

## Notice of Meeting

# Health and Wellbeing Board



**Date & time**  
**Thursday, 12**  
**December 2013**  
**at 1.00 pm**

**Place**  
Old Council  
Chamber, Reigate &  
Banstead BC, Town Hall,  
Castlefield Road, Reigate,  
RH2 0SH

**Contact**  
Huma Younis  
Room 122, County Hall  
Tel 020 8213 2725  
huma.younis@surreycc.gov.uk

**If you would like a copy of this agenda or the attached papers in another format, e.g. large print or braille, or another language please either call 020 8213 2725, write to Democratic Services, Room 122, County Hall, Penrhyn Road, Kingston upon Thames, Surrey KT1 2DN, Minicom 020 8541 8914, fax 020 8541 9009, or email [huma.younis@surreycc.gov.uk](mailto:huma.younis@surreycc.gov.uk).**

**This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Huma Younis on 020 8213 2725.**

### Board Members

Mr Michael Gosling (Co-Chairman)	Cabinet Member for Public Health and Health and Wellbeing Board
Dr Joe McGilligan (Co-Chairman)	East Surrey Clinical Commissioning Group
Mrs Mary Angell	Cabinet Member for Children and Families
Helen Atkinson	Public Health
Dr Andy Brooks	Surrey Heath Clinical Commissioning Group
Dr David Eyre-Brook	Guildford and Waverley Clinical Commissioning Group
Dr Claire Fuller	Surrey Downs Clinical Commissioning Group
Dr Liz Lawn	North West Surrey Clinical Commissioning Group
Sarah Mitchell	Director, ASC
Dr Andy Whitfield	North East Hampshire and Farnham Clinical Commissioning Group
Dr Jane Dempster	North East Hampshire and Farnham Clinical Commissioning Group
Nick Wilson	Director, CSF
Councillor James Friend	Mole Valley District Council
John Jory	Reigate and Banstead Borough Council
Councillor Joan Spiers	Reigate and Banstead Borough Council
Chief Constable Lynne Owens	Surrey Police
Healthwatch Member TBC	Healthwatch

## **TERMS OF REFERENCE**

The Health and Wellbeing Board:

- oversees the production of the Joint Health & Wellbeing Strategy for Surrey;
- oversees the Joint Strategic Need Assessment; and
- encourages integrated working.

**PART 1**  
**IN PUBLIC**

**1 APOLOGIES FOR ABSENCE**

**2 MINUTES OF PREVIOUS MEETING: 5 SEPTEMBER 2013**

(Pages 1  
- 8)

To agree the minutes of the previous meeting.

**3 DECLARATIONS OF INTEREST**

To receive any declarations of disclosable pecuniary interests from Members in respect of any item to be considered at the meeting.

**4 QUESTIONS AND PETITIONS**

As the Health and Wellbeing Board is a statutory committee of Surrey County Council, there is an opportunity for Surrey County Councillors and residents to ask questions at the start of the meeting.

- The deadline for questions from County Councillors is 12pm four working days before the meeting (**6 December 2013**).
- The deadline for public questions is seven days before the meeting (**5 December 2013**).
- The deadline for petitions was 14 days before the meeting. No petitions have been received.

**5 FORWARD WORK PROGRAMME**

(Pages 9  
- 10)

To consider the Board's Forward Work Programme and agree the agenda for the next meeting on 6 February 2014.

**6 BOARD APPROVALS**

(Pages  
11 - 16)

- Preparations for winter 2013/14

**7 REVIEW OF FORECAST BUDGET POSITIONS**

(Pages  
17 - 18)

A presentation on forecast budget positions will be given at the meeting by representatives of each Clinical Commissioning Group, Surrey County Council, Surrey Police and a representative of the Surrey's district and borough councils.

- 8 SURREY SAFEGUARDING ADULT BOARD ANNUAL REPORT** (Pages 19 - 60)
- The Board is asked to note the Surrey Safeguarding Adults Board's Annual Report 2012-2013. It is a priority of the Surrey Safeguarding Adults Board to ensure a strong link with the Health and Wellbeing Board and its strategy. This priority is supported by presenting the Annual Report.
- 9 SURREY SAFEGUARDING CHILDREN BOARD ANNUAL REPORT** (Pages 61 - 104)
- The Board is asked to note the Surrey Safeguarding Children Board (SSCB) annual report 2012/2013 and the key messages arising from it. The Surrey Safeguarding Children Board (SSCB) annual report 2012/2013 reports upon the effectiveness of safeguarding and child protection practice by partner organisations in Surrey and is presented to Health & Wellbeing Board for information.
- 10 UPDATE PAPER: CHILDREN'S HEALTH & WELLBEING PRIORITY** (Pages 105 - 122)
- This report summarises progress to date on developing Surrey's Health and Wellbeing Strategy priority to improve children's health and wellbeing. In recognising the commissioning responsibilities and governance arrangements of the individual member organisations of the Board, the report sets out the next steps for delivery through the Children's Health and Wellbeing Group and Surrey Children and Young People's Partnership.
- 11 PUBLIC ENGAGEMENT SESSION (Q&A)**
- An opportunity for Members of the public to ask the Board questions arising from the items discussed at the meeting.

**David McNulty**  
**Chief Executive**  
**Surrey County Council**  
Published: Monday, 2 December 2013

## QUESTIONS, PETITIONS AND PROCEDURAL MATTERS

The Health and Wellbeing Board will consider questions submitted by Members of the Council, members of the public who are electors of the Surrey County Council area and petitions containing 100 or more signatures relating to a matter within its terms of reference, in line with the procedures set out in Surrey County Council's Constitution.

### **Please note:**

1. Members of the public can submit one written question to the meeting. Questions should relate to general policy and not to detail. Questions are asked and answered in public and so cannot relate to "confidential" or "exempt" matters (for example, personal or financial details of an individual – for further advice please contact the committee manager listed on the front page of this agenda).

The Public engagement session held at the end of the meeting is made available to Members of the public wanting to ask a question relating to an Item on the current agenda. Questions not relating to items on the agenda will need to be submitted in advance of the meeting.

2. The number of public questions which can be asked at a meeting may not exceed six. Questions which are received after the first six will be held over to the following meeting or dealt with in writing at the Chairman's discretion.
3. Questions will be taken in the order in which they are received.
4. Questions will be asked and answered without discussion. The Chairman or Board Members may decline to answer a question, provide a written reply or nominate another Member to answer the question.
5. Following the initial reply, one supplementary question may be asked by the questioner. The Chairman or Board Members may decline to answer a supplementary question.

## MOBILE TECHNOLOGY – ACCEPTABLE USE

Those attending for the purpose of reporting on the meeting may use mobile devices in silent mode to send electronic messages about the progress of the public parts of the meeting. This is subject to no interruptions, distractions or interference being caused to any PA or Induction Loop systems. The Chairman may ask for mobile devices to be switched off in these circumstances.

It is requested that all other mobile devices (mobile phones, BlackBerries, etc) be switched off or placed in silent mode during the meeting to prevent interruptions and interference with PA and Induction Loop systems.

*Thank you for your co-operation*

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**MINUTES** of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 5 September 2013 at New Council Chamber, Reigate Town Hall, Castlefield Rd, Reigate, Surrey RH2 0SH.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 12 December 2013.

**Elected Members:**

- \* Mr Michael Gosling (Co-Chairman)
- \* Dr Joe McGilligan (Co-Chairman)
- \* Mrs Mary Angell
- \* Helen Atkinson
- \* Dr Andy Brooks
- \* Dr David Eyre-Brook
- \* Dr Claire Fuller
- \* Dr Liz Lawn
- \* Sarah Mitchell
- \* Dr Andy Whitfield
- \* Dr Jane Dempster
- \* Nick Wilson
- \* Councillor James Friend
- \* John Jory
- \* Councillor Joan Spiers- (Apologies sent)
- \* Healthwatch Member TBC

**25/13 APOLOGIES FOR ABSENCE [Item 1]**

Apologies were received from Cllr Joan Spiers.

**26/13 MINUTES OF PREVIOUS MEETING: 13 JUNE 2013 [Item 2]**

The Minutes of the meeting held on 13 June 2013 were confirmed as a correct record subject to an amendment to the date of the next meeting shown on page 1 to read "5 September 2013".

**27/13 DECLARATIONS OF INTEREST [Item 3]**

There were none.

**28/13 QUESTIONS AND PETITIONS [Item 4]**

There were none.

**29/13 MEMBERSHIP OF THE BOARD [Item 5]**

1. The Chairman asked for the Board to endorse the Chief Constable of Surrey Police, Lynne Owens as a new member of the board.

**Resolved:**

Lynne Owens was agreed as a new member of the Health and Wellbeing Board

**30/13 FORWARD WORK PROGRAMME [Item 6]****Key points raised during the discussion:**

1. Members of the Board were asked to consider the agenda for the next board meeting on 12 December 2013.
2. The Chairman explained that items on the forward work programme may need to be rescheduled depending on when decisions are made.
3. The Chairman asked for any comments on items coming to the Board to be sent to him.

**Resolved:**

The forward work programme was noted.



**Actions/Next Steps:**

Members of the Committee to send any comments on the forward work programme to the Chairman and Lead Manager for Health and Wellbeing.

**31/13 BOARD APPROVALS [Item 7]****Key points raised during the discussion:**

1. The Chairman explained that the Board is frequently asked to approve requests from a variety of stakeholders. Not all these requests need formal approval from the Board and it therefore may be more suitable for a CCG or service to approve them.
2. The Chairman asked for Board members to send anything they are asked to formally approve to the Health & Wellbeing and Innovation lead at the County Council who will then decide on whether formal Board approval is required.
3. A member of the Board asked for a log detailing the approvals sent to the Board to be introduced.

**Resolved:**

The process for approving requests to the Board was agreed.

**Actions/Next Steps:**

The County Council's Health & Wellbeing and Innovation lead to keep the Board up-to-date with the formal requests that have been sent to the Board for approval.

**32/13 ALIGNING COMMISSIONING CYCLES: CLINICAL COMMISSIONING GROUPS AND COUNTY COUNCIL PLANS [Item 8]****Key points raised during the discussion:**

1. Representatives of each of the Clinical Commissioning Groups (CCGs) and the County Council's Public Health, Children, Schools & Families and Adult Social Care Directorates gave a presentation to the Board on commissioning priorities and plans for each of their organisations. The priorities of each organisation were discussed in further detail along with planning timescales.

The purpose of the item was to share at a headline level the commissioning planning timeframes and key commissioning priorities / intentions of each of the Clinical Commissioning Groups and Surrey County Council and in doing so, help to highlight opportunities, gaps and challenges for the Board in implementing the Joint Health and

Wellbeing Strategy. The presentation will be put on the website for all to access.

2. During the discussion the following points were raised:
  - Members of the Board expressed the importance of having an embedded approach to working across health and local government partner organisations so the overall strategy could be delivered.
  - Surrey's Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy provided common building blocks for the development of commissioning plans
  - Working with Trading Standards on the illegal selling of cigarettes could be of benefit when delivering a prevention priority.
  - Members of the Board agreed and understood that more needed to be done to utilise the contacts on the district and borough levels especially when working with organisations and residents in local areas. With increasing financial pressures it was recognised that more work would need to be done on a local level to ensure future delivery.
  - The work being done by local health and wellbeing groups was recognised as crucial especially as each CCG tries to build upon their knowledge of local health and wellbeing.
  - A Member of the Board drew upon the importance of the voluntary sector when considering a joined up approach on the local level.
  - It was commented that the police were seeing an upward trajectory for out of hours services in cases relating to substance abuse and mental health issues. A question around how this information could be shared with CCGs was raised. The Chairman stated that the lead CCG on mental health would look at this information and bring this priority to a future board meeting.
  - A Member of the Board stated the importance of the Board being able to demonstrate with 'examples on the ground' of how wellbeing was being achieved and delivered through commissioning.
  - Questions over how success would be measured were raised. The Chairman stated that success would need to be measured across Surrey as a whole and that updates progress updates on each priority .would be presented to future Board meetings.

**Resolved:**

The presentation was noted.

**Actions/Next Steps:**

None

### 33/13 JOINT HEALTH & WELLBEING STRATEGY PRIORITY PLAN: CHILDREN'S HEALTH AND WELLBEING [Item 9]

#### Witnesses:

Caroline Budden, Deputy Director - Children's, Schools and Families

Dr Liz Rayment, Guildford and Waverley CCG

Helen Atkinson, Acting Director of Public Health

#### Key points raised during the discussion:

A presentation was given on the action plan for the children and young people's health and wellbeing priority. The presentation set out nine themes for the improving children's health and wellbeing: early help, A&E admissions/out of hours services, complex needs, healthy behaviours, mental health, domestic abuse, risky behaviours, shared understanding of need and commissioning for children. For each theme, the presentation set out the current services in place, the outcomes we are trying to achieve and the suggested actions.

1. In the discussion the following points were raised:
  - A member of the Board pointed out that on slide 12 of the presentation it is quoted a '30% overall reduction in A&E attendance for children and young people by 2017'. The member asked how likely it was for this to be achieved. In response it was explained that it would take time to change behaviours but the result would depend on the area this is implemented in. It was further commented that actions around this priority should ideally be implemented before the winter period.
  - A Member of the board felt that more work was needed to be done around A&E attendance figures especially with regards to reducing the numbers of children and young people visiting A&E. It was further commented that examples of how this priority would change things on the ground were needed as the implementation of this priority would differ according to location.
  - Members of the Board supported the ambition surrounding the priority whilst recognising the importance of getting the governance around agreeing specific actions right.
  - Each CCG committed their support to the strategy and the principles being put in place however some CCG Board Members advised that they might need to consult via their own individual governance structures before they could formally agree the wording of the recommendation as proposed.
  - Board Members discussed a number of options to enable the Board to sign-up to the proposals and the Chairman took a five

minute adjournment to enable the wording in the recommendation to be amended to reflect the views expressed by the Board Members.

- Members of the Board commented that stakeholders involved with developing the priority should carry on with their good work.

**Resolved:**

1. The overall aim, lead organisation(s), actions and outcomes of the presentation be endorsed by the Health and Wellbeing Board.
2. Where considered appropriate / necessary, Board Members should hold further discussions within their individual organisations to progress and endorse some of the specific actions within the presentation in their specific areas.
3. The children's health and wellbeing group will:
  - Be responsible for monitoring the action plan, including the joint commissioning activity when agreed by the commissioning agencies.
  - Develop its membership and engage as appropriate to ensure relevant stakeholders for health and wellbeing are involved in decision making
  - Report back to the Health and Wellbeing Board on progress

**Actions/Next Steps**

For each constituted agency to be provided with an executive summary of the children and young people's health and wellbeing priority, plans and recommendation.

For all constituted agencies to take the details of the executive summary back to their governing bodies for approval before final sign off.

**34/13 DISABLED CHILDREN'S CHARTER [Item 10]**

**Key points raised during the discussion:**

1. The Chairman asked the Board to consider signing the Disabled Children's Charter for Health and Wellbeing Boards.
2. Members raised concerns around signing charters aimed at specific groups and questions around how some of the commitments could be measured.
3. The Director for Children, Schools and Families explained that Surrey County Council had previously signed this charter similar to this. This raised questions as to added value / benefit of the Board, as a committee of the county council, signing up to this charter.

4. Some Members also felt that signing one charter could set a precedent for signing more. It was felt that there was a lot of ambiguity with signing charters and further discussion would be required.

**Resolved:**

That the Charter not be signed at this time.

**Actions/Next Steps**

For the Disabled Children's Charter to come back to the Board at a later date.

**35/13 HEALTHWATCH WORK PROGRAMME [Item 11]**

**Witnesses:**

Richard Davy, Healthwatch

**Key points raised during the discussion:**

1. Richard Davy updated members of the Board on the Healthwatch programme.
2. The update included details of:
  - the appointments to the Healthwatch Surrey Board;
  - a range of work being undertaken around engagement and awareness raising including through the set up of its own website and twitter account;
  - volumes of calls to the information and advice line and interest from people wanting to volunteer.
3. Richard Davy said that whilst the organisation is still trying to find its feet, it is doing everything possible to ensure it works closely with stakeholders and that an engagement and liaison coordinator had been appointed to ensure this work is carried out.
4. The Chairman welcomed the appointment of Peter Gordon as the Chairman of Healthwatch Surrey and other new non-executive members of the Healthwatch Surrey Board.

**Resolved:**

The content of the report was noted.

**Actions/Next Steps**

None

**36/13 PUBLIC ENGAGEMENT SESSION [Item 12]****Key points raised during the discussion:**

1. A member of the public raised a question over the use of Section 136 of the Mental Health Act by the Police and how the numbers relating to the use of Section 136 varied across Surrey. The Chief Constable stated that there was no obvious pattern on the use of Section 136 across Surrey. Although the Police did not have a clear mental health strategy in place, Section 136 was only used in emergency cases.
2. Members of the Board asked for any questions not relating to the items discussed at the meetings to be sent to them before the meeting so an answer could be prepared in advance.

Meeting ended at: Time Not Specified

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**Chairman**

Meeting dates	4 April 2013 PUBLIC	13 June 2013 PUBLIC	5 Sept 2013 PUBLIC	12 Dec 2013 PUBLIC	6 Feb 2014 'SPECIAL' PUBLIC	13 Mar 2014 PUBLIC	5 June 2014 PUBLIC
Time & Venue	1-4pm County Hall	1-4pm Reigate & Banstead Town Hall	1-4pm Reigate & Banstead Town Hall	1-4pm Reigate & Banstead Town Hall	1-2pm County Hall, Committee Rm C	1-4pm Reigate & Banstead Town Hall	1-4pm Reigate & Banstead Town Hall
Planned agenda items	<p>Appoint Chair</p> <p>Terms of Reference</p> <p>Membership of Board</p> <p>Welcome Surrey Healthwatch</p> <p>Joint Strategic Needs Assessment</p> <p>Joint Health and Wellbeing Strategy (JHWS)</p> <p>Work programme for next 12 months (version 1)</p>	<p>JHWS Priority Plan: Emotional wellbeing and mental health</p> <p>Update on local Health &amp; Wellbeing forums</p> <p>Presentation on BSBV proposals</p>	<p>JHWS Priority Plan: Children's Health and wellbeing</p> <p>Aligning commissioning cycles: - CCG plans - County Council plans</p> <p>Healthwatch work programme</p> <p>Membership of the Board</p>	<p>JHWS Priority: Children's Health and wellbeing - update</p> <p>Review of forecast budget positions: - CCG's - County Council - Borough/ districts</p> <p>Surrey Safeguarding Children Board Annual Report</p> <p>Surrey Safeguarding Adults Board Annual Report</p>	<p>JHWS Priority Plan: Older adults priority plan</p> <p>Integration Transformation Fund</p>	<p>JHWS Priority Plan: developing a preventative approach</p> <p>Report from outcomes group (JSNA steering group): 1) progress review of Emotional wellbeing and mental health priority 2) progress review of children's priority</p>	<p>JHWS Priority Plan: safeguarding the population</p>
30 mins		Public engagement session	Public engagement session	Public engagement session		Public engagement session	Public engagement session

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To: NHS Trust Chief Executives  
NHS Foundation Trust Chief Executives  
CCG Clinical Leads  
Local Authority Chief Executives  
NHS England Area Directors

cc: NHS Trust Development Authority Delivery and Development Directors  
Monitor Regional Directors  
CCG Accountable Officers  
NHS England Regional Directors  
NHS England Regional Directors of Operations and Delivery  
Directors of Social Services  
Association of Directors of Adult Social Services

Gateway Ref: 00428  
ROCR Approval Applied For

4 October 2013

Dear Colleague

### **Preparations for winter 2013/14**

We are writing to set out the next steps around preparation for winter, including this year's process for winter reporting. It is extremely important that the NHS works together effectively in winter to ensure the continued delivery of high quality healthcare services for patients.

This year the winter planning process has been guided by the letter to the service in May this year<sup>1</sup> regarding the delivery of the 4 hour A&E operational standard. The accompanying A&E Improvement Plan<sup>2</sup> asked that as part of this process, local systems establish Urgent Care Boards (UCBs) to oversee and guide emergency care services and begin early preparations for this winter period.

As a result, through your work as part of UCBs, and across organisations on A&E system recovery and improvement plans, you have already been developing your local plans for winter. Thank you for the work that you and colleagues have done on this so far.

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<sup>1</sup> <http://www.england.nhs.uk/wp-content/uploads/2013/05/ae-letter.pdf>

<sup>2</sup> <http://www.england.nhs.uk/wp-content/uploads/2013/05/ae-imp-plan.pdf>

## **Leadership on delivery of quality services during the winter period**

Strong and effective leadership of organisations during the winter period will be crucial to the delivery of safe and high quality services during the challenging winter period. The planning, reporting and escalation infrastructures being put in place this winter will only be successful if guided by excellent leadership at all levels in the system.

This leadership will include you assuring yourself as local leaders throughout the winter that your organisation is delivering in line with your plans and is working well in partnership with other providers and commissioners.

This leadership will be centred on the delivery of the highest possible quality of healthcare services during the winter period, and where this is not the driving principle, then there should be expectation of challenge and escalation.

## **Winter information reporting arrangements**

These are set out in the annex of this letter. This sets out the arrangements for the reporting of local winter-focussed delivery information and reflects the changes to the system this year. It is important to reinforce the message that the timely and accurate reporting of this delivery intelligence is a key element of effective winter management and crucial to providing early indications of any emerging problems which can then be responded to.

## **Seasonal flu immunisation programme 2013/14**

Flu Immunisation is one of the key government commitments, and follows advice and recommendations from the Joint Committee on Vaccinations and Immunisations (JCVI). NHS England has developed robust plans for the delivery of the routine flu programme for people at risk, (and the new extended programme for children 2 to 3 years) as part of the overall winter plan for health and social care organisations for 2013/14. Letters and guidance that were published in June and July 2013 are available via the links below:

<https://www.gov.uk/government/publications/childrens-flu-immunisation-programme-2013-to-2014>

<https://www.gov.uk/government/publications/flu-immunisation-programme-2013-to-2014>

All NHS England Area Teams have reported on their state of readiness for implementation of the flu programme in August 2013, outlining the preparedness of providers, vaccine supply and data flows. There are 7 pilot sites which have begun for the future roll-out of the programme to older primary aged children.

## **Flu vaccination of healthcare workers**

The Secretary of State for Health has asked for an improvement on the seasonal influenza vaccination rates for healthcare workers involved with direct patient care.

This is because the flu vaccine not only protects staff, their families and their patients, but it also reduces the risks associated with absenteeism during a busy period of the year.

NHS Trusts and NHS Foundation Trusts have been asked to vaccinate 75% of their staff this year. Trusts will not be eligible for a potential allocation from winter monies in 2014/15 if 75% is not met, except in exceptional circumstances where they can prove to the NHS Trust Development Authority (TDA), Monitor and NHS England that they have robust plans in place to ensure they will do so next year.

## **Communications**

NHS England will support the NHS locally to communicate with patients and the public this winter, focussing on messages to increase understanding of which NHS service is most appropriate for a healthcare need. NHS England will support this local activity through its own communications channels including working with national media.

## **Oversight/regulation of NHS providers and local systems**

Separate communications from the TDA and Monitor will follow this letter and provide specific details around the reporting and escalation processes in place (as per statutory accountability requirements) during the winter period, for NHS Trusts and NHS Foundation Trusts respectively.

Where there is concern about the performance and response of an urgent care system as opposed to an individual provider, the regional tripartite panel will expect to meet with UCB members. This allows the 3 arms length bodies to work collectively to seek improvement, agree a single set of actions from the local system, whilst maintaining the individual accountability relationships with providers and commissioners.

## **Role of Urgent Care Boards**

Finally, there has been some reported potential confusion about the role of UCBs (to be known now as Urgent Care Working Groups to better reflect their constitution). In establishing UCBs we wanted to get the right people locally round the table to ensure that robust and effective improvement plans for urgent care could be developed and supported. They are not meant to be prescriptive, and are non-statutory operational groups that look at optimising the delivery of urgent care services in local systems, identifying local solutions to urgent care issues. Their membership includes all key stakeholders from health and social care including the appropriate clinical expertise.

While they provide an important forum of mutual accountability of all partners in the local urgent care system in the implementation of SRIPs, they do not replace the formal mechanisms of accountability within and between organisations towards

improving the delivery of the A&E standard. In the management of winter pressures, they are ideally placed to review and respond to the full range of appropriate data concerning the local urgent care system and ensure that locally, processes are put in place to monitor and react to any potential hotspots, thus avoiding unnecessary escalation.

They have an important role to play in supporting Health and Well-being Boards as they determine the overarching health and healthcare strategy and monitor progress against delivery.

This letter provides the necessary advice on any issues you may have regarding preparations in managing your winter arrangements.

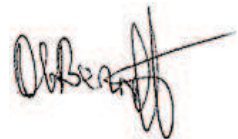
Yours sincerely,



Barbara Hakin  
Deputy Chief Executive  
NHS England



David Flory  
Chief Executive  
NHS Trust Development Authority



David Bennett  
Chief Executive  
Monitor

## Annex

### Winter Reporting Arrangements

To reflect the changes in the system we have updated the daily SITREP and supporting guidance used last year. Copies of both documents are available via UNIFY2. We will continue to use UNIFY2 for reporting local winter pressures.

