

Notice of Meeting

Social Care Services Board

**Date & time**

Thursday, 9 July
2015 at 10.00 am

Place

Ashcombe, County
Hall, Kingston upon
Thames, KT1 2DN

Contact

Ross Pike or Andy Spragg
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Chief Executive

David McNulty

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This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Ross Pike or Andy Spragg on 020 8541 7368 or 020 8213 2673.

Elected Members

Mr Keith Witham (Chairman), Mrs Margaret Hicks (Vice-Chairman), Mr Ramon Gray, Mr Ken Gulati, Miss Marisa Heath, Mr Saj Hussain, Mr Daniel Jenkins, Mrs Yvonna Lay, Mr Ernest Mallett MBE, Mr Adrian Page, Mrs Dorothy Ross-Tomlin, Mrs Pauline Searle, Ms Barbara Thomson, Mr Chris Townsend and Mrs Fiona White

TERMS OF REFERENCE

The Committee is responsible for the following areas:

The Social Care Services Board is responsible for overseeing and scrutinising services for adults and children in Surrey, including services for:

- Performance, finance and risk monitoring for social care services
- Services for people with:
 - Special Educational Needs
 - Mental health needs, including those with problems with memory, language or other mental functions
 - Learning disabilities
 - Physical impairments
 - Long-term health conditions, such as HIV or AIDS

- Sensory impairments
 - Multiple impairments and complex needs
- Services for Carers
- Social care services for prisoners
- Safeguarding
- Care Act 2014 implementation
- Children's Services, including
 - Looked After Children
 - Corporate Parenting
 - Fostering
 - Adoption
 - Child Protection
 - Children with disabilities
- Transition
- Youth Crime reduction and restorative approaches

AGENDA

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

2 DECLARATIONS OF INTEREST

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

Notes:

- In line with the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, declarations may relate to the interest of the member, or the member's spouse or civil partner, or a person with whom the member is living as husband or wife, or a person with whom the member is living as if they were civil partners and the member is aware they have the interest.
- Members need only disclose interests not currently listed on the Register of Disclosable Pecuniary Interests.
- Members must notify the Monitoring Officer of any interests disclosed at the meeting so they may be added to the Register.
- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest.

3 QUESTIONS AND PETITIONS

To receive any questions or petitions.

Notes:

1. The deadline for Member's questions is 12.00pm four working days before the meeting (3 July 2015).
2. The deadline for public questions is seven days before the meeting (2 July 2015)
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

4 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SCRUTINY BOARD

There are no responses to report.

5 ADULT SOCIAL CARE STRATEGIC DIRECTOR'S UPDATE

The Strategic Director for Adult Social Care will update the Committee on important news and announcements.

6 DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

(Pages 1
- 10)

Purpose of the report: Scrutiny of Services and Budgets

To highlight the implications and challenges for Adult Social Care following the Supreme Court Judgement involving Surrey County Council Council

[*P v Cheshire West and P and Q v Surrey County Council*] : March 2014.

7 LEARNING DISABILITY PUBLIC VALUE REVIEW (Pages 11 - 44)

Purpose of the report: Policy review and Development

In 2012 the learning disability public value review was identified as being appropriate to address the need for personalised services for individuals who were being supported by Adult Social Care. The three year project has now ended and this report details the outcomes.

8 ADULT SOCIAL CARE DEBT (Pages 45 - 52)

Purpose of the report: Scrutiny of Services and Policy Development & Review

The Adult Social Care Select Committee requested an annual report on the Adult Social Care debt position. This report has been prepared for the newly formed Social Care Services Board.

9 SURREY SAFEGUARDING CHILDREN BOARD: CHILD SEXUAL EXPLOITATION UPDATE (Pages 53 - 60)

Purpose of the report: Scrutiny of Services

To update on the activities currently being undertaken within the partnership to address Child Sexual Exploitation (CSE) in Surrey led by the Surrey Safeguarding Children Board (SSCB).

10 CHILDREN'S SAFEGUARDING QUALITY ASSURANCE (QA) PROCESS (Pages 61 - 68)

Purpose of the report: Scrutiny of Services

To review the summary of audit findings and Management Action Plan produced as a result of an internal audit review of the Children's Safeguarding Quality Assurance (QA) Process.

11 FORWARD WORK PROGRAMME AND RECOMMENDATIONS TRACKER (Pages 69 - 84)

The Board is asked to monitor progress on the implementation of recommendations from previous meetings, and to review its Forward Work Programme.

12 DATE OF NEXT MEETING

The next meeting of the Committee will be held at 10.00 am on 7 September 2015.

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.

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Social Care Services Board
9 July 2015

Deprivation of Liberty Safeguards (DOLS)

Purpose of the report: Scrutiny of Services and Budgets

To highlight the implications and challenges for Adult Social Care following the Supreme Court Judgement involving Surrey County Council *Council [P v Cheshire West and P and Q v Surrey County Council] : March 2014*

Introduction:

1. The Deprivation of Liberty Safeguards are a provision of the Mental Capacity Act implemented in April 2009. Their purpose is to prevent the arbitrary detention (deprivation of liberty) of adults in care homes or hospitals for the purpose of receiving care or treatment.
2. When a person who lacks mental capacity to consent to their admission to a care home or hospital it is sometimes necessary to restrict or restrain them in some way to ensure that they receive the necessary care or treatment e.g. locking exit doors, use of medication, close supervision, physical restraint etc. This can be lawful under the Mental Capacity Act as long as the restrictions do not constitute a deprivation of the person's liberty.
3. Where a care home or a hospital (Managing Authority, MA) believes that it is necessary for a person to be deprived of their liberty in order to give them care or treatment they must apply to their local authority (The 'Supervisory Body' - SB) to authorise this. The process for assessing, recommending and authorising such arrangements and putting appropriate protections in place are regulated by the 'Deprivation of Liberty Safeguards' (DOLS) provisions of the Mental Capacity Act.
4. Surrey County Council (SCC) is the 'Supervisory Body' for all DOLS requests made by care homes and hospitals in Surrey, and as such must

commission all assessments required in order to authorise a Deprivation of Liberty and must authorise this once they are completed.

5. Authorisations can be put in place for a maximum of one year, and need to be reviewed and renewed if they are required for a longer period.
6. The assessment process involves six separate assessments:
 - Age assessment
 - Mental Health Assessment
 - Mental Capacity Assessment
 - Eligibility Assessment
 - No Refusals Assessment
 - Best Interests Assessment.
7. These assessments must be completed by at least two different professionals, including an approved doctor and a 'Best Interests Assessor (BIA)'.

Impact of the Supreme Court Ruling:

8. SCC was party to the Supreme Court case. This was not because of any criticism of SCC regarding their professional actions or their care and support for 'P&Q' – two sisters in their early twenty's who have a learning disability. The case was brought by the Official Solicitor as an appeal against an earlier High Court judgment which determined that they were **not** deprived of their liberty. The case was about a matter of law rather than professional practice and the judgement specifically made positive reference to the role and actions of SCC in supporting both of these young women.
9. The Supreme Court Ruling has effectively lowered the threshold set for what constitutes a deprivation of liberty in previous court rulings. It establishes that if a person a) without capacity to consent to their care and treatment and b) is not free to leave and c) is under continuous supervision and control, then their accommodation arrangements (in Hospital or Care Home) must be assessed under the DOLS provisions to lawfully authorise their detention.
10. If such circumstances arise in Supported Living or Shared Lives placements, then authorisation currently needs to be sought from the Court Of Protection.
11. Annex 1 provides an extract from the Law Society guidance 'Identifying a deprivation of liberty : a practical guide'. The extract provides some examples of what may, and may not, constitute a deprivation of liberty in a care home setting.
12. The Law Commission are completing a review and consultation regarding DOLS and the underpinning legislation. They are starting work

on the project in summer 2014 and expect to publish their report, with recommendations for reform and a draft Bill, before the end of 2016.

13. SCC Requests for DOLS authorisations:

Year	No. of requestes
2011-2012	57
2012-2013	60
2013-2014	113
Supreme Court Judgment handed down 19 March 2014	
2014 -2015	3,045

14. This represents an unprecedented demand for authorisations and is a pattern repeated in nearly every local authority in England.

The Current Operational Situation in Surrey

15. The frontline DOLS team, based at Quadrant Court, Woking currently has 3 Senior Practitioners (2.5 Full time equivalents – all trained ‘Best Interest Assessors’) a team manager, and two administration assistants who work on completing DOLS assessments and running a duty system to triage all requests, manage the DOLS process and give guidance and advice to managing authorities.

16. In light of the current level of demand there is inevitably a backlog of assessments and our focus is on prioritising urgent requests that require a fast response with a parallel programme of addressing outstanding requests in place.

17. In the locality and hospital teams there is a pool of trained Best Interests Assessors (BIA). Additional BIA training has been commissioned which has increased the numbers of assessors from 20 to 34 in the last year. It is anticipated that up to 20 further BIAs will be trained in this financial year.

18. There is a rolling advertisement (for internal and external applicants) for permanent frontline BIAs to join the DOLS team.

19. Two new BIAs joined the frontline team at the beginning of July 2015 and recruitment to a further administration post has also commenced.

20. Independent BIAs are currently being used to complete DOLS assessments for residents in our older people’s in house homes (as DOLS provisions prohibit us providing our own BIAs to complete assessments in homes where we are the ‘Managing Authority’). This work is being completed in conjunction with the older people’s home closure programme.

Funding position:

21. The service has reserved an additional budget of £1.075m for 2015/16.
22. Additional Department of Health funding of £25m nationally, has been provided to local authorities to support their response to the Supreme Court judgement.
23. SCC's allocation from the national 'pot' is £426,000.

Further actions to respond to increased demand

24. The rolling recruitment advertisement for permanent BIAs will be maintained.
25. Additional BIA training will be provided to SCC staff to increase the number of assessors.
26. There will be a request for expressions of interest from Social Work agencies who are interested in providing BIAs to complete assessments. The aim is to utilise these assessors for out of county placement throughout the UK.
27. The pool of Independent BIAs will be increased to complete outstanding assessments. This will be done on a piece work basis, as is the case for our in house services.

Conclusions:

28. Even with the proposed increase in staffing it will be very challenging to meet the level of demand, and activity to recruit independent BIA remains an ongoing imperative.
29. The service will continue to consult and work with the Department of Health and Law Commission to influence future policy, procedures and legislation.
30. It is recognised that utilising a private social work agency, one of the mechanisms to meet demand, has cost and quality implications. These will be carefully considered to ensure best value and high quality assessments for some of Surrey's most vulnerable residents.

Recommendations:

31. It is recommended that the Board:
 - a) Notes the challenging increase in DOLS authorisation requests
 - b) Supports the approach taken to manage the increase
 - c) Receives an update report in twelve months.

Next steps:

32. Next steps include:

- On-going monitoring of DOLS requests and authorisations.
- Contribute to the Law Commission's review and consultation.
- Continue actions to increase the level of resource required to respond to the increased demand.

Report contact:

Jim Poyser, Practice Development Manager, MCA and DOLS

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Sources/background papers:

- [P v Cheshire West and P and Q v Surrey County Council\] : March 2014](#)
- [Law Commission review: Mental Capacity and Detention](#)
- Annex 1 - Extract from the Law Society guidance on the law relating to the deprivation of liberty safeguards, published 9 April 2015: ['Identifying a deprivation of liberty: a practical guide The care home setting' \(Chapter 6\).](#)

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Extract from the Law Society guidance, 9 April 2015:
[Identifying a deprivation of liberty: a practical guide](#) *The care home setting*
(Chapter 6, pg. 67, C 6.8 – pg.69, 6.12)

“A residential care home for older adults: liberty restricting measures

As with all care settings, there is a huge variety in the way in which each establishment will seek to provide safe and appropriate care for its residents. What follows is not an attempt to stereotype this kind of provision, but recognition of the challenges that can arise in providing such care in the least restrictive environment.

These challenges include:

- How to promote choice: for example if a resident does not want to eat the meal offered on a particular day how easy is it for them to go out to eat?
- The physical environment and the impact of a structured timetable: in many care homes of this type residents may be expected to spend at least part of the day seated in a lounge, perhaps with a television or music. How can residents be given as much autonomy as possible in how they spend their time and where?
- Promoting family and private life: how can care settings promote important intimate (which may include sexual) relations between residents?

