outreach – shadow from Dec '18, live Feb '19
- Out of hours support (North Central London provision) – April '19
- Specialist inpatient provision – New Model of Care



Working together with the Barnet population to improve health and well being



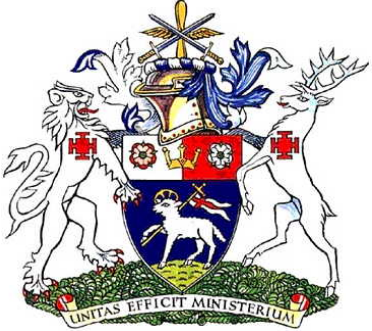
Discussion: CYP MH in all that we do...



Working together with the Barnet population to improve health and well being

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AGENDA ITEM 9

	<p style="text-align: center;">Health and Wellbeing Board</p> <p style="text-align: center;">17 January 2019</p>
<p style="text-align: right;">Title</p>	<p>Update report on the progress of Barnet Children's Services Improvement Action Plan</p>
<p style="text-align: right;">Report of</p>	<p>Strategic Director for Children and Young People</p>
<p style="text-align: right;">Wards</p>	<p>All</p>
<p style="text-align: right;">Status</p>	<p>Public</p>
<p style="text-align: right;">Urgent</p>	<p>No</p>
<p style="text-align: right;">Key</p>	<p>No</p>
<p style="text-align: right;">Enclosures</p>	<p>Appendix 1: Self Evaluation Framework Appendix 2: Family Services Improvement Action Plan Appendix 3: Draft Care Leaver Local Offer Appendix 4: Family Services Performance Report</p>
<p style="text-align: right;">Officer Contact Details</p>	<p>Chris Munday Strategic Director for Children and Young People Chris.Munday@barnet.gov.uk</p>

Summary

The Health and Wellbeing Board on 14 September 2017 agreed to receive the update report on the OFSTED Improvement Action Plan at its meetings. Children's services in Barnet were judged by OFSTED to be inadequate when OFSTED undertook a Single Inspection Framework (SIF) during April and May 2017. The Council fully accepted the findings of the report and is working collectively with the partnership to drive the improvements needed to transform social care services for children, young people and their families from inadequate to good rapidly. In response to the recommendations and areas for improvement identified by OFSTED, the Barnet Children Services Improvement Action Plan was developed and a final version presented to Committee in November 2017.

The OFSTED Improvement Plan is a corporate and committee priority; this report provides an update on progress of Barnet Children's Services Improvement Action Plan to ensure scrutiny by elected members in improving the effectiveness of the local authority in protecting and caring for children and young people in need and caring for children and young people as a corporate parent. This is the seventh update report to be received by Committee and the reporting period for progress is September to November 2018. The update on progress is structured according to the six improvement themes in the action plan, and Family Services Performance Report has been included in Appendix 1.

The report presents the Q2 2018/19 Quarterly Performance Report, which includes budget forecasts for revenue and capital, an update on key activities, performance of key indicators and high-level service/joint risks. An overall status and direction of travel is presented for each of the Children, Education and Safeguarding Committee's priorities, as per the Corporate Plan 2018/19 Addendum.

Recommendations

- 1. That the Board note the progress of the Barnet Children's Services Improvement Action Plan as set out in paragraphs 1.9 to 1.45.**
- 2. That the Board note the Self-Assessment and Improvement Plan of the Council's children's social care function set out at Appendix 1 and Appendix 2 respectively.**

- 1.1 Children's services in Barnet were judged by OFSTED to be inadequate when OFSTED undertook a Single Inspection Framework (SIF) of these services in April and May 2017.
- 1.2 The Council fully accepted the findings of the report and is working collectively with the partnership to drive the improvements needed to transform social care services for children, young people and their families from inadequate to good rapidly.
- 1.3 To enhance scrutiny by elected members to support and challenge this continuous improvement, it was agreed at Children, Education, Libraries and Safeguarding (CELS) Committee in July 2017 that an update on the progress of implementing improvements will be a standing item on committee agendas. This is to ensure the local authority is effective in protecting children in need and caring for children and young people as a corporate parent.

- 1.4 Under the Inspection of Local Authority Children's Services (ILACS) Framework, local authorities judged as inadequate are subject to ongoing monitoring activity from OFSTED; in Barnet, this has included an action planning visit, quarterly monitoring visits, and will also entail a full ILACS inspection after February 2019 if there is satisfactory progress in the next monitoring visits.
- 1.5 Since November 2017, OFSTED have conducted four monitoring visits of Barnet Children's Services, which focussed on 'front door' services, Duty and Assessment, Intervention and Planning, Children in Care and work with vulnerable adolescents. During this period, OFSTED have found there to be a steady and strong focus on improving services and the quality of social work practice in Barnet. Although the pace of change has begun to establish improved social work practice over the last year, there is more work to do to ensure consistent quality of practice across all services.
- 1.6 The Council was also subject to an Annual Engagement meeting with OFSTED on the 5th November 2018. In this meeting the Council's self-assessment (Appendix 1) was considered. We are awaiting a letter from OFSTED following on from the meeting.
- 1.7 The Council also participated in a quarterly stocktake meeting with Essex County Council. This was attended by the Department for Education.
- 1.8 A fifth monitoring visit is scheduled for 27 and 28 November 2018, and will focus on the 'front door' services and the Duty and Assessment Teams. A sixth monitoring visit is scheduled for 14 and 15 February 2019 and will focus on the leaving care service, Onwards and Upwards.

Barnet Children's Services Improvement Action Plan update on key activities

- 1.9 In July 2017 CELS Committee was presented with the recommendations and areas for improvement highlighted by OFSTED along with a draft Improvement Action Plan developed in response to these, which Committee approved for consultation. Committee also delegated authorisation to complete and submit the plan to the Strategic Director for Children and Young People in consultation with the Chief Executive and Lead Member.
- 1.10 The action plan was finalised as *Barnet Children's Services Improvement Action Plan* and submitted to OFSTED and the Department for Education. The Strategic Director received confirmation from OFSTED on 31 October 2017 that "*the plan satisfactorily reflects the recommendations and priorities of the inspection report*".
- 1.11 In September 2018, the Barnet Family Services Improvement Board was presented with a revised improvement action plan covering the year September 2018 to September 2019, and this plan was approved by the Improvement Board in October 2018 (Appendix 2). The new plan reflects the progress we have made over the last year, and includes emerging priorities. It reflects the rigorous focus on assessment and care planning across Family Services.

- 1.12 As with the previous version, the action plan sets out the improvement journey and gives focus to transform services, especially social care, from inadequate to good rapidly. The action plan is in line with the three core strategic objectives that cut across all our plans for children, young people and families and underpin the systemic and cultural change needed to drive improvement within the borough:
- Empowering and equipping our workforce to understand the importance and meaning of purposeful social work assessments and interventions with families
 - Ensuring our involvement with the most vulnerable children in the borough positively impacts on their outcomes
 - 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 curious and focused
- 1.13 The revised action plan has consolidated the previous turnaround priority and improvement themes into six overarching improvement themes:
1. Systems Leadership for Children
 2. Enhancing Practice Leadership for Children
 3. Right Interventions, Right Time (Thresholds)
 4. Strengthening Assessment for Children
 5. Strengthening Planning for Children
 6. Embedding a Child Centred Culture that Improves Children's Lives

Update on progress since the last report:

- 1.14 This is the sixth update report to be received by Committee and the reporting period for progress is September to November 2018.
- 1.15 The update on progress is structured according to the six improvement themes in the action plan, in the same format as for the September 2017-18 improvement plan. Under each improvement theme there is a description of the theme and an update on key activities since the previous update report.
- 1.16 The 6 themes in the updated Improvement Plan align closely with themes 2 to 7 in the previous plan. The main change is that we have removed the Turnaround Priority, theme 1. Of the 8 actions under this theme, 5 have now been completed and focus on improvement of audit systems and processes along with focussed support from our improvement partner, Essex. The remaining outstanding actions under this theme have now been moved to more appropriate sections of the wider improvement plan.

- 1.17 This update report should be read in conjunction with the Self Evaluation Framework which was presented to OFSTED in November 2018, and provides an update on the current Children's Services position and progress since the OFSTED inspection with a higher level of granularity than this report. The Self Evaluation Framework can be found in Appendix 1.

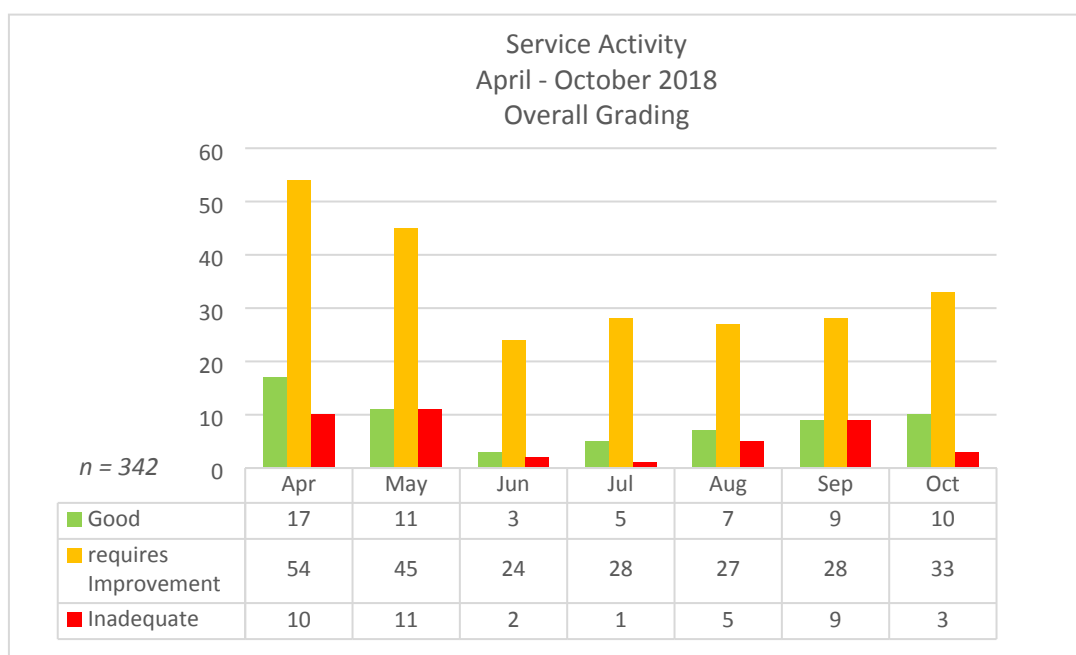
Priority 1: Systems Leadership for Children

- 1.18 This theme focuses on strengthening systems leadership for children, and reflects that collective accountability, ownership, understanding and priority need to be given to improving outcomes for children in Barnet. In their most recent monitoring visit, OFSTED noted that 'senior leaders are aware that improvements are still inconsistent and require further consolidation and focus across all teams before practice is of a good standard'. The actions under this priority are designed to ensure this momentum is maintained and strengthened, and sit under three overarching areas.
- 1.19 Systems Leadership actions seek to ensure that there is sufficient capacity and capability at all levels that prioritises children. This includes lines of sight on dependent partnership activity including the implementation of the Barnet Safeguarding Children Partnership, the tri-Borough police reorganisation and its impact on our work with child protection processes and vulnerable adolescents, and the Virtual School Improvement Plan.
- 1.20 Strengthened Governance focusses on ensuring that governance arrangements drive improvement and add value. We have consolidated several actions from the previous plan into targeted work that will promote the voice of the child in planning and commissioning the delivery of services, as well as implementing the wider service user engagement strategy and new *Working Together* arrangements. The creation of the Friends of the Virtual School charity over the last year has enhanced partnership support for children in care and care leavers, and has been a key achievement to build on work to give children and young people in the care system a voice.
- 1.21 Further improvement activity is underway in corporate support, which encompasses the need for appropriate practical support to be in place such as adequate working space, good ICT systems and strong administrative support to reduce the bureaucratic burdens on social workers and social work managers. This year the relationship between legal services and case-holding teams has been strengthened following a review which identified areas for improvement.

Improvement theme 2: Enhancing Practice Leadership for Children

- 1.22 This theme focuses on strengthening professional systems that work together effectively to improve children's lived experience. This includes that children's voices are heard and influence decisions being made about them, that these decisions are recorded to a high standard and that this leads to timely interventions from appropriately skilled professionals across the partnership.

- 1.23 The focus for the year ahead will be on ensuring that management oversight and supervision is consistent and rigorous, and that oversight of practice provides sufficient guidance and direction to improve practice for children. In order to support this, over the past year we have designed and implemented a quality assurance framework that OFSTED have agreed is “well established”, and the processes are “a strength”. Case numbers remain low, and Practice Development Workers continue to support managers and staff in improving and developing their practice.
- 1.24 The Family Services’ audit programme has been embedded and provides clear insight into practice and management arrangements; the recent OFSTED report found evidence of this strengthening practice for children looked after. During the period April to October 2018, 342 audits were completed. Of these 18.1% (62) were graded as Good, 69.8% (239) were graded as Requires Improvement to be Good and 11.9% (41) were graded as Inadequate. The chart demonstrates that 88% of work over the past six months is of a Good or Requires Improvement to be Good standard. Following a significant decline in audits graded as Inadequate over June, July and August there was an increase in September which is relative to staffing changes that occurred during that month; lower levels of audits graded as Inadequate were reported in October. The chart below outlines monthly audit activity and gradings which forms the basis for a monthly report provided to Heads of Service that further includes a breakdown of audit outcomes against practice domains i.e. quality of assessment, voice of the child and management oversight.:



- 1.25 The Conferencing and Reviewing Officers team joined the Quality Assurance and Workforce Development Service in February 2018; this has enabled an increased focus on the quality assurance aspect of their role and has strengthened the relationship with wider Quality Assurance activity, creating a more cohesive approach to identifying and supporting areas for practice improvement.

- 1.26 The new conference model is now in place. Work was undertaken with Essex Children's Services colleagues in August 2018, to review these new arrangements and feedback. The review found evidence of challenge of professionals and plans, as well as support being provided in developing processes to solve specific issues being experienced within the service.

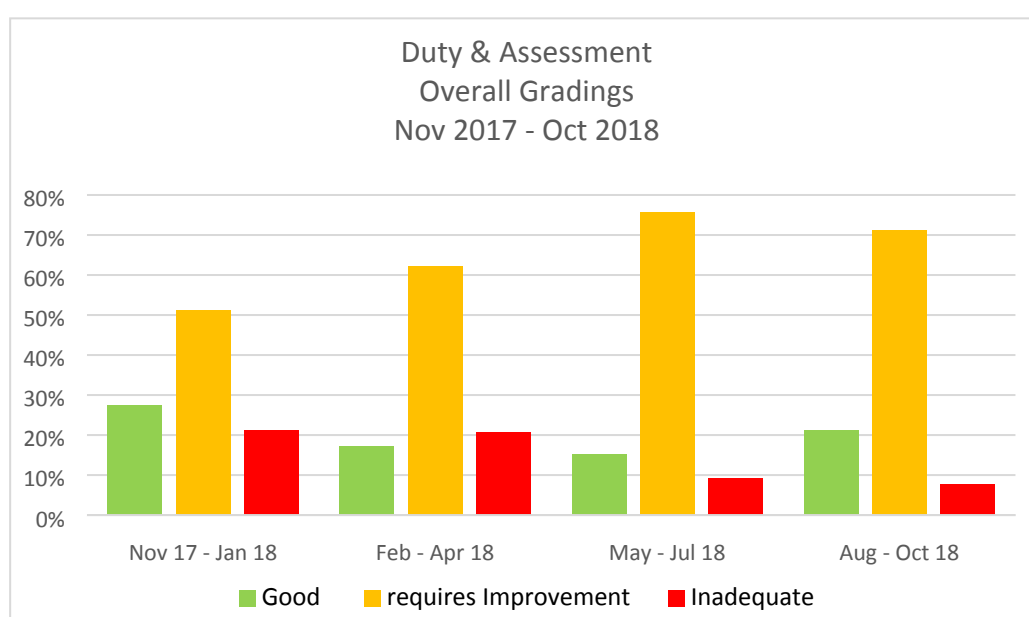
Improvement theme 3: Right Intervention, Right Time (Thresholds)

- 1.27 This improvement theme is focussed on embedding the monitoring and understanding of thresholds across the partnership. The outcomes are to have an effective MASH, effective decision making and joined up Early Help.
- 1.28 This year the MASH steering Group has been established and is well attended by the partnership, providing a forum for the multi-agency partnership to examine the effectiveness of operational arrangements and referrals data and trends. As a result, the MASH team have developed an improved professional relationships and interface with key stakeholders and referrers which is strengthened by allocated links to the Early Help Panel, Multi Agency Risk Assessment Conference (MARAC), Multi-Agency Public Protection Arrangements (MAPPA) and a range of local adult and community based services. We aim to further improve the quality of communication between the MASH and referrers in order to promote information sharing and collaborative working over the next year.
- 1.29 Early Help services have been reconfigured following the successful locality based pilot of 0-19 services in September 2017. The three locality based hubs in the East/Central, South and West of the borough went live on 1st October and are supporting the delivery of integrated working for families of children across the age ranges. The Early Help delivery model supports co-location with a range of agencies providing a 'hub' of support across all Children Centres, Primary and Secondary Schools, Colleges, health providers and community and voluntary services operating in the locality enabling targeted and responsive services to be delivered to meet local need. A workforce development programme will support staff to develop a wider repertoire of skills to enable them to work with children of different ages. The Locality Service Managers are developing the focus and remit of their quarterly board meetings to include local users and parents to shape local services for local communities and respond to changing need.

Improvement theme 4: Strengthening Assessment for Children

- 1.30 This theme focusses on strengthening assessments, ensuring they are child centred, effectively analyse risk of harm to prevent drift in the system and prevent delays to delivering interventions.

- 1.31 Evidence from audits shows that the Duty & Assessment Teams are more consistently using management oversight and Signs of Safety tools to assess and analyse risk, and meaningfully engage children in their assessments; however, this remains too inconsistent. Practice Development Workers have been supporting staff within the teams to build on their repertoire of tools and skills in engaging families using genograms and direct work tools. Greater attention is being paid to cultural context, although there is still work to do to ensure family histories are consistently explored and supervision records better reflect the complex risk analysis and decision-making processes that take place.
- 1.32 The chart below demonstrates the downward trajectory in audits graded as inadequate. All audits graded as Good have been quality assured to test the gradings against over-optimism.



Improvement theme 5: Strengthening Planning for Children

- 1.33 This theme seeks to ensure that planning across the system is consistently focused on outcomes and is responsive when children's circumstances change or deteriorate. We expect to see plans that are child-centred and that achieve best outcomes, tackling drift and delay.
- 1.34 Audits show evidence of stronger practice for children subject to Child Protection Plans and Looked After Children, and Children's diverse backgrounds and needs are being better considered with the introduction of identity and diversity workshops facilitated by the Practice Development Workers.
- 1.35 There is a focus on scrutiny and monitoring of caseloads in to ensure that cases are closed, stepped down or progressed to permanency without delay. Pre-proceedings assessment frameworks will be strengthened by better mobilising existing resources to ensure that only those children that require their planning arrangements to be agreed in court enter proceedings.

- 1.36 The changes to the Corporate Parenting Advisory Panel are now in place; the refreshed Terms of Reference enables young people to be more effective and part of conversations and planning that take place at the panel. The engagement with councillors is improving and the chair of the children in care council is the co-chair of the panel. The new arrangement is strengthening the voice of the children in the planning and consultation.

Care leavers Council Tax Reduction Scheme

- 1.37 All council tax awards under the newly introduced Council Tax Reduction scheme for care leavers were awarded by the end of September 2018. A total of £13,387 was awarded to 44 care leavers in accordance with the policy. This was awarded to care leavers open to Onwards and Upwards who were eligible for the offer. Further work will continue throughout October and November 2018 to ensure that all care leavers who can apply for exemption are identified.

Care leaver local offer

- 1.38 In April 2017, the Children and Social Work Act 2017 (CSWA) came into force, which aims to improve support for looked after children, especially those leaving care, and introduced various duties for local authorities. Section 2 of the Act requires each local authority to consult on and publish a local offer for its care leavers. The local offer should provide information about all the services and support that is available to care leavers from the local area, including information about both their statutory entitlements as well as any discretionary support that a local authority chooses to provide, in areas such as health, education, employment and accommodation.
- 1.39 The Local Offer requirement came into effect on 1 April 2018, but involves the local authority first consulting young people, before publishing their local offer. Local authorities are required to publish their local offers by 1 January 2019 at the latest.
- 1.40 Since the introduction of the CSWA, work has been underway to develop Barnet's local offer; this has been done in conjunction with the Voice of the Child Team who are creating a new Children in Care website, part of which will feature the published local offer. There have been several consultation and engagement activities undertaken with care leavers across several areas that will be included in the local offer; such as council tax, education, mental health and housing.
- 1.41 A draft version of Barnet's Care Leaver local offer can be found in Appendix 2. This document will be further developed to ensure the full range of support available to care leavers is reflected in the document. Once this has been updated, care leavers will be consulted about the content and format in December 2018, after which point a final version will be developed for publication in January 2019.

Improvement theme 6: Embedding a child centred culture that improves children's lives

- 1.42 This improvement theme will enable and ensure that all staff are fully engaged with the child centred culture and aware of the support available to them from management and senior leaders. This will include building connection via communication within children's services, across partner agencies and corporately.
- 1.43 There has been notable progress in this area; although there is still work to do to ensure consistency of child centred culture, staff morale is generally good, as has been noted in all OFSTED monitoring visits.
- 1.44 In OFSTED's most recent visit, they fed back that:

"Recent practice for children looked after is improving. Social workers have manageable caseloads, which means that they have time to engage in direct work with children. Those spoken to by inspectors reported that they liked working in Barnet and welcomed the positive shift in culture towards more child-centred practice and relationship working with children and families."

Quantitative Performance Data

- 1.45 Quantitative performance data is based on activity in September 2018. Reporting is on indicators that are subject to additional focus through the Improvement Plan, with information about what needs to change and what is being done about it, as well as what is working well. The full Barnet Children's Services Performance Matters report and Director commentary has been included in Appendix 1.

2. ADDITIONAL CES PRIORITIES IN THE CORPORATE PLAN

- 2.1 In addition to the OFSTED update progress reported as part of the priorities in the corporate plan, a brief update is provided against the remaining priorities can be found below.

Corporate Priority update: Tackling Gang Activity

- 2.2 This is a CES Committee priority within the Corporate Plan Addendum 2018/19.
- 2.3 MAC- UK have been working with REACH as a co-located partner since April 2017 following a successful bid to Health Education England (HEE). HEE funding ended in March 2018 and a further six months of reduced service is being funded using Troubled Families reserves. MAC-UK have submitted their report to HEE and this will be publicly available in due course. Research in Practice have also completed a one-year evaluation of the REACH team approach and are due to publish their final report imminently. The draft report indicates that REACH provide a good level of responsive and multi-agency wrap-around to young people at a high risk of criminal and sexual exploitation which is supporting a reduction of entry into care, repeat offending and missing from home episodes.

- 2.4 MAC-UK has used an INTEGRATE approach to support REACH staff to use psychologically informed approaches when engaging young people who are gang-involved or at risk of becoming gang-involved. The development of trusted relationships when working with this vulnerable cohort of young people has been a key area of focus within this work. REACH has worked alongside MAC-UK over the past year to develop psychologically informed approaches to engaging and co-producing with young people. The change in approach has led to some evidence of strong child/professional relationships which has enabled disclosures that have led to targeted disruption activity. The REACH team is multi-professional and facilitates rapid and flexible holistic support from health, education, social work, family support and mental health professionals.
- 2.5 Building on the success of the REACH Team partnership, in June 2018, Barnet submitted a bid for the Home Office's Trusted Relationships funding, which builds on the provision of schools based gang prevention programmes and community based support delivered by the Voluntary and Community Sector in Creative Safe Spaces. The bid, submitted in conjunction with Art Against Knives, Growing Against Violence and MAC UK, was confirmed as one of a small number of successful applications in September 2018. The funding will support the MAC-UK team to further stretch the development of psychologically informed approaches with vulnerable adolescents alongside Art Against Knives workers and the REACH team.
- 2.6 The project will work across a spectrum of services and levels of need, taking an evidence based approach that focuses on relationships and resilience as follows:
- Universal engagement with young people within creative community spaces, providing creative skills training and individual and group support;
 - Targeted / Specialist support in communities based within Art Against Knives creative spaces to provide direct support to those identified through relation working and assessment as at risk of exploitation;
 - Psychologically informed staff at MAC-UK delivering staff learning spaces to the Art Against Knives team and 'hang out' in creative spaces with young people;
 - In-School preventative evidence based programme delivery to young people.

Corporate Priority update: Attainment and progress of children in Barnet schools

- 2.7 The percentage of primary and secondary schools that were Good or Outstanding in Q2 was 94.3% Two primary and one secondary school moved from Requiring Improvement to Good this school year. Safeguarding in all of Barnet schools inspected by OFSTED was judged to be "effective". The number of 30 hours free entitlement early years (3 and 4-year olds) places taken up by parents/carers that are eligible for a place was 70% in Q2.

- 2.8 Pupils in Barnet topped national GCSE league tables this year (August 2018). Provisional results released by the Department for Education show Barnet was ranked second highest in the country based on Progress 8 scores which gauge the progress made by each student during their time at secondary school. Barnet was behind only one other local authority and that was the Isles of Scilly, which had only 14 students sitting exams this year. The average Attainment 8 score, which is a way of measuring pupils across eight qualifications including Maths and English, saw the authority ranked fifth highest nationally. Primary school performance in 2018 is the best ever. According to the DfE's published provisional results, the percentage of pupils who achieved 'Expected or above' in Reading, Writing and Maths combined at the end of Key Stage 2 ranks Barnet 8th best out of 151 LAs.

Indicator	Polarity	17/18 EOY	18/19 Target	Q2 18/19			Q2 17/18	Benchmarking
				Target	Result	DOT	Result	
The percentage of all schools rated as good or better	Bigger is better	New for 18/19	92.6%	92.6%	94.3%	New for 18/19	New for 18/19	No benchmark available
30 hours free entitlement early years (3 and 4-year olds) places taken for up by parents/ carers that are eligible for a place	Bigger is better	New for 18/19	Monitor	Monitor	70%	New for 18/19	New for 18/19	No benchmark available

Corporate Priority update: Delivering the family-friendly Barnet vision

- 2.9 Work has continued on shaping Barnet's new Children and Young People's plan which is underpinned by the Borough's participation in UNICEF UK's Child Friendly Cities programme. The approach, which complements the ambition to be the most 'Family Friendly borough by 2020', will embed child-rights in Barnet's services and delivery.

Contributions are being taken from young people, elected members, council officers, heads of service and partner agencies to ensure the best outcomes. It will enable Barnet Council, its partners and young people to work in a more responsive and empowering way. A draft version of the Plan is due to be reviewed by the CES committee in the next few months

- 2.10 Barnet's annual Young People's Survey will be conducted in the next few months and provide an important insight into views, opinions and concerns of children and young people living in the Borough. As well as informing the new Plan, responses will assist with better targeting and improvement of services.

3. REASONS FOR RECOMMENDATIONS

- 3.1 Members are asked to note progress 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.

4. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 4.1 The continued monitoring of progress and impact of Barnet Children's Services 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.

5. POST DECISION IMPLEMENTATION

- 5.1 As the primary driver of improvement, the Children's Service Improvement Board will oversee the delivery of the action plan and is ultimately responsible for its delivery. The Children's Services Improvement Board is independently chaired by Dave Hill and will provide scrutiny and challenge as well as measure impact.
- 5.2 Operationally the Improvement Plan is driven and directed by the Operational Improvement Group chaired by the Strategic Director of Children's Services with senior representatives from key partner agencies. The group will oversee the day to day transformation of services and ensure effective communication and engagement with staff, children, young people and their families.
- 5.3 Reports on the progress of the action plan will be received by Children, Education, and Safeguarding Committee, Health and Well-Being Board and Barnet Safeguarding Children's Board.
- 5.4 A draft Local Offer is being developed by Onwards and Upwards and will be completed by the end of November 2018. A consultation schedule has been developed and will be rolled to care leavers across a range of channels, including Barnet's Care Leaver Forum, an online survey and Corporate Parenting Officers Group. The consultation will run for one month in December 2018. The Children in Care website and Care Leaver Offer will then be published by the end of January 2019, and the final version will be presented at the next CES Committee for noting.

6. IMPLICATIONS OF DECISION

6.1 Corporate Priorities and Performance

- 6.1.1 The implementation of Barnet Children's Services Improvement Action Plan is a key mechanism through which Barnet Council and its partners will deliver the Family Friendly Barnet vision to be the most family friendly borough in London by 2020.
- 6.1.2 This supports the following Council's corporate priorities as expressed through the Corporate Plan for 2015-20 which sets out 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

- 6.1.3 The Barnet Children's Services Improvement Action Plan looks to improve children's participation to ensure that all decisions and planning that affects them is influenced by their wishes and feelings. The action plan also includes actions to strengthen how the views and experiences of children, young people and their families influence service design. This feedback will also help monitor the impact of improvement activity.

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

- 6.2.1 MTFS savings for 2018 - 2020 have been reviewed in light of the Family Services improvement journey to consider achievability. The original CES Committee target for 2018/19 – 2019/20 was £8.303m has been revised to £4.435m in the 2018/19 Policy & Resource Committee Business Planning Report.

Budget forecasts

- 6.2.2 Family Services budget forecast at the end of September 2018 based on information available is showing forecasting no variance.
- 6.2.3 Pressures relating to external high cost specialist placements and associated services are being mitigated. Forecast pressures are being offset in the main by additional resources of £2.333m approved by the Policy and Resources Committees of February and June 2018 and additional one-off grant funding.

6.3 Social Value

- 6.3.1 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.

6.4 Legal and Constitutional References

- 6.4.1 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, if 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.

- 6.4.2 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. OFSTED will have monitoring visits on a regular basis in local authorities found to be inadequate. A new OFSTED framework has been in place from January 2018, however monitoring visits are still undertaken for authorities found to be inadequate. In addition to OFSTED's statutory responsibilities, the Secretary of State has the power to direct local authorities. This power of direction includes the power to impose a commissioner, direct the local authority to work with improvement partners and direct alternative delivery options. Subsequent directions can be given if the services are not found to be adequate.
- 6.4.3 Article 7 of the council's constitution states that the Children, Education and Safeguarding Committee has the responsibility for all matters relating to children, schools and education. 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.
- 6.4.4 Section 1 of the Children and Social Work 2017 Act introduces corporate parenting principles, which comprises of seven principles that local authorities must have regard to whenever they exercise a function in relation to looked after children and care leavers. These principles apply to every part of the local authority, not just to children's services. These are largely a collation of existing duties local authorities have towards looked after children and those leaving care.
- 6.4.5 Section 2 of the Children and Social Work Act 2017 states that local authorities will be required to consult on and publish their local support offer to care leavers and to promote the educational attainment of children who have been adopted or placed in other long-term arrangements. The Council will be required to publish information about all the services and support that is available to care leavers. It should include information about their statutory entitlements as well as any discretionary support the Council might chose to provide. The local offer can include details of other services the Council will offer in relation to health and well-being, relationships, education and training, employment, accommodation and participation in society. When developing their local offer local authorities are required to consult with relevant persons which would include care leavers and organisations or people that support care leavers.
- 6.4.6 The Council has power as a billing authority under S13A (1) (c) of the Local Government Act 1992 to reduce to nil the amount of council tax payable by residents. The power to reduce council tax to nil is limited to those young people living in care in the borough. However, financial support can be offered to meet the cost of council tax that may be payable by Barnet's care leavers who live outside the borough.

6.5 Risk Management

Children's Services Improvement Action Plan

- 6.5.1 The nature of services provided to children and families by Family Services manage significant levels of risk. An inappropriate response or poor decision-making around a case could lead to a significant children's safeguarding incident resulting in significant harm. Good quality early intervention and social care services 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 Barnet Children's Services Improvement Action Plan based on inspection findings and recommendations reduce this risk and drive forward improvements towards good quality services.
- 6.5.2 There is one high level risk linked to the OFSTED Improvement Action Plan priority. This is a strategic (STR) risk.

STR021 - Delivery of OFSTED Improvement Action Plan (residual risk score 16).

The Improvement Action Plan is monitored regularly and overseen by a Board chaired by the Chief Executive. In July 2018, OFSTED conducted a fourth monitoring visit of Children's Services, which focused on children in care. The feedback from this visit was reported to CES and Policy and Resources Committee in Quarter 1 2018/19. A fifth monitoring visit is scheduled for November 2018.

6.6 Equalities and Diversity

- 6.6.1 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
- 6.6.2 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
- 6.6.3 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. Children and young people from minority ethnic groups account for 52%, compared with 30% in the country. The percentages of children and young people from minority ethnic groups who receive statutory social care services account for 61% of Children in Need cases, 56% of child protection cases and 60% of all Children in Care. The proportion of children and young people with English as an additional language across primary schools is 44% (the national average is 18%).

- 6.6.4 Social workers practice in relation to inequalities and disadvantage is inconsistent. Learning from audits and practice week has highlighted attention to diversity and the cultural context in assessments is an area of practice in need of immediate support from management, the Practice Development Workers and targeted training. The action plan addresses the additional work which needs to be done to ensure that children's diversity and identity needs are met; "5b(ii) Strengthen consideration of diversity in assessment so that assessments thoroughly explore and consider family history including the influence of cultural, linguistic and religious beliefs, norms and expectations", and training is ongoing to ensure this work is embedding.
- 6.6.5 Additional equalities and diversity information and data in relation to service improvements that have, and continue to be made following the 2017 OSTED inspection, are outlined within the Self-Evaluation Framework (Appendix 1). For example, a new programme of diversity training for social workers has been introduced, which has resulted in improvements in this domain of practice, as evidenced by audit grades. Further analysis of Family Services equalities and diversity data, and its impact on service delivery, will be undertaken in December 2018; an update on this will be included in the January 2019 CES report.

6.7 Corporate Parenting

- 6.7.1 In July 2016, the Government published their Care Leavers' strategy *Keep on Caring* which outlined that the "... [the government] will introduce a set of corporate parenting principles that will require *all departments* within a local authority to recognise their role as corporate parents, encouraging them to look at the services and support that they provide through the lens of what a reasonable parent would do to support their own children.'
- 6.7.2 The corporate parenting principles set out seven principles that local authorities must have regard to when exercising their functions in relation to looked after children and young people, as follows:
1. to act in the best interests, and promote the physical and mental health and well-being, of those children and young people;
 2. to encourage those children and young people to express their views, wishes and feelings;
 3. to take into account the views, wishes and feelings of those children and young people;
 4. to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners;
 5. to promote high aspirations, and seek to secure the best outcomes, for those children and young people;
 6. for those children and young people to be safe, and for stability in their home lives, relationships and education or work; and;
 7. to prepare those children and young people for adulthood and independent living.
- 6.7.3 As part of the OFSTED improvement journey and to ensure that Barnet has due regard to the Principles and improves on the delivery of corporate parenting to its children in care and care leavers:

- Barnet have committed to supporting children and young people to achieve their best in childhood, adolescence and adulthood within the Corporate Parenting Pledge for children in care and care leavers, as approved by full council on 29 January 2016. The Pledge can be found in section 6.3.
- Learning and development for elected members and senior officers has and will continue to be delivered, to ensure that there is a clear understanding of their duties and responsibilities to children in care and care leavers and ways in which the Principles can be embedded and sufficient challenge provided regarding work and decisions of the council. The last training session for members was delivered on 31 May 2018.
- A Local Offer for care leavers is being developed as per the Children and Social Work Act 2018 requirements. Care leavers will be consulted with to ensure their views are considered and incorporated as the Local Offer is developed; a final version will be published by January 2019. The Local Offer will be reviewed and updated bi-annually to ensure that the services and information outlined within it are up to date and help young people gain access to and make best use of local services.
- To ensure that Barnet has due regard to the Principles and improves on the delivery of corporate parenting to children in care and care leavers in Barnet, the administering of council tax relief was approved at Full Council on 31 July 2018. This scheme will help care experienced young people have a more successful transition to independence, through the provision of guaranteed relief in their first two years of independent living.

Young people, key services and senior officers developed the policy, which was amended based on feedback received from the care leavers that responded to the public consultation.

The introduction of the care leavers council tax policy will help improve the emotional and physical health of care experienced young people and contribute to the achievement of the best outcomes for this cohort.

- A Care Leaver Participation Coordinator has been recruited to lead on a targeted project which seeks to improve the education, employment and training (EET) outcomes of Barnet's Care Leavers. The Coordinator's role includes working with key stakeholders to develop and implement an appropriate and accessible EET Pathway for Barnet Care Leavers, action EET related tasks within the Corporate Parenting Plan and work with staff and care leavers to increase skills and opportunities available to care leavers. This project has been funded by the Council's Chief Executive.
- We ensure elected members, senior officers and partners can monitor and challenge the performance of the council and its partner agencies pertaining to consideration of the Principles and outcomes for children in care and care leavers through the appropriate channels. This includes the Children, Education, and Safeguarding Committee (bi-monthly), Corporate Parenting Advisory (quarterly) Panel and Corporate Parenting Officers' Group (monthly).

6.8 Consultation and Engagement

- 6.8.1 Consultation and engagement with children and young people is central to social work practice and service improvement across the Safeguarding Partnership. A service user experience strategy has been developed and was launched on 19th February 2018. The strategy ensures that how we work with children and young people is child centred, that we know, understand and can capture the lived experience of children and feed lessons learnt into service improvement. We have nominated Voice of the child champions across partner agencies and within Family Services to promote and lead on the Service User Engagement agenda within their respective areas.
- 6.8.2 Our Voice of the Child Strategy Group enables the wider engagement of children and young people in service design and commissioning of provision across the partnership. This includes youth forums such as Barnet Youth Board and Youth Assembly, the SEN forum (to co-design services) and Children in Care Council (to improve the support children in care receive). The team have been working closely with UNICEF UK to deliver the Child Friendly Communities and Cities initiative. This is a global programme that aims to advance children's rights and well-being at the local level. More recently the team have had a change in staff with a newly appointed Voice of the Child Coordinator and Child's Rights Lead. The team are reviewing the current Youth Voice Offer to develop a structured action plan to focus on increasing reach and impact for children and young people in Barnet.
- 6.8.3 The Barnet Children's Services Improvement Action Plan looks to improve children's participation to ensure that all decisions and planning that affects them is influenced by their wishes and feelings. The action plan also includes actions to strengthen how the views and experiences of children, young people and their families influence service design. This feedback will also help monitor the impact of improvement activity.
- 6.8.4 Improving the quality of services to children is a key partnership and corporate priority and collective work is needed across the partnership and the council to drive improvements. The action plan was completed in consultation with various stakeholders. Staff engagement activities have included monthly staff briefings, team meetings, staff conference. Partners have been engaged through the safeguarding partnership board. Senior leaders are members of the Improvement Board and their continued engagement is assured through core multiagency groups and specific forums such as head teacher's forums.

6.9 Insight

- 6.9.1 Insight data will continue to be regularly collected and used in monitoring the progress and impact of Barnet's Children's Services Improvement Action Plan and to shape ongoing improvement activity.

7. BACKGROUND PAPERS

- 7.1 Single Inspection of services for children in need of help and protection, children looked after and care leavers and Review of the effectiveness of the Local Safeguarding Children Board report, OFSTED, 7 July 2017
https://reports.OFSTED.gov.uk/sites/default/files/documents/local_authority_reports/barnet/051_Single%20inspection%20of%20LA%20children%27s%20services%20as%20pdf.pdf
- 7.2 Barnet's Corporate Parenting Pledge to Children in Care and Care Leavers (2016)

[https://www.barnet.gov.uk/dam/jcr:c33f12a5-86d9-4215-9c89-a8c82675fba4/Pledge%20for%20Children%20in%20Care%202016%20\(digital\).pdf](https://www.barnet.gov.uk/dam/jcr:c33f12a5-86d9-4215-9c89-a8c82675fba4/Pledge%20for%20Children%20in%20Care%202016%20(digital).pdf)

Barnet Family Services Self Assessment

Introduction

About Barnet

About Family Services

Ofsted Recommendations

Leadership

Safeguarding, Quality Assurance, Workforce and Development

Quality Assurance Framework

Child Sexual Exploitation

Domestic Abuse, Parental Substance Misuse and Mental Health

Performance and Outcomes by Service Area

Early Help

MASH

Duty and Assessment

Intervention and Planning

Children in Care

Fostering and Adoption

Onwards and Upwards

0-25 Disabled Children's Service

Introduction

About Barnet

Our population

- Barnet is the largest Borough in London by population and is continuing to grow. The highest rates of population growth are forecast to occur around the planned development works in the west of the Borough, with over 121% growth in Golders Green and 115% in Colindale between 2017 and 2032.
- The west of the Borough has the highest levels of deprivation, particularly in Burnt Oak, Colindale, Childs Hills and West Hendon.
- Christianity is the largest faith community in Barnet accounting for 41% of the total population.

- 1 in 5 of all Jewish people in England and Wales live in Barnet. 15% of Barnet's population is Jewish, compared to an average of 0.4% of the population in our 7 statistical neighbours.

The children and young people we work with

- There are approximately 99,000 children and young people under the age of 19 years living in Barnet, representing 26% of the Borough's total population of 387,803. The population of children and young people in Barnet is estimated to grow by 3% between 2018 and 2025, when it is projected to reach 101,875
- We know we have a large universal population that is doing well, but a small percentage (2%) need a targeted and specialist service to meet their needs and improve their outcomes in line with their peers.
- The proportion of children entitled to free school meals:
 - in primary schools is 16.7% (the national average is 14.5%)
 - in secondary schools is 13.1% (the national average is 13.2%)
- 19% of children under five (5,000 children) live in low income families.
- Barnet has a notably higher proportion of children in care aged 16+ compared to the national average (+91% as at November 2017). Part of this increase is in line with averages across London due to the number of newly arrived Unaccompanied Asylum-Seeking Children.
- Children and young people from Black and minority ethnic groups account for 52% of all children living in the area versus 30% nationally.
- In the 0 – 9 age group there are more children from BAME groups than in any other age group.
- The largest minority ethnic groups of children and young people in the area are Indian and Black African.
- The proportion of children and young people with English as an additional language in primary schools is 48.7% (the national average is 20.1%). In secondary schools, this is 38.8% (the national average is 15.7%).
- An in-depth analysis of Barnet's rates of demand per 10,000 population for social care services highlighted an underrepresentation of Jewish children in Barnet's social care services.

About Family Services

Barnet Council and its partners are committed to the vision to be the most family friendly borough in London by 2020. At the heart of this journey is the building of resilience in children and their families enabling them to bounce back from adversity.

We are aspirational for our children and are setting high standards to drive improvements across the Borough. We want to ensure that our work with vulnerable children aligns to our philosophy of "It's all about me" – child centred assessment, planning and direct work improving outcomes.

We know that we have failed to deliver this aspiration and have let children and families down. Our drive in both the Council and its partners is to work hard in a focussed and consistent manner to consolidate and embed practice improvements.

This self-assessment considers the Ofsted 'Inspection of services for children in need of help and protection, children looked after and care leavers, and review of the effectiveness of the Local Safeguarding Children Board' which took place in Barnet between 24 April 2017 and 18 May 2017. It builds on the work completed during the previous year, and is informed by evidence collected against actions in the 2017-18 Improvement Plan, the 4 Ofsted monitoring visits, our quality assurance and performance management information throughout the year, and feedback from the Department for Education.

We have developed a revised Improvement Plan for 2018/19 which includes a series of actions that sit under six improvement themes:

1. Systems leadership for children
 - a. Strengthened systems leadership for children with sufficient capacity and capability at all levels
 - b. Strengthened governance arrangements that prioritise children and add value to improvements
 - c. Corporate support which understands the role of social workers and reflects a collective ambition for children in the borough
2. Enhancing practice leadership for children
 - a. Strengthen practice leadership through effective management oversight and increased capacity
3. Right interventions, right time (thresholds)
 - a. Effective MASH
 - b. Proportionate, effective and timely decision making
 - c. Joined up Early Help
4. Strengthening assessment for children
5. Strengthening planning for children
6. Embedding a child centred culture that improves children's lives

Our passion and commitment to Barnet's vulnerable children is to deliver services that give children and young people the platform to succeed and thrive. We will work closely together with focus and drive to deliver timely and effective services, achieving good outcomes for children and young people in Barnet.

To realise our ambitions for children and young people, we will not compromise:

- on the quality of staff we need to improve the experience of children who need our help,
- the rigour applied or,
- on the pace needed to drive the improvements

We have three core strategic objectives that cut across our plans for children, young people and families and underpin the systemic and cultural change needed to drive improvement within the borough:

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

- Ensuring our involvement with the most vulnerable children in the borough positively impacts on their outcomes
- Providing effective 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, curious and child focussed

Ofsted Recommendations

The 19 recommendations for improvement of Children's Services made by Ofsted are:

1. Ensure a continued and sustained focus on improving core social work practice, strategically and operationally, to equip practitioners and managers to deliver good-quality services to children and their families.
2. Ensure that partners work together in the multi-agency safeguarding hub to ensure timely and accurate information sharing and a consistent application of thresholds for all children referred to children's services.
3. Ensure that social work practice and decision making for children focus on understanding their lived experiences and incorporate their wishes and feelings.
4. Ensure that all children identified as being at risk of harm benefit from effective child protection enquiries.
5. Ensure that strategy discussions include information gathered from all partners, and result in clear planning and recording of actions and the rationale for decisions.
6. Ensure that all written records are clear and up to date, and accurately reflect the circumstances of children and their families.
7. Ensure that the quality of assessments is sufficient to enable an accurate evaluation of the risks posed to children, and that this is regularly updated.
8. Ensure that management decision making is effective and leads to clear, timely and effective care planning that safeguards children and focuses on improving outcomes for them.
9. Ensure that children who are victims of chronic long-term neglect and emotional abuse, and who are subject to long periods of child protection planning, have appropriate risk assessments and plans made for them.
10. Ensure that timely action is taken to understand and reduce risk to children who go missing from home or care and who are vulnerable to child sexual exploitation. When risk does not reduce, or increases, ensure that effective additional safeguarding action is taken.
11. Improve the standard of social work to families under the pre-proceedings phase of the Public Law Outline and ensure that, when there is no improvement within a timescale that is right for children, the local authority issues timely court proceedings to protect them and avoid drift and delay in achieving permanence.
12. Ensure that connected carers are thoroughly assessed within regulatory timescales.
13. Ensure that all children who are privately fostered and their carers are regularly visited, that all work is compliant with minimum standards of good practice, and that the awareness of private fostering is raised in the workforce.
14. Ensure that homeless 16- to 17-year-olds are thoroughly assessed and that appropriate ongoing support is offered to them to meet their needs.

15. Ensure that the oversight of practice by all operational directors, heads of service, team managers, child protection chairs and independent reviewing officers is child focused and effective in achieving positive change for children.
16. Improve children's participation in all decisions and planning that affect them and in future service developments, including their stronger involvement in corporate parenting.
17. Ensure that all children receive help to understand their histories, and that social workers write life-story books and later-life letters sensitively, in a child-focused way.
18. Ensure that children's diversity and identity needs are met and that they are supported to retain their birth language. Ensure that interpreters are used to communicate with them and their families, when needed.
19. Improve care leavers' ownership of pathway plans and the quality and timeliness of targets, to improve their lives. Ensure that care leavers have the tools, such as money management, to cope with life's challenges and are fully aware of the 'Pledge' and their entitlements.

In addition to these, Ofsted made specific recommendations for the Barnet Safeguarding Partnership Board:

1. Ensure that a programme of quality assurance is established to monitor the quality of frontline practice across statutory work and early help.
2. Ensure that all partner agencies and their staff are aware of thresholds for intervention.
3. Increase scrutiny and challenge of practice for privately fostered children and raise awareness of the notification process.
4. Ensure that the effectiveness of multi-agency safeguarding training is monitored and evaluated.
5. Review the function of the child sexual exploitation and missing sub-group, and align this with other strategic forums to incorporate children at risk of youth violence and gang affiliation.

Leadership

The service is led by committed, resilient and experienced professionals in social care and service development and improvement. We work with Essex County Council and Dave Hill CBE to critically challenge the development of quality provision through stocktakes and a regular Improvement Board.

The Council has prioritised improvement in children's services and made significant financial investment to drive that. This has been led by the Council Leader, Lead Member and Chief Executive. They hold the service to account through both the Improvement Board and monthly performance meetings.

Work with partners is improving. Health partners have responded appropriately to the CQC inspection of safeguarding and looked after children with action plans monitored through the safeguarding board. We have strengthened relationships with schools through the secondment of an experienced headteacher to support the development of safeguarding across schools. All schools inspected by OFSTED have been rated good for safeguarding since the Inadequate judgment for children's social care.

Our work with the police has improved operationally and we are working together through the challenges of the Metropolitan Police restructure.

Knowing ourselves - Safeguarding, Quality Assurance, Workforce and Development

As evidenced in the Monitoring Visits, we know ourselves. Our refreshed approach to Quality Assurance and Performance Management is embedded and bringing about improvement. Close attention is paid to performance management across Family Services. This is monitored in using quantitative and qualitative data, including more recently feedback from service users and staff. In the feedback from their most recent monitoring visit, Ofsted commented that:

“Quality assurance processes are a strength. The use of auditing is well established, with more than a third of all children in care cases having been subject to a detailed audit since January 2018. Audits accurately identify practice improvements and determine appropriate actions for staff, who are open to learning to improve their practice.”

