

Notice of Meeting

Health and Wellbeing Board



Date & time
Thursday, 10
December 2015
at 1.00 pm

Place
The Boardroom,
Woking Borough Council
Offices, Gloucester Square,
Woking
GU21 6YL

Contact
Andrew Baird or Joseph Jones
Room 122, County Hall
Tel 020 8541 7609 or 020 8541
8987
andrew.baird@surreycc.gov.uk or
joseph.jones@surreycc.gov.uk

If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either call 020 8541 7609 or 020 8541 8987, 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 andrew.baird@surreycc.gov.uk or joseph.jones@surreycc.gov.uk.

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Andrew Baird or Joseph Jones on 020 8541 7609 or 020 8541 8987.

Board Members

Mrs Helyn Clack (Co-Chairman)	Cabinet Member for Wellbeing and Health
Dr Liz Lawn (Co-Chairman)	North West Surrey Clinical Commissioning Group
Dr Andy Brooks	Surrey Heath Clinical Commissioning Group
Councillor John Kingsbury	Woking Borough Council
Mrs Clare Curran	Cabinet Member for Children and Families Wellbeing
Dr Elango Vijaykumar	East Surrey Clinical Commissioning Group
Dr David Eyre-Brook	Guildford and Waverley Clinical Commissioning Group
Julie Fisher	Strategic Director for Business Services
Dr Claire Fuller	Surrey Downs Clinical Commissioning Group
Dr Andy Whitfield	North East Hampshire and Farnham Clinical Commissioning Group
District Councillor James Friend	Mole Valley District Council
Mr Mel Few	Cabinet Member for Adult Social Care
Peter Gordon	Healthwatch Surrey
Chief Constable Lynne Owens	Surrey Police
Helen Atkinson	Director for Public Health
John Jory	Reigate and Banstead Borough Council
Dave Sargeant	Strategic Director for Adult Social Care

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: 10 SEPTEMBER 2015

(Pages 1
- 12)

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

4a Members' Questions

The deadline for Members' questions is 12pm four working days before the meeting (*Friday 4 December*).

4b Public Questions

The deadline for public questions is seven days before the meeting (*Thursday 3 December*).

4c Petitions

The deadline for petitions was 14 days before the meeting. No petitions have been received.

5 BOARD BUSINESS

(Pages
13 - 18)

To update the Board on any key issues relevant to its areas of work, membership and terms of reference.

6 FORWARD PLAN

(Pages
19 - 24)

To agree the Board's Forward Work Programme.

7 PROMOTING EMOTIONAL WELLBEING AND MENTAL HEALTH UPDATE

(Pages
25 - 42)

To review the progress made since June 2015 on delivering the 'Promoting emotional wellbeing and mental health' priority action plan.

8 CHILDREN & YOUNG PEOPLE'S PARTNERSHIP ARRANGEMENTS

(Pages
43 - 48)

The Health and Wellbeing Board is asked to note the review of the partnership arrangements and endorse the next steps. The final terms of reference for the 'Children and Young People's Partnership Board' will be presented back to the Health and Wellbeing Board for approval.

9 SURREY SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2014 - 2015 (Pages 49 - 144)

The Surrey Safeguarding Children's Annual Report 2014-15 reports on the effectiveness of safeguarding and child protection practice by partner agencies in Surrey and is presented to Health and Wellbeing Board for information.

10 SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2014 - 2015 (Pages 145 - 198)

By receiving this Annual Report, the Health and Wellbeing Board will be informed of the activity and progress in relation to safeguarding adults in Surrey.

11 ACCOMMODATION WITH CARE & SUPPORT STRATEGY (Pages 199 - 208)

This report sets out the Council's future approach to accommodation with care and support and invites the Health and Wellbeing Board's views on the Strategic Intent Document prior to Cabinet in December.

12 PUBLIC ENGAGEMENT SESSION

An opportunity for any members of the public to ask any further questions relating to items discussed at today's meeting.

13 DATE OF NEXT MEETING

The next public meeting will be held on 10 March 2015.

David McNulty
Chief Executive
Surrey County Council

Published: Wednesday, 2 December 2015

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 AND FILMING – ACCEPTABLE USE

Those attending for the purpose of reporting on the meeting may use social media or mobile devices in silent mode to send electronic messages about the progress of the public parts of the meeting. To support this, County Hall has wifi available for visitors – please ask at reception for details.

Anyone is permitted to film, record or take photographs at council meetings. Please liaise with the council officer listed in the agenda prior to the start of the meeting so that those attending the meeting can be made aware of any filming taking place.

Use of mobile devices, including for the purpose of recording or filming a meeting, is subject to no interruptions, distractions or interference being caused to the PA or Induction Loop systems, or any general disturbance to proceedings. The Chairman may ask for mobile devices to be switched off in these circumstances.

It is requested that if you are not using your mobile device for any of the activities outlined above, it 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 10 September 2015 at County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 10 December 2015.

Elected Members:

- * Mrs Helyn Clack (Co-Chairman)
- * Dr Liz Lawn (Co-Chairman)
- * Dr Andy Brooks
- Councillor John Kingsbury
- Mrs Clare Curran
- Dr Elango Vijaykumar
- * Dr David Eyre-Brook
- * Julie Fisher
- * Dr Claire Fuller
- Dr Andy Whitfield
- * District Councillor James Friend
- * Mr Mel Few
- * Peter Gordon
- * Chief Constable Lynne Owens
- * Helen Atkinson
- John Jory
- * Dave Sargeant

Substitute Members:

Tom Keeley

125/15 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Clare Curran, Dr Andy Whitfield, Dr Elango Vijaykumar and Cllr John Kingsbury.

Tom Keeley acted as a substitute for John Jory.

126/15 MINUTES OF PREVIOUS MEETING: 11 JUNE 2015 [Item 2]

The minutes were agreed as an accurate record of the meeting.

127/15 DECLARATIONS OF INTEREST [Item 3]

There were no declarations of interest.

128/15 QUESTIONS AND PETITIONS [Item 4]

There were no questions of petitions.

a MEMBERS' QUESTIONS [Item 4a]

There were no Members' questions.

129/15 PUBLIC QUESTIONS [Item 4b]

There were no public questions.

130/15 PETITIONS [Item 4c]

There were no petitions.

131/15 BOARD BUSINESS [Item 5]**Terms of Reference**

- Members discussed the Health and Wellbeing Board's Terms of Reference (ToR) to ensure that these reflected the functions and governance of the Board. It was suggested that amendments be made to the 'key functions' section of the ToR to remove reference to the role of the shadow Health and Wellbeing Board. Members agreed that the following sections would be removed from the ToR:

"Oversight of the commissioning expenditure across all health and social care organisations during its shadow period to ensure that the Board is in a position to take responsibility for this expenditure from April 2013."

“Oversight of the development of the JSNA and other commissioning strategies during the shadow period to ensure that the Board can take full ownership of these plans from April 2013.”

- Attention was also drawn to a repetition contained within the ToR under the ‘Board Members’ section. It was subsequently agreed that the point below also be removed from the ToR:

“All partners must share their commissioning plan and consult the Board as to whether it considers the commissioning plan to have taken proper account of the JSNA and JHWS.”

- The removal of these sections was added to the actions tracker under reference number A1/15 and the updated ToR are attached to these minutes as Annex 1.
- Concern was expressed in regard to substitution arrangements for Board meetings and it was suggested that members of the Board should be allowed to have more than one named substitute. It was agreed that an item would be added to the forward work programme in order to discuss the matter of substitutes and the issue of Board membership more widely. This has been added to the actions tracker under reference number A2/15.

Forward work programme

- A recommendations tracker would be added to the agenda for all future public meetings to ensure that progress of actions agreed by members could be tracked more effectively.
- A request was made that the item entitled ‘Entry to the System’ which was scheduled for discussion at the meeting on 5 November 2015 be renamed to ‘Entry to the Health and Social Care System’. This has been added to the actions tracker as item A3/15.
- The item entitled ‘Asset-based approaches to health and social care’ was moved to the meeting on 7 January 2016 and the Strategic Director for Adult Social Care was included as a sponsor for this item. This was been added to the actions tracker under reference A4/15.

RESOLVED:

- a) That the ToR be amended to reflect the changes agreed by the Board.
- b) That an item on the membership and substitutions for the Health and Wellbeing Board be discussed at a future meeting.

Witnesses:

Rich Stockley, Senior Manager, Research & Intelligence, Surrey County Council

Key points raised during the discussions:**JSNA**

- The Board was provided with an overview of the amendments identified to further improve the accessibility and functionality of the Joint Strategic Needs Assessment (JSNA) as a resource for Surrey County Council (SCC) and its partners. These included introducing clearer and more succinct chapters which were easier to locate within the JSNA. Support was also sought for the revised JSNA to assume a life course approach in line with the outcomes of the Marmot Review.
- The need for a JSNA Strategic Development Group was also stressed to the Board to ensure that there was an effective means of making decisions on the future strategic direction of the JSNA. Members of the Board were invited to join the Development Group to provide their input into the direction of the JSNA.
- A member of the Board suggested that the final section in the proposed life course approach to the revised JSNA, 'Aging Well', be amended to 75 and over to align with the approach taken by the Clinical Commissioning Groups (CCGs). It was further suggested that a representative from Healthwatch Surrey be involved in the work undertaken to update the JSNA so that it also reflected the patients' voice.
- Members of the public present were invited to ask questions about the JSNA following which it was requested that the minutes of the meeting be circulated as widely as possible to help Surrey residents get a more comprehensive understanding of the work that the Board was doing to set the strategic direction of health and social care in the county.
- The recommendations made in the report were agreed by the Board.

Commissioning Intentions

- Presentations detailing the commissioning planning timeframes, key commissioning priorities as well as highlighting potential challenges and opportunities were provided by each of the CCGs with members present, SCC, the districts and boroughs and NHS England.
- It was felt that commissioning intentions should be presented jointly by Board member organisations to reflect the growing collaboration which was taking place between health and social care commissioners. The Board agreed that future presentations on commissioning intentions would be delivered collectively by member organisations. This has been added to the actions tracker as item A5/15.

- The recruitment and retention of staff was highlighted as a particular challenge facing health and social care commissioners in Surrey particularly in light of the new living wage which was being introduced from April 2016 as well as a European Union judgement which required all mobile workers to be paid for time spent travelling between appointments. Given these challenges, it was agreed that the Health and Wellbeing Board would schedule an item on workforce recruitment and retention to be considered in 2016. As well as recruitment and retention of staff, it was suggested this item could also explore ways to flex the existing workforce more effectively and avoid the duplication of work by staff across organisations. This was included on the actions tracker under reference number A6/15.
- Discussions took place on the work that was being done to create consistency in the services being commissioned across the county to ensure that all Surrey residents had access to the same services. It was stressed that identical services did not need to be commissioned within each area of the county but rather that there was a need to ensure each organisation delivered against the agreed set of outcomes.
- Concern was expressed regarding a possible reduction to Public Health funding. Although these proposals were out for consultation it was anticipated that they could result in a £2 million reduction in the Public Health team's annual budget. If the proposals were approved by the Chancellor of the Exchequer at the Comprehensive Spending Review (CSR), then it was indicated that Public Health would look for savings which may impact on their commissioning intentions for 2016. It was stressed that the potential impact of any reductions to Public Health budgets would have a more significant impact in Surrey than in many other counties due to the fact that Surrey is one of few local authorities which utilised the full extent of its Public Health budget allocation. It was stressed that the potential impact of any reductions to Public Health budgets would have more of a significant impact in Surrey than in many other counties due to the fact that Surrey is one of the lowest funded local authorities per head in the county for PH.
- The Board discussed the Personalisation Prevention and Partnership Fund (PPPF) of £180,000 which SCC had allocated to each district and borough in the county in 2015/16. It was indicated that districts and boroughs had concerns about how they would maintain the services delivered through PPF once this fund was withdrawn.
- The way in which patients accessed health care services was raised by the Board who stressed the need to ensure that people are aware of and able to access the services that they require. The role that housing associations could play in reducing the need for residents to access acute care services and the need for improved signposting of appropriate services were also discussed. The strain being placed on Police resources by responding to people experiencing a mental health crisis was highlighted as a particular area of concern. It was indicated that more should be done to ensure that out of hours services were available so that those in crisis would be attended to by a mental health professional. Making sure that patients enter the

system correctly not only provides better outcomes for the patient but is also often more cost effective.

- Financial strain was highlighted as being a key challenge in 2016 particularly for the CCGs who stressed that they were facing a significant amount of pressure on their budgets.
- Discussion took place regarding the review of stroke services which was being led by Surrey Downs CCG. The Board was informed that, as a result of the review, the CCG was looking to redesign and improve pathways through the establishment of centres of excellence across the county which would provide high quality care to those in Surrey who had suffered a stroke. It was stated that listening events would be held across the county to give patients and residents the chance to respond to the proposals being put forward.

RESOLVED:

JSNA:

- a) A life course approach is adopted to the JSNA, with a more limited range of chapters to reflect the strategic nature of the JSNA;
- b) A JSNA Strategic Development Group with delegated authority be created and includes representation from the CCGs and Healthwatch Surrey;
- c) A more systematic approach be taken to the production of chapters for the JSNA.

Commissioning Intentions

- a) Future commissioning intentions items considered by the Health and Wellbeing Board be delivered collectively by the Board members;
- b) An item on workforce recruitment and retention in health and social care be added to the Board's Forward Plan;
- c) An item on the outcome of the Comprehensive Spending Review be added to the Health and Wellbeing Board's Forward Plan.

133/15 BETTER CARE FUND PLAN - STATUS UPDATE [Item 7]

Witnesses:

Dave Sargeant, Strategic Director of Adult Social Care, Surrey County Council

Key points raised during the discussion:

- The Strategic Director of Adult Social Care delivered a presentation to the Board on the Better Care Fund. The presentation is attached to these minutes as Annex 2.

- Concerns were expressed regarding a rise in non-elective admissions to hospitals in Surrey, a key area that the Better Care Fund (BCF) was created to address and a metric which could also have an impact on funding allocations. It was indicated that NHS England could provide some insights into ways of reducing non-elective admissions if they continued to rise.
- The Board were informed that discussions were ongoing between SCC and the CCGs regarding the signing of Section 75 agreements but that it was hoped the discussions taking place around the legal elements of these agreements would be finalised within two weeks. It was indicated that NHS England had some concerns around why the S75 agreements had not been signed and whether this was the result of more widespread problems between SCC and the CCGs than the legal technicalities of the contracts. The Board agreed that the Strategic Director of Adult Social Care would circulate an update on the S75 agreements to Board members two weeks after the meeting. This was added to the actions tracker as reference number A8/15.
- Discussions took place regarding the disparity in the way that partners were working together across the county to deliver health and social care services. It was highlighted that the way in which CCGs were collaborating or working with SCC or the district and borough councils was contingent on the needs of the local population and the health and social care landscape within each CCG area although there is a collective focus on delivering the same outcomes.

RESOLVED:

That the Strategic Director of Adult Social Care provide an update to Board members on the position of the Section 75 agreements two weeks after the meeting.

134/15 IMPROVING OLDER ADULTS' HEALTH AND WELLBEING - ACTION PLAN REFRESH UPDATE [Item 8]

Witnesses:

Karen Thorburn, Stakeholder Engagement Manager, North West Surrey CCG

Key points raised during the discussion:

- An update was provided on the steps identified for refreshing the 'Improving older adults' health and wellbeing' action plan. The Board were informed that the intention was to create a public-facing action plan which is accessible and uses plain English. A process of engagement would be undertaken with the district and borough

councils to allow them to provide input into the revised action plan. It was agreed that a date would be identified for the Health and Wellbeing Board to review the revised action plan. This has been added to the action tracker under reference number A9/15.

RESOLVED:

That the Health and Wellbeing Board agree the proposed approach to updating the Improving older adults' health and wellbeing action plan.

135/15 DEVELOPING A PREVENTATIVE APPROACH/ TACKLING CHILDHOOD OBESITY IN SURREY [Item 9]

Witnesses:

Helen Atkinson, Director of Public Health, Surrey County Council
James Friend, Leader, Mole Valley District Council

Key points raised during the discussion:

- An update was provided on the Winter Communications Plan which was being coordinated by the Health and Wellbeing Board's Communications Sub-group. The Board were informed that the Winter Communications Plan would be launched at the end of September 2015 and was aimed at old, young and vulnerable residents across Surrey to promote good health and wellbeing throughout the winter months as well as reminding residents of the appropriate use of health services. It was further highlighted that SCC, the CCGs and the Police would work collaboratively on the Winter Communications Plan to deliver a consistent message rather than running separate campaigns as had been the case in previous years. The co-chairs of the Health and Wellbeing Board agreed to be ambassadors for the Winter Communications Plan.
- The role that the Health and Wellbeing Board could play in the outcomes from the childhood obesity event was queried by members. It was agreed that this would be updated in future as part of the improving children's health and wellbeing priority update. This has been included on the actions tracker under reference number A11/15.
- Concerns were expressed regarding the role that partners involved in the obesity event could play in tackling childhood obesity in Surrey. It was stressed that a broad range of people from a variety of disciplines were involved in the event. Moreover, the event was also attended by children from deprived backgrounds who have a lower life expectancy than those from more affluent backgrounds. The Director of Public

Health agreed to circulate an infographic to the Board which detailed how stakeholders can tackle obesity at a Surrey wide and local level and this has been added to the actions tracker as item A12/15.

- Members of the Board inquired about how the impact of the event on promoting healthy behaviours amongst young people in Surrey would be measured. It was indicated that there was a standard metric within data profiles which would provide accurate information on the impact of the event.

RESOLVED:

- a) The childhood obesity will be included in the update for the improving children's health and wellbeing priority at future Health and Wellbeing Boards
- b) The Director of Public to agree an infographic to Health and Wellbeing Board Members on how stakeholders can tackle obesity at a Surrey wide and local level.

136/15 IMPROVING CHILDREN'S HEALTH AND WELLBEING - STATUS UPDATE [Item 10]

Witnesses:

Julie Fisher, Interim Strategic Director of Children, Schools and Families

Key points raised during the discussion:

- An update was provided on the Children's Service Improvement Plan which had been produced by SCC in collaboration with partner organisations and had been submitted to the Department of Education (DfE) within the 70 day deadline following the publication of Ofsted's Inspection report. The Improvement Plan is attached as Annex 3 to these minutes.
- The Improvement Plan outlined the steps that SCC would take to institute sustainable cultural changes across Children's Services. It was, however, emphasised that remedial action had already been taken to address the 'priority' and 'immediate' issues highlighted in the Ofsted report which included improving SCC and partner organisations' response to Child Sexual Exploitation (CSE) through the development of a Multi-Agency Safeguarding Hub (MASH) and by establishing a one front door approach to safeguarding children in the county.

- The Board was informed that representatives from Ofsted would come to Surrey on a monthly basis to review case files and ensure that the Improvement Plan was being successfully implemented. Moreover, the DfE had also sent an advisor to SCC who provided guidance on delivering the Improvement Plan and would continue to work with SCC and its partners until the concerns raised by Ofsted had been addressed.
- Discussions took place regarding the role that CCGs could play in implementing the Improvement Plan and it was agreed that this would be considered at the meeting of the Health and Wellbeing Board on 10 March 2016. This has been added to the actions tracker under reference number A13/15.

RESOLVED:

That a further update on the 2015/16 action plan be given to the Health and Wellbeing Board on 10 March 2016. This should include discussion on how CCGs can be involved in implementing the Children's Services Improvement Plan.

137/15 CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES TRANSFORMATION PLAN [Item 11]

The Children and Adolescent Mental Health Services Transformation Plan was taken before item 8.

Witnesses:

Sarah Parker, Director of Children's Commissioning (Surreywide),
Diane McCormack, Head of children with complex and specialist health needs including CAMHS

Key points raised during the discussion:

- The witnesses delivered a presentation to the Board on the Children and Adolescent Mental Health Services (CAMHS) Transformation plan. During the presentation, it was emphasised that the additional funding made available by NHS England for commissioning CAMHS would be used to improve the availability of services in areas such as perinatal care, eating orders and psychiatric liaison in hospitals with the aim that these services would be in place from 1 April 2016. The Board were also informed that the Transformation Plan outlined efforts which would be made to tackle the stigma around mental health in young people. The presentation and CAMHS Transformation Plan are attached to these minutes as Annex 4 and Annex 5 respectively.
- The Board highlighted the need for CAMHS to be closely linked with the work of schools and the Family Support Programme in Surrey to

identify and address mental health issues in young people early. It was stressed that the Transformation plan placed a strong emphasis on partnership working. Members of the Board was also informed that a bid had been put in for further funding to train schools in Surrey on how to tackle the causes of mental health issues in young people. Although this bid had been unsuccessful it was indicated that the intention was that this training would still be given to schools.

RESOLVED:

The Health and Wellbeing Board approve the Children and Adolescent Mental Health Services (CAMHS) Transformation Plan.

138/15 PUBLIC ENGAGEMENT SESSION [Item 12]

No additional questions were asked under this item.

The meeting ended at 4.25pm.

Meeting ended at: 4.25 pm

Chairman

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Surrey Health and Wellbeing Board Actions and Recommendations Tracker October 2015

The recommendations tracker allows Board Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each Board meeting. Once an action has been completed and reported to the Board, it will be removed from the tracker.

Actions

Reference	Date of Meeting	Recommendations/ Actions	Responsible Officer/ Member	Response	Status
A2/15	10 September 2015	The Board agreed that an item on Board membership would be added to the Forward Work Programme and would include discussion on widening the number of substitutes allowed on the Board.	Andy Baird/ Helyn Clack/ Liz Lawn	At the Board's business meeting on 1 October 2015 it was agreed the issue of Board would be dealt with informally, outside of meetings. Helyn Clack and Liz Lawn to work with Andy Baird and Victoria Heald on how to approach this issue. Agreement is still required on extending the number of substitutes.	part completed
A5/15	10 September 2015	The Board agreed that future items on Commissioning Intentions would be presented jointly.	Andy Baird and Victoria Heald	This will be addressed when the reports are requested for the Commissioning Intentions item at the Board's meeting on 8 September 2016. This item will remain on the actions tracker until these	Not completed

				reports have been requested	
A14/15	1 October 2015	The Joint Health and Wellbeing Strategy to be revised to update membership, metrics and context by the end of December 2015	Victoria Heald	These updates are being made and an update will be provided to the Board at its meeting on 8 September 2016.	In Progress
A17/15	1 October 2015	Move Health and Wellbeing Board meetings around the County	Andy Baird	Venues are currently being investigated for public meetings in 2016 and an update will be provided under Board Business at the meeting on 10 December 2015.	In Progress
A18/15	1 October 2015	Health and Wellbeing Board meeting dates to be circulated to Board members.	Andy Baird	A new date is being found for the HWB meeting in May 2016, the meeting dates will be circulated once a date has been found for the meeting in May 2016.	In Progress
A20/15	1 October 2015	The Board to consider an item on the impact of devolution on the health and social care environment once more details are available.	Andy Baird	This item will be added to the Forward Work Programme once more details on the impact of devolution have been made available.	Not Completed
A21/15	1 October 2015	The Board to develop an engagement strategy in partnership with Healthwatch.	Health and Wellbeing Board Communications Sub-group	The development of the engagement strategy is ongoing.	In Progress

Completed

Reference	Date of Meeting	Recommendations/ Actions	Responsible Officer/ Member	Response	Status
A1/15	10 September 2015	The Board agreed that Terms of Reference would be updated by removing three sections.	Andy Baird	The Terms of Reference have been updated in accordance with the changes agreed at the meetings and recorded in the minutes.	completed
A3/15	10 September 2015	It was agreed that the item on the Forward Work Programme scheduled for the business meeting on 5 November 2015 entitled 'Entry to the System' would be changed to 'Entry to the Health and Social Care System'.	Andy Baird/ Victoria Heald	The Forward Work Programme has been amended to reflect this change	completed
A4/15	10 September 2015	That the item on the Board's Forward Work Programme entitled 'Asset-Based Approaches to Health and Social Care' be moved to the meeting on 7 January 2016 and that the Strategic Director Adult Social Care be added as a sponsor for this item.	Andy Baird/ Victoria Heald	The Forward Work Programme has been updated to reflect this change	completed
A6/15	10 September 2015	It was agreed that the Board should consider an item on workforce recruitment and retention across Board		At the Health and Wellbeing Board business meeting on 1 October 2015 an item on	completed

		member organisations.		workforce and the impact of the living wage were added to the Forward Work Programme for the Board's meeting on 7 April 2016.	
A7/15	10 September 2015	The Board agreed to include an item on the outcome of the Comprehensive Spending Review on its Forward Work Programme.	Helyn Clack/ Liz Lawn	An item on the Comprehensive Spending Review has been added to the Forward Work Programme for the meeting on February 4 2016.	completed
A8/15	10 September 2015	The Strategic Director of Adult Social Care to circulate a progress update on the signing of the section 75 agreements by email on 24 September 2015.	Dave Sargeant		Completed
A9/15	10 September 2015	The Board to agree a date to consider the revised improving older adults action plan.	Andy Baird/ Victoria Heald	This will be considered as part the Health and Wellbeing Board's Private meeting on 7 January 2016	Completed
A11/15	10 September 2015	The Health and Wellbeing Board's involvement in future obesity events to be discussed at the meeting on 10 December 2015 as part of the improving children's health and wellbeing status update	Victoria Heald/ Andy Baird/ Julie Fisher	It was agreed that this would be considered as part of the Children's Health and Wellbeing Update on 10 March 2016.	completed
A12/15	10 September	The Director of Public Health to circulate an infographic detailing how stakeholders	Helen Atkinson	The infographic has been circulated to Board members.	completed

	2015	can get involved in tackling obesity.			
A13/15	10 September 2015	The Board to consider how the healthcare community can be involved in the Children's Services Improvement Plan at the next Health and Wellbeing Board meeting on 10 December 2015.	Julie Fisher	It was agreed that this would be considered as part of the Children's Health and Wellbeing Update on 10 March 2016.	Completed
A15/15	1 October 2015	The Forward Work Programme to be updated to reflect the forward planning discussions which took place at the meeting on 1 October 2015.	Victoria Heald/ Andy Baird	The Forward Work Programme is in the process of being updated and will be circulated to the Board once this has been completed.	Completed
A16/15	1 October 2015	The item on the Community Bed Review requested by NE Hants and Farnham CCG to removed from the Forward Work Programme	Andy Baird	This item has been removed from the Forward Work Programme	Completed
A19/15	1 October 2015	Health and Wellbeing Board update report delivered to the Wellbeing and Health Scrutiny Board to be distributed to Board members.	Andy Baird	This report has been circulated to the Board.	Completed

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This forward plan is subject to ongoing review and may be amended depending on external events and Government policy

Forward Work Plan

10 December 2015 – Formal meeting in public/ last hour informal meeting

Item title:	Surrey Safeguarding Children Board Annual report
H&W Board champion(s):	Clare Curran, Julie Fisher
H&W will be asked to:	Discuss the recommendations from the Surrey Safeguarding Children Board Annual Reports; and Consider implications for H&W Board member organisations.

Item title:	Surrey Safeguarding Adults Board Annual report
H&W Board champion(s):	Mel Few, Dave Sargeant
H&W will be asked to:	Discuss the recommendations from the Surrey Safeguarding Adults Board Annual Report; and Consider implications for H&W Board member organisations.

Item title:	JHWS priority update: Promoting emotional wellbeing and mental health
H&W Board champion(s):	Andy Whitfield, Dave Sargeant, Mel Few
H&W will be asked to:	Note / discuss progress on the ‘Promoting Emotional Wellbeing and mental health’ JHWS priority; Including an update on the Mental Health Crisis Care Concordat; Endorse the next steps.

Item title:	Accommodation with Care and Support
H&W Board champion(s):	Dave Sargeant
H&W will be asked to:	Support the proposed way forward as outlined in the strategic intent document.

Informal meeting

Item title:	Comprehensive Spending Review
H&W Board champion(s):	Helyn Clack, Liz Lawn
H&W will be asked to:	Discuss and consider the immediate strategic health and wellbeing implications of the Comprehensive Spending Review

7 January 2015 – Informal Meeting

Item title:	Asset based approaches to health and social care
H&W Board champion(s):	Helen Atkinson and Director of Adult Social Care
H&W will be asked to:	Discuss opportunities and challenges associated with an asset based approach to

This forward plan is subject to ongoing review and may be amended depending on external events and Government policy

asked to:	health and wellbeing with case study examples; and Provide clear direction / message to H&W Board member organisations
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Item title:	Older Adults Action Plan workshop (to include dementia and loneliness)
H&W Board champion(s):	Director of Adult Social Care, Mel Few, Liz Lawn
H&W will be asked to:	Discuss and approve the updated action plan for the JHWS priority Improving older adults' health

4 February 2016 - Informal Meeting

Item title:	Informal forecast budget positions discussion
H&W Board champion(s):	Helyn Clack, Liz Lawn
H&W will be asked to:	Discuss informally the forecast budget positions; and Identify opportunities, challenges and implications.

Item title:	Comprehensive Spending Review
H&W Board champion(s):	Helyn Clack, Liz Lawn
H&W will be asked to:	Discuss and consider the strategic health and wellbeing implications of the Comprehensive Spending Review

Item title:	Health and Social Care Integration
H&W Board champion(s):	Helyn Clack, Liz Lawn
H&W will be asked to:	Set the strategic direction for health and social care integration in Surrey in line with NHS Planning guidance and sharing different models in Surrey.

10 March 2016 – Formal meeting in public

Item title:	JHWS Priority Update: Improving Children and Young People's Health and Wellbeing
H&W Board champion(s):	David Eyre-Brook, Julie Fisher, Clare Curran
H&W will be asked to:	Note / discuss progress on the children and young people's action plan and obesity event; and Endorse the next steps.

Item title:	JHWS Priority Update: Developing a preventative approach
H&W Board champion(s):	Helen Atkinson, Helyn Clack
H&W will be asked to:	Note / discuss progress on the prevention plan; and Endorse the next steps.

This forward plan is subject to ongoing review and may be amended depending on external events and Government policy

Item title:	Better Care Fund Update
H&W Board champion(s):	Andy Brooks, Director of Adult Social Care
H&W will be asked to:	Review the progress of the Better Care Fund; and Endorse the next stage of the programme.

Item title:	CCG Digital Roadmaps
H&W Board champion(s):	CCG Board representatives
H&W will be asked to:	Discuss and approve the Surrey approach to digital roadmaps as outlined in “The Forward View into action: Paper-free at the point of care - preparing to develop local digital roadmaps”

Item title:	Sharing forecast budget positions
H&W Board champion(s):	Helyn Clack, Liz Lawn
H&W will be asked to:	Discuss forecast budget positions; and Outline opportunities, challenges and implications

7 April 2016 - Informal Meeting

Item title:	Sign off CCG quality measures
H&W Board champion(s):	Ralph McCormack, Liz Lawn
H&W will be asked to:	Note the CCG quality measures determined by CCGs; be assured that they are aligned to the JHWBS; and Approve the quality measures.

Item title:	Workforce and the impact of the Living Wage policy
H&W Board champion(s):	TBC
H&W will be asked to:	Set the strategic direction and agree a way forward for Workforce and the impact of the living wage policy.

[Date TBC] May 2016 - Informal Meeting

Item title:	Safeguarding the population - Domestic Abuse
H&W Board champion(s):	Lynne Owens
H&W will be asked to:	Note/ discuss progress on the domestic abuse elements of the safeguarding priority; and endorse the next steps.

This forward plan is subject to ongoing review and may be amended depending on external events and Government policy

9 June 2016 – Formal meeting in public

Item title:	JHWS Priority Update: Improving Older Adults Health and Wellbeing
H&W Board champion(s):	Director of Adult Social Care, Liz Lawn, Mel Few
H&W will be asked to:	Note / discuss progress; and Endorse the next steps.

Item title:	JHWS priority update: Promoting emotional wellbeing and mental health
H&W Board champion(s):	Andy Whitfield, Director of Adult Social Care, Mel Few
H&W will be asked to:	Note / discuss progress on the ‘Promoting Emotional Wellbeing and mental health’ JHWS priority; Endorse the next steps.

Item title:	Health and Wellbeing Board’s approach to engagement
H&W Board champion(s):	Peter Gordon, Helyn Clack
H&W will be asked to:	Discuss and agree a strategic approach to engagement with the community and voluntary sector, borough and district councils, patients and residents, and strategic leaders.

Item title:	Update on the prevention priority: Focus on Air Quality
H&W Board champion(s):	James Friend, Helen Atkinson
H&W will be asked to:	Discuss the health and wellbeing implications and risks associated with poor air quality; and agree a strategic approach to tackling this issue.

7 July 2016 - Informal Meeting

Item title:	Review Board Progress, Joint Health and Wellbeing Strategy and forward planning workshop
H&W Board champion(s):	Helyn Clack, Liz Lawn
H&W will be asked to:	Review the progress of the HWB over the last year and plan ahead for 2017. Reflect on the appropriateness of the JHWBS

August 2016 – No meeting

8 September 2016 – Formal meeting in public

Item title:	Joint Strategic Needs Assessment (JSNA)
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This forward plan is subject to ongoing review and may be amended depending on external events and Government policy

H&W Board champion(s):	Helen Atkinson, Helen Clack
H&W will be asked to:	Note the updated JSNA and ensure that the JHWBS and commissioning intentions are aligned to the strategic needs identified.

Item title:	Commissioning Intentions
H&W Board champion(s):	Helyn Clack, Liz Lawn
H&W will be asked to:	Discuss commissioning intentions and cycles; Identify opportunities and challenges; and Assure itself of alignment of all commissioning intentions with Surrey’s Joint H&W Strategy.

Item title:	Better Care Fund Update
H&W Board champion(s):	Andy Brooks, Director of Adult Social Care
H&W will be asked to:	Review the progress of the Better Care Fund; and Endorse the next stage of the programme.

Item title:	JHWS Priority Update: Improving Children and Young People’s Health and Wellbeing
H&W Board champion(s):	David Eyre-Brook, Julie Fisher, Clare Curran
H&W will be asked to:	Note / discuss progress on the children and young people’s action plan; and Endorse the next steps.

Item title:	JHWS Priority Update: Developing a preventative approach
H&W Board champion(s):	Helen Atkinson, Helyn Clack
H&W will be asked to:	Note / discuss progress on the prevention plan; and Endorse the next steps.

6 October 2016 - Informal Meeting

Item title:	Family focus
H&W Board champion(s):	John Jury, James Friend
H&W will be asked to:	Explore how the health and wellbeing board members can work differently to focus on the family to deliver better outcomes.

3 November 2016 - Informal Meeting

This forward plan is subject to ongoing review and may be amended depending on external events and Government policy

Item title:	
H&W Board champion(s):	
H&W will be asked to:	

8 December 2016 – Formal meeting in public

Item title:	Surrey Safeguarding Children Board Annual report
H&W Board champion(s):	Clare Curran, Julie Fisher
H&W will be asked to:	Discuss the recommendations from the Surrey Safeguarding Children Board Annual Reports; and Consider implications for H&W Board member organisations.

Item title:	Surrey Safeguarding Adults Board Annual report
H&W Board champion(s):	Mel Few, Director of Adult Social Care
H&W will be asked to:	Discuss the recommendations from the Surrey Safeguarding Adults Board Annual Report; and Consider implications for H&W Board member organisations.

Item title:	JHWS priority update: Promoting emotional wellbeing and mental health
H&W Board champion(s):	Andy Whitfield, Director of Adult Social Care, Mel Few
H&W will be asked to:	Note / discuss progress on the 'Promoting Emotional Wellbeing and mental health' JHWS priority; Endorse the next steps.