The following are examples of potentially liberty-restricting measures that apply in a residential care home for older adults:

- A keypad entry system;
- Assistive technology such as sensors or surveillance;
- Observation and monitoring;
- An expectation that all residents will spend most of their days in the same way and in the same place;
- A care plan providing that the person will only access the community with an escort;
- Restricted opportunities for access to fresh air and activities (including as a result of staff shortages);
- Set times for access to refreshment or activities;
- Limited choice of meals and where to eat them (including restrictions on residents' ability to go out for meals).
- Set times for visits;
- Use of restraint in the event of objections or resistance to personal care.
- Mechanical restraints such as lapstraps on wheelchairs;
- Restricted ability to form or express intimate relationships;

- Assessments of risk that are not based on the specific individual; for example, assumptions that all elderly residents are at a high risk of falls, leading to restrictions in their access to the community

Care home for older adults: a deprivation of liberty

The measures in the following scenario are likely to amount to a deprivation of liberty:

Peter is 78. He had a stroke last year, which left him blind and with significant short-term memory impairment.

He can get disorientated needs assistance with all the activities of daily living. He needs a guide when walking.

He is married but his wife Jackie has struggled to care for Peter and with her agreement Peter has been admitted into a residential care home.

Peter has his own room at the home. He can summon staff by bell if he needs help. He tends to prefer to spend time in his room rather than with other residents in the communal areas.

He can leave his room unaccompanied at any time he wishes. Due to his visual and cognitive impairments, he does not feel safe doing this. He has access to the communal garden, the dining room, the lounge area and any other resident's room.

He is able to use the telephone when he wants. It is in a communal area of the home. He is unable to remember a number and dial it himself. He rarely asks to make phone calls.

He is visited regularly by Jackie. She has asked to be allowed to stay overnight with Peter in his room but this request has been refused.

The home has a key pad entry system, so service users would need to be able to use the key pad to open the doors to get out into the local area. Peter has been taken out by staff after prompting and does not ask to go out. He would not be allowed to go out unaccompanied.

Most of the time Peter is content but on occasions he becomes distressed saying that he wishes to leave. Members of staff reassure and distract Peter when this happens.

Key factors pointing to a deprivation of liberty:

- the extent to which Peter requires assistance with all activities of daily living and the consequent degree of supervision and control this entails.
- Peter is not free to leave either permanently or temporarily.

Care home for older adults: potential deprivation of liberty

The measures in the following scenario may give rise to a deprivation of liberty:

Mr Ghauri is 88. His wife of 60 years died last year and he has lived alone since then. He has no children. He is generally in good physical health but is in the early stages of dementia.

After a fall he decided to move into a local residential care home.

At the time he had capacity to make the decision to move. However, his dementia has progressed, and staff consider he may be less able to make more complex decisions.

He has his own room. He enjoys the meals at the home in the dining room but otherwise spends most of his time in his room where he listens to music and reads.

He has a regular routine whereby he leaves the home for a walk after breakfast.

He normally buys a paper and returns before lunch but sometimes eats in a local café and returns in the early afternoon.

If he did not return from the café the staff would contact the police to take steps to locate and return him.

Key factors pointing towards a potential deprivation of liberty:

- the potential degree of supervision and control within the home – although more information would be required in order to assess whether this satisfied the acid test;
- Mr Ghauri is not free to leave the home. However, it is not clear from the information available whether he has or lacks the capacity to consent to these care arrangements, which would have to be examined carefully.

Care home for older adults: not a deprivation of liberty

The following scenario is unlikely to amount to a deprivation of liberty:

Mrs Banotti is a widow and is also an alcoholic. She does not have the capacity to decide where to live.

She lives in rented social housing unit for older adults, which has a warden. She was found collapsed on the street a few weeks ago and was admitted to hospital.

She was persuaded to go into respite from hospital to give Environmental Health staff from the local District Council time to clean up and renovate her flat. She leaves the respite residential care unit every day after breakfast to see friends. In fact she sees a male friend who also has a drink problem.

Staff report to the social worker that they are worried whether her male friend is financially exploiting her and whether she is having a proper lunch or whether she is drinking.

She comes back every evening about 7pm when meals are finished for the evening and does not have a smell of drink on her.

Mrs Banotti has made clear that once her flat is fixed up, she will return to live there but that she is willing to stay in respite in the interim provided that she is allowed to continue to stay out all day every day.

Staff are unhappy about the risks to her of her drinking. However, their policies do not allow for physical restraint so the staff have not attempted to stop her leaving and have not followed her or asked her to return.

Mrs Banotti has made clear that if staff try to insist on her staying in all day, or only going out with staff, she will stop the respite and go and stay with her male friend.

The staff would not take any steps to prevent her doing so if she did do so.

Key factors pointing away from a deprivation of liberty:

- Mrs Banotti is free to leave, whatever the level of supervision and control to which she may be subjected.”



Social Care Services Board
9 July 2015

Learning Disability Public Value Review Report

Purpose of the report: Policy Review and Development

In 2012 the learning disability public value review was identified as being appropriate to address the need for personalised services for individuals who were being supported by Adult Social Care. The three year project has now ended and this report details the outcomes.

Introduction:

1. On 14 July 2009 the Cabinet agreed to undertake a three-year programme of Public Value Reviews (PVRs) including a review of services for people with learning disabilities.
2. This PVR identified the need for a strategic shift in the way that services for people with learning disabilities are commissioned and delivered in Surrey. Services reflected historical patterns of commissioning and did not offer choice, value for money or the improved outcomes sought by people with learning disabilities, their families and carers.

Outcomes of Recommendations from the PVR

3. Nine overarching areas for recommendations were identified through the PVR. The objectives and outcomes for each area are outlined below. Further details are contained in the Project Closure Report, listed as Annex 1 to this report.

Personalisation

4. **Objective:** Develop personalised support options by completing a coordinated programme of reviews linked to key areas.

5. **Outcomes:**

- Pivotal in achieving this was the development of a dedicated Personalisation Team and PVR Team to carry out reviews and reassessments. Both teams worked closely with commissioning managers, ensuring liaison with providers.
- A number of workstreams have resulted in people with learning disabilities having a new personalised assessment and support plan with recognised and audited costs.
- The Personalisation Team supported Surrey County Council's (SCC) in-house services to move individuals to more appropriate, independent accommodation.
- The team also reviewed high cost placements. Housing related support has aligned with Adult Social Care (ASC) to ensure packages are an accurate reflection of need and do not exceed 10 hours per week, with additional ASC provision if required.
- Remaining outcomes detailed in this recommendation are covered in the areas below.

Accommodation

6. **Objective:** Develop personalised accommodation options delivering a shift from residential to individualised community accommodation options. This included ensuring that people who were supported by SCC but legally resident in another host local authority were funded by those authorities.

7. **Outcomes:**

- Through the work of the PVR team more than 50% of the individuals in tenanted accommodation, living away from Surrey, have had their costs transferred to their host local authority. This has also resulted in individuals accessing their local community services to a greater degree.
- Seven residential homes have been re-registered as supported living giving people their own tenancies and personalising their support.
- The referrals process for individuals seeking accommodation has been clarified for providers resulting in an improvement in occupancy levels.
- Commissioning managers have developed or are developing a range of new cost effective, bespoke and supported living services.

Health

8. **Objective:** Develop integrated commissioning with Health.

9. Outcomes:

- The ASC Commissioning Team made significant developments with health colleagues in order to foster a joint approach to supporting individuals with a learning disability (LD) and associated health needs.
- Collaborative working with the LD leads for the Surrey Clinical Commissioning Groups (CCGs) to develop a joint LD Strategy.
- An option appraisal was completed for integrated learning disability commissioning with the CCGs.
- A Transforming Care work stream was developed with health led steering boards, such as the Health Care Planning Board, to ensure a joint approach to on-going work. This includes supporting the care and treatment review, a national initiative arising from the government response to Winterbourne View Hospital where extremely disturbing abuse was revealed.

Transition

10. **Objective:** Influence the way in which services are planned and delivered for young people and ensure that people over the age of 65 and those with early onset dementia are supported to access mainstream support.

11. Outcomes:

- The ASC Commissioning Team worked very closely with the ASC Transitions Team to improve awareness about supported living and employment opportunities among young people and their family/carers.
- Work has been carried out with service providers to develop services for young people, particularly people with autism.
- Since 2013 new housing services have been developed or re-designed leading to opportunities for 88 more young people.
- The Commissioning Team have worked with older people's service providers, to improve their recognition that they can provide services for older people with learning disabilities when the individuals needs can best be met in that environment.

Respite

12. **Objective:** Cease to commission respite and short breaks in residential services where people have permanent homes.

13. Outcomes:

- This objective has been supported by the Learning Disability Partnership Board. It has been clearly shared with the Surrey provider

market through meetings and update sessions with the Surrey Care Association, our Surrey Strategic Provider network and individual providers.

- Commissioners and practitioners used the opportunity to maximise personal budgets from Health or Social care to deliver real and lasting positive change for individuals. Further to this there has been some change in the market with the loss of one service but with a more local short breaks unit opening.

Quality Assurance

14. Objective: Implement a standard approach to quality assurance and contract monitoring across commissioned services.

15. Outcomes:

- The LD Commissioning Team developed a holistic approach to quality assurance for people with a learning disability by conducting regular Quality Assurance (QA) and Safeguarding meetings. Representatives at the meetings include QA, Safeguarding, Procurement, Customer Relations, Business Intelligence and LD Commissioning. This work has now become embedded for all individuals and is not limited to those with a learning disability.
- Jointly, Procurement and the ASC Commissioning Team, developed strategic relationships with over 40 suppliers and ensured yearly reviews. The majority of these suppliers account for a large proportion of ASC spend and placements in relation to support to people with a learning disability.

Information and Communication

16. Objective: Improve sources of accessible information relating to services and support.

17. Outcomes:

- The Surrey Learning Disability Partnership Board has worked closely across organisations within Surrey, such as the Police and South East Coast Ambulance Service (SECAmb), to improve accessible information. This has resulted in a number of helpful changes in how information is provided.
- www.surreypb.org is regularly updated and includes a range of information for people with a learning disability and autism on current topics and useful links. www.surreyhealthaction.org.uk provides information in an accessible format on key health information including hospital passports, accessible appointment letters and health check guides.

Stronger Partnerships

18. Objective: Shape and develop the existing market by working with our partners.

19. Outcomes:

- Through the work of the PVR, links with our partners have been strengthened. Key stake holders are part of our Learning Disability Partnership Board and have signed up to working in partnership.
- Bulletins are sent out to over 3,000 people and information is held on SCC's website.
- Relationships have been developed with learning disability providers to support them to strategically develop the market.
- Commissioners established monthly surgeries open to providers, practitioners and families, to discuss ideas/issues and create an open dialogue.
- An Autism Champions Network, which is free for providers, has been created.
- A Positive Behaviour Support Network has been established to help develop skills to support individuals who have behaviour that can challenge. The network was launched in March with the support of national key note speakers. 100 individuals have joined the network.

Savings

20. Objective: The savings target links to recommendations 1 and 2. The total expected savings were £8.1m (Personalisation £4.5m, (including the £2m from Transport) and Accommodation £2.4m). In addition to this total there were a further £1.2m savings from 2011/12 Management. This gives a total full year effect saving of £8.1m.

21. Outcome:

- The actual savings achieved by the PLD PVR was £7.11m, £0.99m short of the expected target. (Annex 1 Section 4.1.10)

Conclusions:

22. The Commissioning Team has used the recommendations from the PLD PVR report to act as a framework for developing the necessary structures and processes for people with a learning disability to enable them to receive better services and support. Key to this was developing closer links with partners both internally e.g. Transition Team and Procurement and externally e.g. providers and Health. Another factor key to the

project's success was the establishment of a Personalisation Team and the PVR Team who were able to carry out the necessary reviews.

23. With these structures in place the ASC Commissioning Team was able to achieve the outcomes described in the previous section including a saving of £7.11m. The Commissioning Team recognises that the progress made over the past three years must be continued and further developed and the East Surrey Commissioning Team, which has the lead for learning disabilities, will ensure this happens.

Recommendations:

24. It is recommended that the Committee:

- Notes the significant achievements of the PVR and continues to recognise and support the needs of people with a learning disability as a priority for SCC under the national Transforming Care Agenda and the recommendations of the Green Paper consultation.
- Endorse the continued work of Learning Disability Commissioning with Advocacy services to develop and enhance their provision for people with a learning disability.
- Receive a further report in 12 months time to provide an update on the work started by the PLD PVR, with particular focus on the next steps detailed below.

Next steps:

25. The realignment of commissioning staff with CCGs has supported closer integration with Health and the East Surrey Commissioning Team, which is leading on Learning Disability. This will ensure work supporting people with a learning disability is taken forward by all the commissioning teams.

26. A number of individuals who reside outside of Surrey, and are 'Ordinarily Resident' in those places, have not yet had their care, support and funding responsibility transferred to the local authorities where they live. This work will be continued by the locality teams, led by practitioners who have transferred from the PVR team. This work will be monitored centrally by the North West Area Team. There is a savings target of £2m within Medium Term Financial Plan (MTFP) for 2015/16 attached to this work.