Quality Assurance Framework

Audit

The audit programme has embedded and is aligned to the Practice Standards and uses a model of Appreciative Inquiry. Between September 2017 and January 2018 regular audits were being ‘triple locked’ by Essex to ensure consistency and accuracy of audit gradings. Essex also provided a ‘triple lock’ of the 6 cases selected for audit in the November 2017 Monitoring Visit. By January 2018 the audit process had become increasingly consistent and reliable and Essex only ‘triple locked’ cases that were graded as Good or Requires Improvement for the January 2018 Monitoring Visit and made no changes to any of the audit grades submitted. During this Monitoring Visit, Ofsted noted an increase in audit activity across Family Service and commented that this is providing useful information for managers in monitoring progress and improvement. The case audits completed for the visit were found by Ofsted to be thorough and accurate, and set out clear expectations for practice improvement.

The audit programme has continued to embed and is now well established and effectively identifying practice strengths and areas for continued improvement focus. This has been consistently recognised by Ofsted during the third and fourth Monitoring Visits undertaken in April and July 2018. In their most recent monitoring visit feedback, Ofsted noted that managers have made “considerable progress in widely embedding the quality assurance framework and particularly the use of audits...”

The Quality Assurance Team provides monthly reports for Heads of Service that detail audit findings against practice domains, including quality of assessment, quality of planning, voice of the child, engagement with parents and management oversight. The reports provide insights into areas of practice that are improving and those that require focused workforce development activity to be undertaken. The reports inform the focus of the Workforce Development Team and enables

mobilisation of the Practice Development Workers to provide bespoke training tailored to individual, team and service area need, for example an ongoing programme of diversity training for social workers has improved audit grades against this domain of practice.

Workforce

We want social workers to work in an environment where they can do their jobs well. Following the inspection outcome Members invested in additional capacity across the system. The Council has also been able to target additional staffing resources when needed for example in Duty and Assessment Teams and 0-25 service. Our agency rate of 26% is similar to many outer London Boroughs. We have a continued focus on recruitment and retention of permanent social workers through agency transfer opportunities (13 since July) and a 'grow your own' approach through ASYE and student recruitment. We have recently appointed 12 NQSWs and have recruited 18 students from three different London Universities who have chosen to do their placement in Barnet. Recruitment therefore remains a focus for the service

Staff morale is generally good, as noted by Ofsted in all monitoring visits, and who in their latest visit found that:

"Recent practice for children looked after is improving. Social workers have manageable caseloads, which means that they have time to engage in direct work with children. Those spoken to by inspectors reported that they liked working in Barnet and welcomed the positive shift in culture towards more child-centred practice and relationship working with children and families."

One of our key priorities moving forward is to ensure that all Social Workers receive regular, good quality supervision that is recorded on file to support improved practice. As Ofsted noted in July 2018:

"Inspectors found that supervision and management oversight is evident on case files, but this is not always regular, and, in some cases, lacked reflection and challenge. Social workers reported to inspectors that they valued informal supervision and management direction. However, this was not often recorded on case files in order to inform a full understanding of children's progress or plans."

Workforce Development & Practice Development Workers

Four Practice Development Workers are located across the service areas to provide hands on support to Social Workers and Team Managers through a range of activities including delivery of bespoke workshops and training sessions for individuals, teams and services areas and one to one support using social learning theory approaches of practice modelling, feedback and observation. When performance issues are evident, Team Managers can commission individualised support from Practice Development Workers to work alongside Social Workers by drawing up agreements for a period of informal support aimed at improving practice. This approach has led to some positive developments in social worker confidence and skills, feedback to Team Managers informs personal development plans and can also feed into formal capability procedures where improvements are not achieved in agreed timescales.

In their most recent monitoring visit, Ofsted noted that:

“The use of the practice development workers to support social workers to improve their practice and facilitate direct work is effective and is leading to more recent stronger practice. However, the variability of practice means that while some children are assisted well to communicate their wishes and feelings, and these inform their plans, plans for other children are made without their full involvement.”

Workforce Development activities are becoming increasingly targeted towards areas of practice that require improvement and there is more focused commissioning of training that supports the embedding of resilience based practice.

Identity and Diversity workshops are run by the Practice Development Workers across the service areas to ensure staff are aware of expectations around the consideration of family history when undertaking assessments. The Workforce Development Team have delivered specific training on Working with Fathers, which we had identified along with feedback from Ofsted as an area for development. The Practice Development Workers have been introducing Systemic Group Supervision, and have led a Corporate Parenting Service day on the theme of Direct Work with Children: Systemic Ideas in Practice.

Signs of Safety training has been provided to the children’s workforce across early help and social work teams as a tool for risk assessment and planning activities and Graduate Certificate and Post-Graduate Certificate in Systemic Practice training has been commissioned from the Institute of Family Therapy on a rolling 5-year programme. The senior leadership team recently completed a one year Systemic Leadership course and in September 2018 the first cohort of 20 staff, mainly comprising of Team Managers and Advanced Practitioners started the Graduate Certificate course.

Data

The central monthly reporting data is reported through ‘Performance Matters’, and reports are provided to the Children, Education and Safeguarding committee, the Safeguarding Partnership Board, the Improvement Board and the Council’s own Corporate Management Board, to enable effective strategic oversight of service delivery. Data is presented alongside commentary from the service areas identifying what is going well, what needs to improve, and the actions in place to address areas of concern. Further challenge is in the system through the monthly CEO, lead member, DCS and Independent Chair of the BSCP challenge meeting with Operational Directors and Divisional Directors for Family Services.

Performance data on outstanding actions in the system for Child Protection and Children in Care cases is regularly shared with Team Managers to drive the completion of tasks that have been identified as part of the CP and CiC processes and enable workflows to progress without delay and minimise data reporting errors occurring.

The monthly data is supported by daily and weekly trackers per service area to support HoS performance management oversight. the data is reviewed with Team Managers in recently introduced performance management and quality meetings which promote whole system ownership of data and performance.

Joining audit findings with management information is enabling Heads of Service to assess and respond to identified gaps, resolve system reporting issues and engage in the use of management information to inform decision making, performance management and service development.

Conference and Review

The Conferencing and Reviewing Officers team was joined with the Quality Assurance and Workforce Development Service in February 2018; this has enabled an increased focus on the quality assurance aspect of their role and has strengthened the relationship with wider QA activity creating a more cohesive approach to identifying and supporting areas for practice improvement. The Safeguarding Team engaged in a programme of activities, in collaboration with Essex County Council, to develop and strengthen the quality of Child Protection Conferences and Looked After Children Reviews. The improvement work aimed to ensure that children's Plans are developed in accordance with identified need with clear and measurable outcomes and to ensure that children and families are fully engaged in planning and review processes. Child Protection Conference Chairs and Independent Reviewing Officers observed Conferences in Essex County Council during December and January and attended a training day with Essex. Essex observed 8 'mock' multi-agency Child Protection Conferences during February and March to embed learning and, supported the roll out of a new model of Conferencing in April 2018. The new conference model is now in place. Working with colleagues in Essex to feedback and review these arrangements in August showed evidence of confident challenge and some support in developing processes to solve specific issues we have experienced in a Barnet context.

The Independent Reviewing Officers have engaged a group of Looked After Children to co-produce a new model for LAC Reviews that promotes the facilitation of child-led meetings that reflect their unique circumstances and their wishes and feelings. The changes were reviewed with young people during September, who gave feedback about developing a flexible approach, including facilitating young people chairing meetings where they wished to do so. 98% of initial meetings and reviews are currently in timescale, and interviews for permanent staff are taking place during October. A new Safeguarding and Quality Assurance Manager post has been established along with a Principal IRO so that there can be a targeted focus on the IROs, ensuring they are a truly independent service aligned with our QA framework, and that there is specific IRO expertise embedded in the leadership of service.

In their most recent monitoring visit, Ofsted noted that:

"The independent reviewing officers are engaging with children midway between reviews, and there is evidence of their involvement seen in children's case files. However, their challenge to care plans is still inconsistent and is not always effective in achieving improved practice or the timelier progression of children's plans."

Child Criminal and Sexual Exploitation

The April 2018 Ofsted Monitoring Visit focussed on the progress made on vulnerable adolescents. The inspectors found that:

"For vulnerable adolescents at high risk of exploitation, regular and effective strategic multi-agency sexual exploitation (MASE) meetings and

operational 'Pre-MASE' meetings provide effective scrutiny, advice and guidance to multi-agency partners and social workers. This is leading to improved safeguarding practice. Recent plans to broaden the scope of these meetings to become a vulnerable adolescent risk panel is positive. The Safeguarding Adolescents at Risk Group (SARG) was formed in 2017 to broaden the scope of strategic planning and operational practice. The new vulnerable adolescent strategy, launched in April 2018, provides the foundation for a new vulnerable adolescents' at-risk panel (VARP), which is a positive development. However, these developments are still relatively new and are not yet embedded to influence frontline practice."

The Sexual Exploitation and Missing (SEAM) tool is providing a framework for practitioners to consider and manage children's and young people's vulnerabilities and risk of exploitation. Training has been provided to all staff and SEAM strategy meetings have been held for those children and young people that need them, the actions from these are now being tracked to ensure planning reflects support for vulnerability and protection against risk.

Quality assurance undertaken in April 2018 found 83.3% of vulnerable adolescent cases when audited, were requires improvement or better. A multi-agency audit on the theme of vulnerable adolescents took place in June and showed that the child's voice and multi-agency collaboration and understanding of risk related to vulnerable adolescents was strong and well-evidenced across most audits. There is still work to do in ensuring that the positive impact of interventions is clear.

The development of trusted relationships with vulnerable adolescents has been a key area of focus. REACH has worked alongside MAC-UK over the past year to develop psychologically informed approaches to engaging and co-producing with young people, following a successful bid to Health Education England. The change in approach has led to some evidence of strong child/professional relationships which has enabled disclosures that have in turn enabled targeted disruption activity. The REACH team is multi-professional and facilitates rapid and flexible wrap-around from health, education, social work, family support and mental health professionals. The work of the team has been evaluated by Research in Practice which has evidenced the positive impact of the approach on outcomes for children and young people.

Barnet successfully bid for Home Office Trusted Relationships funding which builds on the provision of schools based gang prevention programmes and community based support delivered by the Voluntary and Community Sector in Creative Safe Spaces. The funding supports MAC-UK to further stretch the development of psychologically informed approaches with vulnerable adolescents by locating alongside Art Against Knives workers supporting young people in the community. The Programme is linked to 0-19 Early Help delivery framework.

Young people at risk of gangs and criminal exploitation are now held in a single Vulnerable Adolescents at Risk Panel (VARP) which replaces the Pre-MASE and brings together cross-cutting intelligence and focused safeguarding and disruption activity for this group of young people.

Domestic Abuse, Parental Substance Misuse and Mental Health

Domestic Abuse

Barnet Community Safety Partnership have identified Violence Against Women & Girls (VAWG) as a key priority. A new VAWG strategy was launched this year supported by a clear action plan where partners have agreed to a focus on how services are offered to households where domestic abuse, parental substance misuse and mental ill-health are a factor.

Voluntary and Community Domestic Abuse Services are commissioned and are co-located in Early Help and MASH which enables early and rapid identification and responses to families where domestic abuse is present. Early Help Family Support Workers are trained to deliver interventions for children affected by domestic abuse and Family Services have commissioned domestic abuse perpetrator risk assessments and programmes. This suite of services and interventions recognises the need to support children and victims of domestic abuse and to also intervene to stop perpetrators engaging in violent and abusive behaviours.

The MASH has developed named link workers to attend and interface with MARAC and MAPPA meetings; this enables a flow of two-way information into and out of risk management forums and ensures case holding social workers are clear on decisions made.

The multi-agency domestic abuse audit undertaken in May found that no child was at risk of imminent harm and no cases were graded as Inadequate. Overall the grading was in the domain of Requires Improvement to Good with some strong evidence of Good practice in some cases. The multi-agency understanding of domestic violence and abuse and the impact on the wellbeing of children was well understood in case discussion and evidenced in some audits. In order to achieve an overall grading of Good, multi-agency safeguarding practice and its impact would be strengthened by: more consistent and timely sharing of information between agencies; improved analysis of historic and contextual information within risk assessments; closer coordination with the MARAC, and; increased consideration and utilisation of specialist services, such as Solace and Westminster Drug project, to offer additional expertise and to support more robust and effective care planning and implementation. Multi agency training is offered through VWARP and the Partnership Board is monitoring partnership take up of specialist services. This links to the Improvement Plan under the themes of 'strengthening assessment for children' and 'strengthening planning for children'.

Parental Substance Misuse

Westminster Drugs Project (WDP) Hidden Harm workers are co-located in the MASH to support the identification and mobilisation of support services for parents and young people affected by substance and alcohol misuse. The workers provide weekly drop in sessions to the social work teams to discuss cases where substance and alcohol misuse is present. The MASH Hidden Harm worker interfaces with their counterpart in Adult Services to discuss referrals and promote joined up delivery.

WDP have established links into the Youth Offending Service and Early Help Services and have set up parents support groups which meet on a weekly basis. Partners such as Barnet Carers give talks regularly to support groups about their services and how children can be supported.

Troubled Families Transformation Grant funding has created additional WDP and Domestic Abuse capacity, and has further supported the development of seconded partnerships posts from Adult Mental Health, Probation (NPS/CRC), Education and Health services. These new arrangements are aimed at ensuring targeted support is provided to families meeting the programme criteria in early help and children's social care services. The Probation and additional WDP posts are now operational and co-located with Early Help Services; the remaining posts are on track for recruitment in the coming months.

Performance and Outcomes by Service Area

Early Help

Summary

The overall intention of the Resilience based model is to intervene at earliest stage of identified need so that family's problems are resolved without the need for escalation into statutory services and interventions. In September 2017, a pilot for locality based hubs for children aged 0-19 was launched with the aim to improve the journey of families in the Early Help system, reduce the number of times families have to repeat their story to professionals and, to bring professionals closer together to reduce siloed working. The East-Central Locality was first to launch and introduced the first Multi-Agency Early Help Panel in September 2017. The West Locality Hub and Panel launched in January 2018 and the South Locality Hub and Panel launched in the summer.

A 0-19 Early Help Partnership Board has provided senior management steer to the development of the integrated 0-19 Early Help Hubs with each locality pilot being overseen by a locality lead who chairs a monthly Multi-Agency Development Group which facilitates localised identification of community needs and partnership engagement. The group seeks to build a strong commitment and ownership by key stakeholders, including adult services, housing and the Police, in working together to deliver a 'whole family' approach to families with multiple needs.

Children and families identified as needing targeted multi-agency support at an early help level are referred to the weekly locality Early Help Multi-Agency Panels which are comprised of over 20 key stakeholders with decision making capacity for their respective agencies. Children and Families are primarily processed via the MASH and referred to Panel with parental consent; schools and local providers can also refer to the Panel. Diverse membership at the Panel meetings facilitates sharing of relevant and proportionate information as well as rich discussion that enables services to be swiftly mobilised with an agreed Lead Practitioner and Team Around the Child/Family.

The Early Help Panels have been received well by key stakeholders who have maintained consistent attendance and commitment to the approach. Family feedback has reported prompt responses that immediately put the right professional system around the family, reducing the negative impact of a 'referral-on' culture that creates multiple layers of uncoordinated professional input.

In each locality a multi-agency Hub has been created for professionals to co-locate in Children's Centres and Youth Centres., Each Hub has satellite buildings which accommodate flexible working arrangements and brings services closer to where children and families need them. The Hubs and satellites link with Early Years, Primary and Secondary and Health providers delivering in the locality area to ensure coordinated responses based on local need.

The Early Help workforce was restructured over the summer to bring together professionals for under 5's, primary school children and adolescents as a single 0-19 service. The restructure was implemented on 1st October 2018 with early years, family support and youth workers being assigned to work across the three locality hubs.

Early Help data is monitored and compared to national outputs which help inform our baselines and KPI's. Barnet delivers a successful Troubled Families Programme which is integrated into the Early Help offer and provides additional expertise from welfare rights advisors, employment advisors and the newly developed seconded partnership posts.

Strengths and Achievements

- The 0-19 Early Help Hubs pilot have informed the development of whole system change in the provision of Early Help. The Panels have successfully engaged key stakeholders who recognise the benefits of coordinated and collaborative efforts to prevent problems from escalating. The implementation of the 0-19 Locality Based Hub Model in October is consolidating the approach into business as usual.
- The 0-19 Multi-Agency Early Help Panels continue to demonstrate positive partnership commitment to attend and engage in the formulation of solutions to address need early through Early Help Assessment and Plans coordinated by the rapid mobilisation of resources creating a Team Around the Family.
- Each hub panel now has around 6-8 cases for discussion each week (18- 24 across all panels) with over 250 cases now being discussed at panel.
- The 0-19 Early Help locality based model provides and coordinates a range of expertise at a local level including social workers that support the management of complex cases at risk of escalation or stepping down from Children's Social Care
- Co-located Early Help CAMHS services including school based clinicians and children's wellbeing practitioners. These roles closely align to the Resilient Schools Programme that has been piloting Mental Health First Aid training and dedicated access to psychotherapy trainees from a local training provider that are based within schools.
- The creation of the Early Help IT system has enabled managers to have stronger oversight of children referred and allocated to Early Help Services. The system enables multi-agency reporting and recording on children's records. It is being further developed enable tracking of group work and Family Support at the Universal Plus level.

Focus for the year ahead

- To implement and embed co-located and integrated working within the new 0-19 Locality Hubs. This and other areas of focus link to the Improvement Plan themes 'systems leadership for children', 'enhancing practice leadership for children' and 'right interventions, right time' (thresholds).
- Provide training to the Early Help workforce that facilitates the development of skills in working with children across the age range of 0-19.
- To work with key stakeholders to agree resourcing and contributions in relation to the use of shared space.
- To engage with local communities through representative membership at locality Steering Groups and user forums to develop the locality model in response to local need.

- To implement the Barnet Creative Spaces Project (funded through the Home Office Trusted Relationships grant) and align intelligence and interventions for vulnerable adolescents.
- To deliver preventative programmes through early years settings, primary and secondary schools, aimed at prevention and diversion from exploitation, criminality and violence.
- To develop and embed a traded services model for alternative education and Duke of Edinburgh Awards.
- Work with the performance and systems team to develop reporting/dashboard for the hubs that includes universal plus work.

MASH

Summary

The Ofsted SIF inspection found that not all children receive the right help at the right time. Thresholds were not consistently applied resulting in delays for children and in some cases left risk unassessed for too long. Ofsted completed a monitoring visit in November 2017, and during this visit inspectors acknowledged that senior leaders understand the improvements required to raise the standard of social work practice. They noted that the pace of change has been consistent and focussed, with evidence that Barnet has started to make progress to improve services for children and young people, including:

- increased use of, and findings from, quality assurance activities, that are verified by Barnet's improvement partner Essex County Council;
- positive staff morale, with staff reporting that they have benefited from increased training, staff conferences and communications from senior leaders;
- structural changes within the MASH, including additional levels of staffing including business support, which has increased capacity, and in turn, improved and consolidated partnership working;
- improved application of thresholds and management oversight in the MASH and Intervention and Planning Teams

Improvements in the MASH were noted by Ofsted in the January Monitoring Visit to have been consolidated, with staff increasingly confident in their roles, and systems and processes to manage workflow better aligned. This has meant that arrangements for signposting cases to Early Help services are appropriate for children and their families. The next monitoring visit in November 2018 will once again focus on the front door, with audit activity currently in process to assist in forming a narrative.

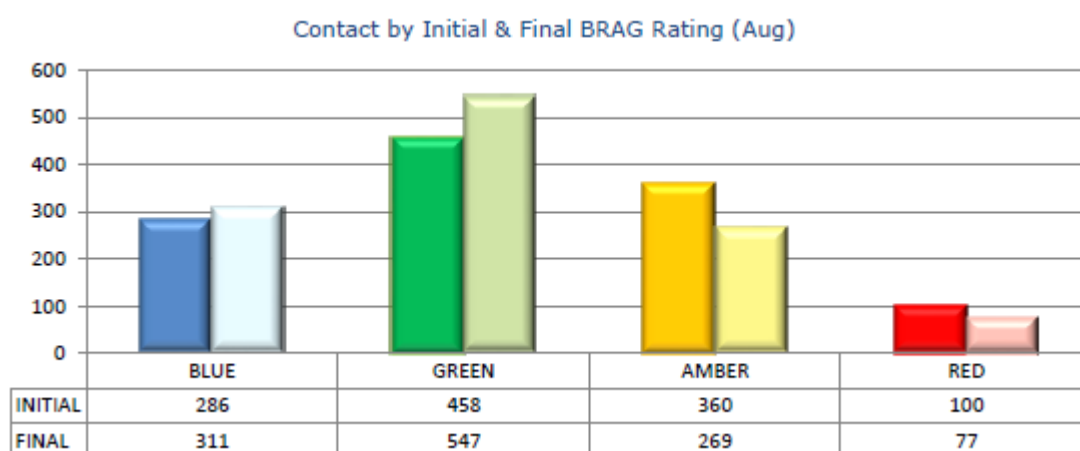
The MASH has strengthened consistency in decision making which has been supported by the development of clear operational protocols, practice standards and a revised continuum of help and support that has been agreed by the multi-agency partnership.

The MASH Steering Group is providing a forum for the multi-agency partnership to examine the effectiveness of operational arrangements and referral data and trends, which is enabling targeted threshold discussions with referring agencies. As a result, the MASH team have improved professional relationships with key stakeholders and referrers, which is strengthened by putting in allocated links to the Early Help Panel, MARAC, MAPPA, and a range of local adult and community

based services. Positive feedback has been received from schools, community providers and health services about the improvements in the service.

Strengths and achievements

- Continued evidence of better working relationships with partners including more confidence and challenge in these relationships. We have concentrated on identifying who our referrers are and where more support and an understanding of the MASH is needed. Providing feedback to referrers is now embedded practice in the MASH.
- Audits provide evidence of more robust decision making and curiosity in MASH. There is an improved analysis of contacts underpinned with signs of safety. Analysis of performance information has shown that decision making thresholds in MASH have improved. This is evidenced in the comparative data between Initial and Final BRAG ratings which remains low.
- Close collaboration and co-location of MASH social workers within Barnet Homes to ensure homeless 16/17 year olds are jointly assessed and/or diverted to Early Help provision for targeted support at home
- Improved understanding across the partnership of the services available at universal, universal plus, targeted and statutory levels, which is supporting an improvement in the quality of referrals to the service.
- The daily tracker has been embedded for Team Managers to track the timeliness of work completed by Social Workers. This is monitored daily by management and data shows that this has had a clear positive impact on performance.



Focus for the year ahead

- Monitor the increase in contacts to MASH and the management of this within the current staffing levels. This and other areas of focus link to the Improvement Plan themes 'systems leadership for children', 'enhancing practice leadership for children' and 'right interventions, right time (thresholds)'.
- Further monitoring of application of threshold in MASH, and how this contributes to achieving the right outcome of our children and their families. This will include developing a service user feedback process.

- Build a renewed interface between the MASH and newly implemented 0-19 Locality Based Hubs that strengthens understanding of the full range of resources available within Early Help.
- Analysis and further monitoring of the information gathering visits undertaken in DATS, ensuring that learning from this feeds in to learning and development of the MASH.

Duty and Assessment

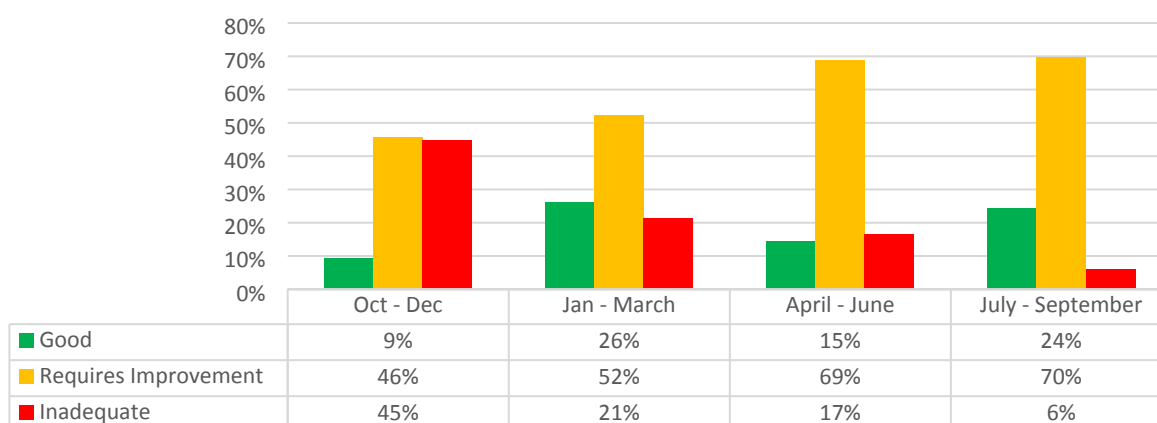
Summary

Improving the quality of assessments was identified by Ofsted as a recommendation following the full inspection in 2017. Poor quality assessments did not effectively analyse risk of harm and lead to reassessment and poor planning. Too many children were reassessed meaning they drifted in the system and were delayed in receiving intervention. This had an adverse effect on their outcomes. Over the past year, there have been a number of changes within the Duty & Assessment Service to improve the quality and timeliness of assessments, aided by additional social work and management capacity to assist with the throughput of the high volume of cases held within the teams. An assessment 'double lock' was introduced using the additional management capacity to quality assure assessments. This ensured that assessment quality was not further compromised whilst case volume was higher.

In consultation with Essex County Council, information gathering visits were introduced within the Duty & Assessment Teams where families met the threshold for a statutory response based on referral information. The visits have ensured that children are seen by social work professionals and are safe and well, and has also determined whether a statutory assessment is required to meet the child's needs. The visits have enabled families to swiftly exit from statutory services into targeted and early help provision, thereby reducing unnecessary scrutiny in their lives.

Case numbers at manageable levels have released additional capacity of social workers and managers and the quality of work held within the service has been steadily improving. There is increasing stability in the workforce either through permanent staff or a cohort of agency social workers who have remained committed to Barnet.

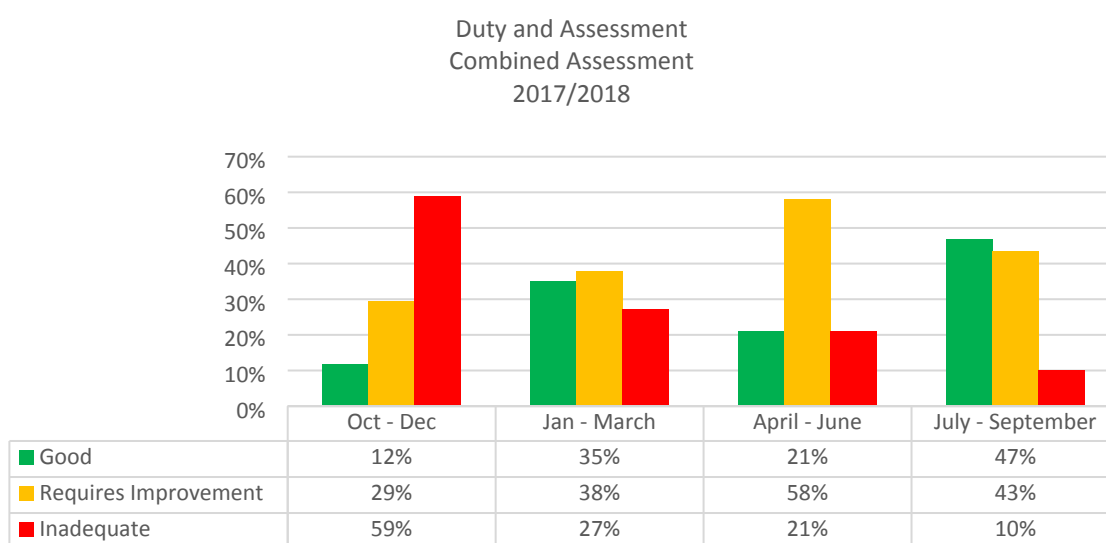
Duty and Assessment Overall Gradings 2017-2018



The quality of practice audited in the combined assessment domain in the chart below shows a significant improvement in the quality of assessment from the end of year position in 2017 to the audit grades reported across July – September 2018; the graph below evidences a movement from 12% of assessments graded as Good to 47% over the period.

The Duty & Assessment Teams are more consistently using evidencing management oversight as well as using Signs of Safety tools to assess and analyse risk and to meaningfully engage children in their assessments. Practice Development Workers have been supporting staff within the teams to build on their repertoire of tools and skills in engaging families using genograms and direct work tools. Greater attention is being paid to cultural context although there is still work to do to ensure family histories are consistently explored and supervision records better reflect the complex risk analysis and decision-making processes that take place.

Pre-birth assessment and planning needs to be smarter; a joint Health & Family Services Protocol for unborn children has recently been launched providing guidance to health and family services professionals on practice expectations, more recent audits of work with unborn children is demonstrating a positive shift in practice as a result.

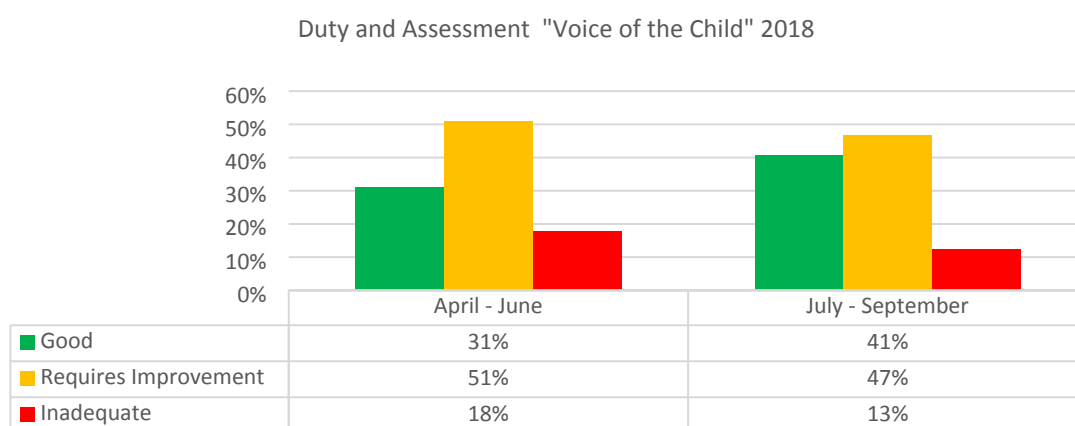


The consistency of statutory partner contributions to Strategy Discussions is better; flexible communication approaches and continued focus discussion in partnership forums is improving dialogue for managing, embedding and monitoring required practice changes. In their January Ofsted visit, inspectors noted that strategy discussions are timely and that there had been improvements in police attendance – our data now shows 100% police attendance and high levels of attendance from both health and education colleagues.

Strengths and achievements

- The service is maintaining manageable caseloads and is providing timely responses to children following the reintroduction of 'business as usual' staffing levels.
- The quality of assessment is improving.

- Staff morale is good.
- There are now 3 permanent, confident and competent Team Managers who are making a positive contribution to the improvements needed in the service; the 4th post was recently vacated and is filled by a strong interim manager who is committed to joining the permanent workforce.
- The 'grow your own' approach to recruitment and retention has enabled newly qualified social workers appointed last year to progress into vacant social work posts this year.
- The Practice Development Workers are providing valuable and welcomed individualised and team support which is creating positive practice change.
- Embedding integrated Clinical Service will support greater join up of social work and clinical assessments/interventions provided to children and their families. The integrated model provides opportunities for consultation and training that will enhance social workers skills and knowledge in working with vulnerable children and families.
- Inspectors commented on improvements in the involvement of children in their assessments evidenced by children contributing their views, aspirations and feelings; this has been tracked through audit activity.



Focus for the year ahead

- Our focus for the year ahead falls under the improvement themes of 'enhancing practice leadership for children', 'right interventions, right time (thresholds)', 'strengthening assessment for children', and 'strengthening planning for children'.
- Recruitment and retention of good quality social work staff, building on the 'grow your own' approach which is proving successful.
- Achieving consistently good quality assessments across all domains of audited practice.
- Embed Joint Protocol for Unborn Children to ensure consistently timely and effective pre-birth assessment and planning
- Ofsted Monitoring Visit in April evidenced that the quality of assessments remains variable and not all assessments routinely explore parental capacity or analyse historical issues within families to inform understanding and planning.
- Ensure targeted use of Practice Development Workers to build knowledge and skills within the Duty & Assessment workforce in accordance with Practice Standards.

- Monitoring the effectiveness of the new integrated Clinical Service in joining up social work and clinical assessments/interventions, and in enhancing social workers' knowledge and skills.

Intervention and Planning

Summary

Following the Ofsted inspection in 2017, we knew that we needed to improve poor planning that was not focussed on outcomes and was unresponsive when children's circumstances changed. We wanted to see more child-centred planning, and plans that achieved best outcomes, tackling drift and delay.

The Intervention & Planning Service leads on Children in Need, Child Protection, PLO/Pre-Proceedings and short term Looked After Children episodes where the plan is for the child to return home.

The Team Managers in the service have been at the core of focussed improvement activity in the service with an emphasis on improving the quality of management oversight and supervision of cases in order to drive up the quality and timeliness of planning and outcome focused intervention activities. This work remains an area of on-going focus

Alongside the Practice Development Workers, practitioners are starting to develop stronger skills in undertaking direct work with children. This has been evidenced in clearer recording that reflects the voice of the child and their lived experience. Structures in place for vulnerable adolescents has enabled strengthened risk assessment and recognition of vulnerability which creates a coordinated and robust safeguarding response. The Ofsted visit focussing on vulnerable adolescents noted that:

"For vulnerable adolescents at high risk of exploitation, regular and effective strategic multi-agency sexual exploitation (MASE) meetings and operational 'Pre-MASE' meetings provide effective scrutiny, advice and guidance to multi-agency partners and social workers. This is leading to improved safeguarding practice. Recent plans to broaden the scope of these meetings to become a vulnerable adolescent risk panel is positive."

With increased management oversight, thresholds for child protection are becoming better understood and this is leading to a higher volume of children subject to Child Protection Plans. Multi-agency audits reflect stronger care planning arrangements for children subject to Child Protection Plans with evidence of multi-agency input. The Conference and Reviewing Officers have developed appropriate mechanisms for challenge and recently improved systems for escalation are beginning to have a positive impact on the effectiveness of casework

A dedicated post to track PLO and Court Proceedings has led to more timely and robust decision making to enter and exit pre-proceedings PLO and/or enter into Care Proceedings. This is leading to more timely conclusions and better longer-term planning for children. Children in care proceedings are also tracked through Permanency Tracker Meetings to ensure their journey towards permanency is timely and transitions are smooth, tackling historic issues of drift and delay.

A Child in Need Panel was established to improve management oversight of children subject to Child in Need Plans; practice in this area has been weaker and remains an on-going area of improvement focus. The Panel reviews all Child in Need Plans that have been open for six months or longer to ensure: targets for change are SMART; safeguarding concerns are escalated to Child Protection or Public Law Outline when change is not evident, and; children and families are stepped down to targeted and universal early help support when their circumstances improve.

Strengths and achievements

- Audits' evidence of stronger practice for children subject to Child Protection Plans and Looked After Children are enabling focused and targeted interventions from the Practice Development Workers.
- Children's diverse backgrounds and needs are being better considered with the introduction of identity and diversity workshops facilitated by the Practice Development Workers.
- The Practice Standards are setting clear expectations for staff.
- The April 2018 Ofsted Monitoring Visit found that practice for children at risk of Child Sexual Exploitation is well embedded operationally and strategically. Inspectors also found improving progress in the quality of social work practice. Immediate risks for almost all children are adequately addressed. Less case work was of an inadequate standard than on previous monitoring visits, and most children were being appropriately safeguarded.
- The CiN and Transfer Panels are maintaining oversight of throughput and ensuring that thresholds for interventions are applied consistently.
- Performance data is helping to identify those teams where recording and practice is weaker, allowing for targeted intervention and greater scrutiny of practice related issues.
- The service is recruiting stronger managers who understand what good looks like and who are committed to driving better practice in their teams.

Focus for the year ahead

- Our focus for the year ahead falls under the improvement theme 'strengthening planning for children', along with 'systems leadership for children' and 'enhancing practice leadership for children'.
- Embedding reflective supervision and improved management oversight that effectively drives care planning that leads to change for children. Team Managers have been provided with supervision training and a large number have started the Graduate Certificate in Systemic Practice this year.
- Practice Development Workers and the Integrated Clinical Service are supporting and co-facilitating group supervision using Signs of Safety and systemic practice tools.
- The quality of care planning for Children in Need will be under continued scrutiny to improve to ensure that care planning drives timely change for children and their families.
- Practice development days and workshops focusing on equipping practitioners with direct work skills are being delivered to strengthen and develop practice, and to equip the workforce with the skills they need to intervene effectively
- Scrutiny and monitoring of caseloads to ensure that cases are closed, stepped down or progressed to permanency without delay.

- Strengthened pre-proceedings assessment frameworks by better mobilising existing resources to ensure that only those children that require their planning arrangements to be agreed in court enter into proceedings
- Front loading assessments to strengthen analysis and planning requirements for children who are entering into proceedings, which will reduce the court being used as a framework for assessment and further ensure court time care proceedings timescales are met.

Children in Care

Summary

OFSTED found services to looked after children to be inadequate in April 2017. Since the Ofsted inspection the leadership and management of the service was revised and three smaller Children in Care Teams were established. Performance management has been strengthened to ensure social work practice for all children in care improves at pace.

Ofsted noted in their monitoring visit letter in August that:

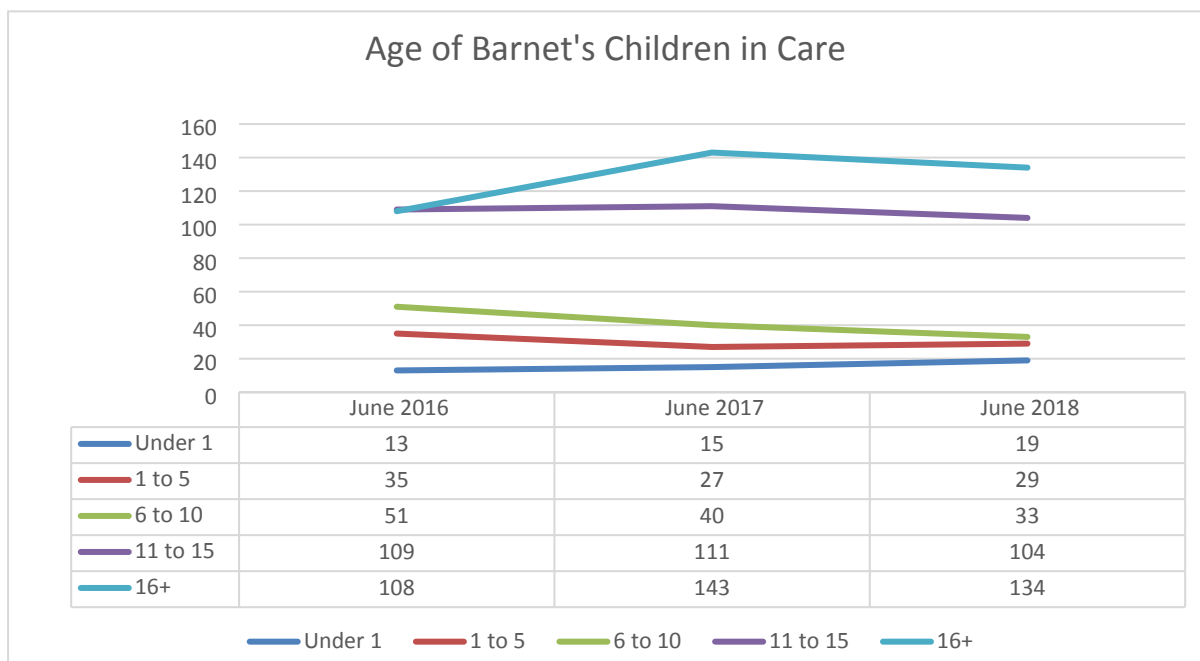
“Managers have made considerable progress in widely embedding the quality assurance framework and particularly the use of audits for children looked after. This is making a difference and strengthening practice. Changes have been made to improve processes and practice. These changes have tightened management oversight and decision-making for children who need permanence, including the assessment and support for connected carers.”

“Inspectors found a stronger core of improved practice, with children seen to be appropriately looked after, and their needs for permanence and stability being mostly met. Child centred practice is beginning to embed, and this is making a positive difference to the quality of social work practice and the understanding of children’s lived experiences, informed by their views.”

The Corporate Parenting Pledge is comprised of 5 themes:

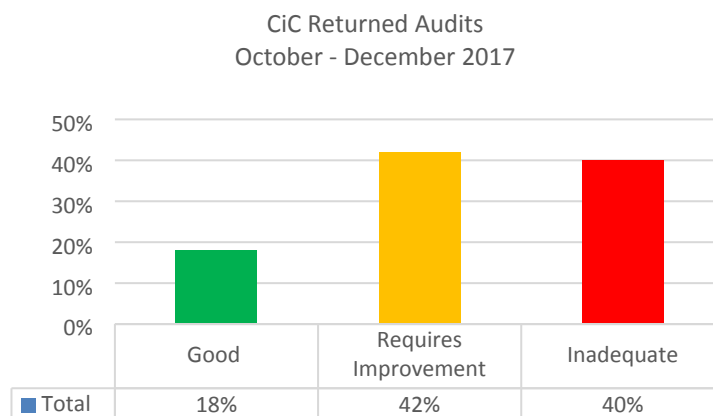
1. Good Education,
2. Sense of Belonging,
3. Keeping Healthy,
4. Staying Safe and
5. Championing Needs.

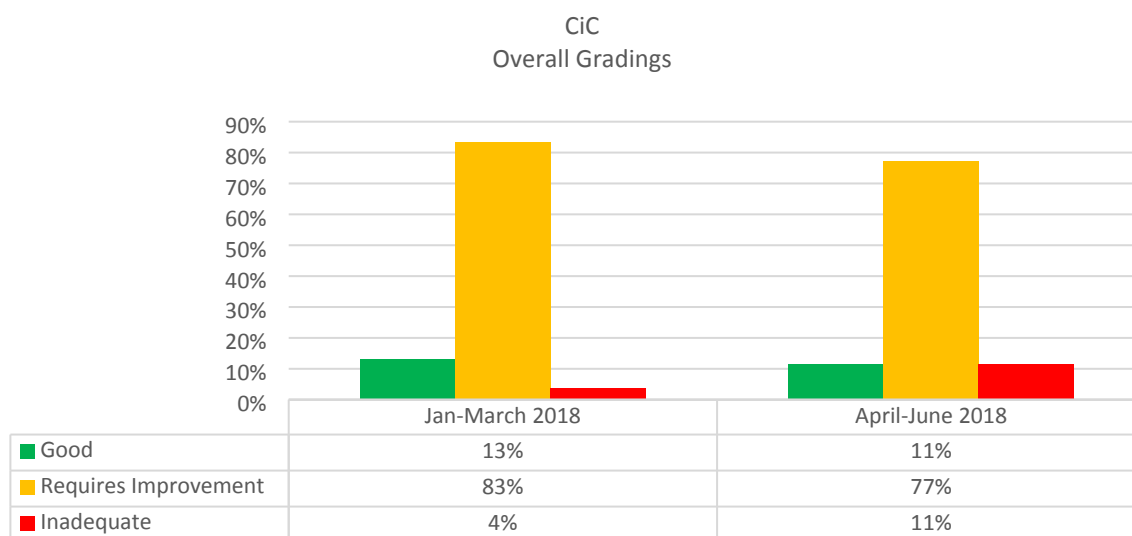
Within Family Services, the Pledge and the wider Corporate Parenting Plan is delivered by the Corporate Parenting Officers Group. This multi-agency group includes: Children’s Social Care, Health, Education (16+) & the Virtual School, Advocacy service, Housing, Voice of the Child Service, the IRO service, and young people, and delivers an action plan which is aligned to the Pledge themes and includes young people in the monthly scrutiny and review of the plan.



Strengths and achievements

- The re-aligned corporate parenting advisory panel is more effective at enabling Members to hear from, and engage with, children and young people. The refreshed terms of reference helps young people to be more effectively part of the conversations and planning within corporate parenting. The engagement with councillors is improving and the chair of the Children in Care Council is the co-chair of the panel. The new arrangement is strengthening the voice of children in planning and consultation.
- The Voice of the child within plans and assessments is improving and social workers are better able to express and communicate the views and feelings of the child on file and within meetings.
- Audit activity over the last year is evidencing a marked improvement in practice. There has been a shift from having 40% inadequate audits in October 2017 to 8% inadequate and 80% requires improvement to be good in June 2018. The audits completed in September for looked after children were all graded good however this was a very small sample and we know further work on consistency of practice is required.





- The introduction of 'in house' clinical support provided by 3 clinicians (2 are in post) dedicated to our children. The practice development worker and the addition of a new assistant head of service have all contributed to the renewed enthusiasm and child focus practice.
- Improvement in educational attainment for young people in care in certain key stages, and in progress 8 figures.
- Social workers are demonstrating confidence in their direct work with children within their care arrangements, whilst visits to children are more purposeful and timely, with better planning on complex cases in relation to placement type and support.
- Embedding stronger permanency planning through the newly established Permanency Tracking Meeting is ensuring smart and timely planning for children.
- The health outcomes for looked after children has consistently improved with initial health assessments taking place more often within the first 28 days of being in care (approx. 90%). All under 9 year olds are assessed by a paediatrician as part of the initial assessment and where possible UASC are seen by paediatricians or are seen by the local GP whose allotted time has been increased for these assessments.
- The stability of placements for the children who have been in care for 2.5 years has improved from 58 % of children being in the same placement for 2 years to 70% of children.
- OFSTED noted that *"Placement choice for children is improving with the positive recruitment of more foster carers"*
- Tackled more effectively an over tolerance of risk in young people going missing through the implementation of the SEAM approach
- The assessment process for privately fostered children has been streamlined and strengthened. All privately fostered children are held within children in care by a dedicated social worker and the awareness raising activity across the borough has increased through visits to schools, children centres and GP surgeries. A new media campaign is in the planning.

Focus for the year ahead

- Our focus for the year ahead falls under the improvement plan themes of ‘enhancing practice leadership for children’ and ‘strengthening planning for children’.
- More work is needed to provide consistency across the service. The Permanency Tracking Meeting is seeking to identify children potentially in need of alternative care arrangements as early as possible so that alternative carers where needed, are ready to receive children at the earliest opportunity and unnecessary transitions are avoided through strong matching.
- Group supervision that will include all the key players in a child’s life and the clinicians will collaborate to identify the appropriately supported, resilient and robust alternative family resources for children.
- Embedding the practice that now centres on the voice and needs of the child and further develops creative and innovative direct work with children and young people. Further improvement is needed in relation to the ongoing assessment and analysis of the child’s experience and needs.
- Assessment of the child’s needs, care plans, Pathway plans and reports for reviews are not consistently timely or of good enough quality, nor are they co-produced frequently enough. This is an area for improvement over the coming year.
- Embedding the new assessment approach for looked after children across the whole system that reflects children’s changing needs and a responsive system around them.
- The child’s journey through the system has necessary points of transition. Effective planning for transition and introducing leaving care to adolescents earlier, to improve the move to adulthood, is in progress.
- Audits of Children in Care show that approximately 70% of plans require improvement to be good, with smarter outcomes and stronger evidence of the IRO’s footprint in the planning.
- Monitor the effectiveness of the new clinical services support, and Practice Development Workers.
- Ensure the newly constituted Corporate Parenting Advisory Panel continues to facilitate the engagement of Councillors, and that children and young people’s voices are heard as part of the planning and decision-making process.

Fostering and Adoption

Summary

Whilst the Carer, Recruitment and Assessment Team (CRAT) met the target set for recruitment for the financial year of 2017/18, it must be noted that 80% of those approvals were presented to panel after Aug 2017. This was the point at which the responsibility of SGO assessments was transferred to frontline social work teams, which created the time and space for CRAT to focus on fostering recruitment - a previously neglected area within the service. Recruitment will continue and the managers are working with the communications team to devise and explore exciting and dynamic ways to recruit carers. Ofsted noted the impact of this work in their July 2018 monitoring visit, stating that “there are significantly more approved ‘in-house’ carers, and some foster carers who have transferred from independent fostering agencies to benefit from the support packages on offer in Barnet”

The CRAT has been expanded to provide social work teams with support in improving the quality of viability assessments and where necessary will complete Special Guardian Assessments.

Services to children requiring adoption was assessed as requiring improvement to be good in April 2017. The Adoption Team tracks children with a potential plan of adoption or long term fostering through the weekly permanency tracking meetings. This enables the Adoption Team manager to allocate children to a family finder at the earliest opportunity and always before the conclusion of care proceedings and the granting of a Placement Order/ Care Order. Currently the adoption scorecard shows that children with Placement Orders are matched without delay and that once the formal match is confirmed the children are placed within 20 days. The time between a child becoming looked after and being placed for adoption remains too long despite improved timescales on care proceedings and needs further analysis.