This means that SITREPs will again record: temporary A&E closures; A&E diverts; ambulance handover delays over 30 minutes; trolley-waits of over 12 hours; cancelled elective operations; urgent operations cancelled in the previous 24 hours; and those cancelled for the second or subsequent time in the previous 24 hours; availability of critical care, paediatric intensive care and neonatal intensive care beds; non clinical critical care transfers out of an approved group and within approved critical care transfer group (including paediatric and neonatal); bed stock numbers (including escalation, numbers closed, those unavailable due to delayed transfers of care etc.); and details of actions being taken if trust has considers that it has experienced serious operational problems.

Following discussions with Monitor, it has been agreed that NHS Foundation Trusts (NHS FTs) will again be asked to complete daily SITREPs for winter 2013/14.

The quality of daily SITREPs remains extremely important, as does completing them on time on each reporting day. Daily reports are required from acute hospitals only. It is the responsibility of each trust to ensure their return is accurate, complete, and fit for purpose.

In order to ensure that the NHS England Operations team can complete collation of daily figures and publish the data on the UNIFY2 system, returns must be provided by reporting acute trusts no later than 11am. This will allow for publication on UNIFY2 where it can be accessed by local and regional stakeholders to monitor and address any operation problems resulting from these pressures.

Urgent Care Working Groups are ideally placed to ensure that locally processes are put in place to monitor and react to any potential hotspots, thus avoiding unnecessary escalation. Access to UNIFY2 reports, SITREP data, on a daily basis will be granted to all local NHS organisations (e.g. CCGs and Trusts).

Local systems will also need to take account of all locally available data including whatever relevant information is available for other settings such as in community, mental health and primary care. We will be looking to the potential for developing SITREP indicators for these parts of the healthcare systems for use next winter.

### Reporting period

Daily SITREP reporting will commence from Monday 4 November and reporting requirements will be reviewed at the end of February 2014. This means that the first collection will be on Tuesday 5 November in respect of the previous 24 hours up to 8am on that day.

Monday's SITREP covers the period from 8am Friday morning to 8am Monday morning. As above, Trusts are required to submit their return by 11am daily.

For the Christmas period, it is intended that information covering 8am 24 December 2013 until 8am 27 December 2013 will be submitted in a single SITREP on 27 December 2013. There will be no SITREP on 1 January 2014. The SITREP on 2 January 2014 will cover the period from 8am 31 December 2013 to 8am on 2 January 2014.

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Please note that although daily SITREPs via UNIFY2 are only required on working days, serious operational problems, which occur on non-working days, should be reported by Trusts by 11am the following day in order for information to be fed into daily reporting arrangements.



## Surrey Health and Wellbeing Board

Date of meeting	12 December 2013
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### Item / paper title: *Review of forecast budget positions*

<b>Purpose of item / paper</b>	To share the forecast budget positions of the Clinical Commissioning Groups, Surrey County Council, Surrey Police and Surrey's District and Borough Councils. <b>The item will be delivered as a presentation / discussion at the meeting.</b>
<b>Surrey Health and Wellbeing priority(ies) supported by this item / paper</b>	The financial position of members of the Health and Wellbeing Board will have an impact on the Board's ability to deliver all five of the priorities set out in Surrey's Joint Health and Wellbeing Strategy.
<b>Financial implications - confirmation that any financial implications have been included within the paper</b>	The focus of the item is to set out the latest forecast financial position of members of the Health and Wellbeing Board. As an 'information sharing' item, there are no direct financial implications as a result of this item (no decisions are being requested of the Board).
<b>Consultation / public involvement – activity taken or planned</b>	No specific consultation / public involvement has taken place for this item – each of the organisations providing a budget update will have their own arrangements for consulting the public in decisions their organisations have made around budget setting / prioritisation of resources etc.
<b>Equality and diversity - confirmation that any equality and diversity implications have been included within the paper</b>	Public bodies including those represented on the Health and Wellbeing Board have a statutory duty to ensure compliance with the Equality Duty, showing they have had due regard to eliminate unlawful discrimination, advance equality of opportunity as well as foster good relations between people who share a protected characteristic and people who do not.
<b>Report author and contact details</b>	Cover report – Justin Newman – <a href="mailto:justin.newman@surreycc.gov.uk">justin.newman@surreycc.gov.uk</a> The presentation at the meeting will be given by representatives of each Clinical Commissioning Group, Surrey County Council, Surrey Police and a representative of the Surrey's district and borough councils.
<b>Sponsoring Surrey Health and Wellbeing Board Member</b>	Councillor Michael Gosling, Dr Joe McGilligan
<b>Actions requested / Recommendations</b>	<b>The Surrey Health and Wellbeing Board is asked to:</b> <ul style="list-style-type: none"> <li>Note the presentation given by the representatives of each Clinical Commissioning Group, Surrey County Council, Surrey Police and a representative of the Surrey's district and borough councils.</li> <li>Consider and discuss any key implications or challenges that have been identified in the presentation.</li> </ul>







## Surrey Health and Wellbeing Board

<b>Date of meeting</b>	Thursday 12 December 2013
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**Item / paper title: *Surrey Safeguarding Adults Board's Annual Report***

<b>Purpose of item / paper</b>	<p>To note the Surrey Safeguarding Adults Board's Annual Report 2012-2013. It is a priority of the Surrey Safeguarding Adults Board to ensure a strong link with the Health and Wellbeing Board and its strategy. This priority is supported by presenting the Annual Report.</p> <p>This will support the powers and duties of the Health and Wellbeing Board to build strong and effective partnerships.</p>
<b>Surrey Health and Wellbeing priority(ies) supported by this item / paper</b>	The Surrey Safeguarding Adults Board publish their Annual Report to ensure they are transparent and accountable for the delivery of their priorities set out in the Strategic Plan. This supports the Surrey Health and Wellbeing priority of Safeguarding the Population
<b>Financial implications - confirmation that any financial implications have been included within the paper</b>	There are no financial implications
<b>Consultation / public involvement – activity taken or planned</b>	The Annual Report is not consulted on with the public, however, it is made publically available, it is presented to SCC Cabinet, it is available to download from the Surrey Safeguarding Adults Board web pages and it is available in paper copy in each of Surrey's libraries.
<b>Equality and diversity - confirmation that any equality and diversity implications have been included within the paper</b>	Equality and diversity has been considered. It is noted that older people are less likely to have internet access therefore paper copies of the report are made available in Surrey's libraries. There are no other equality and diversity issues.
<b>Report author and contact details</b>	Simon Turpitt, Independent chair of SSAB. Contact via: Emily Welch, SSAB administrator, <a href="mailto:Emily.welch@surreycc.gov.uk">Emily.welch@surreycc.gov.uk</a> .
<b>Sponsoring Surrey Health and Wellbeing Board Member</b>	Sarah Mitchell

<b>Actions requested / Recommendations</b>	<b>The Surrey Health and Wellbeing Board is asked to:</b> <ul style="list-style-type: none"><li>• Note the contents in the annual report.</li><li>• Take the annual report's priorities back to its' respective organisations and consider the implications on service development and working practices.</li><li>• Consider how the annual report's priorities can be jointly addressed in the design and delivery of the 'Safeguarding the population' action plan, as part of the delivery of the Surrey Health and Wellbeing Strategy (development of which will begin in April).</li></ul>
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# **Surrey Safeguarding Adults Board**

## **Annual Report 2012 – 2013**



## Foreword

In June 2013 I was pleased to accept the appointment as the new Independent Chair of the Surrey Safeguarding Adults Board. As one of my first tasks I am pleased to introduce our Annual Report for 2012-2013.

This report gives us the opportunity of demonstrating the Board's fulfilment of its role in relation to safeguarding policy and how it has responded to safeguarding alerts and referrals through the management information shared with the Board. During this year the Board has focused on the delivery of the three year Strategic Plan that we implemented at the beginning of 2012. This plan sets out the Board's activities set against the six national principles of safeguarding, namely:

- ❖ Empowerment
- ❖ Protection
- ❖ Prevention
- ❖ Proportionality
- ❖ Partnership
- ❖ Accountability

The Strategic Plan was drafted with reference to national priorities, high level strategic goals identified by Board members in February 2012, the views of service users and carers, Management Information and actions from the previous year's Work Plan that we wished to continue or that needed to be evaluated.

I am delighted to present this report to you and look forward to the challenges and opportunities that the new year brings us as we move towards Safeguarding Adults Boards becoming statutory.

Simon Turpitt  
Chair of the Surrey Safeguarding Adults Board

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## **1 National Context**

The Statement of Government Policy on Adult Safeguarding issued in May 2011 identifies its objective as, *'to prevent and reduce the risk of significant harm to adults at risk, from abuse or other types of exploitation whilst supporting the individual in maintaining control over their lives and in making informed decisions without coercion'*.

8 Safeguarding Adults Boards are not currently statutory, unlike Safeguarding Children's Boards. Surrey has chosen to have a Safeguarding Adults Board since 1999 as a reflection of the importance we place on safeguarding vulnerable adults. The government is expected to make Safeguarding Adults Boards statutory in the Care Bill. This welcome change is expected to come into effect in early 2015 and will place the safeguarding of vulnerable adults on an equal footing to vulnerable children.

This year has brought ever greater prominence to safeguarding adults. The Serious Case Review into the abuses occurring at Winterbourne View hospital in Gloucestershire was published in July and the Department of Health published the Concordat in December. A new definition of Domestic Violence and Abuse was set by the Home Office. The new Disclosure and Barring Service was established in December. In February 2013 the Final Francis Report was published, identifying key failings at mid-Staffordshire Foundation Trust. Health and Wellbeing Boards were established in preparation for them becoming a statutory requirement in April 2013. The Department of Health embarked on the consultation on a new safeguarding power in relation to the entry of premises and reports were published setting out the reform of Social Care following the Dilnot Commission report.

## **2 Local Context**

The 2011 Census tells us the following about the population in Surrey:

- Surrey has a total population of 1,132,390.
- The population has increased by over 73,000 in the past 10 years.
- 17.17% of population in Surrey is over 65 years old, compared to 16.34% in England.
- 2.65% of population in Surrey is over 85 years old, compared to 2.23% in England.
- 108,433 people in Surrey are unpaid carers.

<b>People in Surrey living in households with day to day activities limited by long term illness or disability by age (from 2011 census)</b>					
0 to 15 years old	16 to 24 years old	25 to 64 years old	65 to 74 years old	75 to 84 years old	85+ years old
6,330	4,706	53,579	25,620	32,488	19,384

<b>People living in households in Surrey who reported their health as being bad or very bad (from 2011 census)</b>		
65 to 74 years old	75 to 84 years old	85+ years old
6,004	7,067	4,559

An adult at risk of harm may be a person who has mental health problems. The Surrey Safeguarding Adults Multi-Agency Procedures, Information and Guidance represent the commitment of organisations in Surrey to work together to safeguard people with mental health problems and other adults at risk with the aim that:

- the needs and interests of adults at risk are always respected and upheld
- the human rights of adults at risk are respected and upheld
- a proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse
- all decisions and actions are taken in line with the Mental Capacity Act 2005

Surrey and Borders Partnership NHS Foundation Trust provides the health and social care services for people with mental health problems, drug and alcohol problems and learning disabilities across Surrey. The Trust is a partnership organisation and has a formal partnership agreement with Surrey County Council to ensure integrated health and social care is provided to respond to the needs of the whole person. The Trust's Working Age Adult Mental Health, Drug and Alcohol and Forensic Community Teams are Integrated Health and Social Care Teams and act on behalf of the Local Authority. Surrey and Borders Partnership NHS Foundation Trust sit on the Board, the Business Management Group and on each of the sub-groups.

In addition, the Surrey Safeguarding Adults Multi-Agency Procedures, Information and Guidance sets out the support available for adults who have a mental health problem. This includes the circumstances when the police should call for an appropriate adult to support a vulnerable adult with a mental health problem who is going to be interviewed, It includes the use of an Independent Mental Capacity Advocate (IMCA) who will represent and support the person where there is a decision to be made in relation to serious medical treatment provided by the NHS or a move into long-term care. It also includes guidance on the use of Deprivation of Liberty Safeguards (DoLS). DoLS apply to people who have a mental health problem and who do not have mental capacity to decide whether or not they should be accommodated in the relevant care home or hospital to be given care or treatment. The Multi-Agency Procedures are agreed by all Board members and are available on the Board's webpages.

Every year, Adult Social Care submits data to the Department of Health on key safeguarding activities. This is known as the Abuse of Vulnerable Adults data. The safeguarding process begins with an alert being made to Adult Social Care. The alert is assessed by the receiving Locality Team to determine the response required. Where the concerns meet the threshold of intervention, the alert will progress to a referral.

More information is available in the Board's Multi Agency Procedures published on the Surrey County Council website. See: <http://www.surreycc.gov.uk/social-care-and-health/adult-social-care/protecting-adults-from-harm/safeguarding-resources-helpful-information-from-non-surrey-safeguarding-adults-board-sources/safeguarding-adults-multi-agency-procedures-and-protocols>. All Board member agencies are signed up to use these procedures.

Not all Councils collect data on alerts. Surrey does collect this data. Whilst national data for this year is not yet available, we can make comparisons based on previous year's national data. For the 99 councils who submitted data on alerts in both 2010-11 and 2011-12, the number of alerts has increased by 24 per cent (23,000 alerts). This could indicate either a rise in the reporting of safeguarding incidents and/or a rise in harm taking place. Feedback from these councils indicated there have been a number of changes, including delivering additional training, that has raised awareness of safeguarding. Planned awareness campaigns have increased the knowledge of safeguarding awareness within communities. The Department of Health report these factors may have contributed to the rise in alerts during the 2011-12 reporting period.



The Surrey Safeguarding Adults Board has been undertaking activities to increase awareness of safeguarding both with professionals and with the public, this, together with a new way of recording alerts may have contributed to the increase in the number of alerts being made. In December 2012 and January 2013 the Board distributed 30,000 copies of the new 'Keeping you Safe' leaflet and 800 posters to all Adult Social Care Teams, GP Surgeries, Community Hospitals, Dentists, District and Borough Councils, Libraries, Voluntary Organisations, Police, Surrey Fire and Rescue Service and Pharmacies. The Board also produced a new 'Keeping you Safe' DVD for public awareness and made it available to view on the Board pages of the Surrey County Council website and on YouTube. This featured four different scenarios of people and the abuse they had experienced to help residents recognise abuse and know how to make a referral. Since the DVD was published on 24 January 2013 there have been 273 views of the DVD on YouTube this year. The Surrey Safeguarding Adults Board page where the DVD is hosted has received 835 page visits between January and March 2013.

This may have contributed to an increased number of alerts being received as people are better informed of safeguarding and how to raise a concern. It does not necessarily indicate there are a greater number of safeguarding incidents occurring.

### **Definitions used in the Abuse of Vulnerable Adults Data**

- **Alert** - An alert is the first contact between a person concerned about the alleged harm to a vulnerable adult to Adult Social Care
- **Referral** - Where an alert is considered to meet the safeguarding threshold
- **Repeat Referral** - A repeat referral is a safeguarding referral where the vulnerable adult involved has previously been the subject of a safeguarding referral about a different incident and both of these referrals were in place during the same reporting period.
- **Completed Referral and Uncompleted Referral** - A completed referral is where an investigation has been undertaken, all evidence has been assessed, a conclusion and outcomes have been agreed and the case has been closed. There will be some investigations that start at the end of the reporting year and these are recorded as 'uncompleted referrals'.

## Case conclusions

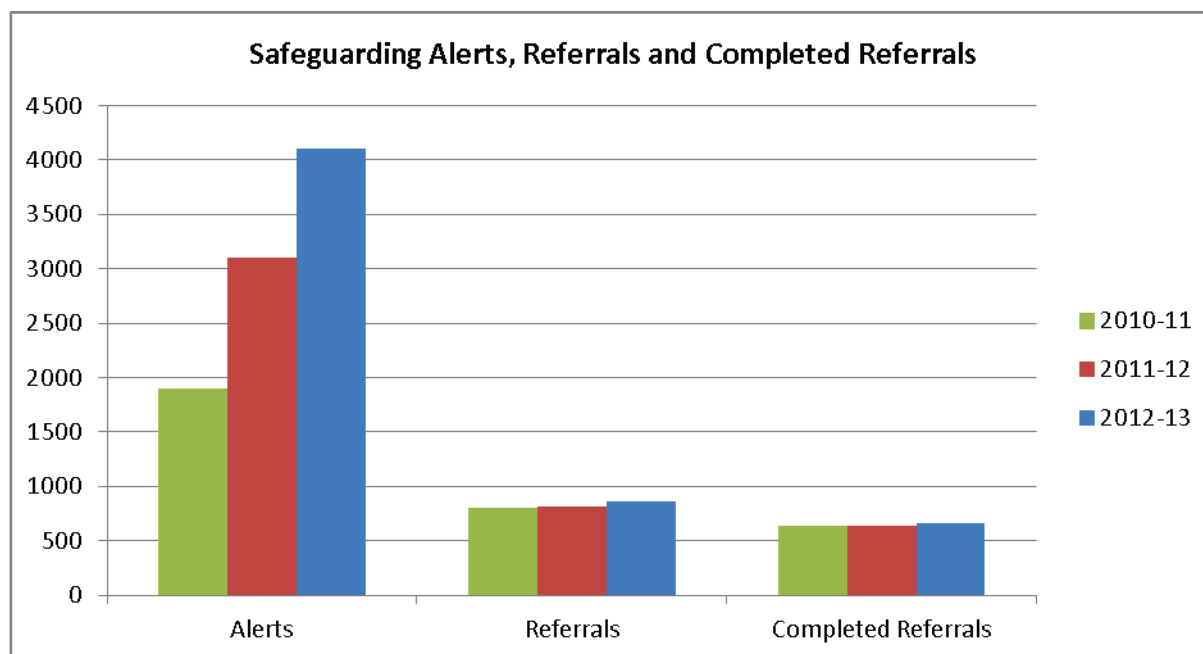
The 'case conclusion' is the record of the result of the investigation, i.e. whether the allegation has been substantiated or not substantiated, or lacks the evidence to make a decision either way. Decisions around whether an allegation did or did not happen are based on the civil standard of proof, that is, on the balance of probabilities.

- **Substantiated** - If allegations of abuse can be proven on the balance of probabilities then the case conclusion will be recorded as 'Substantiated'.
- **Partly Substantiated** - If some, but not all, allegations of abuse can be proven on the balance of probabilities then the case conclusion will be recorded as 'Partly Substantiated'.
- **Not Substantiated** - If the allegation of abuse has been disproven on the balance of probabilities then the case conclusion will be recorded as 'Not Substantiated'.
- **Not Determined / Inconclusive** - If an investigation could not reach a conclusion as to whether the allegations are true or false on the balance of probabilities, then the case is recorded as 'Not Determined / Inconclusive'. Referrals are also recorded as Not Determined / Inconclusive where the investigation is stopped before it is fully completed. Examples of when this may happen are:
  - If there is not enough reliable evidence to show whether the allegations are true or false.
  - If the only evidence found during the investigation was one person's word against another.
  - If while investigating a referral the alleged perpetrator passes away before making a statement then the investigation might not be continued. In this case the referral will be recorded as 'Not Determined / Inconclusive'.
  - If while investigating a referral the alleged victim requests that the matter is not pursued then the referral will be recorded as 'Not Determined / Inconclusive'.

**Number of Safeguarding Alerts, Referrals and Completed Referrals**  
 - source Abuse of Vulnerable Adults Surrey data

- In 2012-13, 4104 alerts were received. This was an increase of 32% when compared to 2011-12. Please see page 7 of this report for an explanation as to why this has occurred.
- 865 safeguarding referrals were received in 2012-13 representing an increase of 6% when compared to 2011-12.
- 658 safeguarding referrals were completed in 2012-13 which was an increase of 3% over the previous year.

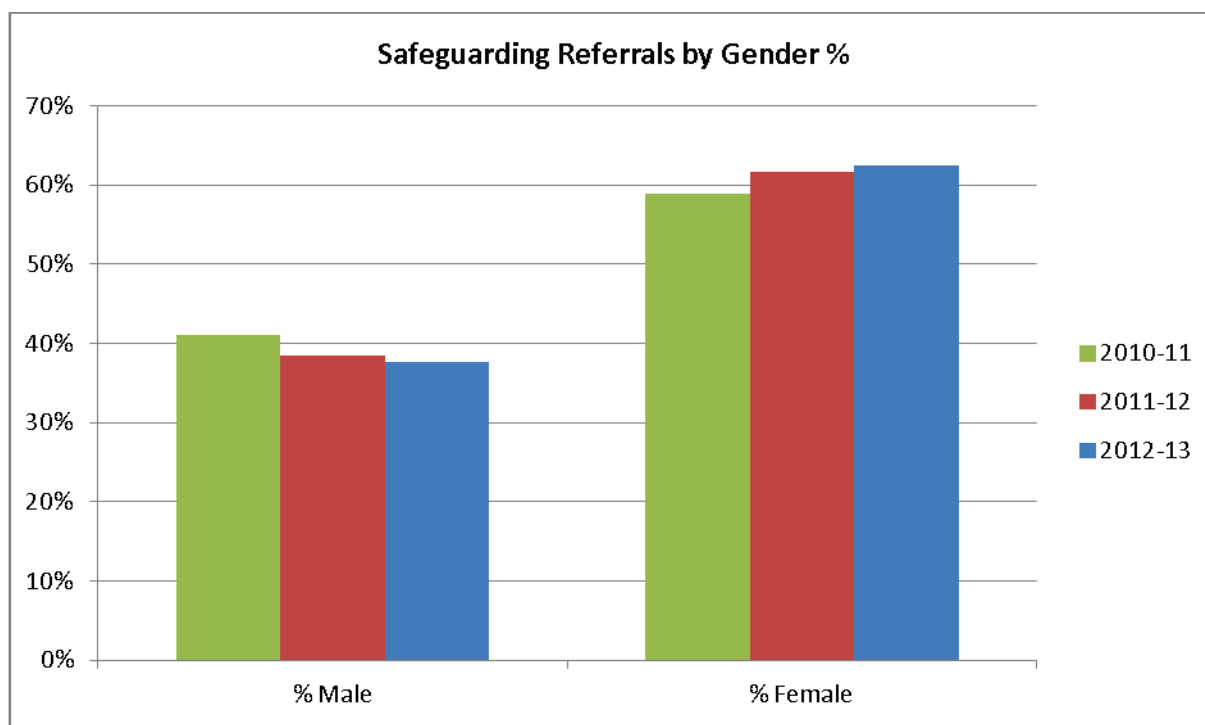
	<b>Alerts</b>	<b>Referrals</b>	<b>Completed Referrals</b>
<b>2010-11</b>	1900	799	634
<b>2011-12</b>	3104	815	641
<b>2012-13</b>	4104	865	658
<b>% change between 2012-13 and 2011-12</b>	32%	6%	3%



**Safeguarding Referrals by Gender**  
 - source Abuse of Vulnerable Adults Surrey data

- In 2012-13, 38% of vulnerable adults were male and 62% were female. There has not been a significant change in the gender breakdown of vulnerable adults over the last three reporting years.

	<b>% Male</b>	<b>% Female</b>
<b>2010-11</b>	41%	59%
<b>2011-12</b>	38%	62%
<b>2012-13</b>	38%	62%

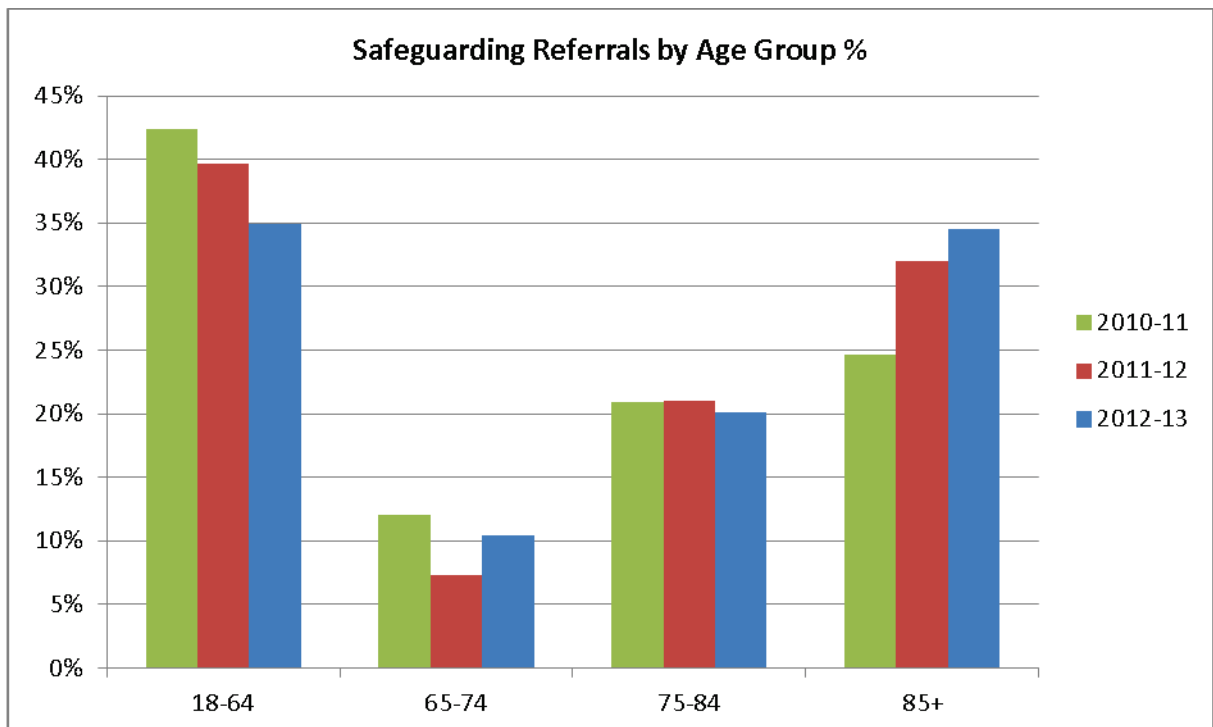


**Safeguarding Referrals by Age Group**  
 - source Abuse of Vulnerable Adults Surrey data

- The 85+ age continues to show a steady increase for referrals. In 2012-13, this proportion increased by a further 3%, following an increase of 7% in the previous year.
- The 18-64 age group indicates a steady decrease in the proportion of referrals, with a decrease of 5% between 2012-13 and 2011-12.