27. Areas within the PLD PVR are ongoing. These include residential accommodation reviews, developing local housing options and re-registration.

28. Additional work remains to finalise and seek approval of the Joint Health and Social Care Commissioning Strategy.

Report contact: Annie Henley-Ashton Team manager, Adult Social Care

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Email annie.henley-ashton@surreycc.gov.uk

Sources/background papers:

- Annex 1 : People with Learning disabilities Public Value Review (PLD PVR) Project Closure Report
- Cabinet Meeting Documents - Tuesday, 27 March 2012 - Item 10 - Public Value Review of Services for People with Learning Disabilities ([http://mycouncil.surreycc.gov.uk/celistdocuments.aspx?MID=481&DF=27%2f03%2f2012&A=1&R=0&F=embed\\$Item%2010%20-%20Public%20Value%20Review%20of%20Services%20for%20Peple%20with%20Learning%20Disabilities.htm](http://mycouncil.surreycc.gov.uk/celistdocuments.aspx?MID=481&DF=27%2f03%2f2012&A=1&R=0&F=embed$Item%2010%20-%20Public%20Value%20Review%20of%20Services%20for%20Peple%20with%20Learning%20Disabilities.htm))

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People with Learning Disabilities Public Value Review (PLD PVR) Project Closure Report

Version 15.0

Jo Poynter

Document Control

Change History

Version	Date	Author	Change History
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This document requires the following approvals.

Name	Title/ organisation representing	Date	Version reviewed

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2 Introduction

2.1 Document Purpose

The following report outlines the work that has been carried out and achieved during the People with Learning Disabilities Public Value Review (PLD PVR) project, with recommendations and next steps for further work.

2.2 Timescales

The PLD PVR report agreed by the Cabinet stated that implementation of the recommendations would start from the 1st April 2012 and last for three years, ending on the 31st March 2015.

2.3 Background

In Surrey 2.35% of Surrey's 870,153 adult population aged 18 and over has a learning disability. Of these approximately 16.5 thousand people are aged 18-64 and 3.9 thousand are aged 65 and over. Surrey County Council supports 3,375 people or an estimated 16.5% of all people with a learning disability in Surrey.

Following the Transfer of Commissioning responsibility from the NHS to local authorities, Surrey County Council is now the sole commissioner of social care services for people with learning disabilities (LD) in Surrey.

The overall commissioning budget (net) for services for people with learning disabilities is £139m (in 2015/16), which represents 37% of the net Adult Social Care budget

On 14 July 2009 as part of its consideration of the paper 'Leading the Way: changing the way we do business' the Cabinet agreed to undertake a three-year programme of Public Value Reviews (PVRs) with the aim of reviewing all services/functions provided by the Council. The outcomes expected were services that place the Council in the top quartile of local authorities for performance, and the lowest quartile for unit costs, thus providing *improved outcomes and value for money for the residents of Surrey*.

The initial Public Value Review for LD was started in March 2011, sponsored by Sarah Mitchell, Strategic Director for Adult Social Care, and led by Simon Laker, Senior Commissioning Manager. The final report was submitted to Cabinet on the 27th March 2012 and Cabinet endorsed its 9 recommendations.

This PVR proposed a single strategic objective: to realise the County Council's ambition of personalisation for people with learning disabilities, ensuring:

- Individuals with a learning disability supported by Surrey County Council are offered person centred care and support planning, through supported self-assessment, the application of the Resource Allocation System, and are offered a personal budget where eligible
- Individuals with a learning disability enjoy a wider choice of affordable options from a market of strategic suppliers committed to working with Surrey County Council (SCC) to shape the future market for accommodation, care and support, day activities, and respite.

3 Outcomes

3.1 Summary of outcomes delivered

3.1.1 Recommendation1: Personalisation:

3.1.1.1 Recommendation

By 1 April 2015 we will deliver £2.5m efficiencies by:

1. Developing personalised support options with strategic suppliers, including clearly priced, locally developed, options for personal support, day activities, respite and short breaks.
2. Completing a coordinated programme of reviews to deliver personalised services that meet the assessed needs, improve outcomes and offer value for money for the following specific groups:
 - a. 150 young people over 15 years of age expected to transition into Adult Social Care over the next three years (avoiding long-term costs)
 - b. 300 individuals over 65 years of age currently supported by specialist learning disability services (delivering £0.5m efficiencies by 2014)
 - c. 223 individuals currently accessing respite/short break services across social care, health services and the independent sector
 - d. 100 individuals currently receiving high cost packages of care in and out of Surrey
 - e. 750 individuals currently accessing day services (including Surrey County Council's in-house services)
 - f. 460 individuals currently receiving Supporting People funded services

3.1.1.2 Outcomes delivered

The initial plan had considered commissioning an external agency to address the need to re-assess all individuals identified, living both in Surrey and elsewhere. An external agency was commissioned but this became unworkable due to:

1. Issues of quality of assessment and support plan
2. Time needed by the agency and their individual employees to complete the task

3. Information governance, with confidential information not being accessible to external parties without additional permissions being sought from the individuals

Given that the external agency was unable to fulfil the remit urgent alternatives were considered. The PLD out of County Monitoring project team was identified as being the way in which quality monitoring visits could be provided to people receiving a service who lived outside Surrey. The project team consisted of staff across all departments of adult social care, commissioning, personal care and support practitioners, service delivery staff, and quality assurance. A locality team manager was seconded to ensure the project was completed on time and to high quality standards. As Surrey staff were travelling across the country from Cornwall to Scotland and Wales to Suffolk co-ordination and safety of the staff was essential. The team manager was supported with this by a specially seconded administrator and project manager. A full report on the success of this specialist short term project is available on request.

The failure of the external agency delayed the work on the Personalisation and Accommodation recommendations. The PVR steering board then looked to achieve the additional overall recommendations by using already established staffing within Adult Social Care. Two specialist teams were then identified:

1. The Personalisation team, initially formed from in house services staff, this team has now moved to be part of Surrey Choices.
2. The Practitioner team, a small team of qualified practitioners recruited specifically for this role. (PVR Team)

Personalisation Team

Specifically looking at the recommendation (e)750 *individuals currently accessing day services*, part of the Personalisation recommendation and to complete this work they have:

1. Provided ongoing support to the transition team in terms of assessment and support planning.
2. Undertaken work with individuals using day services who lived at Badgers Wood. This involved linking with commissioners, SCC service delivery, friends, families, health professionals, the Deputyship team and advocates. Person centred work was undertaken to ensure that people were supported to move to appropriate settings. One individual chose to stay in the local area, another moved closer to his family in Herefordshire, with another moving into "Shared Lives". The remaining people were keen to stay together and keep their existing support staff so moved into Langdown. These new services were reviewed 6 weeks later to ensure that everyone was happy in their new homes. Being

able to use dedicated practitioners enabled a smooth transition. During this project close relationships were built with the residents and their carers, which enabled the practitioners to work in a way which empowered people to make big decisions with as much autonomy as possible.

3. Supported people accessing Jasmine House respite to consider change. Respite information was collated for providers across the County and individuals and their families were provided with respite budgets reflective of their needs. People were supported to explore alternative options. Of the 20 individuals the team worked with 2 people moved accommodation and no longer needed respite, 2 people moved from Jasmine House to an alternative provider, 10 people chose to stay at Jasmine House and reduce the number of nights they use, 3 people's respite allocation increased or stayed the same and 3 people returned to Locality teams for support planning. The overall number of nights for people accessing Jasmine House (that were supported by the personalisation team) reduced from 1202 to 825.
4. Worked with 96 individuals who receive 'high cost' packages of care. Work continues with another 42 individuals. Development of support networks from friends, families and communities has been essential to enable changes and a more individualised package for the person. The team supported with the re-registration of Robinsfield (6 individuals). The mapping out project at the Parade (6 individuals) resulted in more personalised outcomes. The Crabtree Road project (5 people) resulted in improved outcomes and individualised support.
5. Supported a number of people, accessing day services, to consider and explore alternative options. The team have worked with providers to support with the shaping of new services and ensuring that services are needs led and responsive to individuals accessing them. The team has worked with people accessing various day services.
6. Have worked alongside the LD Commissioning team and supported individuals to access Housing Related Support (HRS) as needed.

'Thank you for all your help with T's move. We cannot believe how well the whole process has gone and how settled she is. She waves me goodbye with a big smile when I drop her off. It was a godsend having you there at the end of the phone and also involved with all our meetings at her new home. The staff were so understanding and took everything very slowly to let her get used to them and a new routine.'

The PVR Team

This was set up as a team of senior practitioners which had been identified as being needed to complete two focussed pieces of work:

1. To offer personalised assessments for individuals in supported living accommodation across England, Wales and Scotland and, with the individual's involvement, transfer their costs to the host authority. This piece of work became known as transfers under the rules of ordinary residence (OR work). Feedback on this section is in accommodation recommendation as achieved deliverables.
2. Completion of personalised assessments for individuals receiving a package of support in excess of £2000 per week to confirm their needs were being met in the most appropriate and cost effective way (high cost). This looks at the recommendation (d) *100 individuals currently receiving high cost packages of care in and out of Surrey.*

A team of 11 senior practitioners, with one post at assistant team manager level, was originally identified as being the most effective structure to achieve these tasks. This was equivalent to one post per Adult Social Care (ASC) locality team. Recruitment to these posts was very difficult as two years post qualification experience was required specifically working with individuals who had learning disabilities. In February 2013 only 2.5 FTE equivalents had been recruited, this was then boosted later that spring so that for the remainder of the project ie Sept 2013 to March 2015 the maximum number of staff at any one time was 6 FTE. To ensure the quality of assessment and support planning was in place a team manager was also seconded into the project in July 2013. The practitioner team was then joined by two assistant practitioners in September 2013.

The high cost work was started in February 2014 with practitioners linking with commissioning managers for strategic providers. Practitioners completed in depth, evidence based assessments with individuals. Support plans were analysed for any anomalies in relation to meeting need and maximising other funding streams resulting in a number of individuals being referred for continuing health care funding.

Practitioners also worked with the individuals and providers to identify what support was needed to promote access to their community effectively or manage behaviour that challenged the service, whilst still meeting basic support needs. This analysis of the real need for additional 1:1 support, in excess of the core residential costs, resulted in a number of reductions of 1:1 support, as evidence was not available to support the additional funding.

Practitioners also made suggestions to providers about how “ordinary” community services could be accessed, further reducing costs and enabling the individuals to be part of their local community. This agenda was linked with the Family, Friends and Community agenda happening across adult social care

On completion of the support planning stage practitioners then gave information to commissioners regarding core costs which appeared high so that commissioners could then work with providers to reduce those components of the fees. Forty high cost assessments have been completed with savings made.

Commissioners negotiated with providers, whilst working closely with care practitioners, to understand real assessed needs but they also conducted a detailed analysis of provider’s overhead costs. This ensured that the full range of charges levied in care packages were consistent and represented best value. The charges were also benchmarked across the sector, notwithstanding the differences in commissioned services based on type of provider, type of property, location, staff profile eg some are ex NHS staff on 'enhanced contracts'. There have been difficulties in accomplishing these savings, as strategic providers have cited previous agreements made with procurement as a reason not to reduce negotiated weekly fees. Closer working between Procurement and Commissioning has therefore been productive in managing these concerns.

Benefits to individuals are that they now have an accurate support plan that is specific to their needs (including any 1:1 support provided) and which can be adapted should their needs change. The assessment and support plan will therefore be able to be monitored more effectively through the reviews completed at locality level.

Apart from the two main focussed tasks the PVR team also worked on:

1. Completing all reviews for the individuals who had previously been part of the Campus Re provision programme.
2. Screening individuals, living with a particular housing provider, for whether they needed a review or re-assessment, this resulted in a further 30 reviews and 7 re-assessments of need.

Other Work

Housing Related Support, previously known as Supporting People, is a preventative service and enables individuals to live in the community independently and over the last three years has aligned its services with Adult Social Care, this included the alignments of rates with providers who offer both these services. Locality teams have been asked to include the individuals Housing Related Support needs as part of their assessment or review to

ensure all the individuals' needs are captured and the right service is delivered. Changes to Housing Related Support included changing the maximum delivery of hours per week to 10 hours and the mobilisation of the Floating Support Housing Related Support contract which went live in 2013.

Please refer to the other Recommendation for specific information on how the outcomes described in this Recommendation were achieved.

3.1.2 Recommendation 2: Accommodation

3.1.2.1 Recommendation

By 1 April 2015 we will deliver £2.4m efficiencies by developing personalised accommodation options for people with learning disabilities, with strategic suppliers and housing partners and deliver a shift from residential and nursing care to individualised community accommodation options where appropriate to their needs.