Surrey Health and Wellbeing Board

Date of meeting	10 December 2015
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Item / paper title: Emotional Wellbeing and Mental Health: Everybody's Business

Purpose of item / paper	Update on progress for the Emotional Wellbeing and Mental Health Strategy which is one of the five Surrey Health and Wellbeing Strategy priorities. It includes a summary of the level of progress and successes arising from the strategy implementation to date.
Surrey Health and Wellbeing priority(ies) supported by this item / paper	Emotional Wellbeing and Mental Health priority
Financial implications - confirmation that any financial implications have been included within the paper	The actions identified will primarily be achieved within existing resources across the public agencies in Surrey. A public sector transformation bid has been successful for 2015/2016 which will pump prime the service redesign at a crisis pathway level and deliver efficiencies across agencies over the next 10 years.
Consultation / public involvement – activity taken or planned	We have carried out extensive engagement with stakeholders which identified the five priority areas of the Emotional Mental Health & Wellbeing Strategy
Equality and diversity - confirmation that any equality and diversity implications have been included within the paper	Equality and diversity implications have been assessed and an equality impact assessment has been carried out as part of the establishment of the Emotional Mental Health and Wellbeing Strategy.
Report author and contact details	Diane Woods and Janine Sanderson Collaborative Commissioning Team for Mental Health and Learning Disability, on behalf of Surrey CCG Collaborative Dianewoods@nhs.net janinesanderson@nhs.net 07912 774656

Sponsoring Surrey Health and Wellbeing Board Member	Dr Andy Whitfield, Clinical Chair North East Hampshire and Farnham CCG. David Sargeant, Adult Director Social Care
Actions requested / Recommendations	The Surrey Health and Wellbeing Board is asked to: <ul style="list-style-type: none"> a) Note the progress on the implementation of the commissioning Strategy.

Health and Wellbeing Board
10 December 2015

Promoting Emotional Wellbeing and Mental Health Priority

Purpose of the report: To review the progress made since June 2015 on delivering the 'Promoting emotional wellbeing and mental health' priority action plan.

Introduction:

1. The Board approved the Emotional Wellbeing and Adult Mental Health Strategy in October 2014 which was developed through extensive co-design and a successful consultation from June – September 2014.
2. The strategy has wide ranging actions to complete from 2014 – 2017 but has had some key achievements so far:
 - Mental health problems are common but nearly nine out of ten people who experience them say they face stigma and discrimination as a result. This can be even worse than the symptoms themselves. Time to Change is England's biggest programme to challenge mental health stigma and discrimination. In Surrey we have supported this national campaign and have our own anti-stigma work programme of Time to Change which has been rolled out reaching more than 1600 people through mental health ambassadors.
 - Suicide prevention plan developed.
 - Domestic abuse training in Clinical Commissioning Groups' (CCGs) prevention plans.
 - Ahead of the curve with new technology for mental health – on-line Improving Access to Psychological Therapies (IAPT), e-therapy Surrey And Borders Partnership (SABP), face to face on-line support for carers.
 - The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work better together to make sure that people get the help they need when they are having a mental health crisis. Every area was mandated to develop local multi-agency declaration and action plans in response to this. Surrey was the second in the country to have

their local declaration and action plan accepted and published nationally which drew congratulations and encouragement from Norman Lamb.

- The police can use **section 136 (S136)** of the Mental Health Act to take a person who is in a public place, that they think has a mental illness and are in need of care, to a place of safety. A place of safety can be a hospital or a police station. It is nationally recognised that a police station is only appropriate in exceptional circumstances and health based places are what should be available. In Surrey there has been an increase in s136 health based places of safety increasing capacity by 25%. There has also been a reduction of people detained under S136 being taken to custody, down from 14-19% to 5-6% in one year.
- Reviewed protocols and improved working between agencies, SABP/Police/111/Ambulance.
- Conveying people detained under S136 by ambulance has been introduced.
- A successful first annual event to celebrate and promote the emotional wellbeing and adult mental health strategy took place in October at the HG Wells Centre in Woking and was attended by 147 people.
- Three successful bids bringing in £2.4million across the Surrey agencies to improve mental health crisis care. These bids will:
 - Provide crisis provision for children and adolescents through the extended HOPE service.
 - Provide carers support through the Healios on-line service described later.
 - Develop a Single Point of Access for Mental Health Crisis
 - Expand the mental health staff pilot in police call centres to a seven night service.
 - Roll out the crisis café model across Surrey.

3. This report highlights the progress made since the last report in June 2015 and up to the end of October 2015 against the strategy's five priorities:

- Promotion, prevention and early intervention
- Working better together
- Partnerships with service users, carers and families
- Effective crisis care
- Making recovery real

<p>Progress on Priority 1: Promotion, Prevention and Early Intervention</p>
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4. The promotion, prevention, early intervention priority actions for year two are all either on track or have been achieved giving an overall status of amber (on track). A summary of the year two actions are described below and shown in illustration one:

4.1 **Information and Support to Carers:** Following work with carers and the voluntary sector, an innovative 18 month pilot service has

been commissioned and was commenced in October. Non-recurring funding of £1.5 million has been awarded to Surrey County Council and partners for 2015/16 through the Department for Communities and Local Government's Transformation Challenge Award. The aim of the funding is to encourage places that have ambitious plans to work in partnership across the public sector and with the voluntary and community sector or private sector to re-design services and is linked to the Crisis Concordat work. The name of the provider is Healios and they will be offering a bespoke carer support service addressing the particular needs of mental health carers via web based psycho-education and skills training.

- 4.2 **Referral support to GPs:** Mental Health pathways over the years have become more complex to navigate. A number of the CCGs across Surrey have now begun to include mental health in their referral management services to support these pathways.
- 4.3 **Perinatal Mental Health:** A proposal for developing a perinatal mental health service was submitted as part of the Children and Adolescent Mental Health Services (CAMHS) Transformation Plan to NHS England. The plan has been successful and funding to the Surrey CCGs has been approved. A Programme Board is being established to oversee the Transformation Plan and the hope is that the end of year two report will include start dates for the new service.
- 4.4 **Implement five ways of Wellbeing:** A wellbeing campaign has started with a targeted approach in the five areas that have a higher incidence of common mental health problems. A 'Six Ways to Wellbeing Workshop' is being organised for the 1 December 2015 and has been publicised to approximately 150 multi-agency staff and a Surrey population wide campaign will begin in the new financial year (April 2016).
- 4.5 **Mental Health Access Standards are met:** A number of new measures will come into effect from 1 April 2016 for mental health. Preparedness work has been taking place across the county to be in a position to meet the targets that address the needs of Surrey's population. The Early Intervention in Psychosis services provided by SABP is in a good position with a strong platform to build from and uplift in funding awarded to all of the CCGs for this service in line with national recommendations. Psychiatric Liaison services in the acute hospitals have been supported significantly over the last two years by CCGs and so are in a better position to begin to meet the 24/7 expectation for the year 2020. The more significant challenge is ensuring that Psychiatric Liaison services also cover children and so the CAMHS Transformation Plan will help to achieve this.
- 4.6 **Increase awareness among healthcare staff of the negative impact long term conditions have on mental health, identifying depression and signposting to self-help resources and services:** First Steps, Surrey's mental health promotion service,

has a rolling programme of raising mental health awareness among healthcare staff. Clients contacting First Steps are regularly signposted to relevant services/agencies and have a large range of self-help resources available to download/print/be sent out. Expert Patient/self-management courses have been offered to all CCGs – two courses have been running in North West Surrey; course re-scheduled in Surrey Heath; and although courses were offered in Guildford & Waverley & East Surrey CCGs they did not take place as there was a low uptake.

Priority 1- Prevention Promotion & Early Intervention

Aim: Good mental health holds the key to a better quality of life. We need to promote positive mental health for all, prevent mental ill health and intervene early when people become unwell

Yr 2 Status	Amber	On track
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Key:
 Red = Outstanding issues – action required
 Amber = On track
 Green = Achieved and Ongoing

Year 2 Actions & Status

C/F from Year 1

- Promote the relationship, welfare benefits and debt advice services - **AMBER** ⬆
- Healthy lifestyle campaigns targeted to service users, carers & providers - **GREEN** ⬆
- Annual health checks completed - **AMBER** ⇨
- Include domestic abuse training in prevention plans - **GREEN** ⬆

Year 2 (July 2015-June 2016)

- Information and support to carers – **GREEN** ⬆
- Develop referral support to GPs – 3 of 5 CCGs **AMBER** ⇨
- Perinatal MH Service – **AMBER** ⬆
- Implement 5 ways of wellbeing – **AMBER** ⇨
- Access standards for MH are met – **AMBER** ⬆
- Awareness raising of link depression and LTC – **AMBER** ⇨

Year 3

- Monitoring Health Risk Factors
- Deliver resilience programmes – **AMBER** ⬆
- Self help in higher incidence areas- **GREEN** ⬆
- Psychological Support in physical health pathways
- Public services attain workplace wellbeing charter – **AMBER** ⬆

What difference will it make?

- Population wide physical and mental wellbeing is improved; people live longer; in better health and as independently as possible for as long as possible
- People and communities have a better understanding & recognition of mental health problems and mental illness and are supported to develop resilience and coping skills
- People are better prepared to seek help for themselves and to support others to prevent or intervene early in the onset or recurrence of mental illness

Progress on Priority 2: Working Better Together
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5. The Working Better Together priority actions for year two are all mainly on track or have been achieved giving an overall status of amber (on track). A summary of these year two actions are described below and shown in illustration two:
- 5.1 **Mental Health is in strategic plans of public sector organisations:** Work is focussing on achieving leadership support at an executive level for mental health on each of the acute trusts in Surrey. Agreement in principle has been made and the expectation is at the end of year two to be able to report that this has been achieved.
- 5.2 **Joint Commissioning for voluntary sector and Section 117:** We have a strong track record on joint commissioning of the voluntary sector and that has been maintained. Section 117 aftercare is a joint responsibility of health and social care if someone has been in hospital under section 3, 37, 45A, 47 or 48 of the Mental Health Act 1983. Section 117 means that people will receive free aftercare from health and social services when leaving hospital. In Surrey, our local Section 117 policy refresh work has progressed and a draft new partnership agreement is nearing completion for financial analysis to then take place.
- 5.3 **Develop a mental health provider forum:** An annual event took place on the 15 October with over 100 attendees promoting services and progress on the strategy.
- 5.4 **Mental Health Performance Data and Investment is Transparent:** Mental health access standards data and investment has been published and shared at the last two Emotional Wellbeing and Mental Health (EWMH) Partnership Board meetings. The outcomes dashboard that is being developed for the strategy will also add to this information. Further work is required to bring together other performance data into a manageable presentation for sharing.
- 5.5 **Service Pathway Information is Accessible:** First Steps provides a centrally updated resource ensuring that information about mental health pathways into and through care is shared, readily accessible and culturally relevant. Further work is being progressed through the Transformation Challenge Award crisis care pathway work to develop an information spine which will ensure that information can be shared across agencies to support visibility and flow through the care pathways. The national driver and expectation that all providers of NHS contract services ensures that full information and details of their services are published on the NHS Choices website is continuing to drive this requirement for highly visible information to navigate services.

- 5.6 **Wider workforce training:** Public Health have commissioned and advertised awareness and suicide prevention training. Uptake from the acute trusts has been difficult and this is being promoted by sign up at an executive level within acute trusts for mental health.

Illustration 2**Priority 2 - Working Better Together**

Aim: Mental wellbeing is everybody's business. It affects every individual and impacts greatly on our society. It can only be improved if there is collective responsibility, a scaling up of integration and assertive action taken at all levels across agencies.

Yr 2 Status**Amber****On track****Key:**

Red = Outstanding issues – action required

Amber = On track

Green = Achieved and Ongoing

Year 2 Action & Status**C/F from Year 1**

- Transition protocols developed – **GREEN** ↑
- Parity of esteem for carers- **GREEN** ↑
- Move away from exclusion criteria's – **AMBER** →

Year 2 (July 2015- June 2016)

- MH is in strategic plans of public sector organisations – **AMBER** → (all CCG's, acutes being negotiated)
- Joint commissioning for voluntary sector and S117 – **AMBER** ↑
- MH Performance Data and investment will be transparent – **AMBER** ↑
- Service Pathway information is accessible – **AMBER** →
- Wider workforce training – **AMBER** ↑

Year 3

- Care pathways seamless across physical and mental health
- Education delivered to GPs on common mental health
- Joint planning of MH in integrated services – **AMBER**

What difference will it make?

- Mental health is everybody's business – Leaders across all public sector organisations will recognise the value of promoting good mental health and will ensure this is given equal consideration to physical health within their service planning and resourcing
- Service users & carers experience integrated pathways & transitions for their whole needs
- Service providers/commissioners work together to establish organisational arrangements that promote the most effective and efficient use of services, minimising duplication
- Staff across the wider workforce have greater understanding and are trained in mental health awareness and suicide prevention

6. The partnerships with service users, carers and families priority actions for year two are all either on track or have been achieved giving an overall status of amber (on track). A summary of these year two actions are described below and shown in illustration three:

6.1 **Service User and Carer Training delivered to strengthen their role:** What this training will look like and the delivery of it will be shaped by the people that will access it through the newly developing Independent Mental Health Network.

6.2 **Carers involvement in mental health commissioning will be supported adequately:** Carers are an integral part of the newly developing Independent Mental Health Group. In addition to this, mental health carers have now also been included within the other Surrey carers organisation giving mental health parity rather than remaining in a mental health silo.

6.3 **Accessible information to make informed decisions on their care:** Service development and improvement plans have been put in place with providers of mental health services across Surrey to ensure inclusion on key accessible information portals such as NHS Choices and the Directory of Service. Further work is being progressed around the compliance of this across organisations.

6.4 **Widen Approaches for involvement:** In line with the other related actions this will be facilitated and implemented by the newly developing independent mental health network.

Illustration 3:**Priority 3 - Partnerships with service users, carers and families**

Aim: Building a strong partnership between commissioners, service users, carer's and families encouraging an equal role in shaping the support available

Yr 2 Status**Amber****On track****Key:**

Red = Outstanding issues – action required

Amber = On track

Green = Achieved and Ongoing

Action & Status**C/F Year 1**

- All service users will be involved in their care planning - **AMBER** ⇨
- Carers wellbeing will be recognised and addressed with increased number of carers offered a carers assessment and are entered onto GP carers register - **AMBER** ⇨
- Services will ensure that carers and service users can gain access to a whole family assessment – **GREEN** ⬆
- Carers can access their own assessment within a primary care, generic or mental health setting - **AMBER** ⇨
- Improve identification of young carers ensuring they are not left with inappropriate levels of caring responsibility – **AMBER** ⬆

Year 2

- Service user and carer training delivered to strengthen their role – **AMBER** ⬆
- Carers involvement in MH commissioning is supported adequately – **GREEN** ⬆
- Accessible information to support making informed decisions on their care – **AMBER** ⇨
- Widen approaches for involvement - **AMBER** ⇨

What difference will it make?

- Service user and carers' voices will be listened to and be on an equal level
- Service user and carer involvement in commissioning mental health services will be strengthened by creating and supporting formal arrangements
- Service users and carers will have greater choice and control over their care
- Carers are supported to have a life outside caring

7. The Effective Crisis Care priority actions for year two are all on track or have been achieved giving an overall status of amber (on track). A summary of these year two actions are described below and shown in illustration four:
- 7.1 **Establish a 24 hour universal single point of access (SPA) for mental health crisis:** Following the agreement of a single point of access (SPA) model co-design work began in November 2015 to progress and develop these plans.
 - 7.2 **Enhanced 24/7 Home Treatment Team:** The modelling work by Mental Health Strategies recommended that the Home Treatment Team had sufficient capacity as the service stood and also recommended that older adults with non-organic mental health problems should be included and this is now being implemented. The modelling showed that more impact was being achieved through the partnership model of SABP and voluntary sector professionals working together within the Safe Haven models and so this partnership model is the enhancement taking place.
 - 7.3 **Voluntary Sector led crisis and peer support services:** Safe haven cafes, of which peer support is integral, are being set up across Surrey in addition to the community connections services which support and establish peer support approaches in their work. Surrey Heath CCG safe haven opened on 13 November, North West Surrey CCG are hoping to open on 21 December, Guildford and Waverley CCG are looking at the beginning of March and are currently consulting on Guildford or Godalming is the preferred location for the cafe. East Surrey CCG are in the process of finalising some building issues.
 - 7.4 **Agreed mental health protocols between emergency services implemented:** A number of key joint protocols have been agreed and signed off through Surrey Crisis Care Concordat delivery group and these included MISPER (Missing persons), S136 (signed up to across Kent, Surrey and Sussex Police and SECAMB) and includes a significant agreement between partners that people experiencing a mental health crisis can be transported by ambulance rather than by the Police which was previously the default setting.
 - 7.5 **Information sharing of crisis and contingency plans across emergency services implemented:** This is being progressed through the Transformation Challenge Award bid work but the Centre of Excellence in the form of a shared information spine. Work is also progressing between the 111 service and SABP to ensure that the information sharing and signposting approach is adopted to support the SPA development.

Illustration 4:**Priority 4 - Effective Crisis Care**

Aim: People who use services, their carers and families should get as much support to prevent and deal with a crisis from a mental health problem as they expect to receive from physical healthcare services.

Yr 2 Status**AMBER****On track****Key:**

Red = Outstanding issues – action required

Amber = On track

Green = Achieved & Ongoing

Action & Status**C/F Year 1**

- Establish local solutions and partnerships to better meet the mental health crisis needs of communities - **AMBER** ⬆

Year 2

- Establish 24 hour universal SPA for MH Crisis – **AMBER** ⇄
- Enhanced 24/7 HTT – **AMBER** ⬆
- Voluntary sector led crisis and peer support services – **AMBER** ⬆
- Agreed MH protocols between emergency services implemented – **GREEN** ⬆
- Information sharing of crisis contingency plans across emergency services implemented - **AMBER** ⇄

Year 3

- Sustainable psychiatric liaison services – **AMBER** ⬆
- Everybody has crisis contingency plans - **GREEN** ⬆

What difference will it make?

- Delivery of the mental health crisis care concordat recommendations/standards
- There is improved access to appropriate care, continuity of care and reduced rates of relapse and re-presentation to mental health services
- There is an adequate level and mix of crisis services through population based planning and service development across sectors

Progress on Priority 5: Making Recovery Real

8. The Making Recovery Real priority actions for year two have been achieved or are on track giving an overall status of amber (on track). A summary of these year two actions are described below and shown in illustration five:
- 8.1 **Shared care and enhanced services between primary and secondary care for mental health agreed:** The prescribing group for mental health with cross organisational membership is now well established and have a developed a number of proposals including dementia, administration of long acting injections and Attention Deficit and Hyperactivity Disorder.
- 8.2 **Reduction of locked rehab:** There has been a maintained position on the use of these services. Further work is taking place on possible alternative approaches with the roll out of the personality disorder strategy within SABP contributing.
- 8.3 **Impact Review of Supported employment approaches:** A comprehensive review of the two providers across Surrey that deliver supported employment for people with a mental health problem was undertaken in 2015. The evidence demonstrates that commissioned services deliver excellent outcomes and the number of people supported to employment exceeds national benchmarks.
- 8.4 **Accessible hours of service operation:** A pilot undertaken by SABP extending the opening hours of a Community Mental Health Recovery Service did not demonstrate significant uptake or impact. Other services across the pathway are, however, demonstrating accessible hours inclusive of the safe havens which are delivering services out of hours (evenings and weekends) through to IAPT providers delivering services on evenings and weekends when required.
- 8.5 **Awareness raising and training to secondary care staff on autism:** SABP have developed a training package which has been trialled in one area with great success and will be rolling across community teams. This is adopting an effective approach using service user led delivery.

Illustration 5:**Priority 5 - Making Recovery Real**

Aim: People are entitled to receive recovery focused support that offers hope, fulfilment of potential and to live their lives on their own terms.

Action & Status**C/F Year 1**

- Comprehensive care plans developed with individual – **AMBER** ⇨
- Development of volunteer and peer support schemes - **AMBER** ⇨

Year 2

- Shared care and enhanced services between primary and secondary care for MH agreed – **AMBER** ⇨
- Reduction of locked rehab – **AMBER** ⇨
- Impact review of supported employment approaches – **GREEN** ⬆
- Accessible hours of service operation – **AMBER** ⬆
- Awareness raising training to secondary care staff on autism – **GREEN** ⬆

Year 3

- Integrated accommodation programmes between MH services and housing agencies – **AMBER** ⬆
- Protocols to reduce evictions – **AMBER** ⬆
- Apprenticeship schemes for people with MH – **GREEN** ⬆
- Extend NEETS scheme to MH – **GREEN** ⬆
- Promotion of MH with Job Centre Plus – **GREEN** ⬆
- Integration MH into primary care hubs - **RED**
- Better GP understanding for accessing accommodation - **RED**

Yr 2 Status**Amber****On track****Key:**

Red = Outstanding issues – action required

Amber = On track

Green = Achieved & Ongoing

What difference will it make?

- People with mental health problems have improved outcomes in relation to housing, employment, income & overall quality of life; are valued & supported by their communities
- Service delivery is organised to provide more flexible, inclusive and integrated care by providers working together to establish arrangements that promote the most effective and efficient use of services, taking a whole family approach
- Increased service user led activity and peer support for service users and carers
- Use of carers care pathway ensuring support to carers throughout an individual's recovery
- Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential

Conclusions:

9. Good progress was made in the first year of implementing the Emotional Wellbeing and Mental Health Joint Commissioning Strategy and has been particularly strong in improving crisis care, something which has continued into the first half of the second year.
10. A key focus for the latter half of the second year in the strategy will be on maintaining the reduction in the number of those detained under S136 going into custody, securing agreements with the acute trusts around mental health being supported at an executive level in their organisations, establishing all of the remaining Safe Havens and completing the foundation blocks for the mental health integrated SPA.
11. In order to see the impact of the strategy on the wider outcomes that were prioritised in the Strategy an Outcomes Dashboard has been developed. Many of these higher level measures are just annual with the baseline year being 2013/14. In the first year there has been some material shifts up as well as down. Access rate to mental health services has seen a significant increase, employment of people with mental health issues has increased along with the number of people with mental illness in settled accommodation and carers receiving assessment or review. The areas that have declined are numbers of young carers identified, as a percentage of total carers. See Annex 2 for the full dashboard.

Recommendations:

12. The Board is asked to note the progress on the implementation of the commissioning strategy at the mid-way point of year two.

Report contact:

Diane Woods & Janine Sanderson
 Mental Health and Learning Disability Collaborative Commissioning Team
 North East Hampshire & Farnham Clinical Commissioning Group, on behalf of
 Surrey CCG MH/LD Collaborative

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Annexes

None

Background papers

EWMH Joint Commissioning Strategy

Emotional Wellbeing and Mental Health: Everybody's Business

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Surrey Health and Wellbeing Board

Date of meeting	10 December 2015
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Item / paper title: Children and young people's partnership arrangements

<p>Purpose of item / paper</p>	<p>In July 2015 the Children and Young People's Partnership Strategic Board, chaired by David McNulty, commissioned a review of the current children's partnership arrangements and associated sub-groups. The aim of the review was to assess the effectiveness of those existing arrangements; streamline meetings to reduce duplication whilst maintaining relationships and opportunities for joint planning; to clarify and strengthen reporting arrangements and oversight by our statutory partnership Boards such as the Surrey Safeguarding Children Board; and support formal internal governance mechanisms such as Clinical Commissioning Group (CCG) Governing Body and Cabinet decision-making or assurance as required.</p> <p>A key recommendation for change is to replace our existing Children and Young People's Partnership Strategic and Operational Groups by building on the positive work of our Children's Health and Wellbeing Group (a children's commissioning subgroup to the Health and Wellbeing Board) to have one strategic group looking at all joint commissioning relating to children and young people. This is represented in the report as the 'Children and Young People's Partnership Board'. A Children and Young People's Forum will also be held (using events/conferences not traditional meetings) to ensure engagement and relationship building is maintained with all partners.</p> <p>The Health and Wellbeing Board is asked to note the review of the partnership arrangements and endorse the next steps. The final terms of reference for the 'Children and Young People's Partnership Board' will be presented back to the Health and Wellbeing Board for approval.</p>
<p>Surrey Health and Wellbeing priority(ies) supported by this item / paper</p>	<p>Surrey's Children and Young People's Partnership arrangements support delivery of the Improving Children's Health and Wellbeing priority of the Surrey Joint Health and Wellbeing Strategy.</p>
<p>How does the report contribute to the Health and Wellbeing Board's strategic priorities in the following areas?</p>	<p>1. Centred on the person, their families and carers</p> <p>The partnership arrangements are being revised to ensure they can continue to effectively take a holistic and person centred approach to improving outcomes.</p> <p>2. Early intervention</p> <p>The revised arrangements will allow for further exploration of how we can work better together to deliver early intervention and prevention for our children, young people and families</p>

	<p>3. Opportunities for integration</p> <p>The revised arrangements will allow for further exploration of opportunities for joint commissioning and integration to continue improving the outcomes of children, young people and families.</p> <p>4. Reducing health inequalities</p> <p>The revised arrangements will allow all partners to continue focussing on those children, young people and families with the greatest need.</p> <p>5. Evidence based</p> <p>This report has been produced following best practice research and the partnership arrangements will continue to ensure that an evidence based approach is taken to commissioning.</p> <p>6. Improved outcomes</p> <p>The revised arrangements support more streamlined structures, which will provide a greater focus on delivering improved outcomes for children, young people and families.</p>
Financial implications - confirmation that any financial implications have been included within the paper	The report outlines partnership arrangements and as such there are no direct financial implications as a result of this report.
Consultation / public involvement – activity taken or planned	<p>The revised arrangements are based on feedback from a range of partners across the children’s health and wellbeing landscape. This includes children’s leads from the six Surrey CCGs, Surrey County Council, the Police, schools (through the phase councils), the voluntary sector, district and borough councils, health providers and the Surrey Safeguarding Children’s Board.</p> <p>The next step of the review will result in further engagement with partners.</p>
Equality and diversity - confirmation that any equality and diversity implications have been included within the paper	This report has no direct equality and diversity implications
Report author and contact details	<p>Andrew Evans Andrew.evans@surreycc.gov.uk 01372 833992</p>
Sponsoring Surrey Health and Wellbeing Board Member	<p>Julie Fisher, Deputy Chief Executive, SCC Dr David Eyre-Brook, Chairman, NHS Guildford and Waverley Clinical Commissioning Group</p>
Actions requested / Recommendations	<p>The Surrey Health and Wellbeing Board is asked to:</p> <p>Note the review of the partnership arrangements and endorse the next steps. The final terms of reference for the ‘Children and Young People’s Partnership Board’ will be presented back to the Health and Wellbeing Board for approval.</p>

Health and Wellbeing Board
10 December 2015

Children and Young People’s Partnership Arrangements

Purpose of the report:
The Health and Wellbeing Board is asked to note the review of the partnership arrangements and endorse the next steps. The final terms of reference for the ‘Children and Young People’s Partnership Board’ will be presented back to the Health and Wellbeing Board for approval.

Introduction:

BACKGROUND

- 1. In July 2015 the Children and Young People’s Partnership Strategic Board, chaired by David McNulty, commissioned a review of the children’s current partnership arrangements and associated sub-groups. The aim of this review was to assess the effectiveness of those existing arrangements and ensure they are fit for purpose to support and drive delivery of partnership objectives and the Improving Children’s Health and Wellbeing priority of Surrey’s Joint Health and Wellbeing Strategy.

Currently, at a strategic level, there are Children and Young People’s Partnership Strategic and Operational Groups, which look at systems changes and a Children’s Health and Wellbeing Group looking at joint commissioning that reports to the Health and Wellbeing Board.

This report presents a streamlined structure at a strategic level to support more effective and efficient working to improve outcomes for children and young people. The new structure will see the above three boards/group be replaced by one ‘Children and Young People’s Partnership Board’ to have one strategic group looking at all joint commissioning relating to children and young people, and will report to/enact Health and Wellbeing Board priorities. The revised arrangements will also strengthen working with other statutory boards such as the Surrey Safeguarding Children’s Board and the Corporate Parenting Board.

THE REVIEW

2. The review consisted of three main elements:
 - Mapping the existing structures
 - Best practice research
 - Gathering feedback from partners

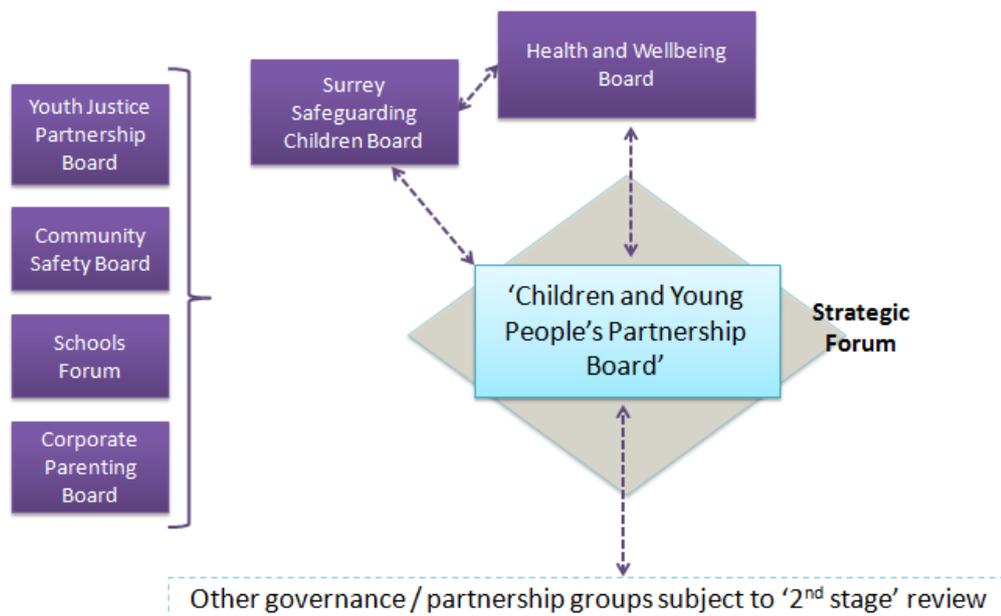
THE FINDINGS

3. The findings from the review, presented to the Children's Health and Wellbeing Group on 3 November and the Children and Young People's Partnership Strategic Board on 5 November 2015, identified a number of areas where the partnership arrangements could be strengthened:
 - Too many meetings with some duplication of work and performance / progress reporting.
 - Opportunities were seen for improving lines of accountability, responsibility between layers and clarifying roles and the purpose of groups / boards – reducing unnecessary burden on partners.
 - Suggestions that a single 'joint commissioning group' that builds on existing priorities and oversees joint work.
 - Strategic partnership meetings are valued for relationship building.
4. The above formed the basis of the feedback from partners but was also supported by the mapping exercise and the best practice research.

<h3>Proposed Approach</h3>

5. The Children and Young People's Partnership Strategic Board endorsed a two staged approach to improving the partnership arrangements:
 - Stage one – establish a new structure at a strategic level and a set of principles to guide the further development of partnership arrangements.
 - Stage two – review and agree new partnership arrangements below the strategic level.
6. The proposals for stage one, endorsed by the current Partnership Strategic Board and the Children's Health and Wellbeing Group, are set out below.

Proposed new strategic level structure



7. Establish a single **'Children and Young People's Partnership Board'** to have one strategic group looking at all joint commissioning relating to children and young people and to take forward the children's priority of the Surrey's Joint Health and Wellbeing Strategy. (I.e. one board to replace the current Children and Young People's Partnership Strategic and Operational Boards and the Children's Health and Wellbeing Group.)
8. Membership for the new Board will principally be drawn from lead commissioning organisations and **focus on where further join up of work and commissioning can improve outcomes**. The Board will have greater oversight and ownership of groups that sit 'underneath' to ensure those groups avoid duplication and are focussed on delivery.
9. A **Children and Young People's Partnership Strategic Forum** will be held. This Forum will bring together partners using a workshop / conference style to move away from traditional style meetings and continue building relationship across all partners.

Principles

10. Principles that will be used to help to define new and developing partnership arrangements include:
 - Where appropriate, no more than one 'ongoing' group per priority (e.g. removing the current 'expectation' for separate strategic and operational groups).
 - Making better use of time limited/task and finish groups.
 - Clearly defined and aligned roles and responsibilities of groups/boards with clear lines of accountability.
 - Membership of each group/board being based on the role of the group/board (reducing the need for the same people being required to attend multiple meetings).

- Ensuring regular and clear communication outside of the meetings (for partners and the public).

11. The new partnership arrangements recognise that where key decisions around commissioning need to be made then these will need to be approved by formal individual governance mechanisms such as each CCG governing body and Cabinet for the County Council.

Recommendations:

The Health and Wellbeing Board is asked to note the review of the partnership arrangements and endorse the next steps. The final terms of reference for the 'Children and Young People's Partnership Board' will be presented back to the Health and Wellbeing Board for approval.

Next steps:

12. The next steps to implement the new approach are as follows:

- Communicate: Share the changes across the partnership landscape including with the statutory boards – during December 2015.
- Work up more detail: Draw up and share draft terms of reference and proposed membership for the new 'Children and Young People's Partnership Board' and the new Forum – during December and January 2015/2016.
- Implement: Implement the strategic changes and begin refining the arrangements below the strategic level using the agreed principles – from January 2016.

Report contact: Andrew Evans, Strategy and Policy Development Manager

Contact details: Andrew.evans@surreycc.gov.uk Tel: 01372 833992

Sources/background papers: None

Surrey Health and Wellbeing Board

Date of meeting:	Thursday 10 December 2015
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Item / paper title: Surrey Safeguarding Children Board (SSCB) Annual Report 2014-2015

Purpose of item / paper	The Surrey Safeguarding Children's Annual Report 2014-15 reports on the effectiveness of safeguarding and child protection practice by partner agencies in Surrey and is presented to Health & Wellbeing Board for information.
Surrey Health and Wellbeing priority(ies) supported by this item / paper	The paper supports the delivery of the Safeguarding the population priority by demonstrating how the Surrey Safeguarding Children Board (SSCB) has fulfilled its statutory responsibility 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.
How does the report contribute to the Health and Wellbeing Board's strategic priorities in the following areas?	<p>In addition to fulfilling the objectives of the SSCB as set down in 'Working Together to Safeguard Children 2015' to:</p> <ul style="list-style-type: none"> • 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. <p>The SSCB has carried out a wide range of responsibilities across the Surrey area, including:</p> <ul style="list-style-type: none"> • Establishing and monitoring thresholds for the provision of services by partner agencies, including Early Help. • Developing policies and procedures for safeguarding and promoting the welfare of children in the area. • Commissioning and evaluating single and multi-agency training. • Establishing specific local protocols to reflect local priorities. • Communicating and raising awareness of how to safeguard and protect children in the area. • Monitoring and evaluating the activities of partners through

	<p>S11 and auditing activity.</p> <ul style="list-style-type: none"> • Undertaking reviews of child deaths and conducting serious case reviews to identify lessons to be learned. • Maintaining and implementing a Learning and Improvement Framework.
Financial implications - confirmation that any financial implications have been included within the paper	The activities of the Board are funded through a pooled budget contributed to by statutory partners. Financial contributions to the SSCB budget for the financial year 2014-2015 remained the same as the previous year, totalling £310,177.00
Consultation / public involvement – activity taken or planned	The Annual Report was developed following consultation with the membership and members of the SSCB sub groups.
Equality and diversity - confirmation that any equality and diversity implications have been included within the paper	All aspects of the work of the SSCB pay due regard equality and diversity.
Report author and contact details	Alex Walters Surrey Safeguarding Children Board Independent Chair Safeguarding Children's Board Tel 01372 833378
Sponsoring Surrey Health and Wellbeing Board Member	
Actions requested / Recommendations	<p>The Surrey Health and Wellbeing Board is asked to:</p> <ol style="list-style-type: none"> 1. Note the attached SSCB Annual Report



Surrey Safeguarding Children Board (SSCB)

Annual report

April 2014 - March 2015



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Foreword

I am delighted to present the Surrey Safeguarding Children Board (SSCB) 2014-2015 annual report.

During 2014-2015 the SSCB has rigorously carried out its statutory functions under regulation five of the local safeguarding children board (LSCB) regulations to enable it to achieve its objectives under section 14 of the Children Act 2004, which are to coordinate 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 period covered by this report has been one of considerable challenge for partner agencies and the SSCB in response to statutory inspection outcomes, restructuring of services within organisations to achieve more effective use of resources and the associated impacts of change throughout the partnership. The SSCB has met its statutory duties by responding proportionately and effectively to national and local issues, and acknowledges that there is still significant work to be undertaken to improve safeguarding outcomes for children and young people in Surrey.

The SSCB is appropriately resourced and during 2014-2015 has successfully maintained its financial viability through reviewing both staffing of the support team and the work methods employed to ensure value for money for the partners. A review of financial contributions has been agreed to be undertaken with a view to increasing contributions for the financial year 2016-2017.