Since 2017 the numbers of children requiring adoptive placements has increased with 13 adoptions confirmed in 2017/18. The pool of available adopters was insufficient in the beginning of 2017 so an active recruitment campaign - in conjunction with two other boroughs within the North London Adoption Consortium - was undertaken aimed at BAME adopters and those willing to consider foster to adopt and sibling groups. The work with the North London Adoption and Fostering Consortium has provided positive opportunities for family finding for adoption and fostering. Since April, five children have been placed for adoption.

Strengths and Achievements

- More children are placed in in-house fostering arrangements local to Barnet.
- More long term fostering placements have been matched as permanent, enabling children to have a sense of stability into the future.
- More children have been adopted.
- More children are accessing support through the ASF due to the development of our clinical services.
- A refreshed Fostering and Adoption Panel has been established to drive improvements in quality of decision making.
- The 'More to Give' recruitment campaign launched in September 2017 is ongoing and is due to be reviewed in the coming months. The campaign has had a positive impact, resulting in a higher level of interest than previous campaigns, with increased website traffic, initial visits and 20 'Form F' assessments being undertaken. 22 new foster carers were approved directly from this campaign and it has continued to generate interest over the last year as campaign materials were refreshed and sent out across the borough on a regular basis.
- The recruitment team have a new more ambitious target of approving 10 supported lodgings providers who can assist in providing young people over the age of 16 with accommodation that supports them to independent living with additional care and training. The first supported lodging provider was approved by the Adoption and Fostering Panel in June. There is also the intention to recruit 5 families who can provide respite and link care to children with disabilities and two parent and child foster carers who can provide short term support to both the child and their parent for periods of assessment.
- The Foster Carer Recruitment and Assessment Team continue to deliver monthly the compulsory Skills to Foster course to prospective carers which is key to enabling timely

recruitment. The training is run in partnership with foster carers, care leavers and social workers.

- In 2017/18, 13 adopters were successfully approved and 14 are currently being assessed.
- The feedback from Ofsted on life story work has resulted in a more robust approach to developing the adoption life story books and to ensure the quality is consistently good for each child. Life story training has taken place and life story work is extended to include children in SGO placements and long term foster placements with additional capacity being added to the team.

Focus for the year ahead

- Our focus for the year ahead falls under the improvement plan themes of 'enhancing practice leadership for children' and 'strengthening planning for children'.
- We continue to need foster carers for adolescents, with complex needs, and will be updating the Placement Sufficiency Strategy in October 2018 to plan how this need can be met.
- To have sufficiency of foster placements, we need to recruit approximately 60 new foster carers.
- A further response to the shortfall in foster carers therefore, will be the undertaking of a travel Fellowship in August 2018 by a member of the Strategy and Insight Team. This research will specifically focus on foster carers for adolescents with complex needs, and aims to identify opportunities for learning around foster carer recruitment strategies and support used in France, Germany and Sweden.
- Permanency planning at the earliest opportunity for children at risk of coming into care and those looked after, will be the focus of senior management tracking, monitoring and challenge.
- The planning for regionalisation in North London is underway and will go live in July 2019. It will be hosted by Islington and the final business case will be delivered to the committees of the 6 boroughs in January 2019.
- Ensure the learning from the life story training is reflected in improved work with children in SGO placements and long term foster placements.
- Promoting information in relation to Private Fostering through partner agencies.
- Embedding arrangements for connected carers.

Onwards and Upwards

Summary

As at 31 August 2018 there were 239 Care Leavers aged 18 to 25 being supported by Barnet's Leaving Care Team, Onwards and Upwards. Of these 196 care leavers are under 21. As at 31 August 2018, 84% of care leavers had an up to date Pathway Plan, which refers to plans created or updated within the past 6 months; this compares to 79% in 2017.

The staff compliment in Onwards and Upwards has been expanded to ensure that the service can address the needs of 18 to 25 year olds. The Personal Advisors have had access to a variety of training that has enabled the creation of lead roles across aspects of the service i.e. mental health, UASC, financial matters. Young people now have open access to several drop in sessions at the Onwards and Upwards centre. These include sexual health, money matters, benefits advice and

careers advice. The Onwards and Upwards centre hosts regular social events to encourage interaction and social confidence in care leavers.

Strengths and Achievements

- An improved mental health service offer has been established in February 2018, to support care leavers with emotional or mental health difficulties. This support for care leavers is for those over the age of 18 who do not meet the threshold for adult mental health services. The service also aims to support staff that work with this cohort of young people, to enable them to work therapeutically. The service is part of a project with Terapia that provides psychotherapy to care leavers. This service will expand in the coming year as the need for the service has increased.
- Life story work, with the focus on the care leavers' life journey, is firmly embedded in the service and is having a positive impact on young people's emotional wellbeing as we are aware that mental health and life stories intersect. This entails a deep dive into the young person's file, having meetings and developing a timely plan of working through the information with the young person at their pace, with the necessary support and professional direct work in place. The learning from this work has been shared across Corporate Parenting.
- A new Homeless Protocol addresses the need for Barnet to ensure homeless 16 to 17 year olds are thoroughly assessed and offered appropriate, ongoing support to meet their needs by securing good quality, supported accommodation. The protocol includes a focused and personalised plan for each homeless young person, to help them manage independence and access training, education and employment. Some of these young people will qualify for leaving care services and working in partnership with Barnet Homes, has ensured that the young people continue to be housed appropriately.
- Council Tax exemption was agreed this year by Barnet Council which will exempt care leavers from paying council tax for the first 2 years for living independently. This will ensure that young people who choose to go on to higher education or who remain with their carers for a time are not disadvantaged.

Focus for the year ahead

- Our focus for the year ahead falls under the improvement plan themes of 'enhancing practice leadership for children' and 'strengthening planning for children'.
- The local offer is being developed for Barnet care leavers. An information booklet for care leavers is currently in circulation, which contains similar information, however, a full consultation exercise will be undertaken with young people to co-produce a new local offer document by the end of 2018.
- Ensuring Pathway Plans are developed with the young person, and take place early in the young person's life. It is the aim to ensure all 15 ½ year olds have a pathway plan agreed before their LAC reviews in their 16th year.
- A reduction of semi-independent placements to nil over the next 18 months by increasing staying put arrangements and developing supported lodgings in order to provide improved opportunities for independence learning and confidence building for young adults.
- Education, employment and training is in focus and all agencies involved with a young person will be expected to adopt a zero tolerance for NEET.

- Ensuring that the emotional and mental wellbeing of care leavers is assured through a collaborative approach with universal services and other specialist services.
- Changes to the way the leaving care personal advisors work are being introduced to ensure that we respond to young people's feedback on their experience of the service; to improve support around financial planning and tenancies, and; the timing of transition to independence and planning this with the young person.
- To ensure that the housing offer for young people is optimized for care leavers, the Housing Protocol is being updated. This followed multi-agency workshops that reviewed current practices and agreed a joint approach to ensuring early applications for housing and a good housing offer for young people.

0-25 Disabled Children's Service

Summary

Strengthening leadership and management capacity has been a priority for the service. The Team Manager is improving oversight of safeguarding issues across the service and is embedding more consistent supervision. In November 2017, there was a culture of focussing on support rather than safeguarding. Staff did not understand or respond appropriately to safeguarding issues. The current managers are skilled in this area and are providing clear, consistent direction. A Practice Lead has been appointed to ensure adequate case supervision. The management team are working extremely well together and staff report feeling supported with clear direction.

The quality of assessments has been poor. The social workers have various forums in which to think about their assessment such as supervision, group supervision, reflective practice sessions. There has been a significant improvement in C&F assessments being completed within timescales. During the Team Day in May, aspects of assessment were explored and improvements have been seen in how social workers explore issues of identity, inclusion of fathers and siblings.

All allocated cases were reviewed by the Head of Service and reclassified according to the level of need. We have introduced a new way of categorising CWD pathways in order to help staff understand the difference between safeguarding and support and to ensure each child is on the correct plan. This also ensures families have more effective assessments and can access support quicker. We developed 2 pathways: one for support (CWD1 and 2) and one for safeguarding (CWD3). CWD plans will be clear and show the complete multi-agency package.

Strengths and achievements

- The 0-25 service reorganised in September 2017. Since this time the staff group have become more settled and consistent in their approach. Practice has improved across children and adult cases and there is significantly better partnership working with Adult services, SEND and Health.
- The management team work together extremely well and are mutually supportive. There is a free flow of ideas and exchanges of knowledge and expertise. Morale is very good.
- There is a good skill mix across the team. They are highly committed to the children and young people and are motivated to learn.
- Quality Assurance Monitoring panel (QAM), where formerly only adult cases were discussed, has been changed to include children and renamed Disability Resource Panel (DRP). This has helped strengthen and developed workers' understanding of Child Protection and Disability.

- Regular pattern of 1-2-1 and group supervision is happening; the Practice Development Worker has held reflective practice sessions on individual and group basis. The Team Manager is embedding reflective practice supervisions. New multi-disciplinary group supervisions are being held and considered a very positive development.
- There is a better understanding of safeguarding within the service which means that children with disabilities are better protected through this service.
- The Team Manager is assisting with the EHCP audit process working with SEND and has joined a Task & Finish Group to help inform future audit activity. Regular 4R meetings are taking place since November 2017 to encourage learning from any inadequate audits.
- Multi-agency collaboration is stronger and partnership working with parents is developing with the aim to achieve effective co-production this year.
- The recommissioning of Short breaks provision has been launched and parent survey is currently receiving a positive response.
- Transition tracking has been strengthened by relaunching the multi-agency forum and this will work to unblock any transition difficulties across the child or young person's system.
- Joint funding arrangements are managed effectively and senior managers co-chair a panel at which funding decisions are considered and decided on.

Focus for the year ahead

- Our focus for the year ahead falls under the improvement plan themes of 'enhancing practice leadership for children' and 'strengthening planning for children'.
- Finalising all plans for every child and young person to ensure the right plan or packages are in place.
- Quality of practice remains a focus for this service which is being addressed through the practice development work.
- The database, which will hold details of all 0-25 clients from across the LCS and Mosaic systems and enable senior management to have a complete overview of every open 0-25 case, has not yet been completed due to difficulties in securing information from MOSAIC. The development needed for LCS to hold all the 0-25 case files is being explored.
- There are currently high levels of agency staff in the service, so permanent recruitment is a priority along with continuing to support staff in improving practice.
- Ensuring progress continues on the co-production of services with parents and partner agencies.
- Strengthening links with Health colleagues to ensure appropriate CHC and CC assessments for young adults and children as necessary.
- By the end of 2018 this service will have converted the agency staff to permanent employees for all established posts.

Conclusion

The Barnet self-evaluation sets out what we know about the quality and impact of social work practice from our quality assurance, performance management and insight work. We have also used the reflections and evidence collected from our preparation for, and OFSTED completion, of four monitoring visits.

From this we consider that we know ourselves. Social work services to children in Barnet are improving and we are consolidating those improvements at a considered and sustainable pace.

More needs to be done to be assured that all children and young people are benefiting from consistently good services and our updated Improvement Plan, leadership, focus and drive will ensure we achieve that aim.

Barnet Children's Services Improvement Action Plan September 2018-September 2019

Version: Final October 2018

1. Introduction

Barnet Council and its partners are committed to the vision to be the most family friendly borough in London by 2020. At the heart of this journey is the building of resilience in children and their families enabling them to bounce back from adversity. We know that we have failed to deliver this aspiration and have let children and families down. This improvement action plan has been developed in response to these failing and the recommendations and areas for improvement as outlined in the Ofsted 'Inspection of services for children in need of help and protection, children looked after and care leavers, and review of the effectiveness of the Local Safeguarding Children Board' which took place in Barnet between 24 April 2017 and 18 May 2017. It builds on the achievements of the past year, and is informed by evidence collected against actions in the 2017-18 Improvement Plan, the 4 Ofsted monitoring visits throughout the year and feedback from the Department for Education.

Improving the quality of services to children is a key corporate priority we know we need to work collectively across the council to drive the improvements we want. Children in Barnet deserve the best possible services from us and we are committed to doing whatever we can to deliver great outcomes for children and young people across the borough

Most children and young people in Barnet excel, but there are a few children and young people who do not. Effective leadership and partnership is vital to delivering good and outstanding services that keep children and young people safe and give them the right help, at the right time in their lives.

Our commitment to Barnet's vulnerable children is to deliver services that give children and young people the platform to succeed and thrive. We will work closely together with focus and drive to deliver timely and effective services, achieving good outcomes for children and young people in Barnet.

To realise our ambitions for children and young people, we will not compromise:

- on the quality of staff we need to improve the experience of children who need our help
- the rigour applied or,
- on the pace needed to drive the improvements

We have three core strategic objectives that cut across our plans for children, young people and families and underpin the systemic and cultural change needed to drive improvement within the borough:

- Empowering and equipping our workforce to understand the importance and meaning of purposeful social work assessments and interventions with families
- Ensuring our involvement with the most vulnerable children in the borough positively impacts on their outcomes
- Providing effective 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, curious and child focussed

This single plan sets out the improvement journey and gives us the focus we need to transform our services, especially social care, for our most vulnerable children, young people. We want to rapidly improve from inadequate to good we will not be deflected from that challenge..

Ofsted Recommendations

The 19 recommendations for improvement made by Ofsted are:

1. Ensure a continued and sustained focus on improving core social work practice, strategically and operationally, to equip practitioners and managers to deliver good-quality services to children and their families.
2. Ensure that partners work together in the multi-agency safeguarding hub to ensure timely and accurate information sharing and a consistent application of thresholds for all children referred to children's services.
3. Ensure that social work practice and decision making for children focus on understanding their lived experiences and incorporate their wishes and feelings.
4. Ensure that all children identified as being at risk of harm benefit from effective child protection enquiries
5. Ensure that strategy discussions include information gathered from all partners, and result in clear planning and recording of actions and the rationale for decisions.
6. Ensure that all written records are clear and up to date, and accurately reflect the circumstances of children and their families
7. Ensure that the quality of assessments is sufficient to enable an accurate evaluation of the risks posed to children, and that this is regularly updated.
8. Ensure that management decision making is effective and leads to clear, timely and effective care planning that safeguards children and focuses on improving outcomes for them.
9. Ensure that children who are victims of chronic long-term neglect and emotional abuse, and who are subject to long periods of child protection planning, have appropriate risk assessments and plans made for them.
10. Ensure that timely action is taken to understand and reduce risk to children who go missing from home or care and who are vulnerable to child sexual exploitation. When risk does not reduce, or increases, ensure that effective additional safeguarding action is taken
11. Improve the standard of social work to families under the pre-proceedings phase of the Public Law Outline and ensure that, when there is no improvement within a timescale that is right for children, the local authority issues timely court proceedings to protect them and avoid drift and delay in achieving permanence.
12. Ensure that connected carers are thoroughly assessed within regulatory timescales.
13. Ensure that all children who are privately fostered and their carers are regularly visited, that all work is compliant with minimum standards of good practice, and that the awareness of private fostering is raised in the workforce
14. Ensure that homeless 16- to 17-year-olds are thoroughly assessed and that appropriate ongoing support is offered to them to meet their needs.

15. Ensure that the oversight of practice by all operational directors, heads of service, team managers, child protection chairs and independent reviewing officers is child focused and effective in achieving positive change for children
16. Improve children's participation in all decisions and planning that affect them and in future service developments, including their stronger involvement in corporate parenting.
17. Ensure that all children receive help to understand their histories, and that social workers write life-story books and later-life letters sensitively, in a child-focused way.
18. Ensure that children's diversity and identity needs are met and that they are supported to retain their birth language. Ensure that interpreters are used to communicate with them and their families, when needed.
19. Improve care leavers' ownership of pathway plans and the quality and timeliness of targets, to improve their lives. Ensure that care leavers have the tools, such as money management, to cope with life's challenges and are fully aware of the 'Pledge' and their entitlements.

Additionally there are five recommendations for the Barnet Safeguarding Children Board

1. Ensure that a programme of quality assurance is established to monitor the quality of frontline practice across statutory work and early help.
2. Ensure that all partner agencies and their staff are aware of thresholds for intervention.
3. Increase scrutiny and challenge of practice for privately fostered children and raise awareness of the notification process.
4. Ensure that the effectiveness of multi-agency safeguarding training is monitored and evaluated.
5. Review the function of the child sexual exploitation and missing sub-group, and align this with other strategic forums to incorporate children at risk of youth violence and gang affiliation.

2. Improvement Plan

The approach taken in Barnet is to have a series of actions that sit under 6 improvement themes.

3. Themes

Improvement themes

1. Systems leadership for children
 - a. *Strengthened systems leadership for children with sufficient capacity and capability at all levels.*
 - b. *Strengthened governance arrangements that prioritise children and add value to improvements*
 - c. *Corporate support which understands the role of social workers and reflects a collective ambition for children in the borough*
2. Enhancing Practice Leadership for children
 - a. *Strengthen practice leadership through effective management oversight and increased capacity*
3. Right interventions, right time (Thresholds)
 - a. *Effective MASH*
 - b. *Proportionate, effective and timely decision making*
 - c. *Joined up Early Help*
4. Strengthening assessment for children
5. Strengthening planning for children
6. Embedding a child centred culture that improves children's lives

4. Driving Improvement

To achieve change, we must be relentless in our expectations and committed to sustaining and advancing improvements in the way we deliver services and the outcomes we bring about with children and families. We are investing in realising and sustaining a systemic leadership style that promotes respectful challenge and curiosity about the systems we work within and our influence upon the effectiveness of these.

The change we want to see must be continually modelled, promoted and challenged when it is not evident in children's experiences of our services. Our social work practice must be purposeful and focused on achieving change for children by ensuring that they are at the centre of everything we do. We will work with our collegiate improvement partner to support and challenge our approach.

5. Governance and monitoring arrangements





In responding to the inspection report Barnet has changed its improvement board arrangements. The Children's Services Improvement Board will be independently chaired by Dave Hill (DCS, Surrey), and will ultimately be responsible for the delivery of the Improvement Plan through effective scrutiny, challenge and measuring its impact. The Board is made up of the senior leaders from the Council – including Members - and its key partners to bring focus and pace to the implementation of the Improvement Plan. It will act as the primary driver of improvement.

Reports on progress of the plan will be received by:

- Children, Education, Libraries and Safeguarding Committee,
- Health and Well-Being Board,
- Barnet Safeguarding Children's Board,
- Community Safety Board.

6. RAG Key

The RAG rating set out in the plan specifically monitors the delivery of the item embedded in the plan. The impact of the plan will be reported to the Improvement Board through a benefits (impact) realisation report. The RAG ratings are defined as follows:

-  Action completed
-  Action on track to be completed in timescales
-  Action unlikely to meet timescales, but plan in place to deliver
-  Action will not be delivered in timescales and no plan in place to mitigate

Theme 1: Systems Leadership for Children

What do we need to fix?

Improving the quality of services for children is a priority in the Corporate Plan, and Senior Leaders are aware of the improvements required but that these remain inconsistent.

Collective accountability, ownership, understanding and priority needs to be given to improving outcomes for children and young people in Barnet.

What do we need to change?

The collective ambition for children in Barnet is harnessed to improve outcomes.

- Senior leaders across the Council, Schools and partner organisations, as well as Councillors, know how they are contributing towards improving frontline practice and supporting better outcomes for children and families.
- Performance reporting needs to be focused on giving Members and senior leaders the right information to be able to monitor the quality of services.
- Systems in family services need to be in place to give social workers and managers the information they need to do their job effectively.
- The systems leadership and governance should create a culture of openness and transparency

What do we want to see?

A plan that is owned, understood and has contributions from leaders across the system.

- Strengthened systems leadership for children with sufficient capacity and capability at all levels
- Strengthened governance arrangements that drive improvement and add value
- Corporate support which reflects a collective ambition for children in the borough and understands the needs of the social care workforce in order to achieve this

Lead: Chris Munday

ID	Actions	Lead	Date of Delivery	RAG
Systems Leadership				
1a(i) 2a(ii), 2b(i), 2(ii), 7c(ii)	Ensure all Chief Officers, Councillors and senior leaders in the partnership understand the Improvement Plan and drive changes to support improvement within corporate directorates and strategic partnership boards and support the development of front line practice and engagement with young people	JH	March 2018	G
1a(ii) 2b(viii)	Develop new Children and Young People's Plan so that Senior leaders across the multi-agency children's system are able to demonstrate how they are strategically contributing towards improving frontline practice and supporting improved outcomes for children and families	CM	November 2018	G

ID	Actions	Lead	Date of Delivery	RAG
1a(iii) 2b(ix)	Implement the BSCP Business and Improvement plan	BT	September 2019	G
1a(iv) 5a(ii)	Monitor the impact of the tri-Borough police reorganisation on our work with child protection processes and vulnerable adolescents	SR	March 2019	G
1a(v) 6b(ii)	Implement the Virtual School Improvement Plan	HM	March 2019	G
Strengthened Governance				
1b(i) (2a(iii)(vi))	Ensure the voice of children is heard in the planning of Barnet services so that their lived experience is reflected in the commissioning and delivery of services by improving children and young people's participation in decision making	BT	Ongoing	G
1b(ii) 7a(v)	Implement Service User Engagement Strategy	BT	Ongoing	G
1b(iii) 2a(v)	Implement the UNICEF Child Rights Programme in Barnet to facilitate the child's voice being heard.	BT	Ongoing	G
1b(iv)	Implement the recommendations of the Barnet Care Quality Commission Inspection	SMc	March 2019	G
1b(v)	Develop, agree and embed the new Working Together arrangements	CM	May 2019	G
Corporate Support				
1c(i) T8	Ensure 'Conditions for Success' are embedded in Barnet	JH	January 2019	G
1c(ii) 2c(ii)	Enhance practice and case recording through a range of developments in the IT systems	YP	September 2018	G
1c(iii) 2c(iii),2a(i),T6	Improve recruitment system to be more effective and efficient enabling to support the service to ensure sufficient support to drive improvements	GL	November 2018	G
1c(iv) 2c(iv)	Systems review of finance to enable social workers to do their jobs efficiently	AD	February 2019	G

ID	Actions	Lead	Date of Delivery	RAG
1c(v) 2c(v)	Review of bureaucracy across the Council and the Service to ensure that systems are efficient and effective to support the social work task.	CS	February 2019	A

Priority 2: Enhancing Practice Leadership for Children

Priority 2: Enhancing Practice Leadership for Children

What do we need to fix?

- Oversight of practice does not yet provide sufficient guidance or direction to improve practice for children
- Management oversight and supervision is not yet consistent and rigorous to ensure effective assessment, planning, intervention and review.

What do we need to change?

- Practice Leadership improvements should be designed to increase capacity, improve performance and enhance consistency and effective decision making.
- Managers to provide effective and respectful challenge to social work practitioners, team managers and partner agencies to ensure risk is identified, responded to and managed
- Managers to work closely with practitioners to ensure practice improves and any barriers are managed without delay
- Being clear about what we mean about practice leadership across the partnership
- A focus of the Learning and Development Programme to be on practice leadership that leads to improved decision making and outcomes for children
- Performance management is clear, effective and robust
- Our resilience based approach to becomes more systemic

What do we want to see?

A support and challenge practice culture in which:

- Children benefit from professional systems that work together effectively improving their lived experience
- Children's voices are heard and influence decisions being made about them
- Decisions about children are recorded, accurately, timely and proportionate to their changing needs and risks they may face
- Decisions lead to timely interventions from appropriately skilled professionals across the partnership

Lead: Tina McElligott and Brigitte Jordaan

ID	Actions	Lead	Date of Delivery	RAG
2(i) 3a(v)	Implement performance management framework by bringing information together from case audit, practice development and performance data at all levels of the system	DS	November 2018	G
2(ii) 3a(vii)	Provide social workers with reflective supervision that is frequent, outcome focused, with clear actions and timescales that are reviewed regularly.	BJ TMcE	November 2018	G

ID	Actions	Lead	Date of Delivery	RAG
2(iii) 3a(viii), 5a(vi) 6b(i)	Drive development of expertise and knowledge to ensure evidence based practice and the confident use of theoretical models and risk assessment tools through the Workforce Development Programme	DS	January 2019	G
2(iv) T5	Support effective practice challenge from Child Protection Conference Chairs and Independent Reviewing Officers with input from Essex so that plans are appropriately scrutinised and reviewed	DS	November 2018	G
2(v)	Through recruitment activity, ensure a stable workforce in 0-25 Disabled Children's Service who are supported in developing specialist and safeguarding expertise and knowledge	SL	March 2019	G
2a(vi)	Embed the clinical service, to drive improved outcomes for children	TMc	March 2019	G
2a(vii) 3a(x)	Embed a multi-agency workforce development programme through BSCB	BT	February 2019	G
2a(viii) 3a(xi)	Through workforce development, practice development, and in partnership with the BSCP, ensure the partnership understands thresholds and what good child-centred assessments and plans look like.	DS	December 2018	G

Priority 3: Right Interventions, Right Time (Thresholds)**What do we need to fix?**

Thresholds need to be monitored and understanding of them embedded across the partnership

What do we need to change?

- Children and young people get the right help they need at the right time
- Listen to children and act upon what is heard
- Work effectively with children's families, professionals & community systems
- Involve children and families in the decisions being made about them
- Use information held and views shared by partners and key agencies effectively, to understand and inform risk analysis and decisions
- MASH partners work effectively together to share information and make decisions about risk children and young people face and the services they need to improve their outcomes

What do we want to see?

- Effective MASH (Multi Agency Safeguarding Hub)
- Effective decision making
- Joined up Early help

Lead: Tina McElligott

ID	Actions	Lead	Date of Delivery	RAG
Effective MASH (Multi Agency Safeguarding Hub)				
3a(i) 4a(v)	Ensure improved quality of communication to the MASH from referrers and response from MASH in order to promote information sharing and collaborative working.	SM	February 2019	G
3a(ii)	Improve accuracy of recording in MASH, including the recording of evidence gathered from the partnership	SM	February 2019	G
Effective decision making				
3b(i) 4b(i)	All partners are aware, understand thresholds and make good referrals with consent where appropriate	SM	December 2018	G
Joined up Early Help				
3c(i) 4c(iv)	BSCP establishes effective arrangements, including measures, to monitor and drive improvement on the impact of work undertaken on thresholds and Early Help	BT	Quarterly	G

Priority 3: Right Interventions, Right Time (Thresholds)				
3c(ii)	Implement the Early Help transformation plan	KP	March 2019	G
3c(iii)	Ensure appropriate pathways are in place to ensure the effective identification and assessment of young people at risk of FGM or honour based violence.	BT	March 2019	G
3c(iv)	Implement the Domestic Abuse Action Plan	TMc	March 2018	G

Priority 4: Strengthening Assessment for children

What do we need to fix?

Assessments do not always effectively analyse risk of harm meaning they can drift in the system and be delayed in receiving intervention. This has an adverse effect on the outcomes for children

What do we need to change?

- Children are seen, listened to and effectively helped by all professionals in contact with them; and are provided with opportunities to participate in assessments and decisions made about them
- Children are kept safe through robust assessments that lead to SMART plans that are rigorously monitored by managers
- Having a skilled workforce that can analyse what is seen and read to identify risk, make sound decisions and deliver effective interventions for children
- All assessments hold children at the center, clearly articulating what life is like for the child, detailing risks and what needs to happen to improve their circumstances, and timescales for review
- Children's records accurately reflect their circumstances, risks, plans and rationale for decisions made about them, written so that children can understand
- Swift action is taken to protect children when, by holding multi-agency strategy meetings, the information gathered by a range of source indicates an increase in risk.
- Assessments thoroughly explore and consider family history including the influence of cultural, linguistic and religious beliefs, norms and expectations
- Ensure children's views and wishes are recorded in their own words/pictures
- Young people who are homeless receive a comprehensive assessment and are appropriately supported
- Thoroughly assess connected adults /persons as early in the permanency journey as possible and within regulatory timescales

What do we want to see?

- Strengthened risk assessment
- Child focused assessment tackling drift and delay

Lead: Tina McElligott and Brigitte Jordaen

ID	Actions	Lead	Date of Delivery	RAG
4(i) 5a(i)	Make all strategy discussions compliant with " <i>Working Together to Safeguard Children – update 16 February 2017</i> " to ensure that assessment is timely and effective at managing risk	KPop	November 2018	G
4(ii) 5b(i), 5b(ii), 5b(iii)	Strengthen quality of assessments through encouraging curiosity evidencing the child's voice, consideration of diversity, a collective view of the child's needs and being more analytical	TMcE	November 2018	G

ID	Actions	Lead	Date of Delivery	RAG
4(iii) 5a(viii)	Ensure fostering and connected person assessments are tracked and delivered to a high quality	BJ	December 2018	G
4(iv) 5a(iii), 5a(iv) 5a(v)	Implement and embed the Vulnerable Adolescents strategy ensuring that children missing from care or home are robustly tracked and subject to multi agency assessment of risk, including using evidence from the Barnet Creative Safe Spaces project, return home interviews and SEAM	SM	January 2018	G

Priority 5: Strengthening Planning for Children

What do we need to fix?

Planning needs to be consistently focused on outcomes and responsive when children's circumstances change or deteriorate across all parts of the system.

What we need to change?

- Ensure that children, young people and their families have a clear understanding of the concerns and risks identified and what needs to happen to achieve change in agreed timescales
- Involve children, young people and families in the development of their plans
- Evidence impact of learning and improvements in children's assessment and plans
- Social workers are equipped to undertake direct work to understand the child's lived experience, wishes and views
- The lives of children, young people and families in need of help and protection are improved by rigorous challenge at all levels through multi-agency planning and reviews of their circumstance
- Escalate interventions to ensure children and young people do not continue to live in situations that are harmful to them
- Swift action is taken when progress is not being made for children in accordance with their plan and agreed timescales
- Ensure plans are consistently reviewed and progress in agreed timescales with contingencies to address lack of progress
- Children subject to pre-proceedings process have timely interventions, leading to improved outcomes
- Children's whose outcomes are not improving are protected through timely Court proceedings to secure change and permanency for them
- Permanence arrangements become embedded
- Children who are Looked After will have a clear permanency plan by their second CLA review
- Ensure children in private fostering arrangements are safe, visited regularly and monitored through regular reviews
- Young people make successful transitions to adulthood and achieve their aspirations through having the care, support and help they need

What we want to see?

- Child centred plans
- Plans achieving best outcomes, tackling drift and delay

Lead: Tina McElligott and Brigitte Jordaan

ID	Actions	Lead	Date of Delivery	RAG
5(i) 6a(i)	Ensure all children and young people requiring social care intervention have robust child-centred plans which are timely and reviewed if not effective to mitigate against drift and delay	BJ	November 2018	A

Priority 5: Strengthening Planning for Children				
5(ii) 6a(ii)	Children and families participate in developing their plans, leading to stronger engagement in working towards the agreed goals	TMc	November 2018	G
5(iii) 6a(iv)	Ensure that children in need of protection or in care are aware of advocacy services to support planning	NH	October 2018	G
5(iv) 6a(vii)	Review pathway plans routinely to ensure young person's participation and ownership of plan.	NH	November 2018	G
5(v)	Ensure permanence for all long term fostering cases	BJ	February 2019	G
5(vi) 6a(viii)	Ensure all children in care have life story work to prepare them for independence	NH	February 2019	G
5(vii)	Develop and implement an annual assessment and planning tool for Children in Care	NH	February 2019	G
5(viii)	Ensure all children with disabilities have appropriate plans to meet their identified needs	SL	November 2018	G
5(ix) 6a(x)	Ensure that transfers between teams are conducted according to best practice and in a timely manner so that this does not contribute to drift and delay in plans	All HoS	October 2018	G
5(x) 6a(xi)	Create opportunities for review meetings to be delivered in a way that the child can most effectively participate in the planning	DS	October 2018	G
5(xi) 6b(iii)	Embed an effective and seamless process for identification of Connected Carers and tracking of assessment and approval process	NH	November 2018	G
5(xii) 6b(v)	Evaluate the Life skills project, with young people, to ensure it addresses their needs and improves their outcomes in adulthood	NH	February 2019	A
5(xiii) 6b(vii)	Develop new programmes to reduce levels of NEET (Not in Education, Employment or Training) care leavers to ensure they have access to employment and training opportunities	CS	April 2018	G

Priority 5: Strengthening Planning for Children				
5(xix) 6b(viii)	Tackle delays in access specialist CAMHS (Child and Adolescent Mental Health Services) provision by ensuring children have timely access to CAMHS in line with CAMHS transformation plan	CMc	April 2018	A
5(xx)	Embed new tier 1 and 2 CAMHS arrangements for children and apply to be a trailblazer, developing mental health support teams in schools	CMc	February 2019	G
5(xxi)	Strengthen private fostering arrangements by ensuring the partnership proactively engages with awareness campaigns	BT	March 2019	A
5(xxii)	Review and embed placement sufficiency strategy	BJ	January 2018	G

Priority 6. Embedding a child centred culture that improves children's lives**What do we need to fix?**

All staff need to be fully engaged with the child centred culture and aware of the support available to them from management and senior leaders

What we need to change?

- A culture which focusses on improving the lived experience of children and young people in receipt of social care services from all service providers across the borough
- All staff, managers and leaders know the improvements required, and how to translate this into their practice
- Work across children's services and all services supporting children's services promotes a culture of honesty, escalation and improvement.
- Effective Induction ensures all staff are clear of the vision, philosophy and practice approach.
- Clear line of sight exists from Members, senior leaders through to frontline practice.
- The wider organisation and partners are well engaged in the improvement work, understand their roles within it, and actively contribute.

What we want to see?

Effective Communications and Engagement drive culture change and improvement through:

- Building connection via communication and engagement from the top to the bottom of the children's service
- Strong cross agency engagement and communication
- Strong corporate communication and engagement

Lead: Chris Munday

ID	Actions	Lead	Date of Delivery	RAG
6(i) 7a(ii)	Ensure that senior managers have regular meaningful engagement with front line staff and managers and act and communicate our child centred culture clearly and regularly in order to enhance staff morale	CM	October 2018	G
6(ii) 7a(iv)	Ensure all staff receive an effective induction	DS	October 2017	A
6(iii)	Review corporate and partnership communication activity, improving awareness of the improvement journey	JMcA	March 2019	G
6(iv)	Embed 'All About Me' across the service	CM	November 2018	G

ID	Actions	Lead	Date of Delivery	RAG
6(v)	Ensure the wellbeing of children is the highest context in all staff communications	CM	Ongoing	G
6(vi)	Ensure the 'Voice of the Child' is fed back into the LSCP	BT	February 2019	G

Appendix 1

Conditions for Success

1. Articulating values and vision

Senior managers and other leaders talking and acting as a team. They must have a shared approach and view about their intention to improve outcomes for the most vulnerable children and about the provision of social care for children and families. This includes being clear about what children's social care is seeking to achieve.

A whole systems approach to strategic planning and service delivery for children – from early help through protection to care and adoption – including:

- a) service design and delivery based on learning from experience, including feedback from service users about what works
- b) a coherent mix of interventions, available at the right time and at the right level
- c) the whole system promoting a culture of meeting need in the least intrusive and most universal way, reserving specialist services such as social care for those in the highest need
- d) an adequate resource envelope for each tier of services, based on an analysis of need that promotes targeted evidence-based interventions and prevents escalation of need/risk to the child

This whole system approach needs to be developed, agreed and owned by all statutory partners and all providers of children services.

2. A unifying use of theoretical models of evidence-based social work practice

Approaches should be used that are in line with local values and vision - such as systemic, strengths based, solution focused, motivational interviewing, and social learning approaches. Relational based approaches provide the skill base to enable social workers to help families to change, helping them to find solutions, so that the safety, development and wellbeing of their children is enhanced.

Having a unifying approach to social work across the organisation promotes good evidence informed practice, a coherent and consistent focus on the way the organisation operates and fidelity to an approach that can persist over time. This will lead to embedded cultural change and improvement that is sustainable over the long term.

3. A relentless focus on the recruitment, development and retention of social workers and social work managers in frontline practice with children and families

Clinical social work practice must be valued highly and this should be reflected in the support, qualification and career structure for social workers and their pay grades. Career progression must reflect individual performance – how learning is translated into practice and delivers better outcomes for children.

A strategy must be in place and regularly reviewed to keep good social workers in frontline practice but also, to achieve a healthy level of succession planning – growing high quality supervisors and managers from within the organisation whilst also being seen as an employer of choice by external applicants.

4. Social workers with a manageable workload which is regularly reviewed

Social workers can only work effectively with a limited number of families. Allocating more than they can manage means workers and managers formally or informally decide to prioritise some cases and give limited attention to others. Whilst there is no ideal number because manageability depends on the nature of cases and the professional capabilities of the practitioner, a range should be set beyond which an alert should be made. Controlling workload through high-quality supervision is necessary to promote effective analysis of risk and appropriate intervention. This means that social workers get involved with the most vulnerable children, so work with few cases but more intensely and decisively.

5. Social care teams small enough to allow team managers to know both staff and families well

The complexity of the families that social workers deal with requires them to receive high quality, regular, reflective and appropriately challenging supervision and for cases to have good case management oversight with careful and thoughtful decision making in respect of risk and next best steps.

6. Service design which minimises the number of changes to key worker/transfers between teams and also respects the need for some specialism across children social work teams

There needs to be clarity about the role and purpose of each team from contact and referral through to adoption, with simple rules about the management oversight of the way in which cases flow between teams. Co-location and integration or secondment of multidisciplinary professionals may be appropriate.

7. An operational culture of dialogue, reflective thinking, feedback, learning and support

The organisation needs to be proactive in respect of the risks that present in children's social work and to promote sensible approaches to growing confidence and expertise. High quality performance should be expected from all staff, and learning and accountability woven into the fabric of operating approaches. This includes having clearly understood systems, supported by the culture, of delegation in respect of decision making in respect of casework and financial management, promoting accountability and responsibility at the appropriate level right through the organisation

8. An aspirant and system-wide approach to improvement and performance

In addition to action to address specific issues identified by inspections, peer reviews, self-audits and local performance analysis, a broader and long-term approach about the total

improvement journey to 'outstanding' is needed. This should be supported by a comprehensive performance approach, with good and timely information across a range of indicators and outcomes at individual, team and service level.

A good quality case audit process will reliably look at quality of practice, the outcome for the child and family and the business processes.

9. Appropriate practical support

Such as adequate working space, good ICT systems and strong administrative support to reduce the bureaucratic burdens on social workers and social work managers.

Appendix 2

Voice of the Child

The Barnet Service User Engagement Strategy will enable us to better understand the experience of children and families who we work with. The following methods will assist us in demonstrating that the actions within the improvement plan are making a difference.

These include:

- General satisfaction feedback forms for both children and young people;
- Child Protection Conference evaluation forms for both children and young people;
- Children Looked After Review evaluation forms for both children and young people;
- Learning from complaints
- Advocacy feedback
- MOMO (Mind of My Own) app. feedback
- Social worker and team self- assessments of capturing the voice of children
- Case audits check if social workers have captured the child's lived experience as part of their assessment and planning
- Timeliness and engagement checks on visits, engagement at meetings, being seen alone

Each team will review feedback from children, young people and families and consider their team and individual development plans.

Working with #BOP, our children in care council we will identify key themes and priorities for children in care teams and the leaving care team to consider, oversee and report these through to the Corporate Parenting Advisory Panel.

The safeguarding youth panel will consider the themes arising from across these engagement activities and report to the safeguarding partnership for actions to be taken forward.

Appendix 3 Reporting arrangement and timescales

Reporting arrangements and timescales

The Children's Services Improvement Board, SCB and CES Committee will each receive the full data suite from the Performance & Data Quality Report, and the whole improvement plan.

The comments from the Children's Services Improvement Board will feed into the final report that is submitted to CMT following this meeting (usually the last CMT meeting of each month). The CES Committee will also receive Performance Matters as an update at each CES Committee meeting.

Family Services will submit the reports and will copy the Corporate Performance and Risk Team to ensure everyone is working from the same version.

Appendix 5: Named Officers

JH	John Hooton	Chief Executive Officer
CS	Cath Shaw	Deputy Chief Executive Officer
JMcA	Jenny McArdle	Assistant Chief Executive
CM	Chris Munday	Strategic Director of Children's Services
Cllr L	Cllr Longstaff	Lead Member
Cllr C	Cllr Cornelius	Leader
DH	Dave Hill	Director of Children's Services, Surrey County Council
TMcE	Tina McElligott	Operational Director Early Help and Children in Need of Help and Protection
BJ	Brigitte Jordaan	Operational Director Corporate Parenting, Permanence, & 0-25 disability
KP	Karen Pearson	Head of Service Early Help and Early Years
SM	Sarah Marshall	Head of Service Duty & Assessment and MASH
KPop	Karen Popely	Head of Service Duty & Assessment and Intervention & Planning
NH	Nikki Hale	Head of Service Children in Care & Permanence
SL	Sarah Lowe	Head of Service Placements, Transitions and 0-25 disability
YP	Yogita Popat	Head of Service Performance, Improvement and Inspection
DS	Donna Swanberg	Practice Development, Innovations and Programmes Manager
BT	Ben Thomas	Strategic Lead, Children and Young People's Service
GL	Nicola Roberts	HR
BW	Bryan Webb	Capita IT Director
OR	Simon Rose	Police
CMcC	Collette McCarthy	Divisional Director Commissioning
IH	Ian Harrison	Education – Director of Education and Skills
SMcG	Siobhan McGovern	Safeguarding Lead CCG
KM	Katie Mayers	Head of Communications
AD	Anisa Darr	Director of Resources (£151 Officer)
KM	Kay Matthews	Chief Operating Officer, Barnet CCG
HM	Helen Morrison	Education

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Barnet Care Leaver Local Offer

1. General

This information is for you as a young person who has been Looked After by Barnet Council. It is about the support available for you when you leave care. Some information may change from time to time so please make sure that you come back to this website from time to time. If you would a paper copy of this information, please let your PA know.

If you require this in a different language or format, please let your PA know.

Who are care leavers?

When you are 18, you are no longer in care.

In order to get the support set out in this care leaver local offer, you must have been in care for at least 13 weeks after the age of 14. If you are not sure whether you qualify for support, then ask your Personal Adviser/Social Worker or visit the Woodhouse Road Centre at:

34 – 26 Woodhouse Road
North Finchley
London
N12 0RG

In Barnet, we want to ensure the support that we provide for you when you leave care:

- Recognises you as an individual with individual needs.
- Supports you in taking responsibility for yourself as a young adult. We will support you if things do not work out the first-time round. Most people make mistakes during their move to independence whether they have been in care or not.
- Helps you access and maximise all the support available to you through a range of services, including accessing benefits, practical and financial support.
- Ensures all young people who have left our care are treated equitably.

The amount of financial and other support you will get as a care leaver will be dependent on your age and individual circumstances.

Getting advice from your social worker/P.A.

Your P.A. will be in touch with you at least 6 times a year; this could be more or less often depending on what you want. You can always contact your P.A. if you need advice and support.

In Barnet, the support can continue through the Leaving Care Service up until your 25th birthday. Between the age of 21 and 25 you are still able to seek support and advice from O, and U and you will still have a PA if you are assessed as needing one at any point.

Your Pathway Plan As you are preparing to leave care, and after leaving care, you will be involved in agreeing and reviewing your Pathway Plan. Your Pathway Plan is important as it will look at the things that are important to you in moving to independence, such as being ready to leave care, where you live, money management, looking after yourself, health, employment, education and training issues. Your Pathway Plan is also your record of the support that we have agreed to provide to you.

During your 20th year, in agreement with you and your PA, you will decide what sort of support you will need after your 21st birthday and this may not include your Pathway Plan.

Drop ins

The Woodhouse Road Centre is open from Monday to Friday from 9am – 5pm. The centre is open for you to drop in, whether you just want to socialise or use the computers, or talk to someone about something that's bothering you. There are a range of drop in sessions that take place at the centre, such as:

- Sexual health
- Welfare advice
- Financial advice
- Education, Employment and Training
- Psychotherapy (Terapia)

For more information about drop in times and services, please speak to your PA.

2. What financial support can I expect to receive?

Opening a bank account/credit union

By the time you leave care, you will have a bank account, and payment of any finances, including wages, will be made directly into your bank account. Your PA or Social Worker will support with this if needed.

Where a young person needs help maintaining a bank account or is not able to open one, alternative arrangements will be made, supported by your PA.

We expect that at 18, you will be working, in education, an apprenticeship or at university. On the rare occasions that you find yourself between jobs or courses, you may be able to claim benefits from the age of 18. If you have to, you can claim Income Support, Job Seekers Allowance, Employment Support Allowance or Universal Credit. Onwards and Upwards will provide you with up to 4 weeks subsistence payments to assist you while you are waiting for your initial benefits claim to be processed. Your P.A. will help you to sort all this out.

If you live in Barnet, there is a dedicated Universal Credit Work Coach based at Onwards and Upwards who can see you by appointment to assist you with your benefits application.

Fares

If you are in education or training you will be given financial assistance with travel costs during term-time only to cover up to zone 1-6, or the equivalent based on an assessment of need. You will need to have a current education contract signed by the Virtual School and apply for a student Oyster Card if eligible. If you need to attend university or college during the holidays, any additional support for fares will be based on an assessment of need and outlined in your Pathway Plan.

If you are on an apprenticeship then you need to speak to your PA to find out what support you can get with travel. This should be in your Pathway Plan.

Additionally, we will assist with some fares for family contact, leisure and cultural needs. This will also be based on an assessment of need and outlined in your Pathway Plan.

Birthday Payments

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 gift to be given.

Social and leisure activities

You will be encouraged and assisted to take part in social and leisure activities. If you are aged 16 or 17 you will be eligible to apply for a local leisure card. If you live outside Barnet, your P.A. will assist in obtaining one from the authority where you live. Depending on an assessment of need, we may pay for a hobby or fee for a club, if the leisure card is not available, provided you can demonstrate commitment to keeping it up. When you are 18 we will support you financially and practically to access at least one healthy activity as agreed in your Pathway Plan.

Live Unlimited / The Imagination Trust and other charitable grants

The Imagination Trust is the first scheme run by Live Unlimited. The Imagination Trust creates the opportunity for Barnet's looked after children and care leavers to apply for small grants to help them explore their passions and further their interests.

Whether you are a budding sports champ who wants to use the grant to pay for the cost of joining a football club, a wannabe chef who wants the grant to help contribute towards a chef's course or an aspiring entrepreneur and need a little help with set-up costs, this scheme can provide you with help on the way. You can apply for a minimum of £25 and maximum of £250.

Some examples of what we've funded include:

- Buying a school-leaver a suit so he can look smart for apprenticeship interviews
- Buying a video camera for an aspiring vlogger to talk about his experiences in care

- Paying for flights to Spain so a young care leaver can walk the Camino Santiago trail
- Buying a camera lens so a photography student can complete her course

To apply, complete an application form which can be found [here](#); speak to your allocated worker for any questions or help completing the application.

Cost of key documents

It is important that all young people have a photographic form of identification (e.g. passport or driving licence) and their birth certificate when they leave care.

You will usually need formal identification of some kind, often a passport or driving licence, as well as your National Insurance Number (if you are entitled to one), to start work with an employer, to claim benefits, to set up a bank account, to prove you are who you say you are and to get into a pub, club, etc.

When you leave care, where possible you will have a birth certificate as well as a passport or at a least a provisional driving licence.

If for any reason you do not have a formal type of photographic identification when you leave care, we will support you to obtain formal identification.

If you are an unaccompanied young person and there are immigration issues to be resolved, your P.A. will help you to get the right documentation..

If you have lived here for more than 7 years but are not British or a European National, we will pay for you to be naturalised providing this is applied for in good time prior to your 18th birthday. You will need to discuss this with your social worker.

Good Point 2

You must keep all your documents safe as you will be responsible for paying for any replacements.

Student Holiday accommodation

If you are a student in full time residential education or in higher education, we will ensure that you have suitable accommodation, if you need it, during the holiday period. For young people in higher education the financial support we provide covers the academic year but we can provide advice and support with finding accommodation and contribute to any additional rent costs.

If you are in a staying put arrangement, you will return to your home.

Support in pregnancy

If you are expecting a baby and aged 16 or 17 years please speak to your Social Worker or PA.

Your P.A. or midwife will support you to claim a grant of £500 from the Department for Work and Pensions (DWP) if you are eligible for one. This is to buy essential items you need for when your baby is born.

Your P.A. may also be able to offer support to access funding from other organisations for you and your baby.

Council tax exemption scheme

We provide a council tax policy that will help you in your transition to independence, and support your overall Pathway Plan ..

As a care leaver, regardless of your employment status, you will receive a maximum of 100% discount on Council Tax bills for up to the first 2 years of independent living, up to the age of 25. The 2 years may be paused for up to 2 periods where a full council tax exemption is already being given because you are a student.

After the two-year period, you can still get support with council tax if you are experiencing financial difficulties. All decisions on eligibility and levels of financial support after the initial two-year guaranteed relief period will be based on a thorough assessment of your circumstances. Your Allocated PA or Social Worker and Revenues and Benefits Council Tax staff member will ensure that you are aware of and fully understand the assessment criteria and how decisions have been made regarding applications for relief.

If you have any questions or want to see a full copy of the policy, please ask your PA.