3.1.2.2 Outcomes delivered

For the OR work practitioners from the PVR team were given a case load, according to the geographical areas where individuals were residing, so that they could attempt to link with the host areas in a constructive manner. The process plan was identified and spreadsheet designed to be able to track achievements on a weekly basis. For each individual that was having their costs transferred a number of actions were needed.

1. A visit to explain the process was arranged first, this involved family, friends or advocates, further visits then took place to complete their assessment and support planning.
2. If the individual had capacity then confirmation was made of correctly signed tenancy, if after assessment the person was identified as not having capacity then a best interest decision was made and a court of protection application.
3. Standard letters of referral were then written to all hosting local authorities. Significant difficulties have been encountered in engaging with some of the other local authorities. This has now been raised to director level for his involvement.

105 people were originally identified through AIS (Adult Social Care I.T. system) reports as being suitable to have their costs transferred, however screening then reduced this number to 85. So far 42 people have been transferred, however there are still 43 individuals for whom referrals have been made but who have not yet been accepted by their host area. Individuals who have been transferred are benefitting as they are now accessing a greater range of services. They are having information being provided to them by their local social work teams and therefore being given a greater choice of activities to take part in. They are acknowledged as a resident in that

community and therefore also encouraged to take part in ordinary community activities.

'A' has complex needs including learning disability, mobility needs, behaviour support needs and is hard of hearing. 'A' was (and still is) living with his sister, who is deaf, in a London Borough. PVR team practitioner completed a new SSA. Referral to the London Borough was made and a visit was booked to verify 'A's needs with all involved parties. A practitioner from the London borough attended the verification meeting in late 2013, resulting in a transfer of service costs in the following month.

During the verification visit, information was given to the family about local resources, including services for deaf people that both 'A' and his sister could use. 'A's sister was also given information regarding services for people with learning disability in the area that 'A' could access to give her daily breaks. 'A' and his sister are now receiving a more localised and appropriate support package

As well as the PVR Practitioners, the Commissioning team have also worked on this recommendation and they have:

1. Developed or are developing a range of new cost effective and bespoke services
2. Re-registered 7 residential homes as supported living opportunities delivering greater choice and quality through individual support and greater security of tenure for the individual
3. Worked with accommodation providers to discuss their requirements regarding support agreements the county council were requested to sign.
4. Continued to work with accommodation providers to develop local housing options whilst recognising the potential loss of investment due to the barriers and challenges of working alongside a statutory agency.
5. Conducted strategic reviews of 'legacy' residential care providers in Surrey ie providers who have operated small residential care homes in Surrey (circa 6 beds) since the 1990s, when they were set up to take people on closure of the long stay institutions across Surrey. These reviews looked to consider the overall property portfolio and suggest refinements to these services based on an understanding of future demand requirements.
6. Identified NHS capital grants tied up in residential properties. A meeting in April 2015 with NHS England has been held to begin to unlock this

issue to enable further developments of new housing schemes in priority areas.

7. Enhanced the PLD referrals process to give clarity to care providers on receipt of the referral so that they could see the area the referral was needed for. A number of care providers have successfully utilised the referrals process and consequently have seen an improvement in occupancy levels. There is still some difficulty in receiving feedback from care practitioners when a placement has been made so that the referrals database can be updated work is continuing to resolve this. Figures suggest that over 382 people have used the referrals process (**ie found accommodation with support)
8. Ran dedicated sessions with care practitioners to discuss housing options and highlighted the 8 ways to find accommodation ie existing care homes, housing association or council housing, supported housing, renting privately, home ownership, family investment, buy to let, remain in situ, stressing that the need for individuals to be added to local housing registers is essential.
9. Facilitated a learning disability practitioners information sharing network.

3.1.3 Recommendation 3: Health:

3.1.3.1 Recommendation

We will develop integrated commissioning with health partners to determine appropriate packages of care and support, to ensure health and wellbeing needs are met effectively, and implement “responsible commissioner” guidance.

3.1.3.2 Outcomes delivered

To achieve closer links with Health the Commissioning team have:

1. Worked with LD lead for the Surrey CCGs to develop a joint LD Strategy.
2. Developed co-commissioning group for services for individuals
3. Completed option appraisal for integrated learning disability commissioning with the CCGs
4. Developed a Transforming Care work stream with health led steering boards, such as the Health Care Planning Board, to ensure a joint approach for an-going work. Including supporting the care and treatment review a national initiative (Winterbourne).

5. Worked closely with health colleagues to ensure that services are developed which have a holistic approach to meet needs of people with learning disabilities.
6. Health care planners access Surrey's referral process and are working with strategic providers to facilitate developments for individuals returning to county.
7. Health have established Acute, Primary Liaison and prison services across Surrey working in hospitals, GP practices and prisons to improve health outcomes for individuals.
8. A diagnostic service has been set up to support people with Autism via social work support from a practitioner in the PVR team.
9. Supported LD peer reviews in acute hospitals

3.1.4 Recommendation 4: Transport:

3.1.4.1 Recommendation

£2m of efficiencies were identified against this area. However, following initial analysis it was agreed that this target would be more appropriately incorporated into the Personalisation recommendation. The efficiency savings were transferred to that recommendation. .

3.1.5 Recommendation 5: Transition

3.1.5.1 Recommendation

We will influence how services are planned and delivered for young people with learning disabilities by working with children, schools and families to identify individuals earlier, jointly understand and assess needs, and facilitate service developments that support personalisation.

We will ensure people with a learning disability over the age of 65, and those with early onset dementia are supported to access, through existing pathways (e.g. Dementia pathway), a range of services that best meet their assessed needs.

3.1.5.2 Outcomes delivered

The Commissioning team have:

1. Attended, with the Transition team, parent evenings at all special needs schools to discuss future options for young people and raised awareness about supported living and employment. To compliment this work we have also held transition development days in the Easter and summer holidays so that families of children who attend out of County schools have the opportunity to find out what is available when their

- young people leave college. Feedback from these Planning Live events has been positive but they have not always been well attended.
2. Worked with providers to develop services for young people, particularly for people with Autism. The referral system has been developed to send out to information on housing needs to providers. The following services were developed for young people:
 - a. 2013
 - Woking (6).
 - Cranleigh (5)
 - Reigate (3 bedded house and 2 flats)
 - Dorking (5)
 - Burpham – 2 bedded flat
 - b. 2014
 - Dorking (5)
 - Horley (5 + 1 flat)
 - Sunbury (8)
 - Claygate redeveloped (8)
 - Camberley (5)
 - Guildford (3)
 - c. 2015
 - Beare Green (5 and 2 flats)
 - Camberley (7)
 - New Haw (8)
 - Woking (8)
 3. Worked with providers to develop short breaks services.
 4. Worked with a number of providers of services to people with learning disabilities who are categorised as older people ie over 65 and achieved reductions on care costs closer to the standard OP rates but nevertheless higher than the usual OP level.
 5. Ran a project with provider of services for older people which was successful in providing age appropriate services to individuals whose needs were primarily those of older people, not needs specifically in relation to their learning disability. Moving towards placements for individuals that are not always specialised LD services but can meet the developing needs of all older people.

B is a young man who was a looked after child. He has a very high level of need primarily due to his autism. He had been living in a health service costing over 3K per week. When B was 17 notice was given of the home closing.

Even though BW was only 17 the transition and commissioning teams worked with Children's service and a Supported living provider, to take BW earlier so that he wouldn't have to experience two placement moves, one to a childrens service and then on to adults provision at 18. This was a complex situation to manage due to the nature of tenancy agreements as well as being able to meet B's needs.

The provider has facilitated B continuing at school and that he is now closer to family members. B has been there just over a year and although initially he was displaying many challenging behaviour sthis has now reduced significantly. He is really enjoying living locally to his school, seeing his family more frequently and accessing his local community, especially the sports facilities.

B's package of support cost is now less than 50% of his original placement

3.1.6 Recommendation 6: Respite

3.1.6.1 Recommendation

We will cease to commission respite and short breaks in residential services where people permanently live, as the Care Quality Commission considers it poor practice.

3.1.6.2 Outcomes delivered

Additionally a target was set to deliver £200k full year / £50k in year savings. Our stated intension of not commissioning respite and short breaks in residential services has been supported by the PLD Partnership Board and clearly stated to the Surrey provider market through meetings and update PLD sessions with the Surrey Care Association, our Surrey Strategic Provider network and individual providers.

Commissioners have worked with practitioners to use the opportunity to maximise personal budgets, from Health or Social Care, to deliver real and lasting positive change for individuals.

There has been some change in the market however a more local short breaks unit has opened. Additionally a service in Banstead has been developed and another service in Milford will be opening in Summer 2015.

In financial terms, savings associated with respite / short breaks pertain to either:

1. Reviewing individuals who use short breaks
2. Seeing a reduction in the overall actual usage of a commissioned respite service from previous years usage

Reviews have been undertaken of all Surrey CC funded individuals where services have closed and alternatives services have been sourced by individuals and families currently.

K was having her needs met mainly through a residential school that cost the local authority over £100K per year. She also received a support package when she was home for school holidays. When K finished her education she moved home to live with her parents. Through some positive person centred planning K's practitioner has been able to establish a community package for K which K's mother is coordinating. Following additional training, provided by health colleagues in the Community Team for People with Learning disabilities (CTPLD), this includes a local in house service providing short breaks. Not only has K's behaviour improved her seizure activity has reduced.

The total cost of K's current package has been reduced by 50%.

K's mother is considering a supported employment placement for K in the future as K is developing new skills that she previously hadn't shown.

3.1.7 Recommendation 7: Quality assurance (including workforce and safeguarding)

3.1.7.1 Recommendation

We will implement a standard approach to quality assurance and contract monitoring across services commissioned for people with learning disabilities.

3.1.7.2 Outcomes delivered

Quality Assurance: The LD Commissioning team developed a holistic approach to quality assurance for people with learning disability by:

1. Having regular Quality Assurance (QA) and Safeguarding meetings with invitees including representatives from QA, Safeguarding, Procurement, Complement and Complaints, Business Intelligence and LD Commissioning.
2. Requesting Locality teams distribute any Safeguarding Adult Alert forms to the LD Commissioning team.

3. Work with CQC to enable them to inform the Commissioning team of any CQC alerts raised on out of county homes where Surrey has placed an individual.
4. Developed a service specification, around which QA have designed quality tools.

This work has now become business as usual for all individuals, not just those with a learning disability.

Procurement, with the LD Commissioning team, developed strategic relationships with over 40 suppliers, most of these suppliers account for a large proportion of our spend and placements. All suppliers are linked to CQC alerts, each strategic supplier has a formal annual review covering performance, quality, outstanding safeguarding with agreed steps for the next 12 months to address any concerns, ensure quality. To support this suppliers are asked to submit feedback on complaints and complements as well as performance data which includes a record of any serious safeguarding submitted on a quarterly basis. Continuing our proactive approach, Commissioners meet with strategic suppliers on a quarterly basis to monitor progress and offer strategic advice and support in supporting the Council developing new opportunities, addressing issues and concerns, visiting services to ensure suppliers are best placed in providing good quality and care and support for our vulnerable Individuals.

3.1.8 Recommendation 8: Information and Communication

3.1.8.1 Recommendation

We will improve sources of accessible information relating to services and support for people with learning disabilities.

3.1.8.2 Outcomes delivered

The Surrey Learning Disability Partnership Board has worked closely across organisations within, Council, Health and Voluntary Sector to improve accessible information.

www.surreypb.org is regularly updated and includes a range of information for people with learning disability and autism on current topics and useful links.

www.surreyhealthaction.org.uk provides information in an accessible format on key health information including hospital passports, accessible appointment letters and health check guides. The Hospital Passport for people with learning disabilities when going into hospital has been changed to

My Care Passport and can now used by all vulnerable adults when going into hospital.

Statistics for Health Website: Visited in 2014 by over 9000 individuals.
5297 – people viewed the Easy Read Health Planning Templates
1653 – people downloaded the Top –to – Toe easy read checklist.

All hospital wards have a communication booklet which assists people to communicate their needs using pictorial information.

Peer Review of the Acute Liaison Service, which supports people with learning disabilities in Acute Hospitals, has reported that a proportion of their work is supporting accessible information.

Work with Police: In partnership with the Surrey Police accessible fact sheets has been produced and general information about their services is now available in easy read format (<http://www.surrey.police.uk/accessibility>).

A survey about their services in Easy Read, has also been created, so that everyone can contribute their views.

County Transport Review: The Partnership Board worked have with Environment and Infrastructure Team so that they produced an accessible consultation booklet for the Transport Review, which ensured everyone had an opportunity to contribute to the review.

Work with Red Cross and Surrey Ambulance Service: The Partnership Board worked with Red Cross and Ambulance Service to produce an ICE Card in an accessible format for individuals to enable better communication in event of an accident. The Ambulance Service have produce an accessible toolkit to assist their work.