Significant restructuring of services as a result of both local and national initiatives have had varying impacts upon services to children and families. The SSCB continues to monitor such changes and provides challenge to partners to ensure that there is no adverse impact upon children, young people and families in Surrey as a result of change within local services.

The SSCB has a strong and effective governance structure in place, which as it has become embedded into the board's work is having a positive and measureable impact upon the board's impact and ability to challenge and influence service developments. In particular, links are strengthening with the Health and Wellbeing Board, the Surrey Safeguarding Adults Board (SSAB) and the Children and Young People's Partnership and the Community Safety Partnership Board.

During 2014-2015 the SSCB published three serious case reviews and commissioned two new serious case reviews. Two partnership reviews were also undertaken and SSCB has proactively piloted a number of different methodologies in

approaching reviews and adopting the systems approach, as detailed in the Munro Report 2011. Additionally, in response to the need to understand the common recurring themes in serious case reviews and domestic homicide reviews and to reflect on the learning from practice audits, the SSCB conducts a mapping exercise of serious case reviews, domestic homicide reviews and audit recommendations to inform the planning of a series of practitioner workshops.

The SSCB proactively implements its published learning and improvement framework to identify where barriers to learning from serious case reviews, case reviews and audits being taken into frontline practice occur. Partners are challenged to review their single agency practices and share their findings to inform the wider partnership. The SSCB holds regular development events throughout the year to raise strategic awareness of key issues, challenges and emerging practice relating to changes in Government policy.

During the 2014-2015 reporting year the section 11 audit of statutory agencies was undertaken, and in parallel to this, a section 11 audit for schools was launched. The findings of both these audits are used to drive forward improvement and provide a health check of services throughout the county. The SSCB follows up the audit outcomes by offering bespoke support to partner organisations to support single agency service improvement and safeguarding arrangements.

Surrey local authority, partner agencies and the SSCB took part in a pilot integrated inspection in October-November 2014, which was undertaken by five inspectorates. This was a demanding process and challenge was undertaken in relation to the inspection outcomes, which resulted in the SSCB report not being published and the local authority report being published in June 2015. However, the SSCB undertook its own action plan and to ensure that the key areas of concern identified in the local authority inspection were scrutinised.

As a result of feedback from partners and OFSTED, the multi-agency thresholds document was amended in January 2015 to explicitly clarify Children's Services involvement in children in need work and the level of needs document is currently subject to further review and clarification.

In March 2015, key partners presented an update to the board on early help arrangements and the Surrey Family Support Programme and considered the recommendations arising from the SSCB early help audit. As a result of this a number of actions have been taken forward to the early help governance board.

Additionally in March 2015, there was an extraordinary meeting of the SSCB to agree the revised governance and operational arrangements for children missing and at risk of child sexual exploitation (CSE). This included the development of a

CSE strategy and action plan, enhanced training programme and clear pathways and risk assessment tools.

This annual report for 2014-2015 clearly demonstrates the significant amount of effective safeguarding activity undertaken by all partners within Surrey and the continuing challenges. It details the progress made against the four SSCB priorities and how partners are held to account to deliver improvements.

My thanks to all those who chair or are members of the various groups which make up the SSCB and to all practitioners within the children's workforce who demonstrate their commitment and passion to protecting children and to improving practice.

The challenge for the SSCB, as it moves forward, is to support and challenge partners in their improvement work and to increasingly demonstrate and evidence the impact of this activity on children's outcomes.



Alex Walters

Independent Chair, Surrey Safeguarding Children Board



The Surrey context

Surrey's children

There are approximately 278,248 children and young people, aged 0-19 living in Surrey of which 246,600 are under 18. The majority are safe, well educated and cared for. They also experience good health and have good leisure and employment opportunities and benefit from higher than average socio-economic circumstances.

Surrey has one of the lowest rates of child deprivation in the UK, with the most recent data indicating that there are approximately 10% of children and young people in Surrey, aged 0-19, living in low income households. There are indications that the current economic climate and welfare reforms are likely to increase family stress and hardship.

Children and young people from minority ethnic backgrounds account for 20% of children living in the area compared to a national average of 22%.

In Surrey more than 187 languages are spoken, however the proportion of children with English as an additional language remains below the national average.

The joint strategic needs assessment (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 focuses on the four priorities of the Children and Young People's Partnership:

- early help (including healthy behaviours)

- complex needs (including paediatric therapies)
- emotional wellbeing and mental health
- safeguarding (looked after children and domestic abuse).

The JSNA considers interrelated issues which can adversely impact the lives of children and young people from early years through to adulthood:

- parental mental health
- parental substance and alcohol abuse
- living in poverty/hardship
- domestic abuse
 - 53% of survivors of domestic abuse have a child under 16
 - young women aged 16-24 are at increased risk of domestic abuse
 - there is an increased risk of domestic abuse during pregnancy.

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

Between 1 April 2014 and 31 March 2015:

- 1091 early help assessments were completed across the county of which 50% (539) related to children between 0 to 5 years old. 2% related to an unborn child.
- 2060 children were on the Surrey Children with Disabilities Register.
- 6610 children and young people countywide were receiving disability living allowance.

Key data at 31 March 2015

Children's Services:

- 995 children were subject to a child protection plan compared with 925 in 2014. Of the 995, 516 were male, 454 female and 25 relate to an unborn child.
- The category of abuse recorded is as follows: neglect (506), physical (52), sexual (48), emotional (359) and multi category (30).
- 779 children were looked after children compared with 793 in March 2014.
- 102 unaccompanied asylum seeking children.
- 9,979 children in need referrals were received in the year to 31 March 2015 compared with 11,777 in the year to 31 March 2014.

- 16,450 completed contacts were handled through the Multi Agency Safeguarding Hub of which approximately 97% were referrals from the police.
- The number of children subject to a repeat plan has decreased but still remains high. The percentage at the end of the 2014-2015 reporting year is 17%, compared to 20.2% in 2013-2014.
- The numbers of children whose plans ended after being the subject to a child protection plan for more than two years was 6.5% in comparison to 6.8% in March 2014.
- There were 779 looked after children as at 31st March 2015, and a total of 102 adoptions and special guardianship orders (SGOs) during the year, which is in line with the national trend for lower figures than in 2013-2014.

Education

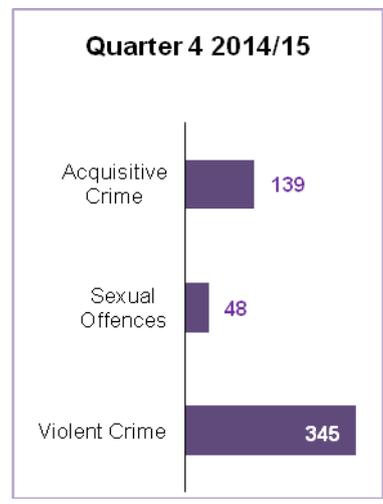
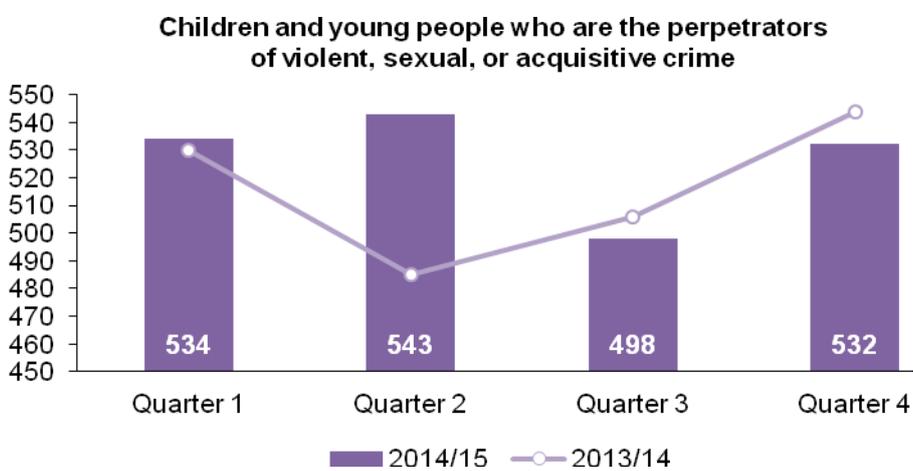
- Educational achievement shows that Surrey children continue to perform better across all key stages, in the majority of performance areas than their peers regionally and nationally.
- Over 87% of Surrey schools are now rated as good or outstanding by OFSTED compared with 81% in 2013-2014.
- 72% (over 50,600) of Surrey children under five years old are now registered at a Surrey children's centre compared with 62% last year. 53% (over 37,000) visited a centre in the last year compared with 45% last year.
- 80% (just under 4,500) of children under five years old living in disadvantaged areas are registered at a children's centre (9% more than 2013-2014) with 65% visiting a centre in the last year (7% more than 2013-2014).

Young People

- Number of children who are not in education, employment or training (NEET) in March 2015 was 548.
- The Youth Support Service homelessness prevention team placed 290 young people who presented as homeless in safe accommodation.
- Youth Support Services restorative intervention approach has contributed to a 90% reduction in the number of young people entering the youth justice system. Surrey had the lowest rate of first time entrants to the youth justice system of any youth offending team area in the country. At just 133 per 100,000 young people, compared to a national average of 409. Surrey achieved the lowest rate of young people who are NEET of any large local authority in England at 1.7%, compared to the south-east average of 4.2%.

- 326 young people at risk of becoming homeless were supported to prevent this happening, with only three young people spending one night each in bed and breakfast accommodation. Before the homelessness prevention service began there were usually more than 20 young people aged 16-17 in bed and breakfasts each night.
- Services for Young People engaged around 10,000 young people in high need communities in early help to build their resilience and reduce their risk of future negative outcomes.

Children and young people who are perpetrators of violent, sexual or acquisitive crime



Priority groups of vulnerable children

Gypsy, roma, traveller (GRT) and electively home educated children

The Children, Schools and Families Directorate is currently working with partners to implement 'brighter futures' which is Surrey's strategy for gypsy, roma and traveller children and young people (2014-2017). Surrey's traveller communities include fairground (known as showmen), circus, gypsy roma and Irish travellers. The latter two categories are recognised as minority ethnic groups and as such are afforded protection under the Equality Act 2010. Across a range of health, educational and social measures, outcomes for ethnic travellers are often poor compared to their Surrey peers and nationally. 'Brighter futures' seeks to tackle local inequalities and to work collaboratively with local GRT communities to improve outcomes and aspirations for Surrey's GRT children and young people.

Parents from the GRT community are keen for their children to achieve a basic standard of literacy and many children leave formal education after Key Stage 2 and join the adult community. High mobility and disengagement from formal education leads to implications for safeguarding. The race equality and minority achievement (REMA) team work with Surrey's traveller communities. Currently there are 945 traveller children accessing education in Surrey. There are also many more children from the traveller community whose parents choose not to ascribe their ethnicity for fear of prejudice and discrimination. There are presently 135 traveller children who are known to Surrey's elective home education department.

Under the law, education is compulsory but not school attendance. Parents or guardians can therefore elect to home educate at their discretion. Section 7 of the Education Act 1996 applies, which states that 'parents are required to provide efficient and full time education, suited to the child's age, ability, aptitude and take account of any special need the child may have'.

Local authorities have no statutory powers to monitor the quality of home education but have a duty to intervene if it appears that parents are not providing a full time, efficient and suitable education. The local authority is working hard to ensure that the legislation and guidance relating to elective home education is applied consistently and equally to GRT children and young people, as historically their cultural beliefs have been allowed to impact on ensuring the provision of 'full time, efficient and suitable' and a poor provision has been allowed to 'drift'.

The timeline for monitoring engagement has been tightened and the uploading of all elective home education students onto EMS will result in better recording, reporting and monitoring of home elective home education students. This will enable the local authority to pass young people who are not receiving a 'full time, efficient and suitable' education outside of school (as required in legislation) onto colleagues in the Education Welfare Service more quickly and efficiently.

At the end of June 2015 there were 811 children on the elective home education register, an increase of 130 across the academic year 2014-2015. 55 elective home education children have a statement of special educational need (SEN) or education, health and care plan (EHCP). This is an increase of 13 across the academic year 2014-2015.

Female genital mutilation (FGM)

In March 2015, the Department of Health published guidance for professionals on managing the risk from FGM. FGM became a criminal offence under the Female Genital Mutilation Act of 2003. Under the Serious Crime Act 2015, the law governing FGM has been strengthened.

All NHS organisations are required to have local safeguarding protocols and procedures for helping children and young people at risk of FGM. Under the new guidance, NHS organisations have been asked to review their procedures in handling cases where FGM or the risk of FGM is alleged. These will need to conform to the overarching principles of working together 2015, but there needs to be specific procedures in place that consider the characteristics of FGM. This includes the information sharing protocols with partners throughout a girl's childhood.

The SSCB has, in response to this, established a task and finish group to develop a partnership wide response to this guidance. The group has four main strands of work:

- Scoping the extent of the problem of FGM in the county and mapping areas of risk.
- Researching good practice throughout the country to inform local practice.
- Reviewing and updating SSCB policies and procedures for FGM.
- Developing a training package for practitioners across all agencies.

This group is due to reconvene in September 2015 to review progress against each of these strands and an update provided to the SSCB.

Forced marriage/honour based abuse

The diversity crimes unit (DCU) is a small team of detectives with an office coordinator. The team are based in Guildford and cover the county and deal mainly with honour based abuse and forced marriage. Victims come to notice through various means. The DCU ensure that the victims of honour based abuse and forced marriage are safeguarded and a number of safeguarding measures are put in place.

Honour based crimes are particularly difficult to tackle without specialist knowledge or understanding. The abuse takes place at home, behind closed doors and victims are terrified of coming forward. They are fearful that the abuse will worsen, or worse case scenario that they might even be killed. Quite often it is fear of the unknown.

The DCU team ensure that a comprehensive honour based abuse risk assessment is completed. The history of the victim is very important. This includes how the victim has been brought up, their family routine, beliefs and culture which are essential in order to make the best risk assessment. When a potential victim of honour based abuse comes to the notice of the DCU, they are taken seriously and the risk is not underestimated. The victim is spoken to alone, away from family members, even if some creativity is needed to achieve this. The aim is to be victim led, taking into consideration their views and being mindful of not doing anything to heighten the risk

to them. Honour based abuse can escalate quickly from a not so serious incident to more serious incidents, especially when their family become aware of police or other agency involvement.

All agencies need to be aware that a person from a cultural background where honour is likely to be a risk factor, must give consideration to the implications of this even if this person comes to notice for an unrelated matter, such as a victim of sexual offence or even as a suspect for an offence. If this person is a child, the norm would be to inform the parents or use them as appropriate adults. However, in such circumstances this could make them a victim of honour based abuse or even a forced marriage.

In cases of risk of forced marriage, quite often evidence is questioned for a forced marriage protection order (FMPO) application by social services, legal teams and at court. The DCU works with legal services, the Forced Marriage Unit and social services to assist with the FMPO application.

The DCU aim to work together with other agencies and police departments to safeguard victims of honour based abuse or forced marriage. This includes raising awareness through training inputs.

Any challenges with the victim are usually overcome by gaining their trust and understanding their individual circumstances taking into consideration all factors. A single point of contact for the honour based abuse victim in the early stages is helpful as well as referring them to outside agencies for further support.

Between 1 April 2014 and 31 March 2015 there have been 57 recorded honour based abuse incidents:

- Eight people under the age of 18 have been victims.
- One incident has had two suspects under the age of 18 (assault).
- 42 people under the age of 18 years have been linked to incidents.

Private fostering

The family and friends team within Surrey's Fostering Service is accountable for discharging the local authority's responsibilities in respect of private fostering arrangements, as stipulated under the Children (private arrangements for fostering) Regulations 2005. The care services manager provides the strategic, developmental and operational lead, in compliance with the national minimum standards.

Surrey's statement of purpose for private fostering is updated annually. The document is available to staff, key stakeholders and the public.

An inspection by OFSTED in October 2014 noted that 'where private fostering arrangements are identified, initial visits are carried out within a week and private fostering assessments are carried out in a timely manner.' It was noted that the number of children known to be privately fostered was low. Awareness raising done in 2013-2014 was acknowledged, but pointed out that data is not collated about high risk groups to inform targeting of awareness raising work. A new communications strategy is being developed to ensure ongoing and targeted awareness raising to include these high risk groups.

No awareness raising had been done in 2014-2015 due to a high volume of special guardianship orders and connected persons fostering assessments being completed by the family and friends team. There have been 31 notifications of new private fostering arrangements received in 2014-2015, seven more than the previous year.

21 new arrangements started and 22 arrangements ended in 2014-2015. There were 11 children in private fostering arrangements on 31 March 2015.

Surrey Children's Services has exceeded the Government's performance indicators for private fostering in all four measured areas in 2014-2015

- The local authority responded to 96.8% of the notifications by means of an initial visit to the child, carer and premises. 93.3% of these visits were undertaken within the regulated seven working days timescale, a 6% improvement on performance last year.
- 100% of the fostering assessments due within the reporting year were completed within the regulated 42 working days timescale. There is no required performance set by the Department for Education in this regard, but Surrey has set an internal target of 70%.
- Compliance with statutory visits every six weeks to arrangements that started after 1 April 2014 was 95.2%. This reflects an 11.9% improvement on the performance in the previous year.
- Compliance with statutory visits to arrangements that started before 1 April 2014 (which could include both six weekly and 12 weekly visits) was 75%, reflecting a 16.7% improvement on the performance in the previous year.

From analysing information it would appear that children aged 10-15 years old living in private fostering arrangements which they have made themselves when choosing not to live at home, are more likely to be living in unsuitable arrangements. The risk of harm may not necessarily be imminent, but should not be ignored.

An information leaflet about private fostering is provided to parents and carers once notification of a private fostering arrangement had been received. There is a separate information leaflet for children to share the same information in an age

appropriate manner. This leaflet is currently being reviewed by the Children's Right's Service to ensure information is pitched appropriately.

Children in private fostering arrangements, private foster carers and parents are provided with advice and support throughout the duration of the private fostering arrangement. Satisfaction surveys are completed on a regular basis by children in private fostering arrangements to get feedback about the quality of service and support.

Children who are in a private fostering arrangement at the time of their 16th birthday qualify for an assessment of needs, information, guidance and advice from the Care Leavers Service. They are advised in writing how to access this support in future. The information is also included in Surrey's family and friend's policy.

Areas for improvement in 2015-2016

Strategic

- Develop a communication strategy to promote ongoing and targeted private fostering awareness raising and identify and notify high risk private fostering arrangements.

Operational

- Continue to maintain or exceed the Department for Education minimum requirements for private fostering performance indicators.
- Independent auditing of private fostering arrangements by the SSCB's quality assurance officer
- Further and regular auditing of private fostering arrangement by managers in the service
- Implementing any learning from auditing into practice

Development

- Awareness raising to staff within Surrey's four referral, assessment and intervention service teams

Children with special educational needs and disabilities (SEND)

Key achievements during 2014-2015

- Developed a vision, principles and analysis around SEND.
- Published a local offer of SEND for families and professionals.

- Surrey's local offer website went live in September 2014 and was commended by Department for Education.
- Joint needs analysis for therapies completed.
- Joint therapy forum established with agreed terms of reference.
- Joint therapies commissioning strategy agreed.
 - Joint commissioning strategy for speech and language therapy was drafted and consulted on.
 - A review of the occupational therapy service was jointly commissioned and was underway. Phase 1 was disseminated to partners.
 - Co-design events for new speech and language therapy service were underway.
- Joint strategic review of short breaks undertaken - Cabinet and clinical commissioning group (CCG) boards agreed recommendations for future of Applewood and Beeches. Recommendations include:
 - Surrey County Council to continue to run Applewood as a short break service.
 - The responsibility for funding short break services for children and young people currently accessing Beeches will transfer from Surrey CCGs to Surrey County Council.
- Implemented the SEND pathfinder pilot.
- New 0-25 business processes and planning systems for education, health and care plans (EHCP) and pre-statutory plans launched on target, 1 September 2014.
- A new pre-statutory/step down process (pathway process) that aligns with the early help assessment was agreed with education settings.
- Information and training rolled out to frontline staff and education settings. Some additional capacity was secured so that training could be offered to some social care teams and health colleagues. E-learning on the new business process started with Surrey and non-Surrey staff through the portal and the Surrey Skills Academy.
- Surrey consulted on and published its transition plan setting out a timetable for the transfer of children and young people with special educational needs (SEN) statements and learning difficulties assessments. As of March 2015 transfers were underway in line with the timetable.
- Surrey's implementation of the new mediation requirements of the legislation was confirmed as compliant by the Department for Education.
- Additional capacity was secured to accelerate work around personal budgets.

The Department for Education announced continuation of SEN reform grant funding for financial year 2015-2016. The minister has invited OFSTED to formally inspect local areas on effectiveness in fulfilling new duties.

The impact of these achievements is:

- Understanding a family's view of support is crucial. Work is underway to agree with family representatives a way of monitoring whether the new system is a more efficient, joined up and family-friendly experience and delivers the right outcomes for children, young people and families.

Challenges for the future:

- The SEND system continues to face some significant challenges; working collaboratively to deliver a holistic customer journey, managing demand and cost pressures, and meeting legislative requirements.
- These will be addressed through a transformational SEND programme, to be signed off by the SEND Governance Board in September 2015. This aims to:
 - Transform the customer experience.
 - Rebuild the system around the customer.
 - Reshape the local offer.
 - Develop inclusive practice.

This is a three to five year programme that will change processes, provision, culture and ways of working.

Radicalisation

SSCB has received a presentation on the Prevent agenda and the flow chart below describes the pathway when cases are referred. An initial referral would be directed to the police and they would do the initial assessment to see if it fits the channel panel criteria. If it does, there would then be a multi-agency group meeting to discuss the case / issue and develop an action and / or support plan. If a referral does meet the criteria, there might still be a group discussion about how else the case / issue will be managed. All of this is predicated on the basis that the individual(s) concerned want to participate, they can choose not to and in that case the agencies concerned would want to discuss how they now deal with the referral.

IDENTIFICATION

The diagram outlines the different stages within the channel process

Screening referrals

- Screen referral to ensure that there is a specific vulnerability around radicalisation and the referral is not malicious or misinformed
- Maintain proper records



Assessment

- Determine suitability (alternative support mechanisms)
- Collective assessment of vulnerability and risk
- Review panel decisions at 6 and 12 months

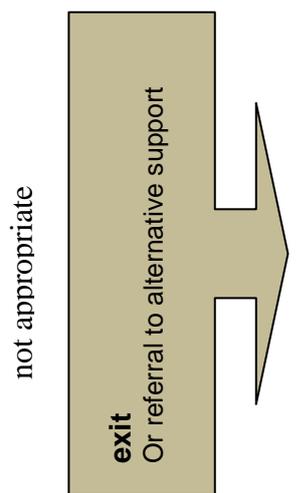


Multi-agency panel

- Review of vulnerability assessment and risk
- Collective assessment of support needs
- Develop action plan
- Identify and procure appropriate support package
- Review progress



Delivery of support





Effectiveness of local safeguarding arrangements and outcomes for children

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 two objectives of the SSCB as set down in 'Working Together to Safeguard Children 2015' 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.
- 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 for safeguarding and promoting the welfare of children in the area.

- Commissioning and evaluating single and multi-agency training.
- Establishing specific, local protocols to reflect local priorities.
- Communicating and raising awareness of how to safeguard and protect children in the area.
- Monitoring and evaluating the activities of partners through S11 and auditing activity.
- Undertake reviews of child deaths and conducting serious case reviews to identify lessons to be learned.
- Maintain and implement a Learning and Improvement Framework.

In the wider Surrey context the SSCB has a statutory scrutiny and monitoring role in relation to the 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 other statutory partnerships such as the Community Safety Board (CSB) where there are issues that impact upon the safety of children.

In addition to the statutory functions of the SSCB, the 2012-2015 SSCB Business plan identified **four targeted priority areas** of focus. Progress towards these priorities is reported on throughout this annual report and in Appendix A.

How safe are children and young people in Surrey?

In October/November 2014 OFSTED, the Care Quality Commission (CQC), Her Majesty's Inspectorate of Constabulary (HMIC), Her Majesty's Inspector of Prisons (HMIP) and Her Majesty's Inspector of Probation (HMIP), undertook a joint integrated pilot inspection and review of the local safeguarding children board (LSCB) partnership, with agreement that only the local authority and the LSCB reports were to be published.

The SSCB was disappointed that the design and delivery of the joint review of the SSCB was flawed and resulted in judgements that did not reflect the evidence. The SSCB formally complained to OFSTED and the outcome was the decision not to publish the SSCB report.

The local authority report is being published during June 2015 and the findings of this report conclude that aspects of Children's Services work are inadequate and that in some contexts children are not being kept safe.

The SSCB has already sought assurance on key practice areas identified in the local authority report specifically in relation to early help, children in need, missing children and those at risk of child sexual exploitation and has identified through the range of audits undertaken by the SSCB specific areas for practice improvement.

The SSCB will continue to undertake an oversight and scrutiny role in relation to the improvements required from all partner agencies involved in this and subsequent inspections and the SSCB's own improvement plan.

Impact and role of SSCB in monitoring service effectiveness:

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

- Individual case analysis including child deaths, serious case reviews partnership reviews and multi-agency audits.
- Review of performance management information.
- Monitoring single and multi-agency training.
- Section 11 safeguarding self assessment by all statutory partners including schools.
- Multi-agency reporting from area sub groups.
- Feedback from staff, children and young people and their families.
- Regular reports to the board providing evidence of key safeguarding performance i.e. independent reviewing officers' annual report, annual complaints reports, local authority designated officer (LADO) reports, MAPPA and MARAC arrangements.
- Challenges and concerns that are brought to the attention of the board by partners or regulators.

The SSCB maintains a challenge log, with separate more detailed logs being maintained relating to key issues requiring greater levels of scrutiny and monitoring. This ensures that focus is maintained on ongoing concerns and that a proportionate and appropriate response is achieved.

SSCB: abridged challenge log June 2014 – March 2015

Date	Subject	Challenge	Action / update
2014-2015	Private hospital provider	Assurances relating to safe practice, tier 4 availability of beds, commissioning, sustaining improvement	Regular reports to SSCB from NHS England and CCG on progress against improvements.
10 Mar 2015	Children and Family Court Advisory Support Service (CAFCASS)	Impact of budget cuts.	Chair wrote to CAFCASS to seek some assurance about the impact of this decision to cut budgets and keep open 2 vacancies on the timeliness of the work of CAFCASS officers and whether this may mean delays in the system of both public and private proceedings for children.
09 June 2014	Signs of safety	Multi agency challenge to the impact of the proposed approach to adopting Signs of Safety in a short timescale / Funding (July 14).	Revisiting by Children's Service of proposals, further exploration of options and update to May 2015 board of the revised proposal to adopt a Strengthening Families approach. Further detailed presentation to July 2015 board of what this would look like for the partnership.
09 June 2014 Development Event	Barriers to embedding learning from QA activity	Event focussing on strategic issues relating to embedding learning into practice.	Presentations, discussion and challenge to partners to address identified barriers – which are through audit and practitioner feedback in workshops.
29 July 2014	Child protection chairs report	Lack of adequate narrative accuracy of data; actions of partners to address number of children on plan for over 24 months; why are cases getting stuck – are joint supervision opportunities / escalation procedures being followed. Attendance at conference.	Members to take back challenges and respond to these. Further detailed narrative to be provided to September 2014 board.
10 Mar 2015	Named GP presented response to challenge re attendance at CP conferences.	Challenges for GPs: conflicting priorities; short notice of child protection conferences versus clinical responsibilities. Getting information to the table- GPs need to be engaged in decision making 97% non attendance reiterated to not be acceptable.	Task and finish group to be established to agree a way forward and present update to July 2015 board.

Date	Subject	Challenge	Action / update
29 July 2014	CAMHS Provision	SSCB had received two letters, from London LSCBs, in relation to CAMHS provision at an independent school for disabled children in Surrey.	Letters from chair to seek clarity and assurance from CAMHS commissioners.
30 Sept 2014	Child death overview panel (CDOP) annual report	Capacity issues in CDOP raised	CCG Commissioning a further report to review capacity and arrangements and report to SSCB when completed (July 2015).
30 Sept 2014	CSE (Rotherham report)	Assurance of the capacity in Surrey to respond to this report and other published reports. Assurance sought by council leader about sufficiency of Surrey provision.	See section on CSE development.
10 Mar 2015	CSE update	Insufficient time on agenda to discuss this priority area of work and the development work post Rotherham reporting.	Extraordinary meeting focusing solely on CSE agenda to be scheduled for late March 2015.
30 Sept 2014	Training	Negative impact on budget of non-attendees - need to increase fees; non returnable booking fee to be introduced.	£12 non-returnable booking fee for all delegates including partners to be introduced for courses for 01 April 2015. Partners to offer more free training venues for MA delivery.
10 Mar 2015		Operational systems not in place to reimburse staff the £12 fee.	£12 fee has had a significant impact now implemented – positive impact on budget in moving towards a break even position. Decision to charge £12 ratified by SSCB – agencies need to develop / agree systems.
25 Nov 2014	School nurse / health visitor capacity report	Capacity issues raised by Public Health. Report needed contribution from other health partners.	Report to May 2015 board.
25 Nov 2014	Data set	Incomplete data – CAMHS. No missing children data. Concerns re high number of home educated children. Narrative is incomplete – CSE Data needs greater analysis. Why are child protection referrals higher than statistical neighbours?	SSCB officer / quality assurance group to take forward actions and improve data set for Q3.
12 May 2015	Data set Q3	Gaps still evident - housing data problematic, education and police data missing.	Further actions for Q4 data reflected in minutes. Missing children return interviews

Date	Subject	Challenge	Action / update
		Return interviews remain non compliant with statutory guidance.	update to arrangements to report to SSCB in July 2015.
25 Nov 2014	LADO report	Lack of referrals from health capacity due to 50% increase in national fostering agency (NFA) referrals which require investigation.	Health colleagues to take forward and report back how concern will be addressed. Additional capacity recruited.
25 Nov 2014	Private fostering report	Data shows 29% reduction in children being privately fostered.	Professional challenge particularly awareness raising within health to encourage health visitors to challenge who children are when they visit homes and ask about arrangements. Named doctor to reinforce the need to identify private fostering and raise GP awareness of recent campaign.
25 Nov 2014	Missing children	CSE need to review and improve current arrangements - return interviews not in place assurance given that these will be in place by January 2015.	CSE sub group to take forward and update SSCB.
25 Nov 2014	Safeguarding adolescents	To all partners to develop adolescent centred services and raise awareness of specific challenges in keeping adolescents safe.	Development event theme for SSCB May 2015 to explore issues further.
27 Jan 2015	NHS attendance at SSCB	Proposed arrangements for CCG to cover and for NHS England to attend health sub-group not acceptable to board.	Chair to discuss with NHS England and resolve and take to National AILC.
27 Jan 2015	Section 11 report	Woking BC to complete section 11.	Head of safeguarding to discuss with Woking BC.
27 Jan 2015	Prevent	To clarify arrangements in Surrey through CSPB.	Presentation to May 2015 development day and opportunity to seeks assurance re processes in place/in development.
10 Mar 2015	Early help	Significant challenges highlighted by partners across different fora.	See separate early help challenge log .
10 Mar 2015	Family Support Programme (FSP) and roll out to phase 2.	Representation required on the SSCB.	Report to provide assurance to board presented May 2015. Strategic lead covers both FSP and early help from June 2015 and now sits on the SSCB.

SSCB – monitoring of business plan targeted priorities:

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.

The Community Safety Board (CSB) leads on the multi-agency priority of domestic abuse for Surrey, linking closely with the Health and Wellbeing Board (HWB), who details domestic abuse within its safeguarding priority.

In January 2014, the domestic abuse strategy was presented and endorsed by the SSCB and throughout 2014-2015 there has been regular reporting of progress. The strategy is to be delivered by the domestic abuse development group through a variety of work streams and is overseen by the Community Safety Board.

The domestic abuse strategy has a shared partnership aim:

‘To ensure all those affected by domestic abuse have the right information, services and support, at the earliest opportunity, to live lives free from domestic violence or abuse and gain the personal confidence to build healthy relationships for themselves and their dependants.’

An action plan is in place which focuses on the three themes of prevention, early intervention and response.

SSCB undertook two audits in relation to domestic abuse in 2013-2014 and the learning from these informed the [domestic abuse strategy 2013-18](#).

SSCB audit findings:

- SSCB audit demonstrated good multi agency working in high proportion of cases which was supported by feedback from professionals.
- Early help assessment is embedding into practice and was demonstrated to be being used to measure the impact of domestic abuse on the child.

Challenges/concerns

- Domestic abuse risk assessment tools not adopted by all partners – some are not using any risk assessment tool.
- Perpetrator programmes not available to perpetrators not convicted of an offence to support behaviour change.

- Reach of support for victims raised as a concern.
- Counselling and support services for children experiencing / witnessing domestic abuse were found to be limited, not easily identified by professionals and not easily accessed.
- Male partners / fathers not seen in a timely way or included in the risk assessment.
- Lack of easily accessible information about where agencies can get information about resources, especially which domestic abuse outreach service covers which particular area. ESDAS and Your Sanctuary were well known, but are not the exclusive providers of services for the whole of Surrey.
- Information sharing was not taking place in a timely manner.

SSCB remains concerned that there is limited specialist support work currently being undertaken, which directly supports children affected by domestic abuse across the county and welcomes the approach to addressing this gap in service provision.

Children's Services has commissioned and awarded a two year grant to Surrey domestic abuse outreach providers to deliver support for children and young people affected by domestic abuse. This will cover prevention (healthy relationships), early help (step-down community support) and intervention (support for children and young people on a child in need plan or child protection plan). This grant will start on 1 June 2015.

The Office of the Police and Crime Commissioner (OPCC) has provided £16,000 to each of the four domestic abuse outreach providers to deliver 1:1 support for children affected by domestic abuse.

The LINX programme in Surrey is being rolled out to in recognition of the real need to support young people who have witnessed domestic abuse. 37 workers trained to deliver LINX, as at April 2015, have reported increased confidence in talking to young people about domestic abuse in their day to day work. The topic has been embedded in wider relationship and sex education programmes with groups of young people and within 1:1 work for those who are known to have witnessed domestic abuse or experienced poor treatment in intimate relationships.

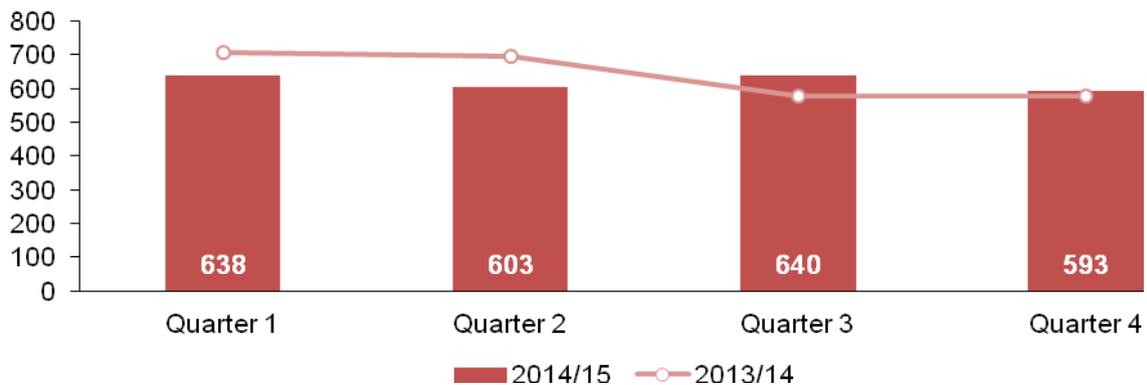
Work is also underway to develop a pilot perpetrator intervention programme and is expected to be commissioned for 2016-2017.

SSCB will continue to maintain this as a targeted priority for 2015-2016.