	<b>18-64</b>	<b>65-74</b>	<b>75-84</b>	<b>85+</b>
<b>2010-11</b>	42%	12%	21%	25%
<b>2011-12</b>	40%	7%	21%	32%
<b>2012-13</b>	35%	10%	20%	35%

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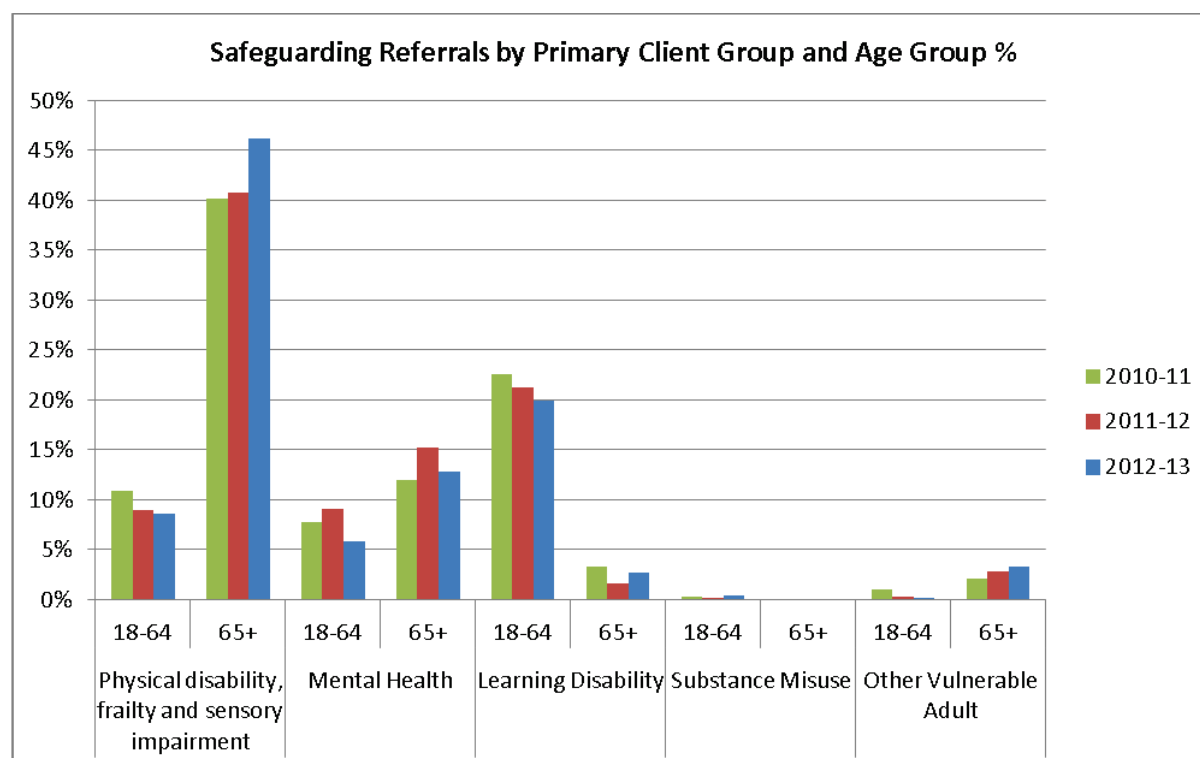
## Safeguarding Referrals by Primary Client Group and Age Group

- source Abuse of Vulnerable Adults Surrey data

- In 2012-13, there was a 5% increase, compared to 2011-12, in the proportion of vulnerable adults in the 65+ age group whose client category is Physical disability, frailty and sensory impairment.
- There has been a small increase in the Learning Disability 65+ age group when compared to the previous year.
- The proportion of Mental Health referrals has decreased by 2-3% in both the 18-64 and 65+ age bands during 2012-13.

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	Physical disability, frailty and sensory impairment		Mental Health (includes dementia)		Learning Disability		Substance Misuse		Other Vulnerable Adult	
	18-64	65+	18-64	65+	18-64	65+	18-64	65+	18-64	65+
<b>2010-11</b>	11%	40%	8%	12%	23%	3%	0%	0%	1%	2%
<b>2011-12</b>	9%	41%	9%	15%	21%	2%	0%	0%	0%	3%
<b>2012-13</b>	9%	46%	6%	13%	20%	3%	0%	0%	0%	3%

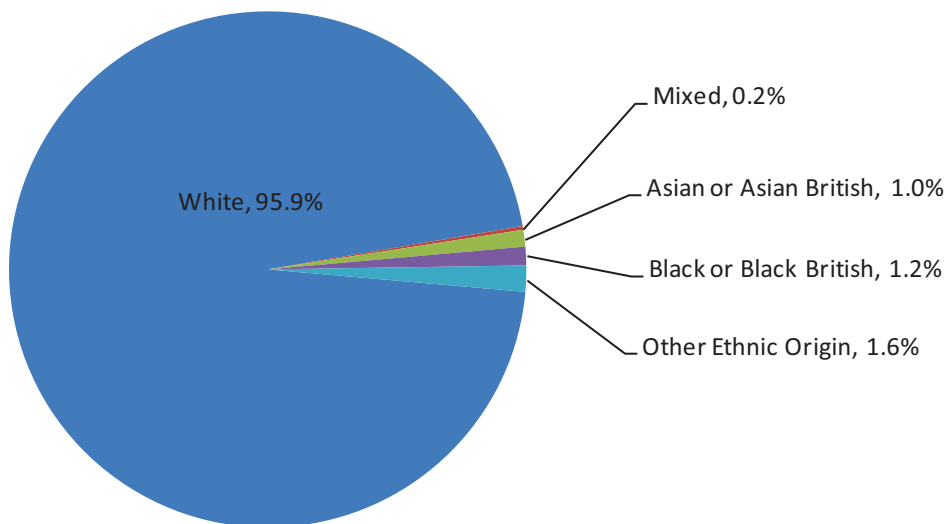


**Safeguarding Referrals by Ethnic Group**  
 - source Abuse of Vulnerable Adults Surrey data

- In 2012-13, 95.9% of alleged victims were from the 'White' ethnic group. This is 5.6% higher than the percentage reported by this category in the 2011 census breakdown in Surrey.
- In 2012-13, 1% of alleged victims were from the 'Asian or Asian British' ethnic group. This is 4.6% lower than the percentage reported by this category in the 2011 census in Surrey.

Ethnic group	Safeguarding Referrals 2012-13	Surrey Breakdown Census 2011
White	95.9%	90.3%
Mixed	0.2%	2.1%
Asian or Asian British	1.0%	5.6%
Black or Black British	1.2%	1.1%
Other Ethnic Origin	1.6%	0.9%
Total	100%	100%

**Safeguarding Referrals by Ethnic Group  
2012-13**

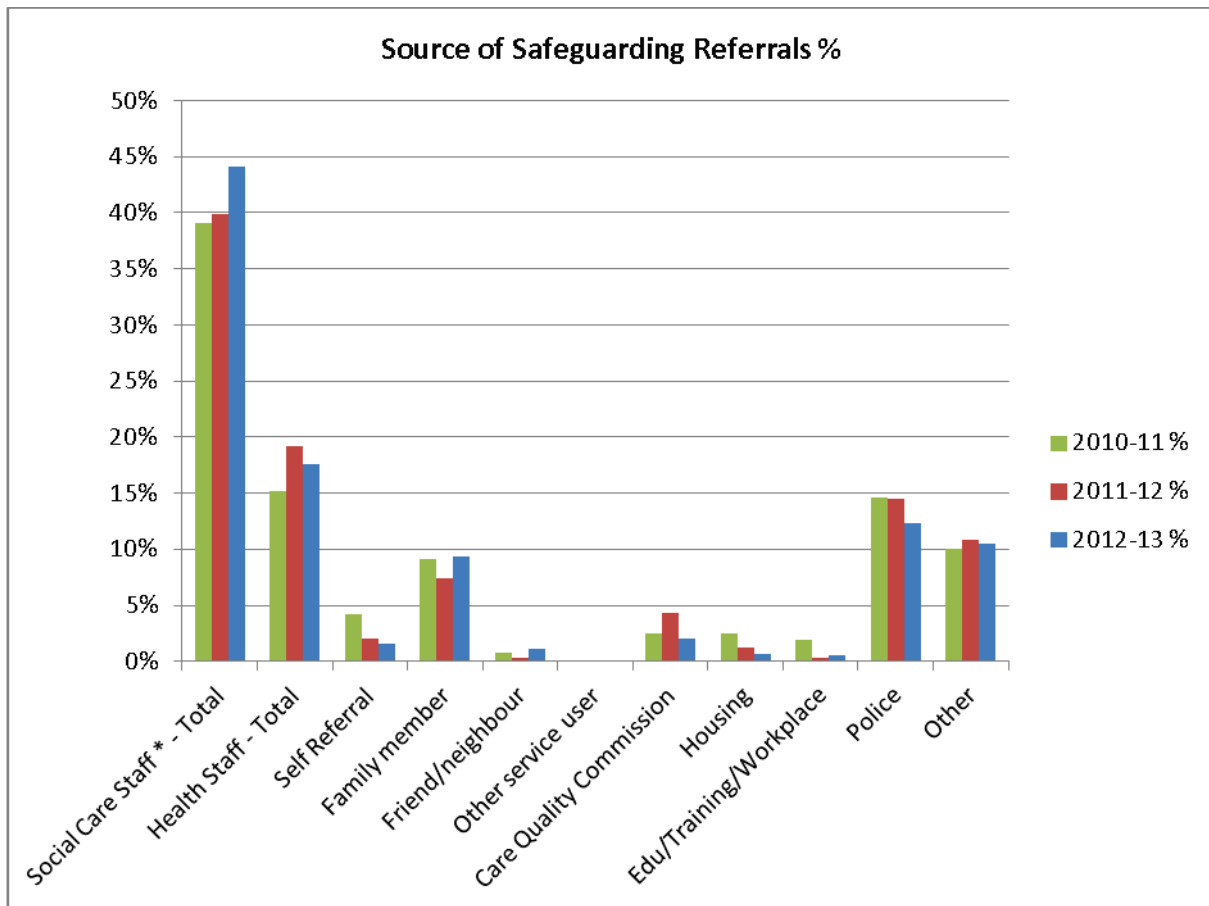


**Source of Safeguarding Referrals**  
- source Abuse of Vulnerable Adults Surrey data

- In 2012-13, there was a 4% increase in the proportion of referrals being made by Social Care Staff, when compared to the previous year. A 4% increase was also seen in the sub-category of 'Domiciliary Staff'.  
*Please note, the category 'Social Care Staff includes social care staff working in the local authority and the independent sector.*
- There was a small decrease in the number of referrals being made by 'Health' during the 2012-13 reporting period.
- The proportion of referrals made by a family member increased by 2% in 2012-13.
- The proportion of referrals made by the Police decreased by 2%.

		2010-11 %	2011-12 %	2012-13 %
<b>Social care staff</b>	<b>Social Care Staff (* CASSR &amp; Independent) - Total</b>	39%	40%	44%
	<i>of which: Domiciliary Staff</i>	12%	11%	15%
	<i>Residential Care Staff</i>	17%	15%	16%
	<i>Day Care Staff</i>	2%	2%	2%
	<i>Social Worker/Care Manager</i>	7%	6%	4%
	<i>Self-Directed Care Staff</i>	0%	0%	0%
	<i>Other</i>	2%	6%	7%
<b>Health staff</b>	<b>Health Staff - Total</b>	15%	19%	18%
	<i>of which:</i>			
	<i>Primary/Community Health Staff</i>	6%	9%	7%
	<i>Secondary Health Staff</i>	7%	7%	9%
	<i>Mental Health Staff</i>	3%	2%	2%
<b>Other sources of referral</b>	<b>Self Referral</b>	4%	2%	2%
	<b>Family member</b>	9%	7%	9%
	<b>Friend/neighbour</b>	1%	0%	1%
	<b>Other service user</b>	0%	0%	0%
	<b>Care Quality Commission</b>	3%	4%	2%
	<b>Housing</b>	3%	1%	1%
	<b>Education/Training/Workplace Establishment</b>	2%	0%	1%
	<b>Police</b>	15%	14%	12%
<b>Other</b>	10%	11%	11%	



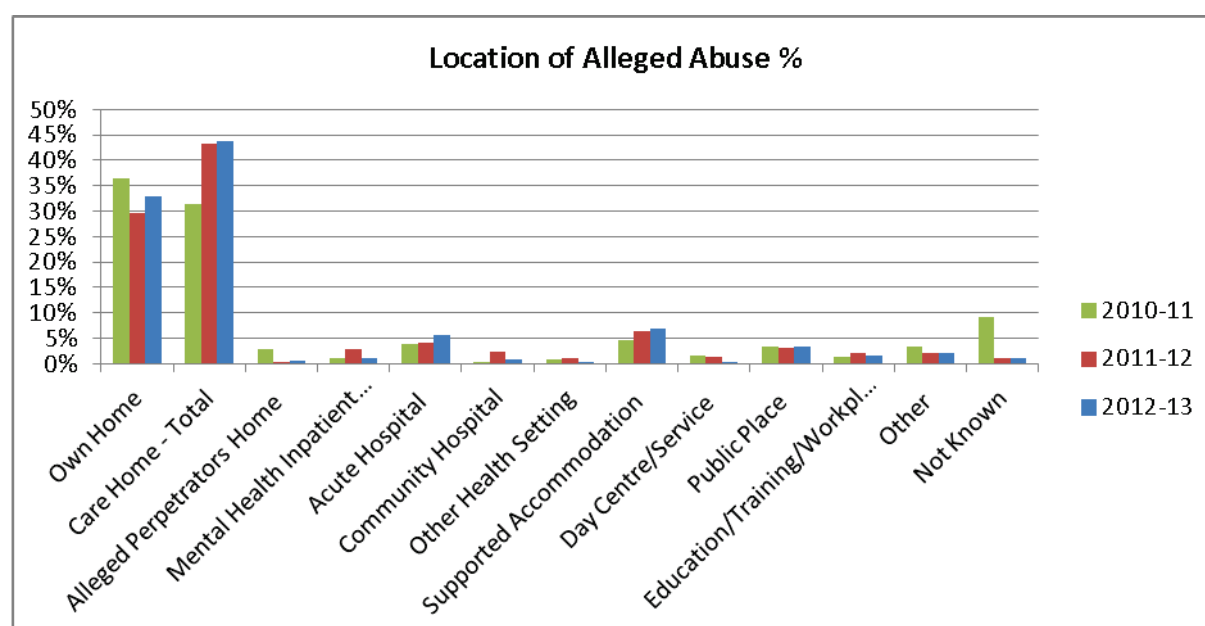


**Location of alleged abuse**  
- source Abuse of Vulnerable Adults Surrey data

- In 2012-13, there was a 3% increase in referrals alleged to have occurred in the vulnerable adults own home.
- There was a 2% increase in referrals alleged to have occurred in acute hospitals.

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	2010-11	2011-12	2012-13
<b>Own Home</b>	36%	30%	33%
<b>Care Home - Total</b>	31%	43%	44%
<b>Alleged Perpetrators Home</b>	3%	0%	1%
<b>Mental Health Inpatient Setting</b>	1%	3%	1%
<b>Acute Hospital</b>	4%	4%	6%
<b>Community Hospital</b>	0%	2%	1%
<b>Other Health Setting</b>	1%	1%	0%
<b>Supported Accommodation</b>	5%	7%	7%
<b>Day Centre/Service</b>	2%	1%	0%
<b>Public Place</b>	3%	3%	3%
<b>Education/Training/Workplace</b>	1%	2%	2%
<b>Other</b>	3%	2%	2%
<b>Not Known</b>	9%	1%	1%



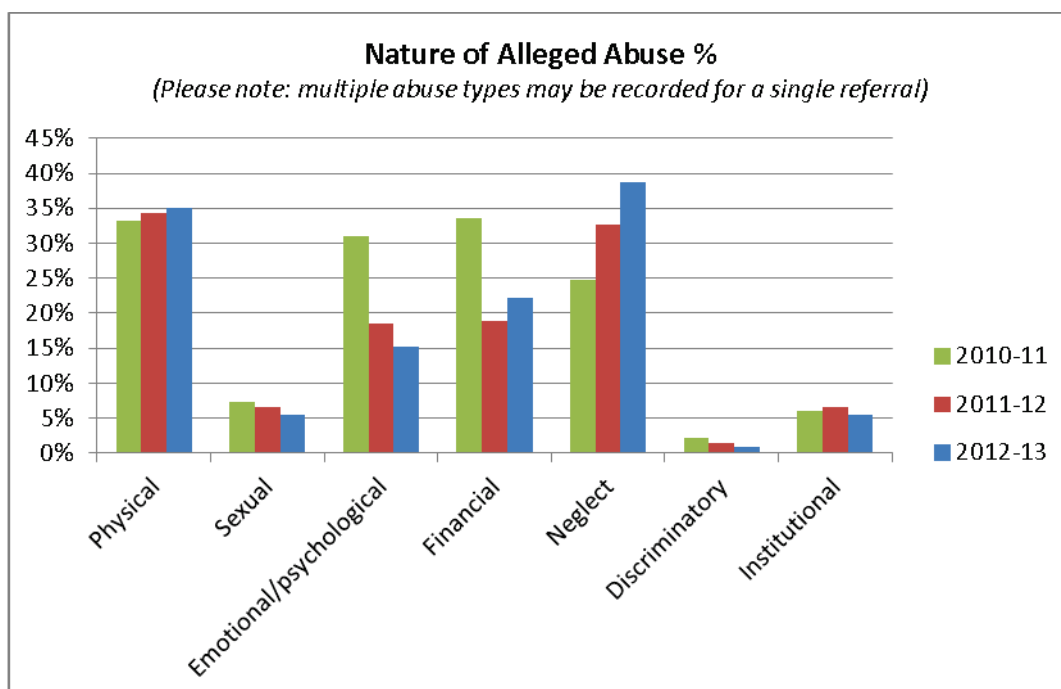
### Nature of alleged abuse

- source Abuse of Vulnerable Adults Surrey data.

- please note, multiple abuse types can be recorded for a single referral.

- In 2012-13, there was a 4% decrease in the proportion of referrals reporting emotional/psychological abuse.
- There was a 3% increase in Financial abuse (in 2010-11 33% was reported).
- There was a 6% increase in the proportion of Neglect reported.

	2010-11	2011-12	2012-13
<b>Physical</b>	33%	34%	35%
<b>Sexual</b>	7%	7%	6%
<b>Emotional/psychological</b>	31%	19%	15%
<b>Financial</b>	34%	19%	22%
<b>Neglect</b>	25%	33%	39%
<b>Discriminatory</b>	2%	1%	1%
<b>Institutional</b>	6%	7%	6%

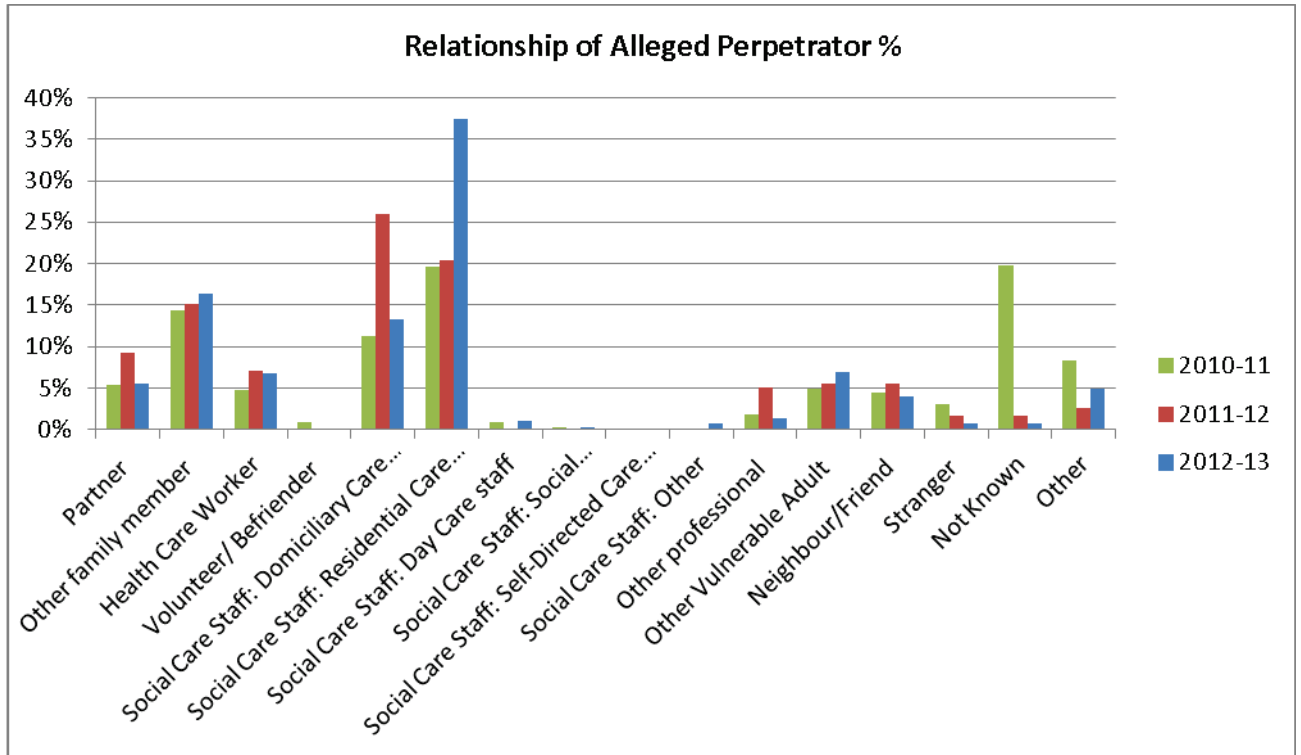


**Relationship of Alleged Perpetrator**  
- source Abuse of Vulnerable Adults Surrey data

- In 2012-13, there was a 17% increase in the proportion of referrals where the alleged perpetrator was reported as residential care staff, when compared to the previous year.
- There is no discernible cause for this shift in the number of referrals relating to residential care staff.
- There was a 13% decrease in the proportion of referrals where the alleged perpetrator was reported as domiciliary care staff in comparison to 2011-12. However, the figures for this year are similar to those in 2010-11. This year's figures are therefore in line with long term comparisons following an unusual, short-term increase the previous year.