Adult Social Care: We have worked with Adult Social Care to produce information on the Care Act in an accessible format including an Animated Video which has had positive feedback.

The Partnership, Autism Partnership and Valuing People Groups have grown in numbers and we have recruited a Communication and Engagement Officer to support work of these groups.

Learning Disability Week and Conferences: During Learning Disability week we supported an awareness campaign about the positive contribution people with learning disabilities make to their communities. This included a bus tour across all district and boroughs, poster campaign and presentations

to groups. Our annual conferences are always accessible and up to 400 people usually attend.

3.1.9 Recommendation 9: Stronger Partnership

3.1.9.1 Recommendation

We will shape and develop the existing market of services in response to our ambition for personalisation by working with our partners, including family/carer groups, The Learning Disability Partnership Board, Surrey Care Association, health colleagues, advocates, and Borough/Districts

3.1.9.2 Outcomes delivered

Through the work of PVR we have strengthened our links with partners in the following ways:

All key stake holders are part of our Learning Disability Partnership Board and signed up to working in partnership. Bulletins are sent out to over 3000 people and information is held on our website.

Developed Strategic Providers:

1. Learning Disability Commissioners have worked with Procurement to established relationships links with learning disability providers and work with them strategically to develop the market.
2. Commissioners established monthly surgeries open to providers, practitioners and families to discuss ideas/issues and create an open dialogue of discussion.
3. We have set up the Autism Champions network which is free for providers
4. A Positive Behaviour Support Network has been established to help develop skills to support individuals who have behaviour that can challenge. The network was launched in March and had national key note speakers in attendance. 400 people attended the event and 100 individuals have joined the network.

Surrey Police:

1. Following feedback from families and people with learning disabilities we have developed relationships with the police so that individuals can feel safe in their communities. We have participated in training days with the police, have developed a DVD and accessible materials to explain police services.

2. A Pegasus Card has been developed with the police, fire brigade and ambulance services which gives people with learning disabilities a unique reference number so the police can provide the appropriate support.

Children Services/ Transition:

1. We have recognised it is critical to link with children's services, schools and colleges. Commissioners have linked to preparing adulthood work streams. This has meant that we have worked closely with local colleges and providers to develop the local offer so that young people can access opportunities locally.

Advocacy Services:

1. Local advocacy groups have been established across Surrey to ensure individuals are given opportunity to have a voice and facilitate change within their communities. Citizen and peer advocacy is being developed and will move ahead with support.

District and Boroughs:

1. We have connected with local housing teams and set of housing panels to raise awareness of needs.

Voluntary Organisations:

1. Have worked closely with voluntary sector to develop volunteering opportunities and work experience for people with learning disabilities. Funding through pump priming has been used to help establish and develop these services

3.1.10 Savings:

3.1.10.1 Recommendation

As highlighted above, the total expected savings were £8.1m (Personalisation £4.5m, and Accommodation £2.4m). In addition to this total there were a further £1.2m savings from 2011/12 Management Savings (Transfer of Commissioning, Social Care Change Programme/NHS Campus Re-provision). This gives a total full year effect saving of £8.1m.

3.1.10.2 Outcomes delivered

The actual full year effect saving was £7.11m (see Table 1 for details). This gives a variance of £0.99m.

		Full Year Effect (£m)	Cashable Savings (£m)
2011/12	Management Savings	2.10	
2012/13	Personalisation	0.67	0.57
	Accommodation	0.39	0.23
	Total	1.06	0.80
2013/14	Personalisation	0.65	0.59
	Accommodation	0.90	0.51
	Total	1.54	1.10
2014/15	Personalisation	0.85	0.49
	Accommodation	1.56	1.17
	Total	2.40	1.66
Total	Management Savings	2.10	0.00
	Personalisation	2.16	1.65
	Accommodation	2.85	1.92
	Total	7.11	3.57

Table 1: Full Year Effect Savings and Total Cashable Savings

Additional savings were made for 2011/12 and consequently the actual savings were £2.1m rather than the £1.2m quoted in the Cabinet report.

As well as the full year effect saving there was also actual total cashable saving which was £3.57m.

In addition to the actual savings the Commissioning managers were also able to make some non-cashable savings, mainly due to re-negotiating proposed costs for new or revised services. These totalled £0.67m for full year effect and £0.39m actual non-cashable saving (see Table 2 for details). These savings and do not count towards the actual PLD PVR total savings.

	Full Year Effect - Non-Cashable (£m)	Non-Cashable Savings (£m)
2012/13	0.41	0.18
2013/14	0.17	0.10
2014/15	0.09	0.10
Total	0.67	0.39

Table 2: Total Non-Cashable Savings

4 Recommendations

4.1 Recommendations

The following recommendations have been identified:

1. Ensure the Autism Diagnosis team is fully effective by guaranteeing there is sufficient resource available to have continued support from a Senior Social worker from Adult Social Care.
2. The work carried out by the PLD PVR has helped support National Transforming Care Agenda and as the PVR has now ended it is recommended that the needs of people with a learning disability are still seen as a priority for Surrey under the national Transforming Care agenda. Further to this, need to ensure the outcomes from the joint option appraisal are implemented to ensure the continued support of the transforming care process.
3. It has been recognised that the Advocacy services need to enhance their support to better reflect the structures identified as being appropriate for individuals. It is therefore recommended that the Commissioning team needs to work with Advocacy services to develop and enhance their provision. This is also a requirement of the Care Act and will be promoted for all residents of Surrey.

4.2 Next steps

The following next steps have been identified:

1. The re-organisation of the Commissioning teams with CCGs has helped to ensure closer integration with Health and the East Surrey Commissioning team, which is leading on learning disability, will ensure work supporting people with learning disability is taken forward by all the Commissioning teams.
2. The East Surrey Commissioning team will continue to take the lead on developing relationships and partnerships with key partners to ensure that people with a learning disability receive the best support possible.
3. Practitioners who have transferred from the PVR team to locality teams to ensure they complete the work associated with the OR transfers.
4. Not all the Ordinary Residences that were identified by the Project have been transferred to the other local authorities. Therefore this work will be continued by the Locality teams and monitored centrally by the North West Area team. There is a MTFP savings plan for 15-16 of £2m from this OR work.

5. Residential accommodation reviews will need to be taken forward in 2015/16 by the strategic change initiative underway and will be led by commissioners aligned to the new area based commissioning teams.
6. Continue to work with accommodation providers to continue develop local housing options to reduce the potential loss of investment due to the barriers and challenges of working with statutory agencies.
7. Work on Re-registration will continue and commissioners are working with providers to help ensure the smooth transfer of residential homes to supported living accommodation.
8. Continue to work with the NHS on the Transforming Care programme.
9. For younger people in transition, commissioners will continue to work with the Transition team to help young people with a learning disability to prepare for adulthood.
10. Commissioners will also work with providers to ensure suitable accommodation is available locally, if and when it is required by young people.
11. For older people in transition, commissioners will work with providers to help ensure that people with a learning disability over 65 are supported to access the services that best meets their needs.
12. Commissioners will continue to work with providers to help develop respite services in the county.
13. The East Surrey Commissioning team, along with the other commissioning teams, will continue to work with the Safeguarding team to ensure a swift response when any safeguarding alerts are raised either by individuals or the CQC. This will become business as usual for the department.
14. Need to work with CCGs to develop services for people that support them lifelong.
15. Outcomes from the joint option appraisal need to be implemented to ensure the continued support of the transforming care process.
16. Need to work with Advocacy services to develop and enhance their provision to ensure they can meet the needs of people with a learning disability, alongside all residents of Surrey
17. Work more closely with District and Borough Councils to develop the support they provide people with a learning disability.

18. The Autism Diagnosis team will have continued support from a senior social worker from adult social care.
19. To finalise and seek sign off of the Joint Health and Social Care Commissioning Strategy.

5 Approval

5.1 Project Board Approval

The Project Board has approved the work carried out to date and the work to be carried out in the future as detailed in this closure report.

Strategic Lead:	Jo Poynter
Signature:	
Date:	



Social Care Services Board
9 July 2015

Annual Adult Social Care Debt report.

Purpose of the report: Scrutiny of Services and Policy Development & Review

The Adult Social Care Select Committee requested an annual report on the Adult Social Care debt position. This report has been prepared for the newly formed Social Care Services Board.

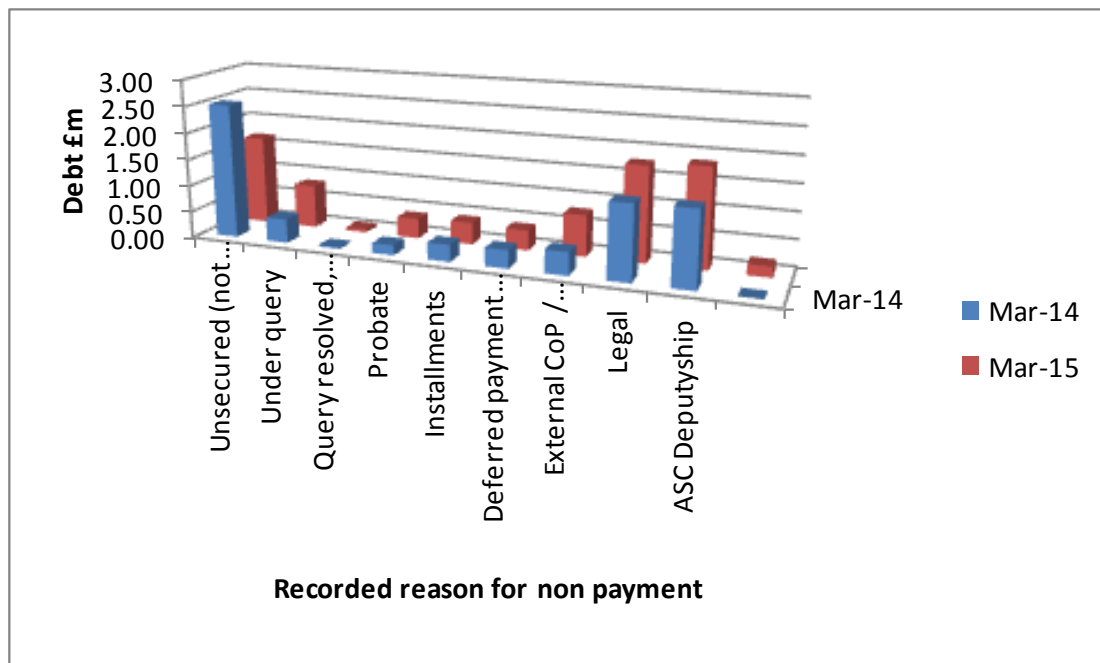
Introduction:

1. When a local authority arranges care and support to meet a person's eligible needs, the local authority may ask the person to pay towards the cost of providing that support, subject to an assessment of the person's finances. The charging arrangements are long standing and include the power to charge for care provided in the person's own home as well as charging for residential and nursing care arranged by the local authority.
2. In general, the local authority has a duty to provide services to meet the person's eligible needs regardless of whether or not the person pays the assessed charge. If a debt accrues, the local authority cannot withdraw services but is entitled to recover the debt through the courts if necessary.
3. The previous Adult Social Care Select Committee requested an annual report on the outstanding debt position. This report summarises the Adult Social Care (ASC) debt position as at the end of March 2015.

ASC Social Care debt position as at March 2015

4. ASC debt is broadly managed through three core processes:

- a) The financial assessment and charging for ASC support – The Financial Assessment and Benefits (FAB) Team
 - b) The generating of monthly statements for ASC charges and collecting payment of that debt – the Orbis Business Operations Team
 - c) Litigation to pursue unpaid debt when all other avenues have been exhausted – The Legal Services Litigation Team
5. This report contains a narrative from each of the process owners for the three processes listed above
 6. The overall ASC debt position as at March 2015 is provided as Appendix A to this report.
 7. For the purpose of this summary, ASC debt is recognised at the point at which the charge is made within the financial system (predominantly when an individual charge is raised against a client account and a statement is raised and sent.). Therefore, any ASC debt relating to individual cases that are in the process of being set up will not be included, even though they may be in receipt of a chargeable service.
 8. The total ASC debt outstanding as at 31 March 2015 was £17.21m net (£17.96m gross after deduction of credit balances – lines 6 and 6a in Appendix A) an increase of £0.5m net since March 2014 (£0.59m gross).
 9. Of the total debt, £3.18m (line 5 of Appendix A) was raised within 30 days of the reporting date (in March) and would therefore not have fallen due for payment at the time the summary was produced (shown as the 'Total' line in Appendix A).
 10. The further analysis of debt is therefore based on debt that has fallen due, being more than 30 days old.
 11. The trend for overall ASC debt older than one month old is an increase over the same period in 2014 period of the table in Appendix A (March 2014 to March 2015). The total value of debt outstanding older than one month old has increased from £13.40m to £14.03m. The underlying trend is for the continuing reduction in secured debt (£6.33m to 5.72m in line 2* of Appendix A) and an increase in unsecured debt (£7.07m to £8.31m as subtotal unsecured debt outstanding in Appendix A)
 12. Of the unsecured debt (debt that is greater than one month old), the breakdown is as follows:



13. Comparing the data in the graph above, the increased categorisation and recording of the reasons for debt being unpaid continues with less debt not having a specific reason. Whilst the unsecured debt has increased slightly over the same period, the amount of unsecured debt outstanding which is not covered by the existing reportable categories (line 2* on Appendix A) has reduced, evidencing continuing scrutiny and understanding of outstanding ASC debt accounts. For the new financial year, additional categories will be added to the financial system, further enhancing reporting and scrutiny of outstanding debt.
14. From 1 April 2015, local authorities were required to implement part 1 of the Care Act 2014. Fundamental reforms to the way people contribute towards their care will become law from April 2016. The changes from 1 April 2015 were relatively minor. However, one significant change from April 2015, is the removal of the power to register a legal charge against a person's property to secure a debt in respect of residential charges. This means that there is likely to be an increase in the amount of unsecured debt versus secured debt and this may result in the need for further action through the courts.

