

Notice of Meeting

Social Care Services Board



Date & time	Place	Contact	Chief Executive
Friday, 30 October 2015 at 10.00 am	Council Chamber, County Hall, Kingston upon Thames, KT1 2DN	Ross Pike or Andy Spragg or Joseph Jones Room 122, County Hall Tel 020 8541 7368 or 020 8213 2673	David McNulty

If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either call 020 8541 9122, write to Democratic Services, Room 122, County Hall, Penrhyn Road, Kingston upon Thames, Surrey KT1 2DN, Minicom 020 8541 8914, fax 020 8541 9009, or email ross.pike@surreycc.gov.uk , andrew.spragg@surreycc.gov.uk or joseph.jones@surreycc.gov.uk.

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Ross Pike or Andy Spragg or Joseph Jones 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 MINUTES OF THE PREVIOUS MEETING: 7 SEPTEMBER 2015

(Pages 1
- 12)

To agree the minutes as a true record of the meeting.

3 DECLARATIONS OF INTEREST

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

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.

4 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 (Monday 26 October 2015).
2. The deadline for public questions is seven days before the meeting (Friday 23 October 2015).
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

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

(Pages
13 - 14)

The Board made a recommendation to Cabinet on the 22 September 2015 concerning Deprivation of Liberty Safeguards (DOLS). A response is attached.

6 CHILDREN'S IMPROVEMENT PLAN 2015 - UPDATE

(Pages
15 - 80)

Purpose of the report: Scrutiny of Services and Budgets

An update on the Children's Improvement Plan 2015 is presented following its publication in September 2015. This will enable the Board to review and understand the arrangements in place to scrutinise delivery of the Plan.

- 7 SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2014 - 2015** (Pages 81 - 134)

Purpose of the report: Performance Management

The Surrey Safeguarding Adults Board (SSAB) produces an Annual Report which sets out what the Board has done to achieve its main objective and to implement its strategic plan. This is presented to the Board today, along with information on recent changes for the Board brought about by the Care Act.

- 8 CARE ACT 2014: REVIEW OF PHASE 1 (1 APRIL 2015)** (Pages 135 - 144)

Purpose of the report: Policy Development and Review

To review Surrey County Council's implementation of the first phase of the Care Act reforms, which passed into law on 1 April 2015. To update the Committee on the status of the second phase of the Care Act reforms, which were originally due to pass into law on 1 April 2016.

- 9 MENTAL HEALTH CRISIS CARE CONCORDAT AND MENTAL HEALTH CODE OF PRACTICE: AN UPDATE** (Pages 145 - 154)

Purpose of the report: Policy Development and Review

This report is to update the Board on the improvements in practice made by partners for people experiencing a mental health crisis, since signing the mental health crisis care concordat. The report also provides information on the changes to the mental health code of practice.

- 10 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME** (Pages 155 - 168)

The Board is asked to review its Recommendations Tracker and Forward Work Programme.

- 11 DATE OF NEXT MEETING**

The next meeting of the Committee will be held on Wednesday 25 November at 14.00

David McNulty
Chief Executive

Published: Thursday, 22 October 2015

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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Thank you for your co-operation

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MINUTES of the meeting of the **SOCIAL CARE SERVICES BOARD** held at 10.00 am on 7 September 2015 at Ashcombe, County Hall, Kingston upon Thames, KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Friday, 30 October 2015.

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
- A Mrs Yvonna Lay
- * Mr Ernest Mallett MBE
- * Mr Adrian Page
- A Mrs Dorothy Ross-Tomlin
- * Mrs Pauline Searle
- A Ms Barbara Thomson
- Mr Chris Townsend
- * Mrs Fiona White

Ex officio Members:

Mrs Sally Ann B Marks, Chairman of the County Council
Mr Nick Skellett CBE, Vice-Chairman of the County Council

Substitute Members:

Mr Bill Chapman

22 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Barbara Thomson, Dorothy Ross-Tomlin and Yvonna Lay.

Bill Chapman acted as substitute for Dorothy Ross-Tomlin.

23 MINUTES OF THE PREVIOUS MEETINGS: 25 JUNE 2015 AND 9 JULY 2015 [Item 2]

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

24 DECLARATIONS OF INTEREST [Item 3]

There were no declarations of interest.

25 QUESTIONS AND PETITIONS [Item 4]

There were no questions or petitions.

26 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SCRUTINY BOARD [Item 5]

There were no responses to note.