Setting up Home Allowance

When you leave care, and we all agree you are ready to live independently, you will get a Setting Up Home Allowance. of £2,000. This allowance is to provide you with sufficient furniture or equipment when moving into independent housing and will be written into your Pathway Plan. Payment method will be agreed with your PA.

Please consider the following when spending your allowance:

- Buying second-hand or used goods (but not second-hand electrical items). Furniture and soft furnishings can be cheaper and of better quality than many new items when bought second-hand.
- Looking at buying items on special offer or waiting for sales to get bigger discounts.
- Planning ahead, for example, by buying some items such as towels, bedding, crockery etc. while you are still in care. You could use your short-term savings for this.
- Using some of your savings, and any other grants available to you, to help towards some of these costs.

Remember

- When most young people leave home to live independently they cannot always afford everything they need straight away and cannot always afford everything new.
- Your savings are there for you to use in your transition to independence and into later adulthood.

Emergency support

You 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

If you need to apply, your allocated worker can help you with an application.

Barnet's Crisis Fund policies are available on the Child Poverty Action Group's (CPAG) [website](#).

As a care leaver, you are also able to apply and have priority status for Discretionary Housing Payments (DHP) if you experience housing related payment issues.

DHPs can provide extra money to young people or their landlord if you already receive Housing Benefit, and if there is a shortfall between the rent you must pay and the Housing Benefit you 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. These payments are helpful if you experience financial difficulties; your allocated worker will support you to apply for DHPs.

3. What support will I get with accommodation?

We are committed to making sure that once you leave our care we help you find suitable accommodation that meets your needs. We know not all young people will be ready to live unsupported in their own tenancy straight away. Your social worker/PA will have worked with you to agree plans for when you are no longer in care. This will include plans for your accommodation and will be written into your Pathway Plan.

Support for 18-year olds

Most young people will want to leave care at 18 years of age, but we have a statutory duty to support you until the age of 21 and 25 if you want support. Your last LAC Review prior to your 18th birthday should ensure that there is a clear plan, your Review Pathway Plan, covering where you will live and the support you will need to meet your needs.

As a care leaver, you will be expected to claim housing benefit to cover the Local Housing Allowance element of your rent, with the Local Authority covering the shortfall and any support costs for commissioned semi-independent accommodation.

If you later move into private rented accommodation as you are assessed as being ready for a tenancy, your landlord or agency, should agree for your Housing Benefit to be paid directly to them. It is essential that you maintain a Housing Benefit claim to not incur arrears and risk eviction.

'Staying Put'

We know that if you have been in a settled foster home, the best plan may be for you to remain living there until you have finished education or achieved other goals that will help you move smoothly to adult independence.

All fostered young people have the right to remain with their foster carers until the age of 21.

If you and your foster carers express a wish to enter into a Staying Put arrangement, and we think it is appropriate, we will provide advice, assistance and support to draw up a Living Together Agreement.

Your P.A. will support you to access all the benefits you are eligible for while in your Staying Put arrangement, including claiming Housing Benefit.

Supported Lodgings

If it is not possible for you to stay with your carer, but it is felt you are not ready to move into semi-independent accommodation, your social worker may consider supported lodgings for you.

Supported lodgings are similar to 'Staying Put' with your carers but it means you move somewhere new to live. You will still be living in a family home and having the additional support that comes with being part of a family.

You will need to pay a portion of money from your personal allowance, Job Seekers Allowance or wages as a contribution towards your 'rent' and pay all your Housing Benefit to your carer.

Renting private accommodation

If you want to rent a private property, it is likely your landlord will require a deposit and rent in advance before they will agree to a tenancy.

If you are over 18 and assessed as being ready for a tenancy, we will support you to access rent deposit schemes, or if appropriate, you could speak to your social worker about accessing your Setting Up Home Allowance to pay for this.

Other options

You may feel that 'Staying Put' with your carers, or moving to semi-independent accommodation, supported lodgings or your own tenancy unsupported, will not be right for you post 18 and up to your 21st birthday. Being involved with reviewing your Pathway Plan will give you the opportunity to talk with your P.A. about this. They will be able to explain the options you have and provide support in finding somewhere to live that will meet your needs.

4. What support will I get with education, training or employment?

We want you to be able to continue your education or training or find work when you leave care.

If you are starting education or training courses and need support, you will be eligible for the support detailed below and as provided by the Virtual School.

Travel expenses for 18+ care leavers

If you are in education and/or training the Council will pay for an Oyster Card (up to zone 6), if this is not covered by your training provider.

Education Bursary for 16 to 19-year olds

If you are still in education or training, the Virtual school or your college will be able to advise whether you are eligible for a 16–19 Bursary. Careers Advisors (the new name for Connexions workers) will have more information about this. Your social worker or Virtual School worker can help you complete the application form.

18 to 21-year olds wanting to go to college

You will have the following support available to you:

- Your P.A. will keep in touch with you and review your Pathway Plan to ensure you are getting the support you need.
 - Assistance with some expenses for education, training and employment if needed.
 - Income Support or Housing Benefit should be available if you have been in care and remain separated from your family and are in:
 - Full time further/non-advanced education (This is up to A-level standard or equivalent)
- OR
- In direct training for 12 hours a week or more

Income Support or Housing Benefit should continue to be paid until the end of the academic year that you turn 21.

In exceptional circumstances, and based on an assessment of need, we may be able to contribute towards course workbooks, field trips, special equipment or materials, clothing for work experience or job interviews

21 to 24-year olds wanting to go into education or training

We have a responsibility to assess your circumstances and offer support to you if this is needed, once you have left care until you are 25, in respect of education or training for the duration of the course.

If you are over 21 and want to go back into education or training, you will be given advice and support to consider your options through the Leaving Care Service and the Virtual School. This will include:

- Suitability of the course.
- Using any savings you have to support you during this time.
- Combining work and study.
- Applying for financial support from charities and trusts.
- Considering if you are eligible for funding from your employer.

If we do provide you with support after 21, we will also provide you with a social worker who will update your Pathway Plan with you and keep in touch.

Support for young people wanting to go to university

Eligibility

- You must have completed BTEC level 3 or A levels and be enrolled on a course of higher education, which includes first degree and higher education qualifications that are over 12 hours per week of study, including some distance learning courses. The course must last for at least 2 academic years.
- You must commence the course of higher education prior to your 25th birthday and have confirmation of your student loan and immigration status for the duration, if you are originally an asylum seeker.
- Your P.A. will formally authorise any higher education course you have chosen.

If you are starting university you are eligible for the support detailed below:

- A social worker to review and update your Pathway Plan and keep in touch with you.
- We will pay you an education grant of £1000 a term. This is inclusive of a £2000 bursary which covers the duration of the whole course.
- The financial support is generally available for a maximum of 3 years. If your first designated course is 4 years in duration (e.g. teacher training), additional financial support will be agreed in your Pathway Plan for year 4 to a maximum of £3,000.
- In some cases, you will be given a grant to purchase a laptop in your first year of study to the maximum value of £400, including software, based on an assessment of need.

If you decide at the end of the first year you are on the wrong course, we will provide an additional year's funding for you to change to another designated course. You will only receive 4 years' funding in total, on confirmation of your student loan.

Payment of the bursary will be assessed as part of your Pathway Plan, including agreement from your social worker that the course of higher education is a reasonable career pathway that will lead to employment.

If you are unsuccessful in a year of your education, financial support will be re-assessed in your Pathway Plan. A maximum of one year's additional financial support may be provided.

Attendance

If there is any dispute about attendance, your social worker will ask you to provide a letter of attendance from your Higher Education Institution (e.g. University). If you are not attending your course in accordance with your Pathway Plan, we may withhold payment of any bursary and other financial support provided by Barnet, following discussion with the Head of Corporate Parenting. Where you have been paid but decide not to attend, this is grounds for us to request for monies to be repaid.

Additional funding

There are sources of additional funding that you should make use of for financial support, including seeking part-time employment, student loans and grants and hardship grants. Some universities offer a Care Leavers Bursary or financial support through the Access to Learning fund. Your social worker can discuss these with you.

Support after university

We can continue to offer you advice and support, if you need it, up until you are 25, for employment, education or training.

However, when you have completed your university course, if you do not have paid work, you will be expected to claim benefits, unless you are considering going on to a post graduate course.

If you want to go on to complete a post graduate course, we will offer you support and assistance to help identify financial support for you to continue your education and will advise you how to access this. We are not able to pay your fees or living expenses.

Support for parents with child care costs

If you want to access training or education you should find out what child care support is on offer from your employer, training provider, college or university.

All 3-year olds are entitled to free nursery hours from Early Years Services.

In some areas they also offer free provision for 2-year olds.

Barnet's Apprenticeship Programme

An apprenticeship is a full-time job which combines training and study - you'll learn as you earn. You can study for a number of different qualifications across Levels 2, 3 or 4. Apprenticeship training takes place for a minimum of a year, but can last for up to four years depending on the qualification you take. You usually spend around 20% of your time studying, which is only one day a week, with the rest of the time spent working to get a heap of experience to help start your future career.

To find out more speak to your P.A. or the Virtual School.

5. What help will I get with health matters?

You will continue to have health assessments annually until your 18th birthday. These will be carried out by the LAC health nurse.

If you have specific health needs, your P.A. will discuss with you how these can be met as part of your Pathway Plan and offer you advice and support on how to access health services.

From the age of 14 you can ask for a copy of your health assessment from the LAC Health Team. You can either request this form from your LAC health nurse at the time of your health assessment or contact the team.

After your final health assessment before you turn 18 you will be sent a health summary which will include your immunisation record, a copy of your last health assessment, how to access a GP, dentist or optician and where to go for health advice and information.

Mental Health Support

There is a range of support available if you need support with your emotional or mental health. These are some of the options available:

- KOOTH – Online counselling support service available during evenings and weekends
- Woodhouse Road service – 1:1 appointments with trainee psychotherapists from Terapia available for young people in need of emotional support (this team also provide support to Onwards and Upwards staff)
- Voluntary Community Sector – Range of support lines available such as Childline (0800 11 11) and the Samaritans (116 123)

Please speak to your PA or Social Worker for more information about options available to you as support services can change over time.

Dental Care

You may be eligible for some financial support towards dental checks/treatment if you are:

- Aged 16 to 18 years in full time education
- Pregnant or have had a baby in the last 12 months.
- Having treatment as an in-patient or out-patient at an NHS hospital.
- Receiving Income Support, Income Based Employment and Support, or Job Seekers Allowance.
- On a low income and have a Health Credit Certificate (known as HC2 or HC3 certificate).

GP

All care leavers are required to be registered with a doctor. Your allocated worker or carer (Foster Carer, Key Worker etc) will support you to complete this as part of the Pathway Planning process.

Eye care

You may also be eligible for free eye tests and vouchers towards glasses/contact lenses if you are:

- Aged 16 to 18 and in full time education.
- Receiving Income Support, Income Based Employment and Support, or Job Seekers Allowance.
- On a low income and have a Health Credit Certificate (known as HC2 or HC3 certificate).

Prescriptions

We can give you advice and support about paying for prescriptions but we are not able to pay for the costs of prescriptions for you to get medication.

You are eligible for free prescriptions if you are:

- Aged 16 to 18 and in full time education.
- Receiving Income Support, Income Based Employment and Support, or Job Seekers Allowance.
- Pregnant or have had a baby in the last 12 months (you will need an exemption certificate from your GP).
- Receiving treatment in hospital.

Support for people on a low income

If you are on a low income you can apply for a Health Credit Certificate known as HC2 or HC3. This will give you reduced cost, or free dental and eye checks/treatment as well as prescription charges. This is dependent on your income and needs at the time you apply for support. A certificate can last from 6 months to 5 years depending on your circumstances.

To find out more, ask your GP, dentist or optician, or ask your P.A. to help you apply.

6. Savings

My savings

When you leave care, you should have a short-term savings account, with savings you and your carer have made while you were in care. Some of this may have been used to buy things before you moved to semi-independence.

It is important when you have left care to try and continue to save in case of emergencies or for special treats.

If you do not have a bank account, your P.A. can advise and support you to get one set up. A bank account is not only important to have for savings, but also to pay your wages or benefits into and potentially any financial support you receive from us.

If you were in care for more than 12 months you should also have a Junior ISA or a Child Trust Fund, which was set up with £200 initially. When you become 18 years of age these accounts will become Adult ISAs or Adult Trust Funds and you will be able to access this money. Your social worker will be able to give you information about the money in your account and advise on how to access this money.

Remember

Your savings are there to support you in your move to independence and adulthood. This may include buying items for your own place, driving lessons and supplementing the financial support available to you if you continue in education or training.

It is important that you think before you spend your savings, as once the money has been spent, it may be a long time before you are able to add to them again.

Savings over £16,000

Some young people may have a lot of savings. This includes money in bank accounts, ISAs or Trust Funds but can also include inheritance or compensation given by the courts.

If you have savings of £16,000 or more you will not be eligible for Housing Benefit, Income Support or Income Related Employment and Support Allowance (ESA), or Job Seekers Allowance (JSA).

You can put up to £15,000 of these savings into a tax-free savings account such as an ISA or Trust Fund.

If you have a lot of savings, it is important to get appropriate financial advice. Your P.A. will be able to advise you about ensuring you get appropriate advice for your savings.

7. BOP

BOP is the Council for Looked After Children in Barnet. It is a group of young people aged 14–25 who are in care or have experienced care, who aim to represent the voice of young people in the care system, to raise concerns or ideas about how to improve services. The group meet regularly, participate in consultations, and research and deliver events to young people in care to gather their views and raise their voice. The group also attends Pan London Children in Care Council meetings and contributes to ongoing dialogue around corporate parenting both locally and nationally.

In the past this group has produced new guidelines for Barnet staff, describing the level of service young people can expect from Barnet's Children and Young People Service in the Barnet Promise, and making it more accessible to young children so they can understand their rights more easily.

The group have monthly meetings on the first Thursday of every month, 5.00 – 7.00 pm at Onwards & Upwards. All young people in care or who are care leavers are invited to attend. As a young person who has experienced care, you are welcome to come along and get involved. There are opportunities for training, work, and to make positive change that will help other young people.

To find out more, please go to:

8. What if I do not get the support I need?

Sometimes we may not be able to provide you with the support you feel you need, or we may not agree to provide you with a particular piece of funding or service you have requested.

There may be several reasons for this so it is important you understand the reasons for you not getting the support you feel you need.

Your P.A. should:

- Record any decision not to provide you with a service or funding and the reasons why.
- Tell you about the reasons for this decision (and give you details of the complaints and appeals process if you would like this).

If you are unhappy about a decision, you need to firstly try to talk to your P.A. before making a complaint as they may be able to help you understand more about why this decision has been made or why the support is not available.

If you decide you want to make a complaint, you may want to have an advocate to support you in doing so.

The Complaints Officer can be contacted by:

- Email: FSComplaints@barnet.gov.uk
- Online: www.barnet.gov.uk/family-ccc
- Paper form – available from Onwards and Upwards Team
- Telephone – 00208 359 7008
- In writing – Family Services Complaints Officer, North London Business Park, Oakleigh Road South, London, N11 1NP

If you wish to have the support of an advocate who can help with understanding rights and entitlements, submitting a complaint, understanding the response and dealing with any issues that come up along the way, please speak to your allocated worker.

Children and Families Service will be reviewing the financial support available to care leavers every year. Please let us know your views on the policy and any suggestions you may have. We will consider these when reviewing the policy.

If you want to tell us your views on the policy you can speak to your P.A. who will pass on the information.

9. Useful information and contacts

National Care Advisory Service (NCAS)

Web: www.leavingcare.org The latest news and information on all issues relating to transitions from care and care leavers are available on the NCAS website.

Benefits information

Web: www.gov.uk The latest news and information on benefits will be available on this national website. You can search for individual benefits and use the 'benefits calculator' interactive tool that can help you find out what benefits you may be entitled to.

Turn2us

Web: **www.turn2us.org.uk** Freephone: **0808 802 2000** (9am to 8pm Monday to Friday) Helps people access the money available to them through welfare benefits, grants and other help.

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PERFORMANCE MATTERS

BARNET
LONDON BOROUGH

LONDON BOROUGH OF BARNET

MULTI AGENCY SAFEGUARDING HUB

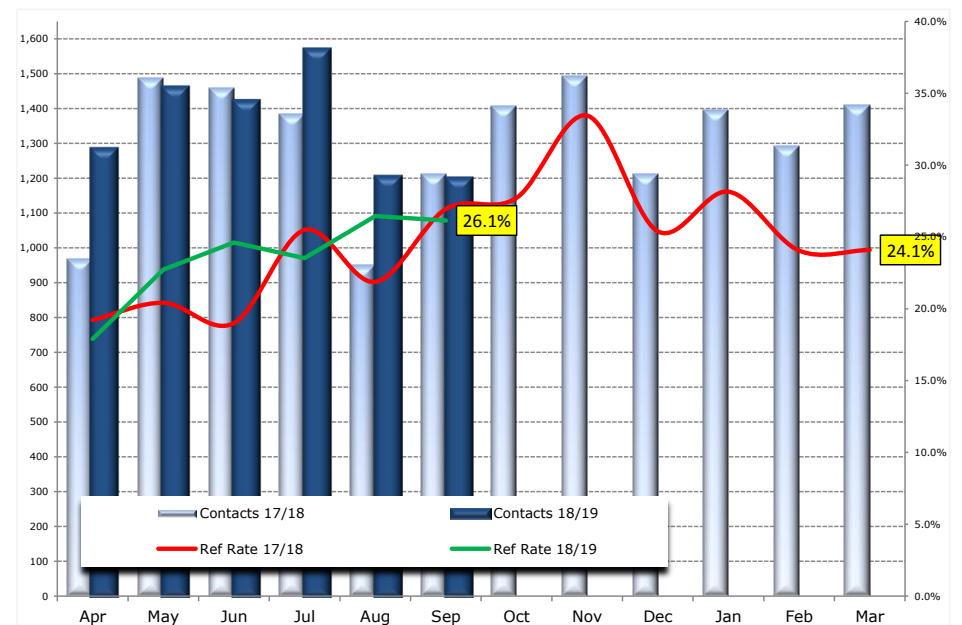
PERFORMANCE ON A PAGE (30 September 2018)

Contact Information	YTD*	Rate	Sep	Aug	Jul
Updated to Reflect Change in Process	-	-	-	-	-
Contacts Received	8,144		1,201	1,206	1,569
Outcome - Referral to Social Care	1,914	26%	314	319	369
- Referral to CAF	1,002	12%	141	98	180
- Provision of Info.	2,400	36%	431	421	498
- Outcome of NFA	2,029	5%	62	192	237
- Signposting	786	21%	253	176	285
Contacts received not assessed in Month	13	0%	0	0	0

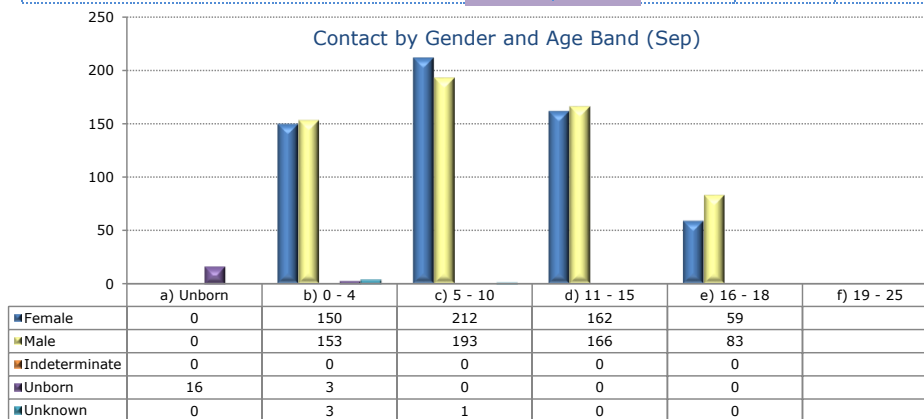
*YTD data is based on new reporting from Apr 18

Referral Information	YTD	Rate	Sep	Aug	Jul
Referrals by month	1,721		296	308	307
Referrals per 10,000 Child Population		177.6			
Re Referrals (Within 12 Months)	364	21%	74	66	59
Source - Police/Legal Agency	612	36%	83	143	96
- School/Education Setting	386	22%	77	6	65
- Health Services	273	16%	52	49	54
- LA Services	272	16%	50	58	58
- Other (Incl Missing)	178	10%	34	52	34

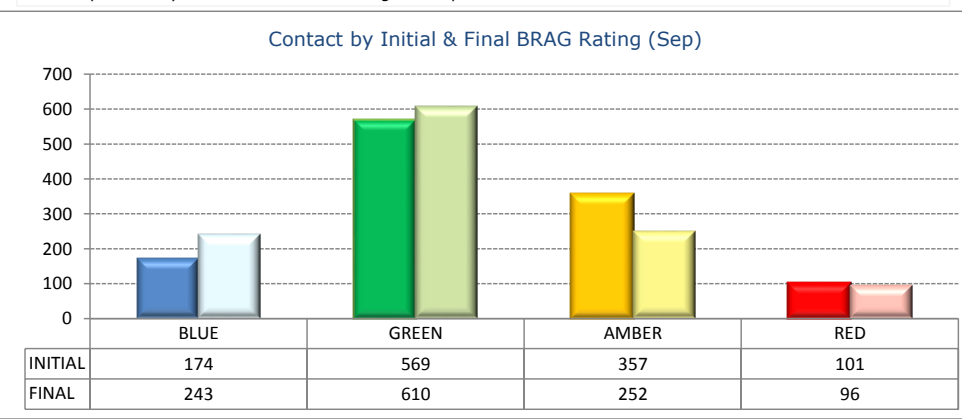
Number of Contacts & Conversions of Contacts to Social Care Referral



Contact by Gender and Age Band (Sep)



Contact by Initial & Final BRAG Rating (Sep)

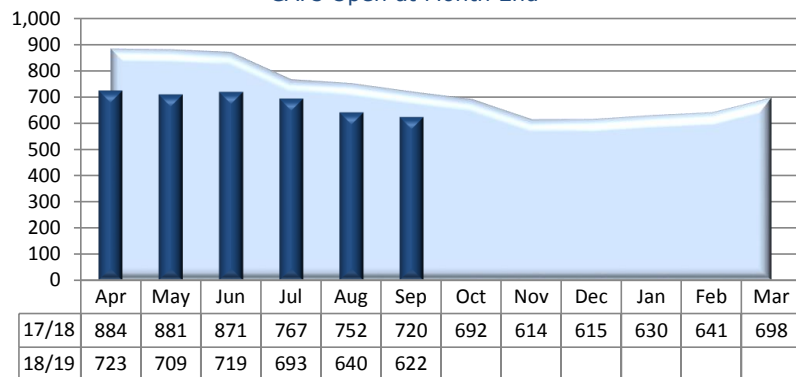


LONDON BOROUGH OF BARNET

EARLY HELP

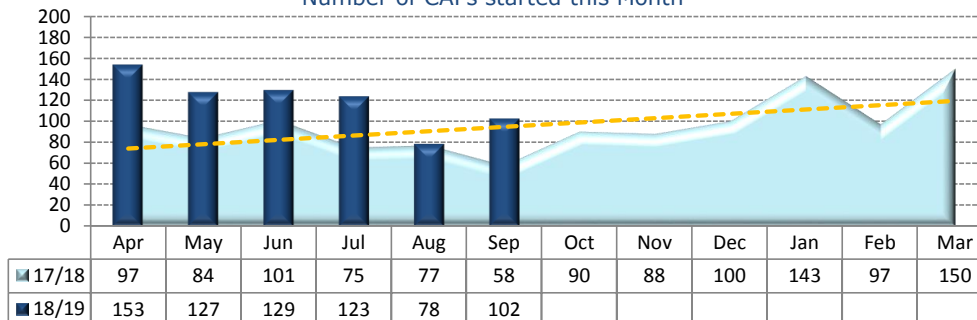
PERFORMANCE ON A PAGE (30 September 2018)

CAFs Open at Month End

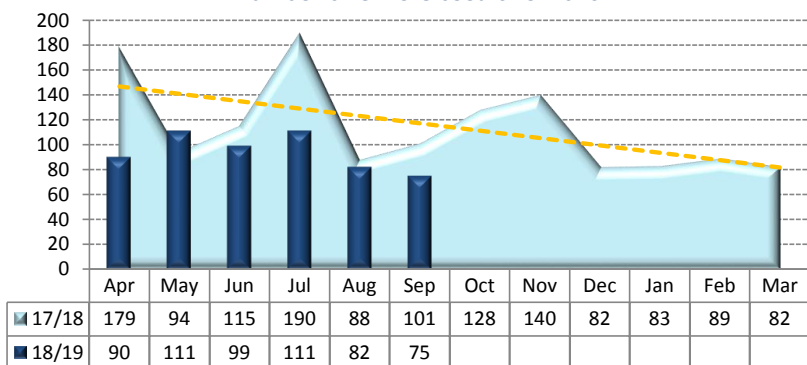


	YTD	August	August	July
CAFs started in the month	712	102	78	123

Number of CAFs started this Month



Number of CAFs Closed this Month



Open CAF durations	No.	%
0-3 mths	212	34.1%
3- 6 mths	168	27.0%
6-9 mths	132	21.2%
9-12 mths	73	11.7%
>1 Year	37	5.9%

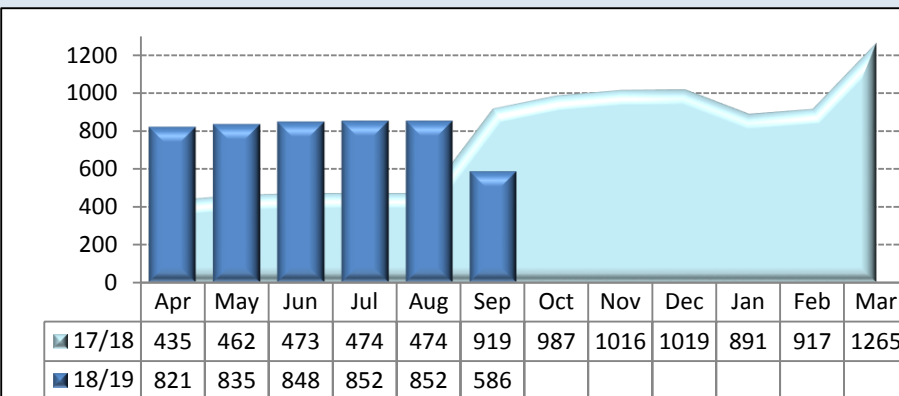
CAF Closure Reason/Success Rating (Sept 2018)

n=75	Met		Not Met		Not Relevant		Partially Met			
Needs Met/Action Plan Completed	27	36%	0	0%	0	0%	12	16%		
Child Reached 18 Years of Age	0	0%	0	0%	0	0%	2	3%		
Child Moved to Another Authority	0	0%	2	3%	0	0%	0	0%		
CAF not started	0	0%	0	0%	1	1%	0	0%		
Consent Withdrawn/Family Disengage from CAF Process	2	3%	1	1%	1	1%	8	11%		
Signposting/Advice Offered	0	0%	0	0%	3	4%	3	4%		
Stepped Up to Social Care	2	3%	8	11%	1	1%	2	3%		

CAF by Lead Professional by Month	Sept	August	July
CAF Team Barnet	87	132	157
Children's Centre	91	122	130
Health	0	0	0
Primary School	120	103	101
Secondary School	43	48	48
Special School (inc. PRU)	13	14	14
Voluntary	12	8	13
0-19	0	0	0
Other	256	213	230

Early Help, Early Years & Troubled Families

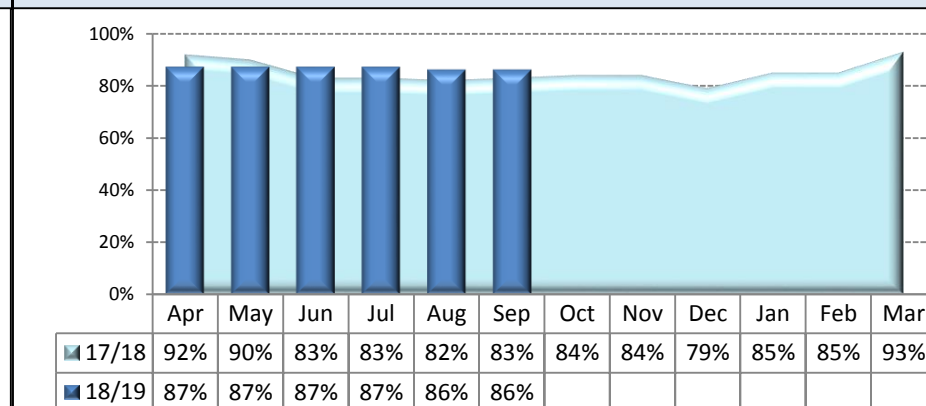
Chart 1 - Number of Free Entitlement EYP Taken up



Data Comments : The number of EYP taken up in Sept is 31% less than the previous month. This indicator is 36% less than the same period the previous year.

Target :	Monitor
Latest :	586
Variance :	
SN :	

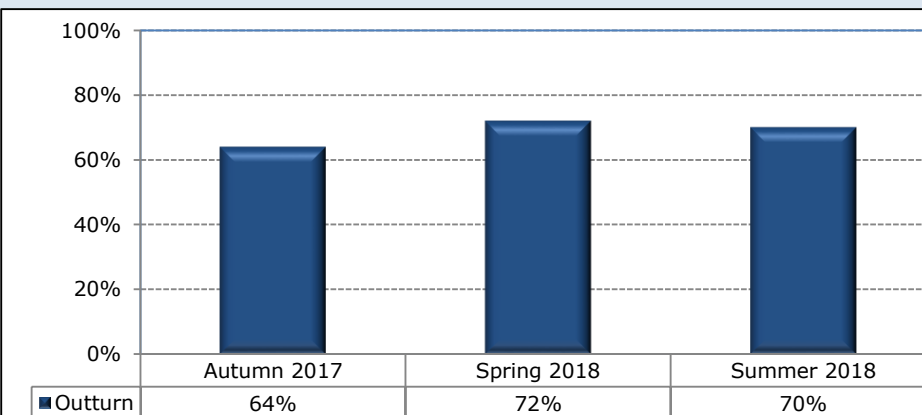
Chart 2 - % of Families with Children u5 Registered & Accessing Child Ctrs



Data Comments: This figure has remained static for the previous 6 months but is 3% higher than August 2017.

Target :	80.0%
Latest :	86.0%
Variance :	7.5%
SN :	

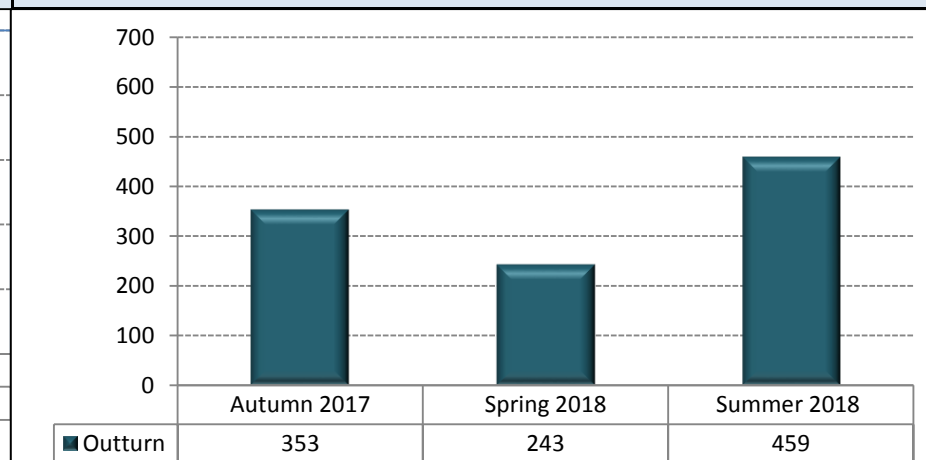
Chart 3 - Percentage of Children Accessing 30 Hours



Data Comments : The percentage of Children Accessing 30 Hours has increased from the Autumn term by 6%, although this indicator has fallen by 2% against the Spring term.

Target :	80.0%
Latest :	70.0%
Variance :	(12.5%)
SN :	

Chart 4 - No Currently in a 2yo Place turning 3 by end of term



Data Comments: The total number in 2 year old places turning 3 by the end of term is 459, which is 30% higher than Autumn 2017 and 89% higher than Spring 2018.

Target :	Monitor
Latest :	459
Variance :	
SN :	

LONDON BOROUGH OF BARNET

TROUBLED FAMILIES

PERFORMANCE ON A PAGE (30 September 2018)

Attachments & Claims	Aug								
Total families attached	3,251	<p>Troubled Families performance is showing progress as we approach the final 18 months of the programme. We have now attached 3,251 families since the programme started in September 2014, and achieved significant & sustained progress or continuous employment with 1,122 of those families (51% of our target). In order to achieve a 100% target by March 31st 2020 and turn around 2220 families we need 50 claims a month in 2018/19 and 60 claims a month in 2019/20.</p>							
Overall progress to 2220 attachments	100%								
Total families claimed for	1122								
Overall progress to 2220 claims	50.5%								
Potential claims in the system ready for audit	20								

Family composition	Barnet	Nearest Neighbour Avg.	National Avg.
Avg. number of individuals per family	4	3.9	3.9
Avg. number of children per family	2.2	2.1	2.2
Avg. number of adults per family	1.7	1.8	1.7

Troubled Families – Service Areas	
TF attachments - CAF	41%
TF attachments - CIN	46%
TF attachments - CP	13%

Age			
Avg. age of individuals in family	21	21.3	20.6
Avg. age of children in family	9.1	9.1	9.1
Avg. age of adults in family	36.6	35.8	35.6

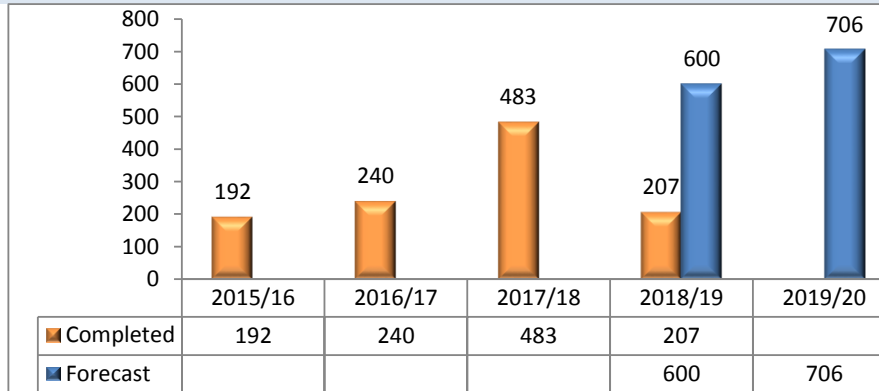
Gender			
Individuals who are female	52.0%	51.0%	45.0%
Individuals who are male	48.0%	44.0%	40.0%

Ethnicity			
Individuals who are BAME	19.0%	49.0%	19.0%

Data Comments: On average our families have 4 family members, including 2.2 children and 1.7 adults. We have slightly more family members than the national and nearest neighbours average. The average age of our family members is 21 years old. The average age of our children is 9.1 years old. We have slightly more females in our family makeup than males, and 19% of our families are BAME, compared to 49% for our nearest neighbours.

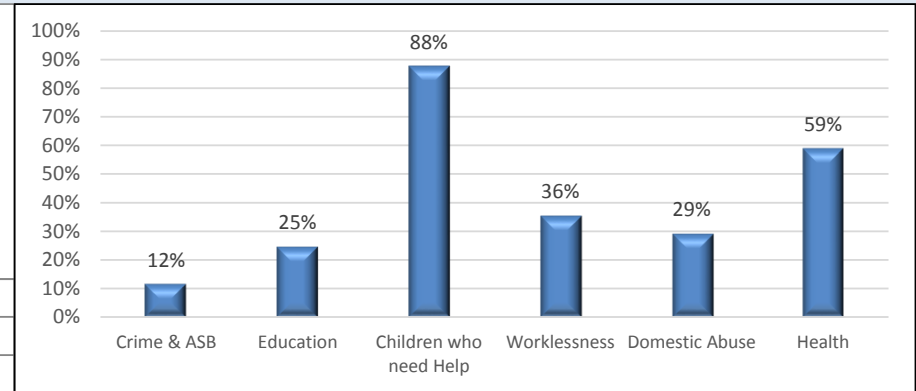
Early Help, Early Years & Troubled Families

Chart 1 - Year on Year Claims - Completed & Forecasts



Data Comments : We have made 207 claims so far in 2018/19. By this point in the programme we forecasted to have hit 52% of our overall target. We are currently at 51%.

Chart 2 - Troubled Families – Types of Issues



Data Comments: On average families attached to the Families First Programme have 2.5 of the 6 issues. As evident from the chart above, the most prevalent issues are children who need help (88%) and health (59%). Average number of issues (2.5)

Chart 3 - Troubled Families – Employment Outcomes

Families with continuous employment claims	40 (3.7%)
Families with progress to work (17/18)	44 (4.3%)
Data Comments : Despite being one of the best performing areas for achieving significant & sustained progress we are one of the worst areas nationally for achieving work outcomes. We are improving both our recording of work outcomes and the work we do to support lead professionals who have family members out of work. We have made 4 back to work claims in the last audit window, and continue to drive this area.	

LONDON BOROUGH OF BARNET

STRAT DISCUSSIONS, S47'S & ICPCs

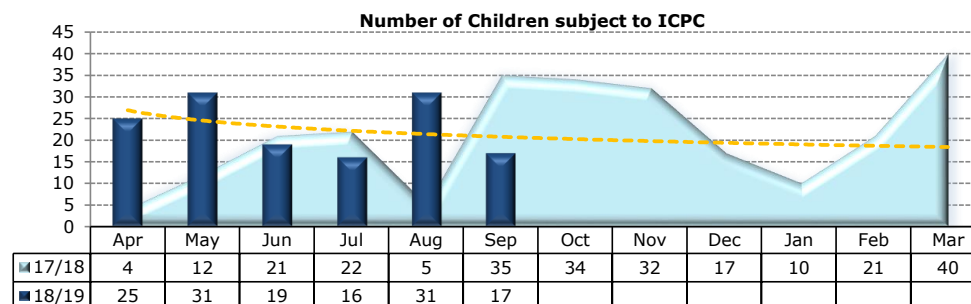
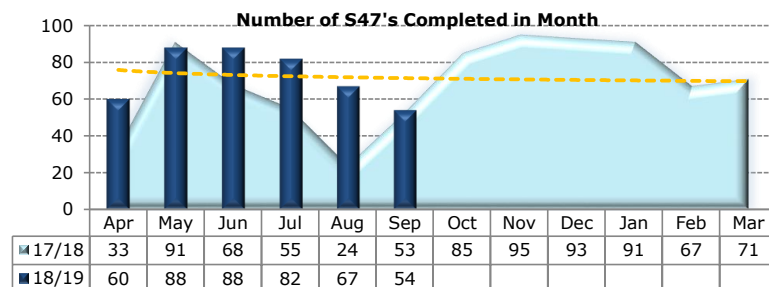
PERFORMANCE ON A PAGE (30 September 2018)

Strategy Discussion Involvements: Number of Meetings Recorded as Completed		YTD*		September	
		294		53	
Social Care	Number and Rate Invited	294	100%	53	100%
	Number and Rate Attended	294	100%	53	100%
Police	Number and Rate Invited	277	94%	52	98%
	Number and Rate Attended	242	87.4%	50	96%
Health	Number and Rate Invited	242	82.3%	43	81%
	Number and Rate Attended	228	94.2%	41	95.3%
Education	Number and Rate Invited	171	58.2%	33	62.3%
	Number and Rate Attended	157	91.8%	33	100.0%
*YTD Period Begins April 18					
Number of S47's in Month		No.		54	

Percentage of Section 47s leading to:	No.	%
Continue with C&F	30	55.6%
Progressing to an ICPC	17	31.5%
Legal Action	0	0.0%
Continue with CIN/CP/CLA	1	1.9%
Other Agency to monitor welfare	6	11.1%

Section 47 by Team	No.	%
Duty & Assessment Team 1	18	33.3%
Duty & Assessment Team 2	1	1.9%
Duty & Assessment Team 3	11	20.4%
Duty & Assessment Team 4	4	7.4%
Intervention & Planning Team 1	3	5.6%
Intervention & Planning Team 2	6	11.1%
Intervention & Planning Team 3	0	0.0%
Intervention & Planning Team 4	0	0.0%
Intervention & Planning Team 5	2	3.7%
Intervention & Planning Team 6	5	9.3%
Intervention & Planning Team 7	0	0.0%
0-25	2	3.7%
CAF Team	2	3.7%

ICPC's	Confs	Children
Number in Month	12	17
Conferences in 15 Days	No. 10	Rate 83.3%



	Current Month			Year to Date		
	Number	%	Group	Number	%	Group
Under 1	3	17.6%	-	27	18.9%	-
1	0	0.0%	35.3%	3	2.1%	25.2%
2	3	17.6%		9	6.3%	
3	1	5.9%		4	2.8%	
4	0	0.0%		13	9.1%	
5	2	11.8%	17.6%	7	4.9%	23.8%
6	1	5.9%		5	3.5%	
7	1	5.9%		7	4.9%	
8	0	0.0%		5	3.5%	
9	0	0.0%	23.5%	7	4.9%	26.6%
10	1	5.9%		10	7.0%	
11	0	0.0%		11	7.7%	
12	0	0.0%		7	4.9%	
13	1	5.9%	5.9%	8	5.6%	5.6%
14	2	11.8%		8	5.6%	
15	1	5.9%		4	2.8%	
16	0	0.0%		2	1.4%	
17	1	5.9%		6	4.2%	
	17			143		

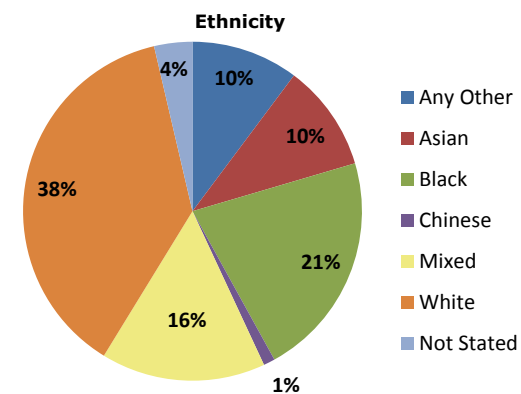
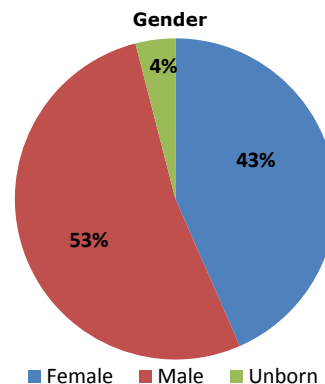
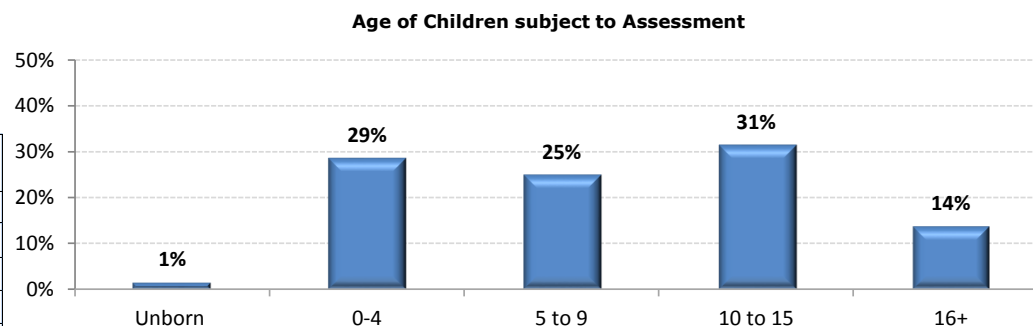
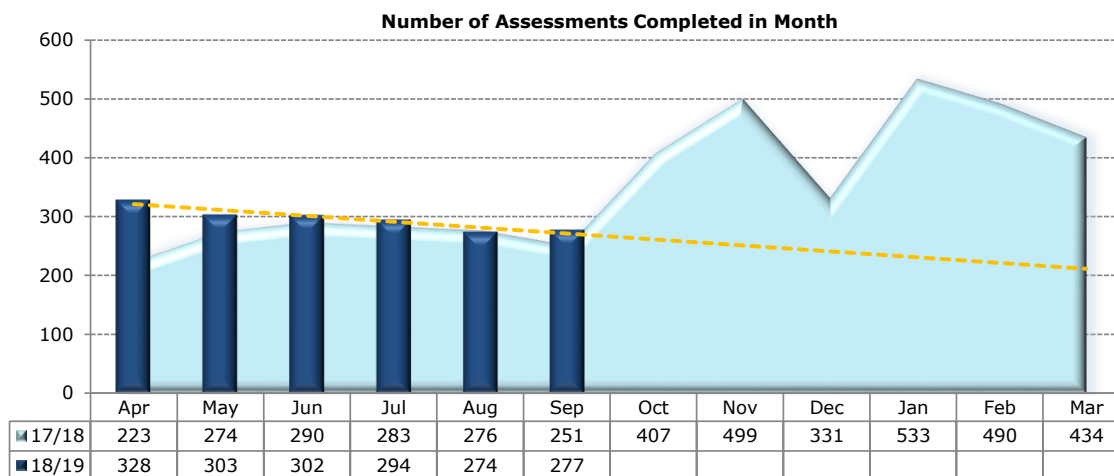
LONDON BOROUGH OF BARNET

ASSESSMENTS

PERFORMANCE ON A PAGE (30 September 2018)

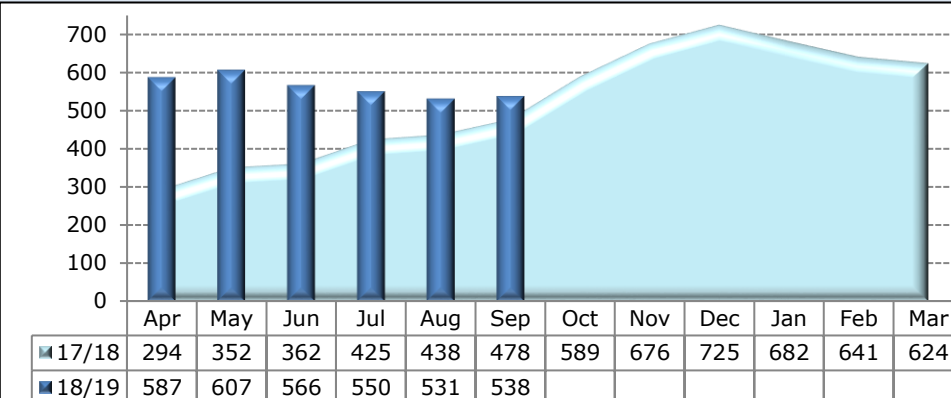
Assessments	No.	%
All Assessments Completed in Month	277	-
Children seen during Assessment	264	95.3%
Percentage of Assessments Completed within 45 Working Days	218	78.7%
0-25 days	137	49.5%
26-40 days	66	23.8%
41-45 days	15	5.4%
46+ days	59	21.3%
Outcome of Assessments	No.	%
Child In Need - Update Child's Plan	48	17.3%
Legal Action	0	0.0%
No Further Action	112	40.4%
Continue with CIN/CP/CLA	74	26.7%
Referral to Other Agency	3	1.1%
Step Down to Early Help System	32	11.6%
Strategy Discussion	7	2.5%
Private Fostering Agreement	1	0.4%
First Assessment of Referral	218	78.7%

Assessments by Team	Initial Assess	Other	%
0-25 Service	0	5	2%
Duty & Assessment Team 1	53	5	21%
Duty & Assessment Team 2	65	0	23%
Duty & Assessment Team 3	72	3	27%
Duty & Assessment Team 4	3	1	1%
Intervention & Planning Team 1	5	7	4%
Intervention & Planning Team 2	0	2	1%
Intervention & Planning Team 3	0	12	4%
Intervention & Planning Team 4	8	8	6%
Intervention & Planning Team 5	2	6	3%
Intervention & Planning Team 6	1	1	1%
Intervention & Planning Team 7	4	5	3%
REACH	0	4	1%
CAF Team	5	0	2%



Children in Need

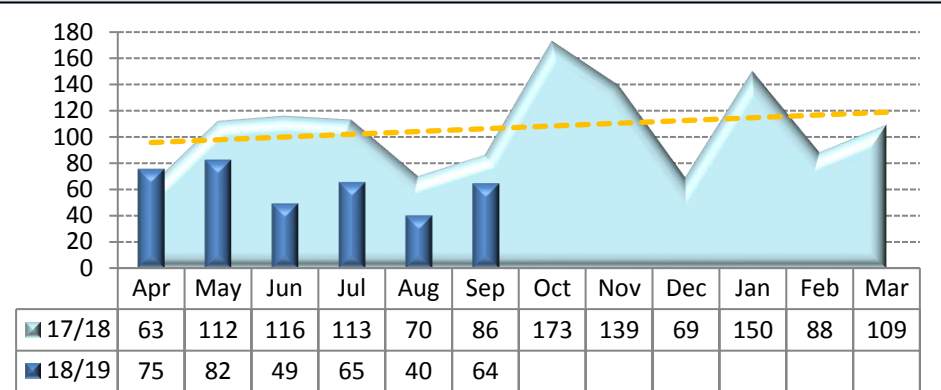
Chart 1 - Number of Children with Child in Need Plans



Data Comments : The number of CIN plans in Sept is 1% above than the previous month. This indicator is 13% higher than the same period the previous year.