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	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>
Partner	5%	9%	6%
Other family member	14%	15%	16%
Health Care Worker	5%	7%	7%
Volunteer/ Befriender	1%	0%	0%
<i>Social Care Staff: Domiciliary Care staff</i>	11%	26%	13%
<i>Social Care Staff: Residential Care staff</i>	20%	20%	37%
<i>Social Care Staff: Day Care staff</i>	1%	0%	1%
<i>Social Care Staff: Social Worker/Care Manager</i>	0%	0%	0%
<i>Social Care Staff: Self-Directed Care Staff</i>	0%	0%	0%
<i>Social Care Staff: Other</i>	0%	0%	1%
Other professional	2%	5%	1%
Other Vulnerable Adult	5%	6%	7%
Neighbour/Friend	5%	6%	4%
Stranger	3%	2%	1%
Not Known	20%	2%	1%
Other	8%	3%	5%

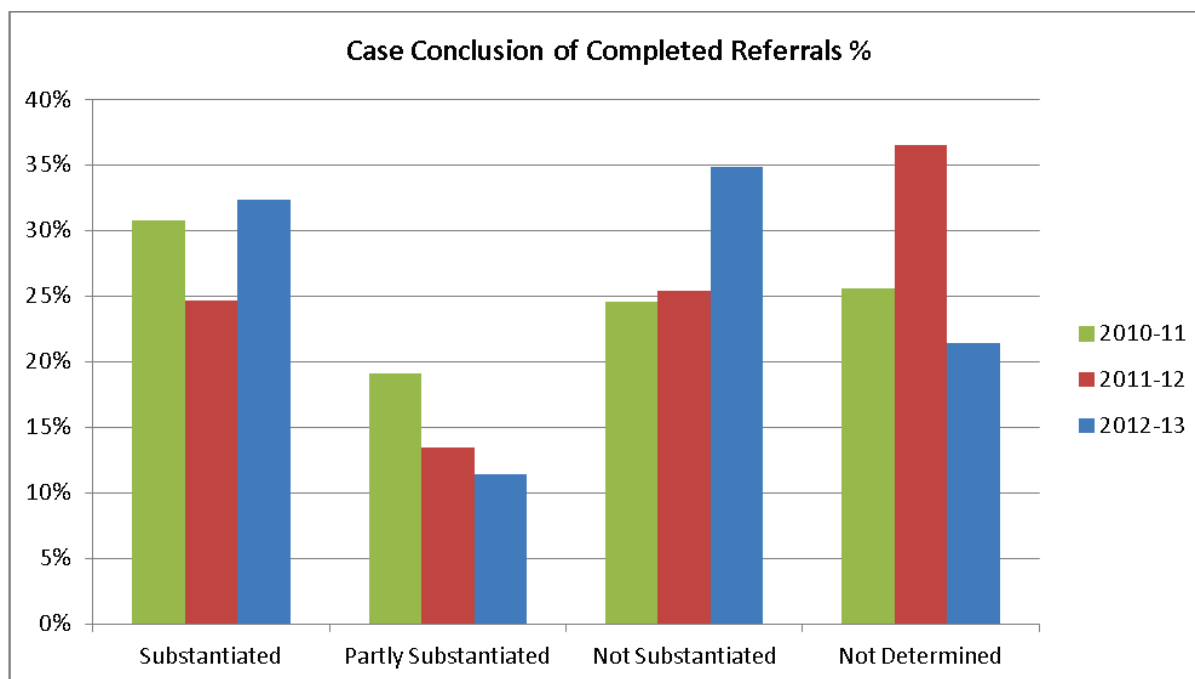


**Case Conclusion of Completed Referrals**  
 - source Abuse of Vulnerable Adults Surrey data

- In 2012-13, there was a 7% increase in proportion of completed referrals with a case conclusion of 'Substantiated', when compared to the previous year.
- There was a 10% increase in the proportion of completed referrals with a case conclusion of 'Not substantiated'

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	<b>Substantiated</b>	<b>Partly Substantiated</b>	<b>Not Substantiated</b>	<b>Not Determined</b>
<b>2010-11</b>	31%	19%	25%	26%
<b>2011-12</b>	25%	13%	25%	37%
<b>2012-13</b>	32%	11%	35%	21%



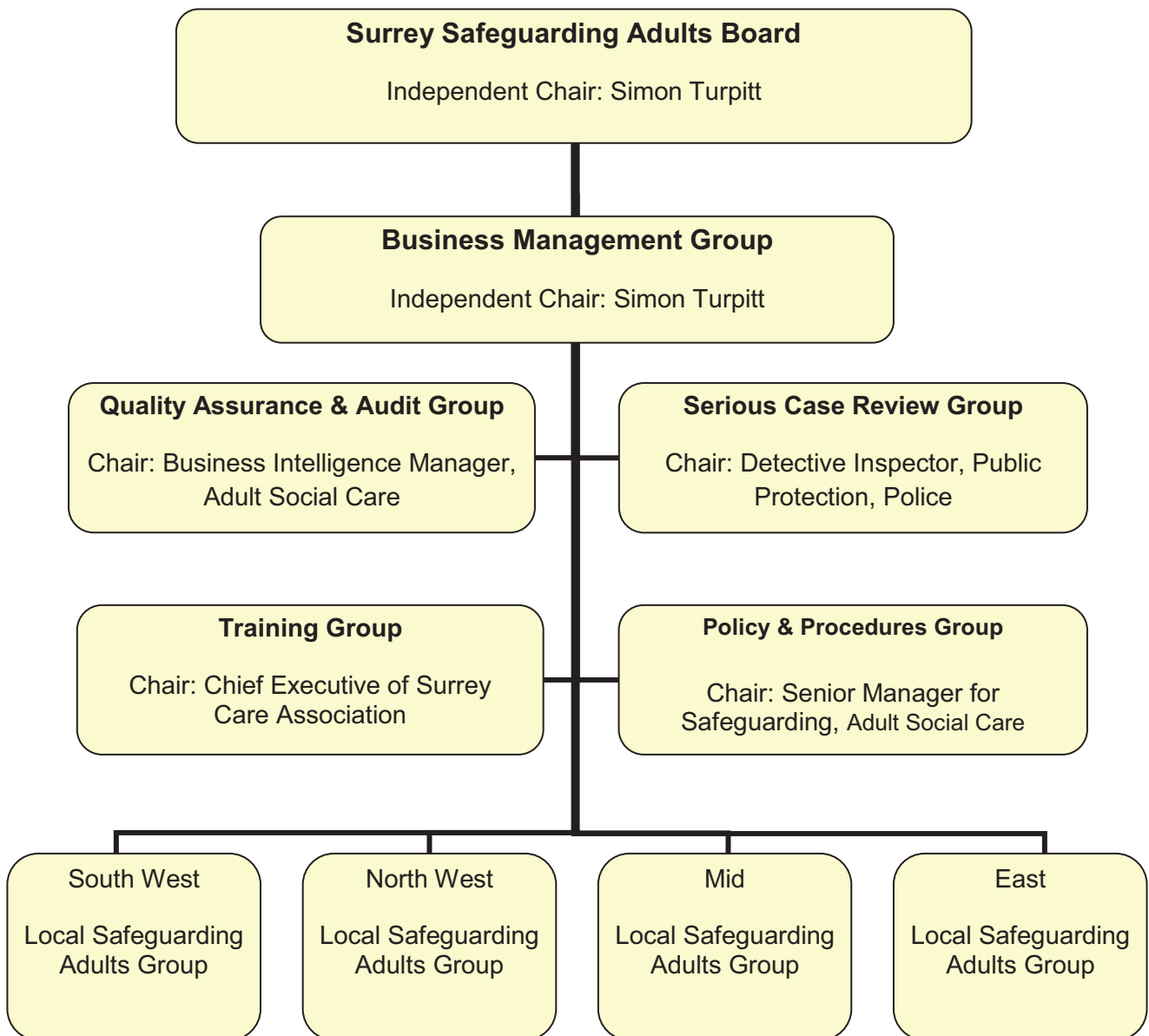
### **3 Surrey Safeguarding Adults Board Structure**

The Surrey Safeguarding Adults Board is a partnership constituted under the Department of Health guidance: 'No Secrets' (March 2000). The Board has an Independent Chair who chairs both the Board meetings and the Business Management Group meetings. The duty of the chair is to:

- To provide independent leadership and strategic vision to the Board.
- To champion the promotion of diversity and equality in all Board activity.
- To ensure the Board operates effectively in exercising its functions as set out in "No Secrets" and other relevant guidance and meets all statutory requirements that may be placed upon the Board once made Statutory.
- To chair the Board meetings, the Business Management Group meetings and other meetings/events held by the Board as required.
- To monitor and challenge the effectiveness of safeguarding adults at risk across agencies.
- To ensure that there is a meaningful business relationship with other statutory Boards.
- To produce the Board's Annual Report and Strategic Work Plan.

The chair is assisted in this role by four sub groups, namely, Quality Assurance and Audit, Policy and Procedures, Serious Case Review and Training. In addition, the Board has four Local Safeguarding Adults Groups supporting the implementation of the Work Plan.

## ORGANOGRAM





The Board meets three times a year. The Board's Terms of Reference are:

- To oversee the implementation and working of the Safeguarding Adults procedures, including publication, distribution and administration of the document
- The management of inter-agency organisational relationships to support and promote the implementation of the procedures
- To make links with other areas of policy and good practice guidance, including, contracting, care management and child protection within the statutory, voluntary and independent sectors
- To oversee the training strategy, and to maintain a strategic overview of Safeguarding Adults training
- To identify sources of funding required to implement the training and development needs associated with the procedures and to monitor the use of these resources
- To oversee the development of information systems which support the gathering of information necessary to carry out the evaluation of policy and practice
- To regularly review the monitoring and reporting of safeguarding adults concerns and investigations and to undertake a full review annually
- To make recommendations for revisions and changes necessary to the procedures, identified as a result of the monitoring process
- The promotion of multi-agency working in Safeguarding Adults, through formal events or information campaigns to ensure a wider professional and public understanding of adult abuse
- To support and advise operational managers working with abuse, through the local groups and sub groups
- To agree and maintain links with relevant corporate management groups
- Manage and support the work of the sub groups

### The Board members are from:

Each of the 5 Hospital Trusts:

Ashford & St Peters NHS Foundation Trust, Frimley Park Hospital NHS Foundation Trust, Epsom & St Helier Hospitals NHS Trust, Royal Surrey NHS Foundation Trust, Surrey & Sussex Healthcare NHS Trust

Representatives for all the Clinical Commissioning Groups

Each of the community health care organisations:

Virgin Care, First Community Health & Care, Central Surrey Health

Each of the 4 local Safeguarding Adults Group chairs

Surrey and Borders Partnership Foundation Trust

Surrey Care Association

Surrey Police

User Led Organisations:

Surrey Coalition of Disabled People, Action for Carers (Surrey), Age UK (Surrey)

South East Coast Ambulance Service

First Point: hard of hearing interpreting services

Probation Service

District Councils:

Guildford, Spelthorne, Tandridge, Waverley

Surrey County Council:

Representatives from ASC, Safeguarding, Domestic Abuse, Learning Disabilities Commissioning, Surrey Safeguarding Children's Board, Trading Standards, Surrey Fire and Rescue Service

SCC Cabinet member for safeguarding

In addition, the Board's agendas and minutes are circulated to the three regional managers at CQC.

## Business Management Group

The work of the Board is supported by the executive group, known as the Business Management Group (BMG) The BMG meets every 2 months. The Terms of Reference are:

- To ensure there are effective governance arrangements for managing the Board business, including:
  - Co-ordinating the development, implementation and performance management of the Board Strategic Work Plan.
  - Ensuring the Local Safeguarding Adults Groups effectively deliver the Work Plan
  - Receiving and responding to Management Information reports on the safeguarding process and on the effectiveness of the Board
  - Monitoring Serious Case Reviews and notifications.
  - Monitoring the Board budget.
- To ensure the Board develops in concordance with the national safeguarding agenda, including:
  - Driving the national agenda forward at the local level
  - Preparing the Board for becoming statutory

### The BMG members are from:

Waverley Borough Council

Central Surrey Health

Royal Surrey NHS Foundation Trust

Clinical Commissioning Group

Surrey and Borders Partnership Foundation Trust

SCC: Strategic Director for ASC, ASC Senior Safeguarding Manager, SFRS  
Community Safety Manager, ASC Business Intelligence Manager

Surrey Police

Surrey Community Health

Surrey Care Association

- The chair of each sub-group sits on the BMG

## **4 Sub-Group Work Plans**

### **Quality Assurance and Audit Group**

This group is chaired by the Business Intelligence Manager for ASC at Surrey County Council.

The Terms of Reference for this group are:

To assist the Surrey Safeguarding Adults Board with developing, promoting and ensuring good quality safeguarding practice by:

- 1.1 Auditing the Action Plans from Surrey Serious Case Reviews
- 1.2 Auditing the Surrey Action Plans from Inquiries and national Serious Case Reviews
- 1.3 Co-ordinating a programme of multi-agency safeguarding Action Learning Sets and case reviews agreed by the Board. This might involve the following:
  - Involving the members of the Local Safeguarding Adults Groups in Action Learning Sets
  - Convening one off multi-agency task groups
  - Reporting to the Board on findings from the programme of multi-agency safeguarding Action Learning Sets including reports on lessons learned and Action Plans from Serious Case Reviews.
- 1.4 Evaluating and updating the SSAB self assessment tool for partner agencies.
- 1.5 Quality assuring the SSAB Prevention Strategy
- 1.6 Consulting and communicating with partner agencies and engaging and involving other stakeholders as appropriate.
- 1.7 Where safeguarding assessments / audits have occurred within individual agencies, the Action Plan and service improvements will be shared with the group.

#### **Key achievements**

- Reviewed the Action Plans from the 5 published Surrey SCR Action Plans. New actions identified on 2 of the plans to ensure the SCR recommendations were fully implemented. A report was given to the BMG on the Action Plans, including:
  - Prevention Strategy & the strategy's review at the Sept QA&A mtg.
  - Risk Assessment Tool and actions to promote it.
  - Pressure Sores
  - Mental Capacity Act assessment tool – progress on implementation.
  - Carer's Assessment - proposal to be renamed.
  - Audit of cases where people have declined services to assess Mental Capacity Act assessment.
- The Board's annual safeguarding self assessment was reviewed by the group. The template was amended to ensure people will include evidence to support

their benchmarking. It also included an additional section on action planning.

- The Board's 3 year Prevention Strategy action plan was reviewed. Completed actions were signed off and a recommendation made to the Board that any outstanding actions should be incorporated into the Board's Strategic Plan. This recommendation was accepted.
- Multi-Agency Case Audits process established.

### **Challenges during the year**

- Changing membership due to staff moves in several agencies.
- Multi-Agency Case Audits had to be postponed to the meeting in June 2013 due to pressure on agendas.

### **Policy and Procedures Group**

This group is chaired by the Senior Manager for Safeguarding in ASC at Surrey County Council.

The Terms of Reference for this group are:

- 1.1 To review the Multi-Agency Procedures at each meeting and to update as appropriate. In particular, to ensure process and practice is sensitive to user and carer rights and promotes user and carer involvement.
- 1.2 To review new national and local policy documents, guidance, legislation and outcomes from inquiries; to consider their impact on the SSAB Multi-Agency Procedures and to make recommendations to the board.
- 1.3 To consult and communicate with partner agencies and engage and involve other stakeholders as appropriate.

### **Key achievements**

- Made the safeguarding alert form available as an on-line form to facilitate reporting.
- Finalised the SSAB Risk Policy Tool and included this with the Board's Multi Agency Procedures.
- Reviewed the Surrey Action Plan in response to the Warwickshire SCR on Gemma Hayter to ensure agencies in Surrey were learning lessons and implementing actions from this case.
- Reviewed the Surrey Action Plan in response to the Buckinghamshire SCR on 'Mr C' to ensure agencies in Surrey were learning lessons and implementing actions from this case.
- On going review of the SSAB Multi Agency Procedures and agreed changes that were required. This included the changes with introduction of the Disclosure and Barring Service, new section on Hate/mate Crime and Human Trafficking information.
- Reviewed new local and national policies and considered the impact for the Board including the Surrey Fire Strategy to reduce harm to vulnerable adults, the Rosepark Inquiry into fire deaths, the Winterbourne View SCR recommendations.

### **Challenges during the year**

- Inconsistent attendance by some agencies.

### **Training Group**

This group is chaired by the Chief Executive of the Surrey Care Association.

The Terms of Reference for the group are:

- To develop, implement, review and update the county wide multi-agency training strategy for the protection of vulnerable adults
- To produce an annual training programme which is fully costed and includes target numbers and present this to the Executive by end December each year. Training events need to ensure involvement of service users and carers.
- To produce an annual Training Sub-group work plan based on the above strategy and annual training programme
- To consult and communicate with partner agencies and engage and involve other stakeholders as appropriate
- To provide support, advise and engage organisations to promote the uptake of safeguarding training for their staff and volunteers.
- To monitor, assess and evaluate the uptake and impact of safeguarding training across Surrey and to ensure ongoing quality assurance.

### **Key achievements**

- Organising the Board event on 22<sup>nd</sup> October 2012 to raise awareness of the recommendations in the Winterbourne View SCR and to support multi agency action planning in response to the review.
- A survey of Voluntary sector organisations access to SSAB training was undertaken in preparation for a review of the Training Strategy.
- Completion of follow up survey of those attending the conference on Safeguarding Adults Investigations: roles and responsibilities and a report prepared for the Board.
- Organising the Board event on 6<sup>th</sup> March 2013 on 'Living without Fear'. This event was to support people with learning disabilities in keeping safe at the point when they are going to start living or working independently.

### **Challenges during the year**

- Collating detailed information on access to training by the voluntary sector in preparation for the review of the Training Strategy proved difficult.

### **Serious Case Review Group**

The group is chaired by the Detective Chief Inspector at the Public Protection Unit at Surrey Police.

The Terms of Reference for this group are:

The Serious Case Review (SCR) group considers referrals made following a death, a life threatening injury or other serious incident involving an adult at risk where it is believed there have been failings, or there are suspected failings by more than one agency involved in caring for the adult (as defined by the Surrey Multi-Agency Safeguarding Adults procedures). This is with a view to establishing what learning can be identified by implementing a review process.

Further details on this group are set out in Section 6 of this report.

## **5 Priorities**

At the beginning of 2012 the Board agreed a new three year Strategic Plan that set out the vision and the priorities to be implemented. This plan was set against the six national safeguarding principles. Below is a summary of achievements in delivering the plan in 2012-2013 and the priorities for the next year.

### **❖ Empowerment**

#### **Key achievements:**

- User led organisations have been active Board members including Action for Carers, Surrey Coalition of Disabled People and 50+. As a result, the views of service users have been directly heard by the Board.
- New safeguarding materials produced and widely used by partners. As a result both professionals and members of the public are more aware of safeguarding vulnerable adults and who to contact if they have a concern. The new materials are designed to be more attractive to reflect the preventative role of safeguarding.
- Four newsletters published containing safeguarding news from the Board together with national safeguarding news and resources. As a result professionals and members of the public have been kept informed of Board activity and the latest news, policies and resources in safeguarding vulnerable adults.
- Safeguarding materials produced in the five languages most prevalent in Surrey. As a result people from ethnic minorities are not excluded from accessing information on safeguarding adults.
- The Equalities Impact Assessment on the revised Multi Agency Procedures is now linked from the webpage. The Board has done this to demonstrate the importance it places on diversity and equality.
- A new safeguarding DVD was produced together with a silent, looped version for use on display screens in doctor's surgeries and similar venues. The DVD is available on the SSAB website and copies have been made available to agencies and the voluntary sector. This has supported partner agencies to raise awareness of safeguarding, in particular, of the positive elements of keeping people safe.



**Priorities for next year:**

- Continue to support the Personalisation of care agenda and ensure people have the knowledge and resources available to safeguard themselves when arranging their own care.
- The NW Safeguarding Adults Group will implement a project to establish a 'Safer Places' scheme in Surrey.
- The East Safeguarding Adults Group will implement a project to empower service users to identify the standards they should expect of good care and how to resolve issues if those standards are not being met.

**Trading Standards are pleased to give the following highlights of their safeguarding activity during the year**

- Trading Standards launched the new “Super stickers” which enable householders to elect to make their homes “No Cold Calling Zones” these stickers are available by calling 03456 009 009 or collecting via Council offices, libraries and police stations. We also carried out an evaluation of the scheme recently which found that 90% of householders said that there was a reduction in cold calling since they displayed the sticker; 51% felt safer and 76% felt more confident in turning cold callers away as a result. The vast majority who registered the use of the sticker were in the over 60s age group. Those who have registered also receive a quarterly Newsletter.
- We have also devised a leaflet for Carers and Care professionals to highlight the sort of scams that are being used by criminals to deprive, in particular, the elderly and vulnerable from their savings. It is estimated that in the UK £3.5 billion is lost to scams each year.
- Trading Standards also continue to operate the Support with Confidence Scheme with Adult Services, in partnership with Surrey Independent Living Council (SILC) and currently have about 80 members and this number continues to increase.

**❖ Protection**

**Key achievements:**

- Launch of the four new Safeguarding Adults Groups has supported the delivery of the SSAB Strategic Plan and provided a vital link for frontline staff and managers to link with the Board.
- 'Living without Fear' event held to raise awareness of safeguarding among people with a learning disability who are about to start living independently or entering employment for the first time. The 'Blue Apple' theatre company put on a

production acting out scenarios that may affect a person with learning disability living on their own for the first time. Delegates were then given information and support to ensure they have the right skills to deal with these situations should they encounter them. Most of the actors working for the 'Blue Apple' theatre company have learning disabilities.

- In October 2012 the Board held a multi agency conference on learning the lessons from the Winterbourne View Serious Case Review. Speakers included Margaret Flynn author of the SCR, Viv Cooper from the Challenging Behaviour Foundation who gave the perspective of the family carer role in safeguarding; Sarah Mitchell, Strategic Director of Adult Social Care in Surrey County Council; Sheila Evans from the Department of Health and Debra Moore who joined Castlebeck in 2011.
- The Board implemented an Action Plan to address the recommendations in the Winterbourne View SCR to keep people with a learning disability safe. As a result services users and patients in Surrey will be better protected against the types of abuse that occurred at Winterbourne View. In addition, vulnerable adults with learning disabilities will feel their needs and concerns are being addressed by the Board.

#### **Priorities for next year:**

- To ensure appropriate action have been taken in response to the recommendations set out in the Francis Report into Staffordshire NHS Trust.
- To establish a sub-group specifically to take forward to embed the recommendations of the Winterbourne View SCR, the Francis Report and the 'Death by Indifference, 74 and counting' report.
- The SW Safeguarding Adults Group will implement a project to raise awareness of safeguarding with business people (other than health and social care professionals) who visit the homes of vulnerable adults.
- The Mid Safeguarding Adults Group will implement a project to raise awareness of safeguarding with housing providers.

#### **Frimley Park Hospital are pleased to give the following highlights of their safeguarding activity during the year**

- Update training for Deprivation of Liberty Safeguards provided to 250 members of staff.
- Successfully trained 200 members of staff in Prevent.
- Continued our already successful awareness training to ensure all clinical staff, new doctors, all new employees and volunteers to the Trust knows how to raise a safeguarding concern.

**Surrey Fire and Rescue Service are pleased to give the following highlights of their safeguarding activity during the year**

- Surrey Fire and Rescue Service has produced guidance document for other agencies, its own staff and its safeguarding officer.
- Surrey Fire and Rescue Service has designed and delivered safeguarding training for its entire front line staff.
- Keeping you safe from fire project has raised awareness of the risk factors for vulnerable adults and ensured people from all agencies, families and carers understand the protective equipment that can be obtained and how to access it.

**Surrey and Sussex Hospitals are pleased to give the following highlights of their safeguarding activity during the year**

- The Learning Disabilities Peer Review undertaken provided assurance that high quality care was being provided to our patients.
- New Mental Capacity Act Checklist and Best Interests Proforma introduced and well evaluated.
- The Safeguarding Lead represented the Trust as a speaker at a conference in London in July 2012.

**❖ Prevention**

**Key achievements:**

- The Policy and Procedures Group have analysed the recommendations from key national SCRs and implemented actions. As a result, Surrey services have been able to put processes in place to protect vulnerable adults before abuse occurs.
- The SSAB Multi Agency Procedures have been continuously kept under review and updated in response to national and local safeguarding needs. The procedures are available on the SSAB website. This ensures the procedures are relevant and supports all professionals to easily access them.
- Safeguarding incidents that are below the threshold for a SCR have been reviewed and lessons learned disseminated to the appropriate agencies. As a result agencies have been able to improve practices.
- The Board has supported the implementation of the Fire Strategy ‘Keeping you safe from fire’ that has reduced the risk of harm to vulnerable adults in their own homes and in residential care. As a result there is more protective equipment

being installed in the homes of vulnerable adults so they can stay safe from fire. Residential homes have also improved their staff training and fire safety equipment to keep people safe.

- Current safeguarding practices have been benchmarked by the completion of a Safeguarding Self Assessment. As a result, agencies have been supported to identify gaps in their safeguarding practices and have implemented actions to resolve these. In addition, the template has been adapted by Surrey Care Association and promoted as a useful template for Residential Care Homes to use to improve their safeguarding.
- The Board's three year Prevention Strategy has been reviewed and completed actions signed off by the Quality Assurance and Audit Group. Outstanding and continuing actions have been incorporated into the Work Plan. As a result, prevention is embedded in the Board's strategic plan and actions are relevant and up-to-date.
- The Board has established a task and finish group to produce a Missing Persons Protocol to support partner agencies work together when a vulnerable adult goes missing. When this is finalised it will support agencies to work together efficiently when a vulnerable adult is missing and ensure everything is done to find the missing person quickly.
- The Board has set up a task and finish group to identify actions to reduce incidents of harm through choking in adults at risk. This multi agency group has started work on the new Choking Prevention Best Practice Guidance that will be finalised in the autumn. This will ensure best practice is shared and implemented across agencies to reduce the risk of harm from choking.

### **Priorities for next year**

- A report will be presented to the Board in May on the key issues identified from the Safeguarding Self Assessments.
- All appropriate Board members will complete Safeguarding Self Assessments will be undertaken in January 2014.
- To publish a finalised Missing Persons Protocol and support its use by agencies.
- To publish a finalised Choking Prevention Best Practice Guidance and support its use by agencies.
- The Quality Assurance and Audit group will undertake case audits to identify and implement lessons learned.
- To cascade the learning from Surrey's SCRs and Domestic Abuse Homicide Reviews at a multi agency conference for senior strategic managers.