27 WORKING TOGETHER TO SAFEGUARD CHILDREN 2015: RESPONSE TO NEW STATUTORY RESPONSIBILITIES [Item 7]

Witnesses:

Caroline Budden, Deputy Director for Children, Schools and Families

Julian Gordon-Walker, Head of Safeguarding

Gordon Falconer, Community Safety Unit Senior Manager

Helen Atkinson, Director of Public Health

Key points raised during the discussion:

1. The Board was informed that information sharing had improved between safeguarding partners and as result of the change in Missing and Exploited Children's Conference (MAECC) process. It was highlighted that work was being developed with district and boroughs to improve disruption techniques, and that this work would seek to engage community impact and action groups.

[Marissa Heath arrived at 10.15am]

2. A question was raised about the manner in which voluntary sector organisations could be supported in helping reduce the risk of Child Sexual Exploitation (CSE). Training and awareness raising campaigns such as Chelsea's Choice were highlighted by officers as being particularly significant in assisting in that regard. The Board was informed that engagement with community safety officers in particular had seen an increase in referrals and raised awareness.
3. The Board sought clarity on the numbers of children and young people identified at risk of CSE. It was clarified that 293 had been identified as

having been at risk at one time or another. 96 were identified as being at risk at the time the report had been written. The Board went on to question what measurable outcomes there were in terms of monitoring the effectiveness of safeguarding interventions. Officers responded that there were a number of indicators; these included the number of teenage pregnancies and instances of Sexually Transmitted Diseases being reported. It was also highlighted that the new and evolving responsibilities required shifts in the culture of partner organisations such as health, in order to understand how the safeguarding community could work together to identify those at risk.

4. The Board was provided with an update on the Female Genital Mutilation (FGM) Task and Finish Group, which had been established by the Surrey Safeguarding Children's Board (SSCB). It was agreed that officers would circulate the latest report of this group to the Board outside of the meeting. Initial findings suggested that there were relatively small numbers of the population considered at risk of FGM when compared with the national picture, but that specific targeted work needed to be undertaken to address gaps within the Surrey profile on FGM.
5. Officers highlighted that work had been undertaken in partnership between Surrey and Sussex police in Gatwick, in order to engage with families travelling to countries where there was an increased risk of FGM. In addition the Task and Finish Group was reviewing policies and procedures in line with protocols that had been established in Manchester, an area considered best practice in this regard. Toolkits and guidance were being circulated to schools, with primary schools receiving these as a matter of priority and secondary schools to be updated in the next year. There were also increased efforts to raise awareness with Members. The Board queried what had been done to engage governing bodies in these safeguarding areas. It was highlighted by the Cabinet Member that policies on school safeguarding were being refreshed and that this would also set out advice for governors in this area.
6. The Board was informed that the Council had gained additional responsibilities under the Terrorism and Security Act 2015 in relation to those at risk of radicalisation. Officers told the Board that this was a transfer of responsibilities from the police with no additional funding attached. The Board was informed that Government had recently offered £100,000 as a one off grant for non-priority areas. It was highlighted that processes were being restructured in line with the requirements of the new legislation, and officers gave an outline of the role of Channel Panels in addressing those at risk of radicalisation.
7. Officers highlighted that Surrey Police were responsible for the Counter-Terrorism local plan, and that the organisation shared a partner version with the chief executives of both the county, district and borough councils. The Board was informed that this partner version of the local plan indicated limited, little or no Islamic State of Iraq and the Levant (ISIL) activity. Officers commented that historically radicalisation in Surrey was more likely to be related to far-Right or environmental groups.

8. The Board raised a series of concerns about the thresholds for what would be considered radical activity. It was explained that there were defined thresholds for police assessment in order to ensure that any response was proportionate to the level of risk. Officers highlighted the changing nature of terrorism, with more attacks being carried out by individuals rather than organised cells. It was recognised that this, as well as the increasing role of the internet in radicalising individuals, posed a significant challenge for services.

Recommendations

The Board recommends:

- That an assessment is undertaken to establish the Council's expenditure for recent additional responsibilities to the Council following the Counter-Terrorism and Security Act, 2015 passing into law.
- That officers work with key partners in the voluntary, community and faith sector to identify possible training gaps for front-line agencies in relation to CSE, FGM and Radicalisation.
- That the latest report of the FGM Task and Finish Group is shared with the Board and a further update brought in 12 month's time.
- That progress on the County's Prevent Strategy Action Plan be brought to the Board in 12 month's time

28 CHILDREN, SCHOOLS AND FAMILIES STRATEGIC DIRECTOR UPDATE [Item 6]

Witnesses:

Julie Fisher, Deputy Chief Executive and Interim Strategic Director for Children, Schools and Families

Key points raised during the discussion:

1. The Board was informed that the Ofsted Improvement Plan would be agreed on 9 September. The Improvement Board that had been established in December 2014 would be expanding its membership to health, police and school partners. The Department for Education had also appointed Rose Collison to support the Council to deliver its improvement plan, and she would be joining the Improvement Board.
2. The Board was informed that Ofsted would conduct monthly case audits for the next 12 months as part of the improvement plan. There would also be quarterly updates to Ofsted on progress, followed by a public report in 6 months. After 12 months the Council would be subject to a further inspection. The Board was told that no improvement notice had been issued by the Department for Education to date.
3. The Board raised a question about transition and what progress had been made in progressing a task group in this area.