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

	2014-2015	2013-2014	2012-2013
New contacts / referrals to Surrey domestic abuse outreach services.	3,573	3,313	3,210
Number of new services users with children under 16.	1,872	1,996	1,705
Number of new services users with children living with them.	2,474	2,559	2,327
Total number of children affected by domestic abuse supported by outreach services.	3,111	3,305	2,897
Number of 16-17 year olds accessing Surrey domestic abuse outreach services.	58	48	20
Total number of incidents of domestic abuse reported to police (includes crime and non-crime incidents).	13,873	13,439	11,806

Service users of DA with children aged under 16 living with them



The Domestic Violence Protection Notice (DVPN) and Domestic Violence Protection Order (DVPO) were introduced in June 2014 in Surrey and are aimed at perpetrators who present an ongoing risk of violence to the victim and family with the objective of securing a co-ordinated approach across agencies for the protection of victims and the management of perpetrators.

The DVPN/DVPO process builds on existing procedures and bridges the current protective gap, providing immediate emergency protection for the victim and allowing

them protected space to explore the options available to them and make informed decisions regarding their safety.

Domestic Violence Protection Orders where there were children in the family

	2014-2015			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
DVPO where there are children in the family.	-	17	9	13
Number of children in the families.	-	27	17	18

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.

Surrey's [early help strategy 2013-2017](#) and the [multi agency level of needs document \(March 2014\)](#) were signed off through the children and young people's partnership structure in 2013 and are currently under review to include:

- The early help pathway including the relationship with other care and support pathways.
- The contribution of multi-agency safeguarding hub (MASH) developments to early help provision.
- The role of schools and early help.
- Information sharing across agencies.
- Development and roll out of electronically available early help application.
- Developing the workforce and local networks to support early help.
- Increase the use of early help tools and guidance to inform practice.
- Developing social capacity to support children and families.

In October/November 2014, OFSTED inspected the local authority and concerns were raised in respect to children in need services and cases being stepped down and difficulties in interpretation of thresholds for intervention by professionals.

Partners independently had reported a lack of clarity between levels 2 and 3 in the threshold document and particular concerns about the management of section 17 children in need cases. There is a lack of clarity of the referral pathway and a degree of confusion amongst professionals as to which of the front doors to Children's Services referrers should use. The SSCB has engaged in the partnership's

development and has been monitoring the effectiveness of its work programme throughout 2014-2015.

Reports updating on activity to address these concerns and to provide clarity on processes were presented at the March 2015 SSCB meeting.

The SSCB at this meeting also presented the findings of the multi-agency audit on early help with the agreed recommendations being taken forward by the early help governance board.

The SSCB multi-agency audit highlighted a complex early help system with many different strands.

The change in Children's Services structures to the referral assessment and intervention teams from more traditional structures, revised step up and step down processes and the introduction of special educational needs and disability (SEND) against a backdrop of challenging budgetary climates all happening concurrently led to anxieties and uncertainty being evident. Partners were particularly anxious about step down processes and found that they had inconsistent support from Children's Services as they embedded new structures and revised practices.

A lack of monitoring and performance data, including case tracking of step down cases has hindered the SSCB's opportunity to explore further what the concerns were and whether these were symptomatic of change being introduced or a problem with the process itself.

Achievements 2014-2015:

- The majority of early help assessments were completed in a timely manner within timescales.
- Tier one – early help assessment stage works well for children 0-5 years old and children with a disability.
- Training was reported as being good but rolled out too slowly.

Areas for improvement:

- Confusion amongst agencies of how the various strands of the system fit together.
- Lack of knowledge about resources available.
- Concerns about administration processes.
- Tracking and monitoring of the impact of step down processes.
- Early help e-assessment to be expedited.

- Understanding of how step down is working with schools.
- Training content to be reviewed to ensure that there is understanding of the lead professional role particularly.

The e-help system is an electronic multi-agency web-based tool to record and share early help activity. The e-help system is now being used by the early help Partnership Service to record all paper early help assessments completed by practitioners in the community. This includes reporting of early help activity. The wider roll out of the e-help system is being reviewed, to ensure it is co-ordinated and enhances the Multi-Agency Safeguarding Hub (MASH) and early offer of help developments.

Multi-Agency Safeguarding Hub (MASH)

The current MASH based at Guildford Police Station contains the police, adult services, health, the mental health trust and children' services. Currently it processes only police notifications for adults and children's safeguarding concerns.

The safeguarding partnership in Surrey is working with a consultancy skilled in setting up MASH arrangements across the country. A new multi-agency model for delivering services to children and families and adults in Surrey will be introduced in 2016. This model will develop the existing MASH.

The MASH will be a single point of entry for all referrals, notifications and police reports in Surrey which includes where there is a need for early help support or where there is a specific concern about the welfare of a child, young person or vulnerable adult. The MASH will bring together a variety of agencies into an integrated co-located multi-agency team; where information is shared appropriately and securely on children, families and adults around the child or young person in order to make timely and appropriate decisions.

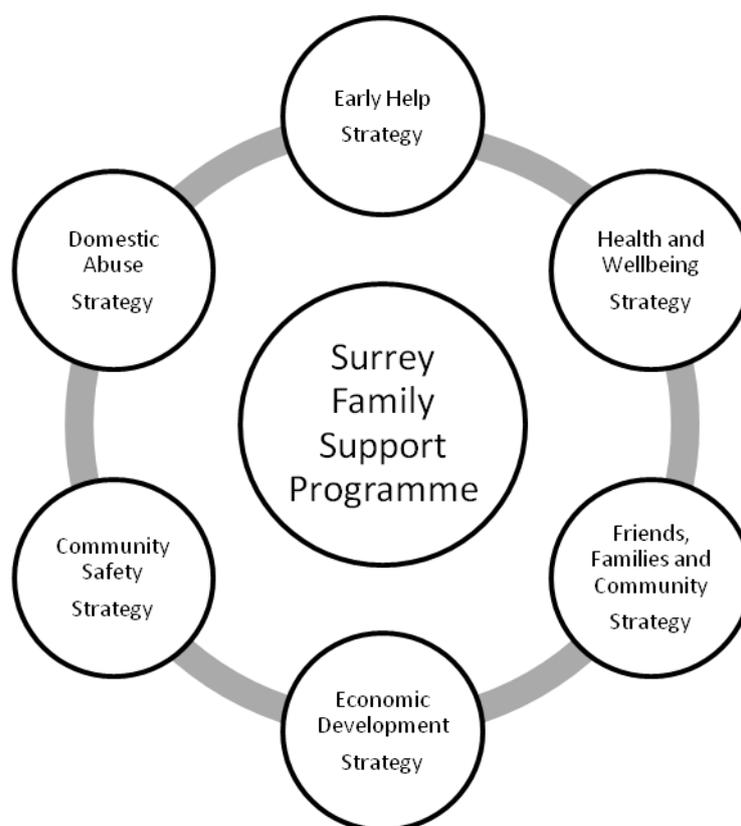
By working closely together across professional boundaries MASH will help to ensure early identification of concerns and provisions of help, which is vital in promoting the wellbeing of children, young people and adults.

In the year to 31 March 2015, 9,979 children in need referrals were received compared with 11,777 in the year to 31 March 2014. 16,450 completed contacts were handled via the Multi-Agency Safeguarding Hub of which approximately 97% were police referrals.

Family Support Programme

The Family Support Programme (FSP) has been successfully developed and implemented since the pilot project in 2012 and services commenced in April 2013. FSP enables a multi-agency approach to support families with multiple and complex needs. The programme is directed at families who are struggling, where numerous professionals and agencies are working with the family and where there is a risk that without a coordinated approach the family may drift into acute services.

The FSP programme works with the key countywide strategies working with vulnerable communities and families and makes a significant contribution towards the Children's Services early help strategy.



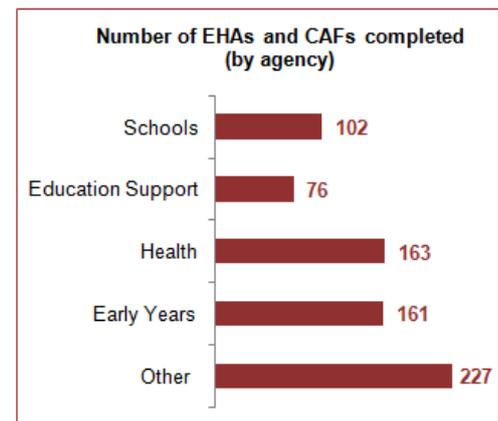
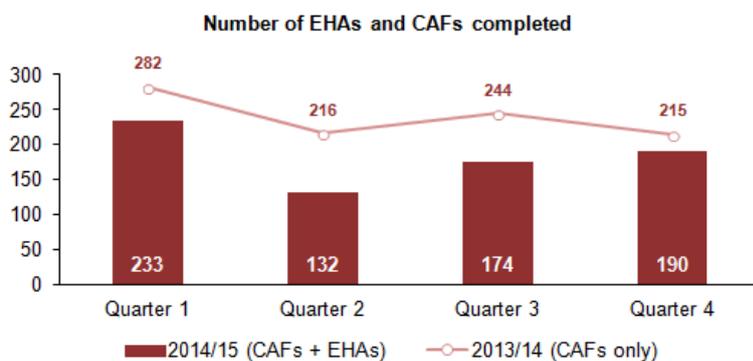
All families who receive intensive support through the programme undergo an early help assessment which assesses the needs of all members of the family. Where there is already an early help assessment in place or where another assessment has been completed, eg children's social care assessment, this is expanded to include all members of the family.

All assessments address safeguarding concerns and include the voice of individual children. 29% of all the early help assessments completed in 2014-2015 have been completed by Family Support Programme staff.

FSP Phase 1 impact data

Based on assessment data from a sample of 113 families at the point of joining the programme:

- 67% of families had children who were significantly missing school and or being excluded from school.
- 57% of families were involved in crime and or anti-social behaviour.
- 66% of families had at least one adult member who was in receipt of an out of work benefit.
- 33% of families had children with current or a recent history of involvement with children's safeguarding services.
- 33% of families had a recent history of domestic abuse and or violence.
- 51% of families had mental ill health.
- 30% of families had a young person not in educational, employment or training (NEET) young person(s).
- 27% of families were at risk of being homeless.
- 17% of families had inter-generational unemployment/NEET.
- 9% of families included an ex-prisoner.



*Other includes Family Support Programme, Youth Support Services, Youth Justice, Housing Social Care, Police Voluntary Organisations, Welcare, Home Start and unknown.

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

Reports are routinely provided to the SSCB on a four monthly basis which demonstrate the effectiveness of child protection (CP) conferences and performance data is collated and monitored to ensure that wherever possible statutory time-scales are adhered to.

Work has been undertaken throughout 2014-2015 to improve partner agency engagement in CP conferences and a detailed audit was undertaken by SSCB to provide analysis to inform challenge.

A data analysis undertaken of attendance at initial CP conferences is summarised below.

Key agencies attendance at initial child protection conferences

The SSCB continues to challenge the engagement of GPs in the CP conference process. As a result, the named GP presented a report to the Board to identify the issues arising and also to work with partners to find solutions.

A task and finish group is taking forward some ideas for engagement and will present findings to the July 2015 SSCB. The role of GPs in providing information and contributing to the work of the SSCB has been highlighted in a significant number of serious case reviews.

An ongoing SSCB focus has been the functioning and impact of core groups.

Good practice:

- Timescales included in a child protection plan.
- Views of children included in the record of a meeting.
- Evidence of good multi agency working.
- Continued improvement in the number of fathers involved in core groups.

Areas of concern:

- The anticipated improvement in practice as a result of previous audits was not demonstrated.
- The audit highlighted the lack of SMART (specific, measurable, attainable, relevant, timely) child protection plans.

- Child protection plans continue to be too long and complicated, without the focus on specific issues that need addressing.
- There was evidence that the plan was being reviewed in the core group, however there was also mixed evidence about the effectiveness of the core group reducing risk.
- There was inconsistency in the regularity of core group meetings.
- There was an improvement in the recording of contingency plans however auditors felt that more work was required to ensure that these continued to focus on the safety and well being of children.
- The audit identified that in the majority of core groups the wishes and feelings of the children were not recorded.
- Ethnicity and culture were not being addressed sufficiently, however this could also be a reflection of the small random audit sample.
- CP plans were not regularly identifying core group membership and in more than 50% of the core groups it appeared that not all the members attended.
- Attendance by some partner agencies continues to be problematic.
- There continued to be a lack of significant progress in the management and reduction of risk.
- The use of the core group template has been available for some time and its recent incorporation into the integrated children's system (ICS) has meant that recording is better; however it does not appear to have facilitated key issues being addressed.
- It was the view of the auditors that having the same person chairing and recording core groups did not facilitate good recording and where notes were taken by another person the quality of the record was improved.

The findings of this audit have been widely disseminated to ensure that when a further audit is undertaken that these areas of concern have been addressed and practice improved. The follow up audit has been scheduled for July 2015.

SSCB sub group CP dissents, offers a unique and effective service to professionals and families. The sub group forms part of the review and audit process of decision making by CP chairs where there has been a dissent against the decision of the conference chair. This forum allows the review of the reports to conference together with the notes of the meeting at which the dissent was recorded and is viewed as an example of good practice.

Targeted priority 4: to develop, agree and communicate a multi-agency child sexual exploitation strategy; identifying key priorities and monitoring procedures to measure the impact on children, young people and families.

Child sexual exploitation (CSE) has received a high level of national media attention over 2014-2015 and continues to be an area of safeguarding receiving significant attention locally.

A number of concerns were also raised in the November 2014 inspection relating to unallocated cases and the robustness of the monitoring of young people who go missing and those specifically at risk of child sexual exploitation.

The SSCB has led with key partners a complete review of the CSE governance, monitoring and reporting mechanisms and has introduced considerable improvements.

Activities include:

- Revised governance and membership of the CSE strategic leadership sub group supported by a robust operational review and restructure of front line services.
- Revised membership of all key groups to ensure that membership of each group enables the key objectives of the group to be driven forward.
- Revised and significantly strengthened action plan based upon the four key themes of the national work plan and nationally published learning from serious case reviews and thematic reports.
- Development of a communication plan across the county setting out awareness raising approaches to target all sectors of the community.
- Commissioning of work to understand the scope and scale of CSE in the county.
- Review and revision of screening tools and risk assessment tools used by professional in identifying young people at risk.
- Review and updating of the training pathway for professionals.

Within Surrey, there is now an established multi-agency response to missing and exploited children which is embedding into practice. Multi-agency missing and exploited children's conferences (MAECC) are held in each of the area quadrants, to consider and assess local levels of risk. These groups report into a MAECC oversight group chaired by the head of safeguarding and head of public protection. Clear terms of reference set out accountabilities and responsibilities of each group.

As at 31 March 2015 of the cases considered to have a current, possible or known CSE risk there were 20 cases in the high risk category and 60 at medium risk.

As part of raising awareness and prevention work, approaching 100 CSE champions have been trained across Surrey. Chelsea's Choice, a play highlighting the issue of CSE, has been delivered to secondary schools in Surrey, during 2014 with parents receiving supporting awareness sessions delivered by the Lucy Faithfull Foundation. Further sessions are planned in 2015-2016.

A CSE operating protocol for Surrey is being developed and will be launched across the county which will include signposting of services to children, families and professionals to appropriate support services.



Learning and improvement

Serious case reviews and partnership reviews 2014-15

- During the year 2014-2015, two serious case reviews were commissioned which will conclude in 2015-2016.
- Two cases were taken forward as multi agency partnership reviews and the learning fed back into the serious case review group (SCRG) and the wider SSCB.

The following reviews were published by the SSCB in accordance with Working Together to Safeguard Children 2013.

Initials	Date of publication
Child S	May 2014
Child X	January 2015
Child Y	September 2014

Commissioning of serious case reviews/partnership reviews is an important part of the SSCB work and supports the learning and improvement framework published by the SSCB.

A number of follow up learning activities have been undertaken during the reporting year and the SSCB has very effective and well established procedures in place for disseminating learning from both local and national reviews to the broadest possible range of practitioners:

- Updates on progress on SCRs, partnership reviews and learning are disseminated at all SSCB sub-groups.

- SSCB newsletter is widely circulated.
- SSCB learning leaflets are available to download at [SSCB](#) website.
- SSCB learning and improvement framework.
- Four serious case review workshops for supervisors and managers were held which covered learning and barriers to learning being taken into practice.
- All train the trainer, trainer update training and module one training included local and national learning from serious case reviews.

There is growing evidence that learning is influencing practice and partners are pro-actively sharing information to inform practice development.

During 2014, Guildford and Waverley CCG undertook a deep dive which focused on learning from serious case reviews. This thematic review was an example of good practice in itself and was used to test and evidence themes around learning having been taken into practice across nine health providers. 18 cases were reviewed across a range of ethnicities.

CCG safeguarding audit 2014

- 18 cases across nine providers chosen at random from cases where there had been concerns; Section 47 enquiries, safeguarding medical examinations.
- Age range unborn to age 17 across a range of ethnicities.
- 1 unborn, 7 female, 10 male.
- Of the 18 cases 10 were subject to a child protection plan, 8 were not.
- Of those subject to a child protection plan, 4 were categorised as neglect, one as possible neglect, 2 sexual abuse, 3 physical/emotional abuse. 1 child was a looked after child.

Outcomes:

A number of cases demonstrated that learning from SCRs had been taken into practice and a range of themes identified which providers need to address to improve outcomes for children, including:

- Maintaining a child focus.
- Using professional curiosity to ask questions around the male partner/father.
- Reducing missed opportunities.
- Developing through enquiry a more complete picture of the extended family.
- Ensuring that document keeping is good.
- Avoidance of being too optimistic relating to outcomes.

Findings were shared at a SSCB development event in June 2014, at which the board presented evidence from mapping of serious case reviews/domestic homicide reviews and learning from professional on the barriers to taking learning from SCRs into practice. Strategic leads and operational managers representing partners were challenged to take forward the key messages into their agencies and influence service development.

Serious case reviews commenced 01.04.2014 – 31.03.2015

Initials	Month commenced	Month reported/to be reported to board
Child AA	July 2014	July 2015
Child BB	August 2014	July 2015

In the past 12 months the following themes have been identified:

- Lack of information/assessment of fathers/male carers.
- Misuse of drugs and alcohol not being given adequate weight in assessment.
- 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 professional challenge / escalation of concerns.

These findings have been shared with all partner organisations and have directly informed the planned 2015-2016 audit activities of the SSCB quality assurance and evaluation group and the four SSCB area groups to monitor practitioners' understanding and embedding of learning into practice.

Key learning from child S

- The importance of recognising the significance of interacting risk factors including: failure to engage with services, lack of antenatal care, substance misuse, domestic violence, ambiguous feelings towards two pregnancies and a troubled parental history as a child.
- The importance of recognising the implications of parental misuse of alcohol and take action to reduce risk to the children.
- The importance of recognising the significance of bruising/injuries in non-mobile babies.
- The importance of ensuring that when a child on a child protection plan sustains an injury this is examined by a suitably qualified and experienced doctor.
- Working with resistant families requires practitioners to have highly developed interpersonal skills supported by effective supervision which addresses the emotional impact of such work.

Key learning from child X

- The importance of recognising the significance of bruising/injuries in non-mobile babies and following the correct procedure.
- The importance of ensuring that information about policies and procedures is widely disseminated to ensure that all staff are aware.
- The importance of ensuring that policies and procedures are clear and consistent.
- The need for good communication and timely transfer of records/information between partners.
- The need for appropriate professional challenge.

Key learning from child Y

There is a need to ensure that:

- There is consistent notification of attendances at A&E between midwives and health visitors.
- Health care providers of community services have management oversight of health visitor case transfers and in access to speech and language therapy for needy children.
- The review of maternity booking forms and policies is completed in a timely manner.
- There is an escalation policy to address cases where there are concerns across agencies.
- All agencies enhance their engagement with and assessment of peripheral fathers.
- An updated multi-agency risk assessment is undertaken before children are stepped down into the early help system.

Audits undertaken in 2014-2015

Between April 2014 and March 2015 the following audits and re-audits were undertaken, reporting to the SSCB quality assurance group, the SSCB area groups and four monthly to the SSCB:

- strategy meetings
- bruising protocol
- core groups
- early help
- supervision
- fathers and male carers
- neglect
- sexually harmful behaviour
- historical information
- staff survey
- survey on single agency audits

Themes and issues which have emerged from the audits include:

- Understanding of thresholds for referrals differs between partner agencies and professionals.
- Fathers and male carers, their views and their impact upon the family are routinely omitted from reports and assessments.
- Fathers and male carers are not given equal access to appropriate services.
- Not all partners submit reports for child protection conferences when required to do so.
- Barriers exist to embedding guidance and revised procedures into practice.
- The management of bruising in babies and non-mobile children, especially in relation to bruising in non mobile school age children is inconsistent.
- Guidance about the use of historical information is required.
- There is a lack of shared tools for assessments.
- Transferring knowledge into practice is difficult to evidence.
- Barriers to embedding learning from serious case reviews need to be addressed.
- The wishes and feelings of children are not consistently reported upon.
- Additional training for professionals is required and the links between domestic abuse, substance misuse and adult mental health need to be better understood.

- Analysis and assessments need to be improved across partner agencies.
- Health professionals participation in strategy meetings.
- Lack of consistency of agreed definitions as well as inconsistency of key terms e.g. agreed definition of neglect and how risk is defined and assessed.

The themes identified in audit reflect the recommendations of serious case reviews and partnership reviews suggesting that a multi-agency response is required to overcome some of the barriers which are known to exist and to encourage professional challenge and escalation of concerns when professionals are unable to reach an agreement in decision making.

Learning from all the audit activity is shared with partners and actions plans are developed following audits and case reviews which address the issues identified and these are reviewed by the quality assurance group and serious case review groups.

Specific areas for improvement identified as a training need for professionals include:

- working with fathers and male carers
- improving risk assessment and analysis particularly dynamic risk assessment
- ensuring that the wishes and feelings of children are gathered understood and reported
- tools for risk assessment and screening
- the need to review the bruising protocol.

Section 11 report and analysis

All relevant partner agencies responded to the 2014 safeguarding audit apart from one borough and a late return was agreed with the newly formed Kent, Surrey and Sussex Community Rehabilitation Company.

Overall the findings indicate that each partner who reported is keeping children safe. In order to provide a challenge to the responses the relevant area head of Children's Services and the SSCB quality assurance officer met with the safeguarding leads. Four main themes reoccurred, but not necessarily in each agency:

- The need to increase awareness of early help.
- Support to some partners regarding e-safety.
- Training including who needed safeguarding training and availability of training.
- Supporting agencies to ensure that children are given a clear message about their right to be safe.

In response introductions were made to the early help service and to the SSCB training officer and issues raised by e-safety will be sent to the e-safety group. A workshop was held specifically for borough and district councils to look at the themes which had emerged specifically from their audits. The participation group will consider and advise where necessary about appropriate literature.

Other learning from the audit included:

- The need to develop a formalised and agreed challenge process prior to the 2016 audit.
- The need to ensure the audit tool is relevant and appropriate to all partners.

To address this, a task and finish group will be set up in autumn 2015.

Allegation management/safer recruitment

Managing allegations within the children's workforce

Nationally, all agencies and settings that provide services or staff working with children are required (under statutory guidance – Working Together to Safeguard Children, 2015), to have clear procedures for responding to allegations against staff, whether they are paid or voluntary. Within education services, additional guidance (previously Safeguarding Children and Safer Recruitment in Education, 2007, updated in 2015 to Keeping Children Safe in Education), outlines specific requirements considered when managing allegations against staff working in education settings.

Within the guidance, the local authority designated officer (LADO) has the responsibility to oversee the allegation management process and to ensure it remains effective and transparent and meets the dual demands of both protecting children and also ensuring staff subject to allegations are treated fairly. The LADO provides consultation and advice to the process to ensure that the investigative response is consistent, reasonable and proportionate and that action taken is recorded in line with statutory requirements.

Referrals to the LADO have increased year on year since the introduction of the role. In 2012-2013, referrals totalled 658 in 2013-2014 they totalled 910 and in 2014-2015 they totalled 1093, of which 439 came from the education sector.

In line with part three of Keeping Children Safe in Education 2015, governing bodies and proprietors should prevent people who pose a risk of harm from working with children by adhering to statutory responsibilities to check staff who work with children, taking proportionate decisions on whether to ask for any checks beyond

what is required; and ensuring volunteers are appropriately supervised. The school or college should have written recruitment and selection policies and procedures in place. The school staffing regulations require governing bodies of maintained schools to ensure that at least one person on any appointment panel has undertaken safer recruitment training. Schools and colleges in every briefing and training event are encouraged to adopt a culture of safer recruitment and Surrey have created an online "safer recruitment" training programme accessible through the Surrey Skills Academy website to support schools.

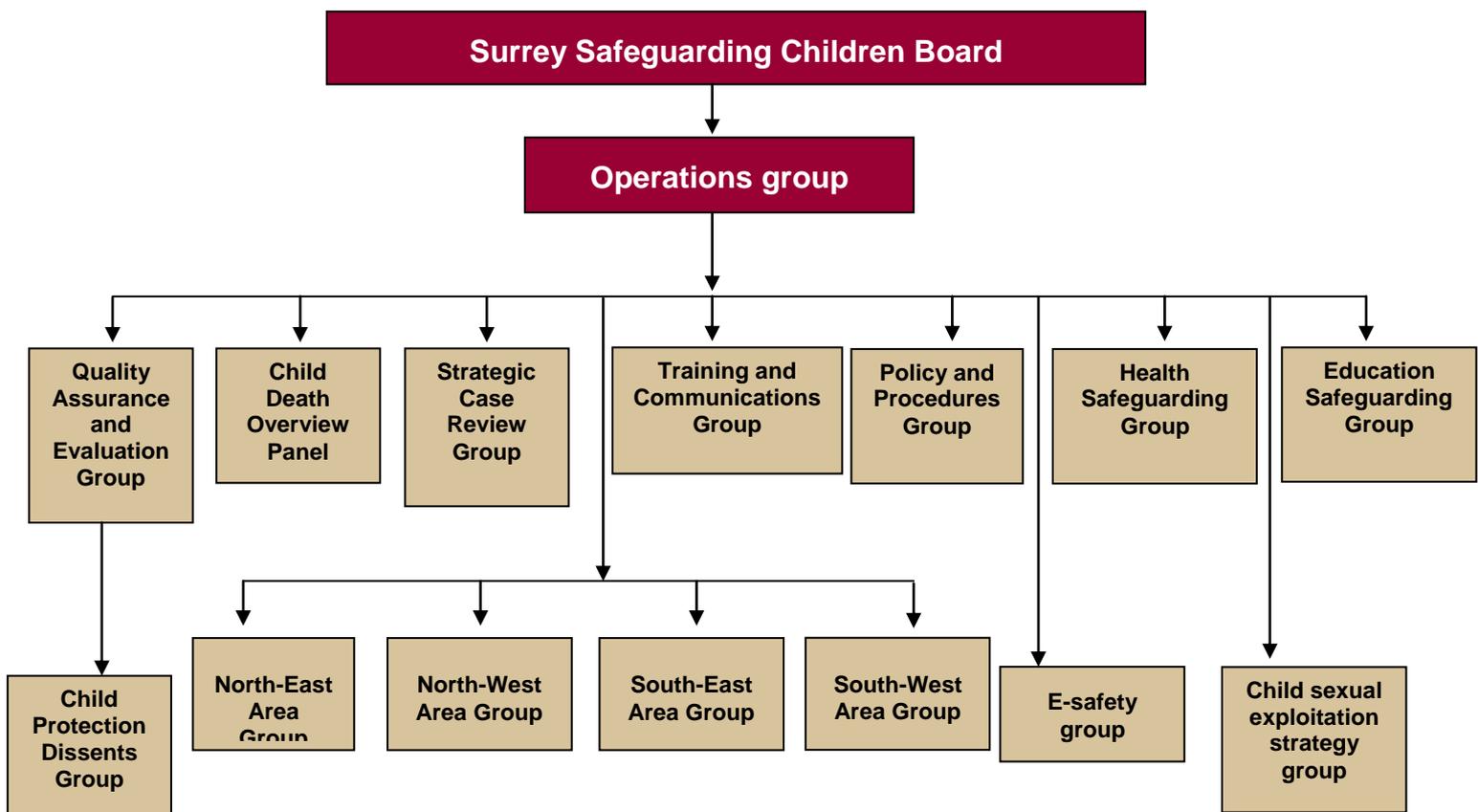




The impact and future work plans of the SSCB's sub-groups in addressing the business plan priorities

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. This reflects the infrastructure of the Surrey area and the complexities of services provided to young people and families throughout the county.



SSCB operations group

<p>Key achievements in 2014/2015</p> <ul style="list-style-type: none"> • The operations group is a meeting of the 14 SSCB sub-group chairs and is chaired by the independent chair. • It provides the conduit for the sub group chairs to be updated and informed of the work taking place within sub groups and the SSCB board and to ensure the dissemination of key messages and provides the ability to raise issues with the board.
<p>How these achievements have impacted upon children in Surrey</p> <ul style="list-style-type: none"> • Through this SSCB structure there is increasing synergy and clarity about the key safeguarding messages/learning communicated to practitioners to support their work in safeguarding children.
<p>Challenges for the future/next steps</p> <ul style="list-style-type: none"> • To ensure continued capacity for partner agencies to support the SSCB sub-groups. • To ensure good communication between the 14 sub-groups to avoid duplication and ensure synergy. • To ensure that key messages and learning are disseminated through the sub groups to front line practitioners in all agencies.

SSCB child death overview panel

The main work of the CDOP panel is reviewing the deaths of all children who are resident in Surrey, on behalf of the local safeguarding children boards (LSCBs).

The purpose of the review is to determine whether the death was deemed preventable, that is a death in which modifiable factors may have contributed to the death. If this is this case the panel must decide what, if any, actions could be taken to prevent such deaths in future.

Key achievements in 2014/2015

- The CDOP has held 10 meetings in the past year (including four neonatal panels).
- Between April 2014 and March 2015 the CDOP was notified of 79 deaths of which 62 were children who were resident in Surrey which is a decrease in actual numbers of deaths since last year when 83 children were notified of which 66 were from Surrey.
- The CDOP has reviewed and closed a total of 70 deaths during 2014/15.
- Of the 237 deaths reviewed between 2010 and 2015, 41(17%) have been identified as having factors which may have contributed to the death and could be modified to reduce the risk of future deaths.
- Modifiable factors identified through reviews included factors associated with sudden unexplained death in infancy such as parental abuse of alcohol, smoking and the baby not sleeping in appropriate environments as well as older children dying from head injuries.

How these achievements have impacted upon children in Surrey

- The only cause of deaths with modifiable factors where there have been sufficient numbers and common causes to identify significant learning patterns, which are backed up by national data, was those deaths defined as sudden unexplained death in infancy (SUDI).

For SUDI the reviews of these deaths have identified significant risk factors which include a combination of parental abuse of alcohol or smoking in combination with the baby not sleeping in an appropriate environment.

In response to this the CDOP was instrumental in developing a Baby Sleep Safe Campaign which was launched by Surrey Police and promoted through all health and social care agencies. This was aimed at raising awareness amongst professionals, parents and carers about the need to provide babies with safe and

appropriate sleeping arrangements in order to reduce the number of sudden unexpected deaths in infancy. The work included:

- Updating inserts on safe sleeping advice for the Child Health Record (Red Book) - November 2014, funded by Guildford and Waverley CCG.
- Practice guidance for staff to support best practice.
- Development of sleep safe assessment for babies for parents and carers.
- Development of an awareness programme for staff.
- Agreement on a consistent approach to the use of parental literature in order to promote consistent messages to parents and carers about safe sleeping arrangements for babies.

There were also a number of deaths from head injuries; nationally death from a head injury is the most common cause of death in people aged under 40. To address this, a resource was designed in collaboration with the South East Coast Clinical Network, public health and local CCGs. This involved the production of a resource for parents which includes a care pathway for children with head injuries which has been disseminated widely across health, social care and education setting.

Challenges for the future

Key areas for development to ensure that the Surrey CDOP processes continued to function effectively were:

- Developing a working protocol with the coronial service – an agreement was agreed in June 2014. The agreement was shared with all five acute hospitals. It is included in the updated CDOP information booklet produced for hospitals.
- Providing training for all staff involved in the CDOP process – this is ongoing and has also been offered to all acute hospitals.
- Keeping the database up to date, so that it is able to collect all the data required for the DfE data return and can provide more effective information for the annual report.
- Ongoing audits of rapid response arrangements to gauge their effectiveness. The first audit was completed in September 2014 to provide a baseline of the effectiveness and quality of the rapid response in Surrey. The results of the audit were shared with SSCB. A re-audit is planned for September 2015.

Parents are enabled to contribute to the CDOP process by providing feedback on services received. This is facilitated by the specialist nurse for CDOP and has continued throughout 2014/15 when all parents of children who were over a month old have been invited to contribute to the review process. The arrangements for neonate deaths are slightly different as they have separate support mechanisms

already in place however these parents will be advised that they can contact the specialist nurse for CDOP and contribute via her to the review process if they wish. The CDOP works closely with the Coronial Service providing coroners with information and receiving information from them. An agreement was finalised in June 2014 and information is requested by the specialist nurse before case discussions.

As the numbers of deaths with modifiable factors are relatively small (38 over a five-year period) and are from a number of causes it is hard to identify specific public health messages. It is important to build up the data-base to show whether specific deaths are indicative of trends and therefore need a more general response.

Next steps

The CDOP process is well-embedded within Surrey and there is good engagement by all agencies. Areas for further development in 2015/ 2016 include:

- Continuing to improve the rapid response process across Surrey.
- Encouraging the contribution by families to the CDOP process.
- Improving the neonatal CDOP panel processes ensuring regular attendance by obstetrician and midwifery staff.

SSCB strategic case review group

Key achievements in 2014/2015

- The strategic case review group (SCRG) has considered eight referrals during 2014-2015 relating to serious incidents/deaths of children in Surrey.
- SCRG recommended that two be commissioned as serious case reviews which will conclude in 2015-2016 and will be overseen by SCRG.
- The learning from one case was passed to the e-safety group to implement.
- Two cases were undertaken as single agency case/ practice reviews and the learning fed back into SCRG.
- One case had no further action for Surrey Safeguarding Children Board but a SCR was undertaken by another LSCB.
- Two cases were taken forward as multi agency partnership reviews and the learning fed back into SCRG.
- SCRG oversaw the process of the three serious case reviews published in 2014-2015. Child S, Child Y and Child X.

The effectiveness and impact of the group has been significantly improved over the past twelve months with:

- Robust systems being established to manage referrals.
- Pro-active membership who are highly motivated to identify single and multi-agency learning to improve outcomes for children.
- Good working relationships have been established with the serious case review national panel.
- The group taking on responsibility for developing, monitoring and holding to account agencies through the implementation of the learning improvement framework, when learning from cases is identified.
- Pro-active updating of multi-agency training resources/delivery of multi-agency SCR workshops.
- Inclusion of updates on SCRs on all LSCB agendas and in newsletters.

How these achievements have impacted upon children in Surrey

- A wide range of opportunities to review practice and improve decision making by professionals.
- Identification of recurring local and national themes which inform service offer.
- Policies and procedures have been introduced to enable professionals to handle concerns effectively.

- Audits have shown that practice has improved as a result of learning including the use of the bruising protocol; effective use of escalation procedures and the recording of strategy meetings.
- Partners have been involved in improving practices, introduced as a response to learning; the bruising protocol for example has significantly impacted on practice and feedback from partners has highlighted challenges and barriers to overcome, in embedding procedures into practice.

Challenges for the future

- Ensuring that messages are widely communicated beyond the immediate sub groups and information sharing networks of the board.
- Supporting partners effectively to ensure that learning from case reviews is taken forward into frontline practice.
- Partnership funding of the commissioning of SCRs and partnership reviews.
- Developing thematic reviews of local learning to ensure that services respond to emerging trends and issues at an early point.

Next steps

- Commissioning a thematic review of learning relating to safeguarding issues for young people who go on to become young parents who have been known to services.
- Evidencing that outcomes for children improve as safeguarding practice improves in agencies as a result of lessons learned from local and national reviews.