Duration	Total
0-3 mths	163
3-6 mths	112
6-12 mths	153
>12 mths	110

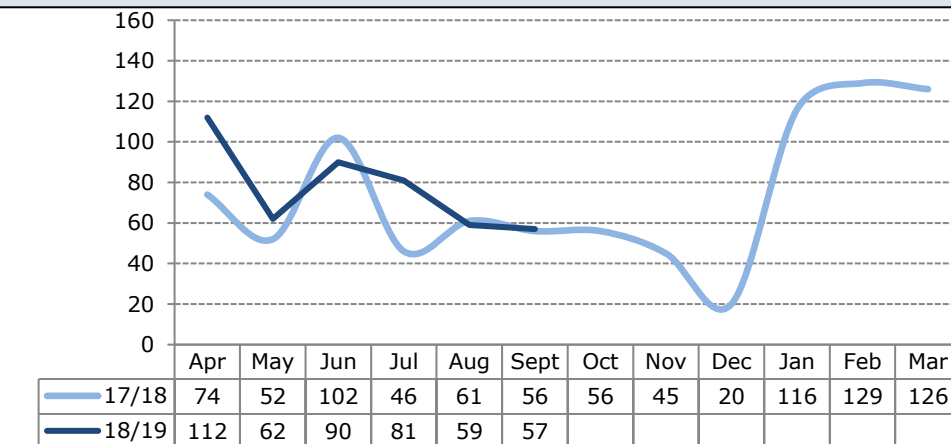
Chart 2 - Child in Need Plans Started in Month



Data Comments : In September 2018, 64 CIN plans started which is 26% less than the same period the previous year.

Age	Total
0-4	23
5- 9	10
10 - 15	25
16+	6

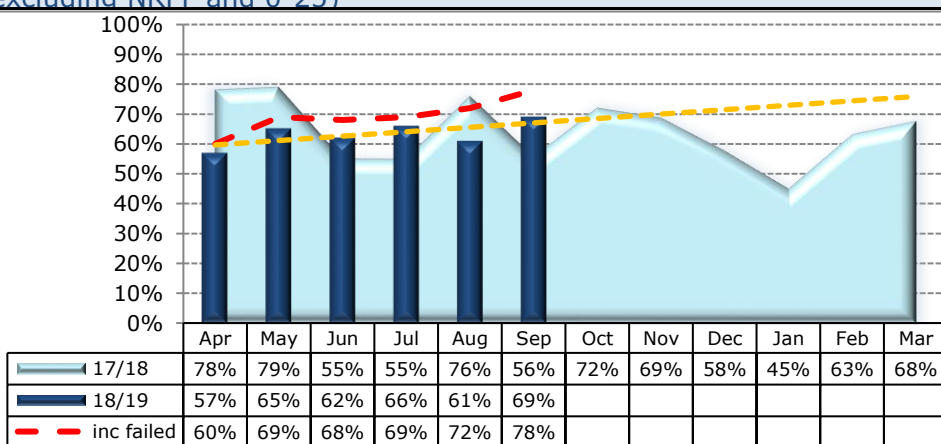
Chart 3 - No. of Ceased CIN Plan with Destination



Data Comments : The number of CIN plans ending in September is 3.5% less than the previous month but matches the same range of closures for the previous September.

Destination	
CIN to CP	3
CIN to CiC	0

Chart 4 - Children on CIN Plans who have been seen in 4 Wks (excluding NRPF and 0-25)

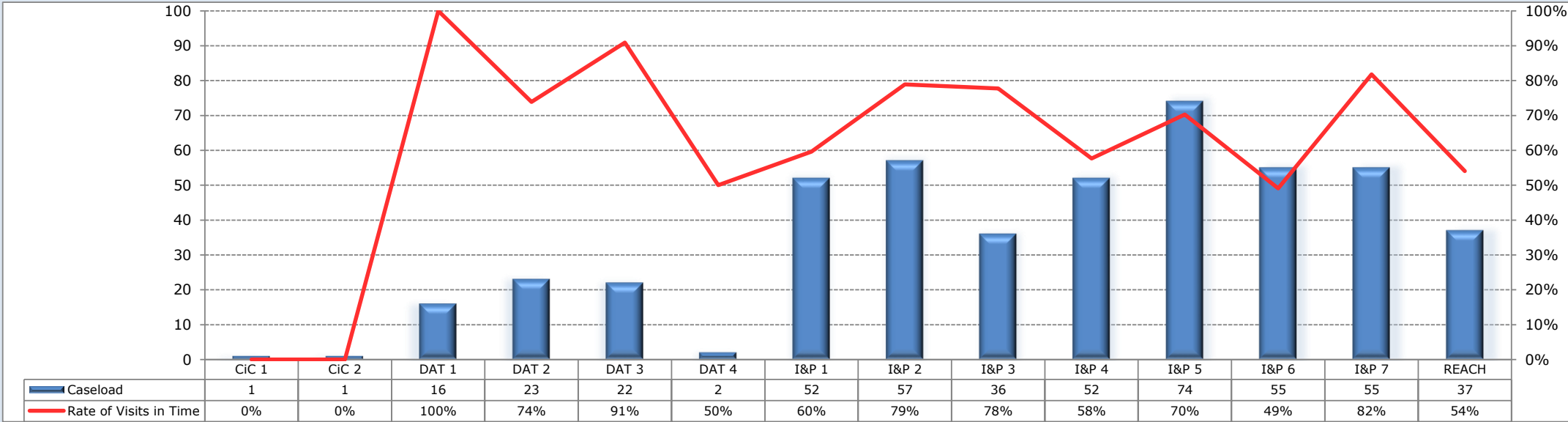


Data Comments : 69% of successful CIN plan visits were in time, 8% less than the previous month; however there were a number of visits that were attempted within timescales but not successful, this increases this indicator to 78%.

Target :	95.0%
Latest :	69.0%
Variance :	(27.4%)
SN :	

Children in Need

Chart 5 - Number of Children with Child in Need Plans by Case Holding Team -excl NRPF & 0-25 (n=483) and with Rate of Timely Visits (n=69%)

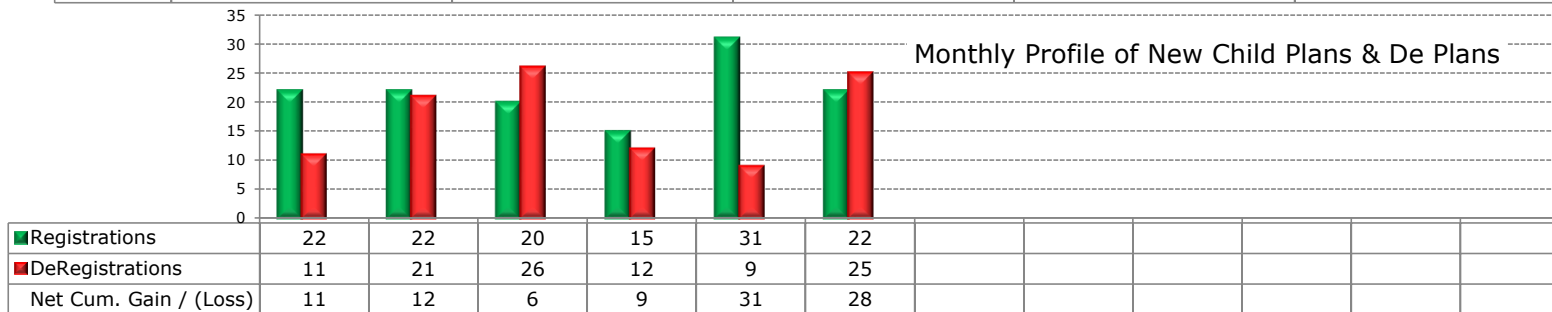
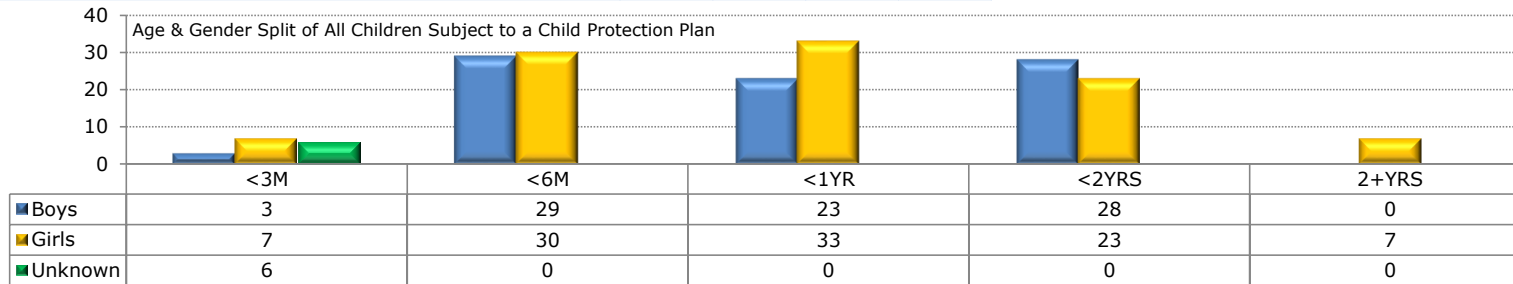
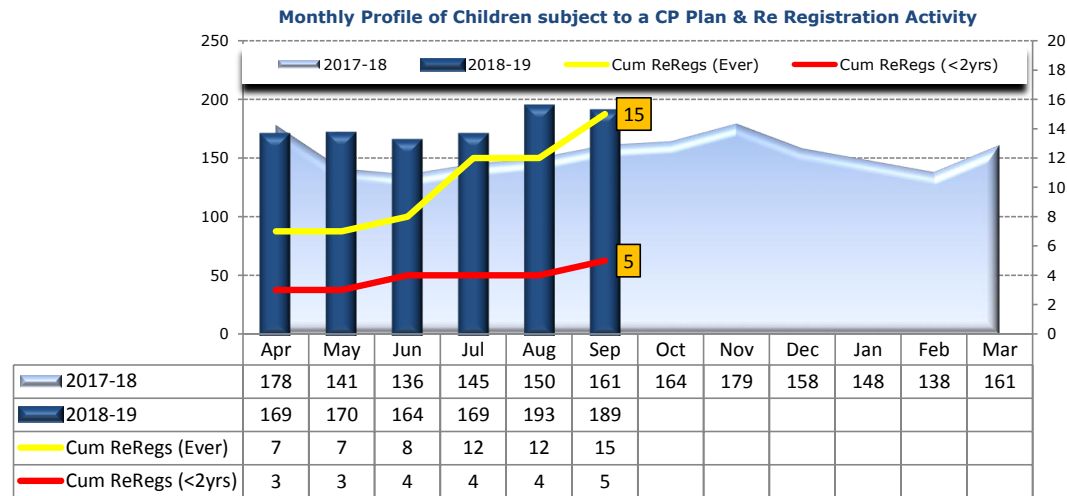


LONDON BOROUGH OF BARNET

CHILD PROTECTION SERVICE

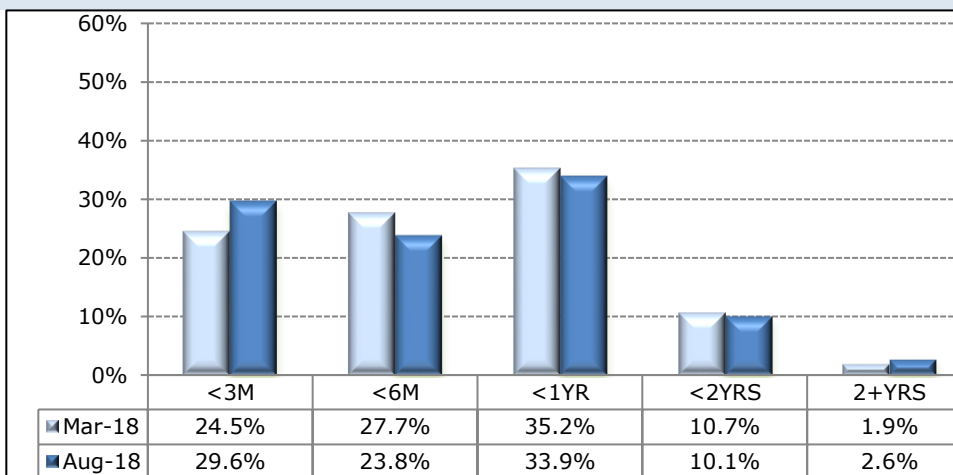
PERFORMANCE ON A PAGE (30 September 2018)

Category of Abuse	Sep	%	Aug	Jul
Emotional	83	43.9%	82	70
Neglect	65	34.4%	65	55
Physical	28	14.8%	30	28
Sexual	13	6.9%	15	17
Multiple	0	0.0%	0	0
Number of Children Subject to a Child Protection Plan	189	-	192	170
Cumulative Facts & Figures	No.	Rate	No.	No.
Rate per 10,000 u18 Population	19.5	-	19.8	17.5
New Registrations from April 2018 / Rate of 1st Time on Plan	132	-	110	79
Number/Rate of Disabled Children Subject to a CP Plan	11	5.8%	11	11
LAC Subject to a CP Plan	2	1.1%	4	10
De Registrations in the Year to Date from April 2018	104	-	79	70
De-Registrations (after 2 Years) From April 2018	189	181.7%	192	170
Number of Under 5's Subject to a CP Plan (YTD)	70	37.0%	58	55
CP Reviews Completed to Timescale (YTD)	132	100%	127	112



Child Protection

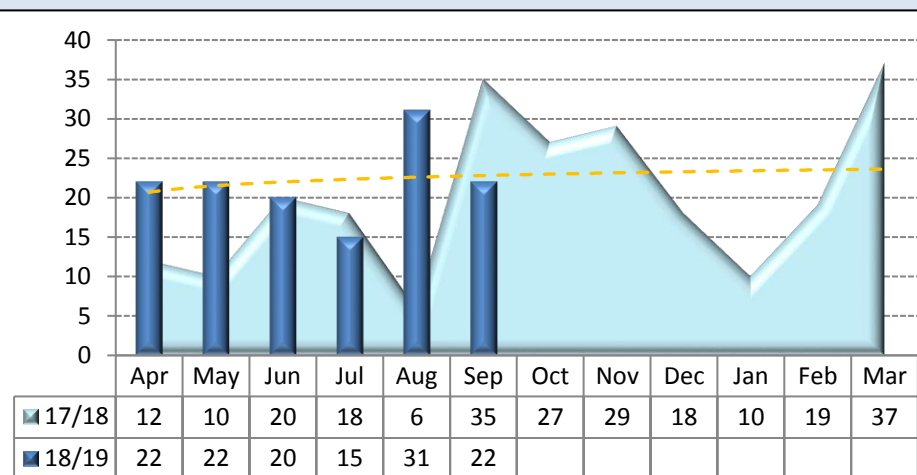
Chart 1 - Duration of Current CP Plans



Data Comments : There has been a shift in the length of time children are spending on a CP Plan. At the end of 2016/17, the number of children on a plan for under 6 months accounted for 44.9% of all children, with 55.1% being on a plan for more than 6 months. At the end of September 2018 those figures had moved to show 53.4% under 6 months, and 46.6% over.

<3M	56
<6M	45
<1YR	64
<2YRS	19
2+YRS	5

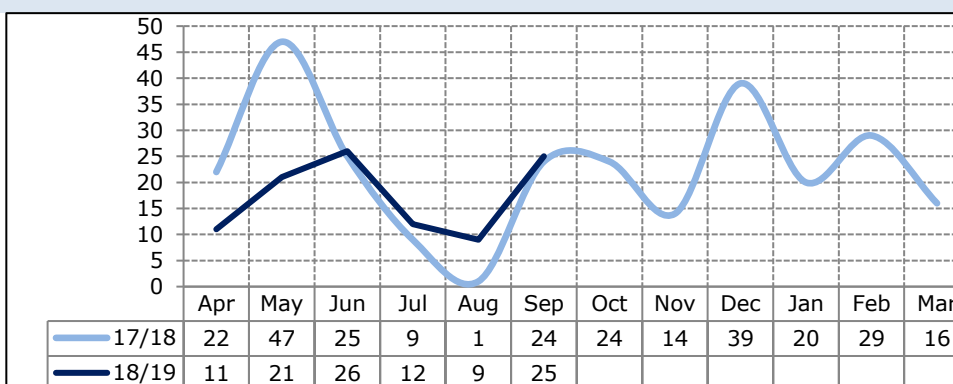
Chart 2 - Children made Subject to CP Plans



Data Comments : 132 children have been made subject to a CP Plan since April 1st 2018, compared to 101 children during the same period in 2017/18 an increase of 32.7%.

U1	26
1 to 5	44
6 to 10	34
11 to 15	25
16+	3

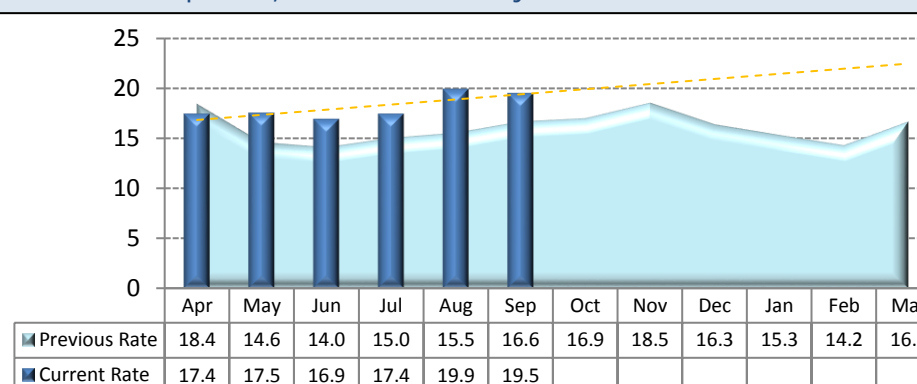
Chart 3 - No. of Children whose CP Plan Ceased



Data Comments : In contrast to the previous month, the number of CP cases that ceased in September increased to represent the 2nd highest monthly figure this year.

Destination	
CP to CIN	1

Chart 4 - Rate per 10,000 Children Subject to a CP Plan

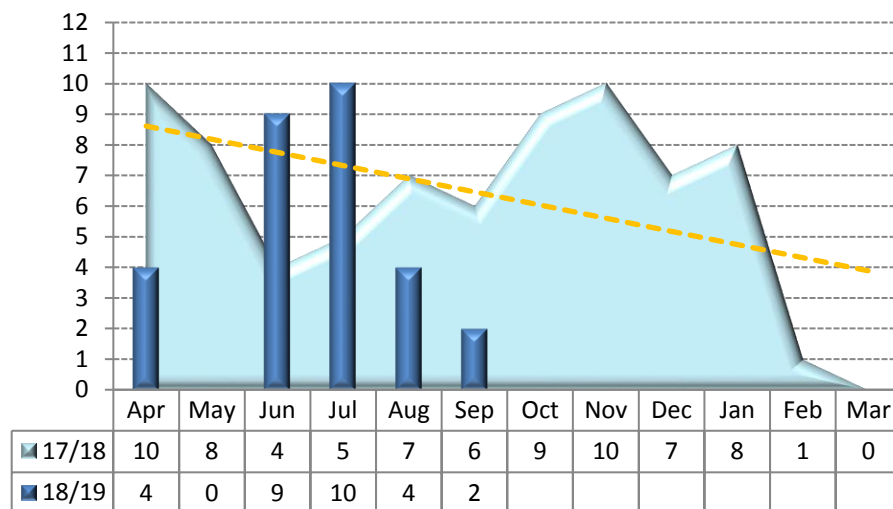


Data Comments : The rate of children subject to CPP remains well below our statistical neighbours at 19.5 compared to 38.2, following a decrease in the rate during last year. Despite good performance compared to our nearest statistical neighbours this year the rate has shown a general upward trajectory since the end of 2017/18

Target :	Monitor
Latest :	19.5
Variance :	-
SN :	38.2

Child Protection

Chart 7 - Number of Children Subject to CP Plan and CiC



Data Comments : The number of children on Child Protection Plans and who are also Looked After has fallen to 2 children.

Target :	Monitor
Latest :	2
Variance :	-
SN :	

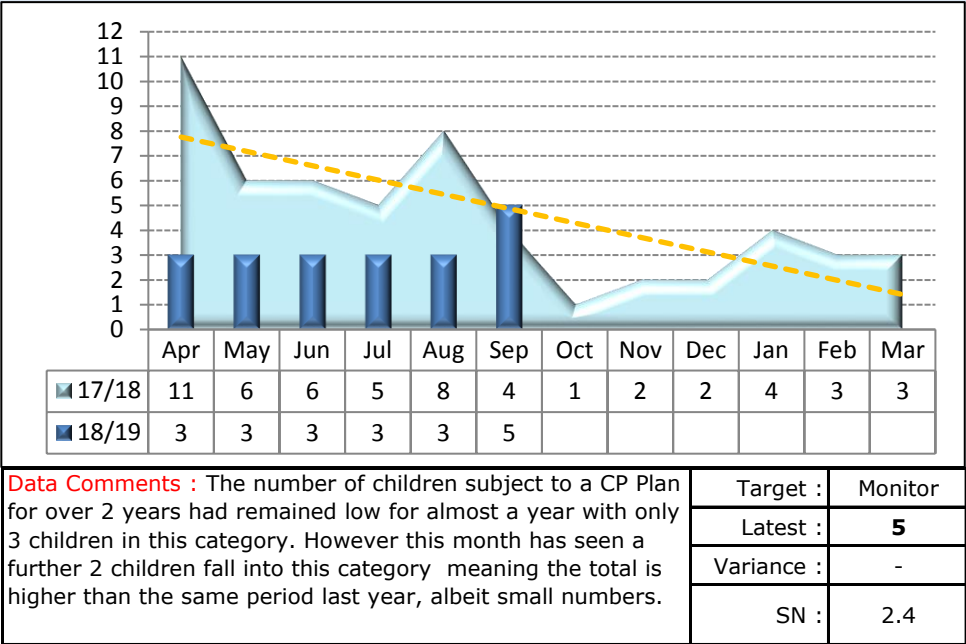
Chart 8 - Children Subject to a Subsequent CP Plan (Ever)

Cumulative Figures						
Month	17/18	18/19	No's (18/19)			
Apr	0.0%	35.0%	7	Gender		No's
May	0.0%	16.3%	7	Male	47%	7
Jun	4.8%	12.5%	8	Female	53%	8
Jul	10.0%	15.2%	12	Ages		No's
Aug	10.6%	10.9%	12	U1	0%	0
Sep	7.9%	13.6%	15	1 to 5	27%	4
Oct	7.0%			6 to 10	27%	4
Nov	7.6%			11 to 15	47%	7
Dec	8.0%			16+	0%	0
Jan	8.6%					
Feb	11.3%					
Mar	10.7%					

Data Comments : There were 3 Child Protection re-registrations this month. At a rate of 13.6%, the measure of children subject to a subsequent CP Plan is within the year end target of 15.6%, but almost twice that at this stage last year. We are still lower than our latest statistical neighbour figure of 17.6%.

Target :	15.6%
Latest :	13.6%
Variance :	(12.6%)
SN :	17.6%

Chart 9 - No. of Children Subject to CP Plans for 2+ Years

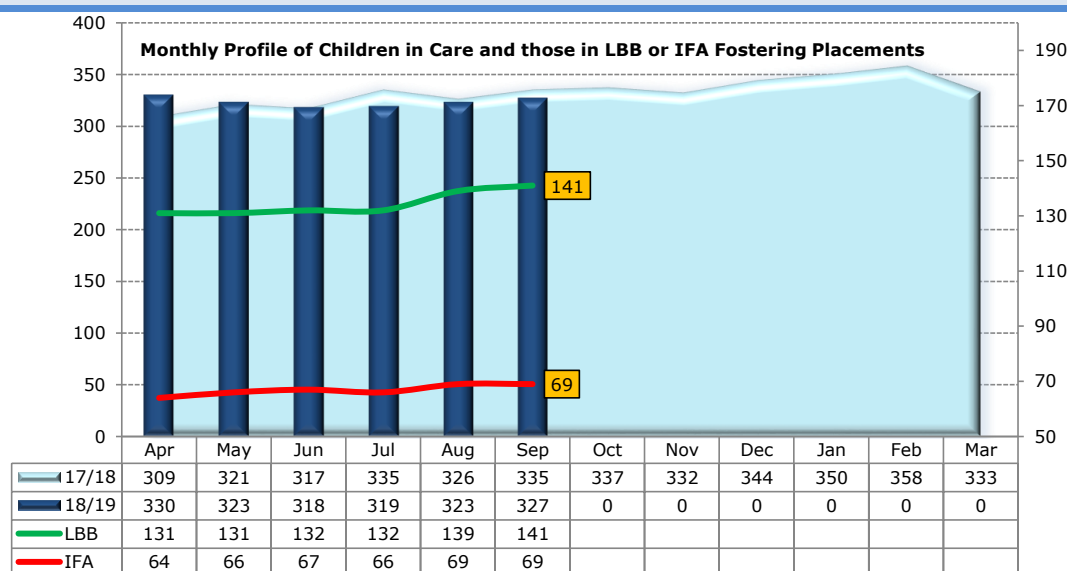


LONDON BOROUGH OF BARNET

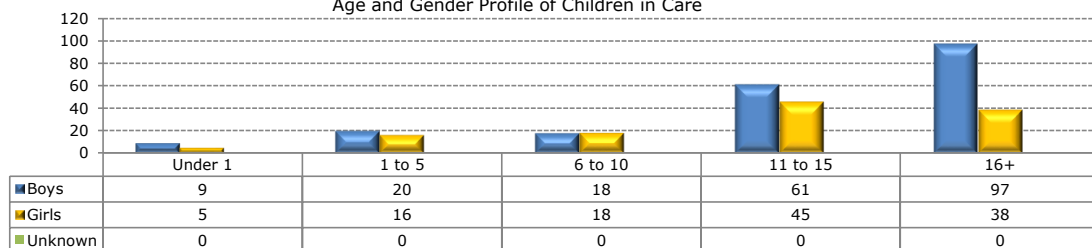
CHILDREN IN CARE SERVICE

PERFORMANCE ON A PAGE (30 September 2018)

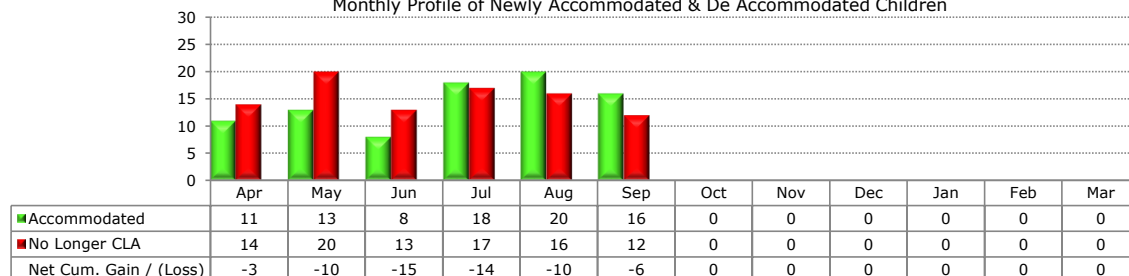
Current Legal Status	Sep	%	Aug	Jul
Interim Care Order	56	17.1%	58	52
Full Care Order	131	40.1%	131	131
Section 20	128	39.1%	121	123
Placement Order - In Adoptive Placement	5	1.5%	5	6
Placement Order - Awaiting Placement	6	1.8%	6	5
Police Protection Order - In LA Accommodation	0	0.0%	0	0
Remanded to LA Accommodation or Youth Detention Accom	0	0.0%	1	1
Placed in LA Accommodation under PACE, incl Secure Comm	1	0.3%	1	1
Total Number of Children in Care	327	-	323	319
Facts & Figures	No.	%	No.	No.
Rate of Children in Care per 10,000 u18 Population	33.7	-	33.3	32.9
Number of Children with 3+ Placements / Rate Former NI62 (Cum)	11	3.4%	7	4
Longer Term Stability Measure / Rate Former NI63 (Cum)	87	61.7%	61%	63%
Number/Rate of Children Adopted from Care in Year (Cum)	2	2.4%	2	1
Number/Rate of Children with Special Guardianship Order (Cum)	7	8.3%	7	7
Review Health Assessments Completed within Timescale	98.0%	-	98.0%	96.2%
Number of Children Who Are Privately Fostered	6	-	9	9



Age and Gender Profile of Children in Care



Monthly Profile of Newly Accommodated & De Accommodated Children



Characteristics of Children Currently in Care

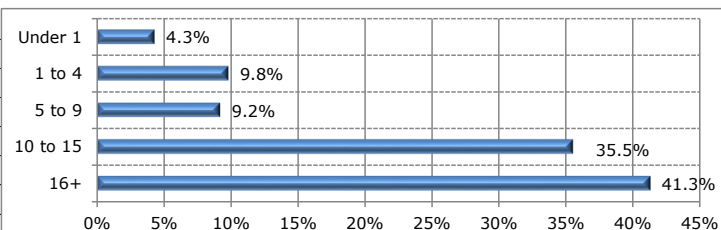
Gender		%	Time in Care System		%	
Male	205	62.7%		0-6 Months	133	40.7%
Female	122	37.3%		6-12 Months	64	19.6%
Unknown	0	0.0%		12-18 Months	36	11.0%
Ratio of M to F		1.68 : 1	-	18-24 Months	23	7.0%
				Over 24 Months	71	21.7%
				Caseholding Service		%
Ethnicity		%		Children in Care	186	56.9%
Asian	79	24.2%		I & P	56	17.1%
Black	57	17.4%		Onwards & Upwards	45	13.8%
Mixed	68	20.8%		Duty & Assess.	14	4.3%
White	121	37.0%		0-25 Service	26	8.0%
Missing	2	0.6%		Other	0	0.0%
				UASC	No.	% of CiC
Placement Location		%		Section 20	64	19.6%
In Barnet	125	38.2%		Care Order	3	0.9%
OoB	202	61.8%		Other	0	0.0%

LONDON BOROUGH OF BARNET

CHILDREN IN CARE HEALTH SERVICES-ALL CHILDREN IN CARE

PERFORMANCE ON A PAGE (30 September 2018)

Barnet's Looked After Population - Age Profile



Gender Profile



1.68 : 1

63% Boys

37% Girls

Placement Location Profile

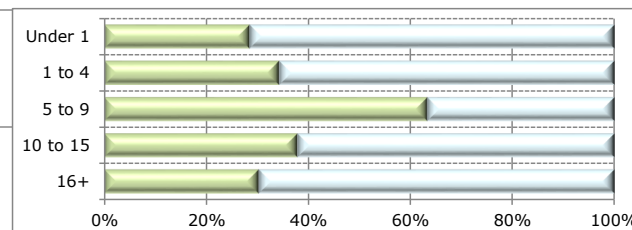


□ In □ Out

36% In

64% Out

Age and Placement Location Profile



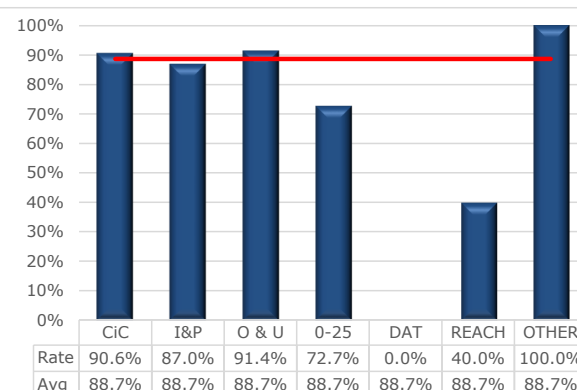
Performance Measures by Service Area

Caseholding Service	No.	Share	Boys	Girls	In	Out
Children in Care	186	56.9%	115	71	71	115
Intervention & Planning	56	17.1%	30	26	25	31
Onwards & Upwards	45	13.8%	31	14	12	33
0-25 Service	12	3.7%	9	3	2	10
Duty & Assessment	14	4.3%	11	3	3	11
REACH	14	4.3%	9	5	6	8
Other	0	0.0%	0	0	0	0
All Children n Care	327	-	205	122	119	208

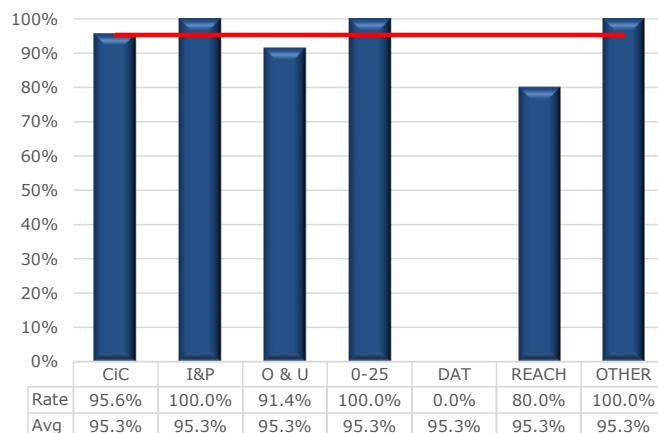
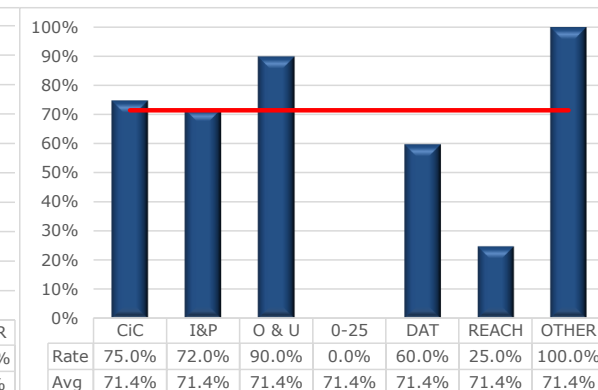
Headline Measure Values

Dental	IHA's	RHA's	Immunisations	SDQ's
88.7%	71.4%	95.3%	89.5%	Avg. 11.4

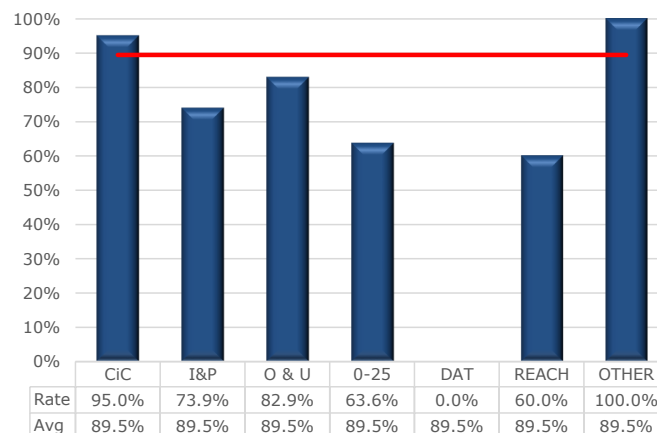
Dental Checks by Service



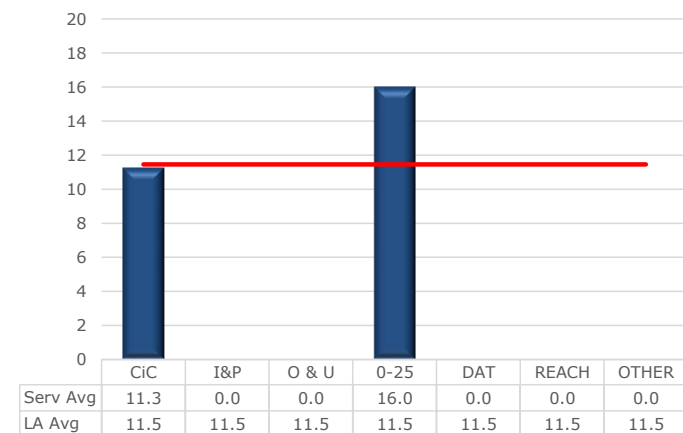
Initial Health Assessments by Service



Review Health Assessments by Service



Immunisations by Service



Strengths & Difficulties Questionnaire Scores by Service

LONDON BOROUGH OF BARNET

CHILDREN IN CARE HEALTH SERVICES-OC2 POPULATION

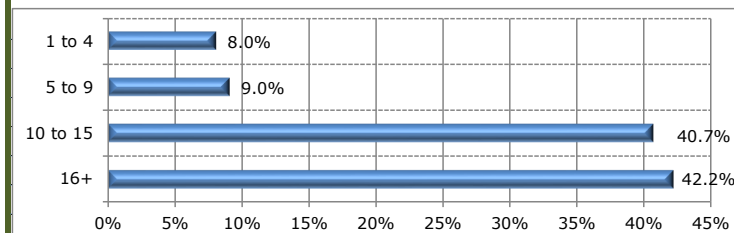
PERFORMANCE ON A PAGE (30 September 2018)

Barnet's Looked After Population - Age Profile

Gender Profile

Placement Location Profile

Age and Placement Location Profile



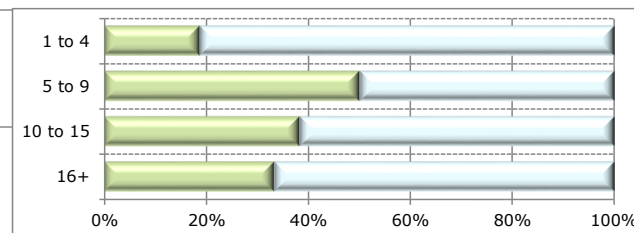
61% Boys

39% Girls

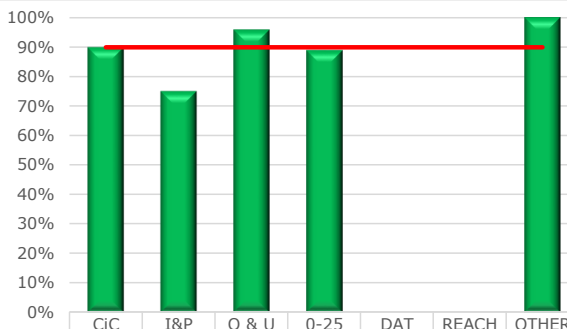
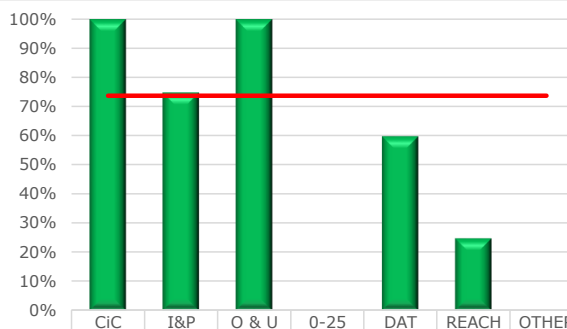


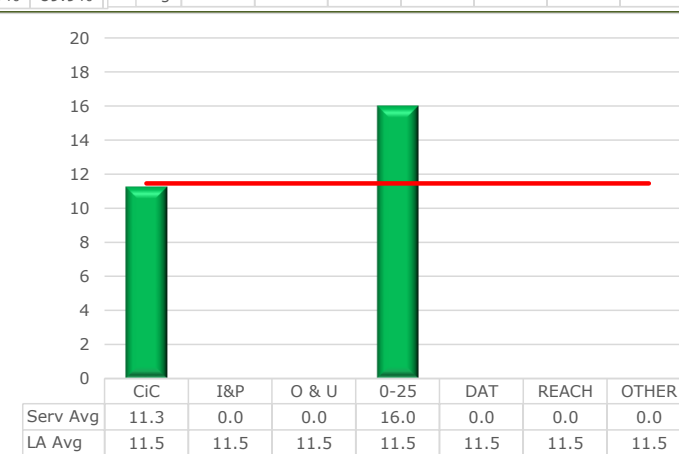
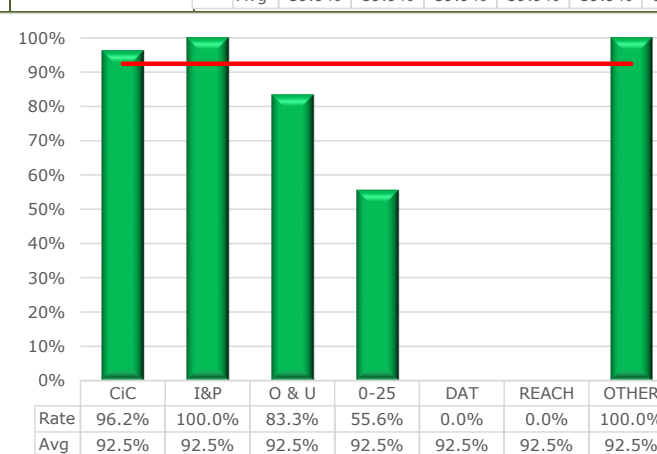
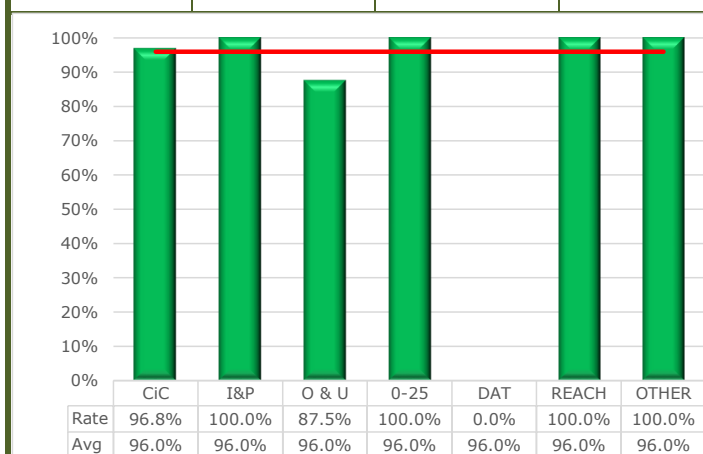
36% In

64% Out



Performance Measures by Service Area

Caseholding Service		No.	Share	Boys	Girls	In	Out	Dental Checks by Service							Initial Health Assessments by Service															
Children in Care		158	79.4%	95	63	60	98																							
Intervention & Planning		4	2.0%	2	2	3	1																							
Onwards & Upwards		24	12.1%	14	10	6	18																							
0-25 Service		9	4.5%	7	2	2	7																							
Duty & Assessment		0	0.0%	0	0	0	0																							
REACH		4	2.0%	3	1	0	4																							
Other		0	0.0%	0	0	0	0																							
All Children n Care		199	-	121	78	71	128																							
Headline Measure Values																														
Dental		IHA's		RHA's		Immunisations		SDQ's																						
89.9%		73.7%		96.0%		92.5%		Avg. 11.4																						
Rate		89.9%		89.9%		89.9%		89.9%							Rate		100.0%		75.0%		100.0%		0.0%		60.0%		25.0%		0.0%	
Avg		89.9%		89.9%		89.9%		89.9%							Avg		73.7%		73.7%		73.7%		73.7%		73.7%		73.7%		73.7%	



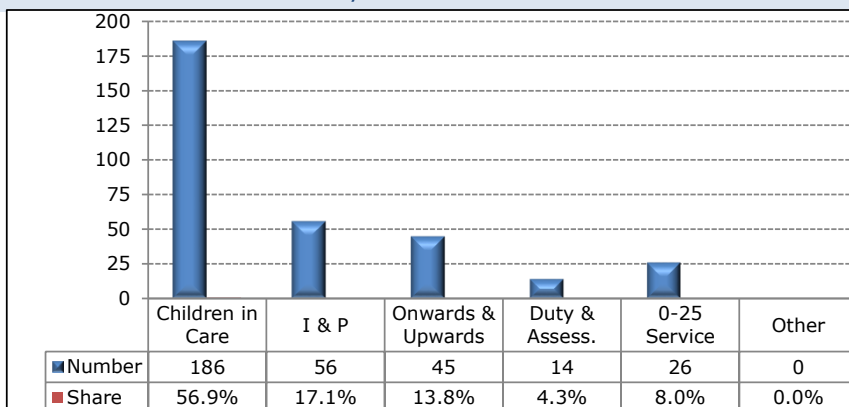
Review Health Assessments by Service

Immunisations by Service

Strengths & Difficulties Questionnaire Scores by Service

Children in Care

Chart 1 - Children in Care by Service Area

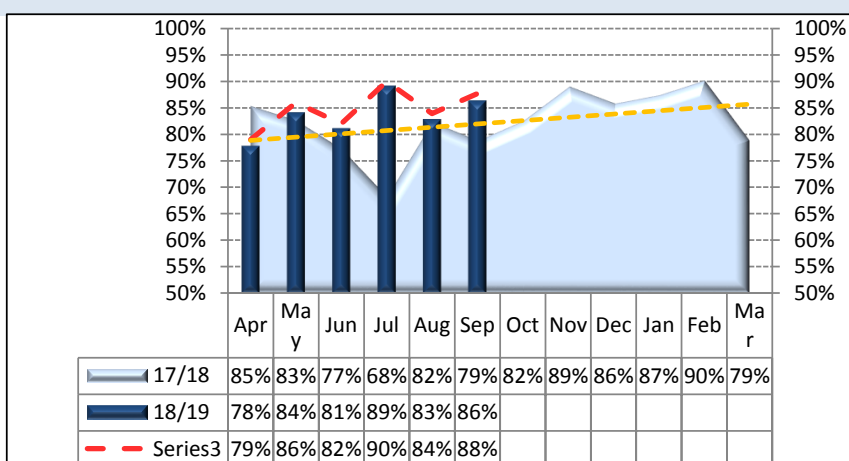


Data Comments : Cases held by the CIC Team have fallen by 0.4% when compared to August 2018 and a 10.4% decrease against the same period the previous year. Likewise, I&P and O&U saw their share decrease whilst DATs and 0-25 saw increases with DATs almost doubling.

Chart 2 - Current CiC by Service & Length of Time in Care

Service Area	<1M	2-3M	4-6M	7-12M	13-18M	19-24M	24M+
Children in Care	6	17	22	40	21	17	63
Intervention & Plan.	6	24	14	10	2	0	0
Onwards & Upwards	3	7	10	9	9	2	5
Duty & Assessment	10	4	0	0	0	0	0
0-25 Service	1	1	0	2	3	2	3
Other	0	4	4	3	1	2	0
	26	57	50	64	36	23	71

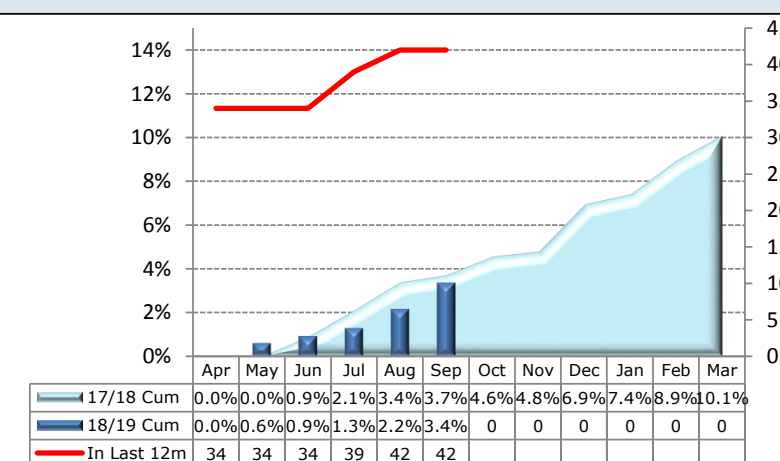
Chart 3 - Timeliness of Children in Care Visits



Data Comments : CIC visits are currently at 86%, 9% below the target of 95%. The average days for those seen out of timescales is 67 days. We have analysed visits that were deemed to have failed, but would have been in time; for CIC visits the outturn would have increased to 87.7%.

Target :	95.0%
Latest :	86.2%
Variance :	(10.2%)
SN :	

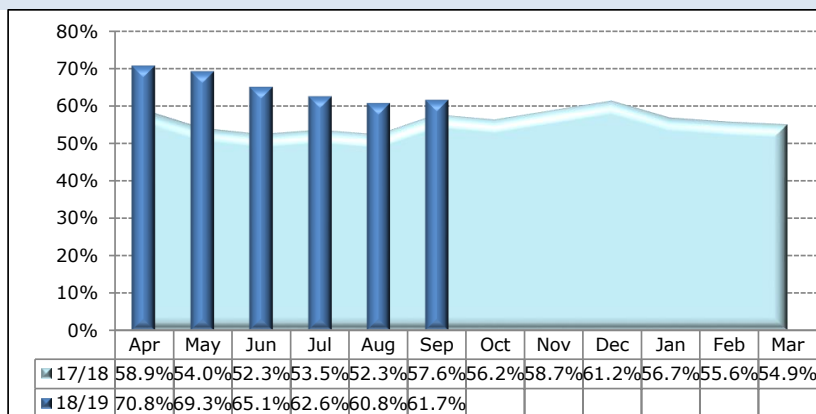
Chart 4 - CiC with 3+ Placements in 12 Months



Data Comments : Currently there are 11 children with 3 or more placements since April 1st 2018, and 42 in the last 12 months. Two of these will be 18 before March 31st and will not therefore count in the year end statutory returns. There are also 63 children and young people already with 2 placements.