4. The Board queried what impact the current refugee crisis was having on demand for services. Officers outlined that there was an increased number of unaccompanied asylum seeking children from Syria and other areas of conflict. There had been a 50% increase in the number compared to the same point the previous year. There was also external pressures as other Local Authorities such as Kent struggled to identify placements for children. The role of Adult Social Care was also highlighted in regard to families, and officers commented that the Association of Directors of Adult Social Care would be meeting to consider how the region can respond collectively.
5. The Board raised the question of how volunteers offering their homes to refugees would be vetted. It was clarified that unaccompanied children would not be placed in family homes without following the appropriate policies and procedures for children who are Looked After. It was also highlighted that there was no current national view on how volunteers could best support families seeking refuge in regard to offering housing.

29 ADULT SOCIAL CARE STRATEGIC DIRECTOR'S UPDATE [Item 8]

Witnesses:

Dave Sargeant, Strategic Director Adult Social Care
William House, Strategic Finance Manager

Key points raised during the discussion:

1. The Board was advised that the Strategic Director would introduce the Better Care Fund (BCF) on behalf of the Surrey-wide Better Care Fund Board. The purpose of the Fund was to manage down demand on the health service through prevention approaches, protection of social care and a shift in activity away from the acute sector. A single pooled budget between health and social care was to be created, in Surrey there are seven. The fund has not come from 'new' money instead coming from existing Clinical Commissioning Group (CCG) budgets.
2. The Strategic Director explained that the Surrey Better Care Board had oversight of the single Surrey plan operating on behalf of the Surrey Health and Wellbeing Board. It was stated Six Local Joint Commissioning Groups (LJCGs) were responsible for the development and agreement of local plans, determining how the fund is spent in that area. A number of areas that were developed on a countywide basis these were; workforce, equipment and information sharing.
3. The Board were given an overview of the finances behind the BCF detailed in the agenda papers. Adult Social Care received £25m from the Fund to 'protect' social care; this investment will be focused on preventative services. The BCF includes support for Adult Social

Care's new Care Act duties and replaced what was known as Whole System Funding. That money is now overseen by LJCGs and used, for example, to provide social care teams in hospitals. Payment of £1.5m for performance of the BCF in reducing non-elected hospital admissions by 1% would be released in 2016.

30 BETTER CARE FUND POSITION STATEMENT [Item 9]

Witnesses:

Dave Sargeant, Strategic Director Adult Social Care
William House, Strategic Finance Manager
Helen Atkinson, Director of Public Health
Richard Bates, Chief Finance Officer, East Surrey CCG
Karen Parsons, Chief Operating Officer, Surrey Downs CCG
Sonya Sellar, Mid Surrey Area Director, Adult Social Care
Elaine Newton, Director of Governance and Compliance, Guildford and Waverley CCG
Shelley Head, North West Area Director, Adult Social Care
Lisa Compton, Operations Director, Locality Hubs, North West Surrey CCG
Sue Robertson, Head of Collaborative Programmes and Partnership, North West Surrey CCG
Sarah McBride, Director of Delivery, North East Hampshire & Farnham CCG
Jean Boddy, Surrey Heath and Farnham Area Director, Adult Social Care
Nicola Airey, Director of Strategy, Surrey Heath CCG

Mel Few, Cabinet Member for Adult Social Care, Wellbeing and Independence

Helyn Clack, Cabinet Member for Wellbeing and Health

Tim Evans, Cabinet Associate for Adult Social Care, Wellbeing and Independence

Key points raised during the discussion:

East Surrey LJCG

1. The Board were advised that there is a plan to develop Health and Social Care hubs across East Surrey to breakdown barriers to see improvements in number of patients ready for discharge. The Chief Finance Officer noted that the LJCG members are beginning to learn how they work and that the 2015/16 year will hope to see how the progress goes with the challenge of measuring delivery benefit of individual schemes. The first-quarter results of their work have been released and have started to show evidence of delivery of the BCF metrics.
2. East Surrey CCG is financially challenged and not currently assured by NHS England therefore it is under increased scrutiny. The CCG's recovery plan indicates a return to financial balance in 2016/17. The financial challenge has been a catalyst for a stable health and social care system and the development of a pragmatic relationship with the Area Director, Surrey and Sussex Healthcare NHS Trust (SASH), the Ambulance Service and the First Community Health and Care.