SSCB quality assurance and evaluation group

Key achievements in 2014-2015

- The development of an SSCB neglect strategy and work plan.
- Highlighting the challenges for partners in the early help structure.
- Development of a participation strategy to gather feedback from children to inform service development – this was used to gather responses from children on the CP plan.
- Carried out a comprehensive audit on CSE following the OFSTED inspection in November 2014 and the national thematic report.
- The continued improvement in the development of a multi-agency report card, with all partners contributing to the narrative on the impact on the lives of children.
- The review of the Section 11 process and in particular the significantly improved engagement from boroughs and districts in the process through workshops and action plans.
- The extension of the Section 11 audit across all schools, including the many independent sector schools in Surrey.
- The strengthening families approach has been adopted through the QA group and brought to the full board, where this new way of working was adopted. The QA group has established a multi-agency implementation board to drive through this change.
- Regular attendance at events held by partners to promote the work of the SSCB.

How have these achievements have impacted upon children in Surrey

The work on the Section 11 audit has been critical in raising awareness of safeguarding children particularly with the boroughs and districts. Where this has had the most measurable impact is in the area of child sexual exploitation (CSE). Schools, boroughs and districts have been made more aware of the prevalence of this in community and as a result there have been increased referrals to police and Children's Services of children and young people, in addition local information sharing groups in the boroughs and districts have helped to identify hotspot areas that can be targeted and children made safer.

The CSE audit had a major impact upon the multi-agency arrangements for monitoring cases where CSE is a factor. The findings of that audit influenced the new structures and these have had a major impact upon the lives of individual children deemed to be at risk of CSE. Since the new arrangements started, 14

children have been brought into care, 11 made subject to CP plans and regularly 80 children have their protection plans quality assured to make sure that all partners are doing everything that they can to keep them safe.

As a result of the work carried out to develop a neglect strategy for the county, there has been a greater awareness of the signs of neglect and significant shift in the way partners work together to combat this. Previously Surrey was out of kilter with other local authorities in the proportion of children subject to CP plans under the category of emotional abuse and neglect; the former being much higher and the latter lower. There were also a high number of children subject to plans for 24 months plus. Since the launching of the neglect strategy, Surrey is much more in line with its statistical neighbours in the use of category, indicating that the workforce is better at recognising neglect in families and the numbers of children subject to plans for more than 24 months has decreased significantly: from over 60 at the start of the year to 35 six months later, suggesting that the multi-professional network is responding more robustly in addressing the issues of neglect, when it is identified.

Challenges for the future

- There is an ongoing challenge in getting high quality and up to date data for the performance report card from all agencies and a clear narrative.
- The implementation of the strengthening families approach across such a large local authority will be costly and time-consuming.
- The Section 11 audit has highlighted some concerns in respect of Adult Services engagement with safeguarding agenda for children that needs addressing.
- As the cutbacks in services continue the ability of the board to identify sufficient auditors to carry out the work of the QA&E group.

Next steps

- Initiate a review of the multi-agency CSE arrangements, to ensure that they are as effective as possible.
- Scope the training requirements in order to effectively implement the strengthening families approach to safeguarding children, then commission the necessary core offer to the children's workforce.
- Develop a multi-agency data set for CSE that enables a comprehensive problem profile to be developed for the SSCB.
- To learn from the first participation exercise with children subject to CP plans to see how this can be developed and improve the engagement process.

North-east area group

<p>Key Achievements in 2014/2015</p> <ul style="list-style-type: none"> • Reviewing and securing full membership, including a faith representative • Full membership now offers a positive opportunity to engage in multi-agency discussion and working together and to have a clearer insight into the particular challenges of the north-east (NE) quadrant. • Moderation of NE Section 11 audit report submissions. • Established a forward plan to support agenda planning in advance of the meetings. • Through regular guest speakers/presentations, members have a greater working knowledge and understanding of support available for professionals, and can disseminate to their colleagues.
<p>How have these achievements impacted upon children in Surrey (positively and negatively)</p> <ul style="list-style-type: none"> • Clearer understanding of the challenges that the children in Surrey face, and the volume of work required to make a real difference. • Through full membership a significant multi-agency opportunity to discuss priorities and challenges specific to the north-east in addition to the county wide perspective. • Through wide level of expertise to not only raise awareness but agree an action plan going forward in order to offer to provide a positive impact for children in Surrey.
<p>Challenges for the future</p> <ul style="list-style-type: none"> • Ensuring the area SSCB represents the SSCB on an area level – the current position is that there is little connectivity between the two. • Securing strategic social care membership to ensure the two education based chairs fully represent and supports the priorities of social care colleagues around safeguarding in the NE. • Discussion and agreement with regard to the NE priorities and to prioritise a realistic piece of work that can be effectively evaluated in the future and make a positive contribution to children in Surrey.
<p>Next steps</p> <ul style="list-style-type: none"> • To identify local priorities which align with the OFSTED improvement plan and SSCB priorities in order to measure impact of interventions on children and families across the three NE boroughs. • To hold a workshop/conference event to raise awareness of these priorities with frontline practitioners.

North-west area group

<p>Key achievements in 2014-2015</p> <ul style="list-style-type: none"> • North-west area group has led on work to understand and address the relatively lower level of engagement by safeguarding services with fathers. Recommendations on SSCB guidance and training made. Good practice highlighted and shared. • North-west area group has consistently raised the profile of CSE and has a successful and well represented MAECC as part of the CSE Strategy and is attended by senior leaders. • North-west area group has consistently raised and promoted the early help strategy and its application in north-west.
<p>How have these achievements impacted upon children in Surrey (positively and negatively)</p> <ul style="list-style-type: none"> • Improved confidence of practitioners in engaging fathers. • Improved safeguarding of children and young people at risk of CSE. • Improved knowledge and access to early help services in north-west. • Beginning to see reduction in child protection and looked after children.
<p>Challenges for the future</p> <ul style="list-style-type: none"> • Developing local knowledge and responses in relation to perpetrators of CSE. • Schools consistently being willing to act as lead professionals where appropriate. • Consistent agency representation at north-west area group especially police and probation.
<p>Next steps</p> <ul style="list-style-type: none"> • Greater focus with partner agencies on perpetrators of CSE as well as victims. • Continue to embed early help in north-west and identify success through less child in need cases.

South-east area group

Key achievements in 2014/2015

- Set up workshops for the safeguarding partnership in the south-east focused on learning and barriers to learning in serious case reviews.
- Developed joint safeguarding supervision with the safeguarding partnership where cases are 'stuck' or where multi-agency working practice requires improvement.
- Development of area multi agency CSE champions group facilitated by Children's Services.
- Development of a safeguarding board course focused on professional challenge following on from learning from SCR child AA.
- Development of a glossary explaining role of Children's Services in care proceedings to assist partner agencies in understanding. This followed discussion about children subject to child protection plans in excess of two years. This was subsequently shared across the county.
- Following on from discussions about join up between MARAC and MAPPA, held meetings with key partners to develop more effective protocols in discussing both victim and perpetrator.
- Workshops on e-safety undertaken across safeguarding partnership in the SE.
- Development of an e safety conference for the SE.
- Local partnership case review held with recommendations to the strategic serious case review group.
- Proposed multi-agency audit on children on child protection plans for two years or more.
- Progressed request for partner agencies to take minutes at core group meetings and made recommendations to SSCB operations group.
- Development of an early help pilot in the SE.
- Key messages and themes coming out from SE MAECC circulated and discussed.
- Multi-agency learning event held to address actions from serious case review Child AA.

How have these achievements impacted upon children in Surrey (positively and negatively)

- Shared learning and understanding of safeguarding responsibilities across the partnership in the SE which directly impacts on appropriate referrals to

Children's Services.

- CSE champions in the partnership ensure children at risk of CSE are safeguarded effectively and appropriate risk assessments undertaken.
- Local partnership reviews identify areas of learning and ensure that cases with future risk and need factors are considered.
- Joint supervision has a direct impact on the child's journey through the safeguarding system.
- Countywide impact on children through the development of effective communication channels.
- Greater understanding of the use of social media to influence effective safety planning for children.

Challenges for the future

- Assessing impact of the SE safeguarding group..
- Ensuring the clear join up between the levels of need processes and the early help offer to children and families.
- Ensuring the direct links with adults services and their responsibilities under the Care Act.
- Ensuring communications are effective with the developing MASH and its implications for the safeguarding system.

Next steps

- Refresh the local priorities.
- Develop an e-safety conference for local partners.
- Build on the joint supervision arrangements as described.

South-west area group

<p>Key achievements in 2014/2015</p> <ul style="list-style-type: none"> • Dissemination to all partner agencies of SSCB information especially the priorities and SCRs and any new processes in response to OFSTED report. • Baseline assessment of partner agencies regarding how they embed serious case review leanings in their practice. • All agencies including the police attended area group meetings consistently and regularly and the representatives from these agencies feed back to their own organisations this information. • Godalming Project. • Regular Safeguarding Partners Information Meetings (SPIM) held and these have benefited health by enabling them to complete a recommendation from a deep dive audit by the CCG regarding minutes of strategy discussions uploaded to their RIO records. • SPIM meetings have also monitored the effectiveness of strategy discussions and ensured that they are chaired appropriately and remain child focused.
<p>How have these achievements impacted upon children in Surrey (positively and negatively)</p> <ul style="list-style-type: none"> • Partner agencies now receive agenda for strategy meeting consistently on the day before so that research on children at risk is carried out by police and health and there is more information sharing and effective risk assessment. For health practitioners we also now receive minutes of the strategy discussions and these are now uploaded. • Better communication with partner agencies in terms of feeding audits, SCRs, information regarding CSE to take to their front practitioners to embed into practice during assessments at home visits and during supervision. This enhances their decision making during assessments and directs benefits assessment of children.
<p>Challenges for the future</p> <ul style="list-style-type: none"> • Working together and communicating effectively through the changes and keeping focused on managing the risks to children and families. • Challenges of the media and the number of children exposed to CSE and sometimes how one individual has access to so many vulnerable children and the number of strategy discussion arising from this.
<p>Next steps</p> <ul style="list-style-type: none"> • Regular feedback about how SCRs are embedded in practice and any audits completed and share learning. • To obtain feedback regarding any audits done by partner agencies and share learning.

SSCB policy and procedures group

<p>Key achievements in 2014-2015</p> <ul style="list-style-type: none"> • Further development of the bruising protocol and leaflet for parents. • Embedding of learning from serious case reviews into policies and procedures. • Supporting the development of procedures to enable information sharing between police and education relating to children coming to the attention of police. • Revision of domestic abuse guidance to reflect the needs of children. • Using feedback from young people and carers to redesign and inform the leaflets for Section 47 enquiries, child protection conferences and information for parents which are used to support published procedures.
<p>How these achievements have impacted upon children in Surrey</p> <ul style="list-style-type: none"> • A current SCR reflects that the escalation procedure was implemented effectively and that although the outcome for the child in this case was not affected it did enable professionals to manage the inter agency conflict and reflect upon the most appropriate actions to take to protect the child. • The bruising protocol has raised awareness particularly amongst health professionals to challenge bruising in non mobile infants and to use professional curiosity to discover more information. The SSCB has received feedback from a wide range of professionals and the protocol is currently being updated to reflect/clarify practical application of the protocol • Greater awareness raising of what to expect at child protection conferences.
<p>Challenges for the future</p> <ul style="list-style-type: none"> • Ensuring that changes to procedures and new procedures are widely communicated beyond the immediate sub groups and information sharing networks of the board. • Supporting partners effectively to ensure that procedures are widely communicated and implemented into practice. • Evaluating the impact of procedures on practice. • Working in partnership with a number of boards to develop the multi-agency level of need document.
<p>Next steps</p> <ul style="list-style-type: none"> • Development of the SSCB communication strategy to include named professionals in all key agencies who will be responsible for ensuring that information is circulated appropriately in a timely manner. • Defining and publishing the good practice principles for managing risk to support learning across audits and case reviews. • Developing more formalised systems to provide feedback on new policies and procedures through use of electronic media/SSCB website.

SSCB education group

Key achievements in 2014/2015

- Review of membership.
- Establishment of core agenda with standing items and forward plan.
- Securing representation from all phase schools, including the Independent sector.
- Annual protecting children on and offline conference in partnership with the Police and Crime Commissioner's Office.
- First annual review of safeguarding audit for all education providers – resulting in a 69% return rate.
- Creation and sign off of a model child protection policy in line with Keeping Children Safe in Education (March and July 2015).
- Creation and sign off of a model staff conduct policy.
- Agreement for a child sexual exploitation (CSE) awareness training programme to be offered to all schools following CSE train the trainers roll out in education offices across the county.
- Quality assurance document for alternative education providers which links to the OFSTED framework.
- Monitoring of and agenda planning for all designated safeguarding lead (DSL) networks to ensure consistent delivery of key messages and training across the county.

How have these achievements impacted upon children in Surrey (positively and negatively)

- Membership is fit for purpose, includes head representation from each quadrant to ensure dissemination of key messages to all schools. Inclusion of the Independent sector is key to being able to evidence safeguarding is monitored and quality assured in our Independent schools.
- The annual safeguarding audit has enabled us to identify key focus areas where schools have evaluated practice as needing development. It has also provided evidence of good practice so that this can be shared across the school community.
- CSE has become a priority standing item; risk screening tool and mechanisms for identifying and intervening have been disseminated.
- The model child protection policy has provided schools with a comprehensive information document which is in line with current policy and practice and OFSTED compliant.

- The model staff conduct policy covers all aspects of staff behaviour, including conduct, use of social media and record keeping. This will provide all staff working in educational establishments or teams with clear guidance and expectations whilst in the employment of Surrey County Council (SCC) and schools.
- The annual protecting children on and offline conference was well received with positive evaluations, providing information around current challenges in keeping children safe in the digital world. The event included a session on Prevent, female genital mutilation (FGM), Childline, a drama production of a primary age theatre regarding internet use and session from the Police and Crime Commissioner to introduce the availability of online resources for professionals working with children, young people and their families.
- The DSL networks are now aligned and whilst delivered in quadrants for the schools in each geographically located area, the consistent agenda and delivery means that DSLs can attend their nearest or most convenient session. These sessions are open to all education providers in Surrey and currently free of charge.

Challenges for the future

- In 2015-2016, the annual safeguarding audit will be an online audit. With just under 500 responses possible, we need to determine how these audits can be quality assured or moderated to check the self assessment of each education provider is accurate and in line with others submitted. We also need to ensure feedback is given to each audit submitted and good practice identified is actively shared to ensure providers can learn from others in order to improve their practice.
- Capacity of the education safeguarding team requires reviewing as requests for school based training – for example inset days and parents evenings – are not sustainable.
- DSL training is currently a half day session delivered by Babcock – commissioned by SCC. The need to expand this training to include CSE, workshops to raise awareness of Prevent (WRAP), FGM and understanding of early help through to court proceedings as a referral pathway requires urgent review as the need to skill up the workforce in wider safeguarding issues becomes more pressing.
- Online safety and the links to CSE are increasingly featuring in cases discussed at area missing and exploited children conferences (MAECCs) – educating children and their parents needs to be a key focus over the next year, especially engagement with parents in awareness events which is currently low.
- The Goddard Inquiry and impact on how records are kept requires a review.

There has been a noticeable increase in historical allegations and schools often do not have the records of either staff or children as far back as are being requested.

- Elective Home Education continues to be a challenge due to the current restrictions on the local authority's ability to investigate the provision and identify where children are not being adequately educated. These young people may not have access to the education around keeping themselves safe which is available and discussed in schools as part of the personal, social and health education (PSHE) curriculum and pastoral support.
- To understand how the educating safeguarding group can continue to the OFSTED improvement plan and SSCB improvement plan.

Next steps

To action all above challenges as part of an education safeguarding business plan.

SSCB health group

Key achievements in 2014/2015

- The SSCB health and child safeguarding group has successfully provided a conduit and forum for senior lead health professionals with key responsibilities for safeguarding children across the Surrey health economy, to come together to take forward the safeguarding children agenda. It continues to influence the strategic direction in relation to the planning, commissioning and delivery of services to vulnerable children.
- The group has developed an action tracker which gives assurance that key safeguarding actions are being taken forward by all members and provides a robust mechanism to hold members to account.
- The group has been key in coordinating the response from health providers to inspections carried out by OFSTED and the Care Quality Commission (CQC), developing robust action plans which are monitored through the group to create change and improve practice.
- The group has played an important role in disseminating key national and local guidance such as the SSCB escalation policy to health providers. It enables discussion to achieve a uniformed approach to understanding the implications.
- The group are currently developing a more effective interface between adults and children's safeguarding groups by bringing together the two groups to discuss common agenda items.
- The group has played a key role in the dissemination of learning from recent serious case reviews and case reviews.
- The group has continued to monitor health organisation action plans from SCRs and case reviews, providing a forum for discussion and has been effective in holding providers to account.

The effectiveness and impact of the group has been significantly improved over the past 12 months with:

- Evidence of good representation and engagement at the appropriate senior level from both health commissioners and health providers.
- Robust systems being introduced to monitor and hold members to account.
- The group takes responsibility for directing the strategic safeguarding children agenda.

How have these achievements impacted upon children in Surrey (positively and negatively)

- The group enables change to practice to be implemented through the collaborative working relationships of senior professionals from health providers, for example the improved communication process between midwifery and GPs when there is a safeguarding concern.
- The group has provided a forum where best practice can be shared and implemented more widely.

Challenges for the future

Ensuring key messages are disseminated effectively across a complex health economy.

Next steps

To continue to establish a strong and effective working relationship with the SSAB health sub-group.

SSCB learning communication development group

Key achievements in 2014/2015

- Delivery of comprehensive training programme of foundation and specialist courses responding to SCR learning, local priorities, audit findings and national priorities.
- Increased range of training courses are either available or in the process of being developed (professional challenge, pre-birth assessment, honour based violence (HBV), Prevent, CSE training).
- The implementation of charging for all training has generated increased revenue to enable the development of new training opportunities.
- There is evidence of actions within the current learning, development and communication strategy being met.
- Developed and implemented an impact/evaluation tool (learning action plans) following completion of Foundation Module 1 training.
- Action plans for all SSCB and single agency training to measure impact agreed. (Response to recent OFSTED report).
- Training needs analysis for 2016-2017 commenced.
- Development of training pathways and consideration being given to the embedding of key issues within SSCB multi-agency and single agency training, e.g. Prevent, DA, CSE, FGM.

How have these achievements impacted upon children in Surrey (positively and negatively)

- Charging policy and system for payments has created difficulties for partner agencies and may be a deterrent to some people accessing training. It has also caused administrative challenges for the training team and may have negatively impacted on partnerships. This is currently being addressed
- Challenge to provide sufficient training places on foundation safeguarding modules. Staff are unable to access training in as timely manner as we would like.
- Opportunities for development of the training offer due to increased revenue. For the future this will enable the multi agency team to develop enhanced knowledge and skills within safeguarding.
- Increasing awareness of national and local key training priorities (see final bullet point above) across partners.
- Increased awareness of safeguarding issues for staff across partner agencies.

Challenges for the future

- Meeting demand of foundation and specialist training to meet the needs of the workforce across Surrey; particularly foundation modules 1 and 2.
- Managing increasing demand on agencies and individuals to attend training and keep abreast of current knowledge requirements across all safeguarding areas.
- Ensuring consistency in training across all partner and non-partner agencies.
- Reaching more staff in agencies including boroughs and districts.
- Ensuring all agencies are offering the correct level of training to meet needs of different groups of staff.
- The challenge of measuring the impact of training on children and young people and their families and the quality of the safeguarding response. The learning action plan for Foundation Module 1 aims to achieve this. Further action plans and sampling to be developed.
- Consistency of messages and training across professional groups.
- Evaluating single agency and refresher training.
- Ensuring local and national learning is disseminated across all agencies in a meaningful way to inform and enhance practice.

Next steps

- Undertake a training needs analysis in Autumn 2015 to evaluate current offer and inform learning development and communication strategy 2016-18.
- Update learning development and communication plan.
- Collection of accurate data regarding outputs and outcomes of training, to assess impact both in the short and long term.

SSCB CSE strategy group

Key achievements in 2014-2015

- A complete multi-agency review has been undertaken by the SSCB partnership to review the structure of sub groups of the board, governance arrangements and reporting structures across the county. This followed an audit undertaken by the SSCB and the findings of the local authority OFSTED inspection in November 2014.
- New group structures have been agreed and widely communicated that support effective assessment of children who are considered to be at risk of CSE. These are subject to constant review as more information becomes available to inform service development.
- Key partners have reviewed all cases of children reported/known to be at risk of CSE and have developed a single CSE list which is pro-actively managed and updated.
- A new screening tool is being developed, together with supporting guidance, to enable frontline practitioners to be increasingly alert to a number of risk factors that could indicate CSE.
- Awareness raising campaigns have continued across the county and campaigns have been evaluated to measure impact.
- A CSE audit has been undertaken by the board to provide a baseline from which further improvements can be made.
- The extent of CSE in Surrey is currently being evaluated to build on information already held by partners on key hot spots and geographical areas of concern.
- The theatre production, Chelsea's Choice, has been widely commissioned and delivered to schools in Surrey.
- Multi-agency CSE strategy has been updated and re-launched.
- A revised CSE strategy group work plan, based upon thematic review of nationally published reports and thematic inspections has been developed; this is a live document subject to bi-monthly review and reporting.

How these achievements have impacted upon children in Surrey

- During 2015, 214 cases of children/young people known to be at risk of CSE were re-assessed.
- At 01 April 2015, 164 children were identified as being at specific risk of CSE within which 20 are high risk, 60 medium risk and 84 low risk. 50 cases were archived as being no longer at risk of CSE.

- Since the new arrangements were put in place 14 children have been brought into care, 11 made subject to child protection plans and regularly 80 children have their protection plans quality assured to make sure that all partners are doing everything that they can to keep them safe.
- Wider more targeted awareness raising campaigns are supporting young people with posters in key locations accessed by children including railway stations and bus shelters. Along with a short TV advert played through Sky Boxes aimed at perpetrators.
- Chelsea's Choice feedback suggests that a powerful message has been delivered to children and professionals about being alert to concerns and the impact of CSE.

Challenges for the future

- Understanding the scope of CSE in Surrey.
- Raising awareness and supporting professionals in their work with families affected by CSE.
- Greater engagement of the board with hard to reach groups of young people and some minority ethnic groups across Surrey.
- Implementing and embedding new tools and operating procedures into front line practice across all key agencies as a matter of priority.
- Engaging with young men in Surrey who are at risk or victims of CSE who form a disproportionately low cohort of young people at risk in current data sets.
- Develop comprehensive data sets to allow targeted analysis and reporting.

Next steps

- Continuing scrutiny, monitoring and challenge at the board to ensure that partners achieve the specific objectives of the CSE work plan.
- Development of a Surrey wide operating protocol.
- Completion of the joint work of children's social care and police to scope the extent of CSE in Surrey.
- Circulation of the CSE screening tool and guidance to partners.
- Finalising the SSCB communication strategy and tier 2 information sharing protocol to enable two-way pro-active sharing of information between agencies.
- Audit on the use of screening tool/submission of completed screening tools to the referral assessment and intervention services (RAIS) teams/Multi-Agency Safeguarding Hub (MASH) to inform future service delivery/development.

SSCB e-safety group

<p>Key achievements in 2014/2015</p> <ul style="list-style-type: none"> • The effectiveness and impact of the group has been significantly improved over the past twelve months with a strong multi-agency representation. • Protecting children on line and offline planning for conference in June 2015. • Taking forward the key messages from a serious case involving the death of a teenager to raise awareness in schools. • Raising awareness of radicalisation through use of social media. • Work with schools on filtering and monitoring networks for safeguarding issues.
<p>How these achievements have impacted upon children in Surrey</p> <p>E-safety training for schools, social work teams, foster carers have also included the dangers of children interacting during online gaming. The training has included awareness of grooming, coercive and intimidating and bullying behaviour. The training has linked with child sexual exploitation (CSE) and the Prevent duty.</p>
<p>Challenges for the future</p> <ul style="list-style-type: none"> • Raising parental awareness of the benefits and risks of the internet. • Continuing to respond to the sophisticated methods employed by perpetrators to groom children and encouraging a proportional response. • Ensuring that professionals respond to the changing climate and try to 'stay ahead' in their knowledge of digital and social media.
<p>Next steps</p> <ul style="list-style-type: none"> • We will create a training programme (CPD) for professionals working with children and young people about online risks. • Hold a multi-agency conference for professionals about how to protect children online. • Ensure schools make the best use of network filtering and monitoring to identify safeguarding issues and concerns. • Continue to raise awareness of online risks to parents and foster carers.

SSCB child protection (CP) dissents group

Key achievements in 2014/2015

- Embedding the role of the CP dissents group into practice.
- Reporting to operations group from June 2014.
- Enabling independent multi agency review of 11 professional dissents during 2014/15.
- Ensuring that chairs decisions are audited and any good practice or learning identified.
- CP dissent outcomes inform learning for future conferences.
- Analysis of the reasons for professional dissent which showed that:
 - 80 % of dissents related to either a child not being put onto a CP plan or a decision being made to continue with a CP plan.
 - 50% of cases were referred due to the chair over ruling a majority decision.
 - In 9 of the 10 cases reviewed CP dissents group upheld the decision of the chair.
 - In 1 case the decision of the chair was not supported and the case was referred for an internal review.
 - Positive feedback was provided to professionals around clear reports and minutes that brought both the child and situation 'to life'.
 - Advice was given to professionals to ensure that medical information is available to conferences particularly in cases where accidental injury is suspected.

How have these achievements impacted upon children in Surrey (positively and negatively)

- In the eight months to February 2015, there were 10 conference reviews.
- 3 related to the same child, 5 arose following a CP review meeting and 2 related to initial conferences.
- Outcomes related to children aged 0 to 17 years.
- Professionals working with families are assured that a review of a chair's decision is available to allow a wider multi agency perspective to be reached – outside of conference.
- Training issues relating to the dissent process have been raised with the SSCB training officer including raising awareness amongst partners of how the CP dissent process works.

- One case related to a looked after child (LAC) who was also on a CP plan and a recommendation was made that joint planning needs to be instigated in such scenarios. It was recommended that there should be joint LAC reviews and CP conferences.

Challenges for the future/next steps

- To continue to provide independent multi-agency scrutiny of cases where there is professional dissent at a CP conference and to do so in a way that improves practice, particularly in a time when professional anxieties are high.



SSCB overview of progress

Engagement and participation with children

Participation of children and young people and engagement with staff

The voice of children, young people and their families is crucial to the work of the SSCB. Increasing participation is a key piece of work undertaken in 2014-2015:

- A participation strategy has been drafted for implementation during 2015. A multi-agency steering group has been established to develop this work further and to consult with children and young people throughout its development. The strategy and ensuing action plans will work to ensure that the voices of children, parents and the workforce are embedded into the work of the SSCB.
- A consultation exercise has been undertaken in partnership with Children's Services to consult with children and young people who are subject to a child protection plan. This proved to be a complex and sensitive task, and contributions to the survey were limited with a low response level.
- Learning from this survey approach is that other methods have to be explored with partners, who work regularly with young people. As a result of this Surrey Youth Focus are now members of the SSCB and will support the SSCB in taking participation work forward in 2015.

The participation strategy work plan for 2015-2016 will explore how wider consultation can take place with children, for example, by involving them wherever possible in the design of board literature, building on the work undertaken in 2014-2015.

Key achievements of the SSCB partnership in 2014-2015

Overall 2014-2015 has seen a step up in the performance of the SSCB with increasingly robust challenge of partners to meet their statutory obligations. The board is appropriately resourced and well supported from partners in taking forward key pieces of work.

Increasingly effective relationships between the board and partners have resulted in the board responding positively to the challenge presented by OFSTED, firstly in embracing the opportunity to be part of the integrated inspection pilot and latterly in supporting fully the chair and the partnership support manager in taking forward a formal appeal against an un-evidenced inspection outcome in November 2014. The outcome of the appeal process whilst successful, was protracted and challenging for those directly involved and has without doubt led to work that would have been the day to day work of the support team being delayed.

Most notably there have been unavoidable delays in taking forward the development of a revised business plan for 2015-2018, which was further compounded by an OFSTED re-inspection shortly after the reporting year for the 2014-2015 annual report concluded.

In measuring the success of the SSCB in respect of its core business objectives there has been significant progress in 2014-2015:

- The learning and improvement framework is now beginning to embed into practice and work is underway to not only recognise but publish examples of good practice. The work of the CCG in conducting the deep dive audit into the impact of learning from serious case reviews is a key example of how single agencies are responding positively to learning recommendations.
- Some specific practice improvements have been informed by serious case review learning i.e. the early help strategy and MASH arrangements and whilst there are clearly improvement issues relating to both areas there is a strong platform upon which to build service developments.
- Through the dissemination of findings from the 2014 Section 11 audit further specific opportunities to engage with the boroughs and districts have arisen. The SSCB is continuing to build on the work in 2013-2014 with boroughs and districts in relation to their roles and responsibilities in housing, and we are delighted to report that this has led to an annual conference being planned by the borough and district councils for September 2015, representing a key opportunity to meet housing providers and deliver key messages.
- Health organisations across Surrey have pro-actively engaged in addressing practice improvements and are robustly addressing safeguarding concerns in

a private provider, demonstrating a high degree of professional scrutiny and challenge. Regular reporting to the SSCB provides updates and consideration of emerging challenges that the partnership faces and enables the SSCB to take forward national issues to NHS England.

- The SSCB performance scorecard has been further reviewed and developed and now incorporates commentary from agencies alongside their data. There remain challenges in obtaining housing data and CAMHS data, but partners are working to find a solution to overcome these gaps.
- A particular strength of the CDOP chair being the director of public health has become increasingly evident as key national messages and learning from both Public Health and CDOP can now be shared and disseminated through newsletters and the SSCB website to a wide range of subscribers and practitioners. All the CDOP processes have been subject to a formal review during 2014-2015 and a report will be presented to the SSCB meeting in July 2015.
- SSCB has commissioned two serious case reviews and published three serious case reviews in 2014-2015. This demonstrates an ongoing and continued commitment to learning. These reviews have used a variety of methodologies and have involved families, managers and practitioners.
- The completion of the first Section 11/S157/175 Audit with schools, developed during the last reporting year has been highly successful with over a 66% return rate. The independent school sector also responded positively to the initiative and there are proposals in planning to broaden the scope of future Section 11 Audits.

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

- Monitoring of an independent provider of mental health services for young people where there have been safeguarding concerns.
- Continued monitoring of the outcome of the capacity and capability review of the current arrangements following the national changes to probation services.
- 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 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 impact of the re-structuring of Children's Services which took place in April 2014.
- The effectiveness and fitness for purpose of the of the MASH.

- Leading and supporting the CSE arrangements and strategy in Surrey and developing a clear action plan and referral pathway.

The SSCB business plan is currently being developed and it is proposed will include broad priorities relating to:

- early help
- safeguarding adolescents
- child sexual exploitation
- domestic abuse.

Targets will include specific monitoring of the areas for improvement identified by OFSTED and those identified through the learning and improvement framework.

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: 2015-2016

Continuing targeted priorities:

- Targeted priority 1** To monitor and challenge the effectiveness and impact of the domestic abuse services in reducing the incidences of domestic abuse and protecting children and young people from harm.
- Targeted priority 2** To challenge, scrutinise and support the effectiveness of the delivery of early help for children, young people and families who do not meet the thresholds for statutory intervention and support by Children's Services.
- Targeted Priority 3** To assess, evaluate and report on the response and impact of partners work to protect children and young people at risk of CSE.
- Targeted Priority 4** To hear the voice of children and young people and ensure that this contributes to the work of the SSCB.

Additional areas of focus for Surrey Safeguarding Children Board in 2015-2016

1. Increased engagement with the voluntary, community and faith sectors across Surrey to raise awareness and to begin the process of assuring the quality of safeguarding processes will be carried forward to 2015-2016. There has been some limited progress with engaging the voluntary sector in board activities and with sub-groups, however the engagement with the faith communities requires significant further development beyond the engagement of the Anglican faiths.
2. To continue to improve formal participation by children, young people and their families and staff in the work of the SSCB to ensure the priorities are appropriate and that services are of good quality.
3. To support and monitor the improvement activities of partner agencies in their response to inspections. To ensure that the SSCB is effectively providing challenge and scrutiny to the local authority improvement plan and monitoring the progress against action plans developed by Surrey Police, health and Probation and Youth Justice agencies and that there is synergy and alignment.

Key messages for 2015-2016:

Key messages for partner agencies and strategic partners

- To ensure that efforts are made by all partners (including those working with adults) to secure effective early help for families and those children in need of protection are identified quickly and receive appropriate support.
- To ensure staff across all a partner agencies share information at the earliest opportunity and proactively challenge decisions that fail to adequately address the needs of children, young people and/or their parents/carers.
- To ensure that work continues to address domestic abuse and that the evaluation of the local strategy and interventions being made inform future planning of initiative and interventions.
- To ensure substance misuse services continue to develop their role in respect of safeguarding children and young people and that greater evaluation is undertaken in regard to the links between parents/carers substance misuse and the high number of children and young people at risk of significant harm.
- To ensure work being undertaken to tackle neglect is evaluated and evidence of its impact on children and young people informs both strategic planning and service delivery.
- To ensure that the priority given to child sexual exploitation by the SSCB is reflected within strategic planning and in partner agencies support for the ongoing work of the board's sub-groups.
- To ensure that the role of voluntary organisations and faith groups is recognised and increased support is made available to ensure they play their part in safeguarding children and young people.

Key messages for chief executives and directors:

- To ensure that the protection of children and young people is considered in developing and implementing key plans and strategies.
- Ensure the workforce is aware of their safeguarding responsibilities and can access SSCB safeguarding training and learning events.
- The contribution of your agency to the financial resourcing and work of the SSCB is categorised as a high priority. Every agency must ensure that it takes into account the priorities within the SSCB business plan and the agency's own contribution to the shared delivery of the SSCB's work.
- The role of each agency in meeting the duties of Section 11 of the Children Act 2004 is clearly understood and accurate returns are submitted in a timely manner.

- Each agency is able to contribute to the work of the SSCB with appropriate resources and personnel.
- Ensure the SSCB remains informed about any organisational restructures in order to understand the impact of restructure on capacity to safeguard children and young people in Surrey.

Key messages for the children and adult's workforce:

- Support the SSCB in seeking to ensure that the wishes of children are recorded and inform decision making.
- Ensure you are booked onto, and attend, all safeguarding courses and learning events required for your role.
- Be familiar with, and use when necessary, the SSCB threshold and safeguarding procedures to ensure an appropriate response to safeguarding children and young people.
- Be clear about who is your representative on the SSCB and use them to make sure the voices of children and young people and frontline practitioners are heard.
- Ensure you raise concerns and challenge any safeguarding decisions you feel are inappropriate and are familiar with the SSCB escalation policy.

Financial resources

Financial contributions to the SSCB budget for the financial year 2014-2015 remained the same as the previous year, totalling £310,177.00.

The board support team restructuring was agreed and implemented during 2014-2015 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, a child death coordinator and administrative support.

Contributions to 2014-2015 budget

Organisation	Contribution	Percentage of total
CCGs	131,852	42.52
Surrey County Council	118,195	38.11
Surrey Police	27,765	8.95
NHS trusts	13,500	4.35
District and boroughs	11,000	3.53
Probation	7,315	2.36
Cafcass	550	0.18
Total	310,177	100.00

Costs associated with the SSCB

Cost heading	Expenditure 2014-2015	Expenditure 2013-2014
Employee related costs	274784	324083
Staff expenses	9449	6092
Training expenses	24631	71219
Other costs	3082	6601
Independent reviews/case reviews	23447	51576
Independent chair	24631	31064

Report contributors

- SSCB Independent Chair
- SSCB Partnership Support Manager
- SCC Head of Safeguarding
- SSCB Quality Assurance and Evaluation Officer
- Designated Nurse Safeguarding Children
- Director of Quality and Governance, Guildford and Waverley CCG
- Chairs of SSCB Sub Groups
- Surrey Police Public Protection Unit
- Surrey Police Diversity Crime Unit
- SSCB Training and Development Officer
- Director Surrey and Sussex probation trust – is this right?
- Early Help Partnership Manager
- REMA Lead teacher (West)
- Elective Home Education
- SSCB Area SEND Programme Leader
- Assistant Team Manager - Family and Friends Team
- Head of Community Partnership & Safety
- Director of Public Health

Appendix A business plan review

March 2015 SSCB business plan review and impact summary

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 2015). 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.¹

The SSCB 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 SSCB 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.