**Royal Surrey County Hospital are pleased to give the following highlights of their safeguarding activity during the year**

- CQC report August 2012 showed that we were meeting all of the standards including those specifically related to safeguarding.
- Positive feedback from staff attending safeguarding training—resulting in an increase in referrals showing that staff have a greater awareness.
- Positive feedback from service users as part of the learning disabilities peer review which also included an element on safeguarding.

**Central Surrey Health is pleased to give the following highlights of their safeguarding activity during the year.**

- Integrated safeguarding structure within CSH reviewed and changes implemented. Internal Integrated Safeguarding Group (which combines Children and Adults) now well established, the frequency of the meeting recently increased to every 2 months as a result of the increased safeguarding activity within the organisation.
- Safeguarding Adult Lead meets monthly with Governance Team to review all incidents.
- Communication – events log, pressure ulcer pathway continues to work well especially with partners. Pressure Ulcer pathway is being relaunched and renamed as “Skin Matters”.

❖ **Proportionality**

**Key achievements**

- A Multi Agency Risk Policy and Tool was implemented by the Board and is now in use by agencies. As a result, agencies are undertaking holistic risk assessments that can be shared. Risks are being identified and reduced.
- The Board’s training programme continues to be delivered based and will be reviewed in line with an agreed Multi Agency Competency Framework to be produced in autumn 2013.
- The SSAB Multi Agency Procedures were reviewed to ensure risk and proportionality in risk assessments was addressed. As a result, vulnerable adults are being supported to live life their way.

## Priorities for next year

- The Board's training programme will be reviewed to ensure training includes proportionality in risk assessments.
- The Board will continue to promote the use of the Multi Agency Risk Policy and Tool and evaluate its effectiveness in supporting a proportionate response to risk.

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### **Surrey and Borders Partnership are pleased to give the following highlights of their safeguarding activity during the year**

- A new database of safeguarding incident records (DATIX) has been set up and this is giving us more comprehensive information about the safeguarding concerns being identified by the different services.
- DATIX is enabling us to monitor and manage safeguarding incidents as they arise so that immediate appropriate actions can be taken and so that themes and trends can be identified.
- We have continued to strengthen our partnership arrangements both internally and externally so that roles, responsibilities and accountabilities are clearer. Our Surrey County Council Assistant Senior Managers have been deployed on a locality basis where they take a lead in operational safeguarding casework, supporting Team Managers and front line staff to deliver safer services.

## ❖ Partnership

### Key achievements

- The Board has forged strong links with the emerging Clinical Commissioning Groups. As a result, relationships have been built and the sharing of safeguarding knowledge and practices shared.
- The training sub-group has identified the key competencies needed by staff across all agencies, including voluntary staff, and begun to work this into a framework. As a result, the Board's and individual agencies training programmes will be better equipped to deliver the appropriate knowledge and skills that will develop a competent workforce...
- Board membership was reviewed and new members invited to join from the District and Borough Councils, Clinical Commissioning Groups and a Senior Housing Manager. As a result, the Board is a stronger partnership and is able to safeguard vulnerable adults who use services from a broad range of agencies.

- Prison Governors from the five prisons in Surrey were invited to become members of the Board. Whilst none of the governors took up this opportunity, strong links have been forged with representatives from the prisons in the development of a new Memorandum of Understanding.
- The Board has established links with the Health and Wellbeing Board. As a result, the two Board's are able to work together to complement and support their strategies. In addition, this is providing a solid foundation for when the Safeguarding Adults Board becomes statutory.

### **Priorities for next year**

- To publish and implement the Board's safeguarding competency framework across all agencies.
- To review membership to ensure the right members are at the Board.
- To continue to engage with the Surrey Safeguarding Children's Board in particular in relation to Domestic Abuse Homicide Reviews and SCRs.
- To maintain robust links with the Health and Wellbeing Board.
- To complete the Memorandum of Understanding with the five Surrey Prisons in the light of the HMPI paper 'Expectations'.

### **Surrey Care Association are pleased to give the following highlights of their safeguarding activity during the year**

- Surrey Care Association has continued to play its part in ensuring providers across Surrey are kept informed of changes and keeping Safeguarding high on the agenda.
- Residential Care Providers have volunteered to play an active role in the local Safeguarding Adults Groups and in Missing Persons protocol Group.
- We ensure the trainers delivering our Basic Awareness Level training are up to date.
- We are currently developing a pilot programme to support providers in the enquiry stage of safeguarding investigation to improve the process.



## ❖ Accountability

### Key achievements

- The Board's Annual Report was presented to SCC Cabinet and published on the SSAB webpages and in all of Surrey's libraries. As a result, the Board strategy and activities have been made public and widely shared. The Report was sent to the libraries to ensure members of the community without internet access, can see the Report.
- Board members completed a safeguarding self assessment on behalf of their agency. These assessments were sent to the Board. As a result the Board has been able to share good safeguarding practices.
- The Business Management Group's Terms of Reference were reviewed and updated. This has ensured they are relevant and up-to-date with what the group needs to deliver.
- Management Information from the Abuse of Vulnerable Adults data has been presented to all Board and Business Management Group meetings. As a result, the Board has been able to monitor and respond to trends in safeguarding adults.

### Priorities for next year

- The Board will hold an awayday this will look at the vision of the Board, what the Board does well, what areas need to be improved and how the Board will develop the Strategic Plan including reference to accountability.
- A Peer Review will be undertaken of the Board.
- The Board's Strategic Plan will continue to be reviewed by the Business Management Group and Management Information presented to each meeting.

**Adult Social Care is pleased to give the following highlights of their safeguarding activity during the year.**

- Service user experience feedback now in place upon the closure of each Safeguarding case.
- Joint training with Police on Achieving Best Evidence is in place.
- Memorandum of Understanding agreed with Surrey Prisons. Awareness raising has taken place with ASC Teams having Prisons in their Area together with Safer Custody staff. The MOU includes an agreed referral pathway.
- Provider Failure Protocol is being revised. This includes a new Domiciliary Care agency closure protocol, the closure of a residential or Nursing Care Homes and the closure of a registered service due to an emergency occurring.



## **6 Serious Case Reviews**

The Board has a Serious Case Review sub-group chaired by the Detective Chief Inspector at Surrey Police's Public Protection Investigation Unit. The group considers referrals made following a death, a life threatening injury or other serious incident involving an adult at risk where it is believed there have been failings, or there are suspected failings by more than one agency involved in caring for the adult (as defined by the Surrey Multi-Agency Safeguarding Adults procedures). This is with a view to establishing what learning can be identified by implementing a review process.

In considering such cases, the SCR group will request and review information held by each agency to determine if there appears to have been any organisational failure. Each agency will provide a summary of their agency's involvement within two weeks of the request being made.

During the year, the group received eleven notifications of serious incidents that potentially were considered as to whether or not the criteria for a SCR were met. Following consideration of those notifications and further information requested by the group, four cases were taken forward and a recommendation made to the chair of the Board for a Serious Case Review to be undertaken. These recommendations have been accepted and the Reviews are in currently in progress. When the Reviews are completed they will be presented to the Board and placed on the Surrey Safeguarding Adults Board webpages.

### **Priorities for next year**

- The Board's SCR group will complete a review of the SCR process and establish a multi agency case review process for those safeguarding cases that do not meet the threshold for a full SCR.

## **7      **The year ahead****

Towards the end of the year the Board began the recruitment process to appoint a new Independent Chair. The Board were very pleased when Simon Turpitt accepted the position. Simon brings with him a wealth of experience in safeguarding both adults and children, leadership in the multi agency environment and significant knowledge of the health agenda. The Board will hold an event in the autumn for Board members to set the vision and goals for the Board.

Simon started as Chair of the Board at the beginning of the New Year and this brings with it the assurance the Board will be the best position when Safeguarding Adults Boards become statutory.



## Surrey Health and Wellbeing Board

<b>Date of meeting</b>	Thursday 12 December 2013
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### Item / paper title: *Surrey Safeguarding Children Board Annual Report*

<b>Purpose of item / paper</b>	<p>The Surrey Safeguarding Children Board (SSCB) annual report 2012/2013 reports upon the effectiveness of safeguarding and child protection practice by partner organisations in Surrey and is presented to Health &amp; Wellbeing Board for information.</p> <p>The Health &amp; Wellbeing Board is asked to note the report and the key messages arising from it.</p>
<b>Surrey Health and Wellbeing priority(ies) supported by this item / paper</b>	<p>The annual report supports the delivery of priority five of the Surrey Health and Wellbeing Strategy; safeguarding the population.</p> <p>The annual report provides information on the performance of partner organisations that have responsibility for protecting children and young people from avoidable harm.</p>
<b>Financial implications - confirmation that any financial implications have been included within the paper</b>	<p>The activities of the Surrey Safeguarding Children Board continue to be funded through a pooled budget which is contributed to by Statutory Partners which includes contributions from Surrey County Council. The pooled budget for the Surrey Safeguarding Board is £310,777.</p>
<b>Consultation / public involvement – activity taken or planned</b>	<p>The annual report was developed following consultation with the membership of SSCB sub groups. The draft report was presented to the Board in July 2013 for discussion and comment. The final report was approved at the September 2013 Board. Surrey County Council Cabinet has confirmed support for the annual report.</p> <p>The Annual Report has been lead by Alex Walters, Independent Chair of the SSCB, with the support of the Board.</p>
<b>Equality and diversity - confirmation that any equality and diversity implications have been included within the paper</b>	<p>The recommendations will have a positive impact upon the residents with different protected characteristics by making the activities of the Board more transparent and improving outcomes for Surrey children.</p> <p>No Equalities Impact Assessment has been carried out as this is not necessary in relation to an Annual Report.</p>
<b>Report author and contact</b>	Julian Gordon-Walker (on behalf of Alex Walters)

<b>details</b>	Head of Safeguarding Surrey Children Schools and Families Telephone number: 01483 519275
<b>Sponsoring Surrey Health and Wellbeing Board Member</b>	Nick Wilson Strategic Director Surrey Children Schools and Families Telephone number: 020 8541 9911
<b>Actions requested / Recommendations</b>	<p><b>The Surrey Health and Wellbeing Board is asked to:</b></p> <ul style="list-style-type: none"> <li>• Note the recommendations in the annual report.</li> <li>• Take the annual report's recommendations back to its' respective organisations and consider the implications on service development and working practices.</li> <li>• Consider how the annual report's priorities can be jointly addressed in the design and delivery of the 'Safeguarding the population' action plan, as part of the delivery of the Surrey Health and Wellbeing Strategy (development of which will begin in April).</li> </ul>



## Surrey Safeguarding Children Board

### Annual Report April 2012 - March 2013



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# Foreword

I am delighted to present the Surrey Safeguarding Children Board (SSCB) annual report for the period April 2012 to March 2013.

The period covered by this report has been one of considerable change both for the board and for all partner agencies, involving budget constraints and major organisational restructures, which continue in the current year. These changes present safeguarding practitioners and agencies with real and complex challenges which the SSCB must monitor to ensure there is no adverse impact.

The SSCB support team has been restructured to enable an increase in capacity to carry out its statutory functions under Regulation 5 of the local safeguarding child board (LSCB) regulations and to enable it to achieve its objectives under Section 14 of the Children Act 2004, which are to co-ordinate and ensure the effectiveness of what is done by each person or body represented on the board, for the purpose of safeguarding and promoting the welfare of children within Surrey.

The review of the full SSCB structure and governance was implemented, which meant we no longer had an executive group. There is now a revised membership of the SSCB full board, with the operations group becoming more focused on driving the business plan and ensuring the links between the board and its sub groups and area groups. A second stage review of the area groups and their effectiveness commenced and will report in 2013-14.

During 2012-13 there were a number of continuing and ongoing serious case reviews (SCRs) and partnership reviews and two SCRs were published. SSCB has pro-actively piloted a number of different methodologies in approaching reviews, adopting the systems approach, as detailed in the Munro Report 2011. This was in anticipation of this becoming a recommendation as part of The Department for Education's (DfE) revised 'Working Together' 2013 guidance.

The 'Working Together' guidance demonstrates the Government's commitment to strengthening the role of LSCBs to ensure and monitor the effectiveness of all partner agencies in safeguarding children. In its monitoring capacity during 2012-13, the SSCB commissioned an external review of the SSCB quality assurance arrangements, to ensure that they were fit for purpose in the light of the revised DfE performance framework and revised processes and procedures are gradually embedding.

The SSCB has undertaken a Section 11 audit of statutory agencies in 12/13 and is providing bespoke support to partner organisations to support improvement in their safeguarding arrangements. The SSCB has also begun a comprehensive piece of work to review the arrangements for the commissioning and delivery of safeguarding training including a comprehensive training needs analysis, which will report in 2013-14.

This annual report clearly demonstrates the significant amount of effective safeguarding activity undertaken by all partners within Surrey. My thanks to all those who chair or are members of the various groups which make up Surrey Safeguarding Children Board, who demonstrate their commitment and passion to protecting children and to improving practice.

The challenge for the Surrey Safeguarding Children Board as it moves forward is to begin to demonstrate and evidence the impact of this activity on children's outcomes.

*A. Walters*

**Alex Walters**

Independent Chair, Surrey Safeguarding Children Board





## Background

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### Surrey's children

There are approximately 272,800 children and young people, aged 0-19 living in Surrey. The majority are safe, well educated and cared for, experience good health and have good leisure and employment opportunities.

Surrey has one of the lowest rates of child deprivation in the UK, with the most recent data indicating that there are approximately 23,090 children and young people in Surrey, aged 0-19, living in low-income households. This equates to 11.8% of the 0-19 population.

Birth rates in Surrey have risen by 20%, with a projected peak in 0-5 year olds of 73,600 in 2020. Projections predict that overall the Surrey 0-19 population will grow by 3.7% by 2015 increasing demand on universal services.

In Surrey more than 190 languages are spoken.

The Joint Strategic Needs Analysis (JSNA) for Surrey acknowledges the significant impact that a positive parenting experience has upon a child's emotional wellbeing and development. Conversely the impact of a negative parenting experience can hinder the development of positive outcomes.

The JSNA identifies four key interrelated issues which can adversely impact upon the lives of children and young people:

- parental mental health
- parental substance and alcohol abuse
- domestic abuse
- living in poverty and hardship.

Within Surrey some families have been identified as having multiple needs and require additional support:

- 2012-13 saw a 7% increase in children in need (CIN) with referrals relating to safeguarding concerns rising by 4%.
- At 31 March 2013, 890 children were subject to a child protection plan compared with 794 at 31 March 2012. Whilst this represents a significant increase from the previous year, it is a decrease from a mid-year peak of 936 in August 2012. Previous years indicate a peak is reached in this month of a reporting year.
- During 2012/13, the number of children who had been subjected to more than one child protection plan decreased by 2.8%. In 2012/13 8.8% of children were in this position. This would indicate that plans are being concluded more effectively, either through the success of plans to reduce risk and put in place appropriate support, or escalation to more intensive intervention.
- The numbers of children whose plans ended after being the subject to a Child Protection Plan for more than two years was 3.4% in comparison to 6.7% in March 2012.
- At 31 March 2013 there were 831 looked after children (LAC) within Surrey compared with 807 on 31 March 2012. Whilst still an increase in the numbers of children needing to be looked after; it represents a decrease in the rate of increase compared to the previous year. In April 2011, the number of children looked after was 737.

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## The role of Surrey Safeguarding Children Board

Surrey Safeguarding Children Board (SSCB) was established in April 2006 and is chaired by an independent chair, Alex Walters, who is independent of any organisation working within Surrey. Alex Walters was appointed to the SSCB in September 2011.

The SSCB is the key statutory mechanism for agreeing how the relevant organisations in Surrey will cooperate to safeguard and promote the welfare of children and ensure the effectiveness of what they do and provide strategic oversight.

The objectives of the SSCB as set down in 'Working Together to Safeguard Children 2013' are:

- to coordinate what is done by each person or body represented on the board for the purposes of safeguarding and promoting the welfare of children in their area; and,

- ensure the effectiveness of what is done by each such person or body for that purpose.

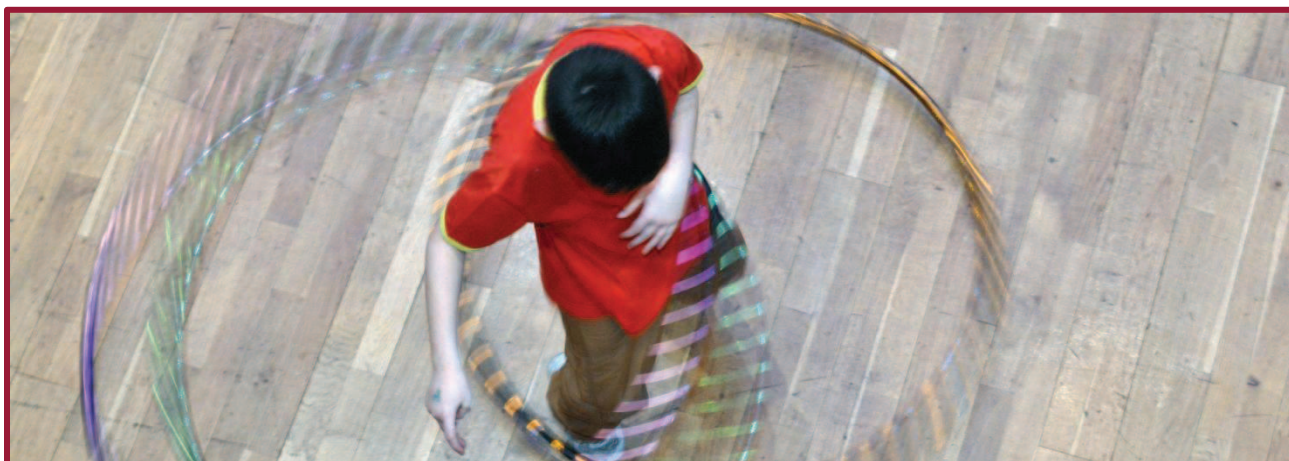
This entails a wide range of responsibilities across the Surrey area including:

- establishing and monitoring thresholds for the provision of services by partner agencies
- developing policies and procedures
- commissioning and evaluating single and multi-agency training
- establishing specific, local protocols to reflect local priorities
- communicating and raising awareness
- monitoring and evaluating the activities of partners through S11 and auditing activity
- reviewing child deaths and conducting serious case reviews.

In the wider Surrey context the SSCB has a statutory scrutiny and monitoring role in relation to the newly established Children and Young People's Partnership (CYPP) and the themed partnerships working within the CYPP and holds them to account in their work to improve outcomes for children and young people. This scrutiny function applies to the Health and Wellbeing Board and the other statutory partnerships i.e. the Public Safety Board where there are issues that impact on children.

The SSCB business plan for 2012-13 agreed **three priority areas** of focus and the progress towards these is reported on throughout this annual report. The priority areas are:

1. to work with partner agencies to reduce incidences of domestic violence and the impact this has on children, young people and families
2. to ensure sufficient timely and effective early help for children and families who do not meet the thresholds for children's social care
3. to ensure professionals and the current child protection processes effectively protect those children identified in need of protection.



## Progress in 2012-13

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**Targeted priority 1:** To work with partner agencies to reduce incidences of domestic violence and the impact this has on children, young people and families

Progress towards the achievement of this priority has been slower than anticipated. From an evaluative position it is disappointing that a draft domestic abuse strategy has not been agreed and will be further delayed until September 2013. The SSCB has engaged in the process and provided evidence and information through audit recommendations of some of the gaps in services for children and families and area groups have focussed their activities in improving outcomes for children relating to this priority.

However there has been some progress. Following a domestic abuse rapid improvement event (RIE) in June of 2012 the Community and Public Safety Board requested that the Surrey County Council community safety team take the lead in developing a multi-agency domestic abuse strategy for Surrey. Since then the team has undertaken a) research to explore what other localities do, capture effective practise, and understand the different responses, resource allocations and commissioning models, b) completed focus groups with victims, and c) run a series of workshops for health, local authority, third sector, police and army staff. The information gathered from these activities will form the basis of the development of a new strategy. This will be drafted over the summer period of 2013 and following a consultation period it is expected that a report will be submitted to the Community and Public Safety Board meeting in September 2013 proposing adoption of the new draft strategy. The new strategy will then form the basis of future work for the next three to five years and will be supported by a detailed action plan.

The themes of the new strategy are likely to be prevention, early intervention and response.

The role of children's centres and the early years and childcare service is significant and effective in providing support to families where domestic abuse is a concern. However the SSCB has particularly raised concerns that wider specialist support work, directly supporting children affected by domestic abuse across the region, is

very limited and geographically disparate with in many cases support not being provided directly to children until a family moves into a refuge. All children affected by domestic abuse do not therefore have access to specialist support. Audit has highlighted some very significant concerns about the extent of and level of understanding of the support that is available

## Statistical data

The SSCB report card was updated to provide six month data relating to support for children and young people living in households with domestic abuse

	Q3 – Oct 12/Dec 12	Q4 – Jan 13/Mar 13
New contacts /referrals to Surrey Domestic Abuse Outreach Services	718	768
Children living in households that receive support from Surrey Domestic Abuse Outreach Services	159	144
Number of young people accessing Surrey Domestic Abuse Outreach Services : Under 17	2	8
and 17 to 24	145	109

In 2012-13 there were 12,567 incidents/crimes of domestic abuse reported to police representing 15.6% of total incidents/crimes reported; 3625 of these incidents were a repeat incident.

The number of perpetrators who live in households where there are children, who are charged with domestic abuse offences between January and March 2013 was:

Detection type	Total incidents	Repeat incidents
Charged and bailed	34	19
Charged and detained	9	5
Other force dealing - charged	1	0

## Challenges for 2013-14

Domestic abuse and the impact upon children clearly remains a priority for 2013-14.

- The delay in a draft domestic abuse strategy being developed and launched linked with evidence of a wide range of activities being undertaken independently, within organisations and not within a coherent and robust framework, leads to a lack of strategic planning, evaluation and monitoring of county-wide activities.
- The development of specialist support services for children experiencing domestic abuse represents a significant challenge particularly in times of austerity, when agencies have competing priorities with limited funding.



## **Targeted priority 2:** To ensure sufficient, timely and effective early help for children and families who do not meet the thresholds for children's social care

Partnership agreement has been achieved in principle to the components of the 'Surrey Partnership Early Help Strategy 2013-2017' and the draft strategy and the multi-agency threshold document will now be presented for comment with recommendation for sign off, through the Surrey children and young people's partnership structure in the autumn of 2013. The SSCB has engaged in its development and will be monitoring its effectiveness in its work programme for 2013-14.

### **Statistical data**

<b>CAF**s completed by agency 1 April 2012 to 1 April 2013</b>	
Schools	238
Education Support Service	117
Health	538
Early Years	414
Other agencies**	56

\* Common Assessment Framework

\*\*Other agencies includes Youth Support, Youth justice, police, housing, social care, voluntary organisations

### **Challenges for 2013-14**

- Until the early help strategy is launched, and its impact measured, the effectiveness and how robust the arrangements are for step up/step down into and out of children's social care of young children and families receiving early help is not fully understood. Regular reporting to the SSCB provides updates on progress. Challenges that arise are identified and discussed.
- The SSCB will continue to monitor how all partner agencies are providing early support and preventing cases from escalating.

## **Targeted priority 3:** To ensure professionals and the current child protection processes effectively protects those children identified in need of protection and who are looked after

SSCB audits of files and individual case reviews and the 2012 Ofsted inspection demonstrate that children are being safeguarded by effective multi-agency practice. Improvements through robust monitoring of action plans have been identified and implemented. Reports are routinely provided to the SSCB on a four monthly basis which demonstrate the effectiveness of child protection conferences and performance data is collated and monitored to ensure that wherever possible statutory time-scales are adhered to. The effectiveness of partner agencies in child

protection conferences is reported upon by independent chairs on a four monthly basis. Looked after children processes are monitored and reported upon annually to the SSCB in the independent reviewing officer report.

## Challenges for 2013-14

- Auditing activity has demonstrated that there are challenges to overcome in making audits truly multi-agency; these include resource availability, access to files, information technology issues etc. Further work is being undertaken to encourage wider participation in audit by partner agencies and for the benefit of multi-agency audit to be fully understood to enable broader reassurance to the Board of the effectiveness of child protection processes.
- Engagement by partner agencies in child protection processes, i.e. the submission of reports and attendance at child protection conferences and core groups will continue to be monitored.

## Progress against the three recommendations in the SSCB annual report 2011-12:

- To request that the Children and Young People's Partnership (CYPP) develop a partnership plan for children, young people and their families which is informed by the Joint Strategic Needs Analysis (JSNA) and sets out the strategic priorities for the partnership and how they will be addressed to improve children's outcomes.

The children's strategic partnership arrangements have been reviewed and re-launched and the CYPP Partnership plan is in development.

- To request that the CYPP clarifies the governance arrangements for domestic abuse and develop a multi-agency strategy which sets out how services will work together to reduce the impact of domestic abuse on children.

The children's strategic partnership has confirmed the governance as residing with the Community and Public Safety Board and work has been undertaken throughout 2012-13 but the domestic abuse strategy is not expected until September 2013.