3. The Scrutiny Board Chairman asked for confirmation of the financial challenge faced by East Surrey CCG. It was stated that this was £20 to £25 million in savings by the end of the 2015/16 with the target of decreasing the annual budget from £180 million to just under £120 million in 2017.
4. The aim for the LJCG is to develop hubs including primary care and social care to provide support for early discharge and to reduce inappropriate admissions. East Surrey has seen a reduction in the number of non-elective admissions and progress is being made with SASH on patient flow and discharge. The Chief Finance Officer emphasised the need to focus on overcoming the barriers to integration and they are considering how to integrate the separate commissioning teams through co-location and joint procurement and the challenge of measuring the benefits of individual schemes.

Guildford & Waverley LJCG

5. The Director of Governance and Compliance advised that the CCG is assured with support and has a challenge savings programme. It has agreed a variable base contract with its acute hospital – Royal Surrey County Hospital – which puts a cap on their overall risk. The CCG have forged links with the Adult Social Care Area Director who is now part of the CCG's executive management team.
6. There are five General Practitioner hubs titled 'My Care, My Choice' with a multi-disciplinary team to provide for high risk patients and there is a pilot in East Waverley underway. A challenge exists around measuring benefit necessitating constant monitoring and review.
7. The LJCG have developed a discharge response strategy and has identified a core group of residents to test the model which is set to begin in autumn with a review across the winter period to provide proof of concept and build schemes based on evidence.

Surrey Downs LJCG

8. The Board were informed that the Surrey Downs CCG has a financial recovery plan under the direction of NHS England. The CCG's financial challenge is saving of £18 million in year one to break even in 2017/2018. Of the CCG's budget, £16.4 million is part of the Better Care Fund with £15.2 million closely monitored.
9. The CCG faces three health economies including three Acute Hospitals – Epsom and St.Helier, Kingston and SASH. The local partners actively engage and work through the Transformation Boards. They have developed a strategy that focuses on out-of-hospital care. The Epsom General Practices have been successful in gaining funding from The Prime Minister's Challenge Fund to invest further in primary care and as a result, they have developed an enhanced GP service. This work aims to decrease the amount of hospital admissions and improve the discharge process.
10. The Area Director for Mid-Surrey noted that a community hub model has been developed. This provides an integrated approach to deliver

Health and Social Care, initially focusing on people over 75 years. This will then be rolled out to support adults over 65 and adults with long term conditions. The enhanced GP services will provide dedicated medical support to the hubs. The Elmbridge Hub has been launched with the Epsom and Dorking Hub soon to follow.

11. The Adult Social Care Commissioning Managers work closely with Surrey Downs CCG and have a base in the CCG offices. This has helped to develop local joint working and has for example, last year helped to secure the nursing places to respond promptly with pressure on the system over winter.
12. The rapid response model has now evolved into a GP led, Community Assessment and Diagnostic Unit (CADU), based at Epsom Hospital. This will provide a seven day GP led service, with same day diagnostics being available and support from Social Care and Community Health to respond quickly and help to prevent people needing admission to hospital. We have planned a simulation event with local residents to test the model, prior to implementation and will be continuously revising the effectiveness of the approach throughout winter.
13. Enhanced GP services will provide more medical support to hubs to deal with complex cases and provide medical services in a community setting. The rapid response model aims to provide community assessment and diagnostics following GP referral to avoid admissions and will operate seven days a week. The Adult Social Care Commissioning Managers work closely with Surrey Downs CCG often in the CCG offices. This helped to secure the nursing places to cope with the winter pressures in a quick manner.
14. The Adult Social Care Commissioning Managers work closely with Surrey Downs CCG and have a base in the CCG offices. This has helped to develop local joint working and has for example, last year helped to secure the nursing places to respond promptly with pressure on the system over winter.

North West Surrey LJCG

15. North West Surrey is the largest area in the county encompassing more than 300,000 residents, four boroughs, 42 general practices and the Ashford & St. Peter's Hospitals Foundation Trust. The CCG has had issues achieving a stable senior management structure and there were lots of lessons learnt and knowledge developed that had come from the winter pressures faced by the system in 2014. The savings target for 2015/16 is £15.9 million.
16. The LJCG has identified six transformation areas: Planned Care, Children and Young People, Mental Health, Urgent Care, Integrated Care (for the age 75 plus cohort) and Targeted Communities. The latter three relate to the BCF. To deliver the BCF metrics three locality hubs are being created with a Woking hub up that will be running before Christmas and the other two hubs operating in 2016.