1. Overarching priority:

To ensure the SSCB is able to deliver its core business as identified in Working Together 2015. In order to do this it has five core business objectives:

- Optimise the effectiveness of arrangements to safeguard and protect children and young people.

¹ Working Together to Safeguard Children, 2015 Chapter 3.

- Ensure clear governance arrangements are in place for safeguarding children and young people.
- Oversee serious case reviews (SCRs) and child death overview panel (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.

Targeted priorities: In addition to the delivery of core business the SSCB has identified four 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.

Targeted priority 4 To work with partnership agencies to develop, agree and implement a multi-agency child sexual exploitation strategy capturing and developing work undertaken CSE/missing children work plan.

1	To ensure the LSCB is able to deliver its core business as identified in Working Together 2015.
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1.1

	Action	Progress to 31 March 2015	Impact
1.1.a	Ensure there is a robust process in place for multi-agency audit and case review	<ul style="list-style-type: none"> • An analysis of audit findings and learning from case reviews has identified audit themes 	<ul style="list-style-type: none"> • Annual plan for audit in place enabling better multi agency planning.

	Action	Progress to 31 March 2015	Impact
	<p>informed by SSCB review of current quality assurance (QA) arrangements. These should link with SSCB strategic priorities:</p> <p>a) domestic abuse b) impact of early help c) children who are subject to child protection plans (CPP)/looked after children (LAC).</p>	<p>for 2015-2016.</p> <ul style="list-style-type: none"> • Domestic abuse audit findings have been disseminated. Communication links between DA strategy work/DA website and SSCB website and Community Safety Partnership to signpost partners and workforce to appropriate resources. • Early help strategy roll out to partner agencies through targeted workshops and early help networks has continued throughout 2014/15. The impact of the changes was reported on 10 March 2015 and further areas for development identified. • Early help audit on quality of early help assessments and team around the child; includes partners file review role of lead professional and step up/step down process has been undertaken and actions arising are being taken forward through the early help governance board. 	<ul style="list-style-type: none"> • SSCB website updated to include links to DA website. DA guidance reviewed and updated to signpost to agencies. • See minutes of SSCB 10 March 2015 and actions arising. Business plan 2015-2018 to pick up ongoing concerns. • Findings of EH audit and audit of step up step down identified fully reported upon – see SSCB minutes. Some significant concerns highlighted to be taken to e-help governance board.
1.1.b	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	<ul style="list-style-type: none"> • SSCB report card: A revised and improved multi-agency data set has been developed and further areas for improvement have been identified. Missing children data, including data on return interviews will be included as an Annex 	<ul style="list-style-type: none"> • More comprehensive data set developed. Some data still not provided by partners - housing data from BDCs is hard to obtain. • CAMHS data not available-highlighted as area of concern to be addressed. • Missing children return interviews are being

	Action	Progress to 31 March 2015	Impact
	business plan.	<p>in the Q4 data set prior to incorporating into the full report in 2015-2016. The attainability of data, timing of data and frequency have all been considered. Partners, in addition to providing data, provide narrative to provide context to the reporting.</p> <ul style="list-style-type: none"> Data governance issues relating to health data have been resolved and there is an agreed health dashboard in place with Q1 and Q4 reporting. 	<p>undertaken for LAC children only.</p> <ul style="list-style-type: none"> Partners now providing context to data provided to avoid misinterpretation. CCG have led on achieving an agreed dashboard reporting in Q1 & Q4.
1.1.c	To complete Section 11 audits and ensure this process is robust and pro-active in its responses to partner organisations and supports continuous improvement.	<ul style="list-style-type: none"> 2014 S11 audit has been completed and reported to the January 2015 board. Workshops are being taken forward with key partners to disseminate learning and identify improvements. Schools Section 11 document has been agreed by education phase councils and will be reporting in summer 2015. 	<ul style="list-style-type: none"> Minutes of SSCB 27 January record discussion. Woking BDC have not completed return- chased and being followed up. Focused workshops to be undertaken to provide feedback and discuss next steps with key partners. S11 returns from schools being collated reporting to July 2015 board.

1.2

	Action	Progress to 31 March 2015	Impact
1.2.a	<p>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)</p>	<ul style="list-style-type: none"> LSCB is informed of activity being undertaken by partners which supports the overarching priority of ensuring effectiveness. A reporting calendar has been developed and is in place which ensures regular 	<ul style="list-style-type: none"> Reporting calendar informs agenda planning.

	Action	Progress to 31 March 2015	Impact
	but in addition annual IRO reports, complaints reports etc.	updating of the board from a wide range of agencies.	
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"> • 2014-15 SSCB annual report is currently being written and will be published in September 2015. • The report makes recommendations to Surrey Children and Young People's Partnership, Community Safety Board and Health and Wellbeing Board and other relevant bodies to inform wider strategic planning and development. 	<ul style="list-style-type: none"> • Information to contribute to the report is being collated. Reporting and governance arrangements in place. • Closer working arrangements between SSCB partnership support manager sits on CYPP operations group and regular meetings with democratic services leads to greater understanding of members' priorities.

1.3

	Action	Progress to 31 March 2015	Impact
1.3.a	Oversee and monitor the implementation of serious case review process and the CDOP processes.	<ul style="list-style-type: none"> • Serious case reviews and partnership reviews take place in accordance with the relevant guidance in Working Together 2015 and are mapped to identify recurring themes with DHRs. These themes inform board led activities through the implementation of the learning improvement framework. • Chairs of CDOP and SCR groups report quarterly to the operations group. • SSCB review recommendations of serious case reviews and agree actions and media publications to embed learning. 	<ul style="list-style-type: none"> • Shared learning and issues arising shared with Community Safety Partnership Board. • Training programme and course content informed by learning. • Audits in place to check embedding of new/revised procedures and provide feedback mechanism. • Partnership review KH undertaken as audit of use of bruising protocol.

	Action	Progress to 31 March 2015	Impact
1.3.b	<p>Ensure that learning from the review processes is:</p> <ul style="list-style-type: none"> shared with the children's workforce. 	<ul style="list-style-type: none"> SSCB learning improvement framework sets out the dissemination of learning. Learning events and learning from serious case review leaflets are utilised to share learning through the SSCB newsletter. National and local learning informs training programmes and audit activities. Work to overcome some of the barriers to learning from reviews transferring into practice has been undertaken and dissemination of learning has been reviewed with partners as part of ongoing work. 	<ul style="list-style-type: none"> Communication through sub groups effective-wider dissemination in single agencies less determinable. Communication strategy being developed to include named roles in each agency that external and internal communications will be sent to.
1.3c	<p>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.</p> <p>Public health messages are effectively disseminated to the wider population.</p>	<ul style="list-style-type: none"> Measurements of the impact of improved learning and policy development as a result of serious case reviews/partnership reviews is being developed and a communication strategy will be published in summer 2015 identifying information leads in all partner agencies who will take responsibility for the circulation of new/revised policies and procedures to teams. 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 director of public health is now a member of the SSCB and also the chair of the child death overview panel. Strategic case review group monitor and record progress against action plans and hold partners to account. 	<ul style="list-style-type: none"> As 1.2 above Improved information sharing re CDOP modifiable factors and opportunity to influence commissioning of services. See individual action plans for progress.

1.4

	Action	Progress to 31 March 2015	Impact
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"> E-suite processes have been developed further to include a revised and improved on line payment system. Discussions are continuing about the development of a training portal using the Surrey Academy Learning Platform. A non-returnable booking fee to offset the cost of cancellations and no shows of £12 per booking has been agreed and will be implemented from 01 April 2015. Development of training resources particularly the exploration of e-learning options and specialist courses has been a focus of work and partners are able to access Prevent, safer recruitment, CSE awareness through the Surrey Skills Academy. 	<ul style="list-style-type: none"> Online booking and payment system has reduced administrative input in support team: easy to use system for workforce. Online payments system has removed need for invoicing and achieved improved use of resources by the SSCB. Cost off set to cover administrative burden of 'no shows' will have positive impact on budget; some partners will need to review systems for refunding staff. Links to e-learning in place for CSE; safer recruitment. WT 2015 to follow shortly - increasing accessibility to the wider workforce and provide flexible learning option.
1.4.b	Introduce a framework to monitor the impact of training on workforce competence and confidence and support to children and families.	<ul style="list-style-type: none"> Evaluations from training programmes have been analysed and reported upon. An online system was implemented in December 2014 which is being widely used by partners. Learning action plans are in place for all module 1 training programme delegates to aid planning of SSCB programmes. 	<ul style="list-style-type: none"> Online evaluation system working well. Ease of analysis reduces resource requirements for reporting purposes. All course participants embarking on module programme have sign up and commitment to release for training from direct line manager. Personalised feedback received tailored to individual.
1.4.c	To ensure the effectiveness of the role of the local authority designated officer (LADO) and current procedures for	<ul style="list-style-type: none"> Senior officers in partner agencies have been identified as first contact with enquiries of workforce allegations. Annual LADO report presented to SSCB in 	<ul style="list-style-type: none"> OFSTED highlighted good practice. Additional resource now recruited and in post creating capacity to support the increase in referrals. WT 2015 partially

	Action	Progress to 31 March 2015	Impact
	dealing with allegations against the workforce.	<p>November 2014 highlighted the challenges and planned increase in capacity to meet increased reporting.</p> <ul style="list-style-type: none"> Working Together 2015 included a change in requirement for role of LADO which is being incorporated into practice. 	implemented. National LADO group are not supporting title change of role as work undertaken to raise awareness of LADO role would be adversely impacted.
1.4.d	To review the impact of safer workforce training on agency practice.	<ul style="list-style-type: none"> SSCB will be able to determine whether training is informing safer workforce practice and whether minimum standards are being met. Monitoring and measurement will be via the on line evaluation tool and the six monthly reporting to SSCB due September 2015 will include the first nine months evaluation data. 	<ul style="list-style-type: none"> See training reports to board and evaluation outputs.

1.5

	Action	Progress to 31 March 2015	Impact
1.5.a	<ul style="list-style-type: none"> To plan and deliver regular newsletters and updates to all staff. To agree a mechanism to ensure engagement of children, young people and their families in measuring the effectiveness of safeguarding arrangements. To agree a mechanism to enable staff to measure the effectiveness of arrangements in safeguarding 	<ul style="list-style-type: none"> Newsletters raise awareness of key issues. Circulation broadened through link on SSCB website. Circulation list is increasing with each publication. Positive feedback received and contributions from partners are improving. SSCB participation work is being developed and there is increasing evidence of partners seeking service user feedback on services received. Work with families and children remains in the early stages of development as the views of service users are critical and provide a balance to data set analysis. 	<ul style="list-style-type: none"> Circulation increased significantly since re-launch. Link on website. Contributions received from parents/carers. Participation strategy group set up to support the work of consulting with children's and families, currently looking at ways of engaging with young people and how to use social media effectively. Developing some work to survey young people about CSE. Young people and parents contributed to the redesign of child protection conference leaflets. Regular use of surveys and

	Action	Progress to 31 March 2015	Impact
	services.		focus groups to support to seek views of work force as part of audit work.

TP 1	To ensure sufficient work with partner agencies to reduce incidences of domestic abuse (DA) and the impact this has on children, young people and families.
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	Action	Progress to 31 March 2015	Impact
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"> Area sub group work reflects the local initiatives to support victims and survivors of DA, however this remains a priority for 2015-16 as there is insufficient evidence of support for children and its impact. The Linx programme in Surrey is being rolled out to support recognition of the real need to support young people who have witnessed domestic abuse. Funding of £48,000 was secured from the OPCC. The SSCB will receive updating reports of progress as part of DA updates. Children's Services has commissioned and awarded a two year grant to Surrey DA providers to deliver support for children and young people affected by DA. This will cover Prevention (healthy relationships), early help (step-down community support) and intervention (support for CYP on a child in need plan or child protection plan). The OPCC have provided 16k to each of the four DA outreach providers to deliver 1:1 support for children affected by DA. Outcomes will be reviewed at end of 2015. 	<ul style="list-style-type: none"> Some good practice in south-east quadrant to support children affected by domestic abuse (DA) through attendance at a weekend club. 37 workers trained to deliver LINX, as at April 2015, have reported increased confidence in talking to young people about DA in their day to day work. The topic has been embedded in wider relationship and sex education programmes with groups of young people and within 121 work for those who are known to have witnessed domestic abuse or experienced poor treatment in intimate relationships. This grant started on 1st June and has already seen referrals for early help, where the providers are embedding themselves in the RAIS teams and referrals for Interventions from CP teams. Updates will be available on a quarterly basis.

	Action	Progress to 31 March 2015	Impact
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"> SSCB do not deliver DA training but link into the Surrey CC DA training programme, which is multi-agency in its delivery. SSCB have contributed to resource development and key representatives sit on the LCD sub group and policy and procedures group and provide a direct link to the DA development group. Externally delivered DA training has been included in the SCC online training programme which will be broadened to capture other multi-agency delivery of partner organisations. Discussions are at an early stage to incorporate this into future SSCB training programmes. 	<ul style="list-style-type: none"> Comprehensive training offer provided through SCC. E learning awareness programme available on skills academy.
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"> Strategy published September 2013. DA development group leading on developing an implementation plan with regular reporting of progress and challenges to the SSCB. Partnership support manager sits on DA development group. End of 2014/15 action summary and draft 2015/16 action plan update provided for May 2015, the future plan will be finalised and monitored via the DA development group. DA pathways mapped, development of the MASH and phase two Family Support Programme to further develop earlier interventions and TAF approaches inclusive of DA. 	<ul style="list-style-type: none"> Regular reporting to SSCB. No formal action plan shared detailing implementation of actions.

TP 2		To ensure sufficient, timely and effective early help for children and families who do not meet the thresholds for children's social care	
	Action	Progress to 31 March 2015	Impact
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"> • Early help update was presented to board on 10 March, the SSCB audit highlighted some areas for consideration by the EH governance group particularly around step up/down and the link between EH and Family Support Programmes. • Clarity is required on the routes/ access to services via the 'front door' and MASH. • Multi-agency levels of need document was updated in January 2015 to be more explicit about Children's Services involvement at Level 3. • QA officer monitoring the development of the e-early help assessment via audit. • SSCB report card details activity, quality and timeliness of decision making. 	<ul style="list-style-type: none"> • Lack of clarity of interface between FSP and e-help. • Uncertainty of referral pathway and processes particularly how step up/step down is monitored and tracked. • MA level of needs document revision ratified through P&P group. • Follow up audit 2015/16.
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"> • The experience of children and families is not yet evidenced as informing service development. The participation agenda is a priority area of work for the QA group in 2015/16. A task group have started to engage young people and parents. • Task and finish group meetings have been held to identify approaches and planning for participation work. • Surrey Youth Focus has met with the SSCB and have agreed to support some of the participation work and will attend future board meetings. 	<ul style="list-style-type: none"> • Targeted Survey of experiences of children accessing CP processes undertaken in March. Despite sending out 300 letters only three families interviewed with a total of 12 children. SSCB anticipate repeating this work in late 2015 early 2016. • Surrey Youth Focus representation to attend board from May 2015 to bring additional voice of youth.
TP 2.3	To comment on the early help strategy as it is developed to	See 2.1 above	<ul style="list-style-type: none"> • Ongoing monitoring reporting and audit raises significant concerns of how children in need are managed in Surrey and the effectiveness of step

	Action	Progress to 31 March 2015	Impact
	ensure that it has an effective needs analysis and sufficient services to meet need.		down arrangements. Board seeking additional assurances

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 31 March 2015	Impact
TP 3.1	To monitor the effectiveness of arrangements by Children's Services 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"> • 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. • Audits have been undertaken and reported back to the area groups and quality assurance groups. • Corporate Parenting Board report and IRO reports on LAC forms part of board reporting calendar. 	<ul style="list-style-type: none"> • Robust data in SSCB data set updates partnership and allows challenge and discussion re increasing number of children subject to CP plans, length of time on a CP plan. Trend of children staying on plans for longer identified and challenged • Partnership support manager attends Children's Services Improvement board meetings leading to increased understanding of challenges and data.
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"> • CP reports are provided to the board four monthly and IRO report annually. • Issues and challenges are discussed and actions identified. • SSCB report card data provides information relating to number, timing, and duration of activities including early help. 	<ul style="list-style-type: none"> • Attendance at CP conferences subject of challenge and debate at SSCB. See minutes January 2015.

	Action	Progress to 31 March 2015	Impact
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"> Auditing activity demonstrates some challenges in the effective engagement by partner agencies in CP and LAC processes and work identified to support improvement. Reports are provided to the board as part of the reporting calendar. 	<ul style="list-style-type: none"> Engagement of GPs in providing reports and poor attendance at conference challenged named GP formally responded March 2015. SSCB minutes record discussions.
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"> Multi-Agency Safeguarding Hub (MASH) has been established and regular reports are provided to the board together with impact reporting. Multi-agency threshold document published and available on website. Regular update reports are provided to the board. 	<ul style="list-style-type: none"> Concerns relating to up to six front doors to Children's Services is causing confusion. Report on effectiveness of MASH suggests significant changes are required – MASH project board in place. Formal review recommendations being taken forward by partnership. Multi-agency threshold document ratified and updated on website.

TP 4	To challenge and scrutinise the effectiveness of the response and impact of partners work to protect children and young people at risk of Child Sexual Exploitation
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	Action	Progress to 31 March 2015	Impact
4	To develop and agree the implementation of a child sexual exploitation strategy.	<ul style="list-style-type: none"> Multi-agency CSE strategy agreed and published. Communications plan agreed. Membership of CSE strategy group and governance have been undertaken in light of nationally publish reports. A new structure. Terms of reference and membership will take forward work within Surrey from 01 April 2015. 	<ul style="list-style-type: none"> Published national reports have been reviewed and mapped. CSE group structure, governance and membership reviewed and updated. Terms of reference updated.
4.1	Implementation of strategy – key priorities identified and	<ul style="list-style-type: none"> A revised work plan and implementation plan are being developed and overseen by the CSE strategy group. A CSE 	<ul style="list-style-type: none"> Action plan reviewed and updated. Progress updated in minutes of CSE strategy group/task &

	<p>monitoring procedures agreed.</p>	<p>Learning pathway is currently being developed together with a practitioners' toolkit by a short term task and finish group.</p> <ul style="list-style-type: none"> • Data/monitoring procedures are being developed linked to missing children monitoring. 	<p>finish group and reports to SSCB.</p>
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Communication/publication of the SSCB annual report

- review and approval SSCB 24 November 2015
- publication by SSCB following approval 1 December 2015
- presentation of report to:
 - Cabinet 22 March 2015
 - Surrey Children & Young People's Partnership tbc
 - Health and Wellbeing Board 10 December 2015
 - Social Care Services Board 25 January 2016
- distribution of report



Surrey Health and Wellbeing Board

Date of meeting	10 December 2015
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Item / paper title: Surrey Safeguarding Adults Board Annual Report 2014-2015

Purpose of item / paper	To demonstrate that the Council is well placed to fulfil its obligations under the Care Act to have an established Safeguarding Adults Board in its area.
How does the report contribute to the Health and Wellbeing Board's strategic priorities in the following areas?	The Safeguarding Adults Board Annual Report reflects the activity of the Board in the year 2014/15. Consequently it provides useful information and context that can be used to contribute to all of the Board's strategic priorities in relation to safeguarding adults.
Surrey Health and Wellbeing priority(ies) supported by this item / paper	Safeguarding the Population
Financial implications - confirmation that any financial implications have been included within the paper	<p>The activities of the Surrey Safeguarding Adults Board were funded by Adult Social Care during 2014/15. The cost of running the Board is budgeted to be £290,000 per year. This includes costs for the Independent Chair, support staff, Serious Case Reviews, training, conferences etc.</p> <p>A pooled budget with financial contributions from Police, health services, District and Borough Councils has been put in place from April 2015. This ensures partner agencies have greater responsibility for the functioning of the Board. This is similar to the way the Surrey Safeguarding Children's Board is financed. Surrey County Council contributes £117,450 (40.5%) towards the Board's overall running costs. This contribution is funded out of the Care Act revenue element of Surrey's Better Care Fund</p>
Consultation / public involvement – activity taken or planned	<p>The Annual Report is a description of the Board's activities during the year. It will be shared with all partner members of the Board and made available to the public.</p> <p>The Annual Report was presented to the Cabinet on 27 October 2015 and the Social Care Services Board on 30 October 2015.</p> <p>The Annual Report is presented by Simon Turpitt, Independent Chair of the Surrey Safeguarding Adults Board who has consulted with:</p>

	<p>Mel Few, Cabinet Member for Adult Social Care, Wellbeing and Independence, SCC</p> <p>Dave Sargeant, Strategic Director Adult Social Care, SCC</p>
<p>Equality and diversity - confirmation that any equality and diversity implications have been included within the paper</p>	<p>The recommendations will have a positive impact on residents with different protected characteristics by making the activities of the Board more transparent.</p> <p>No Equality Impact Assessment has been carried out as it is not necessary in relation to an Annual Report.</p>
<p>Report author and contact details</p>	<p>Simon Turpitt, Independent Chair Surrey Safeguarding Adults Board</p> <p>Contact via: Liz Butcher Elizabeth.Butcher@surreycc.gov.uk Tel: 01372 832252 Mobile: 07772 901 984</p>
<p>Sponsoring Surrey Health and Wellbeing Board Member</p>	<p>Mel Few, Cabinet Member for Adult Social Care Dave Sargeant, Strategic Director Adult Social Care, SCC</p>
<p>Actions requested / Recommendations</p>	<p>The Surrey Health and Wellbeing Board is asked to:</p> <p>a) Board Members are asked to take the Annual Report back to their respective organisations and consider any implications on service development and working practices which their organisation should act upon.</p>

Health and Wellbeing Board
10 December 2015

Surrey Safeguarding Adults Board Annual Report 2014-2015

Purpose of the report:

By receiving this Annual Report, the Health and Wellbeing Board will be informed of the activity and progress in relation to safeguarding adults in Surrey.

Introduction:

1. Safeguarding the Population is one of the five priorities of the Health and Wellbeing Board.
2. The Surrey Safeguarding Adults Board is a multi agency Board constituted specifically to safeguard adults in Surrey who are at risk of abuse and neglect. The Safeguarding Adults Board has identified the need to maintain effective links with the Health and Wellbeing Board as supporting one of its key priorities. The Annual Report 2014 -2015 for the Surrey Safeguarding Adults Board is at Annex 1.

Purpose of the Surrey Safeguarding Adults Board

Background

3. Surrey has had a Safeguarding Adults Board in place for over a decade. The Board was originally set up under the Department of Health guidance: 'No Secrets' (March 2000). It has had an independent chair whose primary duty is to ensure that the main statutory agencies work together to improve practice which protects and promotes the safety of adults at risk of abuse and neglect in Surrey.
4. Surrey Safeguarding Adults Board has presented its Annual Report to Cabinet for the last five years. This is a voluntary arrangement, however, in future years it will be a statutory requirement under the

Care Act for the Annual Report to be sent to the Chief Executive and Leader of the local authority, the Police and Crime Commissioner, the Chief Constable, Healthwatch; and the Chair of the Health and Wellbeing Board.

5. Whilst the period covered by this Annual Report is prior to the introduction of the Care Act, much work has been done during this time by the Independent Chair, Adult Social Care and partner agencies to prepare the Board for becoming statutory in April 2015. This has included sharing financial responsibility for supporting the Board with a pooled budget and introducing two new positions to provide support for the Board's functions.
6. The Board would like to support elected members to have a good understanding of the range of abuse and neglect issues that can affect adults and of the importance of balancing safeguarding with empowerment, as required by the Care Act (Section 14.193 of the statutory guidance). It is anticipated the Annual Report will increase that understanding.

Safeguarding children and adults

7. Surrey has had a statutory Safeguarding Children's Board in place since 2004. The legislative framework for safeguarding children is different from that of safeguarding adults. However, one of the aims of the Safeguarding Adults Board is to ensure elected members and the public are as well informed on safeguarding adults as safeguarding children. This will increase confidence that people living in Surrey are safeguarded irrespective of their age.

Care Act 2014

8. The Care Act states that each local authority must establish a Safeguarding Adults Board (a 'SAB') for its area. The objective of a SAB is to help and protect adults in its area in cases of the kind described in section 42(1) of the legislation (this is set out in paragraph 9 below). The way in which a SAB must seek to achieve its objective is by co-ordinating and ensuring the effectiveness of what each of its members does. A SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective.
9. Section 42(1) of the Care Act describes the adults that must be protected by safeguarding as: an adult in the Local Authority area (whether or not ordinarily resident there) who has needs for care and support (whether or not the authority is meeting any of those needs) and as a result of those needs is unable to protect himself or herself against abuse or neglect, or the risk of abuse or neglect.

Conclusions:

By receiving this Annual Report, the Health and Wellbeing Board will be informed of activity and progress in relation to safeguarding adults in Surrey.

Recommendations

Board Members are asked to take the Annual Report back to their respective organisations and consider any implications on service development and working practices which their organisation should act upon.

Next steps:

- i. Board Members are asked to contact Independent chair of Surrey Safeguarding Adults Board if there are any further questions.
- ii. Board Members are asked to take the Annual Report's priorities back to their respective organisations and consider the implications on service development and working practices which their organisation should act upon supporting and where appropriate implementing.
- iii. To identify whether there are any areas where the Surrey Health and Wellbeing Board and the Surrey Safeguarding Adults Boards need to work together to deliver their mutual priorities.

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Annexes:

Annex 1: Surrey Safeguarding Adults Board Annual Report 2014 - 2015.

Sources/background papers:

- Department of Health 'No Secrets' statutory guidance
- Care Act 2014
- Care and Support Statutory Guidance Issued under the Care Act 2014 by the Department of Health
- Association of Directors of Social Services: Safeguarding Adults: Advice and Guidance to Directors of Adult Social Services, March 2013
- Surrey Safeguarding Adults Board Strategic Plan

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Surrey Safeguarding Adults Board

Annual Report 2014 – 2015



Surrey Safeguarding Adults Board

Annual Report 2014 – 2015

We will all work together to enable people in Surrey to live a life free from fear, harm and abuse

Foreword by the chair of the Board

This year has seen the need for major preparation for the Board and its member agencies to become statutory under the new Care Act which will enhance our standing and improve our ability to protect adults at risk, whilst ensuring we put the adult at the centre of what we do.



This change is welcomed by the Board and empowers us to ensure all organisations that come within the remit of contact with adults at risk are now legally obliged to ensure that their staff have been trained to the required levels, that they have policies in place and that safeguarding adults is a major focus in their day to day work.

The new Act gives us more areas of risk and better powers for improving prevention included in those is the requirement for the authority to have a Board in place. Surrey has been very forward thinking in this and has had this in place for several years, the difference now being that it has a legal standing. This change has allowed the key partners at Board – Adult Social Care, Police and Health now have stronger representation and support the board by joint funding.

These significant changes have meant that policies, training and staff engagement have been a major focus.

All this has happened whilst we have maintained and improved our focus on protecting to adults at risk. To help this we have strengthened our accountability structures with better reporting systems, a challenge day when all agencies come together to share the learning and look at ways of improving from areas of risk .and an all-day learning event for practitioners around an area of development. This year we prepared an event of the practical implementation of the Mental Capacity Act and

Deprivation of Liberty Safeguards (DoLS). This event took place in early April 2015, was well attended with about 120 front line staff from all agencies and private providers and have speakers from the National and local area. These events allow for excellent sharing of information, networking and highlighting best practice.

The Board had no cases during the year which qualified for Serious Case Reviews though we published two from the previous year. It is critical that the learning from these are acted upon and there is a robust assurance process that continues to ensure that improvements to the way we work are implemented and that they have the desired impact going forward.

All these changes from the Care Act ensure that we strengthen the ability of adults at risk in Surrey to be protected and that as a multi-agency board we are all committed to work closer together to make that happen.



Simon Turpitt
Independent Chair, Surrey Safeguarding Adults Board

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Overview of Surrey

Surrey people generally enjoy good health and wellbeing. They expect to live a long and healthy life. Life expectancy is high: 84 years for women and 81 years for men. That is almost two years longer than the average for England. Surrey has a population estimated at 1,152,114 and that includes 208,694 people over the age of 65 years. 100,824 households have no one under the age of 65 living in them.

Surrey is one of the least deprived areas in the country. However, there are many people who have ongoing health needs. In 2011 it was reported there were 153,354 people in Surrey who had a long term illness or disability that limited their day to day activities and 108,433 people reported they provided unpaid care for another person (2011 census data). When people in Surrey need care, many residents will pay privately for their own care and not have contact with or be known to Adult Social Care Services.

There are 5 Acute (hospital) trusts in Surrey, 6 Clinical Commissioning Groups, 5 community health providers and eleven district / borough councils. Many of these agencies and service providers also work with other Safeguarding Adults Boards in neighbouring authorities. Additionally, Surrey has borders with 5 shire counties, 2 unitary authorities and 7 London boroughs. Partnership working is therefore of vital importance in Surrey to ensure adults who are at risk of abuse or neglect and their carers are safeguarded and experience services centred on their needs.

Safeguarding – the national context

At the beginning of this reporting period, Safeguarding Adults Boards were not statutory. On 14 May 2014 the Care Bill received Royal Assent and this set out the requirement that from 1 April 2015, every Local Authority area must have a Safeguarding Adults Board, must publish an Annual Plan, report against the plan in an Annual Report and undertake Safeguarding Adults Reviews.

Before the Care Act was introduced, people had different entitlements for different types of care and support. These were spread across a number of Acts of Parliament, some over 60 years old. The law could be confusing and complex. The Care Act created a single, consistent route to establishing an entitlement to public care and support for all adults with needs for care and support. It also creates the first ever entitlement to support for carers, on a similar basis.

In Surrey, a series of events were held to gather views on the draft guidance that accompanied the Care Act. These attracted a large number of participants some of whom represented agencies and others were individuals who wished to contribute to the discussion. This enabled people in Surrey to shape the guidance and ensure it met everyone's needs.

In late October 2014 the Department of Health published the detailed final and statutory guidance. Since that time a range of supporting documents and guidance has been made available to areas to help implement the new duties. It has, however, remained a challenging time to ensure Surrey agencies fully respond to the principles and duties detailed in guidance.

This change has been described in the national press as 'the biggest shakeup of social care in 60 years'. This is no exaggeration. It is a substantial change in the way social care, including safeguarding, is delivered.

Other important changes to adult safeguarding include the ruling of the Supreme Court in the case of 'P v Cheshire West and Chester Council and Surrey'. The Supreme Court held that a person could be considered as being deprived of their liberty if the person was living in either a care home or a hospital, were subject to continuous supervision and control and if they were not free to leave. It was irrelevant whether the person did not object to having those restrictions on their liberty and this has led to professionals needing to make applications to the relevant supervisory bodies in many more circumstances than previously applied.

New fundamental standards for all care providers will be statutory from April 2015. However, two regulations for NHS bodies that form part of these came into force in November 2014. Regulation 5: Fit and proper persons: directors and Regulation 20: Duty of candour for NHS bodies in November 2014. 'NHS bodies' means NHS trusts, NHS foundation trusts and special health authorities. The fit and proper persons requirement outlines what providers should do to make clear that directors are responsible for the overall quality and safety of care. The duty of candour explains what they should do to make sure they are open and honest with people when something goes wrong with their care and treatment.

6 KEY PRINCIPLES OF SAFEGUARDING ADULTS



The role of Surrey Safeguarding Adults Board

The Board's vision is that we will all work together to enable people in Surrey to live a life free from fear, harm and abuse.

It is the responsibility of the Safeguarding Adults Board to hold partners to account, monitor outcomes and effectiveness, use data and intelligence to identify risk and to act on it and to co-ordinate safeguarding adults' activity. Details of the structure of the Board are at Appendix A.

Case Study

Raising awareness of safeguarding with carers and University staff

In November 2014 representatives from the Board attended the University of Surrey's Wellbeing Fair. An important strand of the Board's Communication's Plan this year is to increase awareness of safeguarding among residents on how to recognise abuse and act on it. By attending this event, the Board was able to raise awareness with young people who may have caring responsibilities for adults at risk, staff at the University who support students who may be carers or adults at risk and also students who may go on work placements involving contact with adults at risk.

The fair was the opening event for the University's Mental Health Awareness Week in which the whole of the University dedicated itself to raising awareness of mental health, culminating in their Vice Chancellor signing the Time to Change Institutional Pledge.



In 2014 the Board identified seven priorities that will support the vision to become a reality. These key priorities have set the strategic direction of the Board for the next three years.

Surrey Safeguarding Adults Board Key Priorities

1. Achieving good outcomes for adults at risk and carers
2. Responding to reported abuse
3. Leadership
4. Safeguarding Adults Board (effectiveness of the Board)
5. Safeguarding Adults Reviews: Serious Case Reviews (SCR), Multi Agency Reviews (MAR) and Reviews undertaken by other Boards/Partnerships
6. Personalisation (making safeguarding more effective from the point of view of the person being safeguarding)
7. A Competent workforce

The delivery of these key priorities is being achieved over 3 years through the annual Action Plans that list specific activities in each year. A lead person, or group, will take these forward and this report details progress against those actions.

Case Study

Working with GPs to raise awareness of safeguarding adults.

Members of Mid Surrey Safeguarding Adults Group wanted to do more to support GPs who will be coming into contact with vulnerable patients who may be at risk of being harmed. Knowing busy GPs will have difficulty leaving the surgery to attend a meeting or training session, members of the group joined the GPs at their Clinical Commissioning sub-group meetings. Offering a pack of safeguarding resources to the GPs and the Pharmacists, the group were able to initiate a useful discussion in a way that made the most of everyone's time.

Areas of good practice & areas for improvement

There are six key principles that underpin all adult safeguarding work nationally – Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability. The Board embeds these principles throughout its work. The Board has achieved many successes in embedding these principles but there have also been challenges.