Target :	11.5%
Latest :	3.4%
Variance :	(70.7%)
SN :	11.3%

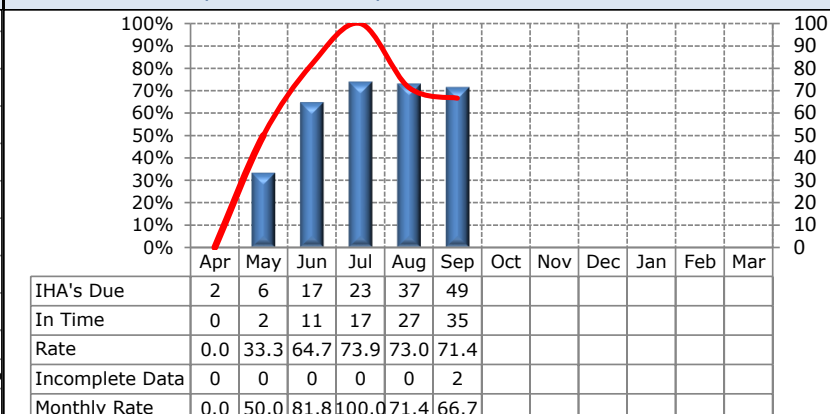
Chart 5 - Children in Care 2.5 Years AND Same Placement for 2 Years



Data Comments : The percentage of children in the same placement for 2 years or more, currently stands at 61.7% which is an improvement on last month and reverses the declining trend seen since April 2018. This indicator is still 6.6% higher than the same period the previous year.

Target :	62.0%
Latest :	61.7%
Variance :	(0.5%)
SN :	66.4%

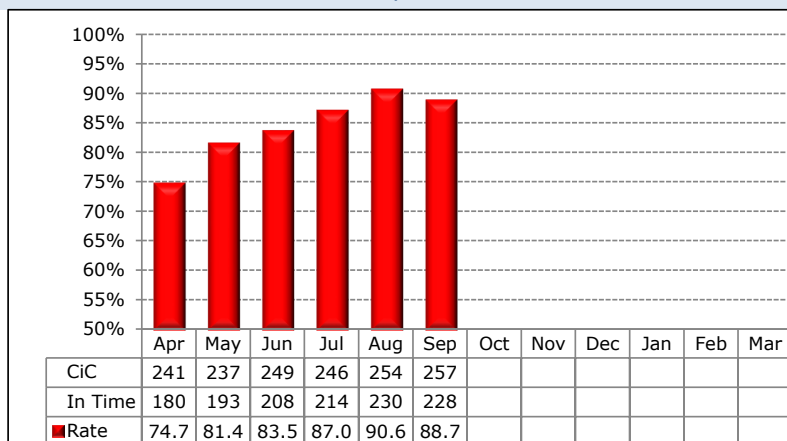
Chart 6 - Monthly Rate of Timely Initial Health Assessments



Data Comments : This measure looks at all of those children who began an episode of care, whereby the IHA was due on or after April 1st. The chart shows both monthly and cumulative performance. The 'missing' rate is included to show that where performance may look poor, it could be that the child's record has no IHA recorded in the month rather than it being out of time. A timely initial health assessment will take place within 20 working days of the child entering care.

Target :	95.0%
Latest :	71.4%
Variance :	(24.8%)
SN :	

Chart 7 - Rate of CiC with Timely Dental Checks

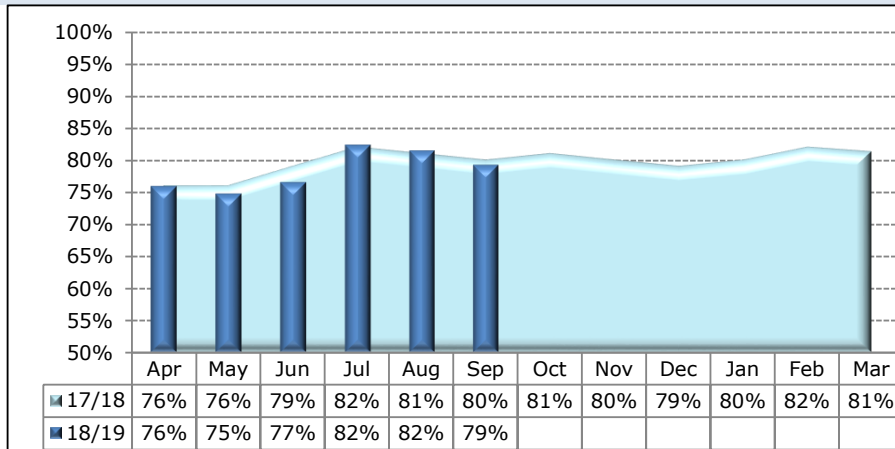


Data Comments : This measure looks at all the current cohort of children to see how many have had a dental check within the last 12 months. This will include children under 5, who, by DfE definitions needs to undergo a gum check and are included in the cohort.

Target :	95.0%
Latest :	88.7%
Variance :	(6.6%)
SN :	

Children in Care

Chart 8 - Percentage of LAC Reviews Completed on Time



Data Comments : The actual rate of LAC reviews completed on time is **97.7%** (performance is showing as 79% as 57 records could not be updated on the system, at the point of running this report). The IRO workflow has been amended so that reviews can be recorded more accurately – we would expect this data to start filtering through in the next couple of months

Target :	95.0%
Latest :	79.3%
Variance :	(16.5%)

Chart 9 - Children in Care Subject to a Section 20

Age Grouping	Boys	Girls	Not Known	Total	Avg Time
Under 1	1	1	0	2	4 wks
1 to 5	4	0	0	4	19.9 wks
6 to 10	1	1	0	2	74.3 wks
11 to 15	21	12	0	33	43.5 wks
16+	73	14	0	87	44.6 wks
Total	100	28	0	128	
Avg Time in Care	48.3 wks	26.0 wks	-		

The Ratio of Boys to Girls in the wider CiC cohort is 1.68 :1 whereas the Ratio for those on a Section 20 Order is 3.57 : 1

Data Comments : The 11 to 16+ cohort includes 64 of the 67 UASC population (60 boys and 4 girls). All Section 20s under 15 are reviewed 3 monthly by PPP. This is reducing delay on decision making where court proceedings are necessary.

LONDON BOROUGH OF BARNET

CIC PLACEMENTS SERVICE

(30 September 2018)

All Current Placements	No.	%	Rate / 10,000	3+ Placements		M to F Ratio	Starters	Leavers	Avg Length of All Placements	No. of UASC	
	327	100%	33.7	11	3.4%	1.68 : 1	Month 16 : Year 86	Month 12 : Year 92	1 Year 5 Months	67	
LBB Fostering	121	37.0%									
Gender			Duration of Placement								
Female	49	40.5%	0-6 Months		45	37.2%					
Male	72	59.5%	7-12 Months		23	19.0%					
Unknown	0	0.0%	13-18 Months		9	7.4%					
Age			19-24 Months		8	6.6%					
Under 1	8	6.6%	2 Years +		36	29.8%					
1 to 5	13	10.7%	Average		1 Year 8 Months						
6 to 10	21	17.4%									
11 to 15	46	38.0%									
16+	33	27.3%									
IFA Fostering	69	21.1%									
Gender			Duration of Placement								
Female	21	30.4%	0-6 Months		20	29.0%					
Male	48	69.6%	7-12 Months		12	17.4%					
Unknown	0	0.0%	13-18 Months		7	10.1%					
Age			19-24 Months		10	14.5%					
Under 1	3	4.3%	2 years +		20	29.0%					
1 to 5	13	18.8%	Average		1 Year 8 Months						
6 to 10	10	14.5%									
11 to 15	27	39.1%									
16+	16	23.2%									
Connected Persons	20	6.1%									
Gender			Duration of Placement								
Female	12	60.0%	0-6 Months		6	30.0%					
Male	8	40.0%	7-12 Months		7	35.0%					
Unknown	0	0.0%	13-18 Months		0	0.0%					
Age			19-24 Months		0	0.0%					
Under 1	1	5.0%	2 Years +		7	35.0%					
1 to 5	6	30.0%	Average		2 Years 11 Months						
6 to 10	3	15.0%									
11 to 15	8	40.0%									
16+	2	10.0%									

LBB Fostering Ethnicity

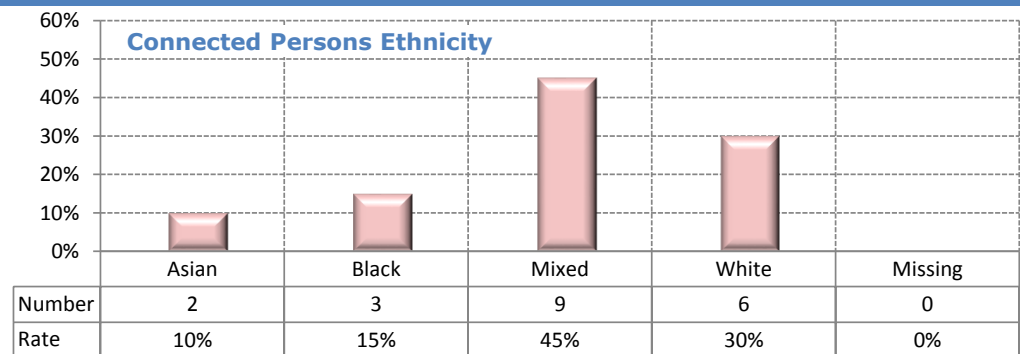
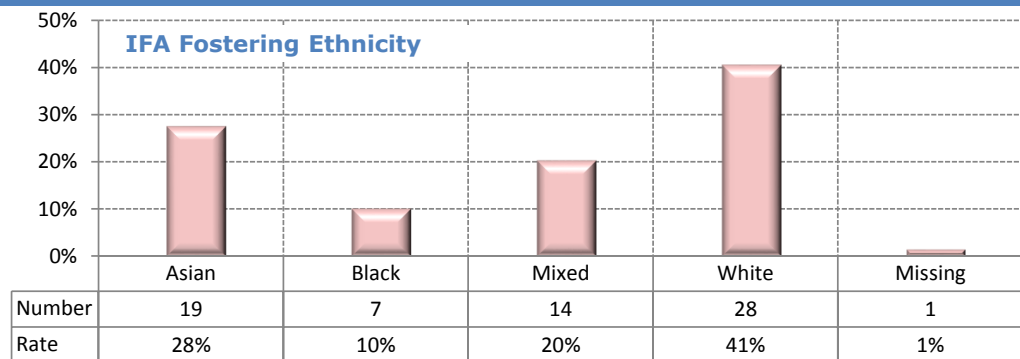
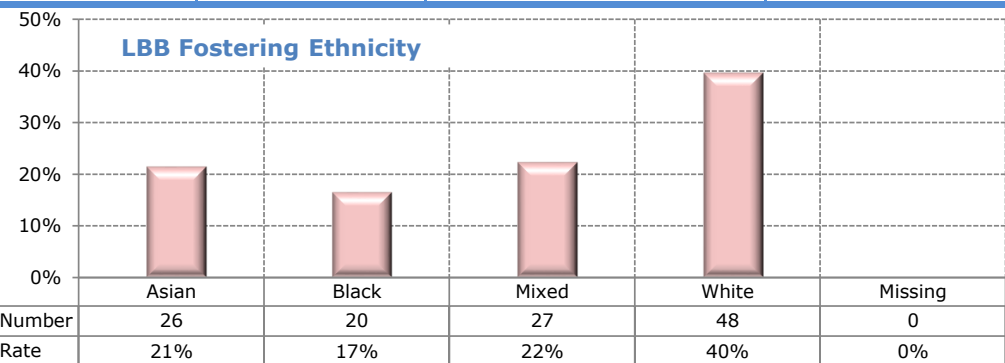
	Asian	Black	Mixed	White	Missing
Number	26	20	27	48	0
Rate	21%	17%	22%	40%	0%

IFA Fostering Ethnicity

	Asian	Black	Mixed	White	Missing
Number	19	7	14	28	1
Rate	28%	10%	20%	41%	1%

Connected Persons Ethnicity

	Asian	Black	Mixed	White	Missing
Number	2	3	9	6	0
Rate	10%	15%	45%	30%	0%

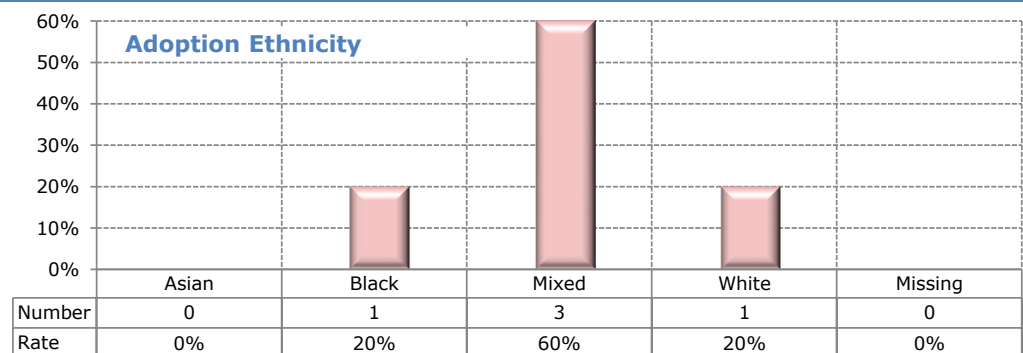
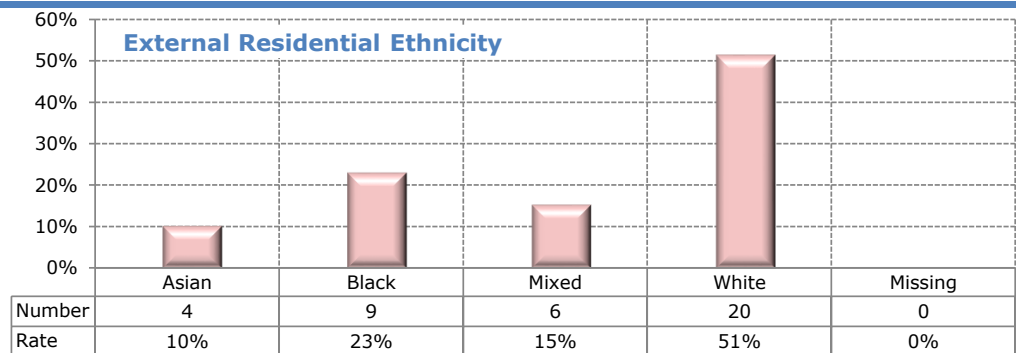
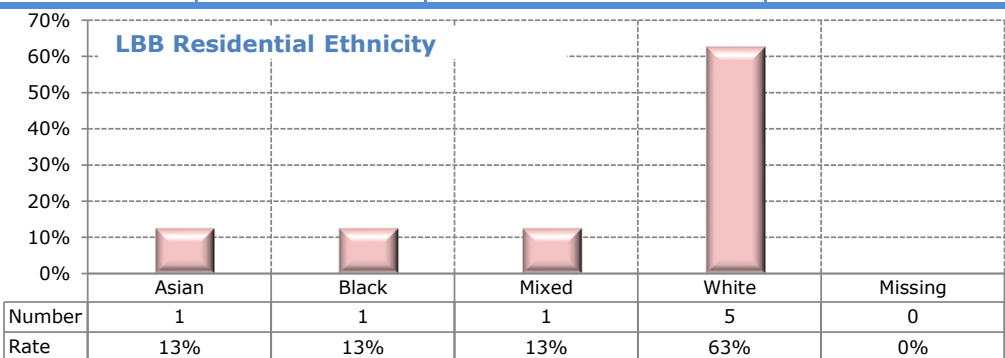


LONDON BOROUGH OF BARNET

CIC PLACEMENTS SERVICE

(30 September 2018)

All Current Placements	No.	%	Rate / 10,000		3+ Placements		M to F Ratio	Starters	Leavers	Avg Length of All Placements	No. of UASC												
	327	100%	33.7		11	3.4%	1.68 : 1	Month 16 : Year 86	Month 12 : Year 92	1 Year 5 Months	67												
LBB Residential	8	2.4%																					
Gender			Duration of Placement						<div><div>LBB Residential Ethnicity</div><table><tr><td>Number</td><td>1</td><td>1</td><td>1</td><td>5</td><td>0</td></tr><tr><td>Rate</td><td>13%</td><td>13%</td><td>13%</td><td>63%</td><td>0%</td></tr></table></div>			Number	1	1	1	5	0	Rate	13%	13%	13%	63%	0%
Number	1	1	1	5	0																		
Rate	13%	13%	13%	63%	0%																		
Female	4	50.0%	0-6 Months		5		62.5%																
Male	4	50.0%	7-12 Months		0		0.0%																
Unknown	0	0.0%	13-18 Months		2		25.0%																
Age			19-29 Months		0		0.0%																
Under 1	0	0.0%	2 Years +		1		12.5%																
1 to 5	0	0.0%	Average			0 Years 8 Months																	
6 to 10	0	0.0%																					
11 to 15	5	62.5%																					
16+	3	37.5%																					
External Residential	39	11.9%																					
Gender			Duration of Placement						<div><div>External Residential Ethnicity</div><table><tr><td>Number</td><td>4</td><td>9</td><td>6</td><td>20</td><td>0</td></tr><tr><td>Rate</td><td>10%</td><td>23%</td><td>15%</td><td>51%</td><td>0%</td></tr></table></div>			Number	4	9	6	20	0	Rate	10%	23%	15%	51%	0%
Number	4	9	6	20	0																		
Rate	10%	23%	15%	51%	0%																		
Female	20	51.3%	0-6 Months		17		43.6%																
Male	19	48.7%	7-12 Months		7		17.9%																
Unknown	0	0.0%	13-18 Months		6		15.4%																
Age			19-29 Months		4		10.3%																
Under 1	1	2.6%	2 years +		5		12.8%																
1 to 5	0	0.0%	Average			1 Years 1 Months																	
6 to 10	2	5.1%																					
11 to 15	17	43.6%																					
16+	19	48.7%																					
Adoption	5	1.5%																					
Gender			Duration of Placement						<div><div>Adoption Ethnicity</div><table><tr><td>Number</td><td>0</td><td>1</td><td>3</td><td>1</td><td>0</td></tr><tr><td>Rate</td><td>0%</td><td>20%</td><td>60%</td><td>20%</td><td>0%</td></tr></table></div>			Number	0	1	3	1	0	Rate	0%	20%	60%	20%	0%
Number	0	1	3	1	0																		
Rate	0%	20%	60%	20%	0%																		
Female	3	60.0%	0-6 Months		2		40.0%																
Male	2	40.0%	7-12 Months		1		20.0%																
Unknown	0	0.0%	13-18 Months		2		40.0%																
Age			19-29 Months		0		0.0%																
Under 1	1	20.0%	2 Years +		0		0.0%																
1 to 5	4	80.0%	Average			0 Years 9 Months																	
6 to 10	0	0.0%																					
11 to 15	0	0.0%																					
16+	0	0.0%																					



LONDON BOROUGH OF BARNET

CIC PLACEMENTS SERVICE

(30 September 2018)

All Current Placements	No.	%	Rate / 10,000		3+ Placements		M to F Ratio		Starters	Leavers	Avg Length of All Placements	No. of UASC
	327	100%	33.7		11	3.4%	1.68	: 1	Month 16 : Year 86	Month 12 : Year 92	1 Year 5 Months	67
Parental	4	1.2%										
Gender			Duration of Placement									
Female	2	50.0%	0-6 Months		1		25.0%					
Male	2	50.0%	7-12 Months		0		0.0%					
Unknown	0	0.0%	13-18 Months		1		25.0%					
Age			19-28 Months		0		0.0%					
Under 1	0	0.0%	2 Years +		2		50.0%					
1 to 5	0	0.0%	Average			1 Years 9 Months						
6 to 10	0	0.0%										
11 to 15	3	75.0%										
16+	1	25.0%										
Semi Independence	61	18.7%										
Gender			Duration of Placement									
Female	11	18.0%	0-6 Months		37		60.7%					
Male	50	82.0%	7-12 Months		14		23.0%					
Unknown	0	0.0%	13-18 Months		9		14.8%					
Age			19-24 Months		1		1.6%					
Under 1	0	0.0%	2 years +		0		0.0%					
1 to 5	0	0.0%	Average			0 Years 5 Months						
6 to 10	0	0.0%										
11 to 15	0	0.0%										
16+	61	100.0%										
On Remand	0	0.0%										
Gender			Duration of Placement									
Female	0	0.0%	0-6 Months		0		0.0%					
Male	0	0.0%	7-12 Months		0		0.0%					
Unknown	0	0.0%	13-18 Months		0		0.0%					
Age			19-24 Months		0		0.0%					
Under 1	0	0.0%	2 Years +		0		0.0%					
1 to 5	0	0.0%	Average			0.0%						
6 to 10	0	0.0%										
11 to 15	0	0.0%										
16+	0	0.0%										

100%
80%
60%
40%
20%
0%

Parental Placement Ethnicity

	Asian	Black	Mixed	White	Missing
Number	0	0	0	4	0
Rate	0%	0%	0%	100%	0%

70%
60%
50%
40%
30%
20%
10%
0%

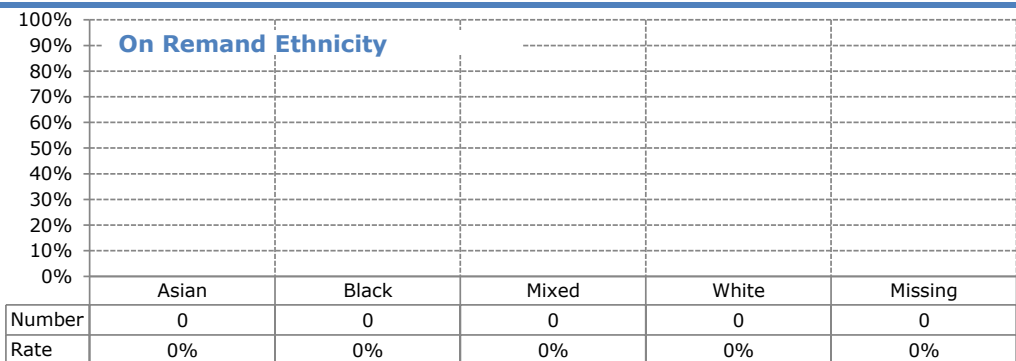
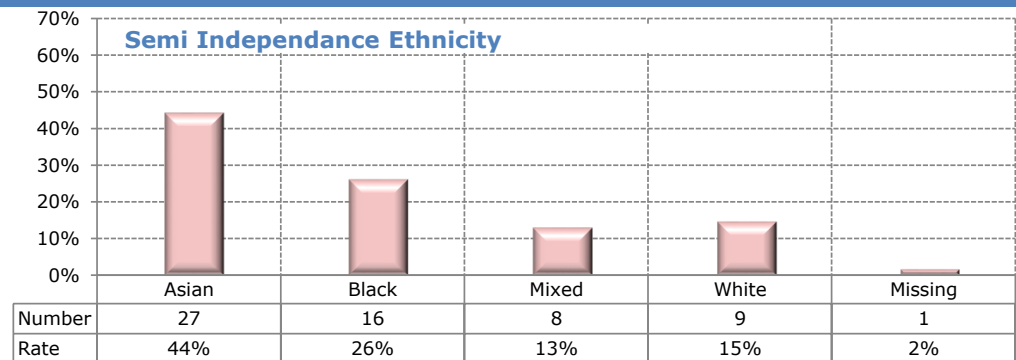
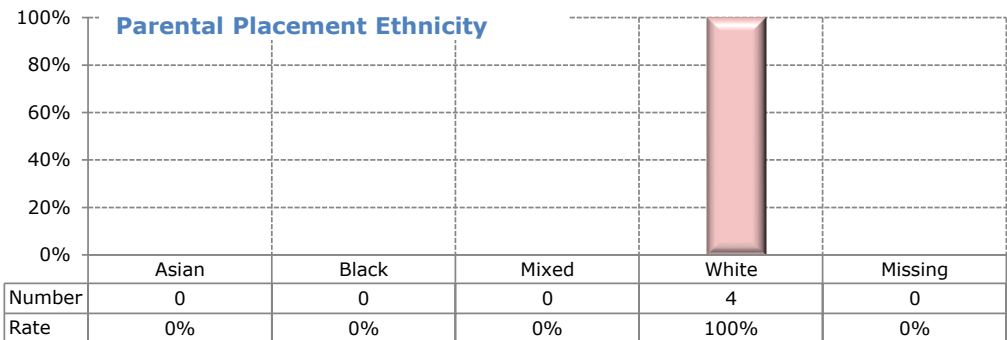
Semi Independence Ethnicity

	Asian	Black	Mixed	White	Missing
Number	27	16	8	9	1
Rate	44%	26%	13%	15%	2%

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

On Remand Ethnicity

	Asian	Black	Mixed	White	Missing
Number	0	0	0	0	0
Rate	0%	0%	0%	0%	0%

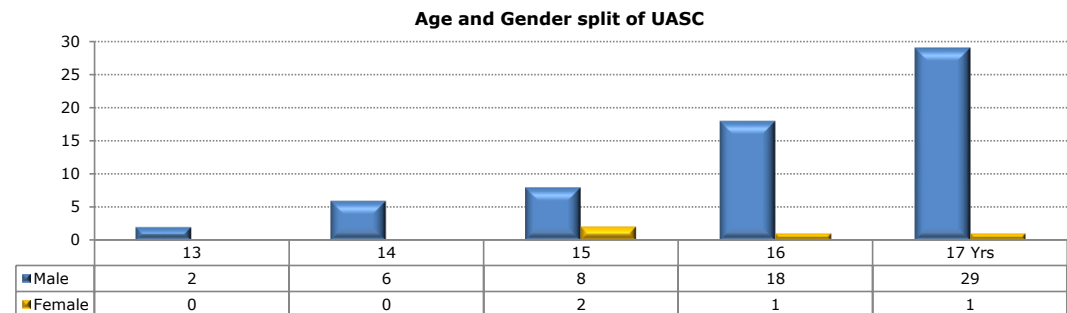
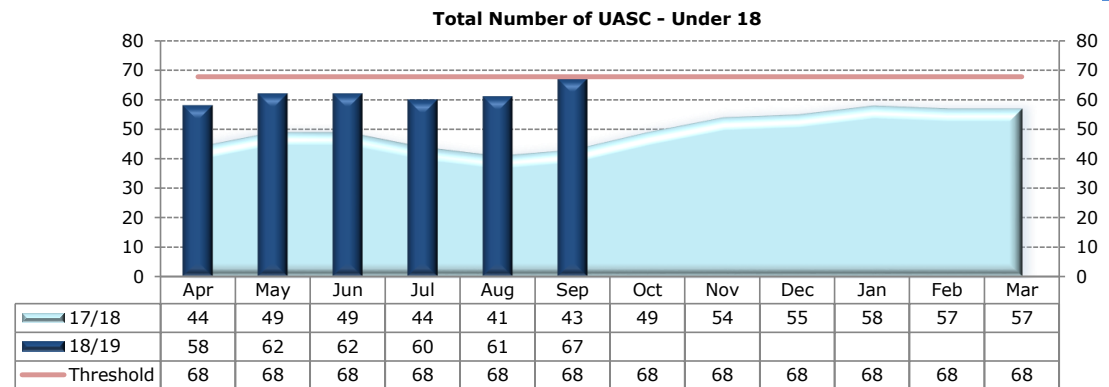


LONDON BOROUGH OF BARNET

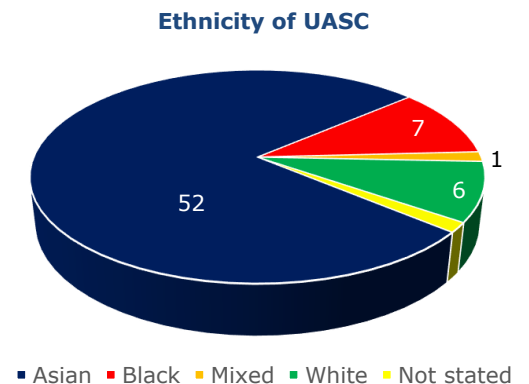
UNACCOMPANIED ASYLUM SEEKING CHILDREN (UNDER 18)

PERFORMANCE ON A PAGE (30 September 2018)

Current Number of UASC	67	-
Time in Care (Years)	No.	%
Less than a Year	37	55.2%
1	17	25.4%
2	5	7.5%
3	7	10.4%
4	1	1.5%
Average Time in Care	1 Year 4 Months	
Current Placement	No	%
Fostering	35	52.2%
Semi Independence	31	46.3%
Residential	1	1.5%
UASC by Team	No	%
Children In Care Team 1	8	11.9%
Children In Care Team 2	15	22.4%
Children In Care Team 3	8	11.9%
Duty & Assessment Team 1	2	3.0%
Duty & Assessment Team 2	2	3.0%
Duty & Assessment Team 3	2	3.0%
Duty & Assessment Team 4	5	7.5%
Onwards & Upwards	25	37.3%
<p>The numbers of UASC has increased this month from 61 in August to 67 in September 2018, this is an increase of 24 UASC against the same period the previous year - and is closer to the threshold than ever before. The previous highest figure of UASC ever achieved was 62 in May 2018.</p> <p>Rate of UASC who are Male : 94.0% Rate of Males aged 16-17 : 74.6% Rate of UASC placed in Semi Indep. or Fostering : 98.5%</p>		



Nationality	Number	Rate
Afgan	27	40.3%
Albanian	10	14.9%
Eritrean	9	13.4%
Vietnamese	6	9.0%
Ethiopian	4	6.0%
Sudanese	4	6.0%
Iranian	2	3.0%
Iraqi	1	1.5%
Kuwaiti	1	1.5%
Palestinian	1	1.5%
Not Recorded	2	3.0%
	67	

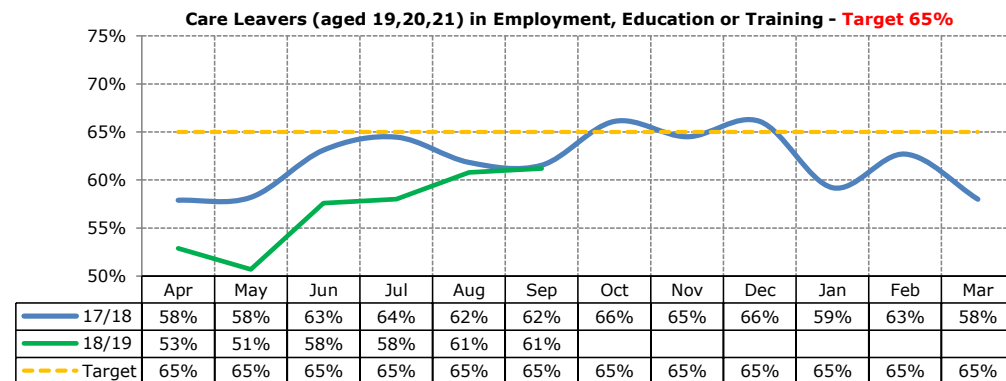
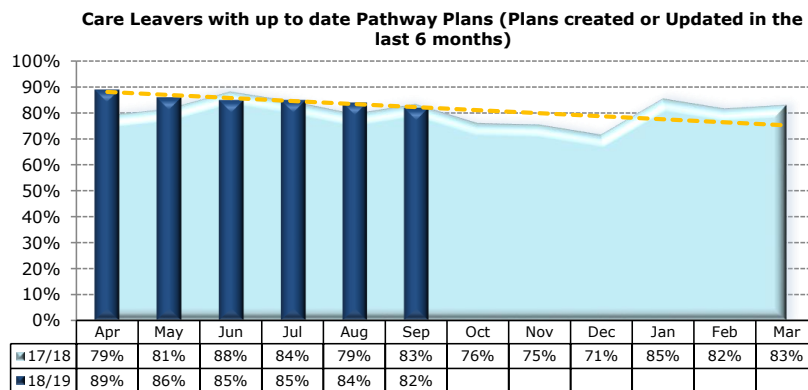
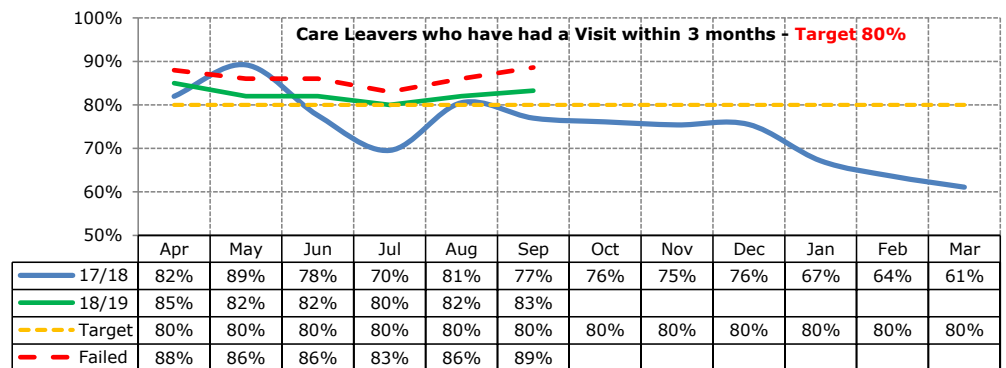
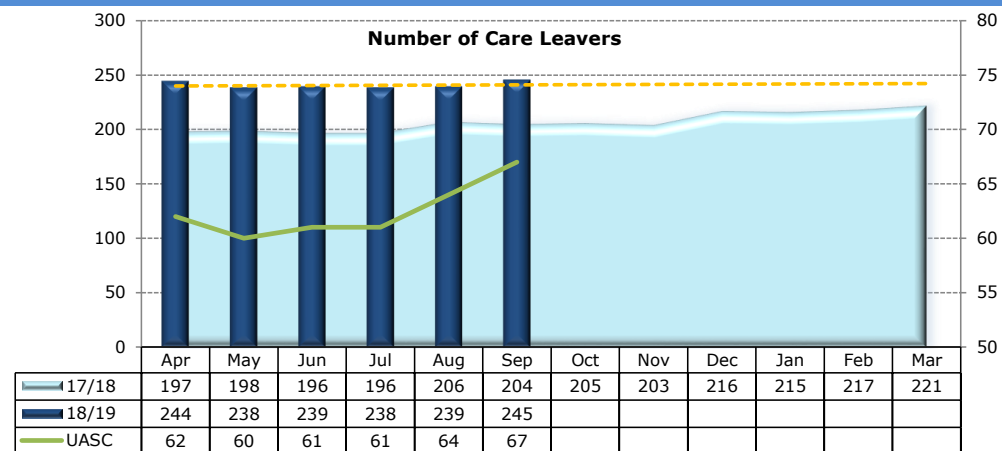


LONDON BOROUGH OF BARNET

CARE LEAVERS & 0 - 25 SERVICES

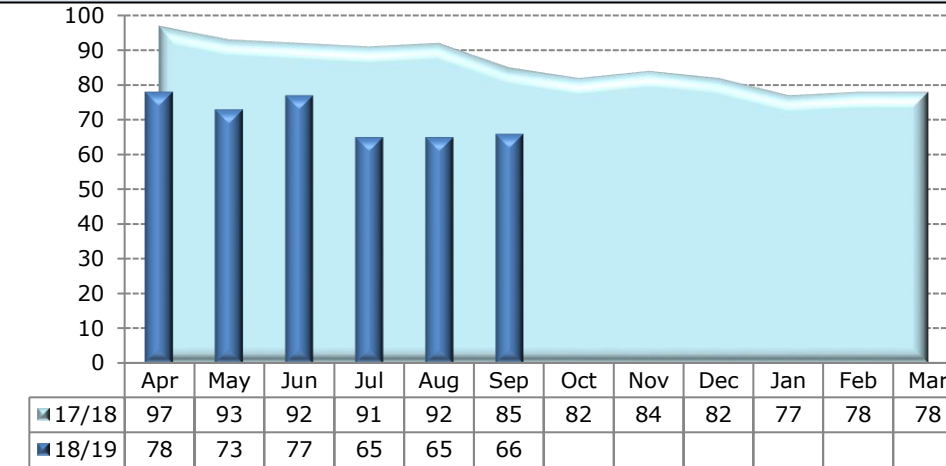
PERFORMANCE ON A PAGE (30 September 2018)

Care Leavers	No.	%
Number of Care Leavers by age	245	-
18	93	38.0%
19	51	20.8%
20	61	24.9%
21	17	6.9%
22+	23	9.4%
Care Leavers (18 - 25) in Employment, Education or Training	153	62.4%
Young person engaged in higher education (i.e. beyond A level)	28	18.3%
Young person engaged in education other than higher education	86	56.2%
Young person engaged in training or employment	39	25.5%
Percentage of care leavers who have been in touch in the previous 12 months - Target 90%	229	93.5%
Care leavers (aged 18 - 25) in suitable accommodation	224	91.4%
B - With parents or relatives	13	5.8%
C - Community home or other form of residential care	7	3.1%
D - Semi-independent, transitional accommodation	28	12.5%
E - Supported lodgings	9	4.0%
T - Foyers	7	3.1%
U - Independent living	88	39.3%
V - Emergency accommodation (Postcode In Barnet n = 21)	48	21.4%
Y - Other accommodation	4	1.8%
Z - With Former foster carers/Staying Put	20	8.9%
Number of Care Leavers at University	23	-



Youth Offending

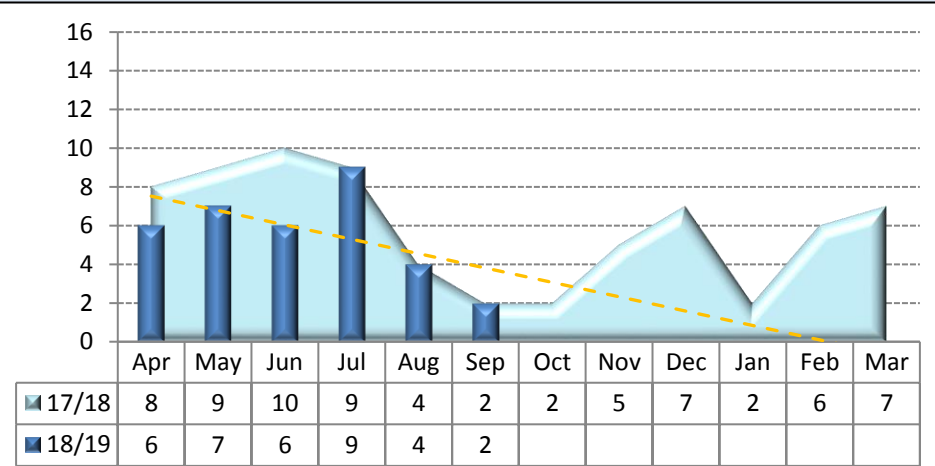
Chart 1 - Total number of Cases Currently Open to the YOT



Data Comments : This indicator has seen a decrease of 28% in the number of open cases since August 2017 (92) compared to 66 in September 2018.

Target :	Monitor
Latest :	66
Variance :	
SN :	

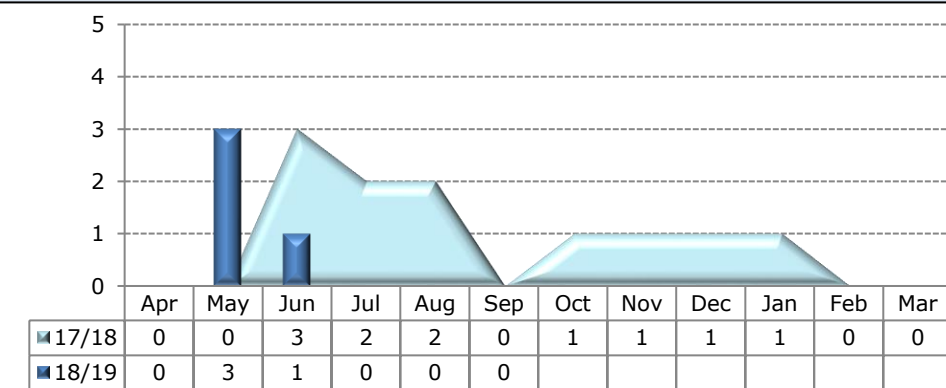
Chart 2 - First Time Entrants to the YJS Aged (10 to 17)



Data Comments : The number of first time entrants has seen a decrease from 9 in July 2018, to 2 in September, which is the same figure seen in September 2017.

Target :	Monitor
Latest :	2
Variance :	
SN :	

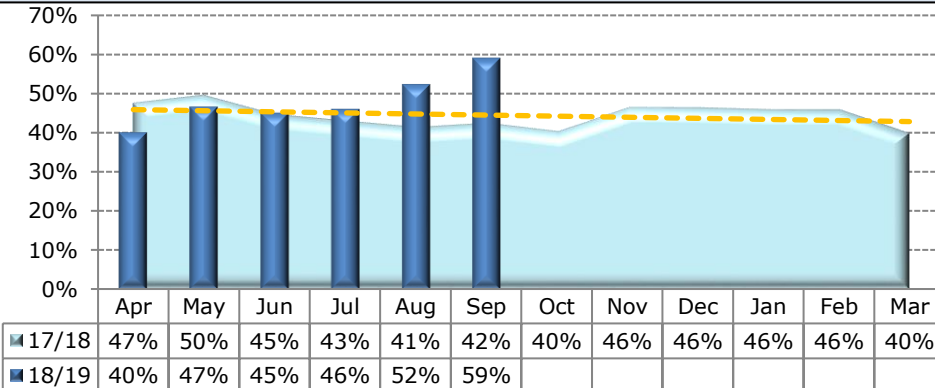
Chart 3 - No. of Young Offenders Sentenced to Custody



Data Comments : There have been no Young Offenders sentenced to custody in September, which is the same as the previous month.

Target :	0
Latest :	0
Variance :	0
SN :	0.36

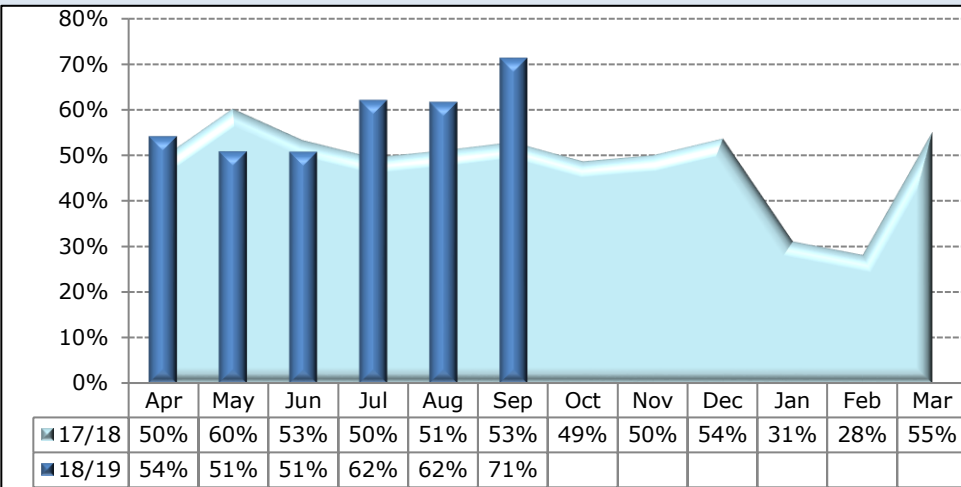
Chart 4 - Rate of Open Statutory Cases Assessed as Intensive on Scaled Approach



Data Comments : September figures have reached the highest percentage seen in the last 12 months.

Target :	Monitor
Latest :	59.0%
Variance :	
SN :	

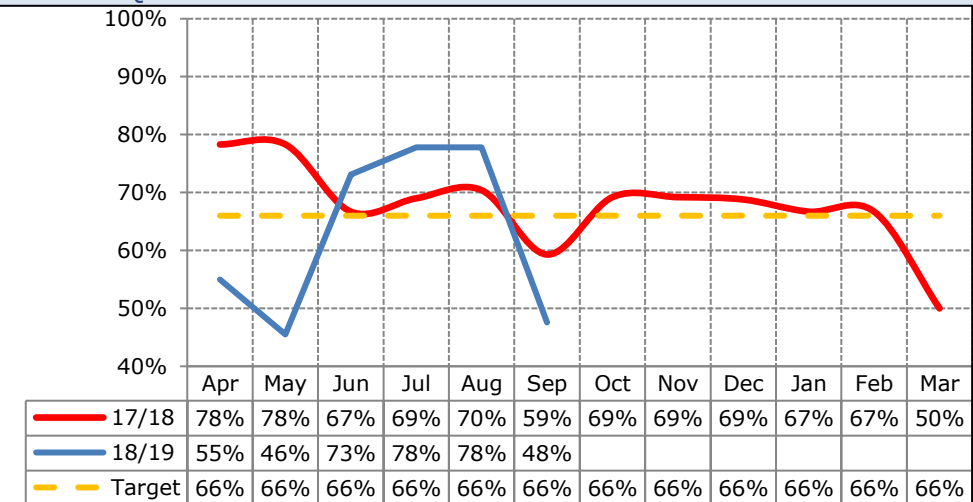
Chart 5 - Percentage of Young People who are YOT Confirmed Gang Members



Data Comments : September figures have reached the highest percentage seen in the last 12 months.

Target :	Monitor
Latest :	71.0%
Variance :	
SN :	

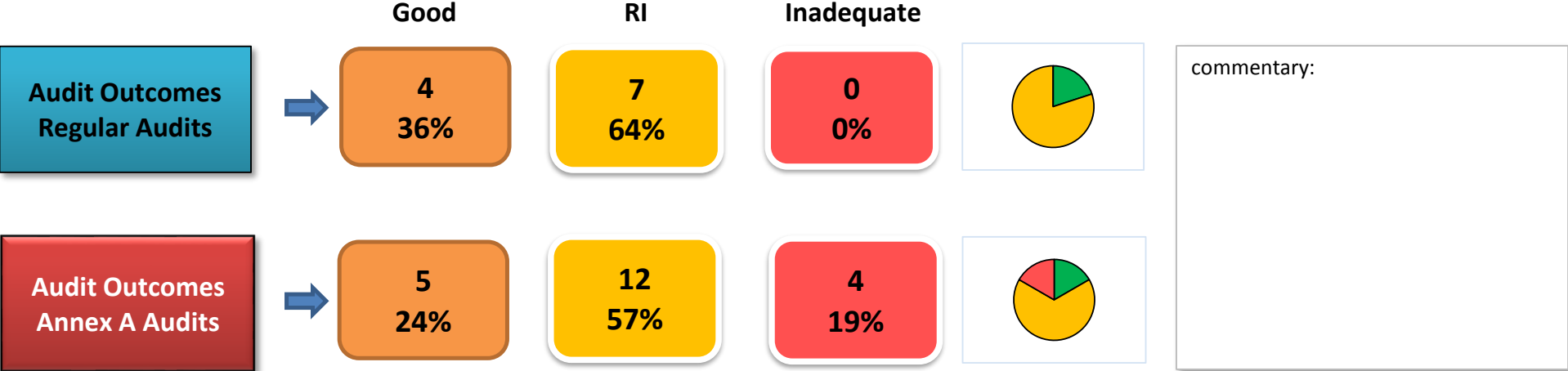
Chart 6 - ETE Status of Overall Score: Young People Ending Orders in Previous Quarter



Data Comments : When compared to the previous month, this indicator has dropped by 30% in September to 48%. ETE is currently 11% lower than the same period the previous year.

Target :	66%
Latest :	47.6%
Variance :	(27.9%)
SN :	

September 2018 Quality Assurance Dashboard



Service Area - Audit Gradings Breakdown - Regular and Annex A Audits

		Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Early Help	Good	0	0	0							
	RI	1	0	3							
	Inadequate	0	0	0							
Duty and Assessment	Good	4	2	5							
	RI	9	9	8							
	Inadequate	1	0	2							
Intervention and Planning	Good	2	1	1							
	RI	10	7	7							
	Inadequate	1	4	2							
REACH	Good	0	0	0							
	RI	0	0	1							
	Inadequate	0	0	0							
CP - Children in Care	Good	1	1	2							
	RI	2	0	0							
	Inadequate	0	0	0							
CP - Adoption and Post Permanence	Good	0	1	0							
	RI	0	0	0							
	Inadequate		0	0							
Placements and Disabilities	Good	0	0	0							
	RI	1	2	0							
	Inadequate	0	0	0							
CP - Onwards and Upwards	Good	0	0	1							
	RI	1	2	0							
	Inadequate	0	0	0							
TOTAL		33	29	32							

September 2018 Quality Assurance Dashboard

Domain Outcome- Combined Assessments

	Good		RI		Inadequate		Not Graded		Total Count
	No.	%	No.	%	No.	%	No.	%	
Jul-18	12	43%	13	46%	3	11%	0	0%	28
Aug-18	9	36%	12	48%	4	16%	0	0%	25
Sep-18	10	34%	16	55%	3	10%	0	0%	29

N/A
No.
5
4
3

Domain Outcome - Management Oversight

	Good		RI		Inadequate		Not Graded		Total Count
	No.	%	No.	%	No.	%	No.	%	
Jul-18	7	21%	23	70%	3	9%	0	0%	33
Aug-18	6	22%	14	52%	7	26%	0	0%	27
Sep-18	9	29%	16	52%	6	19%	0	0%	31

N/A
No.
0
2
1

Domain Outcome - CPC, Plan and core group meetings

	Good		RI		Inadequate		Not Graded		Total Count
	No.	%	No.	%	No.	%	No.	%	
Jul-18	2	33%	4	67%	0	0%	0	0%	6
Aug-18	0	0%	4	100%	0	0%	0	0%	4
Sep-18	1	50%	1	50%	0	0%	0	0%	2

N/A
No.
27
25
30

Domain Outcome - CIN

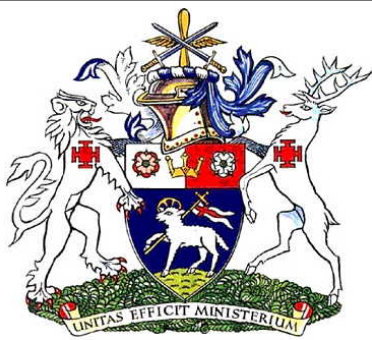
	Good		RI		Inadequate		Not Graded		Total Count
	No.	%	No.	%	No.	%	No.	%	
Jul-18	1	10%	6	60%	3	30%	0	0%	10
Aug-18	0	0%	4	67%	2	33%	0	0%	6
Sep-18	1	13%	4	50%	3	38%	0	0%	8

N/A
No.
23
23
24

Domain Outcome - CiC

	Good		RI		Inadequate		Not Graded		Total Count
	No.	%	No.	%	No.	%	No.	%	
Jul-18	0	0%	1	100%	0	0%	0	0%	1
Aug-18	1	20%	3	60%	1	20%	0	0%	5
Sep-18	2	50%	2	50%	0	0%	0	0%	4

N/A
No.
32
24
28



Health and Wellbeing Board

17 January 2019 AGENDA ITEM 10

Title	Draft Barnet Children and Young People Plan 2019-2023
Report of	Strategic Director – Children and Young People
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1: Draft Children and Young People Plan 2019-2023
Officer Contact Details	Lee Robinson (Commissioning, Strategy and Policy Advisor) email. lee.robinson@barnet.gov.uk telephone. 0208 359 7465

Summary

The new Children and Young People's Plan 2019-2023 establishes the vision, key priorities and outcomes for children and young people in Barnet, providing a strategic framework for partnership activity in the borough.