- To ensure that the children's strategic partnership develops and publishes a multi-agency strategy which sets out the early help arrangements and services available which are able to intervene effectively and prevent escalation of cases to children's social care.

The council have led the development of an early help strategy in 2012-13 which will be endorsed in autumn 2013 and the implementation will be monitored by the SSCB.



## Effectiveness of local safeguarding arrangements and outcomes for children

### How safe are children and young people in Surrey?

In September 2012, Ofsted conducted an unannounced 'Inspection of Local Authority Arrangements for the Protection of Children'.

The overall effectiveness of the arrangements to protect children and young people was judged to be 'adequate', which means that services meet minimum requirements.

The inspection examined multi-agency arrangements for identifying children who are suffering, or likely to suffer harm, and the provision of early help. It also considered the effectiveness of the local authority and its partners in protecting these children if the risk remains or increases.

The SSCB was found to meet its statutory requirements.

Ofsted in September 2012 found that 'children who are at risk of harm are protected through effective and prompt action by the county council and the police'.

Recommendations for improvements, made by Ofsted, are contained in a detailed action plan, which is regularly monitored by SSCB and includes progress against some of those key recommendations, for example the development of a central referral unit, an early help strategy and a multi-agency threshold document.

The SSCB measures the effectiveness of safeguarding arrangements in a number of ways including:

- monitoring single and multi agency training
- Section 11 safeguarding self assessment by all statutory partners
- individual case analysis including child deaths, serious case reviews and partnership reviews and multi-agency audits



- review of performance management information
- multi-agency reporting from area sub groups.

## Serious case reviews and partnership reviews 2012-13

The SSCB is absolutely committed to undertaking reviews to identify and respond to the learning to support improvements in practice. During the year seven reviews were commenced of which three were serious case reviews (SCR). One SCR completed in 2011 child L, was published and a further two have been completed and are awaiting publication following conclusion of criminal proceedings and further engagement with the families. In the interim action plans to instigate improvements in services have been implemented by SSCB and partner agencies.

Progress in respect to the learning from serious case reviews includes:

- the development of a multi-agency early help strategy to support the identification of support and timely help to families
- the creation of a central referral unit where police and social workers are working together more closely to respond to concerns
- the safe sleeping campaign
- detailed analysis of barriers to engaging fathers/male carers
- joint supervision arrangements piloted for social care and health professionals
- specific work/raising awareness with boroughs and districts in relation to their housing functions.

SSCB jointly conducted one review with a local authority in London, the Social Care Institute for Excellence (SCIE) methodology was used and the feedback from the staff involved was positive. It is anticipated that this approach will be further developed in 2013-14.

### Case reviews/partnership reviews started 01.04.2012 – 31.03.2013

Case number	Month commenced	Month reported/to be reported
1	Sept 12	June 13
2	Dec 12	July 13
3	Sept 12	April 13
4	Dec 12	Aug 13

## Serious case reviews commenced 01.04.2012 – 31.03.2013

Initials	Month commenced	Month reported/to be reported
Child S	Oct 12	May 13
Children U & V	Oct 12	May 13
Child X	Dec 12	September 13

Published during 2012-2013	Not yet published
Child I	Children J & K
Child L	Child Q
	Child S
	Children U & V
	Child X

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## Challenges/priorities for 2013-14

- Develop a learning and improvement framework to encourage a proactive approach to learning, improving the quality of frontline delivery, identifying emerging and entrenched problems whilst cultivating a culture of reflective practice and professional expertise.
- Ensure that the recurring themes arising from recent reviews are used to inform the development of SSCB work plans, the work of SSCB sub groups, audit activities and training programmes.

In the past twelve months the following themes have been identified:

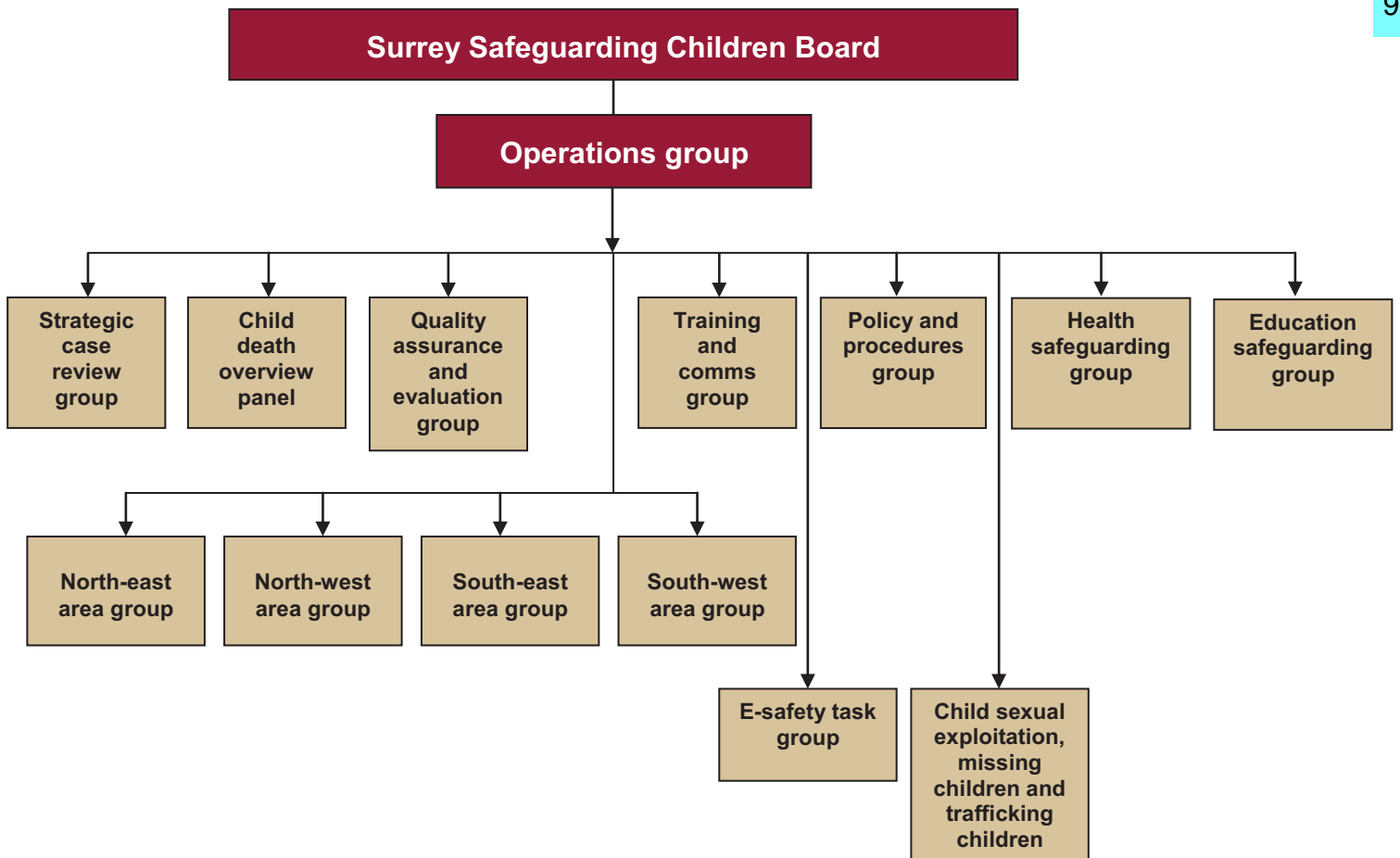
- lack of information/assessment of fathers/ male carers
- poor communications within maternity services
- misuse of alcohol not being given adequate weight in assessment
- failure to give priority to children's needs/over-focus on the problems presented by adults
- inadequate assessment of a child's needs
- inadequate recognition of the significance of interacting risk factors
- lack of recognition of the significance of bruising/injuries in non-mobile babies
- failure to access historical information/ records
- difficulty in working with resistant families
- poor record keeping
- failure to revise judgements in light of new information/human bias in reasoning
- lack of reflective and challenging supervision.

These findings have been shared with all partner organisations and have directly informed the planned 2013-14 audit activities of the quality assurance and evaluation group and the four area groups to monitor practitioners understanding and embedding of learning into practice.

# Achievements and challenges for Surrey's safeguarding groups

## Surrey Safeguarding Children Board sub group structure

The Surrey Safeguarding Children Board structure reflects a diverse membership of partner organisations, which are represented in sub groups and in the membership of the full board. The structure reflects the infrastructure of the Surrey area and the complexities of services provided to young people and families throughout the county.





## Surrey safeguarding operations group

### Achievements/progress in 2012-13

- The role of the operations group was formally reviewed as part of a wider review of LSCB governance in autumn 2012.
- Contribution to the performance management framework – the Surrey safeguarding children’s report card upon which the full board receives four monthly reports.
- Bi-monthly reporting of all sub-group and area group activities to facilitate two way communication with the SSCB.
- Dissemination of key learning from SCR/case reviews and auditing activity.
- Monitoring the SSCB business plan.

### Multi-agency reporting from SSCB area group activities 2012-13

The four Surrey area groups comprise of operational managers from partner agencies, lay members and members of the voluntary and community sector. The purpose of the area groups is to:

- receive information from the board and translate this into local practice
- develop cross-agency delivery and performance review
- be responsible for ensuring that the SSCB business plan is delivered locally at a strategic level
- form the outward face of SSCB promoting inter-agency working and learning
- receive lessons from serious case reviews and analyse performance data pertinent to the local area
- undertake learning and improvement opportunities.

SSCB area sub groups have completed progress reviews on behalf of their respective agencies, detailing localised activity towards the achievement of the SSCB business plan priorities 2012-2013. Ofsted, in September 2012,

acknowledged that the area groups are becoming increasingly influential in their localities.

In the wider context of the achievement of SSCB business plan priorities there is a significant amount of local development work being undertaken which is reflected in targeted localised activities.

### **Achievements/progress in 2012-13**

- Review of area groups undertaken to assess effectiveness and to ensure that they remain representative of local agenda's and priorities. Membership and chairing arrangements have been reviewed.
- The development and implementation of joint supervision frameworks, across health providers, including Child and Adolescent Mental Health Services (CAMHS) teams and Children's Services, have been very successful in providing opportunities for individual case reviews and in enabling signposting of the most effective support services to families.
- Pro-active work around engaging fathers and male carers including the delivery of workshops to professionals involved in assessment, to develop professional curiosity and effectively assess risk factors.
- Local family support programmes working with the most complex families.
- A very strong focus on professional development and shared learning with agenda items structured to capture thematic approaches to current work, learning from audit findings and case reviews.
- Significant progress towards SSCB business priority 1 and a wide range of initiatives evidenced to identify, respond to, and support children who are living within families where domestic abuse is an issue.

### **Challenges/priorities for 2013-14**

Priorities for 2013-14 have been identified by co-chairs and partner organisations as:

- Development of multi-agency audit work to ensure that there is wider participation and shared learning between the area groups.
- Professional multi agency workshops/ learning events to be delivered to support the findings and actions from audits SCRs and partnership reviews.
- Development work linked to CSE.
- Engagement of fathers and male carers.
- Risk assessment and risk management for children particularly affected by the impact of alcohol and drug abuse by parents and carers.





## Quality assurance and evaluation group

### Achievements/progress in 2012-13

In the past 12 months, the quality assurance and evaluation group (QA&E) group have achieved some significant successes in developing the work of the board:

- A quality assurance and evaluation officer and an administrator have been appointed, enabling a more efficient and co-ordinated approach to quality assurance work and building on the external review of quality assurance commissioned by SSCB.
- The board undertook and completed Section 11 audits on statutory partners. Overall compliance levels have improved. However, these are minimum standards and there is opportunity for ongoing improvement which the Board is supporting.
- Serious case review (SCR) action plans have been effectively monitored and learning has been disseminated throughout partner organisations.
- Audits have been completed on the multi-agency referral form (MARF); the multi-agency public protection arrangements (MAPPA); multi-agency risk assessment conference (MARAC) processes; supervision of workers; core group meetings and child protection conference reports.
- Analysis has been undertaken to identify the key themes from the auditing activity and from the SCR/Partnership Reviews undertaken and this has been shared with all partners and will be used to inform the auditing work programme for 2013-14.
- A revised report card on performance and quality assurance for the SSCB has been developed providing data and narrative to board members on the impact that partners are having on the lives of children in Surrey. This is reported upon on a four monthly basis to SSCB.

## Challenges/priorities for 2013-14

- Through workshops involving statutory partners to refine audit questions and develop the Section 11 audit tool to improve data quality for the 2014-15 audit.
- Reviewing the process whereby SCR action plans are monitored and implemented to ensure they meet the implementation timescales and provide evidence to monitor impact.
- Develop methods to demonstrate the impact quality assurance work is having on promoting improved outcomes for children. The QA&E group will be focusing upon themes raised by serious case reviews to establish whether learning has been fully embedded into practice.

The four multi-agency audits identified to be undertaken in 2013-14 are:

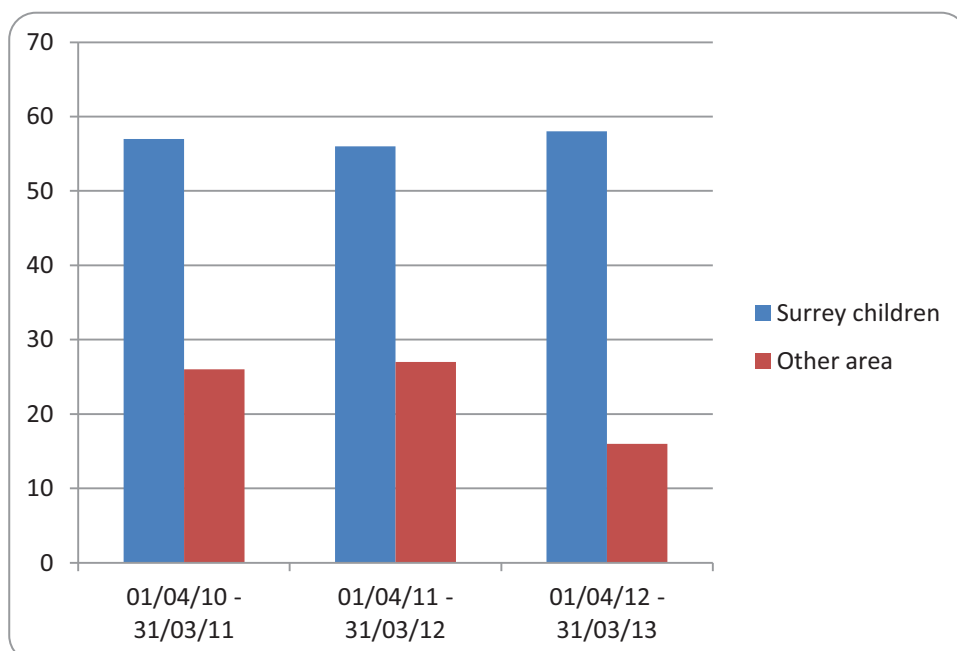
- working with families where substance misuse is an issue
  - assessment of risk where there is lack of engagement by parents
  - the quality of multi-agency supervision
  - the management of cases involving bruising of non-mobile children.
- The QA&E group will be working with the training and communications group and lead officer to audit the impact of training and the extent to which it has contributed to improvements in practice.
  - Develop more creative and inventive ways of getting feedback from service users and staff so that their feedback can inform the future practice and delivery of services by partner agencies.



## Child death overview panel

Between 1 April 2012 and 31 March 2013 the Child death overview panel (CDOP) was notified of 58 deaths of children who were resident in Surrey, and 16 children from outside the area, compared with 56 and 27 respectively in 2011-12. A significant number of the reported deaths are neo-natal, being within 27 days of birth.

**Chart 1 - All deaths notified to CDOP from 1 April 2010 to 31 March 2013**





## Achievements/progress in 2012-13

- CDOP has reviewed a total of 28 deaths during 2012-13 which included some deaths from previous years. There will always be a delay between the date of a child's death and the CDOP review being held because a review cannot be completed until all processes including inquests and serious case reviews are finalised. Between 2010 and 2013 117 deaths were reviewed. Of these 14 were deemed to be potentially preventable, and nine to have had modifiable factors.
- The appointment of an independent chair of CDOP in September 2012 provided the opportunity for the panel to review its processes.
- CDOP continues to work closely with the Coronial Service.
- A safe sleeping campaign was launched by Surrey Police and supported by Surrey CDOP to raise awareness amongst parents, mothers and carers of the increased risk of infant death through overlay when alcohol consumption, drug use and tiredness are prevalent.

## Challenges/priorities for 2013-14

- A review of the CDOP systems, which will be completed by September 2013, looking at rapid response processes and administrative procedures to identify where these can be improved.
- Recruitment of a rapid response nurse to ensure that parents are able to input to the CDOP process and are provided with sufficient support and assistance during a very difficult time.
- Review process for parental engagement.
- Upgrade of database to improve recording and reporting.



## Training and communications group

### Achievements/progress in 2012-13

- Recruitment of a training commissioning and development officer.
- Development and delivery of a multi-agency training and development plan based upon the training work plan, SSCB business plan and multi-agency training needs analysis.
- Recognising the need for a comprehensive county wide training needs analysis.
- Delivering training to 2117 participants including delivery of specialist training courses to 433 participants.
- Throughout 2012-13 key messages from the SSCB in terms of both local and national developments were communicated through the development and distribution of the SSCB newsletter.
- Monitoring and evaluating of single agency training courses.
- Delivering learning outcomes from case reviews.

### Challenges/priorities for 2013-14

- Completion and interpretation of the training needs analysis to inform future planning and programme delivery and updating the SSCB training strategy, last published in 2011-12.
- Developing tools to measure and evaluate courses and the impact of training upon practice.
- Develop the SSCB training delivery including introduction of a 'back up' rota to secure trainers to each course, to cover in the event of unavoidable absences and avoid cancellations of training.
- To ensure that the quality of training meets expectations, evaluations of trainers who deliver multi-agency training will be introduced.



## Policy and procedures group

The work of the policy and procedures group was re-aligned following the autumn 2012 change in sub group structure.

### Achievements/progress in 2012-13

- The inaugural meeting of the revised policy and procedures group was held on 15 February 2013. Membership and terms of reference were reviewed and approved.
- SSCB procedures and guidance were reviewed during autumn 2012 and with Tri.x in May 2013, which is commissioned by SSCB to update LSCB websites to reflect changes in legislation. This resulted in the identification of some out of date procedures and guidance.

### Challenges/priorities for 2012-13

- A multi-agency task and finish group will lead a project in 2013-14 to ensure that SSCB procedures and guidance is current and reflects statutory requirements and meets the needs of practitioners.
- The need to refresh SSCB procedures and guidance documents is as a result of changing legislative requirements, the publication of Working Together and the emerging learning from case review work. In the interim, briefing notes have been prepared and shared with partner organisations relating to Disclosure and Barring Service changes and Working Together 2013.





## Education safeguarding group

### Achievement/progress in 2012-13

- Section 11 audit was completed and submitted through the education safeguarding group to the SSCB.
- Raising awareness of e-safety issues through the delivery of presentations to pupils, teachers and parents at primary and secondary schools, independent primary and secondary schools, maintained and independent special schools.
- Local authority led safeguarding inspections in non maintained special schools group have been carried out in schools which have received adverse Ofsted inspection outcomes or where serious allegations have been made and the schools have not followed safeguarding procedures. As a result of these inspections, robust action plans have been drafted and given to head teachers and principals. Placements to these schools have been suspended until all aspects of the action plans have been implemented.
- Education representatives attend safeguarding meetings where safeguarding concerns have been raised involving children placed by Surrey in schools out of county.
- Child sexual exploitation champions have been identified and trained within Education.
- An up to date exemplar child protection policy has been developed for schools to adopt as a template.

### Challenges/priorities for 2013-14

- Further awareness raising of issues relating to child sexual exploitation (CSE) including training to schools and the roll out of a theatre production 'Chelsea's Choice', to all Surrey secondary schools is planned.
- Further development of regional child protection liaison officer (CPLO) network meetings to include those from the Independent sector. A survey will be completed during 2013-14 to establish how many independent schools attend meetings.
- Engagement with children's centres and pupil referral units and identification of the most vulnerable children in education such as children with special educational needs (SEN) will continue to be a priority of the education sub group.
- Consider implementation of Section 11 audits in all schools.



## Health safeguarding group

### Achievement/progress in 2012-13

- Two-way communication between all Surrey health providers, commissioners, other key agencies and the SSCB.
- Effective sharing of best practice and lessons from SCRs and individual management reviews (IMRs).
- Learning from SCRs and action plans were regularly reviewed and updated and shared with County wide health trust named professionals meetings to promote a cohesive approach between strategic and operational issues.
- Key health issues have been identified and discussed, for example in case reviews such as improving processes for information sharing between GP's, midwives and health visitors in the antenatal period.
- Provide responses to issues raised in CDOP meetings.
- Looked after children (LAC) team updates are provided.
- Consideration of the interface between the safeguarding and looked after systems.
- Commissioned capacity review of designated and named professionals role and responsibilities given the significant changes within the health economy.

### Challenges/priorities for 2013-14

- Ensuring capacity and clear governance arrangements within the new health landscape following the creation of six clinical commissioning groups operating within Surrey.
- Providing assurance to the SSCB that there is sufficiency in the new systems.



## Child sexual exploitation, missing children and trafficking children group

### Missing children

#### Achievements/progress in 2012-13

- Multi-agency missing and exploited children's conferences (MAECC) are held on a six weekly basis focusing upon the 'top 6' missing children as well as those at high risk of CSE and those at risk of human trafficking.
- Effective multi-agency risk assessments in place.
- Patterns/trends and risks are identified to allow preventative work and support to be put in place.
- A team of five volunteers have been set up within the Youth Support Service to work with repeat missing persons.

### Child sexual exploitation task group

#### Achievements/progress in 2012-13

- Data collection systems in place.
- CSE awareness days that have been attended by approximately 400 professionals from a variety of agencies. Two 'champions' training sessions have been held.
- Publicity campaign – an awareness campaign is being planned to be rolled out in October 2013 to raise the awareness of CSE/help prevent it/promote options highlight the risk indicators of CSE to the wider community.

### Challenges/priorities for 2013-14

- Have a joint risk assessment procedure that is agreed with both police and Children's Services.
- Secure funding to employ a third sector to work with potential victims and to integrate within a police or Children's Services team whilst investigating CSE, to provide continuity of care to a child identified to be at risk of CSE.
- Continue to pro-actively identify hot spots/locations within Surrey, where CSE is prevalent.
- Continue to conduct awareness raising activities, in particular to engage within the wider community.
- Develop a prevention strategy.





## Overview of progress

### Key achievements of the SSCB 2012-13

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Overall 2012-13 has seen a step up in the performance of the SSCB, with increased capacity to support partner agencies in their work towards achieving the key priorities of the board. This has led to improved partnership working, more robust quality assurance and evaluation of activities and has provided a greater understanding of the challenges faced by partner agencies as they move through a period of austerity, budget cuts and re-structuring. The existing business plan for 2012-15 has been robustly reviewed and this is attached at appendix B with evidence of progress and an updated action plan for 2013-14 has been developed.

In measuring the success of the SSCB in delivering its core business objectives there has been significant progress in 2012-13:

- In the completion of Section 11 audits by all statutory partners and a robust and comprehensive understanding of the activities of partners in optimising effectiveness of arrangements to safeguard and protect children.
- A detailed quality assurance framework and audit work programme has been developed and agreed and a number of audits undertaken. The themes from these audits and case reviews have been identified and disseminated and used to inform the quality assurance and training work programmes for 2013-14.
- Specific awareness raising work with the boroughs and districts in relation to their roles and responsibilities particularly in relation to housing functions.
- A performance scorecard has been developed and is being increasingly populated by data/information from partner agencies.
- CDOP have undertaken reviews of child deaths appropriately and ensured that key public health messages have been identified and are supporting dissemination.
- SSCB has commissioned three serious case reviews and four partnership reviews in 2012-13. This demonstrates an ongoing commitment to learning. These reviews have used a variety of methodologies and have involved frontline staff and practitioners.

- A comprehensive training needs analysis is currently being undertaken to determine the future training needs of partners and to inform decision making as to whether the SSCB should continue to deliver training or move to a commissioning model in 2014-15. Benchmarking against other LSCB's is also being adopted to measure the quality and relevance of SSCB training programmes.
- Safer recruitment and disclosure barring services changes have represented a significant change to the vetting of individuals working with children and the Board has pro-actively responded to these changes by producing a briefing note and hosting a learning workshop for HR professionals.

In addition the SSCB has provided robust scrutiny of some specific issues within Surrey which have included:

- An independent provider of mental health service for young people where there were safeguarding concerns.
- Jointly commissioned a capacity and capability review of the current arrangements for designated and named health professionals.
- Increased reporting to SSCB on the performance of the processes which support children subject to a child protection plan and the engagement of partner organisations.
- A continuing focus on the evolving children's trust arrangements and the development of a children and young person's plan with shared strategic objectives.
- A continuing focus on the early help strategy and that this is a partnership owned approach.
- The effectiveness of area groups to support improved safeguarding practice.
- Informing the domestic abuse strategy with the findings from auditing activity.
- Supporting the need to develop a CSE strategy with a clear action plan.