<p>Empowerment</p> <p>People being supported and encouraged to make their own decisions and informed consent.</p>	<p>Achievements: User Led Organisations that represent adults at risk of harm and carers have been valued and integral members of the Board. In addition, they fully participated in the Board's sub committees, local groups and events.</p> <p>Challenges: There is still much work to be done to ensure all agencies are ensuring the safeguarding response from agencies is personalised to the individual needs of that adult. This is called 'Making Safeguarding Personal' and becomes a statutory duty in the Care Act. The Care Act will be coming into force in April 2015 when it will be a duty on agencies to ensure an adult's wellbeing is promoted throughout the safeguarding process. This forms part of the Board's Work Plan for next year. It will remain a challenge for Board agencies to safeguard adults who wish to remain living in risky situations.</p>
<p>Prevention</p> <p>It is better to take action before harm occurs.</p>	<p>Achievements: The Board has widely distributed leaflets, alert cards and safeguarding postcards to agencies. There are also safeguarding posters available in 4 languages and pop-up stands to raise awareness of the need to safeguard adults. ASC led on a raising awareness campaign that is set out in detail at Annex C. There has been increased engagement with agencies to support awareness via training and communication. The Board has been working more closely with Surrey's District and Borough Councils to support safeguarding of adults and carers. This has been achieved through a variety of means including meeting with Chief Officers, preparing a policy briefing specifically for their needs and supporting their engagement with the Board.</p> <p>Challenges: There is a constant need to raise awareness with hard to reach groups including people who fund their own care and people from black, Asian, and other minority ethnic groups. This will be maintained as a priority for the Board in the next year.</p>

<p>Proportionality</p> <p>The least intrusive response appropriate to the risk presented.</p>	<p>Achievements: When assessing the seriousness of a safeguarding situation, Adult Social Care (ASC) attaches great importance to the expressed views and preferences of the person living with the risk. Great care is also taken to ensure the safeguarding response is proportionate to the risk presented. This means that whilst there are many safeguarding alerts raised in Surrey, those taken forward are part of the structured safeguarding response based upon criteria of appropriateness and risk. This is reflected in the safeguarding adults data that shows 24% of safeguarding alerts i.e. the earliest contact with ASC, go forward to enter the formal safeguarding process. More information on what the data shows is at Appendix B.</p> <p>Challenges: The Care Act emphasises the need for safeguarding to always enhance involvement, choice and control as well as improving quality of life, wellbeing and safety for the adult at risk. In the early days of implementing the Care Act, it will be a challenge for agencies to ensure they fully meet these needs for all adults at risk and to evidence this.</p>
<p>Protection</p> <p>Support and representation for those in greatest need.</p>	<p>Achievements: The residents of Surrey are helped to report harm through the efforts of all agencies to raise awareness of safeguarding and the ways it can be reported. The Board requires all statutory agencies to report annually on how they are implementing safeguarding. A comprehensive set of 24 questions gives the Board assurance of the effectiveness of their safeguarding and is linked to each agency's Action Plan for areas they wish to develop. This year, ASC has joined the Multi Agency Safeguarding Hub. This means safeguarding alerts can be responded to quickly and can involve other agencies who are based at the hub at the earliest opportunity.</p> <p>Challenges: Many agencies are reporting challenges in recruiting and training staff as the employment situation in Surrey is competitive. The Board always recommends multi agency, classroom based training as the most effective, however, some agencies are choosing desk-based training instead as it means staff not having to be released from their place of work.</p>

<p>Partnership</p> <p>Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.</p>	<p>Achievements: The Board has 4 sub-groups and 4 Local Safeguarding Adults Groups and the chairing of these groups has seen greater involvement and is now shared by different agencies of the Board. At the start of the year the Board was funded by just one agency, Adult Social Care, however, during the year agencies agree that from 2015-2016, a pooled budget will be in place so that many agencies will be making a financial contribution to the Board and improving engagement and governance . This is a positive reflection of agencies active support of the Board.</p> <p>Challenges: There are many pressures on agencies. This includes financial pressures as budgets are reduced, pressures in retaining and recruiting staff due to the vibrant economy in Surrey and there are many different partnerships that agencies need to engage with. The Board will continue to work together to support agencies work better together to meet the needs of adults at risk and carers.</p>
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<p>Accountability</p> <p>Accountability and transparency in delivering safeguarding.</p>	<p>Achievements: Board members have demonstrated an openness with the Board and accountability for their own agencies delivery of safeguarding. In particular, Board agencies completed a self assessment audit of their adult safeguarding and attended a ‘Challenge and Support’ event to share issues. ASC invited a Peer Review team to check what is working well in Surrey including safeguarding and where improvements can be made and have been implementing the findings from that review. The Peer Review team included meeting with Board agencies and the Independent Chair. The Team were overall very positive and complimentary about the Board however there were some actions that were felt could improve our effectiveness. They recommended the Board reconsider ‘the agendas, make up and funding of the Board to ensure balance between partner organisations’. This has been implemented as part of the developments in relation to the Care Act (please see the section on ‘Plans 2015-2016’ for further information) Board members have agreed the introduction of a new multi-agency Performance Framework with data being submitted by all statutory agencies.</p> <p>Challenges: The Board has not had a Quality Assurance Manager to support the analysis of ASC data that was submitted to the Board. The development of this as a new role will take place and will be funded by the pooled budget. Until that Manager is in post, the Board has very limited capacity to analyse the data.</p> <p>The next year will be the first year when the Board has had a multi-agency Performance Framework and this has occurred at the same time as the Care Act has brought in significant changes to the way safeguarding is responded to. It will be a challenge for the Board to analyse what the new data means for safeguarding in the first few months of the new financial year.</p>
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Case Study

Raising Awareness of safeguarding with non-professionals who visit the homes of adults at risk of harm.

Members of South West Surrey Safeguarding Adults Group wanted to do more to raise awareness of safeguarding adults with people who may visit people's homes as part of their business but who were not health or social care professionals. The group identified the types of businesses who may visit the homes of adults at risk of harm. This included companies making food deliveries, home cleaning companies, companies providing befriending/companionship services, ironing, gardening mobile and hairdressing services. The group identified a pack of safeguarding materials to help people understand the signs of abuse and neglect and how to report it. Over 90 packs were distributed to businesses in the area. The Board will identify in the following months whether there has been any increase in reports of abuse from this sector.

Delivery against the Action Plan

The Board agreed and published its Annual Plan in April 2014. The Board monitored the implementation of the plan throughout the year and has completed an assessment of whether the actions were fully implemented or need further activities in the following year. Please see Appendix D for the Plan that was in place in this reporting period.

Key	
	Action fully complete
 + Actions in 2015-2016	Action started but further work to be done
 + Actions in 2015-2016	Action not started this reporting period but will be done in the next year.
	Action has not been implemented and the reasons for this are set out.



SSAB has comprehensively revised its accountability framework. All agencies have agreed to the Board's new Constitution, Risk reporting and dispute resolution processes. This increases the multi-agency accountability for safeguarding adults in accordance with the Care Act and the vision of the Board.

Strategic Plan Actions 1 & 2



SSAB had already established relationships with other Boards and Partnerships and in this year they have built on these to ensure there is knowledge of each other priorities and activities shared between them. This helps partners to work together more effectively.

Strategic Plan Action 3



All SSAB statutory agencies have voluntarily undertaken a self assessment of their adults safeguarding and implemented action plans. They took part in a 'Challenge and Support' day to share learning and agree priority actions. Representatives from carers and service user organisations attended the day to ensure Board members heard what the issues are for people who experience safeguarding.

Strategic Plan Action 4



All SSAB agencies have agreed to implement the new multi agency performance management framework. This includes submitting safeguarding data to the Board and this will enable the Board to hold agencies to account for the delivery of safeguarding and to better share learning to improve practice.

Strategic Plan Action 5

SSAB members planned to hold development sessions in this year to ensure partners had excellent knowledge and implementation of all safeguarding issues. In this year there were 2 key development issues:



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**Actions in
2015-2016**

- Mental Capacity Act – this had been raised in recent Serious Case Reviews in Surrey and had been subject to significant national change following a Court ruling relating to Deprivation of Liberty Safeguards. The Board planned a multi agency event to support all agencies (whether Board members or not) fully understand and implement the legislation. The event was held in April 2015 and will be reported on in the Annual Report for that year. SSAB will continue to support agencies fully implement the Mental Capacity Act through training and dissemination of news and guidance.
- Care Act – SSAB members received regular updates on the Care Act and how safeguarding adults must change. This included the Department of Health lead on Social Care attending the Board meeting in September to update members on the imminent legislation prior to the publication of the statutory guidance in October. Further action is planned for the next year with SSAB members undertaking an evaluation of their compliance with the Care Act and all the Board's policies and procedures being revised.

Strategic Plan Action 6



SSAB's subgroups have been reporting to the Board on their progress. This has ensured a close link between the strategic Board meetings and local delivery.

Strategic Plan Action 7



The Board's Annual Report 2013-2014 was presented to Surrey County Council Cabinet and the Surrey Health and Wellbeing Board. It was published on the SSAB's webpages. This ensures the work of the Board is visible and they can be held to account for delivering their plan.

Strategic Plan Action 8



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**Actions in
2015-2016**

The Board had planned to have finished the revision of the Multi Agency Procedures for safeguarding adults to ensure they complied with the Care Act during this reporting period. However, a combination of factors including late guidance from the Department of Health have meant this activity is going to be continued into the new reporting period with the finished procedures being published in early Summer. This includes reviewing the safeguarding process and undertaking a case file audit of safeguarding cases that have finished.

Strategic Plan Actions 9, 10 & 11



SSAB members have continued to ensure the SSAB Risk Policy and the Choking Prevention Policy are embedded throughout their agencies.

Strategic Plan Actions 12 & 13



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**Actions in
2015-2016**

SSAB has implemented a Missing Persons Policy to support agencies effectively respond when an adult at risk goes missing. However, following an audit, concerns have been raised about how effectively some agencies are using this policy therefore further work will be done on this in the next reporting period.

Strategic Plan Action 14



SSAB has undertaken many activities to raise awareness of adult safeguarding. This includes an independently evaluated campaign led by ASC Communications team, quarterly newsletters distributed to over 900 individuals, distributed leaflets, attended events such as the University of Surrey event and Surrey Information Summit. Information on raising awareness with people who funded their own care is in this report's case studies. For further detailed information on the raising awareness of safeguarding campaign, please see Appendix C.

Strategic Plan Actions 15, 16 & 17



SSAB agencies have actively implemented action plans from Serious Case Reviews. The Board has introduced a new process to ensure actions are embedded and reviewed 6 months later. This has supported Board agencies to ensure a learning culture is part of their everyday safeguarding activities.

Strategic Plan Action 18



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**Actions in
2015-2016**

SSAB members had planned to achieve more in relation to sharing information on national Serious Case Reviews (adults) and Domestic Homicide Reviews. However, very few SABs publish their Serious Case Reviews and this has made it difficult to learn lessons from other areas. In relation to Domestic Homicide Reviews there is a delay being experienced nationally in these being quality assured by the Home Office. The Board will continue to work to address these issues.

Strategic Plan Action 19



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**Actions in
2015-2016**

SSAB members had planned to ensure the programme of 'Making Safeguarding Personnel' was fully understood and all agencies were implementing its principles. However, with the introduction of the Care Act this work was integrated into other changes to the safeguarding pathway in Surrey and this will be fully implemented in the next reporting period.

Strategic Plan Action 20



SSAB has an agreed multi-agency training framework in place including a Competency Framework, multi-agency classroom based training courses and DVDs to support individual agencies learning.

Strategic Plan Actions 21 & 22



SSAB members had planned to do work jointly to ensure the way agencies were commissioning services included robust contracts in relation to safeguarding adults. This work has not been practicable and it has remained the responsibility of each agency to ensure their contacting processes include appropriate references to safeguarding.

Strategic Plan Action 23



SSAB members have undertaken an audit of how they implement the Mental Capacity Act. This focused on whether staff were being trained appropriately and were implementing the learning. Further activities were identified as a result of this audit to support agencies, this is outlined in Action 6.

Strategic Plan Action 24

Case Study

Safe Places scheme in Woking town centre



The aim of the 'Safer Place' scheme is to promote greater independence for individuals in the community. They provide vulnerable people, particularly those with a learning disability or dementia, with a safe place to go to where help can be obtained if they are feeling scared or upset while out on their own in the town centre. A Safe Places scheme had been started in Woking the previous year, however, the Board was keen to see this expanded. In Summer, we were pleased to have the Peacocks and Wolsey shopping centres joining the scheme. This provided much greater support for people wanting to visit the popular centre. The following town centre locations in Woking have signed up to the scheme:

- Peacocks shopping centre
- Wolsey Place shopping centre
- Moorcroft Centre for the Community
- Woking Association for Voluntary Service
- The Hub & Surrey Disabled People's Partnership
- Woking Library

Serious Case Reviews

There was no mandatory requirement for Safeguarding Adults Board to conduct Serious Case Reviews in this reporting period. However, they enable professionals to effectively learn lessons when harm has occurred therefore the members of the Surrey Safeguarding Adults Board had agreed to conduct reviews. The protocol for the conduct of reviews was publicly available on the Board's webpages at this time.

The Board has a multi agency sub-group that receives notifications from professionals of cases where a vulnerable adult has experienced abuse or neglect and the case may meet the criteria for a Serious Case Review. 9 cases were received during this time. After careful consideration, 7 of those cases were identified as not meeting the agreed criteria for a Serious Case Review. 1 further case related to a death in a house fire and Surrey Fire and Rescue Service had already completed a comprehensive report including recommendations, therefore the group agreed there was no additional learning to be obtained from undertaking a Serious Case Review but the learning were shared. 1 case was received during the end of

this reporting period and is under consideration by the group, they will be assessing additional information in the next reporting year to determine if a Review should take place.

The Board publishes the Executive Summaries of Serious Case Reviews on their webpages. This is to aid the dissemination of the lessons learned so that other professionals can learn from what has happened. When appropriate, the names of the families have been anonymised to help protect their privacy.

In response to each Serious Case Review, the Board has drawn up action plans for the agencies where there are recommendations for changes in their policies or practices. These agencies report back to the Board on the implementation of those actions. They further report 6 months later on what evidence the agency has on the changes that have been made in their organisation and how this has led to improvements.

The Board published 2 Serious Case Reviews in this period:

- The Serious Case Review in relation to the death of Mrs A was published in April 2014.
- The Serious Case Review Executive Summary in relation to the death of Mr D was published in July 2014.

Both are available from the Board's webpages.

Priorities for 2015-2016

At the start of the financial year, the Care Act will come in to effect, Safeguarding Adults Boards will be statutory and agencies responses to safeguarding adults will reflect the focus on achieving the outcomes that the adult wants. This will be a time of positive change. In Surrey, ASC have introduced the new pathway for safeguarding and are continuing to support the Multi Agency Safeguarding Hub that joins many services together to support information sharing and joint working. The Board will have new Multi Agency Procedures in place to ensure compliance with the Care Act and a new Safeguarding Adults Reviews protocol has been introduced to replace the Serious Case Review Protocol.

There will also be challenges for agencies. No change can be achieved without significant effort and the above changes are being implemented at a time when all agencies are experiencing reductions in their budgets. Furthermore, there are still elements of the Care Act guidance that are not yet fully described and the Board is expecting further detail to be made available with the Department of Health have completed their revisions.

New pieces of legislation will be coming into effect in the new financial year. The Criminal Justice and Courts Act 2015 will make it a criminal offence for an individual who has the care of another individual by virtue of being a care worker, to ill-treat or wilfully to neglect that individual. A care provider can also be convicted for ill-treatment or wilful neglect. The Counter-Terrorism and Security Act 2015 will bring in new statutory duties on Councils, health services, prisons and the police to prevent

people from being drawn into terrorism. The Serious Crime Act 2015 will bring in new responsibilities to protect women vulnerable to having Female Genital Mutilation. The Modern Slavery Act 2015 will make provision about slavery, servitude and forced or compulsory labour and about human trafficking, including provision for the protection of victims. The Health and Social Care (Safety and Quality) Act 2015 will bring in a new duty on health and adult social care providers to share information about a person's care with other health and care professionals.

Plans for 2015-2016

The Board has already put in place the framework to ensure it meets the new statutory requirements of the Care Act. This includes:

- A new Constitution to ensure Board members are clear about their responsibilities and accountabilities.
- A new pooled budget will come into effect in April 2015 to share the financial responsibility for the Board. ASC, Health, Police, District and Boroughs will be contributing the budget. Spending from this will be reported on to each Board and Business Management Group meeting.
- A multi agency Performance Framework comprising both data and written reports that supports the Board to better understand safeguarding from agencies and from the service users perspective.
- A support team of three people will be recruited to work with agencies to deliver the Board's Strategic Plan. One of these posts will be a continuation of the existing administrator post; the other two will be new posts of Board Manager and Quality Assurance Manager. The Quality Assurance Manager in particular will increase the ability of the Board to analyse data and quality assure the effectiveness of the Board and safeguarding activities by agencies.
- A revised Safeguarding Adults Review Protocol has been agreed for implementation from 1 April 2015.
- The Board and the Business Management Group will receive and review a newly introduced Risk Register to support the early identification of risks to the delivery of the plan.
- The ASC Communications Team will be further developing the Board's webpages to help both residents and professionals easily access information about safeguarding in Surrey.
- The Board will continue to request member agencies provide a completed self assessment of their own delivery of safeguarding and engage in a 'challenge and support day' to discuss and develop safeguarding in Surrey.

In addition, the Surrey Safeguarding Adults Board will advance its work to align itself as far as possible with the Surrey Safeguarding Children's Board to ensure both Boards' work and safeguarding actions are as coordinated as possible within the different legislative frameworks. This will be helpful for both residents and professionals. Where possible, it will also result in economies being made by sharing

practice across the Boards instead of developing individual tools and processes. The Boards' already have plans in place to introduce a new 'Health' sub-group that will discuss both adult's and children's safeguarding concerns.

Board members have agreed their new Strategic Annual Plan for 2015-2016. This is available on the Board's webpages. It is available in both 'long' and 'easy read' versions.

Appendices

Appendix A – The Board: Organogram illustrating the structure of the Board, SSAB Terms of Reference and membership of the Board.

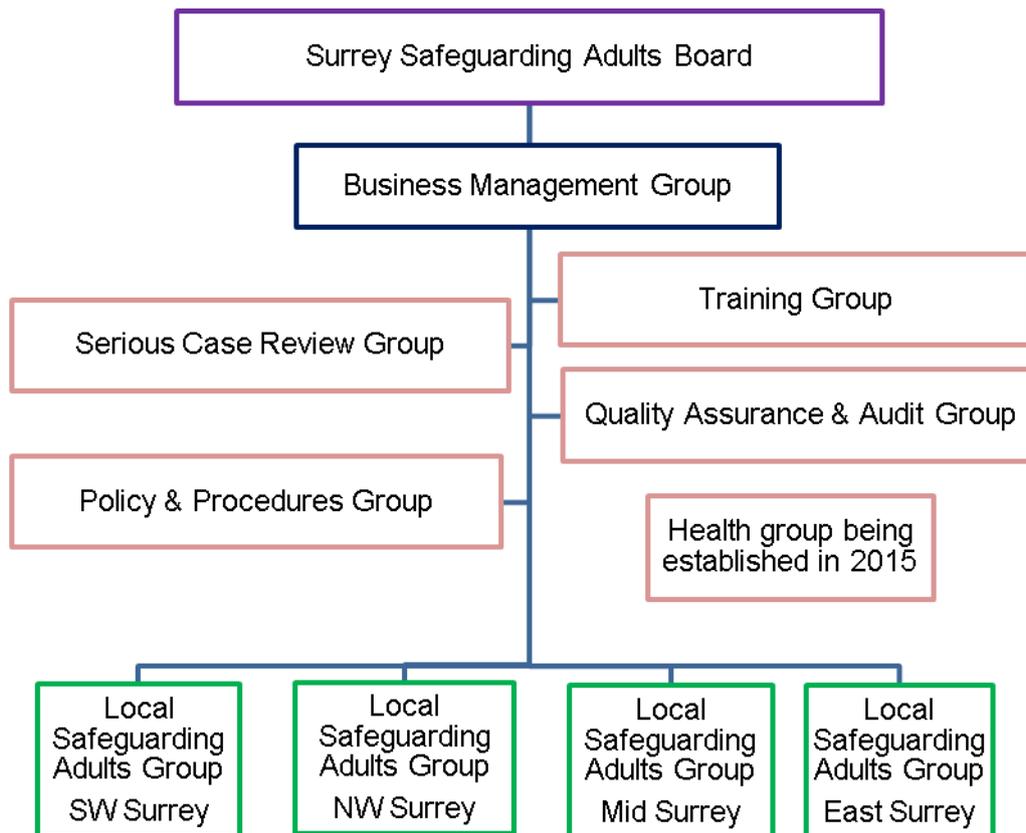
Appendix B – Safeguarding data

Appendix C – Details of raising awareness of safeguarding publicity campaign summer 2014.

Appendix D – Surrey Safeguarding Adults Board 3 year Strategic Plan with Annual plan for 2014-2015

Appendix A – The Board

SSAB Organogram.



SURREY SAFEGUARDING ADULTS BOARD

TERMS OF REFERENCE

Policy statement

Surrey Safeguarding Adults Board's policy is to work with users, carers and other agencies to protect vulnerable adults from abuse, in line with the agreed procedures. Adults who are vulnerable will be treated in a way which respects their individuality and does not undermine their dignity or their human or civil rights. The decisions of all vulnerable adults will be respected unless there is a legal responsibility to intervene or where there is a risk to others.

The terms of reference for the Board 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

Reporting and accountability

The Surrey Safeguarding Adults Board (SSAB) is constituted under "No Secrets" March 2000, Section 7 Guidance.

The SSAB manages the work of the local groups and the subgroups. Chairs of the above group will be members of the SSAB and provide annual reports to the SSAB as part of the business planning process.

The SSAB will set the key priorities of the sub groups, against the annual business plan.

The annual business plan will reflect:

- National requirements/guidance
- Relevant performance indicators
- Identified local needs.

SSAB Membership

Voluntary sector / User led organisations	Action for Carers (Surrey) Age UK, Surrey Surrey Coalition of Disabled People Surrey 50+
Emergency Services	Ambulance Services Surrey Police Surrey Fire and Rescue Service
Housing	Anchor Trust - Housing
Hospital / Acute Trusts	Ashford & St Peters NHS Foundation Trust Frimley Park Hospital NHS Foundation Trust Royal Surrey County Hospital NHS Foundation Trust St Helier & Epsom University Hospitals NHS Trust Surrey & Sussex Healthcare NHS Trust
Community Health providers	Central Surrey Health First Community Health & Care FirstPointCIC Virgin Care Surrey and Borders Partnership NHS Foundation Trust

Regulators, regional and representative organisations	Care Quality Commission NHS England Surrey Care Association
District and Borough Councils	Guildford Spelthorne Tandridge
Surrey County Council	Director of Adult Social Services, Interim Assistant Director for Service Delivery, ASC Business Intelligence Manager, ASC Area Directors, Interim Head of Safeguarding and Quality Assurance, legal services, Trading Standards, Domestic Abuse service.
Clinical Commissioning Groups	Surrey Downs CCG – hosting adult safeguarding in Surrey East Surrey, North West and Surrey Heath CCGs attend in their capacity as chairs of Local Safeguarding Adults Groups
Probation Service	Kent Surrey & Sussex Community Rehabilitation Company Ltd (formerly Probation) National Probation Service
Chairs of Local Safeguarding Adults Groups	
Associate Cabinet Member with lead for adult safeguarding at Surrey County Council	
Surrey Safeguarding Children’s Board Partnership Support Manager	



Appendix B – Safeguarding Adults Data

Safeguarding Adults Data

B.1 Safeguarding Adults Return (SAR) 2014/15

Background

- From 2013-14 onwards, the Department of Health introduced a new annual safeguarding statutory return called the Safeguarding Adults Return (SAR). This superseded the Abuse of Vulnerable Adults (AVA) annual return which was submitted for the previous 3 years.
- This report, where possible, compares Safeguarding data submitted by Surrey County Council Adult Social Care for the 2014-15 SAR with previous years' data submitted in the AVA and SAR returns. The source of this data is from the Adult Social Care Database (AIS).

Please note: data concerning 'Source of Referral', 'Nature of Abuse', 'Location of Abuse' and 'Source of Risk' from 2013-14 onwards are based on 'referrals completed in the year', in comparison with earlier years taken from AVA submissions where data was based on 'new safeguarding referrals received in the year'.

Definitions - Safeguarding Alert

This is when a concern is raised where a vulnerable adult may have been, is, or might be, a victim of abuse. This is normally the first contact between the person raising the concern and the council about the alleged abuse. For example, if an individual phoned a council and expressed a concern that their elderly neighbour was being physically abused, this would be counted as an alert.

Definitions - Safeguarding Referral

A safeguarding referral is where an alert/concern is assessed by the council to meet the local safeguarding threshold and a full safeguarding investigation is deemed necessary.

What the data tells us about safeguarding in Surrey

In Surrey we have always had a high number of safeguarding alerts being raised with Adult Social Care. This is the first contact when someone has a concern that an adult at risk of harm may be being abused. We consider the frequency that people

raise a safeguarding alert to be a positive reflection of people's knowledge of what safeguarding is, why it is important and that they know how to raise an alert.

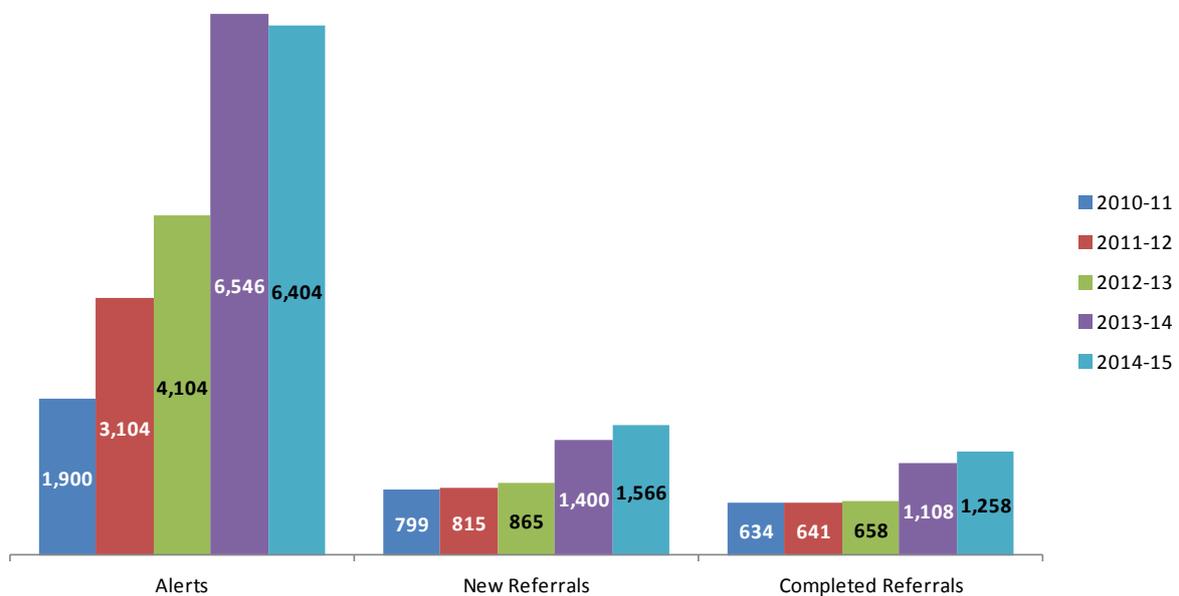
When Adult Social Care receives the alert they undertake two assessments. The first is a risk assessment for the adult who is being, or may have been, abused and the second is an assessment of the alert itself to see if it meets the threshold of intervention for further safeguarding activity. If the alert does meet this threshold, it becomes known as a referral. In Surrey 24% of alerts meet this threshold. This indicates Adult Social Care are responding to alerts in a way that is proportionate, they are assessing what response is required rather than responding in the same way regardless of the threshold of the safeguarding alert. In March / April 2014 Adult Social Care invited another local authority to conduct a Peer Review and consider whether their decision making was effective. The Peer Review team ratified the decision making in relation to the assessment of alerts.

The Board is concerned that the number of safeguarding referrals is much lower for people from ethnic minority groups than for people who are white, British. One reason for this is possibly the percentage of people from ethnic minorities is much lower in the older age groups and people in the older age groups are more likely to have a safeguarding alert raised. The information in the table below shows how the percentage of people who are white and British increases across the age ranges. The Board, however, wishes to continue to raise awareness and support people from ethnic minorities to recognise and respond to safeguarding.

2011 Census Ethnic groups by age group, Surrey Source: Census - Office for National Statistics				
	Age 0 to 15	Age 16 to 24	Age 25 to 64	Age 65+
% White: British	81.4	80.9	81.9	92.5
% All other white groups	5.1	6.1	8.4	4.8
% Mixed/multiple ethnic group	5.2	3.1	1.3	0.3
% Asian/Asian British: Indian	1.9	1.6	2.1	0.7
% Asian/Asian British: Pakistani	1.5	1.3	0.9	0.3
% All other Asian groups	2.9	4.5	3.2	0.8
% Black /African /Caribbean /Black British	1.1	1.5	1.3	0.2
% Other ethnic group	0.9	1	0.9	0.3
% All non white	13.5	13	9.8	2.7

The data shows us that 81% of safeguarding referrals have been made by workers from either Adult Social Care, Health services or the police. This is not surprising given these services work so closely with adults who are likely to be at risk of harm. With the Care Act being implemented from April 2015, there will be statutory responsibilities for agencies and all employers in relation to safeguarding. It is expected that this increase in duties will result in more safeguarding concerns being raised by other agencies.

Number of Safeguarding Alerts, New Referrals and Completed Referrals



Year	Alerts	New Referrals	Completed Referrals	Alerts to Referrals conversion rate
2010-11	1,900	799	634	42%
2011-12	3,104	815	641	26%
2012-13	4,104	865	658	21%
2013-14	6,546	1,400	1,108	21%
2014-15	6,404	1,566	1,258	24%

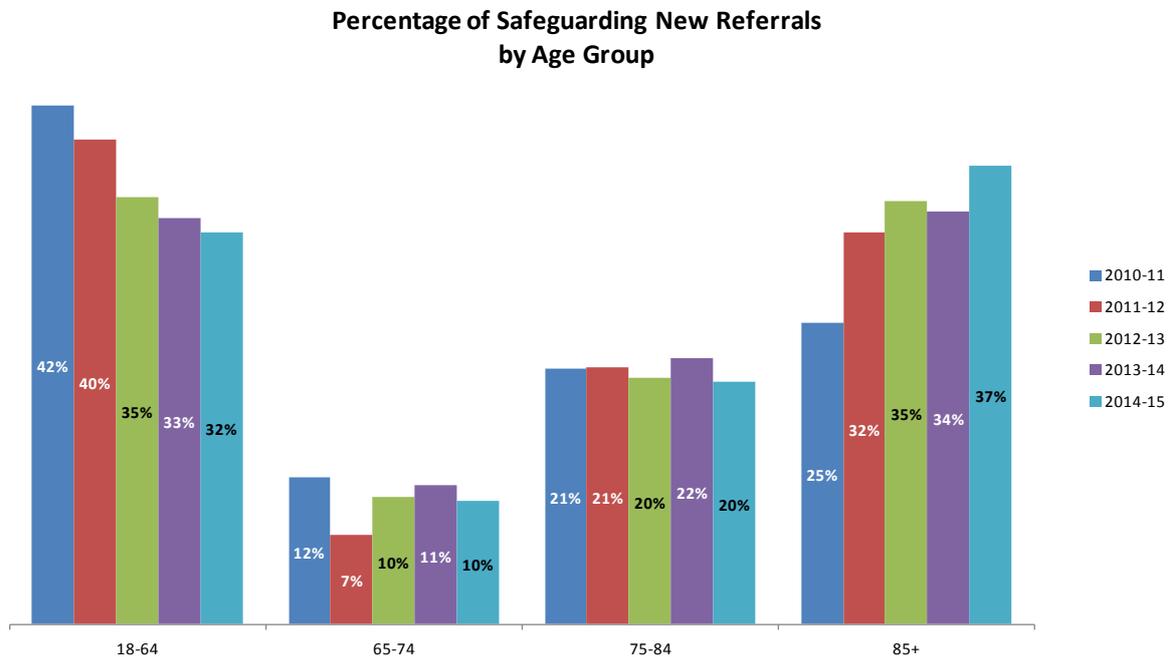
- In 2014-15 6,404 Alerts were received. This was a slight decrease compared with 2013-14 (6,546 Alerts).
- 1,566 Safeguarding Referrals were received in 2014-15 and this represented an increase of 12% compared with 2013-14.
- The decrease in Alerts and increase in Referrals means that the proportion of Alerts that progressed to Referrals increased to 24% in 2014-15 (21% in 2013-14).
- 1,258 Safeguarding Referrals were completed in 2014-15, which represented an increase of 14% compared with 2013-14.

Referrals by Gender

Year	Male	Female
2010-11	41%	59%
2011-12	38%	62%
2012-13	38%	62%
2013-14	37%	63%
2014-15	35%	65%

- In 2014-15 35% of vulnerable adults were male and 65% were female.
- There has been a gradual decrease in the proportion of males to females over the last five reporting years

Referrals by Age Group



- 67% of referrals are for the 65 to 85+ age group
- There was a small decrease (1-2%) in all age groups between 2013-14 and 2014-15, except for the 85+ age group.
- The 18-64 age group continues a steady decrease in the proportion of referrals.
- The 65-74 and 75-84 age groups remain relatively stable.
- The 85+ age group shows an increase of 3% since 2013-14. Although this age group had a decrease in referrals last year, the general trend has been a steady increase in the proportion of referrals.

Referrals by Primary Support Reason and Age Group

Please note: from 2014-15, the Department of Health introduced Primary Support Reason instead of Client Category. The two are not directly comparable so comparison with previous years should be treated with caution. Primary Support Reason is based on an individual's specific support needs, which may not necessarily be the same as their overall client category.

- There has been a small decrease in the proportion of vulnerable adults in both the 18-64 and 65+ age groups whose primary support reason is Physical Support.

Taking Physical Support and Sensory Support together, there was still a decrease of 2% for both age groups when compared with 2013-14.

- In 2014-15 there was a decrease in the proportion of vulnerable adults whose primary support reason is Learning Disability. The 18-64 age band showed a continued decrease, and a decrease of 4% compared with 2013-14. The 65+ age group decreased by 2% compared with 2013-4.
- The proportion of Mental Health referrals remained the same as 2013-14 in the 18-64 age group (7%) but decreased significantly in the 65+ age group, to 4% compared with 12% in 2013-14. If we also include Support with Memory and Cognition, however, the proportion in the 65+ age group remains the same as 2013-14 (12%).
- The biggest difference between 2013-14 and 2014-15 was vulnerable adults with No Support Reason, where the individual was not receiving any social services support at the time of the safeguarding incident. In previous years these weren't reported separately and would have been included in the 'Other vulnerable adults' category. Overall this accounted for 7% of all referrals in 2014-15.

Referrals by Ethnic Group

Ethnic Group	Safeguarding Referrals 2012-13	Safeguarding Referrals 2013-14	Safeguarding Referrals 2014-15	Surrey Breakdown (Census 2011 – Office of National Statistics)
White	96%	95%	95%	90%
Mixed	0%	1%	1%	2%
Asian or Asian British	1%	1%	2%	6%
Black or Black British	1%	2%	1%	1%
Other Ethnic Origin	1%	1%	2%	1%
Total	100%	100%	100%	100%

- There has been no significant change in the ethnic breakdown of vulnerable adults for the last two years. In 2014-15, 95% of alleged victims were from the

white ethnic group, as they were in 2013-14 and 2012-13. This is 5% higher than the percentage in the general population in Surrey.

- In 2014-15, 2% of alleged victims were from the Asian or Asian British ethnic group. This is an increase of 1% since 2013-14 but still 4% lower than the percentage in the general population in Surrey.

Source of Referral

- In 2014-15, there was a 1% increase in the proportion of referrals being made by Social Care Staff* overall, when compared with the previous year. There was an increase of 2% in Residential Care staff but all other sub-categories of Social Care staff remained approximately the same as in 2013-14.
- The category 'Social Care Staff' includes social care staff working in the local authority and the independent sector.
- There was a 2% increase in the number of referrals being made by Health staff during 2012-13. There was a 2% increase in referrals from Secondary Health staff but referrals from Primary/Community Health and Mental Health staff remained approximately the same as in 2013-14.
- The proportion of referrals made by Police decreased by 6% in 2014-15. The proportion of self referrals increased by 1% but all other referrals remained approximately the same proportions as in 2013-14.

Source of Referral	2010-11	2011-12	2012-13	2013-14	2014-15
Social Care Staff - Total	39%	40%	44%	35%	36%
Health Staff - Total	15%	19%	18%	24%	26%
Self Referral	4%	2%	2%	1%	2%
Family member	9%	7%	9%	6%	6%
Friend/neighbour	1%	0%	1%	1%	1%
Other service user	0%	0%	0%	0%	0%
Care Quality Commission	3%	4%	2%	1%	1%
Housing	3%	1%	1%	1%	1%
Education / Training / Workplace	2%	0%	1%	1%	1%
Police	15%	14%	12%	25%	19%

Other	10%	11%	11%	6%	6%
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Please note: the figures in this table for 2013-14 onwards are not directly comparable with previous years. This is because the Safeguarding Adults statutory return (2013-15) has different definitions from the Abuse of Vulnerable Adults statutory return (2010-2013).

- The large number of referrals from social care and health staff is to be expected. This is because most referrals are for adults at risk who are over the age of 65 years and for this age group, Social care and health staff would be expected to be the main professional contact and to be meeting frequently. Secondly, these workers are generally more aware of possible safeguarding concerns.

Nature of alleged abuse

Abuse Type	2010-11	2011-12	2012-13	2013-14	2014-15
Physical	33%	34%	35%	28%	28%
Sexual	7%	7%	6%	6%	8%
Emotional / psychological	31%	19%	15%	12%	10%
Financial	34%	19%	22%	19%	22%
Neglect	25%	33%	39%	40%	48%
Discriminatory	2%	1%	1%	0%	1%
Institutional	6%	7%	6%	5%	2%

Please note: multiple abuse types can be recorded for a single referral. Percentages therefore add up to more than 100%.