Credit Balances

15. At the time of reporting the total value of accounts with credit balances is £690,000 (lines 6a(1) and 6a(2) in Appendix A), compared to £660,000 as at March 2014.

Reports from the Process Owners:

Financial Assessment and Benefits (FAB) Process Owner's report

16. Following the rapid improvement event [RIE] held in June 2013, the FAB service has continued to experience higher volumes of referrals than projected in the RIE. The new eligibility criteria introduced under the Care Act 2014 means that we cannot prioritise people for a financial assessment based on the level of need and the imminence of service (the assessment of low, moderate, substantial or critical need no longer applies). We, therefore, have to aim to assess people as quickly as possible regardless of need.
17. To assist with the workload management, we have restructured the service creating one front door for FAB. We now have a centralised administrative support team with one telephone number, one email address and a central postal address to improve access to the service for people. The aim is to answer calls first time and provide information and advice wherever possible. We have increased resources in the FAB service to deal with the volume of referrals and enquiries and are starting to see the benefits of having a centralised team.
18. In 2014/15 the FAB service raised £42.4m in charges, an increase of more than £2 m over the previous year and £748,000 more than the income target.
19. The FAB service has continued to focus efforts on reducing the incidence of accounts with backdated charges (i.e. more than eight weeks). We have conversations with colleagues where there is a need to change practice or reinforce the message about timeliness of referrals. As a result of this effort, we have reduced the incidence of backdated charges from an estimated 170 cases per month pre- RIE to an average 83 per month in 2014/15.
20. The timeliness of assessments continues to be a challenge because of the volume of referrals. However, in the three month period January 2015 to March 2015, FAB received 1,772 new referrals, at the end of March 2015, only 78 of the referrals with a service in place were awaiting a financial assessment.
21. From May 2015 the FAB service has direct access to the Department of Work and Pensions (DWP) Customer Information System (CIS). CIS is the database used by the DWP and holds details of the benefits in payment to people. By accessing CIS, the FAB service can gather financial information to complete financial assessments more rapidly. The system will be particularly beneficial for identifying people on low income who merit a 'light touch' assessment.
22. The CIS database will also help improve our performance around benefit take-up, a key target for the FAB service. In 2014/15 the FAB service generated £1.3m in additional benefits for people. At the time of reporting, there were 341 claims outstanding which would indicate that this figure will increase significantly. We can use CIS to track these claims.

Currently, six members of staff have access to CIS but we plan to roll this out to the whole service in the next few weeks.

Order to Cash Process Owner's report:

23. The process for issuing statements, applying cash received and sending reminders is automated in SAP (SCC's finance system) and takes very little resource time. Statements and reminders are issued promptly and cash receipts applied by 11am each day.
24. Customers receive a response within 24 hours and we work closely with helpdesk colleagues to ensure that our service is regularly reviewed and improved. We share team news, process updates and improvement ideas at process ownership meetings with ASC and finance colleagues and at operational meetings with FAB team managers.
25. In 2014/15 we added review date functionality and new indicators to SAP to provide more detailed management reports. These allow better caseload management, trend monitoring, resource planning and help us to identify new areas for improvement.
26. During 15/16 we will be working with ASC and IMT on Care Act changes that impact the customer statement. We also plan to improve the quality of the transactional information and in conjunction with the behavioural insight team we will be reviewing our debt communications to encourage customers to pay sooner.
27. We will be meeting with Orbis operations colleagues from East Sussex County Council in the next few months to discuss processes and share knowledge. The sessions will inform our process improvement plans.

Process Owner's Report – Legal Services:

28. The table below summarises the current status and progress of legal recovery action taken (from 1 April 2008) up to 31 March 2015:

Legal Referrals	Total Number of cases referred	231
	Total Value of debt at date referred	6.00
Current Legal Cases	Number of 'open' cases	72
	Current value of 'open' cases	1.83
Legal Recovery	Number of cases with recovery	111
	Number of cases with write off/partial write off	52
	Value of debt collected	3.07
	Value of debt secured by charging order	0.25
	Value of debt due by instalments	0.06

Value of debt no longer in dispute	4.89
Overall value of legal recovery action	3.87
<hr/>	
External Legal costs / expenses	-0.22
Net value - legal cases	3.65

Conclusions:

- 29. The level of unpaid ASC debt older than one month remains at around £14m.
- 30. Activity to categorise unpaid debt continues, the reason for the non-payment of parts of the debt continue, with a lesser value being categorised as unpaid without a satisfactory reason provided.
- 31. Liaison continues between all of the process owners supporting the ASC debt process.

Next steps:

- 32. The ongoing work to categorise debt will continue to be refined with additional categories being added from April 2015.
- 33. Consideration will be given to the ASC debt process to be reviewed within the Operational Excellence (OPEX) process, where detailed metrics will be collected and deployed to inform the impact on existing and proposed element of the ASC debt process.
- 34. Additional FAB team resource will be trialled to liaise with non-payers earlier in the process as part of the ongoing care provision contact, rather than as a debt recovery contact. Through this the reasons for non-payment can be understood and where possible resolved before formal debt recovery processes are needed.
- 35. Opportunities for improving the debt collection process will be considered alongside the re-provisioning of the Adults Information System and other system changes arising from Orbis Business Services Partnership.

Report contact: Neill Moore, Senior Principal Accountant, ASC Finance Team

Contact details: Tel. 02085419888; Email neill.moore@surreycc.gov.uk

Sources/background papers:

Appendix A - overall Adult Social Care Debt position as at March 2015

ASC Care Debt Report
Appendix A

Debt > 1 Month		Mar-14	Mar-15
£ million			
1	Secured	6.33	5.72
2*	Unsecured (not covered by one of the categories listed below)	2.52	1.67
2a	Under query	0.45	0.81
2b	Query resolved, requiring adjustment	0.03	0.06
2c	Probate	0.19	0.38
2d	Installments	0.32	0.41
2e	Deferred payment applications	0.34	0.38
2f	External CoP / Deputyship	0.43	0.77
2g*	Total unsecured debt subject to a recovery 'block'	1.75	2.82
3	Legal	1.39	1.77
4*	ASC Deputyship	1.41	1.85
	Unsecured debt outstanding	7.07	8.31
	Total	13.40	14.03
5	Charges posted in month - not yet due	3.31	3.18
6a	Total debt including charges posted in month	16.71	17.21
6b	Gross debt accounting credit balances	17.37	17.96
6a(1)	Total live credit balances	-0.59	-0.60
6a(2)	Total deceased credit balances	-0.07	-0.09
7a	% received of amount billed (month)	111%	101%
7b	% received of amount billed (12 month av)	102%	99%
8	% pymts collected by DD	65%	65%
9	Legal - Number of cases referred	0	1
10	Legal - Value of debt at date referred	0.00	0.01
11	Legal - Number of 'open' cases	58	72
12	Legal - Current value of 'open' cases	1.91	1.85
	Write Off - Number of cases		12
	Write Off - Value of debt		-0.002*
	Write off - Awaiting Adult Services authorisation	0.00	0.200
	Unsecured debt not subject to Legal action		
	Unsecured (not blocked)		1.67
	Total unsecured debt subject to a recovery 'block'		2.82
	ASC Deputyship		1.85
	Total Unsecured debt not subject to Legal action		6.34

ASC Care Debt Report
Appendix A

Notes:

- 1 Secured Debt: current value of debt secured against property and payable upon a future event
- 2* Unsecured Debt: value of outstanding debt the reasons for non payment are not covered by the categories presently available within the system (new categories will be added from April 2015)
- 2a Unsecured Debt: accounts where a query / complaint has been raised by the debtor
- 2b Unsecured Debt: a query / complaint has been resolved and the account requires adjustment
- 2c Unsecured Debt: deceased case awaiting a grant of probate to resolve
- 2d Unsecured Debt: payment of arrears by instalments has been agreed
- 2e Unsecured Debt: debtor has applied for a deferred payment agreement
- 2f Unsecured Debt: a charging order has been applied to property following litigation
- 2g* Unsecured Debt: Total debt on accounts where no reason for non-payment is recorded and dunning suspended
- 3 Current value of cases referred to Legal Services for formal recovery action
- 4* Current value of cases referred to the SCC Deputyship Team to investigate and where possible put appropriate arrangements in place to manage the finance of a person who lacks mental capacity
- 5 Total value of care charges raised in the last month. These charges become due after 30 days
- 6 Total value of debt owed to Surrey County Council
- 6a Gross debt excluding accounts with credit balances
- 6a(1) Total value of credit balances on accounts where the service recipient is not deceased
- 6a(2) Total value of credit balances on accounts where the service recipient is deceased
- 7a Debt paid as a proportion of charges raised in month
- 7b Debt paid as a proportion of charges raised - 12 mth average (NB proportion will be lower than 100% as charges include secured debt)
- 8 Proportion of charges collected by Direct Debit
- 9 Number of cases referred to legal services for recovery
- 10 Value of cases referred to Legal Services for recovery
- 11 Number of current and 'open' cases being pursued
- 12 Value of current and 'open' cases being pursued
- 13 Number of cases approved for write off in month
- 14 Aggregate value of write offs approved in month



Social Care Services Board 9 July 2015

Purpose of the report: Scrutiny of Services

To update on the activities currently being undertaken within the partnership to address Child Sexual Exploitation (CSE) in Surrey led by the Surrey Safeguarding Children Board (SSCB).

Definition of Child Sexual Exploitation:

‘Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability’.

Introduction:

1. CSE work has been undertaken for many years across the partnership but the most recently published national reports such as Rotherham, Rochdale and Oxfordshire and a number of high profile prosecutions have brought additional focus to this area of work. The findings of these reports together with an OFSTED Thematic inspection report on CSE has resulted in specific focus on CSE/ Missing and Trafficked Children in the current OFSTED Inspection Framework.

2. The recently published OFSTED report relating to Surrey County Council's (SCC) Children's Services further focussed work, led by the SSCB, to respond to both national and local challenges.
3. In June 2015, the SSCB was inspected, as a standalone inspection, following its report from the November 2014 Pilot Integrated Inspection having been successfully challenged and set aside.

Summary of Activity

4. CSE structure and governance arrangements have been revised and strengthened to ensure that there are clear accountabilities and reporting lines from operational front line practice through to Cabinet.
5. The CSE Strategy is being reviewed and updated to reflect additional priorities. Clear objectives have been identified to:
 - Ensure appropriate and effective Governance arrangements are in place.
 - Enable scoping of the nature and scale of CSE in Surrey.
 - Identify key milestones and performance indicators which will measure progress and impact.
 - Create a problem profile within Surrey.
 - Review multi agency information sharing to enable early intervention and in the sharing of "soft intelligence".
 - Prevent CSE through a cohesive and extensive programme of awareness raising, targeted campaigns and workforce development.
 - Protect young people from CSE.
 - Bring perpetrators to justice.
6. The CSE Action plan has been mapped against national learning, reviewed and revised. The plan follows the structure of the National Action Plan for CSE using the themes of Prepare, Prevent, Protect and Pursue.

CSE Strategy Group

7. The CSE Strategy Group has met twice on the 15 April 2015 and 23 June 2015 and is driving forward the work of the Board. The group meets bi-monthly and provides update reports to every meeting of the SSCB.
8. The CSE Strategy Group holds to account the Surrey Oversight MAECC (Multi agency Exploited Children Conference) and seeks

assurance from this group of the effectiveness of the work of the MAECC and four area MAECCs.