The SSCB had identified three key strategic priorities. During 2012-13 there is evidence of satisfactory progress being made against these priorities. A multi agency threshold document has been developed and there has been considerable work to develop the early help strategy. The domestic abuse strategy is in the latter stages of development and is expected to be launched in autumn 2013.

It is therefore too early to reflect fully upon the impact of this ongoing work in improving the experience for children and young people requiring early help and in safeguarding children from the adverse impact of domestic abuse. However, in the wider context the SSCB is driving forward the expectation that the relevant partnership bodies develop and implement strategies that will improve outcomes for children and receive regular reports of progress, providing opportunity for discussion and challenge to inform progress.





## Looking forward

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### Priorities for Surrey Safeguarding Children Board in 2013-14

1. The SSCB, as part of its review of the business plan in 2012-13 identified a fourth strategic priority; to develop and agree the implementation of a CSE strategy identifying key priorities and monitoring procedures to measure impact and effectiveness.
2. To actively engage with the voluntary, community and faith sectors across Surrey to raise awareness and to begin the process of assuring the quality of safeguarding processes.
3. To improve formal participation by children, young people and their families in the work of SSCB to ensure the priorities are appropriate and that services are of good quality.
4. A learning and improvement framework together with supporting quality improvement processes need to be developed to measure, as a direct result of learning, workforce understanding and confidence to improve practice with children. This learning and improvement framework will also measure the sufficiency and impact of single agency and multiagency training.
5. Consideration of a strategy to engage the independent health sector and maintained and non maintained schools in the Section 11 process.

## Recommendations for 2013-14

1. SSCB would like to see continued urgency and a relentless focus by partners on reducing the impact of domestic abuse on children.
2. SSCB would like the implementation of the early help strategy by all partners to be able to demonstrate that children and families receive timely and appropriate support and prevent the need for escalation. To ensure the step up/step down procedures to children's services are robust and reduce the need for children to become subject to child protection plans.
3. To ensure that all organisations have mechanisms to listen to the voice of children and young people and their families.
4. To ensure that all organisations are informed by feedback from their staff on the effectiveness of safeguarding arrangements.
5. To ensure that senior managers and all partner organisations continue to invest resource in safeguarding through continued commitment to the work of the SSCB and in particular support to the scrutiny and quality assurance functions.
6. To ensure that the significant organisational and structural changes within the NHS and health economy do not impact upon the quality of strategic and operational engagement by health partners in safeguarding.

## Financial resources

Demand and capacity issues throughout partner organisations has been evident throughout 2012-13; however during this period of significant change partners have remained committed to the SSCB and this is demonstrated in their ongoing contributions to the SSCB pooled budget.

Contributions to the budget for the financial year 2012-13 remained the same as the previous year, totalling £310,177.00, with significant contributions from all agencies, including the boroughs and districts and acute health trusts.

The board support team restructuring was agreed and implemented during 2012-13 to support the key functions of the board. The support team consists of a partnership support manager, quality assurance and evaluation officer, training development and commissioning officer, a case review officer (from May 2013), a child death coordinator, plus administrative support.

### Contributions to 2012-13 budget

Organisation	Contribution £	Percentage of Total
PCT	131,852	42.52
Surrey Children's Services	115,195	37.14
Surrey Police	27,765	8.95
NHS trusts	13,500	4.35
District and boroughs	11,000	3.52
Probation Service	7,315	2.36
Youth Support Service	2,000	0.64
Early Years	1,000	0.32
Cafcass	550	0.18
<b>Total</b>	<b>£310,177</b>	

### Expenditure 2012-13

Cost Heading	Expenditure £
Employee related costs	240,287
Staff expenses	3,844
Training	58,191
Other costs	9,669
Independent reviews/case reviews	51,076
Independent chair	19,000

## Appendix A Attendance data

### Full board

05.09.2012	20/35 (57%)
15.11.2012	18/35 (51%)
30.01.2013	16/24 (66%)
21.03.2013	14/24 (58%)

### Executive group

26.04.2012	8/11 (72%)
11.07.2012	7/11 (63%)
05.09.2012	8/11 (72%)
08.11.2012	11/11 (100%)

### Strategic case review group

26.04.2012	6/7 (85%)
21.08.2012	6/7 (85%)
16.10.2012	5/7 (71%)
29.11.2012	5/7 (71%)
22.02.2013	6/7 (85%)

### Quality assurance and evaluation group

30.05.2012	10/15 (66%)
08.08.2012	11/14 (78%)
26.09.2012	8/15 (53%)
28.11.2012	11/14 (78%)
05.02.2013	8/14 (57%)

### Operations group

17.05.2012	10/20 (50%)
29.08.2012	7/19 (37%)
22.11.2012	11/19 (58%)
28.02.2013	12/19 (63%)

### CP conference dissent group

29.10.2012	9/13 (69%)
04.01.2013	5/12 (41%)
25.02.2013	9/12 (75%)

### Training communications and procedures group

30.04.2012	12/20 (60%)
04.07.2012	11/18 (61%)
19.09.2012	11/18 (61%)
15.02.2013	12/18 (66%)

### Health safeguarding group

05.04.2012	17/25 (68%)
05.07.2012	15/25 (60%)
04.10.2012	15/26 (57%)

### North-east area group

05.04.2012	10/35 (28%)
04.05.2012	14/35 (40%)
06.07.2012	16/36 (44%)
28.09.2012	15/40 (37%)
06.12.2012	16/41 (39%)
05.03.2013	16/34 (47%)

### North-west area group

10.05.2012	14/40 (35%)
01.08.2012	16/39 (41%)
06.11.2012	11/37 (30%)
07.02.2013	19/41 (46%)

### South-east area group

15.05.2012	20/40 (50%)
25.06.2012	16/38 (42%)
27.09.2012	21/43 (49%)
13.11.2012	21/41 (51%)
15.02.2013	Workshop
26.03.2013	17/42 (40%)

### South-west area group

22.05.2012	18/33 (54%)
31.08.2012	16/34 (47%)
20.11.2012	16/36 (44%)
05.03.2013	23/39 (59%)

### Education safeguarding group

01.05.2012	12/17 (70%)
02.10.2012	10/18 (55%)
06.03.2013	11/18 (61%)

### CDOP

23.05.2012	10/13 (77%)
25.07.2012	7/12 (58%)
19.09.2012	11/14 (78%)
21.11.2012	10/13 (77%)
23.01.2013	8/13 (61%)
20.03.2013	8/13 (61%)

## **Appendix B**

### **2012-2013 SSCB business plan review**

Surrey Safeguarding Children Board (SSCB) was established as a statutory board under Section 13 of the Children Act 2004, Working Together to Safeguard Children (March 2013). Section 14 of the Children Act sets out the objectives of the local safeguarding children board (LSCB):

- i. To co-ordinate and,
- ii. ensure the effectiveness of,

what is done by each person or body represented on the board for the purpose of safeguarding and promoting the welfare of children in the area.<sup>1</sup>

The LSCB provides a strategic framework for partner agencies in order to maintain a focus on their responsibilities to safeguard and promote the wellbeing of all children and young people.

This document is designed to summarise SSCB's strategic business plan priorities, desired outcomes for children and young people and some associated measures of success for the coming three years with annual review (i.e. April 2012 to March 2015).

The LSCB is committed to working closely with other themed partnerships (including Community Safety Partnerships, the Health and Wellbeing Board and Surrey Children and Young People's Partnership) to ensure strategic co-ordination around common priorities and effective use of limited partnership resource.

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the functions of the board in relation to its objectives set out above.

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<sup>1</sup> Working Together to Safeguard Children, 2013 Chapter 3.

## 1. Overarching priority:

To ensure the SSCB is able to deliver its core business as identified in Working Together 2013. In order to do this it has five core business objectives:

- optimise the effectiveness of arrangements to safeguard and protect children and young people
- ensure clear governance arrangements are in place for safeguarding children and young people
- oversee Serious case reviews (SCR`s) and Child Death (CDOP) processes and ensure learning and actions are implemented as a result
- to ensure a safe workforce and that single-agency and multi-agency training is effective
- to raise awareness of the roles and responsibilities of the LSCB and promote agency and community roles and responsibilities in relation to safeguarding children and young people.

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**Targeted priorities:** In addition to the delivery of core business the LSCB has identified three areas of need on which to focus its attentions and resources which are reported upon in this review:

- **Targeted priority 1** – to work with partner agencies to reduce incidences of domestic violence and the impact this has on children, young people and families
- **Targeted priority 2** – to ensure sufficient, timely and effective early help for children and families who do not meet the thresholds for children's social care
- **Targeted priority 3** – to ensure professionals and the current child protection processes effectively protects those children identified in need of protection and who are looked after

As a result of high profile and emerging cases relating to child sexual exploitation a further priority has been identified for 2013-2014 requiring additional support from the board

- **Targeted priority 4** – to work with partnership agencies to develop, agree and implement a multi-agency child sexual exploitation strategy capturing and developing the significant work undertaken during 2012-13 as part of the CSE/missing children work plan.

<b>1</b>	<b>To ensure the LSCB is able to deliver its core business as identified in Working Together 2013.</b>
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1.1		
	Action	Progress to 17 July 2013
1.1.a	<p>Ensure there is a robust process in place for multi-agency audit and case review informed by SSCB review of current QA arrangements. These should link with SSCB strategic priorities:</p> <ul style="list-style-type: none"> <li>a) domestic abuse</li> <li>b) impact of early help</li> <li>c) children who are subject to CPP/LAC.</li> </ul>	<ul style="list-style-type: none"> <li>• processes have been reviewed and engaging with the workforce is at an early stage</li> <li>• the QA agenda has been reviewed in light of the outcomes of serious case reviews and work undertaken in the SE LSCB independent chairs group</li> <li>• domestic abuse audit has been undertaken leading to recommendations being made to the DA strategy group and QA and area groups</li> <li>• early help strategy is to be launched in September 2013. Regular updates are provided to the board and sub groups</li> <li>• the QA work plan has been revised to reflect changing priorities and the work on CPP/LAC and children with disabilities has been changed</li> <li>• SSCB report card Q4 measures outcomes</li> <li>• It has been agreed that a limited number of more in depth audits will be undertaken in 2013-2014 picking up the themes from case reviews/serious case reviews: <ul style="list-style-type: none"> <li>- bruising in non mobile children</li> <li>- supervision</li> <li>- impact and management of Substance Abuse</li> <li>- the assessment of risk.</li> </ul> </li> </ul>
1.1.b	<p>To develop an effective performance management framework to measure outcomes and impact of the work of the SSCB through agreed partnership data and the performance information/measures identified in this business plan.</p>	<ul style="list-style-type: none"> <li>• SSCB report card a multi-agency data set is being developed and is reported upon four monthly to the board.</li> <li>• challenges include getting data from partners in a timely manner</li> <li>• collation and sharing of data across agencies</li> <li>• work with families and children is in the early stages of development as the views of service users are critical and provide a balance to data set analysis.</li> </ul>
1.1.c	<p>To complete the 2012 Section 11 audits and ensure this process is robust and pro-active in its responses to partner organisations and supports continuous improvement.</p>	<ul style="list-style-type: none"> <li>• 2012 S11 audit completed and was reported upon in November 2012 to the board</li> <li>• action plans in place from partner agencies</li> <li>• review of under-performing partners to be undertaken in 2013.</li> </ul>



1.2		
	Action	Progress to 17 July 2013
1.2.a	Partner agencies and sub group chairs to submit reports to the SSCB as and when required and at least annually. A proportion of these will be those identified in Working Together (e.g. CDOP, MAPPA) but in addition annual IRO reports, complaints reports etc	<ul style="list-style-type: none"> <li>SSCB is informed of activity being undertaken by partners which supports the overarching priority of ensuring effectiveness</li> <li>a report calendar has been developed and agreed with partners to ensure regular updating against priorities.</li> </ul>
1.2.b	SSCB produce an annual report for submission to the Surrey Children and Young People's Partnership and other identified agencies/partnerships in accordance with Working Together guidance	<ul style="list-style-type: none"> <li>annual report is being produced which provides an assessment of the local arrangements to safeguard and promote the welfare of children and young people, and accounts for progress in the previous year for reporting to the July 2013 board</li> <li>report is able to make recommendations to Surrey Children and Young People's Partnership and other relevant bodies to inform wider strategic planning and development.</li> </ul>

1.3		
	Action	Progress to 17 July 2013
1.3.a	Oversee and monitor the implementation of serious case review process and the CDOP processes	<ul style="list-style-type: none"> <li>serious case reviews and partnership reviews take place in accordance with the relevant guidance in Working Together</li> <li>chairs of CDOP and SCR groups report quarterly to the operations group</li> <li>board review recommendations of Serious case reviews and agree actions and media publications.</li> </ul>
1.3.b	Ensure that learning from the review processes is: <ul style="list-style-type: none"> <li>shared with the children's workforce.</li> </ul>	<ul style="list-style-type: none"> <li>learning from reviews informs ongoing practice and policy development.</li> <li>learning events and learning from serious case review leaflets are utilised to share learning via the SSCB newsletter. National and local learning informs training programmes and audit activities.</li> </ul>
	Action	Progress to 17 July 2013
	Monitored through quality assurance processes to ensure that workforce understanding and confidence and subsequent support to children is improved as a direct result of the learning.  Public health messages are effectively disseminated to the wider population.	<ul style="list-style-type: none"> <li>measurements of the impact of improved learning and policy development as a result of serious case reviews/partnership reviews is not yet in place</li> <li>measurements of the impact of serious case reviews on the broader safeguarding agenda and reducing safeguarding risks in respect of public health messages is not yet in place.</li> </ul>



1.4		
	Action	Progress to 17 July 2013
1.4.a	To move to a training commissioning model and monitor and review the implementation of the full SSCB training programme.	<ul style="list-style-type: none"> <li>a multi agency training needs analysis is being undertaken and the findings and recommendations will be reported to the full board in September 2013.</li> </ul>
1.4.b	Introduce a framework to monitor the impact of training on workforce competence & confidence and support to children and families.	<ul style="list-style-type: none"> <li>measurement of the sufficiency and impact of single agency and multi-agency training is not yet in place</li> <li>models to monitor quality and impact of training have been identified and will be piloted on two programme areas.</li> </ul>
1.4.c	To ensure the effectiveness of the role of the local authority designated officer (LADO) and current procedures for dealing with allegations against the workforce	<ul style="list-style-type: none"> <li>senior officers in partner agencies have been identified as first contact with enquiries of workforce allegations</li> <li>LADO role will be clear and understood by all partner agencies, CPLO training is in place and is delivered by Babcock 4S and externally commissioned agencies. The impact of this training is not yet monitored.</li> <li>policy and procedure will be clear and understood by all partner agencies.</li> </ul>
1.4.d	To review the impact of safer workforce training on agency practice.	<ul style="list-style-type: none"> <li>SSCB will be able to determine whether the training is informing safer workforce practice and whether minimum standards are being met; monitoring and measurement is not yet in place and is a priority for development in 2013-14</li> <li>training, development &amp; commissioning officer in post from February 2013 to lead on this area of work.</li> </ul>

1.5		
	Action	Progress to 17 July 2013
1.5.a	<ul style="list-style-type: none"> <li>To plan and deliver regular newsletters and updates to all staff</li> <li>To agree a mechanism to ensure engagement of children, young people and their families in measuring the effectiveness of safeguarding arrangements.</li> <li>To agree a mechanism to enable staff to measure the effectiveness of arrangements in safeguarding services.</li> </ul>	<ul style="list-style-type: none"> <li>newsletters raise awareness of key issues however the regularity of publication needs improvement.</li> <li>work to engage with children and families is in early stages and is a key priority for the SSCB QA officer in 2013-14</li> <li>key agencies and service providers working with children and young people develop more responsive policy and practice informed by needs, views and wishes of young people</li> <li>children and their families inform and influence quality and effectiveness of safeguarding so that they feel more safe</li> <li>staff inform understanding and monitoring of effectiveness of safeguarding services.</li> </ul>

TP 1

To ensure sufficient work with partner agencies to reduce incidences of domestic abuse and the impact this has on children, young people and families.

	Action	Progress to 17 July 2013
TP 1.1	To ensure all children and young people affected by domestic abuse have access to sufficient specialist service provision that meets their needs and this is demonstrated through audit activity.	<ul style="list-style-type: none"> <li>no specific specialist service is provided to children; children in refuges have an allocated child worker funded by Surrey County Council</li> <li>area group work reflects the local initiatives to support victims and survivors of domestic abuse, in one area a specific post of outreach support worker for children is funded</li> <li>sufficiency of capacity to support families particularly children is not fully understood by the SSCB review and mapping of services is part of the work of the domestic abuse development group.</li> </ul>
TP 1.2	To ensure a consistent holistic approach to children and young people affected by domestic abuse through the development of a skilled workforce.	<ul style="list-style-type: none"> <li>SSCB do not deliver domestic abuse training; this is to be a priority for the training, development and commissioning officer/partnership support manager to forge stronger links between the SSCB and the domestic abuse development group</li> <li>local meetings have taken place with agencies delivering training and observation of training have taken place - capacity is an emerging issue</li> <li>training needs analysis specifically addresses domestic abuse</li> <li>externally delivered domestic abuse training will be included in the SSCB training programme which will be broadened to capture other multi agency delivery of partner organisations.</li> </ul>
TP 1.3	To monitor the domestic abuse strategy to identify if there are ways in which partners can work together more effectively to intervene early and mitigate the impact of domestic abuse on children and young people.	<ul style="list-style-type: none"> <li>partnership support manager sits on domestic abuse development group</li> <li>strategy is due to be published in September 2013 - presentation to the board will be requested and partners asked to work together to develop an implementation plan.</li> </ul>

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<b>TP 2</b>	<b>To ensure sufficient, timely and effective early help for children and families who do not meet the thresholds for Children's Social Care</b>
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	<b>Action</b>	<b>Progress to 17 July 2013</b>
TP 2.1	To monitor the effectiveness of the Surrey Children and Young People's Partnership arrangements for early help through audit of cases which are subject to CAF/TAC processes and children subject to child protection plans.	<ul style="list-style-type: none"> <li>• CAF manager reports to the QA group</li> <li>• area group audit has taken place – recommendations and actions are monitored through the QA group and reported upon in area sub groups and quarterly at the operation groups</li> <li>• QA officer working in the development of the e-caf</li> <li>• SSCB report card details activity, quality and timeliness of decision making.</li> </ul>
TP 2.2	To undertake survey of children, parents/carers on their experience of early help provision to inform commissioning of appropriate services.	<ul style="list-style-type: none"> <li>• the experience of children and families is not yet fully understood. The participation agenda is a priority area of work for the QA group in 2013-14.</li> </ul>
TP 2.3	To comment on the early help strategy as it is developed to ensure that it has an effective needs analysis and sufficient services to meet need.	<ul style="list-style-type: none"> <li>• 'Surrey Partnership Early Help Strategy 2013-17'</li> <li>• partnership agreement in principle to the components of the strategy (green/complete - 14 June 2013)</li> <li>• production of a draft strategy and family friendly version (amber, timeframe tbc)</li> <li>• sign-off of strategy through: SSCB, Health and Wellbeing Board, Children and Young People's Partnership Trust, and Public Value Programme Board (amber, timeframes tbc).</li> </ul>

TP 3

To ensure professionals and the current child protection processes effectively protects those children identified in need of protection and who are looked after.

	Action	Progress to 17 July 2013
TP 3.1	To monitor the effectiveness of arrangements by CSC and partners when children are subject to child protection plans or LAC through rigorous single and multi-agency audit activity to include quality of practice, management oversight, care planning etc.	<ul style="list-style-type: none"> <li>single-agency and multi-agency case file auditing demonstrates that children are being safeguarding by effective multi-agency practice and identifies where improvements are necessary</li> <li>audits have been undertaken and reported back to the commissioning group</li> <li>outcome of audit has led to the development of a practitioners guide to Core Group working</li> <li>recommendations have been made to inform planning of training.</li> </ul>
TP 3.2	To monitor the effectiveness of the arrangements for the conferencing of CP and LAC reviews and evidence of the quality of challenge and decision making	<ul style="list-style-type: none"> <li>child protection reports are provided to the board on a regular basis</li> <li>issues and challenges are considered</li> <li>SSCB report card data provides information relating to number, timing, and duration of activities including early help.</li> </ul>
TP 3.3	To monitor the effectiveness of key partner agency professionals in the CP and LAC processes through IRO annual report, corporate parenting panel annual report etc.	<ul style="list-style-type: none"> <li>auditing activity demonstrates some challenges in the effective engagement by partner agencies in CP and LAC processes</li> <li>reports are provided to the board as part of the reporting calendar.</li> </ul>
TP 3.4	To monitor the effectiveness of SCC's contact and referral arrangements and thresholds for children's social care.	<ul style="list-style-type: none"> <li>CSMT receive regular reporting and updates that inform practice</li> <li>QA audit on multi-agency referral forms (MARF) completed and form amended to reflect findings</li> <li>central referral unit (CRU) being established (goes live in July 2013)</li> <li>Children's Services consultation on threshold document concluded and threshold document published</li> <li>multi-agency threshold document being developed as part of early help work (approved June 2013)</li> <li>regular update reports are provided to the board.</li> </ul>

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	Action	Progress to 17 July 2013
4	To develop and agree the implementation of a child sexual exploitation strategy	<ul style="list-style-type: none"> <li>development of multi-agency CSE strategy agreed and communication plan agreed</li> <li>budget implications and roll out of strategy discussed and priorities agreed at July 2013 board</li> <li>multi-agency training plan to be developed.</li> </ul>
4.1	Implementation of strategy - key priorities identified and monitoring procedures agreed	<ul style="list-style-type: none"> <li>implementation plan agreed and multi-agency communication plan developed</li> <li>impact monitoring procedures to be agreed.</li> </ul>

### Performance data review

The data set and performance measures identified in the business plan have been superseded by the development of the Surrey Safeguarding Children's Board report card. The quarter 4 2013 report was presented to the board in May 2013 and includes data collected against key performance criteria to 1 April 2013.

Commentary contained within the report card provides an analysis of the data and the findings which informs future work plans within the support team.

Quality assurance and contribution to consultations has highlighted the need for data to be collated and added to the data set for 2013-14, to record the:

- number of pre-birth assessments undertaken to inform risk assessments
- data relating to young people who sexually harm
- data relating to child sexual exploitation and trafficking.

## **Report contributors:**

SSCB independent chair  
SSCB partnership support manager  
SCC head of safeguarding  
SSCB quality assurance & evaluation officer  
Designated nurse safeguarding children  
Director of quality and governance, Guildford and Waverley CCG  
Chair education safeguarding group  
Surrey Police public protection unit  
SSCB training & development officer  
Director Surrey & Sussex probation trust  
SSCB area group members

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## **Communication/publication of the SSCB Annual Review**

Review and approval SSCB 17 July 2013

Publication by SSCB September 2013

Presentation of report to:

Cabinet 22 October 2013

Children & Young Peoples Partnership 3 October 2013

Health & Wellbeing Board October/November 2013

Select Committee November 2013



## Surrey Health and Wellbeing Board

<b>Date of meeting</b>	Thursday 12 December 2013
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**Item / paper title: *Update Paper- Joint Health and Wellbeing Priority Plan: Children and Young People's Health and Wellbeing***

<b>Purpose of item / paper</b>	Following on from the discussion at the meeting of the Health and Wellbeing board on 5 September 2013, this report summarises progress to date on developing Surrey's Health and Wellbeing Strategy priority to improve children's health and wellbeing. In addition, recognising the commissioning responsibilities and governance arrangements of individual member organisations of the Board, it sets out next steps for delivery through the Children's Health and Wellbeing Group and Surrey Children and Young People's Partnership
<b>Surrey Health and Wellbeing priority(ies) supported by this item / paper</b>	This action plan sets out how the Priority for Children and Young People's Health and Wellbeing will be delivered
<b>Financial implications - confirmation that any financial implications have been included within the paper</b>	This action plan will shape the collective spend on children and young people's health and wellbeing of the following organisations: Surrey County Council, Clinical Commissioning Groups and District and Borough Councils. This includes £325m Children, Schools and Families (not including schools) and £23m (Public Health total budget)
<b>Consultation / public involvement – activity taken or planned</b>	The action plan has been informed by extensive public consultation on the Health and Wellbeing Strategy and needs analysis including service user experiences. Actions have been developed through workshops with the Health and Wellbeing Board. The detail of delivery will be further shaped by engagement with wider stakeholders for each action and further co-production with service users where appropriate.
<b>Equality and diversity - confirmation that any equality and diversity implications have been included within the paper</b>	The analysis of need that informs this action plan systematically identifies inequalities in health and wellbeing. The action plan has been developed to help to mitigate those inequalities. For example through our approach to supporting children with complex needs, targeting interventions to promote healthy behaviours, tackling the causes of poorer outcomes for children which can include parental issues like substance misuse and domestic abuse.
<b>Report author and contact details</b>	Jo Holtom – Senior Strategy and Policy Development Manager, <a href="mailto:jo.holtom@surreycc.gov.uk">jo.holtom@surreycc.gov.uk</a> , 0208541 7150
<b>Sponsoring Surrey Health</b>	Nick Wilson, David Eyre-Brooke

<b>and Wellbeing Board Member</b>	
<b>Relevant portfolio holder</b>	Councillor Mary Angell
<b>Actions requested / Recommendations</b>	<p><b>The Surrey Health and Wellbeing Board is asked to:</b></p> <ul style="list-style-type: none"> <li>• Endorse the approach for taking forward the Children's Health and Wellbeing priority aims and outcomes</li> <li>• Consider a progress report in March 2014</li> </ul>



Health and Wellbeing Board  
12 December 2013

## Children's Health and Wellbeing – draft priority update

**Purpose of the report:** Policy Development and Review

Following on from the discussion at the meeting of the Health and Wellbeing board on 5 September 2013, this report summarises progress to date on developing Surrey's Health and Wellbeing Strategy priority to improve children's health and wellbeing. In addition, recognising the commissioning responsibilities and governance arrangements of individual member organisations of the Board, it sets out next steps for delivery through the Children's Health and Wellbeing Group and Surrey Children and Young People's Partnership.