Barnet is forecast to have the largest number of children of any London borough by 2020. With a large and growing number of children, young people and families, we remain committed to our vision to make Barnet the best place to live for families in London.

The concept of Family Friendly Barnet was introduced in the 2016-2020 plan. This Plan builds on that vision where outcomes and priorities focus on how partners can support families to be resilient and strengthen communities.

The Plan's outcomes and priorities have been informed by our work as a UNICEF UK child-rights partner, engaging with children and young people, parents and carers, and professionals as well as analysis of need from key documents including the Joint Strategic Needs Assessment.

Officers Recommendations

- 1. That the Health and Wellbeing Board consider and comment on the draft Children and Young People Plan 2019-2023 including the vision and key outcomes**

1. WHY THIS REPORT IS NEEDED

- 1.1 Barnet's Children and Young People Plan (CYPP) is a four-year plan setting out priorities to improve outcomes for children and young people in the borough. The plan has been developed by key partners including the council, children and young people, Barnet Borough Police, Barnet Clinical Commissioning Group, schools and the voluntary sector.
- 1.2 Barnet is a key destination for families, with good schools. The borough is forecast to have the largest number of children of any London borough by 2020. Data about the population has informed the Plan with key objectives reflecting the changing demographics
- 1.3 Since the development of the Barnet Children and Young People Plan 2016-2020 there have been significant changes affecting the lives of young people in the borough. These include national policy changes affecting the delivery of essential services and an Ofsted improvement plan to raise standards in social care. The Plan has therefore been developed in response to their changing needs.
- 1.4 Children and young people have been actively engaged in the process through our work within UNICEF UK to embed a child-rights based approach. The Plan places children and young people at the heart of conversations and decisions setting out the framework for good outcomes and success. It has been developed with input from a range of stakeholders that includes children and young people, parents and carers, health, police, voluntary sector, schools and the council enabling joint ownership of outcomes.
- 1.5 The outcomes, objectives and priorities in the Plan focus on supporting families, children and young people to be resilient and strengthen communities.
- 1.6 The plan sets out seven key outcomes for children and young people
 - Safe & Secure - Children and young people are safe and protected from harm
 - Family & Belonging – Families and children can be together and part of a community that encourages resilience
 - Health & Wellbeing - Children are supported to achieve a healthy start in life, enjoy a healthy lifestyle and to build resilience
 - Education & Learning – Children and young people can learn about the world around them
 - Culture – Our attitudes and behaviours enhance the way we work with children and young people
 - Cooperation & Leadership – We include children and young people in decision making

- Communication – Information is shared effectively to children, young people and families across the borough

2. REASONS FOR RECOMMENDATIONS

- 2.1 The recommendations in this report have been developed following a consultative process involving a range of stakeholders, as well as a review of quantitative data about the needs of children and young people in Barnet.
- 2.2 The proposals in this report are recommended for further consultation, after which the Council will make a decision to approve the Children and Young People's Plan.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 This is a statutory plan so there is no alternative option

4. POST DECISION IMPLEMENTATION

- 4.1 If the Committee approves the draft's release to public consultation, this will be carried out as described in paragraph 5.9.1
- 4.2 Children and young people will be involved in the look and feel of the final design of the plan
- 4.3 Implementation of the Plan will be monitored through regular reports presented to the Children's Partnership Board. This will enable review and scrutiny and highlight progress against objectives.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The Children and Young People's Plan will support the Council's corporate priorities as expressed in its draft Corporate plan for 2019-24, which was reviewed by this committee on 29 November 2018 and by Policy and Resources Committee on 11 December 2018. This sets out the vision and strategy for the next five years based on three main outcomes:

- A pleasant, well-maintained borough that we protect and invest in
- Our residents live happy, healthy, independent lives with the most vulnerable protected
- Safe and strong communities where people get along well

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

- 5.2.2 The Children and Young People's Plan sets out what all partners will do to improve outcomes for children and young people in Barnet. It has been developed in consultation with service managers and will inform service plans in the council and partner agencies.

5.2.3 Council budgets already support key partnerships in Barnet to achieve the desired outcomes in the Children and Young People's Plan. Key partnerships include Barnet Safeguarding Children Board and Health and Wellbeing Board which is supported by a wide variety of council budgets.

5.2.4 Any financial implications of the Children and Young People's Plan will be contained within existing budgets.

5.3 Social Value

5.3.2 In taking forward the Children and Young People's Plan due regard will be paid to the Social Value Act. The Social Value Act will be a useful tool in ensuring that our activities are embedded in prevention and early intervention. We will seek to look for added value that our partners can bring to deliver desired outcomes.

5.3.3 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

5.4.2 The Children and Young People's Plan (England) Regulations 2005 requires local authorities to prepare, consult upon, publish and review a plan, known as the Children's and Young People's Plan. The plan must set out improvements the authority intends to make in relation to children's wellbeing. The plan shall in particular include a statement on how such improvements are to be made in relation to integration of services, arrangements to safeguard and promote welfare under s.11 Children Act 2004 and arrangements for early intervention and preventative action, a needs assessment, an outline of key actions, a statement on how the authority's budget will be used and a statement on how the plan relates to overall performance management and review of services for children and young people.

5.4.3 The Regulations require that a local authority consults prescribed persons during the preparation of the plan, including children, young people and families and their representatives, diocesan authorities, the voluntary sector, community groups, the local safeguarding children board, partner agencies, schools and the schools forum.

5.4.4 Under the Council's Constitution, Article 7, the Health and Wellbeing Board has responsibility for overseeing public health and developing health and social care integration.

5.5 Risk Management

5.5.2 The nature of services provided to children and families by Family Services manage significant levels of risk. An inappropriate response or poor decision making around a case could lead to a significant children's safeguarding incident resulting in significant harm. Good quality early intervention and social care services reduce the likelihood of children suffering harm and increase the likelihood of children developing into successful adults and achieving and succeeding.

5.6 Equalities and Diversity

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
- foster good relations between people from different groups

5.6.3 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.

5.6.4 The Plan takes account of the diverse population in Barnet. Information on children and young people relating to gender, disability and ethnicity is set out in the plan and includes the needs of these different groups.

5.7 Corporate Parenting

5.7.1 In July 2016, the Government published their Care Leavers' strategy *Keep on Caring* which outlined that the "... [the government] will introduce a set of corporate parenting principles that will require *all departments* within a local authority to recognise their role as corporate parents, encouraging them to look at the services and support that they provide through the lens of what a reasonable parent would do to support their own children.'

5.7.2 The corporate parenting principles set out seven principles that local authorities must have regard to when exercising their functions in relation to looked after children and young people, as follows:

1. to act in the best interests, and promote the physical and mental health and well-being, of those children and young people;
2. to encourage those children and young people to express their views, wishes and feelings;
3. to take into account the views, wishes and feelings of those children and young people;
4. to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners;
5. to promote high aspirations, and seek to secure the best outcomes, for those children and young people;
6. for those children and young people to be safe, and for stability in their home

lives, relationships and education or work;

7. to prepare those children and young people for adulthood and independent living.

5.7.3 As part of the development of the Children and Young Peoples Plan and to ensure Barnet has due regard to the Principles and improves on the delivery of corporate parenting to its children in care and care leavers in Barnet:

- An annual report on performance against Barnet's Corporate Parenting Pledge was submitted to the Corporate Parenting Advisory Panel in September 2018. Barnet have committed to supporting children and young people to achieve their best in childhood, adolescence and adulthood within the Corporate Parenting Pledge for children in care and care leavers, as approved by full council on 29 January 2016. The Pledge can be found in section 6.3.
- Provide learning and development for elected members and senior officers to understand their duties and responsibilities to children and care and care leavers and ways in which the Principles can be embedded and sufficient challenge provided regarding work and decisions of the council. A training session was held in May 2018.
- Ensure elected members, senior officers and partners can monitor and challenge the performance of the council and its partner agencies pertaining to consideration of the Principles and outcomes for children in care and care leavers through the appropriate channels. This includes the Children, Education and Safeguarding Committee (bi-monthly), Corporate Parenting Advisory (quarterly) Panel and Corporate Parenting Officers' Group (monthly).

5.8 Consultation and Engagement

5.8.1 Consultation workshops took place with partners, children and young people, parents and carers, whose feedback also informed the development of the draft Plan.

5.8.2 If the draft Plan is approved formal public consultation will commence following CES Committee on the 16 January 2019 before the final Plan is agreed.

5.8.3 This draft document will have its final design stage in January to ensure it meets corporate design guidance, before the consultation starts.

5.8.4 The consultation will run for eight weeks and will consist of an online consultation - published on Engage Barnet which will include a link to the full strategy and a consultation document which summarise the strategy and key questions. Residents will be able to give their views via an online questionnaire. Alternative formats will also be made available on request.

5.9 Insight

5.9.1 In developing the Children and Young People Plan the council has drawn on insight from the 'Profile of Children and Young People in Barnet', and the Joint Strategic Needs Assessment - which both provided data to support identification of key areas of need across the borough.

6 BACKGROUND PAPERS

6.1 None

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Barnet Children and Young People's Plan 2019 – 2023



Welcome

Written statement by children and young people (to be inserted)

Introduction to Children and Young People's Plan for 2019 - 2023

Since the last Children and Young People's plan we have worked towards the vision of creating a Family Friendly Barnet, enabling opportunities for our children and young people to achieve their best. Barnet's Family Services is improving with significant change being made to ensure the practice is of a high standard and the needs of children are well served.

We continue to maintain the quality of education in the Borough, ensuring that young people have the best start possible. 95% of our schools are graded Good or Outstanding and are a significant factor in making the borough a top destination for families living in London. Barnet was ranked second highest in the country based on Progress 8 scores which measures the

progress made by each student during their time at secondary school and fifth for attainment of pupils at GCSE.

Our work to raise awareness of travel safety using public transport has proved very successful with more young people feeling safer travelling in the borough. Wider concerns reported by young people about crime and violence are being tackled with the implementation of the Vulnerable Adolescents Strategy, ensuring that agencies work together across the Borough, and London, to share intelligence, best practice and ensure risk is managed effectively. Complimenting this work, our Resident, Engaged, Achieving Children Hub (REACH) team is achieving success with young people benefiting from a coordinated response to meet sometimes very complex needs.

A series of programmes for children and young people designed to promote mental health awareness have been launched. We have developed and rolled out delivery plans for schools as part of our Resilient Schools Programme, which covers support for pupils, staff curriculum development, digital resilience and several other key

strands developed through research. In June 2017, we launched the Kooth online counselling service for 11-25 year olds, with 176 Barnet young people using the service in the first three months.

We are the first London borough to work with UNICEF UK through the Child Friendly Cities and Communities programme. The programme, launched locally in May 2017, brings together the Local Authority, Voluntary and Community Sector, Police, Education and Health to focus on embedding a robust child rights-based approach across the borough. It is a continuation of our previously stated vision 'to make Barnet the most Family Friendly Borough by 2022', targeting developing families' resilience which evidence tells us is pivotal to delivering the best outcomes for children and young people. We've listened to a wide range of views from children and young people and professionals realising that it is not the end of the conversation but the start of a new chapter.

Councillor Longstaff

Lead Member of Children, Education
and Safeguarding Committee



The Children's Partnership is committed to improving outcomes for Barnet's children and young people, their families and their communities. Our ambition is to create a child friendly borough, where children and young people's rights are respected. A place where the voices, needs, priorities and rights of children are considered and taken seriously as an integral part of public policy, programmes and decision-making.

We recognise that the delivery of these outcomes will require universal services that offer support, build resilience and provide important protective factors. We also recognise the need to deliver high quality services for all our young people, particularly our most vulnerable, through the work of our partners. We understand that this will require a strong commitment work together effectively to secure the delivery of efficient, high quality and best value services.

Chris Munday

Strategic Director – Children and Young people

This plan can only be delivered through agencies working together across Barnet, with children at the centre of service planning and delivery. This signed pledge represents the commitment by partners and Barnet council to continue to work with children in a responsive, collaborative and empowering way.

"We the undersigned will ensure children have a meaningful say in any actions and decisions which affect them and how services are designed and delivered. Their rights are fundamental and will be protected and realised. We will enable access to what children need to develop, participate and flourish."

Signed by senior executives from each partner organisation on behalf of:

Barnet Council Elected Members

Barnet Children's Services

Barnet Schools (Cambridge Education)

Barnet Public Health

Barnet Homes

Barnet Community Mental Health (CAMHS)

Barnet Clinical Commissioning Group

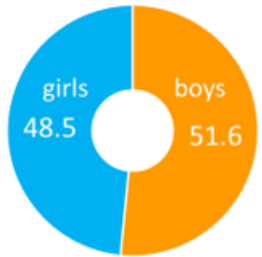
Barnet Metropolitan Police Service

Barnet Schools

Barnet Voluntary Community Sector

Barnet Multi-Faith Group

Key Facts



AGE OF YOUNG PEOPLE POPULATION

N=99,152 26% OF TOTAL POPULATION

15-19 y/o

21%

10-14 y/o

24%

5-9 y/o

28%

0-4 y/o

27%

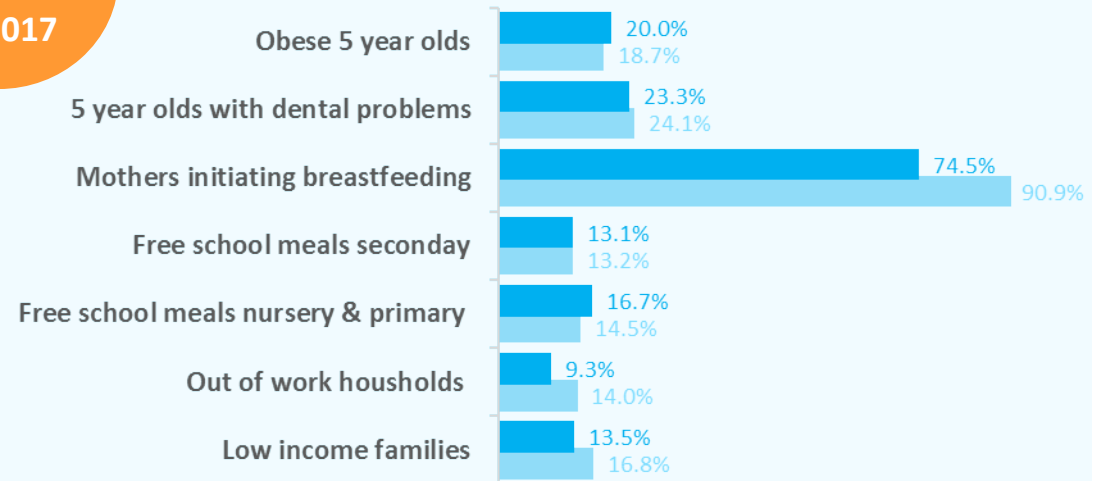
Children and young people from black and minority ethnic groups

England 30%

Barnet 52%

5190
Live births
in 2017

Children's households comparison Barnet and England



182

Languages other than English spoken as a first language by primary school pupils

Pupils with English as an additional language

51.2%

Primary

38.2%

Secondary

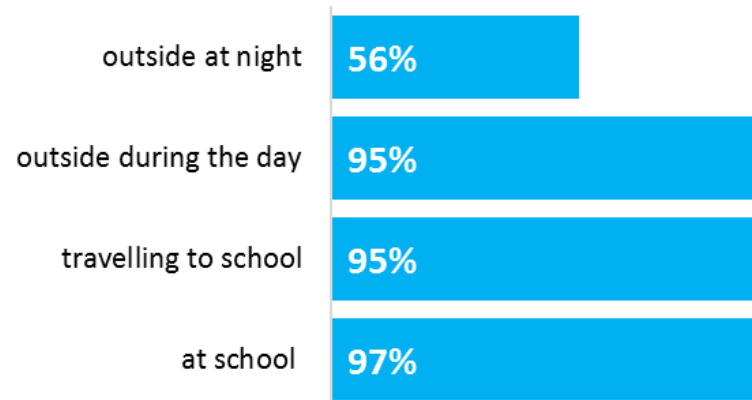
135

Languages other than English spoken as a first language by secondary school pupils

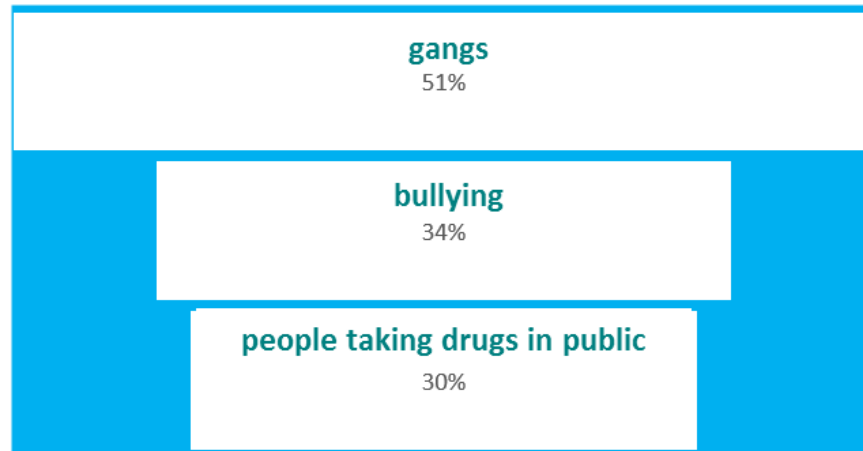
The children and young people who live in Barnet

Young People's Perception Survey 2017

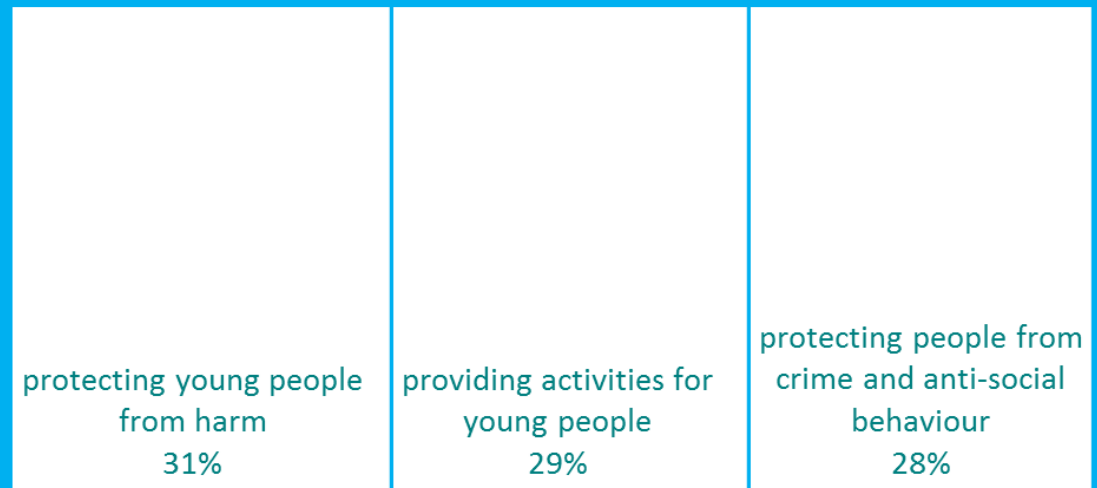
Young People in Barnet Feel Safe



Their top safety concerns are



Councillors and partners can improve the lives of children by



Top general concerns

Lack of jobs



Crime

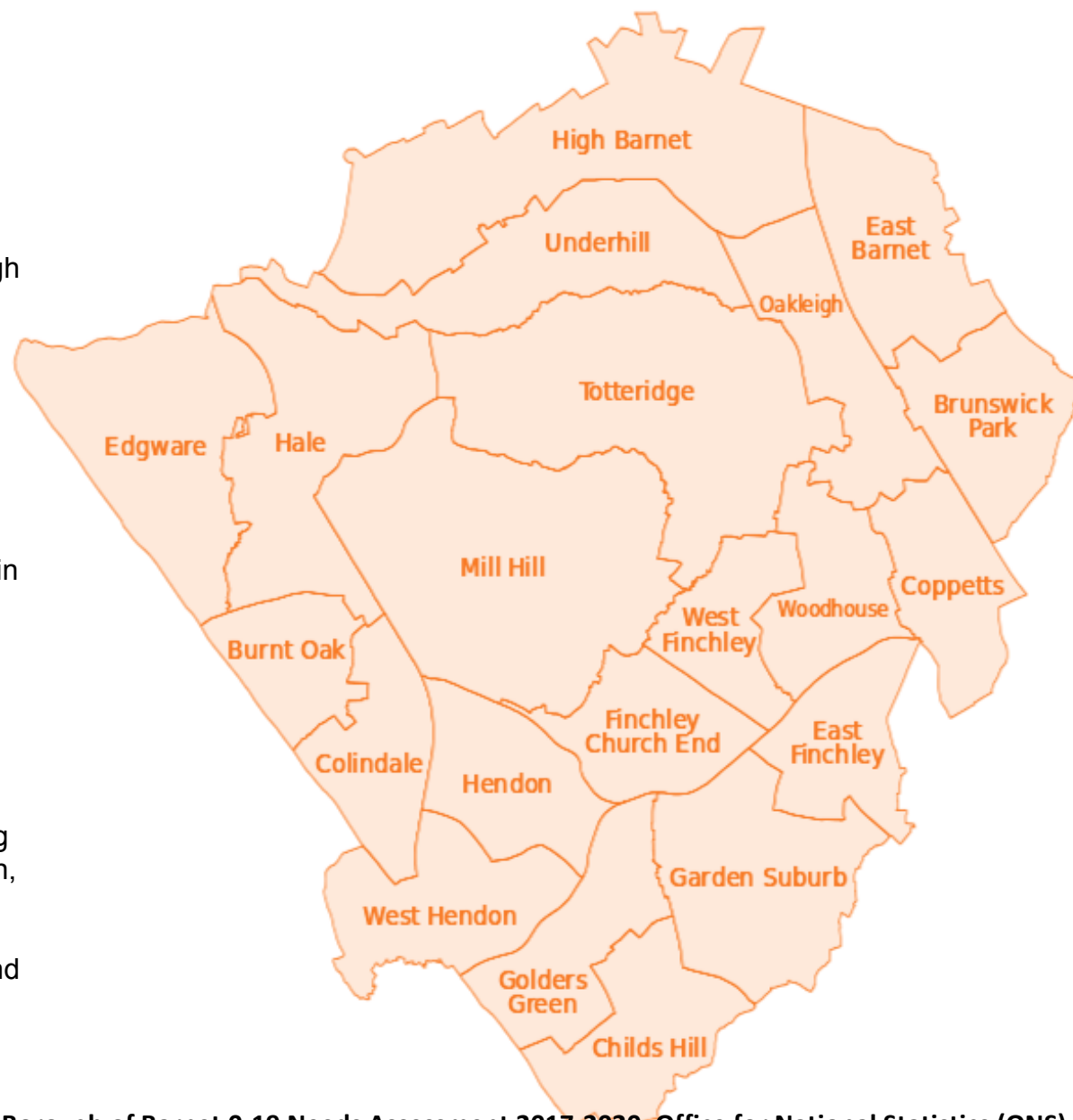


Not enough being done for young people



Future Trends

- Barnet is forecast to have the largest number of children of any London borough by 2020.
- The population of children and young people in Barnet is estimated to grow by 3% between 2018 and 2025, when it is projected to reach 101,875
- Projections suggest that by 2025, the population of children and young people in Colindale will be the highest of any ward, although the wards with the highest proportions of young people aged 0-19 years old in 2025 are projected to be: Golders Green (32%), Edgware (30%) and Burnt Oak (29%).
- The overall number of children and young people with SEN statements or Education, Health and Care Plans rose by 26% between 2014 and 2017 and is expected to rise by a further 20% between 2017 and 2025.



Source: Joint Strategic Needs Assessment, London Borough of Barnet 0-19 Needs Assessment 2017-2020, Office for National Statistics (ONS), Schools Survey 2017, Young People's Perception Survey 2017, Greater London Authority

Our resilience based approach

Our aim is to make Barnet the most Family Friendly Borough by 2022. The strategy to achieve this is to focus on developing families' resilience, which evidence tells us is pivotal to delivering the best outcomes for children and young people.

Resilience is defined as “the ability to bounce back from stress and adversity and take on new challenges, leading to better outcomes” (Pearson & Hall 2006, adapted)

Why is it important to develop resilience?

Resilience makes a big difference in young lives. Children and families who respond to hardships with resilience are:

- healthier and live longer
- happier in their relationships
- more successful in school and work
- less likely to get depressed

What builds resilience?

Many of the things that support healthy development in young children also help build their resilience. These can include:

- a secure bond with a caring adult
- relationships with positive role models
- opportunities to learn skills
- opportunities to participate in meaningful activities

The role that Barnet council and its partners play in the life of children and their families provides a unique opportunity to promote and embed resilience. Resilience based practice sits at the heart of improving outcomes for children and young people; an approach that is based on looking for strengths and opportunities to build on, rather than for issues or problems to treat.

Our approach to embedding child rights



Over the next three years, the London Borough of Barnet, including all its delivery partners, will work with UNICEF to progressively achieve a number of core outcomes. The overarching ambition is for the borough to be recognised by UNICEF UK as a UNICEF Child Friendly Community in 2020.

Participation of children and young people is essential to the partnership and that is why the UNICEF work is critical. The first phase of the partnership has been dedicated to building an understanding of local context – Barnet’s strengths, priorities, challenges and areas that require improvement. It has been a

participatory process that included a broad range of stakeholders from the council and partners and, importantly, children and young people. Data and information obtained as part of that phase has informed the Children and Young People’s Plan. The three foundational outcomes stipulated by UNICEF are fundamental to the success of the programme, and will also form part of our Children and Young People’s Plan. In addition, our key partnership strategy focuses on health outcomes as a priority.

Outcomes

Over the next 3-5 years all 6 outcomes will be assessed by an independent panel of experts in children’s rights, well-being, local government and public policy.

Family & Belonging Families and children can be together and be part of a community that encourages resilience

Safe & Secure Children and young people are safe and protected from harm

Education & Learning Children and young people can learn about the world around them

Culture Our attitudes and behaviours enhance the way we work with and for children and young people

Cooperation & Leadership We include children and young people in decision making

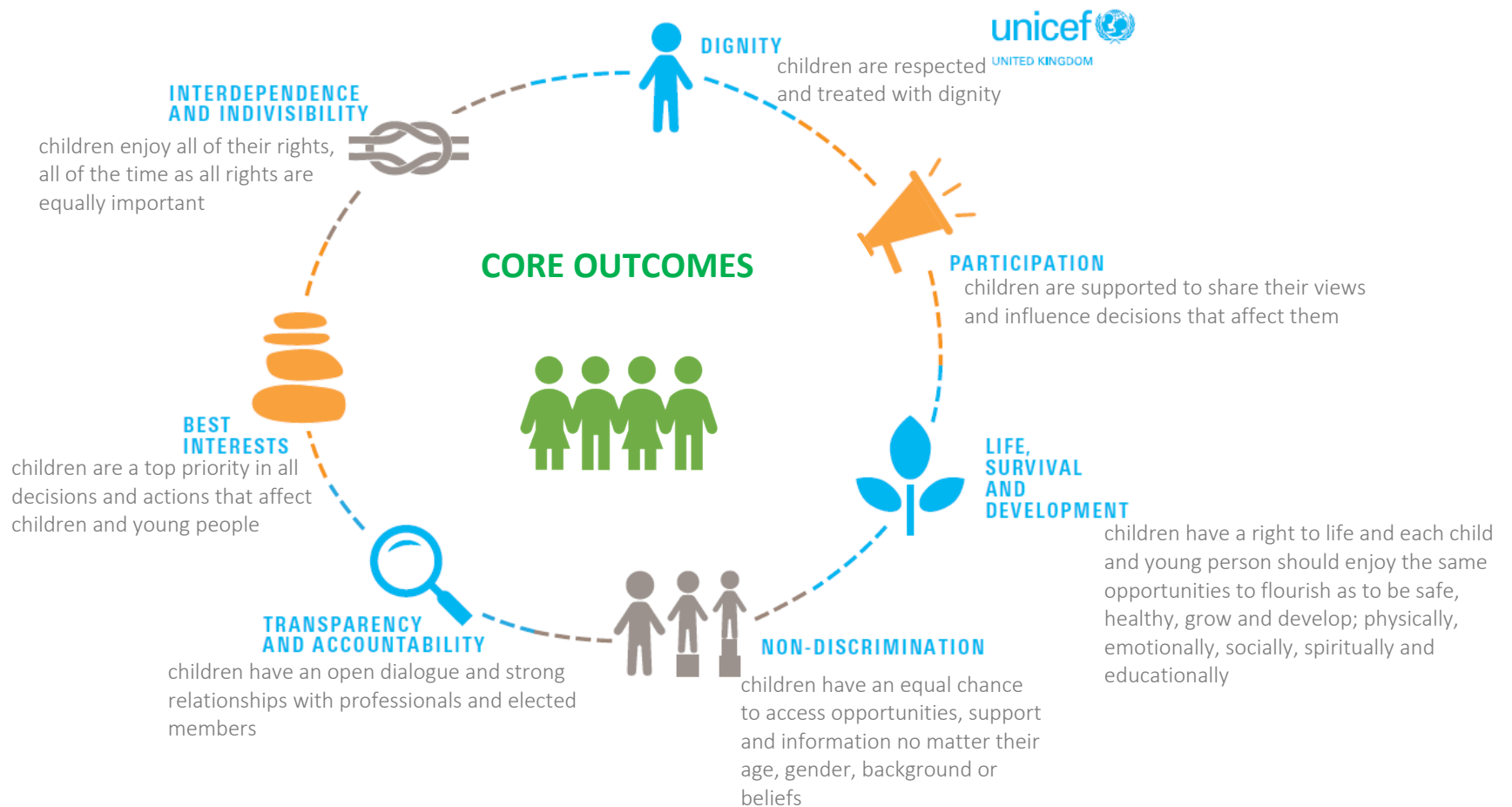
Communication Information is shared effectively to children, young people and families across the borough

Health & Wellbeing Children are supported to achieve a healthy start in life, enjoy a healthy lifestyle and to build resilience



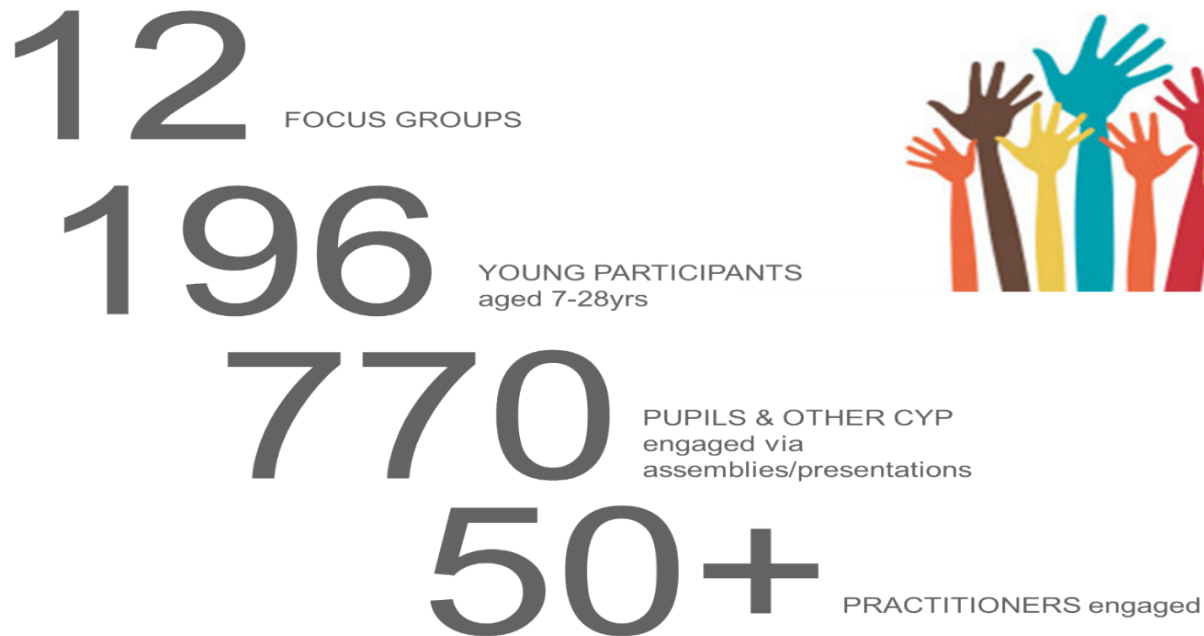
The seven key principles of a child rights-based approach

The principles will run through all our core outcomes and will enhance and improve the way we support children and young people to enjoy their rights in Barnet.



How we have involved children and young people

We have worked with children, young people and professionals to explore key themes and ideas understanding strengths, priorities, challenges and areas that require improvement



How we are addressing children's needs

This section of the plan details the objectives that we have identified under each of the outcomes, how these will be monitored and who is responsible for delivering them.

Family & Belonging

- Provide support that encourages and builds resilience
- Improve social, emotional and physical health and well being
- Provide play, leisure, culture and sporting opportunities

Safe & Secure

- Ensure the most vulnerable are protected
- Help children to live in safe and supportive families and communities
- Prevent young people from being drawn into violence, crime, exploitation and anti-social behaviour
- Strengthen engagement with professionals
- Enable environments to allow CYP to express their concerns

Health & Wellbeing

- Give every child in Barnet the best possible start to a healthy life
- Support children and young people to adopt health lifestyles to prevent avoidable illness and improve their social, physical and mental wellbeing
- Enable children and young people to build emotional resilience

Education & Learning

- Improve achievement and close attainment gaps
- Awareness and training in Child Rights for pupils, staff and alternative education settings

- Improve outcomes for CYP with special educational needs and disability
- Support children to have their best start in life and be ready for learning
- Support schools to improve attendance and minimise exclusions

Culture

- Encourage and highlight the contribution of children and young people in everything we do
- Embed child rights across policies and procedures

Cooperation & Leadership

- Opportunities exist to enable children and young people to have a voice in key decisions affecting their lives
- Young people have a platform to lead on programmes that benefit the lives of children and young people in Barnet

Communication

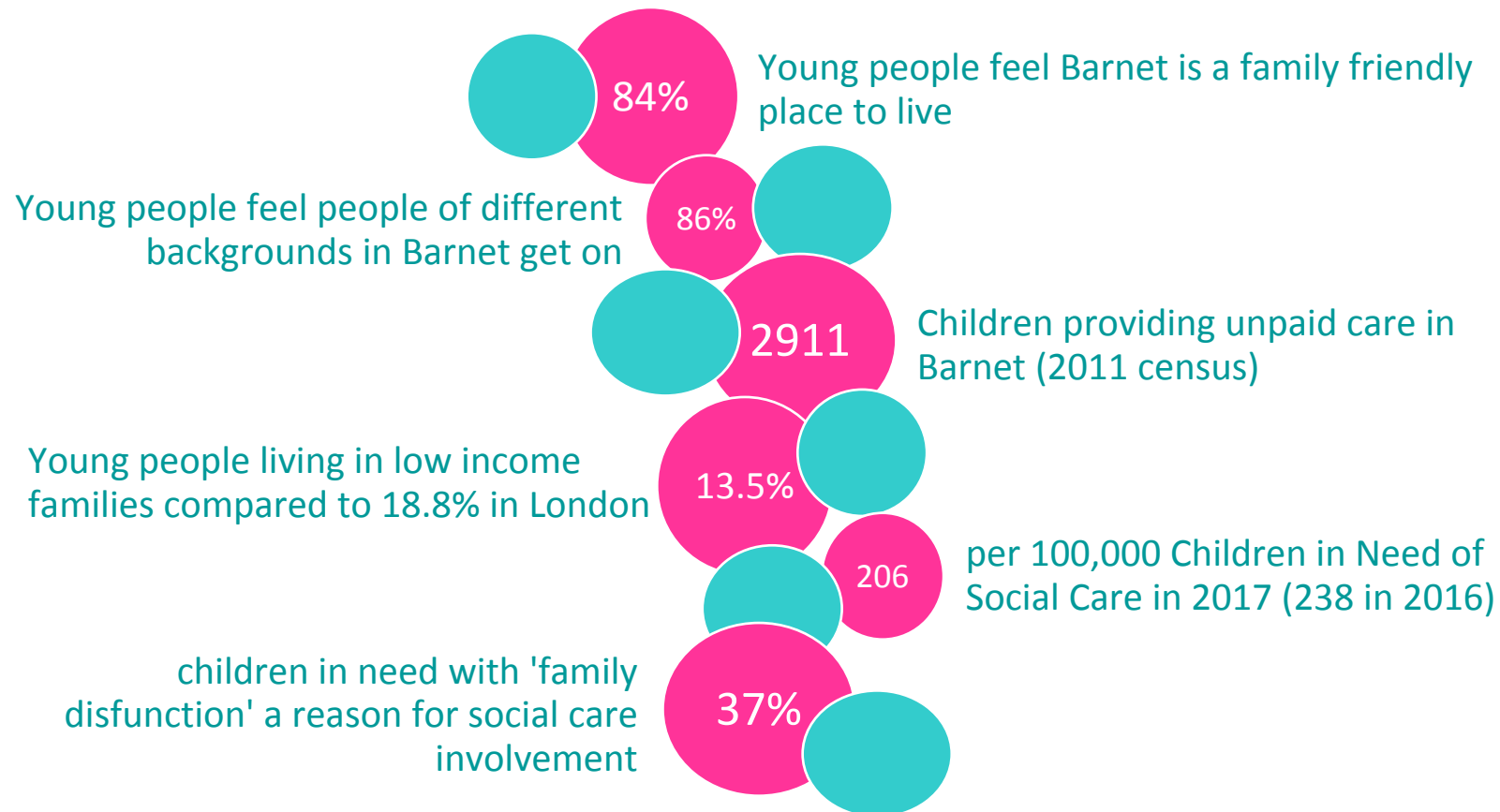
- Ensure children and young people are aware of the support and services available
- Effective communication channels to engage children and young people
- Ensure children and families know about and can influence decisions that affect them

Regular reports on each outcome will be presented to the Board throughout the year for review and scrutiny. These will highlight progress towards our objectives. This work will include and be supported by a UNICEF action plan providing a holistic approach to achieve the right outcomes.

Family and Belonging

Families and children can be together and be a part of a community that encourages resilience

What we know



What young people have told us

- Enhance partnership working across the sectors to provide access and support for children, young people and families
- Strengthen and tailor support for children and young people at key transition points including primary-secondary
- Increase access to community spaces when children and young people require them
- Consider designated no-smoking areas and no car zones or times on residential roads

What we are doing

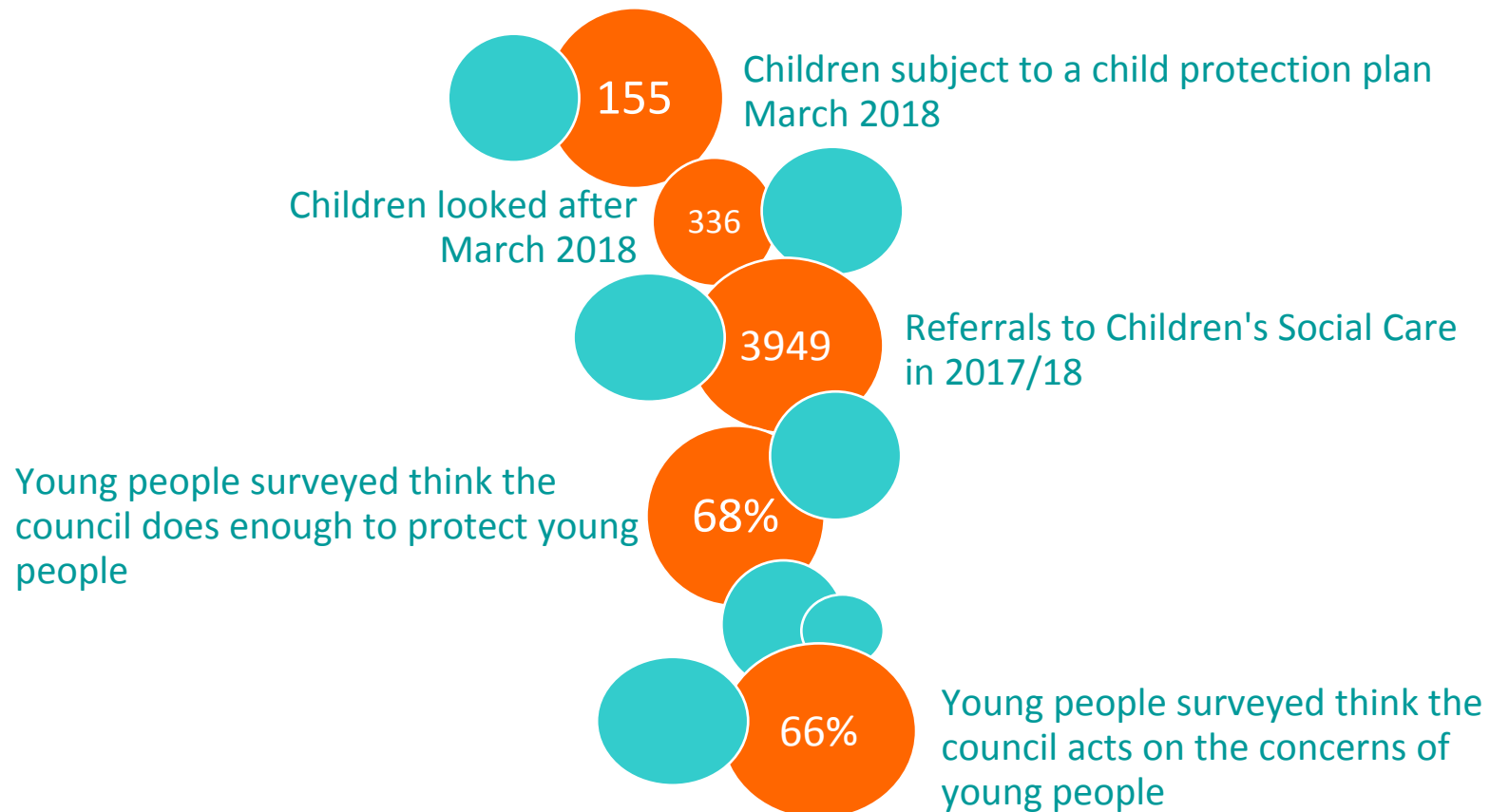
Provide support that encourages and builds resilience	Responsible	How we will monitor the priority
Continue to embed resilience based practice to build families' resilience in supporting the independence of children and young people	Family Services	Family Services Improvement Board Children, Education and Safeguarding Committee Ofsted reports
Enhance partnership working with the VCS across the sectors to support Children, Young People and their families	Young Barnet Foundation Inclusion Barnet	VCS Partnership
Improve social, emotional and physical health and wellbeing	Responsible	How we will monitor the priority
Enhance and relaunch the SEND local offer to provide information, advice and support to children, young people and families	SEND Partnership	SEND Partnership Board
Develop clearer education transition planning for young people across all key stages: Early Years to Schools to Adults	Cambridge Education	Education Strategic Partnership Board
Prioritise family sized housing in the development of new homes	Growth and Development	Regeneration Strategic Plan

Provide play, leisure and sporting opportunities	Responsible	How we will monitor the priority
Develop Barnet Youth Zone - a purpose-built facility for children and young people in Burnt Oak/Colindale area of Barnet	Family Services	Barnet Council/OnSide charity
Ensure children, young people and their families can access green and open spaces to enjoy - parks, gardens & landscapes	Green Spaces Family Services The Partnership	Green Spaces Master Plans
Provide free accessible and inclusive family events/activities that promote and enable greater community cohesion, including amongst Barnet's diverse cultures and faiths	VCS Community Participation Multi-faith forum	Voluntary Sector Partnership
Promote, grow and strengthen opportunities for CYP and families to access healthy lifestyle activities that enhance mental, emotional and physical activity	YBF & partners Fit & Healthy Barnet (FAB)	Voluntary Sector Partnership
Create community spaces that are open when children need them	Community Participation Family Services Cambridge Education	Barnet Council

Safe and Secure

Children and young people are safe and protected from harm

What we know



What young people have told us

- Consider young people as part of the solution to reduce youth crime and violence by linking in with the services that are working on the strategies.
- Build stronger trusted relationships with adults, support workers and leaders in the community
- Encourage the police to deliver existing workshops without police uniforms, and whether young people can deliver training to the police
- Increase services that support children and young people living with mental health issues, break down barriers and challenge stigmas.
- Assist young people with a greater understanding and context around safeguarding procedures – relevant to the setting they engage with
- More youth-led platforms that exist solely to gain young people's voices on issues/opportunities affecting young residents

What we are doing

Ensure the most vulnerable are protected	Responsible	How we will monitor the priority
Raise standards and effectiveness through implementation of Ofsted Improvement Plan	Family Services	Family Services Improvement Board Children, Education and Safeguarding Committee Ofsted reports
Intervene at the earliest stage of identified need so that children, young people and family's problems are resolved without the need for escalation to statutory services and interventions through our 0-18 early help approach	Family Services The Partnership	Family Services Improvement Board Children, Education and Safeguarding Committee Ofsted reports 0-19 Project Board
Ensure multi-agency work involving vulnerable adolescents is focused on the reduction of vulnerability through Vulnerable Adolescents Strategy (2018)	Family Services The Partnership	Vulnerable Adolescents Community Partnerships Board Safeguarding Adolescents at Risk Group Barnet Safer Communities Partnership Board
Improve and strengthen cross sector working and safeguarding procedures, training and updates	Barnet Safeguarding Partnership Board	Barnet Safeguarding Children Partnership

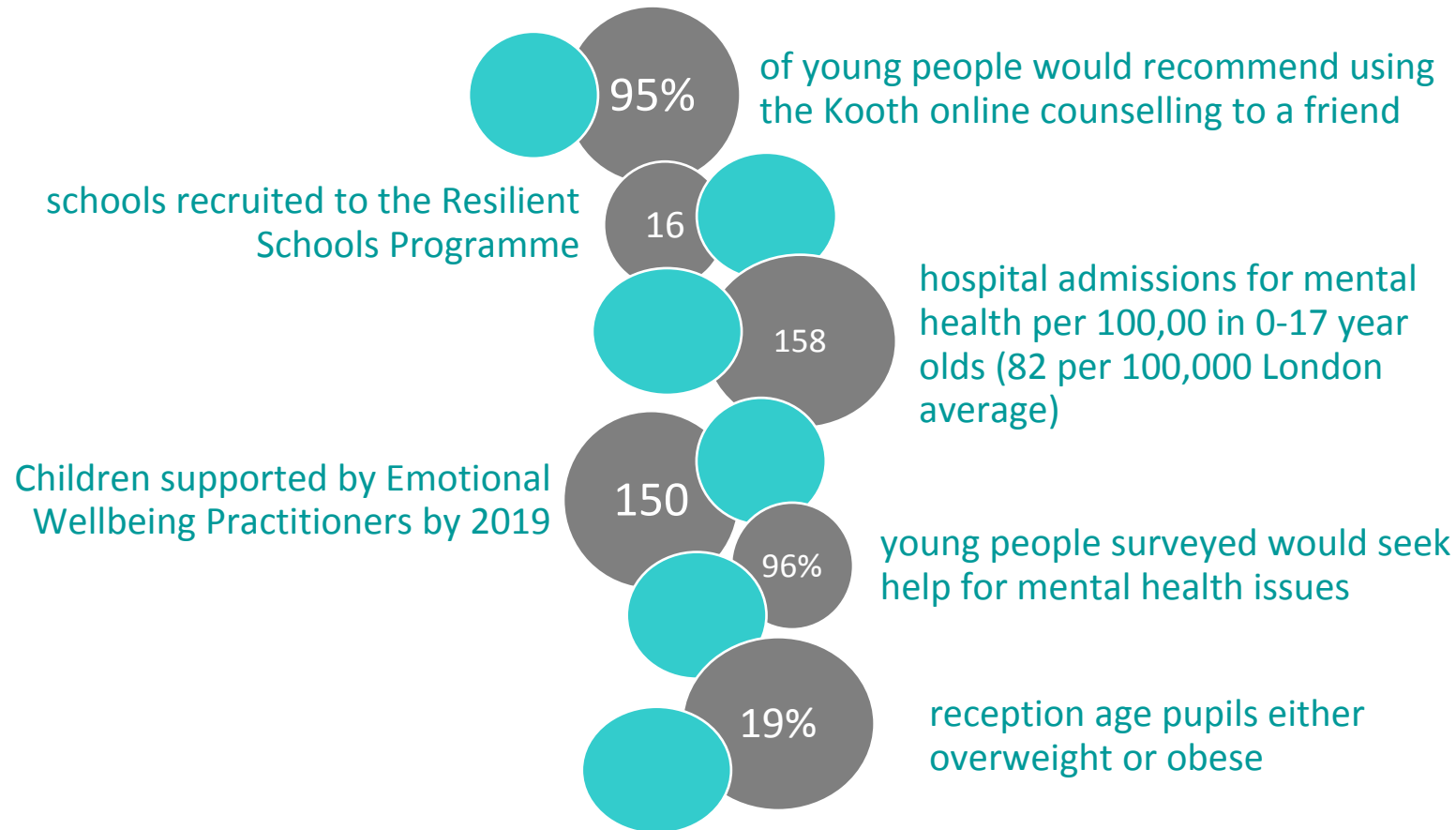
Deliver Care Quality Commission Action Plan across the whole system	Barnet Safeguarding Partnership Board	Barnet Safeguarding Children Partnership
Help children to live in safe and supportive families and communities	Responsible	How we will monitor the priority
Revise Housing Allocation Policy to ensure the educational needs of children are included	Housing	Housing Strategic Plan
Develop and deliver a new Youth Homelessness Strategy to help prevent homelessness and ensure young people receive appropriate advice and support	Housing Barnet Homes Family Services	Homelessness Strategic Plan
Prevent families from becoming homeless, Reduce the number of families in temporary accommodation and Adopt a collaborative approach to ensure families are financially secure to stay in their homes through the new homelessness strategy and action plan	Family Services Housing Barnet Homes	Homelessness Strategic Plan
Ensure Children in care and care leavers are appropriately prepared and supported to live independently	Family Services The Partnership	Corporate Parenting Plan Family Services Improvement Board Children, Education and Safeguarding Committee Ofsted reports
Prevent young people from being drawn into violence, crime, exploitation and anti-social behaviour	Responsible	How we will monitor the priority
Embed our collaborative approach towards early identification and intervention to protect vulnerable young people through implementation of Youth Justice Plan 2018-2020	Family Services	Vulnerable Adolescents Community Partnerships Board Safeguarding Adolescents at Risk Group Barnet Safer Communities Partnership Board
Deliver psychologically informed approaches to engage vulnerable adolescents and use intelligence to target disruption activity pertaining to child criminal exploitation, child sexual exploitation and serious youth violence	Family Services	REACH Team audits and evaluations

Build relationships and resilience of vulnerable adolescents through engagement with young people in creative community spaces, targeted specialist support in communities and in-school preventative evidence based programmes	Family Services	Reports and monitoring commissioned services from Mac UK and Art Against Knives
Collaborate with children and young people as key stakeholders in the work to reduce serious youth violence and crime	Family Services UNICEF The Partnership	Voice of the Child Coordinator reporting UNICEF action plan reporting Reports and monitoring commissioned services
Deliver PREVENT initiative in schools	Community Safety	UNICEF action plan reporting
Strengthen engagement with professionals	Responsible	How we will monitor the priority
Consistent delivery of co-facilitated group training and interviews with young people who have experienced care or the youth offending system	Family Services	Voice of the Child Coordinator reports
Implement the 0-19 Service including Hub delivery model of Early Help support	Family Services	Family Services Improvement Plan 0-19 Project Board
Deliver youth-led police training on youth engagement	Police Family Services	UNICEF action plan reporting Voice of the Child coordinator reports
Enable learning opportunities to allow young people to express their views in areas where they are affected by decisions	Barnet Council The Partnership	UNICEF action plan reporting Voice of the Child coordinator reports

Health and Wellbeing

Children are supported to achieve a healthy start in life, enjoy a healthy lifestyle and to build resilience

What we know



What we are doing?