Location of alleged abuse

Location	2010-11	2011-12	2012-13	2013-14	2014-15
Own Home	36%	30%	33%	32%	32%
Care Home	31%	43%	44%	39%	40%
Alleged Perpetrator's Home	3%	0%	1%	1%	1%
Mental Health Inpatient Setting	1%	3%	1%	1%	1%
Acute Hospital	4%	4%	6%	5%	5%
Community Hospital	0%	2%	1%	1%	1%
Other Health Setting	1%	1%	0%	1%	1%
Supported Accommodation	5%	7%	7%	10%	5%
Day Centre/Service	2%	1%	0%	1%	1%
Public Place	3%	3%	3%	3%	8%
Education/ Training/ Workplace	1%	2%	2%	1%	2%
Other	3%	2%	2%	3%	2%
Not Known	9%	1%	1%	2%	2%

Please note: the figures in this table for 2013-14 onwards are not directly comparable with previous years. This is because the Safeguarding Adults statutory return (2013-15) has different definitions from the Abuse of Vulnerable Adults statutory return (2010-2013).

- The reason that care homes and own home are high is that the age dynamic means that adults at risk are more likely to be located in Care Homes. In the case of own home this is linked to the source of referral and age as these are places most likely to be seen by Social Care and Nurses during periods of need of care or health.
- In 2014-15, 40% of referrals were alleged to have occurred in a care home. This has not changed significantly since 2011-12 and represents only a 1% increase since last year. 92% of those were in permanent residential or nursing homes and 8% in temporary placements.

- The proportion of referrals alleged to have taken place in the individual's own home (32%) has also not changed significantly since 2011-12.
- There was a 5% decrease in the proportion of referrals alleged to have occurred in supported accommodation. In contrast there was a 5% increase in the proportion alleged to have occurred in a public place.

Source of Risk

- In 2014-15 there was a decrease of 5% in the proportion of referrals where the alleged perpetrator was a family member (excluding partner). This has been decreasing for the last three years and accounted for 5% of referrals in 2014-15 compared with 10% in 2013-14.
- There was a big decrease in the proportion where residential care staff were the alleged perpetrators, from 31% in 2013-14 to 15% in 2014-15. There were smaller decreases for both domiciliary care staff (3%) and day care staff (also 3%) but the proportion of 'Other' Social Care staff showed an increase of 16%. This category may include residential, domiciliary and day care staff where their specific work setting was not known.
- There was also a big increase (22%) in the 'Other' category, where the alleged perpetrator was known to the individual but the relationship to the alleged victim was not recorded.

B.2 Deprivation of Liberty Safeguards (DoLS) applications (data from Health and Social Care information Centre)

This data demonstrates the increase in number of Deprivation of Liberty Safeguards applications made since the Supreme Court ruling in March 2014 widened the circumstances when application needs to be made.

Month	Numbers of DoLS applications in Surrey
April 2014	48
May 2014	71
June 2014	196
July 2014	259
August 2014	207
September 2014	317
October 2014	204
November 2014	237
December 2014	335
January 2015	275
February 2015	337
March 2015	527



Appendix C – Raising awareness of safeguarding publicity campaign

Details of raising awareness of safeguarding publicity campaign summer 2014

The Safeguarding Adults – Raising Awareness Campaign ran for the month of October 2014.

Highlights

- 80% of vulnerable adults and 76% of carers said that they would report abuse or threatening behaviour as a result of this campaign.
- 45% of carers interviewed were aware of the campaign
- 78% of the vulnerable adults found the campaign reassuring.

Target audience

- Older people
- Carers and families.

Objectives

- Raise awareness of adult abuse in Surrey
- Encourage people to report cases of abuse.
- Inform people about what action to take if they experience abuse



Strategy and tactics

A new campaign creative that featured older people either on their own, or with a younger relative, ran countywide for one month. We used a number of channels to reach these audiences.

- **Point of sale** - Adverts were placed on pharmacy bags that are used for medication, in chemists across the county.
- **Outdoor advertising** - Adverts were placed inside buses, on routes that cover the whole county. We also placed A4 posters in bus stop shelters managed by SCC.
- **Magazine advertising** - Advertorials featuring real, but anonymous case studies were placed in a number of local magazines, that are delivered through residents doors.
- **Radio advertising** - Radio advertising ran for two weeks on the three main Surrey and St Peters and Redhill Hospital radio stations. The creative for the radio adverts focused on case studies that we used in the advertorials. A4

posters were designed and sent out by the service to community groups, GP practices and so on.

- **Social media and online advertising** - Promoted Facebook posts ran throughout the campaign period using different messaging and Tweets were posted through the Surrey Matters Twitter account.

Campaign impact

Social media

Facebook proved to be a more effective channel for engaging the audience than Twitter, with the four promoted posts that we ran reaching a total of 82,282 residents. Of those posts, 160 people “liked” the posts, 19 “shared”, there were 13 “clicks” on the links and 1 comment. The demographics broke down as 74% women and 24% men. The engagement of the four Tweets was low; 0 being the lowest and 1.2% being the top engagement percentage. Impressions came in at 5,599, four re-tweets, two uses of the hashtag and five clicks on the links.

Web statistics

The materials and artwork directed people to the protecting adults from harm web page and this was visited 480 times during the campaign period. In contrast, the same page had 319 visits in September and 286 in August. 29% of the visitors to the safeguarding page came from the web banner that was on the Surrey County Council homepage.

Independent evaluation

- Total spontaneous awareness of any element of the campaign was around 24%, approximately the same for both the vulnerable adults group and the carers. However, importantly, the ‘advertising’ elements had much greater awareness amongst the carers, and the ‘PR stories’ elements were more effective amongst the vulnerable adults. This is probably not surprising and the vulnerable adults probably spend more time indoors and have less opportunity to see any outdoor media. They are also less likely to see the online elements.
- On prompting, 34% of vulnerable adults and 45% of carers were aware of the campaign. These scores are generally quite good, especially as the vulnerable adults are extremely hard to reach.
- Outdoor and social media tended to perform well for the carers, whilst radio and local press performed best for the vulnerable adults.
- The ads rated very highly for relevance, clarity, information & persuasiveness. The engagement scores were also very high, especially amongst the vulnerable adults.
- 78% of vulnerable adults and 74% of carers found the campaign reassuring.
- 80% of vulnerable adults and 76% of carers said they would report abuse or threatening behaviour as a result of this campaign.



**Appendix D – Surrey Safeguarding Adults Board 3 year Strategic Plan
with Annual plan for 2014-2015**



Surrey Safeguarding Adults Board Annual Plan 2014-2015

Including the Board's 3 Year Strategic Plan 2014 - 2017

**Surrey Safeguarding Adults Board Annual Plan 2014 – 2015 and
Strategic Plan 2014 – 2017**

Vision

We will all work together to enable people in Surrey to live a life
free from fear, harm and abuse

The Strategic Plan

The Board's vision is that we will all work together to enable people in Surrey to live a life free from fear, harm and abuse. The Board has identified seven priorities that will support the vision to become a reality. These key priorities will set the strategic direction of the Board of the next three years.

Key Priorities	Supporting Principles
<p style="text-align: center;">1</p> <p style="text-align: center;">Achieving good outcomes for adults at risk and carers</p>	<ul style="list-style-type: none"> • Ensure policies and procedures are in place that enable practitioners to focus on making a difference • Have defined outcomes that people want through the process • Have a robust performance framework • Develop the prevention agenda for early intervention
<p style="text-align: center;">2</p> <p style="text-align: center;">Responding to reported abuse</p>	<ul style="list-style-type: none"> • Ensure agreement on definition of abuse by all agencies • Ensure guidance on alerts and referrals is proportional and kept under review according to levels of demand • Have simple to use and follow systems with emphasis on user outcomes • Ensure a system of regular checks and reports on response time and outcomes • Use a local multi agency pathway for dealing with reports of suspected abuse
<p style="text-align: center;">3</p> <p style="text-align: center;">Leadership</p>	<ul style="list-style-type: none"> • Make sure safeguarding is embedded in corporate and service strategies across all partners • Ensure Police and Crime Commissioners, Clinical Commissioning Group's and Healthwatch have safeguarding high on their agendas • Hold all agencies to account to deliver the safeguarding agenda and recommendations • Ensure the Board and its work are very visible • Build mechanisms to share data and intelligence • Test if risk management is proportionate and coordinated • Develop and deliver a communications strategy. Ensure communication links are developed that are effective both internally and multi-agency

<p style="text-align: center;">4</p> <p style="text-align: center;">Safeguarding Adults Board</p>	<ul style="list-style-type: none"> • Ensure the chair has the independence, knowledge and skill to challenge, lead and hold Board members to account • Regularly review the Board's constitution to keep it up to date with NHS and other organisational changes • Maintain effective links with the Health and Wellbeing Board, the Surrey Safeguarding Children's Board and the Community and Public Safety Board • Make sure the Board has the capacity to plan and carry out its strategy and objectives • Ensure the Board is using its performance framework to measure its effectiveness and hold members to account • Use the self-assessment tool to audit the Board and plan how to fill gaps • Hold development sessions to keep members up to date and encourage joint working • Find ways for the Board to hear from and responds to people who have been through safeguarding • Build mechanisms to share data and intelligence • Test if risk management is proportionate and coordinated • Develop and deliver a communications strategy
<p style="text-align: center;">5</p> <p style="text-align: center;">Safeguarding Adults Reviews:</p> <p style="text-align: center;">Serious Case Reviews (SCR), Multi Agency Reviews (MAR) and Reviews undertaken by other Boards/Partnerships</p>	<ul style="list-style-type: none"> • Agree a local protocol for deciding how and when to undertake a Safeguarding Review and how it fits into the regime of other reviews • Agree a range of proportionate types of review • Get all partners' commitment to fully participate in multi-agency reviews • Agree on how learning from reviews will be followed up and embedded in practice and procedures • Ensure that the Safeguarding Adults Reviews from other areas are considered by the board and the learning applied. • Ensure that the recommendations from Surrey's Domestic Homicide Reviews are considered by the Board and appropriate actions delivered

<p style="text-align: center;">6</p> <p style="text-align: center;">Personalisation</p>	<ul style="list-style-type: none"> • Do not start from an assumption that personal budgets and direct payments automatically increase risk • Make safeguarding and risk management integral to self-directed support • Make sure all partners understand the principles of personalisation and its implications for them • Encourage and enforce providers' standards of dignity and rights • Find ways of accrediting providers in the open care market
<p style="text-align: center;">7</p> <p style="text-align: center;">A Competent workforce</p>	<ul style="list-style-type: none"> • Ensure the Safeguarding Adults Board has a training and development strategy, which audits, delivers, and monitors • Get assurance that there is a full range of training levels to cover the needs of all people who work with adults • With partners, deliver awareness raising to all people who may come into contact with adults who may be at risk of harm through work outside social or health care fields • Adopt and implement recognised competency frameworks • Ensure safeguarding staff have the skills and competence to deploy a full range of social and legal interventions

Annual Action Plan

The Board's Annual Action Plan sets out the specific activities that will be undertaken each year to deliver the Board's Strategic Plan. The Action Plan will be presented to each Board meeting. These take place three times a year. In addition, the Board's Business Management Group will receive an 'exception report' at each meeting. These meetings take place six times a year. The exception report will include details of any action that has been completed and any action where delivery has been recorded as 'red' i.e. the activity has not yet started (and should have done) or is significantly behind the target date for delivery.

Guiding Principles

The Board's Strategic and Annual Plans have been drafted with reference to the following:

- 'No Secrets' published by the Department of Health, 2000.
- The Statement of Government Policy on Adult Safeguarding issued on 16 May 2011.
- 'Safeguarding Adults: Advice and Guidance to Directors of Adult Social Services' published by ADASS March 2013.
- Learning from Serious Case Reviews, nationally and in Surrey.
- The Care Bill
- The Abuse of Vulnerable Adults data

Accountability

The Board will report against the delivery of the Strategic and Annual Plans in their Annual Report. The Annual Report will be presented to the Surrey County Council Cabinet, to the Health and Wellbeing Board, will be placed on the Board's webpages and paper copies made available at Surrey's libraries.

SSAB Action Plan 2014-2015

Action	Key Priority	Owning sub-group or Board member & start date
<p>1. Board's constitution</p> <p>To review the vision and strategy on a regular basis.</p>	3 & 4	<p>Start date: 1/11/14</p> <p>Ownership: SSAB Chair</p>
<p>2. Board Membership Agreement</p> <p>2a) Review the Board's membership agreement to ensure it reflects: - the duties set out in the Care Bill, accompanying guidance and other responsibilities.</p>	1, 3 & 4	<p>2a) Start date: 1/6/14</p> <p>2a) Ownership: BMG + Local Safeguarding Adults Groups</p>

Action	Key Priority	Owning sub-group or Board member & start date
2b) Review the Board's membership agreement to ensure it reflects: - a prevention agenda / position statement to include a set of principles and activities that all Board members will deliver to support adults at risk.	1, 3 & 4	2b) Start date: 1/6/14 2 b) Ownership: BMG + Local Safeguarding Adults Groups
3. Cross Board / Partnership working To work with other Boards and Partnerships in Surrey to ensure mutual support and cohesion across the relevant priorities, policies and reviews (including children's SCRs and DHRs).	3	Start date: 1/4/14 & ongoing Ownership: SSAB chair
4. Self Assessment Audit 4a) All relevant Board members to undertake a safeguarding self assessment audit tool and associated Action Plan.	4 & 7	4a) Start date:1/4/14 Ownership: SSAB Chair
4b) To actively engage in the Board's 'Challenge and Support' event.	4 & 7	4b) Start date:1/4/14 Ownership: SSAB Chair
5. Performance Framework Following the Board's 'Challenge and Support' event: to establish a multi-agency performance framework, to include safeguarding outcomes, response times and numbers of referrals.	1, 3 & 4	Start date: 1/9/14 Ownership: BMG + Task & Finish Group
6. Development sessions To support multi-agency working through the provision of development sessions and/or events on key safeguarding issues.	4	Start date: 1/4/14 Ongoing Ownership: SSAB Chair

Action	Key Priority	Owning sub-group or Board member & start date
<p>7. Accountability to and from the Board</p> <p>To review the process by which the chairs of sub-groups and the Local Safeguarding Adults Groups report to the Board.</p>	3 & 4	<p>Start date: 1/4/14</p> <p>Ownership: SSAB Chair</p>
<p>8. Board's Annual Report</p> <p>8a) Require all agencies that will have a statutory duty under the Care Bill to report against their contribution to the Board and the delivery of the plan for the Annual Report.</p>	3 & 4	<p>8a)</p> <p>Start date: 1/4/14</p> <p>Ownership: SSAB Chair</p>
<p>8b) Present the Board's Annual Report to SCC Cabinet and ensure it is available on the Board's webpages and in Surrey libraries.</p>	3 & 4	<p>8b)</p> <p>Start date: 1/9/14</p> <p>Ownership: SSAB Chair</p>
<p>9. SSAB Multi-Agency Procedures</p> <p>9a) On receipt of safeguarding regulations and guidance: review and revise the SSAB Multi-Agency Procedures, Information and Guidance as required to ensure it always reflects current safeguarding best practice.</p>	1 & 2	<p>9a) Start date: 1/6/14</p> <p>Ownership: Policy & Procedures</p>
<p>9b) To review the thresholds that each agency uses and the definitions of adults at risk to ensure there is a common, consistent and clear understanding.</p>	1 & 2	<p>9b) Start date: 1/6/14</p> <p>Ownership: Policy & Procedures</p>

Action	Key Priority	Owning sub-group or Board member & start date
<p>10. Review of safeguarding process</p> <p>To undertake a review of the safeguarding process from the point of view of:</p> <ul style="list-style-type: none"> i) the adults at risk ii) the carer iii) the referrer <p>To consider communication, response times outcomes and the extent to which the adult at risk, carer and referrer were the centre of the process.</p>	1,2 & 6	<p>Start date: 1/6/14</p> <p>Ownership: Quality Assurance & Audit</p>
<p>11. File audit review</p> <p>Undertake multi-agency case file audits and share the learning from these with the Board to ensure the Board's vision is reflected in the adult at risk's experience of the safeguarding process.</p>	1,2 & 3	<p>Start date: 1/4/14</p> <p>Ownership: Quality Assurance & Audit</p>
<p>12. Risk Policy Implementation</p> <p>Undertake a case file audit on implementation of Risk policies by agencies and the use of the Multi-Agency Risk Tool. Present findings to the BMG.</p>	2, 3, 4 & 6	<p>Start date: 1/4/14</p> <p>Ownership: Quality Assurance & Audit</p>
<p>13. Choking Policy implementation</p> <p>To review the Board's Choking Prevention Policy 12 months after its implementation.</p>	1	<p>Start date: 1/12/14</p> <p>Ownership: Policy & Procedures</p>
<p>14. Missing Persons Protocol Implementation</p> <p>To review the Board's Missing Persons Protocol 12 months after its implementation.</p>	1	<p>Start date: 1/12/14</p> <p>Ownership: Policy & Procedures</p>

Action	Key Priority	Owning sub-group or Board member & start date
<p>15. Safeguarding Communications Strategy</p> <p>Develop and implement a multi-agency communications strategy in relation to safeguarding, making use of social media.</p>	3, 4 & 7	<p>Start date: 1/4/14</p> <p>Ownership: Communications Team</p>
<p>16. Communication of Board's activity</p> <p>To maintain the visibility of the Board through existing communications channels, ensuring the Board's webpages and newsletters contain up to date and relevant information.</p>	3 & 4	<p>Start date: 1/3/14</p> <p>Ownership: Board Admin</p>
<p>17. Working with self-funders and hard to reach groups</p> <p>To identify and undertake activities to raise awareness of adult safeguarding with:</p> <p>i) people who do, or who may, fund their own or another's care;</p> <p>ii) people who have characteristics that make them less willing or less able to engage with statutory services.</p>	7	<p>Start date: 1/4/14</p> <p>Ownership: BMG and local Safeguarding Adults Groups</p>
<p>18. Serious Case Reviews (SCR), Multi Agency Reviews (MAR) and Reviews undertaken by other Boards/Partnerships</p> <p>18a) Review the Board's SCR & MAR Protocol to ensure the Protocol incorporates all relevant requirements from the Care Act and guidance.</p>	2,3 & 5	<p>18a) Start date: 1/2/15</p> <p>Ownership: SCR</p>
<p>18b) Review the Board's SCR & MAR Protocol to ensure the outcomes are as expected when it was revised in February 2014</p>	2,3 & 5	<p>18b) Start date: 1/2/15</p> <p>Ownership: SCR</p>

Action	Key Priority	Owning sub-group or Board member & start date
18c) Develop and implement an engagement plan to ensure agencies are robustly engaged, supported and able to respond to their responsibilities to take part in the SCR & MAR process.	2,3 & 5	18c) Start date: 1/4/14 Ownership: BMG
18d) Review the mechanism and effectiveness of agencies implementation of recommendations from Surrey's SCRs (adults), MARs and Domestic Homicide Reviews (DHRs). This will be done as part of the 'Challenge and Support' event.	2,3 & 5	18d) Start date: 1/9/14 Ownership: BMG
<p>19. Learning from national SCRs, MARs & Domestic Homicide Reviews (DHRs)</p> <p>Agree the process by which national SCRs (adults), MARs and DHRs are identified and the lessons learned are implemented by Board agencies.</p>	5	Start date:1/4/14 Ownership: Policy & Procedures
<p>20. Personalisation</p> <p>Review the impact of personalisation on Adult Safeguarding and ensure processes support this programme.</p>	6	Start date: 1/6/14 Ownership: Policy & Procedures
<p>21. Competency Framework</p> <p>Review the Board's Competency Framework to ensure it delivers the benefits anticipated.</p>	7	Start date: 1/4/14 Ownership: Training Group + Local Safeguarding Adults Groups
<p>22. Training</p> <p>22a) Review the effectiveness of the Board's multi-agency Training Programme 2014-15 and prepare the Programme for 2015-16.</p>	1 & 7	22a) Start date: 1/7/14 Ownership: Training Group

Action	Key Priority	Owning sub-group or Board member & start date
22b) To review the effectiveness of safeguarding knowledge and evaluation of practices following safeguarding training.	1 & 7	22b) Start date: 1/7/14 Ownership: Training Group
<p>23. Commissioning practice</p> <p>To ensure that those agencies responsible for commissioning services have robust contracts and practice in relation to safeguarding.</p>	2	<p>Start date:1/4/14</p> <p>Ownership: BMG</p>
<p>24. Mental Capacity</p> <p>To review the effectiveness of Mental Capacity Act knowledge and implementation.</p>	1 & 7	<p>Start date: 1/9/14</p> <p>Ownership: Quality Assurance & Audit</p>

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Surrey Health and Wellbeing Board

Date of meeting	10 December
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Item / paper title: Accommodation with Care and Support

Purpose of item / paper	This report sets out the Council's future approach to accommodation with care and support and invites the Board's views on the Strategic Intent Document prior to being considered by the Cabinet later in December
Surrey Health and Wellbeing priority(ies) supported by this item / paper	<p>Improving older adults' health and wellbeing and safeguarding the population- extra care housing, assisted living, supported living and supported housing offer security, reassurance and appropriate and responsive support to facilitate the provision of home based care services. These types of accommodation can assist more vulnerable adults to live within their local community for their whole lives.</p> <p>Developing a preventative approach – implementing this strategy will enable the Council to commission preventative services that reduce the need for institutionalised care, reduce hospital admissions and facilitate quicker hospital discharge.</p>
Financial implications - confirmation that any financial implications have been included within the paper	<p>By focussing on ensuring a better understanding of future demand and developing the market sufficiently to meet those needs, whilst also maximising the use of our assets, this programme will contribute towards the savings already planned in the County Council's Medium Term Financial Plan (MTFP) and those required in future years.</p> <p>There is potential for further savings beyond those that are currently built into the MTFP. The expansion of Extra Care housing in Surrey is one area where further savings are considered possible. Based on an initial assessment of the cost of Extra Care compared to alternative forms of care, future demand for care services and capacity of the market to develop new Extra Care housing schemes, an additional £1m in revenue savings is forecast and has been added to the MTFP for 2018 to 2021.</p>
Consultation / public involvement – activity taken or planned	Discussions have taken place at the Local Joint Commissioning Groups held in each CCG area, looking both at the overall strategic intentions and also more detailed demographic

	<p>projections of future need. All the CCGs in Surrey as well as the Districts and Boroughs consulted to date have indicated their support from the direction of travel and have welcomed the opportunity to get involved from an early stage.</p> <p>A number of district and boroughs have also highlighted accommodation with care and support as a key element of their local plans in terms of future housing needs and are therefore keen to work with the Council on developing this market.</p> <p>The draft Strategic Intent Document was presented to the Social Care Services Board on 25 November 2015.</p>
<p>Equality and diversity - confirmation that any equality and diversity implications have been included within the paper</p>	<p>An initial Equality Impact Assessment (EIA) has been completed examining areas of consideration for any implementation of the Accommodation with Care & Support strategy. Initial potential identified impacts centre on improved resident experience and outcomes, more people remaining independent within their own homes for longer and further consideration needed of people's natural communities, recognising that communities do not necessarily fit with statutory boundaries. A full EIA evaluating the impacts of the six local implementation plans, alongside any further business case, will be developed.</p>
<p>Report author and contact details</p>	<p>Alice Ward 02082132665 Alice.ward@surreycc.gov.uk</p>
<p>Sponsoring Surrey Health and Wellbeing Board Member</p>	<p>Dave Sargeant</p>
<p>Actions requested / Recommendations</p>	<p>The Surrey Health and Wellbeing Board is asked to:</p> <p>Support the proposed way forward as outlined in the Strategic Intent Document (Annex 1).</p>

Health and Wellbeing Board
10 December

Accommodation with Care and Support

Purpose of the report: Policy Development and Review

This report sets out the Council's future approach to accommodation with care and support and invites the Health and Wellbeing Board's views on the Strategic Intent document prior to it being considered by the Cabinet in December.

Introduction:

1. The Accommodation with Care and Support Programme is a programme of work looking at all accommodation-based services we commission and provide for residents of Surrey who have care and support needs.
2. The programme aims to increase the options available for residents needing accommodation with care and support, by integrating our approach across health, care and the community, and re-shaping the market to ensure everyone has access to the right support regardless of tenure.
3. Through the programme, the Council is looking to develop local partnerships and opportunities for a range of flexible and financially self-sustaining accommodation with care and support that will enable adults to live and age well. This report asks the Health and Wellbeing Board to support the approach outlined in the Strategic Intent Document. The document will be presented to Cabinet later in December, alongside emerging opportunities across the six Clinical Commissioning Group (CCG) areas.

Background

4. There are a number of contributing factors which mean we need to re-think our approach to accommodation.

- Surrey’s population is increasing and ageing, meaning an increasing demand on health and social care services.
 - The Care Act explicitly references housing as part of our statutory duty to promote the integration of health and social care.
 - The Care Act also highlights the importance of giving control to the individual for their care and support needs.
 - Residents have told us that they prefer to access help and resources from within their local community where they can be supported by their family, friends and community, rather than in traditional care environments.
 - New technology is changing how we all live, learn, work and communicate.
5. Given the demographic and legislative pressures, the Council faces, unprecedented financial challenges in meeting care and support needs in Surrey. However, a whole systems approach and shift away from residential care creates opportunities for us to reassess our role in accommodation.

Future Direction

6. Surrey residents are actively choosing to make accommodation choices which are suitable for the longer term and their future care needs, and this trend is expected to continue. The predicted trends for accommodation needs in Surrey suggest a declining demand for residential care, growing popularity of extra care type accommodation and an increase in people being supported to live independently.
7. The Council needs to be able to offer residents the right choices to meet their health and wellbeing needs – through flexible accommodation that can adapt and continue to support residents to live as independently as possible. Whilst there will still be a role for traditional care services in Surrey in the future, it is necessary to look more creatively at how care and support can be integrated into accommodation to reduce the need for those traditional services for most residents.
8. It is recognised that extra care housing, assisted living, supported living and supported housing are valuable housing options, and represent positive choices for people whose needs are not being met within standard accommodation. These environments can offer security, reassurance and appropriate and responsive support to facilitate the provision of home based care services. These types of accommodation can assist more vulnerable adults to live within their local community for their whole lives, through to end of life.
9. Increasing the use of extra care housing, assisted living, supported living and supported housing could also have significant whole system benefits for the Council’s partners in Surrey. Savings are expected through:

- reduced hospital admissions as older people in extra care schemes will receive appropriate care on site, concerns can be identified early, and the risk of smaller health issues escalating to emergencies is reduced
- faster hospital discharge for older people into extra care accommodation where care and support can be quickly arranged and flexed according to need
- decreased social isolation as people are able to live for longer within their communities supported by family, neighbours and friends
- improved demand management as accommodation with care and support services can lower demand for more traditional services through helping individuals to remain independent within their own homes for longer by flexing care and support around them without the need to move.

Proposed Way Forward

10. The Council will support personalised care based in communities and ensure that, where possible, residents receive the care and support they need in appropriate and flexible physical environments wherever they choose to live. The benefits of this will be:
 - care and support services that can be flexed around the individual and their changing needs
 - opportunities to develop accommodation further as hubs of the local community for residents and non-residents alike
 - individuals are able to live within and be part of thriving local communities and remain independent
 - purpose built accommodation with a range of tenures and developed to a quality standard including the ability for assistive technologies to be added on an individual basis
 - accommodation often provides a range of activities and opportunities that support Surrey's Family, Friends & Community strategy.

11. In order to achieve this future, the County Council is committed to supporting the development of accommodation with care and support where needs are greatest across the county and that:
 - promotes independence and social inclusion
 - works alongside other services and communities to meet an individual's needs
 - has the infrastructure to deliver flexible care and support in a planned, person centred way
 - provides dementia-friendly environments

- becomes the centre of vibrant communities for people to live and age well.
12. The Council will seek to work with developers who demonstrate that their models:
- mitigate against future care costs as people’s needs change, especially in comparison to more institutionalised care
 - can support people on the continuum of care through to end of life
 - reduce risks of hospital admissions
 - follow best practice in design and care for people with dementia
 - are transparent about the cost of the care package in their charges in preparation for changes in Adult Social Care funding as part of the Care Act.
13. In the context of integrated working and strengthening partnerships, Adult Social Care are actively seeking to work with CCGs, Districts and Boroughs, Children, Schools and Families Directorate and other critical partners to jointly commission solutions and develop flexible models of care. This will ensure that residents receive the best services and the best local decisions are made for communities.

Conclusions:

14. Accommodation for people with care and support needs in Surrey is changing. There will be less reliance on residential care, and the Council will support the development of Extra Care, Supported Living, Assisted Living and Supported Housing.
15. Through the Accommodation with Care and Support programme, the Council is looking to develop local partnerships and opportunities for a range of flexible and financially self-sustaining accommodation that will enable adults to live and age well in their local communities.

Recommendations:

1. The Board supports the proposed way forward as outlined in the Strategic Intent Document (Annex 1).

Next steps:

The Strategic Intent Document (Annex 1) will be presented to Cabinet for approval in December.

Cabinet will be asked to endorse local plans for the 6 CCG areas, and agree the initial opportunities continue to be developed with partners.

Report contact: Alice Ward

Contact details: alice.ward@surreycc.gov.uk 02082132665

Sources/background papers:

- Cabinet 12 March 2015, item 4 – Surrey County Council Residential Care Homes For Older People
- Cabinet paper 21 October 2014, item 16 - Surrey County Council Residential Care Homes for Older People
- Cabinet 27 March 2012, item 10 - Public Value Review Of Services For People With Learning Disabilities

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Accommodation with Care & Support

1. Vision

We will actively work to deliver the best options of accommodation with care and support to Surrey residents. We will do this by integrating our approach across health, care and the community, and re-shaping the market to ensure everyone has access to the right support regardless of tenure.

2. Purpose

Our purpose is to develop local partnerships and opportunities for a range of flexible and financially self-sustaining accommodation with care and support that will enable adults to live and age well.

3. Scope

- This strategy outlines what we want to achieve in accommodation with care and support over the next 20 years, focussing on public value and resident experience. It sets out our strategic intent for all the accommodation based services we commission and provide for residents of Surrey who have care and support needs, covering all care groups including older people, people with learning disabilities, people with physical and sensory disabilities, and people with mental illness.
- The strategy documents our intention to shape the market and to make a strategic shift from traditional residential and nursing care to jointly commissioned, innovative accommodation with care and support.

4 Context

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Surrey's population is increasing and ageing. By 2035 there will be:

More than 24% of the local population over the age of 65

A 75% increase in dementia prevalence in the 65+ population

18,200 people aged 18-64 with a learning disability

19,000 people aged 18-64 with a physical disability

Policy - The Care Act means we now have a responsibility to promote wellbeing, focus on prevention, provide information and advice, and promote sustainable markets. Our statutory duties now explicitly reference housing as key to promoting the integration of health and care.

Personalisation & Choice - We need to be able to offer residents the right accommodation choices to meet their health and wellbeing needs; ensuring there are flexible options which will adapt as their needs change, whilst ensuring choice and control for the individual.

Communities - We recognise the contribution families, friends and communities make in helping people to live and age well. We need to ensure accommodation supplements rather than duplicates this support. We need to counter the ill effects of loneliness linked to isolation.

Resources – We are facing unprecedented challenges in Surrey, including increasing demographic pressures, the responsibility of maintaining a sustainable local care market, workforce recruitment and significant financial implications of key legislative changes.

New opportunities - Technology is changing how we all live, learn, work and communicate. New technology is becoming increasingly relevant and available to people with care and support needs including technology designed specifically to support independence.

Accommodation trends - trends indicate a declining demand for residential care, a growing popularity of Extra Care housing and an increase in people being supported to live independently. Demand for nursing care in Surrey is projected to increase due to people living at home longer and needing more intensive services later in life.

5. Principles

Accommodation that we commission/provide will be:

Person centred

Enable residents to exercise choice and control and promote independence

Outcome focused

Focus on improving residents' wellbeing and integrating with communities

Innovative

Learn from innovative practice elsewhere and maximise all opportunities to deliver a digital service

Future proof

Have a clear understanding of predicted future demand and supply and create financially viable and value for money services

Partnership focussed

Work with CQC, CCGs and Borough & District Councils to deliver the right accommodation for the local area

Intelligence led

Base decisions on relevant data and recognise and share best practice. Be transparent about decision making

6. Outcomes

Residents with care and support needs will:

- have improved **wellbeing** and **quality of life**
- feel **supported** by their **communities**
- be able to live in **suitable accommodation** with **appropriate care** and support to meet their **changing needs** now and in the future
- have **accommodation choices** available to them to meet their range of health and social care needs **flexibly** and **responsively**
- get the **right level of support** at the right time and in the right way.

For the Council:

- the model of accommodation provision in Surrey is **affordable** and **sustainable** into the future.

7. Financial Implications

By focussing on ensuring a better understanding of future demand and developing the market sufficiently to meet those needs, whilst also maximising the use of our assets, this programme will primarily contribute towards the savings already planned in the Medium Term Financial Plan (MTFP) and those required in future years. In particular the programme will contribute towards achieving savings planned as part of the Directorate’s whole systems demand management strategy as set out below. Additionally, this work will help the service to optimise its block contracts as part of the Directorate’s sustainable markets and resources strategy.

The programme will contribute to achieving the following whole systems demand management savings:

- improve wellbeing to manage increasing demand and care needs;
- shift in Older People care pathway;
- Family, Friends and Community support;
- targeted strategic shift from residential to community based provision for people with learning disabilities; and
- optimisation of Transition pathways.

There is potential for further savings beyond those that are currently built into the MTFP. The expansion of Extra Care housing in Surrey is one area where further savings are considered possible. Based on an initial assessment of the cost of Extra Care housing compared to alternative forms of care, future demand for care services and capacity of the market to develop new Extra Care housing schemes, an additional £1m in revenue savings is forecast and has been added to the MTFP for 2018 to 2021. There may be potential to increase this should sufficient additional market capacity be created around Extra Care housing. The Council will work with partners and the market to maximise any opportunities for additional savings as they arise, whilst recognising the challenging targets the service is already planning to deliver.

The implementation of the strategy may require investment from the Council – this will be considered as part of any resulting business case to ensure value for money is maximised and further approval will be sought from the Cabinet as necessary.

8. Future Direction

Our Approach

We need to be able to offer residents the right accommodation options to meet their health and wellbeing needs, in a way that supports them to live as independently as possible. We recognise that there will still be a role for traditional care services in Surrey in the future but will look more creatively at how care and support can be integrated into accommodation to reduce the need for those traditional services for most residents.

The Council will think and act creatively in addressing the challenges we face, whilst pursuing a preventative approach to accommodation. This approach will involve:



Extra Care housing, Assisted Living, Supported Living and Supported Housing are valuable housing options, and represent positive choices for people. These forms of accommodation can assist more vulnerable adults to live within their local community through:

- multiple tenure options
- peace of mind and reassurance
- flexible care and support designed around the individual
- the integration of digital technologies and adaptations.

Partnerships

Within the framework of integration and strengthening partnerships, we will seek to work with the Care Quality Commission, Clinical Commissioning Groups, Districts and Boroughs, the Children Schools and Families Directorate and other critical partners to jointly commission solutions and develop flexible models of care. This will ensure that residents receive the best services within their local communities.

Benefits

The expected benefits of this approach are:

- care and support services that can be flexed around the individual and their changing needs
- opportunities to develop accommodation options as hubs of the local community, for residents and non-residents alike
- individuals are able to live within and be part of thriving local communities and remain independent
- the development of purpose built accommodation with a range of tenure options, with the ability for assistive technologies to be added on an individual basis
- accommodation options that provide a range of activities and opportunities that support Surrey’s Families, Friends & Community strategy.

9. Message to the Market

The way that social care is delivered in Surrey has changed and will continue to evolve in the foreseeable future. Working in partnership with our Clinical Commissioning Group colleagues, our focus is on helping our residents to stay independent for longer and to enable them to make their decisions on the care and support services they may need.

Surrey County Council is committed to developing accommodation with care and support where needs are greatest across the county and that:

- promotes independence and social inclusion
- works alongside other services and communities to meet an individual’s needs
- has the infrastructure to deliver flexible care and support in a planned, person centred way
- provides dementia-friendly environments
- becomes the centre of vibrant communities for people to live and age well.

We will work with developers of accommodation with care and support who can demonstrate that their models:

- mitigate against future care costs as people’s needs change, especially in comparison to more institutionalised care
- support people in the continuum of care through to end of life
- reduce risks of hospital admissions
- follow best practice in design and care for people with dementia
- are transparent about the cost of the care package within their charges.