Progress reported to SSCB 12 May 2015

9. In addition to the above activity, the CSE lists, of children known to be at risk of CSE have been reviewed and levels of risk assessed and agreed.
10. Area MAECCs have held inaugural meetings and follow on meetings have now been set. Head of Safeguarding, SCC Children's Services and Head of Public Protection, Surrey Police will be attending these meetings initially.
11. The MAECC Oversight Group has also met for the first time chaired by the Head of Safeguarding. The group agreed a referral process to the Area MAECCs which has been added to the Terms of Reference.
12. The Safeguarding Unit has recruited a MAECC Administrator to co-ordinate the work of the Area and Oversight groups
13. The Multi Agency Safeguarding Hub (MASH) Governance Board met in a facilitated meeting on 6 May 2015 with the Police MASH Consultants presenting their findings to partners. It was agreed by all partners that the development of the MASH should now move forward to provide a 'single front door' structure under a project manager.
14. The Office of the Police and Crime Commissioner for Surrey have organised a meeting with voluntary sector and front-line providers to discuss CSE. This could provide an opportunity to fill the on-going intelligence gap around certain aspects of CSE in the county.

Conclusions:

The SSCB will continue to lead developments in this area of work and hold partners to account to ensure that the Action Plan is delivered to appropriate timescales and that the impact of work by all agencies is monitored and reported upon as agreed by the SSCB.

Recommendations:

This paper is for information only and there are no specific recommendations for the Social Care Services Board to take forward.

Next steps:

SSCB Annual report will be published autumn 2015 and will include a further update of activity.

Report contact:

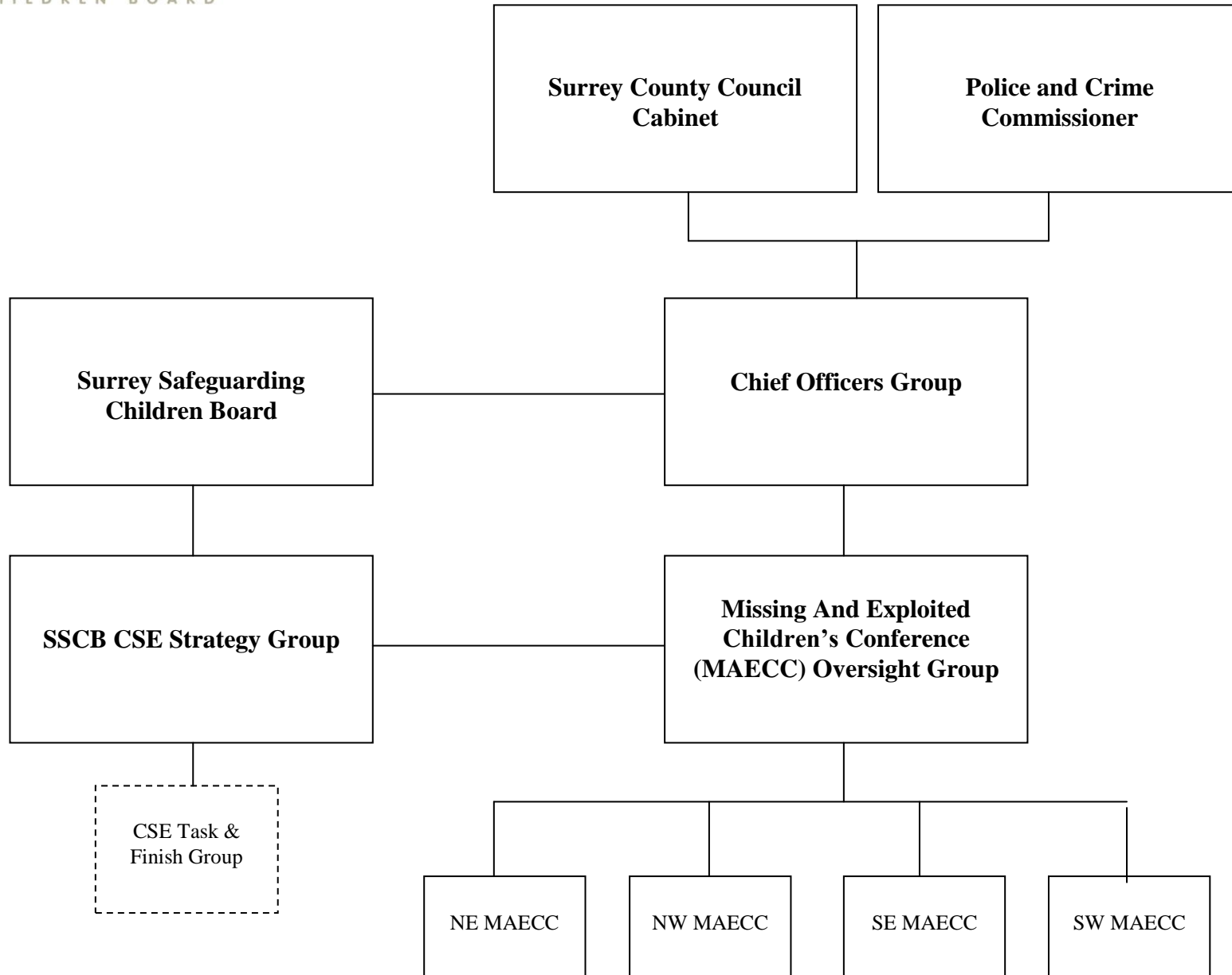
Surrey Safeguarding Children Board
Partnership Support Manager

Contact details:

Amanda.quincey@surreycc.gov.uk

Sources/background papers:

Appendix A: CSE Governance Structure
Appendix B: CSE Strategy Group Terms of Reference





Surrey Safeguarding Children Board (SSCB) Child Sexual Exploitation Strategic Group

TERMS OF REFERENCE

Name of Group	SSCB Child Sexual Exploitation Strategy Group	
Chair	Stuart Cundy, ACC Specialist Crime, Surrey Police	
Membership	Surrey Police Surrey Police Health Health Health SCC SCC SCC SCC SCC National Probation Service Seetec Boroughs and Districts OPCC Phase Council SSCB SSCB	ACC Specialist Crime Head of Public Protection Designated Doctor Designated Nurse CCG Safeguarding Lead/Director of Quality AD, Children’s Services AD, for Young People Head of Safeguarding – Children’s Services Director of Public Health Head of Safeguarding – Adult Services Safeguarding lead Safeguarding lead Safeguarding Lead to represent all Bs+Ds Assistant Commissioner Secondary Head Teacher Partnership Support Manager Administrator
	Additional colleagues/partners may be invited to join the group or provide specialist input when required.	
Aim / Purpose	<ul style="list-style-type: none"> • The overall aim of the group is to reduce the risks to children and young people vulnerable to sexual exploitation by overseeing the effectiveness of multi agency activity in this area of practice. • The Group will oversee and receive reports from Surrey MAECC Oversight Group and report to the SSCB. See structural diagram attached • The group will develop monitor and review the SSCB CSE Strategy and oversee the implementation of the action plan for Safeguarding Children and Young People from Sexual Exploitation, in line with recommendations from the OFSTED 	

	thematic review and the OCC and published reports.	
Objectives.	<p>Strategic Objectives:</p> <ol style="list-style-type: none"> 1. To stop CSE from happening 2. To identify and safeguard victims 3. To bring offenders to justice 	
Relationship of this group to other groups / meetings	<p>The CSE Strategic Group will hold the Surrey MAECC to account and request assurance of the effectiveness of the work of MAECC and the 4 Area MAECCs. Progress will be reported to the SSCB every quarter through the SSCB Operations Group and every 2 months to SSCB in 2015/16.</p> <p>CSE Strategy Group to link to the Community Safety Partnership</p> <p>CSE Strategy Group will report to the SSCB bi-monthly.</p>	
Resources.	<p>Meeting room Refreshments Staff time Other resource requirements will be identified by the group and fed back to SSCB</p>	
Frequency and location of group	Group to meet bi-monthly	
Admin arrangements	Provided by the SSCB	
Date ToR agreed	March 2015	Review: March 2016

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Social Care Services Board
9 July 2015

Children's Safeguarding Quality Assurance (QA) Process

Purpose of the report: Scrutiny of Services

To review the summary of audit findings and Management Action Plan produced as a result of an internal audit review of the Children's Safeguarding Quality Assurance (QA) Process.

Introduction:

1. It has been agreed by the Chairmen of the Council's Boards that any relevant Internal Audit reports that have attracted an audit opinion of either "Major Improvement Needed" or "Unsatisfactory", and/or those with high priority recommendations, will be considered for inclusion on the Board's work programme.

Context:

2. Internal Audit undertook a review of Children's Safeguarding Quality Assurance (QA) Process in June 2015. The report produced as a result of this review attracted an audit opinion of Significant Improvement Needed. There was one High, four Medium and one Low priority recommendations made. A summary of the audit findings and recommendations is attached as **Annex A**. The agreed Management Action Plan is attached as **Annex B**. The supporting audit report has been previously circulated to committee members.
3. Officers from the service and Internal Audit will be available at the meeting, and the Board is asked to review the actions being taken to address the audit recommendations made.

Recommendations:

4. That the Board review the audit report and Management Action Plan and makes recommendations as necessary.

Next steps:

The Committee will continue to have oversight of any relevant audit report that has attracted an audit opinion of either “Major Improvement Needed” or “Unsatisfactory”, and/or those with high priority recommendations.

Report contact: Sue Lewry-Jones, Chief Internal Auditor

Contact details: 020 8541 9190

Sources/background papers: Children’s Safeguarding Quality Assurance (QA) Process.

Completed Audit Report

Annex A

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Audit (date report issued)	Background to review	Key findings	Audit opinion (1)	Recommendations for improvement (Priority) (2)
<p>Children's Safeguarding Quality Assurance (QA) Process (June 2015)</p>	<p>The Surrey Children's Service Quality Assurance Approach is one of the frameworks used for the improvement of children's safeguarding. It is set in the context of the findings of the 2011 Munro Review of Child Protection, which states that strong local quality assurance mechanisms are essential to ensure safe and effective practice in children's social care.</p>	<p>Whilst some strong QA mechanisms were observed Internal Audit evidence suggests some lack of impact throughout Children's Services for the work of the QA Team and a lack of ownership of recommendations arising.</p> <p>The same recurring issues have been recorded by the QA Team over a number of years and many of the actions agreed are not fully implemented.</p> <p>The line managers in the QA Team did not keep formal records of their QA audit file reviews which makes it difficult to validate the quality of the QA audit. For one case chosen by the Internal Auditor for review, the QA audit file had not been retained.</p> <p>The profile of QA needs to be enhanced so the team's work is more effective.</p> <p>Improvement plans need to be revisited to make them more explicit for each issue raised, to identify who is responsible for any action and what the timescale/ deadline is for this to occur.</p>	<p>Significant Improvement Needed</p>	<p>All planned improvements should show agreed deadlines for completion and have a priority for importance allocated to them. (M)</p> <p>Develop a protocol for reviewing QA audit files. (L)</p> <p>Establish a document retention policy for all QA audit files. (M)</p> <p>QA reports and improvement plans to be presented to the Directorate Leadership Team and a summary provided to the Social Care Services Board. (H)</p> <p>Revise the structure of improvement plans to clarify the recommendation itself; who is responsible for implementing it; and, in what timeframe. (M)</p>

¹ **Audit Opinions**

Effective	Controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met.
Some Improvement Needed	A few specific control weaknesses were noted; generally however, controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met.
Significant Improvement Needed	Numerous specific control weaknesses were noted. Controls evaluated are unlikely to provide reasonable assurance that risks are being managed and objectives should be met.
Unsatisfactory	Controls evaluated are not adequate, appropriate, or effective to provide reasonable assurance that risks are being managed and objectives should be met.

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² **Audit Recommendations**

Priority High (H) - major control weakness requiring immediate implementation of recommendation

Priority Medium (M) - existing procedures have a negative impact on internal control or the efficient use of resources

Priority Low (L) - recommendation represents good practice but its implementation is not fundamental to internal control

MANAGEMENT ACTION PLAN

Directorate:	Children’s Schools and Families
Audit report:	Review of Children’s Safeguarding Quality Assurance Process
Dated:	18 June 2015

PRIORITY RATINGS

Priority 1 (high) - major control weakness requiring immediate implementation of recommendation

Priority 2 (medium) - existing procedures have negative impact on internal control or the efficient use of resources

Priority 3 (low) - recommendation represents good practice but its implementation is not fundamental to internal control

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Para Ref	Recommendation	Priority Rating	Management Action Proposed	Timescale for Action	Officer Responsible	Audit Agree?
5.8	The QA Team should develop a protocol for reviewing their audit files.	Low	Protocol to be written to outline the different methods of management oversight provided throughout an audit process.	July 2015	Geraldine Allen	Yes

I agree the action above and accept overall accountability for their timely completion. I will inform Internal Audit if timescales are likely to be missed.