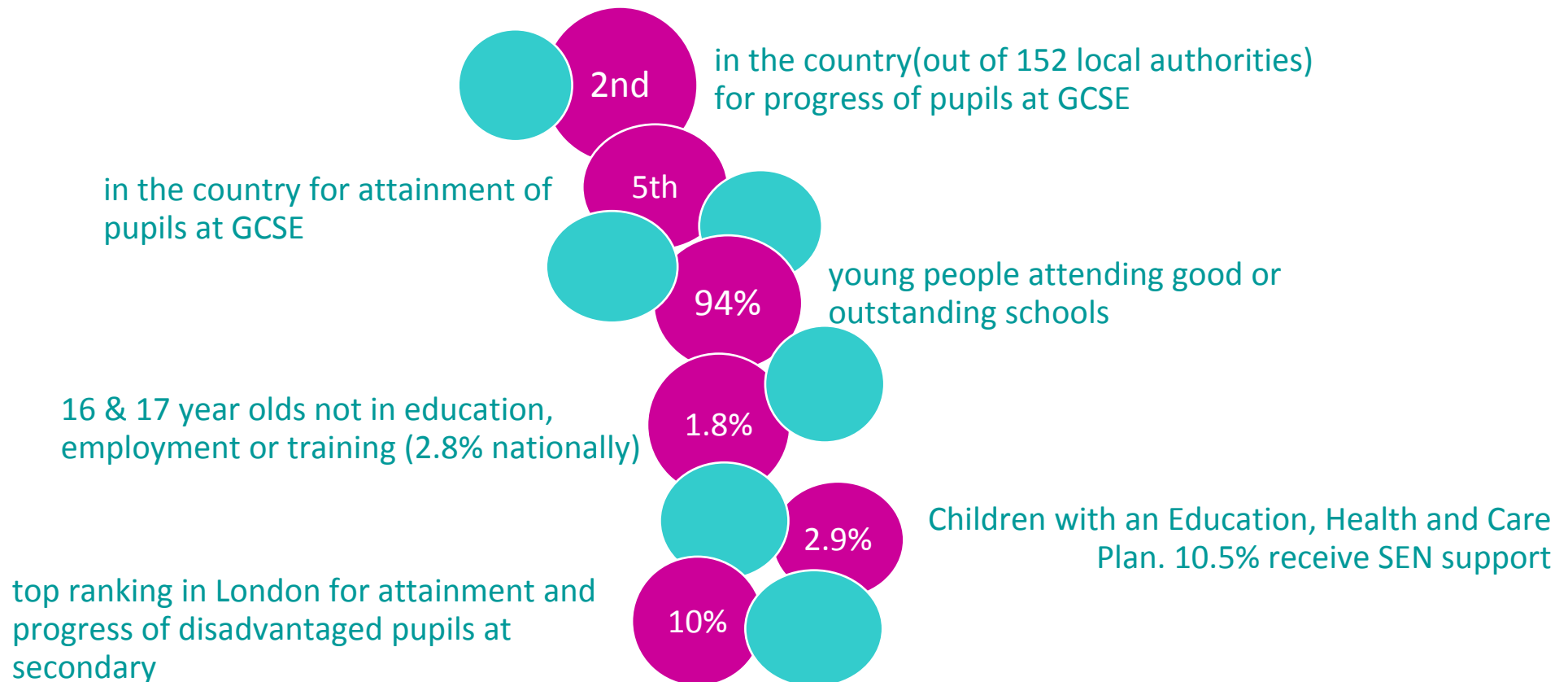
Give every child in Barnet the best possible start to a live a healthy life	Responsible	How we will monitor the priority
Deliver a comprehensive healthy child programme to provide children and their families with high quality universal health services and wellbeing advice from pregnancy and birth onwards.	Public Health	Health and Wellbeing Board
Increase awareness of immunisation rates among health, education and social care professionals	Public Health	Health and Wellbeing Board
Support children and young people to adopt healthy lifestyles to prevent avoidable illness and to improve their social, physical, mental wellbeing	Responsible	How we will monitor the priority
Deliver high quality Healthy Early Years and Healthy Schools Programmes, and an effective Healthy Weight Pathway for children	Public Health	Health and Wellbeing Board
Develop effective and efficient mental health referral pathways (internal and external)	Family Services	CAMHS Transformation Plan
Embed Integrated Clinical Services, including Child Well-being Programme (CWP) and CAMHS in schools (CiS), to assess and intervene early to deliver brief interventions to children and young people within community settings.	Family Services CAMHS	CAMHS Transformation Plan
Improve promotion of specialist mental health services for children and young people, and the indicators that young people might need to be supported to access them	Public Health	Communications Strategic Plan
Keep children and young people safe through the delivery of a Sexual Health Prevention programmes including outreach into community settings	Public Health	Health and Wellbeing Board London Sexual Health Strategic Board

Enable children and young people to build resilience	Responsible	How we will monitor the priority
Through the Resilient Schools Programme implement a whole school approach to increase mental health awareness, early identification of mental health issues, and appropriate access to mental health support.	Public Health	Health and Wellbeing Board CAMHS Transformation Board
Provide online counselling and well-being support for young people through KOOTH. Provide online counselling for educational staff and parents/carers of children and young people with SEND or SEMH through QWELL	Public Health Family Services CAMHS	Health and Wellbeing Board CAMHS Transformation Board
Ensure that all schools have a trained youth mental health first aider	Public Health	Health and Wellbeing Board CAMHS Transformation Board
Enable schools to educate children and young people to be digitally resilient by providing resources about how to stay online healthy and online safe	Public Health	Health and Wellbeing Board CAMHS Transformation Board

Education and Learning

Children and young people can learn about the world around them

What we know



What young people have told us

- Focus on peer-to-peer mentoring programmes for children and young people
- Concerns about the numbers of exclusions of pupils in schools
- Children's Rights training for children and young people in schools and alternative and informal education settings
- More support and advice for children and young people with SEND (and their families)

What we are doing

Provide support that encourages and builds resilience	Responsible	How we will monitor the priority
Make every school in Barnet good or outstanding	Schools Cambridge Education	Education Strategic Partnership Board
Enhance partnership working with the Voluntary Community Sector to support Barnet's supplementary school provision enabling better outcomes for children and young people	Young Barnet Foundation Inclusion Barnet	Voluntary Community Sector
Raise school performance of disadvantaged pupils	Schools Cambridge Education	Education Strategic Partnership Board
Improve the attainment and progress of children in care	Virtual School Cambridge Education	Virtual School Improvement Plan Family Services Improvement Plan Ofsted reports
Identify learners at risk of being NEET. Signpost schools and colleges to available support and resources including developing new provision to engage young people at risk of NEET	Schools Colleges Cambridge Education	Education Strategic Partnership Board

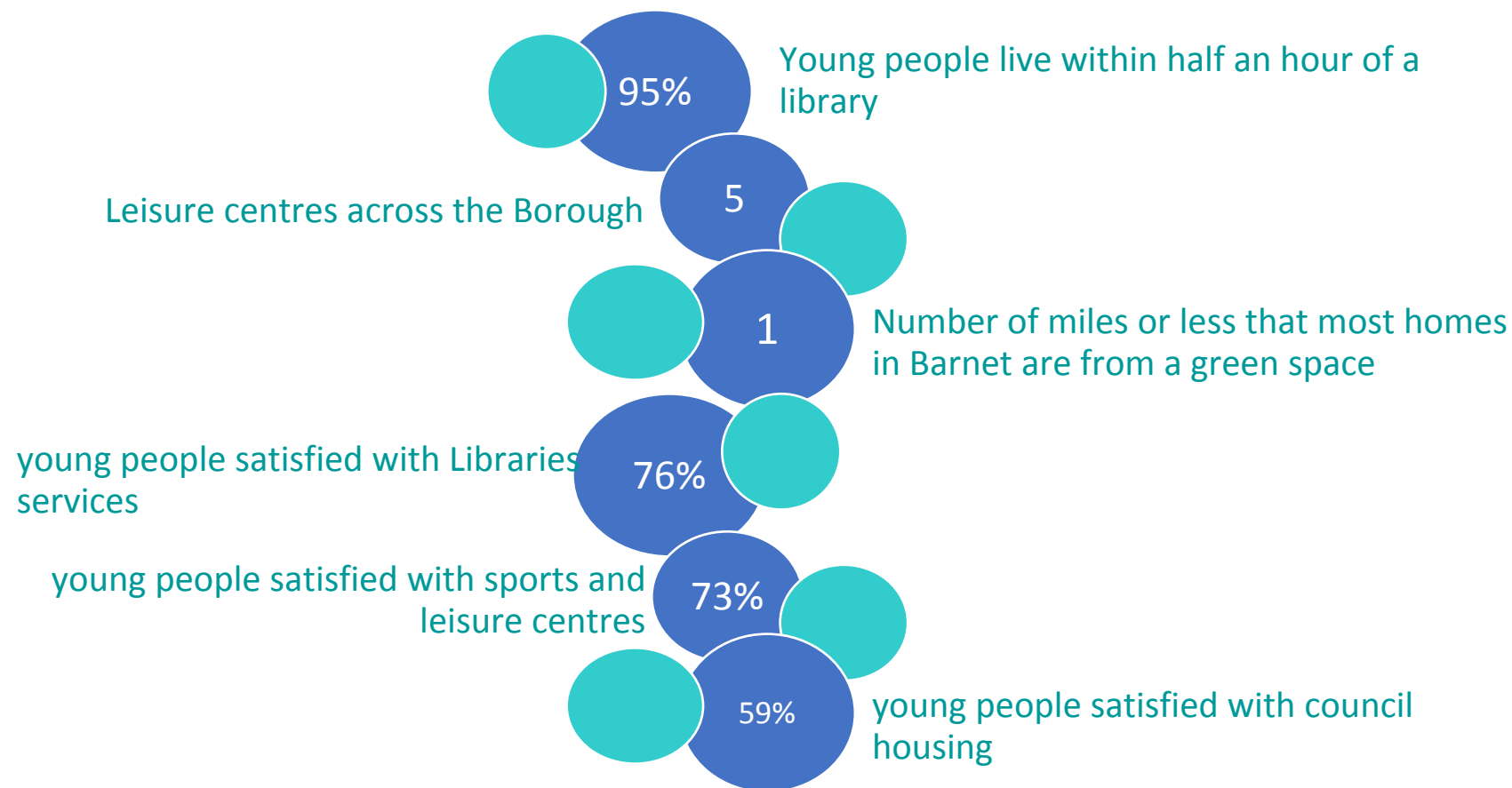
Awareness and training in Child Rights for pupils, staff and alternative education settings	Responsible	How we will monitor the priority
Deliver children's Rights training via UNICEF UK	Family Services	UNICEF Action Plan reporting
Implement 'Rights Respecting Schools' programme	Family Services Cambridge Education Schools	UNICEF Action Plan reporting
Improve outcomes for children and young people with special educational needs or disabilities	Responsible	How we will monitor the priority
Champion the educational progress and attainment of pupils with SEND	Parents Schools Cambridge Education	SEND Partnership Board
Ensure effective joint commissioning and integration of services from early years through to adulthood especially in relation to therapies	Schools Cambridge Education Family Services CAMHS	SEND Partnership Board CAMHS Transformation Plan
Improve participation in, and co-production with key partners, parents/carers, families, children and young people in decision making	Parents Schools Cambridge Education Family Services Barnet Clinical Commissioning Group	SEND Partnership Board
Promote independence and prepare children and young people with SEND for adulthood	Parents Schools Cambridge Education	SEND Partnership Board
Ensure Independent support and advice is available for children and young people with SEND	Family Services Schools	SEND Partnership Board

Support children to have their best start in life and be ready for learning	Responsible	How we will monitor the priority
Ensure there are sufficient high-quality school places to meet the needs of children and young people	Cambridge Education Schools	Education Strategic Board
Develop Intergenerational programmes - initiatives that aim to build better relationships between younger and older generation	Voice Of The Child	UNICEF Action Plan
Promote mentoring programmes to support young people and develop their potential	Voice of the Child Voluntary Community Sector Cambridge Education	UNICEF Action Plan
Support schools to improve attendance and - minimise exclusions	Responsible	How we will monitor the priority
Continue to focus efforts on improving primary attendance	Schools Cambridge Education	Education Strategic Board
Keep exclusions to a minimum through schools maintaining positive behaviour and working with each other and Barnet council	Schools Cambridge Education Family Services	Education Strategic Board
Improve attendance for looked after children	Cambridge Education Schools	Virtual School Improvement Plan

Culture

Our attitude and behaviours enhance the way we work with and for children and young people

What we know



What young people have told us:

- An annual award celebration recognising the contributions of children and young people to the community- lead with children and young people and Barnet LA and partners
- Commitment by organisations to ensure children's rights training is part of employees training plans
- Senior positions and Elected members to champion good practice relating to upholding children's rights across Barnet LA and partners
- Children and young people to review Barnet's Equalities Impact assessments to better understand the process and impact of policies, programme design and building works on their lives
- Respect and value of children and young peoples' participation to decision making processes

What we are doing

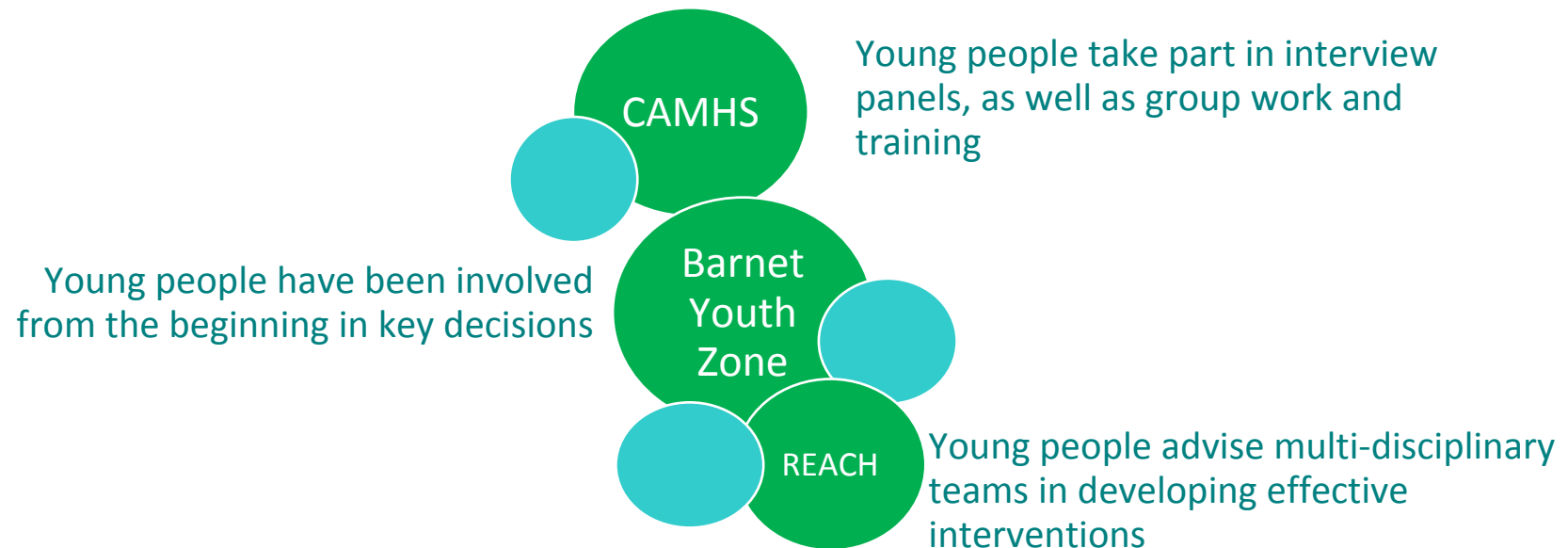
Encourage and highlight the contribution of children and young people in everything we do	Responsible	How we will monitor the priority
Widen the reach of the Youth Voice Offer	Family Services The Partnership	Voice of the Child Strategic Plan
Promotion of 'All About Me' initiative to ensure children and young people at the heart of all decisions made in Family Services	Family Services	Internal audit Ofsted reports
Ensure Children's Rights is a priority across the Council through improved communications and training for Elected Members	Barnet Council Family Services	UNICEF Action Plan reporting
Adopt Healthy Streets approach as part of Barnet Transport Policy - improve air quality and reduce congestion making streets healthier and inclusive places for children and young people	Transport	Transport Strategic Plan

Highlight the contribution of children and young people to their communities through events/awards such as Barnet Children and Young People Awards	Barnet Council The Partnership VCS	UNICEF Action Plan
Embed child rights across policies and procedures	Responsible	How we will monitor the priority
Share and champion good practice relating to Children's Rights across sectors	The Partnership	UNICEF Action Plan

Cooperation and Leadership

We include children and young people in decision making

What we know



What young people have told us

- LB Barnet policies and procedures reflect the child's rights-based approach
- Children and young people have a place on strategic boards to enable and enhance their voices
- Training in how to gain and use children's voices in service design and development- across the workforce
- Children and young people to be an important part of commissioning, consultations and strategies across the partnership
- Ensure a wider cohort of children and young people are being engaged to have their say in all areas of decision making

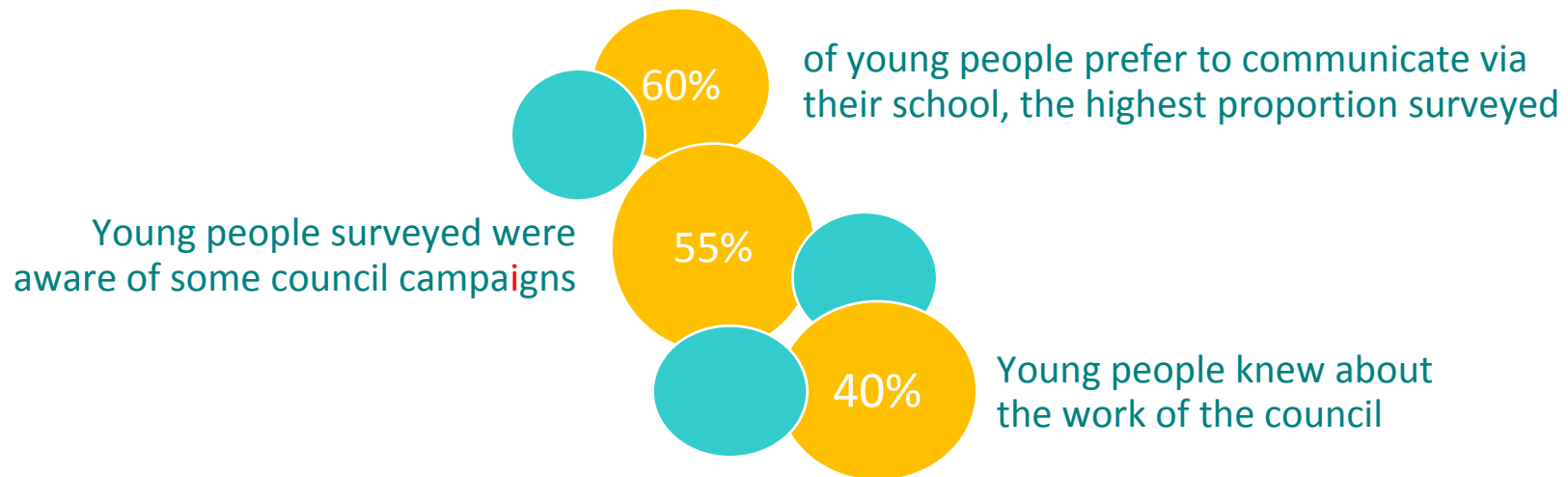
What we are doing

Opportunities exist to enable children and young people to have a voice in key decisions affecting their lives	Responsible	How we will monitor the priority
Youth Voice Offer Forums for young people	Family Services The Partnership	Voice of the Child Strategic Plan
Provide online and offline opportunities (surveys) for young people to share and their views to be captured	Barnet Council The Partnership	Voice of the Child Strategic Plan
Ensure LB Barnet policies and procedures are in line with child's rights based approach and include references to child's rights	Barnet council	Voice of the Child Strategic Plan
Young people have a platform to lead on programmes that benefit the lives of children and young people in Barnet	Responsible	How we will monitor the priority
Refresh Young Commissioners programme to ensure young people play a key role in the services commissioned and delivered for and to them	Family Services	UNICEF Action Plan
Children and young people to be supported to understand the impact of strategies and be part of consultations in the development of them	Family Services Barnet Council	UNICEF Action Plan
Promote children and young people's participation in Voluntary Community Sector platforms	Voluntary Community Sector	Voluntary Community Sector Partnership

Communication

Information about children's rights is shared with children and young people

What we know



What young people told us


- Consider promotion of advocacy services for children and young people
- Improve communication/promotion of specialist mental health services to local community, and promote awareness of early signs of mental ill health and where to receive early help
- Youth social media platform to communicate messaging by young people, for young people
- Directory of local services mapped and promoted effectively
- Develop a communications plan that lays out Barnet LA's approach to communicating effectively with children and young people

- Promotion of positive news stories about children and young people across local media
- Publish regular features written by and for young people as part of Barnet LA's quarterly magazine

What we're doing:

Ensure children and young people are aware of the support and services available	Responsible	How we will monitor the priority
Promote advocacy for children and young people to safeguard their interests	Family Services The Partnership	UNICEF Action Plan
Effective communication channels to engage children and young people	Responsible	How we will monitor the priority
Campaign promotion to increase awareness of child's rights across Barnet internally and externally.	Family Services Communications	Communications Strategic Plan
Undertake Strategic campaigns to address young people's top three quality of life concerns	Barnet Council The Partnership Communications	Communications Strategic Plan
Develop and implement effective council engagement strategy targeting children and young people, ensuring a feedback process is in place for all consultations	Family Services Barnet Council Communications	Communications Strategic Plan
Effective communication channels to engage children and young people	Responsible	How we will monitor the priority
Appoint a team of young people to be social media / content champions, and develop social media policies and procedures to enable effective engagement with children and young people	Family Services Communications	Communications Strategic Plan

AGENDA ITEM 11

	<p style="text-align: center;">HEALTH AND WELLBEING BOARD</p> <p style="text-align: center;">17 January 2019</p>
<p style="text-align: right;">Title</p>	<p>Family Friendly Barnet</p>
<p style="text-align: right;">Report of</p>	<p>Strategic Director, Children and Young People</p>
<p style="text-align: right;">Wards</p>	<p>All</p>
<p style="text-align: right;">Status</p>	<p>Public</p>
<p style="text-align: right;">Urgent</p>	<p>No</p>
<p style="text-align: right;">Key</p>	<p>No</p>
<p style="text-align: right;">Enclosures</p>	<p>Appendix 1: FF20 update presentation</p>
<p style="text-align: right;">Officer Contact Details</p>	<p>Laurelle Brown Strategy and Insight Officer, Family Services Laurelle.brown@barnet.gov.uk</p>

Summary
<p>A strategic priority of the Council is for Barnet to be the most Family Friendly Borough in London by 2020. We want Barnet to be a place where children, young people and their families are safe, healthy, resilient, knowledgeable, responsible, informed and listened to.</p> <p>Research shows that developing resilience is pivotal to delivering the best outcomes for children, young people and families, and to this end, Family Services work to a Resilience model of social work. This model focusses on empowering children, families, the workforce and Barnet's leaders so that they are able to deal with, and bounce back from, life's challenges.</p> <p>The Children's Partnership is committed to improving outcomes for Barnet's children, young people, families and communities. This report provides an update on progress of the Family Friendly vision.</p>

Recommendations
<p>1. That the Committee note the progress of the Family Friendly Barnet Programme and discuss how to support imbedding its principles across the whole Council system.</p>

- 1.1 Working in partnership across Barnet is the only way organisations involved in the lives of children, young people and their families can be sure of jointly supporting the aspirations of the Family Friendly Barnet vision. Barnet's strategic partners have high aspirations and believe that by working together we can make a real difference to all our children and young people in Barnet, especially those who are most vulnerable.
- 1.2 Barnet wants to be the most 'Family Friendly' borough in London by 2020, where children, young people and their families are safe, healthy, resilient, knowledgeable, responsible, informed and listened to.
- 1.3 Our vision sets out our ambition to work together with partners and services to make sure that Barnet is a great place to live for all children, young people and their families. We adopt a partnership approach because addressing issues affecting residents is the responsibility of everyone who works with, and cares about, children and young people in Barnet.
- 1.4 This report provides an update on progress being made to achieve this vision and improve outcomes for children, young people and families. A summary of the Family Friendly Barnet progress can be found in Appendix 1, and includes high level updates to trigger discussion pertaining to the support needed from partners across the Council to imbed these principles.

2. REASONS FOR RECOMMENDATIONS

- 2.1 Members are asked to note progress to ensure a collaborative and supportive approach to imbedding the Family Friendly vision and Principles across the whole Council system.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 If partners do not work together to ensure principles are imbedded across the wider Council system then the Family Friendly vision will not be fully achieved.

4. POST DECISION IMPLEMENTATION

- 4.1 The Children, Education and Safeguarding Committee receive updates on progress being made in relation the Family Friendly Barnet vision and are ultimately responsible for its delivery.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The delivery of the Barnet vision to be the most family friendly borough in London by 2020 supports the following Council's corporate priorities as expressed through the Corporate Plan for 2019-2024 which sets out 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 pleasant, well maintained borough that we protect and invest in;
- Residents live happy, healthy, independent lives with the most vulnerable protected;
- Has safe and strong communities where people get along well.

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

5.2.1 Not applicable.

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, if 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.

5.4.2 Under the Council's Constitution, Article 7 the terms of reference of the Health and Wellbeing Board includes responsibility to promote partnership and as appropriate, integration across all necessary areas including joined-up commissioning plans and joined up approach and developing further health and social care integration.

5.5 **Equalities and Diversity**

5.5.1 The 2010 Equality Act outlines the provisions of the Public-Sector Equalities Duty which requires Public Bodies **to have due regard** to specific needs.

5.5.2 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

5.5.3 Equalities and diversity considerations are a key element of practice within services for children, young people and families in the borough. It is imperative that services are sensitive and responsive to age, disability, ethnicity, faith or belief, gender, gender, identity, language, race and sexual orientation to ensure all children, young people and families are more resilient and Barnet is the most Family Friendly Borough by 2020.

5.6 **Corporate Parenting**

5.6.1 The corporate parenting principles set out seven principles that local authorities must have regard to when exercising their functions in relation to looked after children and

young people.

- 5.6.2 The delivery of the Family Friendly 2020 Programme entails a number of projects and developments where the corporate parenting principles are incorporated, such as by seeking to increase and improve access to services for children in care and care leavers through the CAMHS transformation, ensuring views were actively sought, taken into account and shape the development of the Children and Young People's Plan and promoting high aspirations, and seeking to secure the best outcomes for this cohort through our Schools Improvement Strategy 2018 and subsequent Progress 8 results.
- 5.6.3 Barnet have committed to supporting children and young people to achieve their best in childhood, adolescence and adulthood within the Corporate Parenting Pledge for children in care and care leavers, as approved by full council on 29 January 2016. The Pledge can be found in section 6.3.

5.7 Consultation and Engagement

- 6.8.1 Consultation and engagement with children and young people is central to practice and service improvement across the Safeguarding Partnership. A Service User Experience Strategy has been developed within Family Services and was launched in February 2018. The strategy ensures that how we work with children and young people is child centred, that we know, understand and can capture the lived experience of children and feed lessons learnt into service improvement. We have nominated Voice of the child champions across partner agencies and within Family Services to promote and lead on the Service User Engagement agenda within their respective areas.

5.8 Insight

- 6.9.1 Insight data will continue to be regularly collected and used to monitor the progress and impact of Barnet's Children's Services Improvement Action Plan and to shape ongoing improvement activity.

6. BACKGROUND PAPERS

- 6.1 Children, Education and Safeguarding Committee Ofsted Update Report, Family Services, 29 November 2018
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=697&MIId=9468&Ver=4>

Family Friendly Barnet update

Health and Wellbeing Board



17 January 2019

FF20 Vision

To make Barnet the most Family Friendly Borough by 2020, where children, young people and their families are safe, healthy, resilient, knowledgeable, responsible, informed and listened to.

Children and families are more resilient | Children are more likely to live with their families

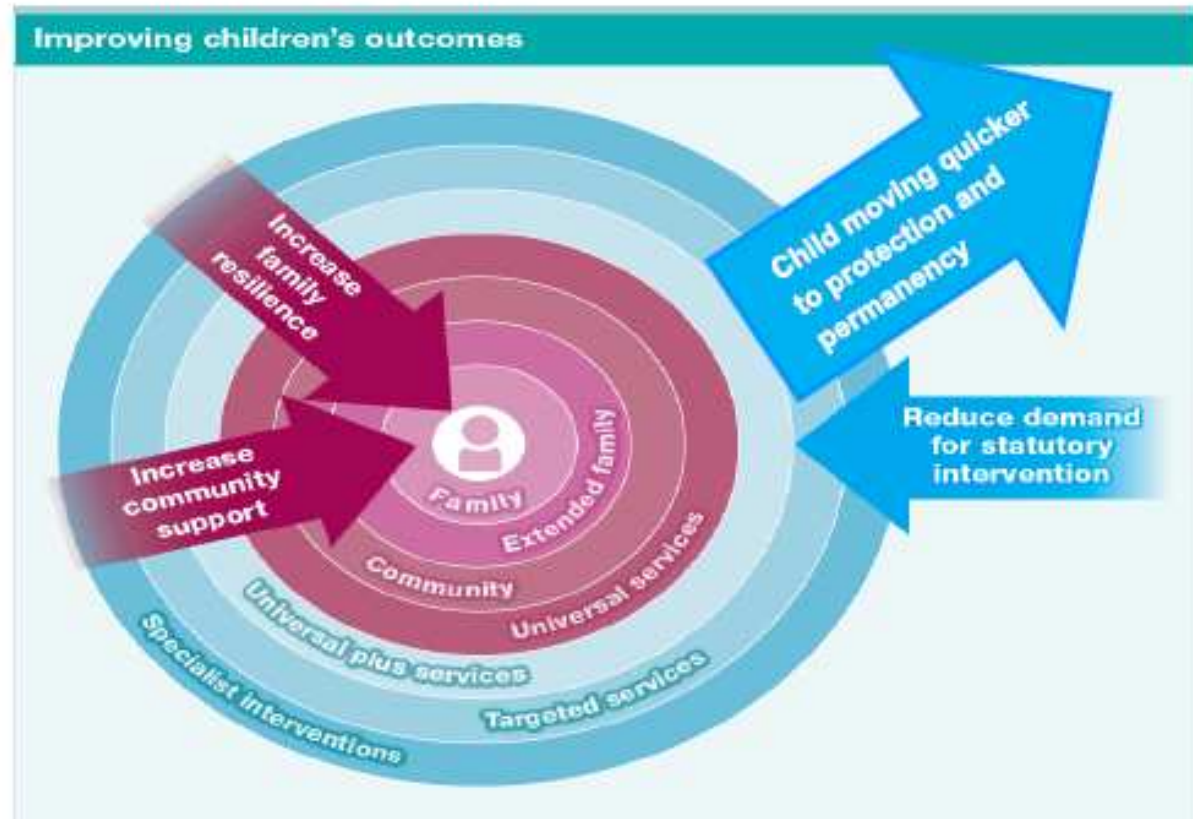
The FF20 Programme includes:

- **Resilience** social work model of **empowering**:
 - ✓ Resilient Families:
Resilient Children
 - ✓ Resilient Workforce
 - ✓ Resilient Leaders
- 0-25 Project
- CYPF Hubs programme
- CAMHS transformation
- UNICEF Partnership
- Barnet Youth Zone (Unitas)
- Meadow Close project
- REACH Team



Resilience

- Resilience is the ability to bounce back from stress and adversity and take on new challenges, leading to better outcomes (Pearson & Hall 2006, adapted)
- Resilience means having the 3 Cs:
- **Control** - belief in ability to influence situations
- **Challenge** - seeing mistakes as an opportunity for growth
- **Commitment** - an active engagement in activities that give meaning to life (Maddi & Kobasa)



A strategy based on resilience involves looking for strengths and opportunities to build on, rather than for issues or problems to treat.

Strategies

Family Services

Children and Young People Plan 2019- 2023

Corporate Parenting Strategy 2017-2020

Early Help Strategy 2018

School Improvement Strategy 2018

Service User Engagement Strategy 2018

Voice of the Child Strategy 2018

0-25 Project

- In 2014, Barnet commissioned the Innovation Unit to perform research into the effectiveness of the services that work with disabled children and young people aged 0-25.
- As a result of this analysis, a 0-25 project was commissioned which aimed to merge the 0-18 Disabled Children Team (DCT) and the 19-25 Transition team into one coherent structure. The 0-25 service reorganised in September 2017.
- The service supports a strength based model of practice that aims to build families' strengths, resilience and capacity. The service **intervenes and supports families earlier** and throughout young people's transition to adulthood, building their capacity and resilience.
- Practice has improved across children and adult cases, and there is significantly better partnership working with Adult services, SEND, Health and parents; with the aim to achieve effective co-production. There is a better understanding of safeguarding within the service which means that children with disabilities are better protected.

CYPF Hubs programme

- In September 2017, a pilot for locality based hubs for children aged 0-19 was launched, to deliver a **‘whole family’ approach to families with multiple needs**.
- The East-Central Locality was first to launch and introduced the first Multi-Agency Early Help Panel in September 2017. The West Locality Hub and Panel launched in January 2018, and the South Locality Hub and Panel launched in October 2018.
- Each locality pilot is overseen by a locality lead who chairs a monthly Multi-Agency Development Group which facilitates localised identification of community needs and partnership engagement, and seeks to build a strong commitment and ownership by key stakeholders including Adult services, housing and the police.
- Early Help Panels have been received well by stakeholders who have maintained consistent attendance and commitment to the approach. Family feedback has reported **prompt responses that immediately put the right professional system around the family, reducing the negative impact of a ‘referral-on’ culture** that creates multiple layers of uncoordinated professional input.

UNICEF Partnership

- Over next 3 years Barnet Council will be working with UNICEF to embed child-rights' in policies, procedures and decisions.
- Our ambition is for the borough to be recognised by UNICEF UK as a UNICEF Child Friendly Community in 2020.
- Children, young people and professionals participated in an event to explore the local context – Barnet's strengths, priorities, challenges and areas requiring improvement.
- Six outcomes were identified: Family & Belonging, Safe & Secure, Education & Learning, Cooperation & Leadership, Communication and Culture.
- Over the next 3-5 years all 6 outcomes will be assessed by an independent panel of experts.

Barnet Youth Zone

- A purpose built facility for young people is being built in Burnt Oak and opens summer 2019. It was named Unitas.
- Unitas was named by young people who have been involved in the design and use of the youth zone.
- Barnet council contributed £4.2million towards the £6.5m facility which is being developed with the charity OnSide.
- Once complete, it will offer young people a safe environment to socialise and engage with inspiring activities seven days a week.
- 20 activities will be on offer every day.
- The facility includes a sports hall, rooftop 3G football pitch, a martial arts studio and boxing ring, gym, climbing wall, music room with recording suite, performing arts room, media suite and wellbeing room.

REACH Team

- The REACH team is **multi-disciplinary** and facilitates rapid and flexible holistic support from health, education, social work, family support and mental health professionals. MAC-UK have been working with REACH as a co-located partner.
- MAC-UK has used an **INTEGRATE approach** to support REACH staff to use psychologically informed approaches when engaging young people.
- The change in approach has led to some **evidence of strong child/professional relationships** which has enabled disclosures that have led to targeted disruption activity.
- Research in Practice have completed a one-year evaluation of the REACH team approach and are due to publish their final report imminently.
- The draft report indicates that REACH provide a **good level of responsive and multi-agency wrap-around** to young people at a high risk of criminal and sexual exploitation which is supporting a reduction of entry into care, repeat offending and missing from home episodes.

Meadow Close children's home and intervention centre project

- The refurbishment of 27 Woodside Avenue will provide a new home for six children and associated support staff currently accommodated at Meadow Close in Dollis Valley.
- As part of the development, a support facility, referred to as 'the intervention centre', will also be created.
- One of the strategic objectives of the project is to **ensure a high-quality home for young people, where intensive work can be undertaken** with children and families, to prepare children for moving into stable and long-term family settings.
- The function of the home is enhanced for young people by having the intervention centre on site. This will be a secure space where young people can explore and progress positive outcomes for their future.
- Planning permission has been approved for the refurbishment works. Practical completion and handover to LBB FS is scheduled for October 2019.

Barnet Safeguarding Children's Partnership

- Strengthening multi-agency safeguarding arrangements across the borough, through a **newly implemented and robust quality assurance framework and programme of performance reporting, audit and review** which is helping to determine where best to target resources and support.
- A deep dive into suicide and self-harm, led by public health. A report was received by the BSCP in November 2018 with recommendations on how the support available for children and young people could be improved. This is being taken forward by two working groups looking at service pathways and continuing to work with schools through the Resilient Schools programme.
- Multi-agency audit has focussed on vulnerable adolescents and another on domestic violence and abuse.
- A thematic review of section 11 audit returns has indicated that more support is needed in helping partners work with children and young people to help hear the Voice of the Child.
- A deep dive has been started on FGM, and other harmful behaviours following facilitated discussions between partners at the VAWG conference in October 2018.

Unaccompanied Asylum Seeking Children

- In 2018, Barnet had 66 unaccompanied asylum-seeking children, compared to an average of 34 amongst statistical neighbours.
- There have been several practice and service developments to ensure the needs of this group are met, in 2018 this included:
 - A commissioned education programme from Whitefield's School to induct unaccompanied young people into the UK and education system;
 - Creation of an initial health assessment pathway that includes specific processes for unaccompanied young people to accommodate the range of checks that need to be undertaken for this group;
 - Creation of a new unaccompanied asylum-seeking children specialist Personal Advisor role. The worker speaks Pashtu and Albanian – the two most common languages spoken by Barnet's unaccompanied young people – and has experience in dealing with the Home Office and dealing with tasks such as Human Rights Assessments. This role has been invaluable in supporting this vulnerable group of young people.

CAMHS transformation

- **Early Help in Mental Health and Emotional Wellbeing Services**
 - 0-19 Early Help Hubs Resilience based model
 - YOT Liaison and Diversion Project
 - REACH Team
 - Online Counselling and Support for CYP (Kooth) and for parents/carers (Qwell)
 - Resilient Schools Programme
 - Expansion of Counselling Sessions not meeting tier 3 threshold
- **Integrated Clinical Service**
 - Children Emotional Wellbeing Project
 - CAMHS in schools
 - Social care clinicians

CAMHS transformation outcomes – December '18

- Earlier identification of early mental health needs, barriers to learning and/or engagement in Statutory Orders; reducing re-offending, overcoming barriers to communication and engagement in education, training or employment.
- AMBIT/Mentalisation Based Training completed for all REACH workers.
- Young People employed as Youth Consultants, involved in training and peer mentoring.
- In 2017/18 there was an average of 116 new KOOTH registrations per month, this has risen to 185 per month in 2018/19.
- The Therapeutic Alliance reports that 89% of young people would recommend KOOTH to a friend as at Q2 2018/19.
- 16 schools recruited to Resilient Schools programme. 14 out of 16 resilient schools now have mental health leads who have completed Youth Mental Health First Aid Training. Peer Mentoring has been Commissioned.
- Case studies provided by clinicians shows positive impact on children and families and improved outcomes.

Young People's Perception Survey results

A survey conducted every two years which provides insight into views, opinions and concerns of young people. The responses assist in better targeting and improvement of services. The information captured has informed development of the new Children and Young People Plan 2019-20223.

84% of young people think Barnet is a family friendly place to live

Top personal safety concerns

The top personal safety concerns - gangs, bullying and drug taking - remain in line with last year:

- gangs (51%)
- bullying (34%)
- people taking drugs in the parks and on the streets (30%)

Council image

Young people are more positive compared to 2016:

- council is doing a good job (73%)
- provides services young people need (71%)
- do enough to keep young people safe (68%)
- acts on the concerns of young people (66%)

Feeling safe

More young people feel safe outdoors during the day than they did one year ago. However, fewer young people feel safe at night than they did one

year ago, which correlates with the rising concern about crime:

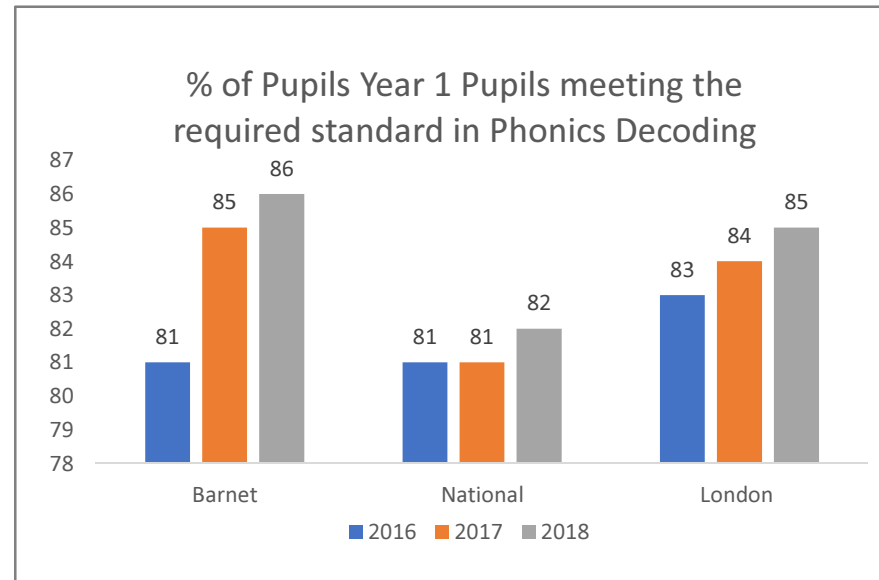
- feel safe at school (97%)
- travelling to school (95%)
- outside during the day (95%)
- outside at night (56%)

Barnet Education outcomes

Early Years *(Key: Green text denotes achievement in top 10% nationally)*

	2017	2018	Increase
Barnet	73.3	74.1	+0.8
National	70.7	71.5	+0.8

- The proportion of pupils achieving a Good Level of Development in Barnet is above the national and London averages.
- 2017 – Ranked 39th
- 2018 – Ranked 35th



Phonics

- The proportion of pupils meeting the required standard in Phonics decoding in Barnet is above the national and London averages.
- 2017 – Ranked 10th (in top 10% of LA's nationally)
- 2018 – Ranked 9th (in top 10% of LA's nationally)

Barnet Education outcomes

Progress between KS1 and KS2

- The proportion of pupils reaching the expected standard in GPS at KS2 is above the National Average, London average and above Statistical Neighbours.
- Barnet's Rank in 2017 – 9th (within the top 10% of LA's Nationally).
- Barnet's Rank in 2018 – 9th (within the top 10% of LA's Nationally).

	Barnet	Significantly above national
Reading	+1.8	YES
Writing	+0.6	YES
Maths	+1.9	YES

Progress 8 results

- Pupils in Barnet topped national GCSE league tables this year (August 2018). Results released by the Department for Education show Barnet was ranked second highest in the country based on Progress 8 scores, which gauge the progress made by each student during their time at secondary school.
- Barnet was behind only one other local authority and that was the Isles of Scilly, which had only 14 students sitting exams this year.

Other relevant projects/developments:

OFSTED Improvement Action Plan

Following Ofsted grading of 'inadequate' in July 2017, two improvement plans have been developed to drive improvements in Family Services and across the Partnership. Updates are reported to Children, Education and Safeguarding Committee.

Children and Young People's Plan 2019-2023

Work continues on shaping a new Children and Young People's Plan. The Plan is underpinned by participation in UNICEF's Child Friendly Cities Initiative. The approach complements our 'Family Friendly' ambition and embeds child-rights in Barnet's services and delivery. Contributions have been taken from young people, elected members, council officers, heads of service and partner agencies to ensure the best outcomes.

16/17 homeless young people

There has been joint working between Family Services and Housing to ensure all homeless children and young people receive appropriate assessment and support when they need it. Following introduction of Homeless Reduction Act 2018, Joint Protocol is being updated.

Wider council

- **Greenspaces Master Plans**

- consultation and engagement with young residents on future use of green spaces.
- Engagement with local schools.
- Creation of lesson plans.

- **Regeneration strategy**

- Consultation with young people at early stage of project inception where possible.
- Lesson plans.

- **Transport Strategy**

- Engagement with healthy streets initiative.
- Inclusive consultation with schools and young people.
- Lesson plans.

- **Housing & Homeless strategy**

- Engagement with young people.
- Lesson plans.

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