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### Introduction:

Surrey's Health and Wellbeing Strategy commits to five priorities:

1. Improving children's health and wellbeing
2. Developing a preventative approach
3. Promoting emotional wellbeing and mental health
4. Improving older adults' health and wellbeing
5. Safeguarding the population

On 5 September, the Health and Wellbeing Board considered an action plan for the first priority: Improving children's health and wellbeing. This also supports actions on developing a preventative approach, promoting emotional wellbeing and mental health, and safeguarding the population.

### Developing the priority to improve children's health and wellbeing

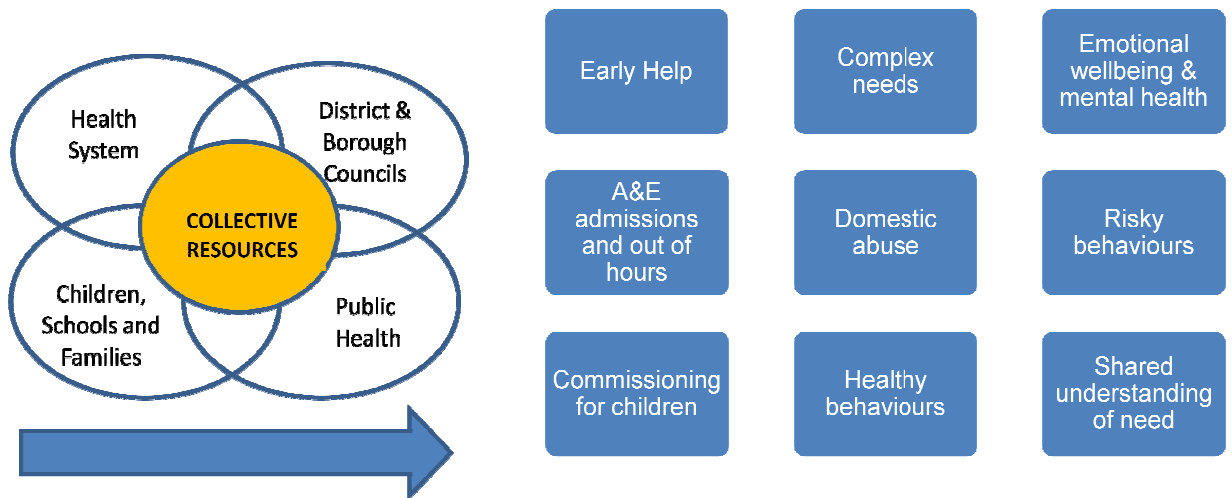
1. In developing its action plan to improve children and young people's health and wellbeing, the Health and Wellbeing Board identified a number of key themes. These are based on needs emerging from the [Joint Strategic Needs Assessment \(JSNA\)](#) (see [summary document](#)), extensive engagement, and priorities identified through Surrey Children and Young People's Partnership and Children's Health and Wellbeing Group. Two workshops were held with the Health and Wellbeing Board

to consider the evidence and develop priorities for children’s health and wellbeing. The Board committed to its plan on 5 September 2013.

- In considering its action plan, the Board looked at where it could most add value through systems leadership and the following principles:



- The Board identified the following themes.



**What has the Board agreed so far?**

- A proposed action plan was brought to the Health and Wellbeing Board on 5 September with high level aims and outcomes that the Board members will work together to achieve over the next five years (see Annex 1). There was discussion about the need for flexibility around actions to deliver these according to local needs and arrangements.

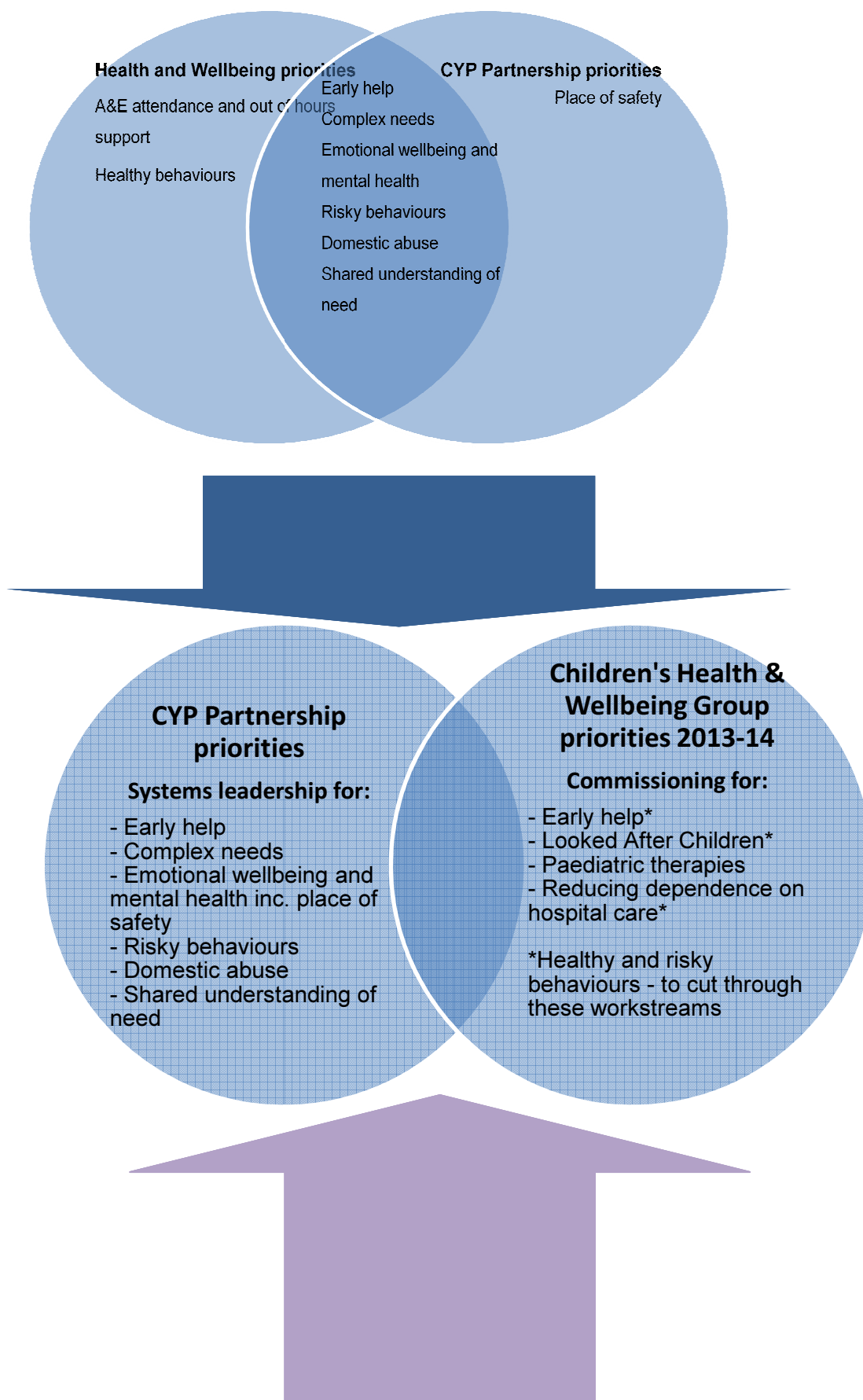
**Taking the actions forward:**

- The priority themes reflect those priorities identified by Surrey Children and Young People’s Partnership and commissioning priorities for the

Children's Health and Wellbeing Group. It is important that there are clear accountabilities in delivering the aims and outcomes.

6. **Surrey Children and Young People's Partnership** will focus on the **systems change** needed to deliver the aims and outcomes – eg. strategic and resource alignment, workforce development, cultural change, service integration.
7. The **Children's Health and Wellbeing Group** will focus and advise on the health, wellbeing and social care **commissioning changes** that could support the aims and outcomes – eg. through joint commissioning and aligning commissioning intentions.
8. Following the September Board meeting, the Children's Health and Wellbeing Group (annex 2) reflected on how it could best support the priority to improve children's health and wellbeing. The group has strengthened and consolidated its membership, reviewed governance and agreed to focus on a smaller number of priorities for the first year of the Health and Wellbeing Strategy.
9. For the first year of the action plan until October 2014, the four key areas that have been identified as priorities are:
  - Early help
  - Looked After Children
  - Paediatric Therapies
  - Reducing dependency on hospital care
10. Opportunities to strengthen the promotion of healthy behaviours and prevent risky behaviours will be included as part of each of the commissioning workstreams and considered as part of further partnership work.

The detailed actions will be developed by each group as shown below:



## Workstreams for 2013-14

Health and Wellbeing Strategy theme	Children and Young People's Partnership – indicative areas of focus	Children's Health and Wellbeing Group – initial commissioning priorities for 2013-14
Early help	<ul style="list-style-type: none"> <li>• Supporting workforce reform through joint training linked to cultural and operational change (e.g. supervision, induction, lead professional role, supporting families approach)</li> <li>• Strategic support to embed key information sharing systems and assessment/case management tools</li> <li>• Strategic support for developing integrated delivery models</li> </ul>	<ul style="list-style-type: none"> <li>• Safeguarding - implementing 'Early Help Assessment' through commissioned universal and targeted services</li> <li>• Developing the market of local services and jointly commissioning early help and timely intervention services</li> <li>• Delivering Supporting Families approach through commissioned services</li> <li>• Improving quality and value for money by reducing the need for high cost, low volume spends</li> </ul>
Complex needs	<ul style="list-style-type: none"> <li>• Improving long term planning through developing better predictive data</li> <li>• Overseeing progress of SEN14 (pathfinder) to ensure that services are co-ordinated around the needs of a child or young person and ensure Surrey meets the requirements of the Children and Families Bill 2012 in this respect</li> </ul>	<ul style="list-style-type: none"> <li>• Reviewing commissioning of paediatric therapies – including equity, gaps and preparation for Education, Health and Care Plans</li> </ul>
Emotional wellbeing and mental health	<ul style="list-style-type: none"> <li>• Promoting effective training and workforce development to support integrated working</li> <li>• Improving transitions between services</li> <li>• Influencing the national commissioning framework to improve pathways, outcomes and safeguarding in tier 4 services</li> <li>• Focusing the resource of mental health providers across initiatives whilst supporting those below thresholds</li> <li>• Developing a long term partnership plan to provide a place of safety under section 136 of the mental health act</li> </ul>	

Risky behaviours	<ul style="list-style-type: none"> <li>• Developing a clearer picture of the scale and type of substance misuse amongst children and parents</li> <li>• Influencing and shaping the alcohol strategy, sexual health strategy and other related strategies</li> <li>• Understanding the commissioning landscape including links to early help and family support</li> <li>• Supporting the development/implementation of an online safety strategy</li> </ul>	<i>Opportunities to be identified as part of each commissioning workstream</i>
Domestic abuse	<ul style="list-style-type: none"> <li>• Providing strategic support to the Community Safety Board's Domestic Abuse Strategy</li> <li>• Clarifying the commissioning landscape for children and families</li> </ul>	
Shared understanding of need	<ul style="list-style-type: none"> <li>• Embedding solutions for joining up different management information systems to support operational decision making</li> <li>• Building a common understanding of need, based on robust data/sharing of challenges and to improve specific data sets (complex needs/substance misuse)</li> <li>• Developing a mechanism for gathering evidence and sharing research about our children and young people</li> </ul>	
A&E attendance and out of hours support		<ul style="list-style-type: none"> <li>• Reducing dependence on hospital care by children and families</li> </ul>
Healthy behaviours		<i>Opportunities to be identified as part of each commissioning workstream</i>
Joint commissioning for children		<ul style="list-style-type: none"> <li>• Improving health outcomes for Looked After Children</li> </ul>

**Governance:**

11. It is recognised that in taking forward the children's health and wellbeing themes, Clinical Commissioning Groups and districts and boroughs will need to consider local approaches to delivering the aims and objectives.
12. The role of the Children and Young People's Partnership is to ensure that priorities are being addressed effectively within the partnership structures.
13. The Children's Health and Wellbeing Group will provide the structure to advise CCG governing bodies with regard to potential commissioning opportunities that would support the delivery of the priorities and outcomes of the Health and Wellbeing Strategy.
14. Proposals endorsed by the Children and Young People's Partnership and the Children's Health and Wellbeing Groups which involve significant service change or have financial implications will be subject to final and over-riding approval via both individual Surrey County Council and CCG corporate governance arrangements.

**Conclusions:**

15. Arrangements have been made for taking forward the priority to improve children's health and wellbeing through existing governance structures, in line with the agreed principles of the Board and with local flexibility.

**Recommendations:**

16. It is recommended that the Health and Wellbeing Board:
  - a) endorse the approach for taking forward the Children's Health and Wellbeing priority aims and outcomes
  - b) consider a progress report in March 2014

**Next steps:**

17. By February 2014 Children and Young People's Partnership Operational Board will:
  - 17.1 further develop plans to facilitate the systems change needed to deliver the priority themes
  - 17.2 confirm lead organisation and person for each workstream, timescales and success measures for March 2014 and in 3 and 5 years

18. By February 2014 Children's Health and Wellbeing Group will:
  - 18.1 plan how and when it will commission to support delivery of the priority themes
  - 18.2 confirm lead organisation and person for each workstream, actions, timescales and success measures for March 2014 and end October 2014, and further commissioning priorities for 2014-2015.
19. These plans will reflect the Health and Wellbeing Strategy principles, consider proposed actions already identified by the Health and Wellbeing Board and involve relevant stakeholders, reflecting the wider determinants of children's health and wellbeing.
20. Progress towards delivering aims and outcomes will be reported to the Health and Wellbeing Board in March 2014.

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**Contact details:** 020 8541 7150, jo.holtom@surreycc.gov.uk

**Sources/background papers:**

- [Joint Strategic Needs Assessment](#)
- [Development of the Health and Wellbeing priorities for Surrey](#)
- [Surrey Joint Health and Wellbeing Strategy](#)
- Summary of the informal meetings of the Health and Wellbeing Board on [4 July](#) and [1 August](#)
- Summary of the formal meeting of the Health and Wellbeing Board on [5 September 2013](#)





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**Annex 1 – Aims and outcomes for improving children’s health and wellbeing 2013-18, agreed by the Health and Wellbeing Board**

	<b>Theme</b>	<b>Aims</b>	<b>Outcomes</b>
<b>1</b>	<b>Early help</b>  Lead: <ul style="list-style-type: none"> <li>Surrey County Council</li> </ul>	To identify and address the needs of Surrey’s children and families earlier, reducing the need for more intensive, acute or specialist support	<ul style="list-style-type: none"> <li>➤ Families are resilient and feel supported to tackle issues and problems as soon as they arise</li> <li>➤ Families receive a minimum intervention as early as possible to prevent escalation of problems</li> <li>➤ Children and young people make good relationships</li> <li>➤ Children and young people are happy, healthy and well</li> <li>➤ Children and young people maximise life opportunities</li> <li>➤ Professionals are clear about early help options and feel informed and supported to tackle issues in partnership as soon as they arise</li> </ul>
<b>2</b>	<b>Complex needs</b>  Lead: <ul style="list-style-type: none"> <li>Surrey County Council</li> <li>Clinical Commissioning Groups</li> </ul>	Children and young people with complex needs have a single assessment process and education, health and care plan with personalised support	<ul style="list-style-type: none"> <li>➤ CYP and families have greater control and choice in decisions through co-production</li> <li>➤ Children and young people receive more personalised services</li> <li>➤ Introducing personal budgets for health</li> <li>➤ Integrated assessment – families will not have to repeat their stories more than once</li> <li>➤ Good quality transition and preparation for adulthood</li> <li>➤ Delivery of services CYP and families receive will be more co-ordinated</li> </ul>
<b>3</b>	<b>Emotional wellbeing and mental health</b>  Lead: <ul style="list-style-type: none"> <li>Surrey County Council</li> <li>Clinical Commissioning Groups</li> </ul>	Children and young people are supported as close to home and by people they know as much as possible and there are seamless pathways to effective targeted and specialist services where needed	<ul style="list-style-type: none"> <li>➤ Children and young people are supported by people they know in their local area</li> <li>➤ Families feel supported</li> <li>➤ Professionals working together for the young person’s identified outcome</li> <li>➤ Children, young people and their families know where to seek help</li> <li>➤ Parents and carers are supported to have good mental health and emotional wellbeing and resilience</li> </ul>
<b>4</b>	<b>Risky</b>	To ensure	<ul style="list-style-type: none"> <li>➤ A systematic approach to supporting</li> </ul>

	<p><b>behaviours</b></p> <p>Lead: Surrey County Council Public Health</p>	<p>children, young people and families are supported to lead healthy lifestyles and prevent risk taking behaviours by taking a systematic family approach</p>	<p>CYP and families is taken, which understands and tackles issues of the whole family</p> <ul style="list-style-type: none"> <li>➤ An integrated approach between Children, Schools and Families and substance misuse services which addresses the holistic needs of young people and their family, free from substance misuse</li> <li>➤ Children and young people are happy, healthy and well</li> <li>➤ Families and communities are resilient</li> </ul>
5	<p><b>Domestic abuse</b></p> <p>Lead: Surrey County Council</p>	<p>To support the Community Safety Board to mitigate the causes of domestic abuse and its impact on children and their families</p>	<ul style="list-style-type: none"> <li>➤ Victims and their children feel safe</li> <li>➤ Effective co-ordinated, multi-agency, right first time response to incidents</li> <li>➤ Preventative work with children and young people having a real impact</li> <li>➤ Cultural shift from reactive working to prevention and early intervention</li> <li>➤ A full understanding of need, service provision and gaps</li> <li>➤ Joint commissioning based on the above</li> </ul>
6	<p><b>Shared understanding of need</b></p> <p>Lead: Surrey County Council</p>	<p>To develop a culture of sharing information on CYP and families so that we can collectively serve their interests in a more joined up way</p>	<ul style="list-style-type: none"> <li>➤ Health and wellbeing services for children and families are designed to take account of their needs and experiences</li> <li>➤ CYP and families feel a part of decisions made about their health and wellbeing</li> <li>➤ CYP and families are able to see where and how their input has affected strategic decisions (SurreySays)</li> <li>➤ Agencies have developed an appropriate 'if in doubt, share' culture around data</li> <li>➤ Agencies are collectively well aware of the future demand for services and needs of CYP and families</li> <li>➤ Agencies are collecting and using the voice of CYP and families routinely to inform service decisions</li> <li>➤ There is less duplication of work within and between agencies</li> </ul>
7	<p><b>Accident and Emergency attendance and out of hours support</b></p>	<p>To develop a systematic approach to supporting CYP and families out</p>	<ul style="list-style-type: none"> <li>➤ Developing a systematic approach to supporting CYP and families out of hours.</li> <li>➤ No children and young people will have to attend A&amp;E when they could</li> </ul>

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	<p>Lead:</p> <ul style="list-style-type: none"> <li>Clinical Commissioning Groups</li> </ul>	<p>of hours, including ensuring they will not attend A&amp;E where they can be treated successfully elsewhere either by primary care, community health services or self care</p>	<p>be treated successfully elsewhere either by primary care, community health services or self care.</p>
8	<p><b>Healthy behaviours</b></p> <p>Lead:</p> <ul style="list-style-type: none"> <li>Surrey County Council Public Health</li> </ul>	<p>To proactively support Surrey children and young people to develop and maintain healthy behaviours</p>	<ul style="list-style-type: none"> <li>➤ CYP will be living in home circumstance where parents are leading healthy lifestyles that do not negatively impact their children</li> <li>➤ Interventions to be evidence based and available to all schools, children centres and youth services with tailored and more intensive support for 'priority' schools and children centres and youth centres with greatest need.</li> <li>➤ <b>Breastfeeding:</b> Increase percentage of women who initiate and continue to exclusively breastfeed for 6 months.</li> <li>➤ <b>Sexual Health:</b> Fewer teenage conceptions, increase positivity in those tested for Chlamydia</li> <li>➤ <b>Healthy Weight:</b> Fewer children classified with excess weight</li> </ul>

## 9. Joint commissioning for children

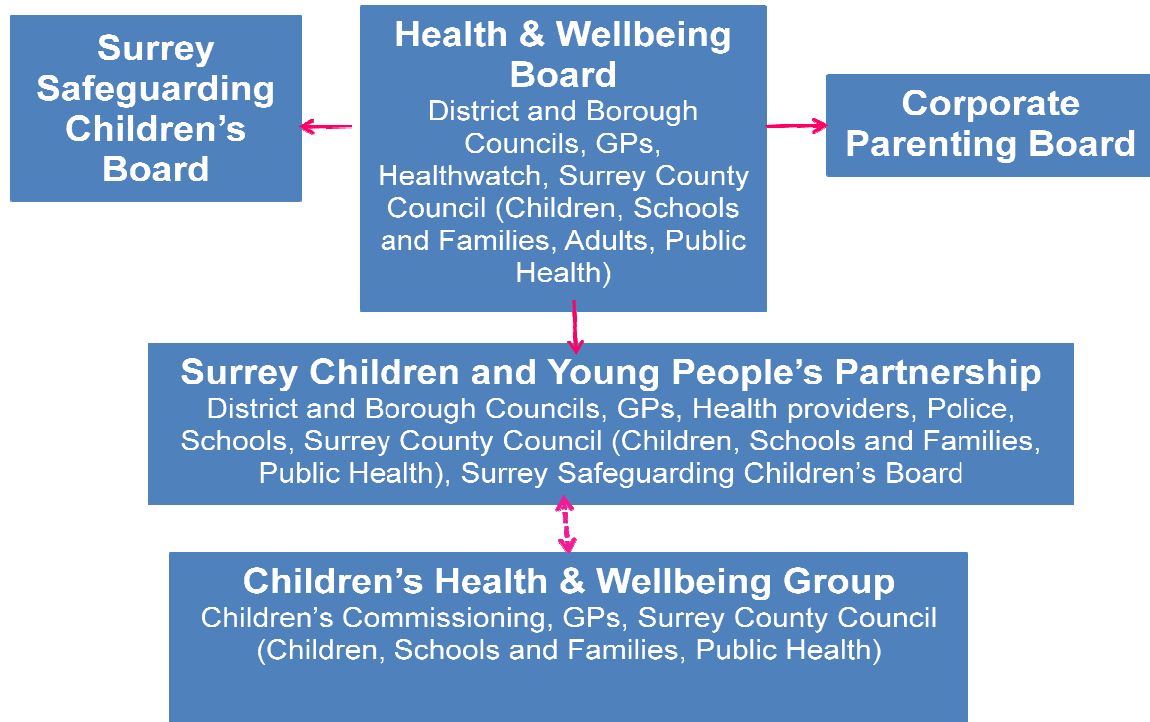
Lead: Surrey County Council and Clinical Commissioning Groups

The ninth theme of the action plan is to develop joint commissioning arrangements to deliver improved health and wellbeing for children. The Health and Wellbeing Board commits to joint commissioning around,

Early help	Children with complex needs	Mental health (CAMHS)	Looked after children
<ul style="list-style-type: none"> <li>➤ Establish Early Help Commissioning group to develop Early Help Joint Commissioning Strategy</li> <li>➤ Market position statement</li> <li>➤ Business case</li> <li>➤ Joint Procurement Project</li> </ul>	<ul style="list-style-type: none"> <li>➤ Development of Commissioning Strategy and joint procurement project for short breaks &amp; personal support</li> <li>➤ Joint strategic review of short breaks</li> <li>➤ Joint procurement of therapies</li> </ul>	<ul style="list-style-type: none"> <li>➤ Consultation on Draft Joint Commissioning Strategy</li> <li>➤ Set-up of procurement project for targeted CAMHS pooled budget</li> <li>➤ Draft s.75 for pooled budgets governance</li> </ul>	<ul style="list-style-type: none"> <li>➤ Looked After Children Commissioning Strategy and associated action plans to deliver the Surrey Corporate Parenting Board Strategy</li> <li>➤ Guildford &amp; Waverley CCG tendering for looked after children health assessments</li> <li>➤ Support for looked after children placed out of county in need of secondary care i.e. CAMHS</li> </ul>
<b>A&amp;E attendance</b>			
<ul style="list-style-type: none"> <li>➤ Work with Children's Centres to distribute leaflets/workshops around appropriate use of health services</li> <li>➤ Education packs distributed in all Surrey primary schools</li> </ul>			

## Annex 2

Governance arrangements for children and young people's health and wellbeing



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