Head of Service: Julian Gordon-Walker

The action agreed is ~~is not~~ satisfactory.

Supervising Auditor: David John / Ian Wallace

Para Ref	Recommendation	Priority Rating	Management Action Proposed	Timescale for Action	Officer Responsible	Audit Agree?
5.12	The QA Team should establish a document retention policy for their audit files.	Medium	Retention Policy drafted. Document retention policy to be confirmed and added to the QA strategy.	July 2015	Geraldine Allen	Yes
5.18	It is recommended that all QA reports and related improvement plans be presented to DLT to ensure managers take effective action and a summary is provided to the Social Care Services Board.	High	Head of Safeguarding will provide a quarterly report for DLT on work of the QA team and progress on actions. QA reports will be provided to DLT by HoS through the AD for Children's Services as DLT require. Head of Safeguarding to provide the Social Care Services Board with biannual report on the work of the QA Team with focus upon impact on practice.	September 2015	Julian Gordon-Walker	Yes
5.22	The QA Team should revise the structure of the service improvement plans to	Medium	Structure of Service Improvement plans has already been revised to include these features.	Completed	Geraldine Allen	Yes

5.26	clarify the recommendation itself, who is responsible for implementing it and in what timeframe.	Medium	Current Service Improvement plans to be reviewed and timescales specified for each action.	July 2015	Geraldine Allen	Yes
5.30	<p>The QA Team should ensure that all planned improvements include the agreed timescales and deadlines for completion and have a priority for importance allocated to them.</p> <p>The QA Team should ensure issues are recorded in the service improvement plans separately, along with their own recommendations and timeframes as appropriate.</p>	Low	Current Service Improvement plans to be reviewed and issues separated out where required. This has already been completed for 2 Service Improvement plans.	July 2015	Geraldine Allen	Yes

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**SOCIAL CARE SERVICES SCRUTINY BOARD
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED May 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. Once an action has been completed, it will be shaded out to indicate that it will be removed from the tracker at the next meeting. The next progress check will highlight to members where actions have not been dealt with.

Recommendations made to Cabinet

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Date of meeting and reference	Item	Recommendations	To	Response	Progress Check On
10 April 2015	RECRUITMENT & RETENTION AND WORKFORCE STRATEGY UPDATE	The Committee recommends that the Cabinet give consideration to affordable housing for care staff as key workers in Surrey including the use of the council's land and properties.	Cabinet	A response from the Leader of the Council was published as an annexe in the minutes of the June 25 meeting.	

Select Committee and Officer Actions

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
5 December 2013 023	SERVICE FOR PEOPLE WITH A LEARNING DISABILITY PUBLIC VALUE	a) That officers work to increase the occupancy rate of Surrey assets with Surrey Residents.	Area Director NE		July 2015

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Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
	REVIEW (PVR) UPDATE [Item 8]	<p>b) That future reports illustrate the work of community/ self-help groups in relation to each work-stream in the Public Value Review.</p> <p>c) That future reports demonstrate how the service has offered suitable alternatives to short breaks, and seeks more opportunities to identify alternatives.</p> <p>d) That officers report back to the Committee on the progress of the Service for People With A Learning Disability Public Value Review in a year.</p>			
27 November 2014	SURREY SAFEGUARDING CHILDREN BOARD ANNUAL REPORT	That a representative from the SSCB, Cabinet Member for Children and Families, Cabinet Member for Schools and Learning and Diocesan Representatives on the Committee work together in their respective roles to support engagement with faith communities on safeguarding	SSCB, Cabinet Member for Children and Families, Cabinet Member for Schools and Learning and Diocesan Representative	A letter outlining this recommendation has been sent to the Chair of the Safeguarding Children's Board, the Cabinet Members and	<i>September 2015</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		issues.		Diocesan Representatives.	
27 November 2014	61/14 CHILDREN SERVICES ANNUAL COMPLAINTS REPORT	Officers from the Rights and Participation Service and Democratic Services work to develop a future proposal for ways in which the views of children, young people and their families can be used to support the Committee in its scrutiny role.	Rights and Participation Manager/ Democratic Services	The annual report on Children's Services Rights and Participation has been scheduled for October 2015. Officers will pick up this recommendation as part of the preparation for the item.	October 2015
27 November 2014	62/14 INTERNAL AUDIT REPORT: REVIEW OF THE ADMINISTRATION OF LOOKED AFTER CHILDREN'S FINANCES	The Committee notes progress against the Management Action Plan, and commends officers for their prompt response to areas of concern identified in the audit. It requests that Internal Audit circulate the follow-up of the Management Action Plan once completed to provide a final assurance on this area.	Internal Audit	The follow-up has been scheduled for May 2015, to take account for new legislation in this area. This has been done in agreement with Internal Audit and the Directorate. The follow-up will be circulated to the Committee to ensure final assurances are made in this area.	July 2015

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
15 January 2015 060	CARE ACT 2014: PREPARATIONS FOR APRIL 2015 IMPLEMENTATION [Item 7]	<p>The Committee recommends that leaflets with information on the Care Act changes be distributed to County, Borough and Parish Councillors along with a short briefing paper to local committees highlighting the significance of these leaflets before 1 April.</p> <p>The Committee recommends that a short briefing paper is distributed to all Members and that a short statement be read out at an upcoming meeting of the Council (17 March 2015) before the Care Act comes into force on 1 April 2015.</p> <p>Outcomes of Elmbridge pilot scheme to be considered at the Adult Social Care Select Committee meeting on 25 June 2015.</p> <p>Head of Resources to liaise with Chairman of Sight for Surrey to facilitate access to AIS regarding self-funders.</p>	Information, Advice and Engagement Lead	<p>Complete</p> <p>Complete</p> <p>Scheduled</p>	<i>June 2015</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
15 January 2015 062	INTERNAL AUDIT REPORT - REVIEW OF SOCIAL CARE DEBT 2013/14 [Item 9]	<p>The Committee recommends that the different teams involved in the collection of social care debt should work to integrate their processes to ensure a high level of collection.</p> <p>The Committee recommends that the plan to institute an incentive scheme to encourage payment of social care costs should be revisited to gather more evidence before the option is discounted.</p> <p>The Committee suggests that more than two weeks should be allowed for social care users to inform ASC that they are unable to pay the amount they owe.</p> <p>The Committee recommends that direct debit should be promoted as preferred method of payment while acknowledging that this is not a convenient method of</p>	Senior Principal Accountant Order to Cash Process Owner		<i>July 2015</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		payment for all those who pay social care costs to the Council.			
26 March 2015	Item 7: YOUTH JUSTICE STRATEGIC PLAN	That the Youth Justice Board undertake evaluations with the probation services to understand what impact early youth justice interventions have on reducing long-term adult offending, and share these findings with the Committee at a later stage.	Head of Youth Support	This recommendation has been added to the agenda for discussion at the June 2015 Youth Justice Partnership Board and a response will be provided to the committee following the meeting.	<i>July 2015</i>
26 March 2015	Item 7: YOUTH JUSTICE STRATEGIC PLAN	That officers provide a report on the Reducing Re-offending Plan 2014-17 with details of how YSS and partners are working to address homelessness, NEET status and mental and emotional health issues as known factors in relation to re-offending. The Committee requests that this report, along with the progress of the	Head of Youth Support	This recommendation has been noted by officers and an item will be added to the Forward Work Programme for 2015/16	<i>January 2016</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		1 year action plan and relevant performance data is provided 12 months time.			
10 April 2015 063	SOCIAL CARE FOR SURREY PRISONERS: IMPLEMENTATION OF THE ACT'S PROVISION FOR PRISONERS, APPROVED PREMISES AND BAIL ACCOMMODATION [Item 7]	The Committee requests a report on the performance of the service including details of involvement by the voluntary sector at its meeting on 18 December 2015	Health and Social Care Programme Manager		<i>December 2015</i>
10 April 2015 064	RECRUITMENT & RETENTION AND WORKFORCE STRATEGY [Item 8]	That the Select Committee continues to monitor the situation in relation to recruitment and retention in the service and receives a further report in January 2016. Recommends that the Directorate and HR liaise with the voluntary sector including the Surrey Coalition of Disabled People in the recruitment and retention of 'returning staff'.	Area Director – Mid Surrey Strategic HR & OD Relationship Manager		<i>January 2016</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
10 April 2015 065	THE FUTURE OF SURREY COUNTY COUNCIL RESIDENTIAL CARE HOMES FOR OLDER PEOPLE [Item 9]	The Committee recommends that consideration be given to all staff to ensure that they are given ample opportunities to continue working for ASC or within the council.	Strategic HR & OD Relationship Manager		<i>September 2016</i>
14 May 2015 066	CABINET MEMBER'S UPDATE AND ADULT SOCIAL CARE SYSTEM SCRUTINY [Item 6b]	The Committee recommends that the Directorate, with support from the Cabinet Member for Adult Social Care, explore the integration of the new IT system with the NHS, District & Borough Councils and other relevant agencies.	Head of Resources		
14 May 2015 067	SINGLE HOMELESSNESS IN SURREY [Item 7]	The Committee: 1. Endorses the current approach to housing related support for single homeless people in Surrey. 2. Supports the SHAWS and eSOS initiatives and recommends that the council and partners coordinate their work together to provide year round services that prevent rough sleeping across the county.	Area Director Cabinet Member for Health and		<i>September 2015</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		<p>3. Proposes that the Health and Wellbeing Board consider including homelessness in their priorities when their current strategy is reviewed, to support working across agencies on this issue, and ensure the alignment of commissioning strategies particularly those relating to emotional wellbeing and mental health.</p> <p>4. Proposes that the Housing Related Support Programme develop links with the Supporting Families Programme to explore potential areas of joint work.</p> <p>5. Proposes that the Cabinet Member for Adult Social Care in conjunction with District & Borough's Chief Executives write a joint letter to the Minister with responsibility for planning to highlight the difficulties faced in providing accommodation for homeless</p>	<p>Wellbeing</p> <p>Area Director</p> <p>Cabinet Member for Adult Social Care</p>		

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		people.			
14 May 2015 068	AN UPDATE ON THREE AREAS OF SAFEGUARDING IN SURREY: SAFEGUARDING ACTIVITY 2014/15, NEW SAFEGUARDING DUTIES UNDER THE CARE ACT 2014, RESPONSE TO THE CLOSURE OF MEROK PARK [Item 9]	The Committee recommends that it continues to receive safeguarding updates with the future report to include updates from each of the project groups and the progress made on inter-agency data sharing.	Head of Safeguarding and Quality Assurance		
25 June 2015	OFSTED BRIEFING AND UPDATE [Item 7]	That the Ofsted formal action plan, with timelines, is shared with the Board following its agreement with the Department for Education, and a further update on progress is brought to the 30 October 2015 meeting.	Deputy Director of Children, Schools and Families	This has been added to the agenda for the October meeting.	<i>Complete</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
25 June 2015	OFSTED BRIEFING AND UPDATE [Item 7]	That the strategy on recruitment and retention of social workers is shared with the Board at a future meeting.	Deputy Director of Children, Schools and Families	Democratic Services will co-ordinate with officers to ensure that this is brought to the Board at the appropriate time.	<i>September 2015</i>
25 June 2015	OFSTED BRIEFING AND UPDATE [Item 7]	That a joint session is organised with the Education and Skills Board to explore the multi-agency approach to safeguarding in schools and other education provisions.	Democratic Services	This will be scheduled in due course.	<i>September 2015</i>

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Social Care Services Board – Forward Work Programme 2015/16

9 July 2015 PUBLIC

- LD PVR outcomes
- Impact of Deprivation of Liberty Sageguards Supreme Court ruling
- Social Care Debt
- Surrey Safeguarding Children Board - Child Sexual Exploitation Strategic Group update
- Children's Services Quality Assurance Audit

7 September 2015
PUBLIC

- Better Care Fund Position Statement all six LJCGs
- FFC: Timebanking, Children and Youth Support
- Early Help and Neglect Strategy
- Working Together 2015 - Services for children at risk of radicalisation, FGM or CSE

30 October 2015
PUBLIC

- Care Act 2016 Duties
- Mental Health: Issues and Crisis Concordats
- Ofsted Improvement Plan and Update
- Surrey Safeguarding Children's Board - Annual Report
- Children's Services Rights and Participation: Annual Report

18 December 2015
BUSINESS

- Review of Prisoner Social Care Service
- Accommodation with Care & Support Strategy and Progress Check on Older People's Homes Closure Project
- Supporting Families Programme

25 January 2016
PUBLIC

- Fostering and Adoption Services - Statements of Purpose and Annual Reports
- Corporate Parenting: Lead Members Report

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