17. The LJCG's key development is these Locality Hubs and sourcing three buildings for the hubs has been a significant challenge as has information governance. The main aims of the hubs are preventing increased frailty and hospital admissions. The hubs focus on a specific cohort (aged 75 plus) but the model is scalable. The hubs will include new staff roles that fall between primary and secondary care and GPs to offer a joined-up approach. They will also include the voluntary sector to offer social prescriptions such as exercise classes and to offer transport to patients to become a 'one stop shop' to break the cycle of hospital admissions.
18. A question was raised regarding the locality hubs of the NW Surrey group and how these would provide for mental health. The response was that they have a scalable model and are working closer with colleagues when the service is up and running to take referrals for different age groups and needs as well as providing services to those groups .

Surrey Heath LJCG and North East Hampshire & Farnham LJCG

19. Both Surrey Heath and North East Hampshire & Farnham LJCG share acute and community provider systems. North East Hampshire & Farnham work with two County Councils and consist of 24 member practices. The CCG have been chosen as one of the national vanguard sites to accelerate progress towards integration and reducing hospital admissions.
20. Surrey Heath CCG is the second smallest group in England and the Director for Strategy outlined the positives of that size to the board being that they are able to take decisions quickly, promote innovation and have been encouraged to work collaboratively to achieve economies of scale.
21. Surrey Heath has integrated teams with GPs and Community Nurses working 8am to 8pm, seven days a week. The CCG will deliver a budget surplus this year but the same challenges are prevalent such as non-recurrent funding and demand at acute level that will put the CCG into deficit in the year 2016/2017. It was noted that the relationships with providers are well established which allows for more mature conversations regarding change.
22. The Director of Strategy outlined three key challenges for Health and Social Care systems for the board:
 - How to allow money to follow people, the current system needs to go further in its encouragement of joint working.
 - Health and Social Care Systems need to build on the successes of BCF to share risks and successes beyond the established boundaries to break down cultural assumptions.
 - How to include the economic determinants of healthcare in prevention plans and achieve a balance between

centralism, localism and engaging communities in the development of services.

23. Adult Social Care the Surrey Heath CCG's Inner Area Director has been covering both Surrey Heath and North East Hampshire & Farnham CCGs. The NE Hampshire and & Farnham CCG's annual budget is £246 million and have introduced a new vanguard system with 24 member practices. The Chairman raised concern of the finance and asked the question of enforced reductions. Their savings target is £7.5 million this year. Further to this, the CCG will deliver a budget surplus this year but the same challenges are faced. The non-recurrent funding and demand at acute level that will be put the CCG into deficit in 2016/17.
24. It was noted that as well as to get budgets separately, sharing risks and success within the CCG as well as the implementation of devolution is both important to health and social care. The Surrey Heath CCG is also looking into a collaborative, joint commissioning as well as encouraging members to be active locally by offering an open invitation to members.
25. The Director of Public Health noted how the Social Care Services Board could use the BCF metrics to ensure the board scrutinise evidence-based outcomes of the LJCG's plans.
26. The Chairman of the Surrey Coalition of Disabled People sought to remind the Health and Social Carer Commissioners of the importance of the inclusion of mental health services in their hub models as well as to consider the needs of young carers as there was a feeling that they can be missed by the NHS and both Social Care and Health support. It was additionally noted that patients and carers more widely should be at the centre of plans for the Better Care Fund.

Recommendations

The Board:

- That the Cabinet Members for Adult Social Care and Health and Wellbeing write to the Secretary of State for Health to outline the Government's rationale for asking Surrey CCG's to make 5% savings in their budgets this year as well as proposed reduction to ASC and Public health funding

Actions / further information to be provided:

- The Board encourages Local Joint Commissioning Groups to involve Local Committees in the development of health and social care integration in their areas.

Board Next Steps:

- A joint session is convened with the Wellbeing and Health Scrutiny Board in early 2016 to consider the outcomes of the six local plans outlined at this meeting.

31 FAMILY, FRIENDS AND COMMUNITIES PROGRAMME UPDATE [Item 10]

Witnesses:

Shelley Head, Area Director North West, Adult Social Care
Garath Symonds, Assistant Director for Young People, Children, Schools and Families

Key points raised in the discussion:

1. The Board were advised that a marketplace that featured the various projects that form part of family and friends support programmes was set up for Members of the Board to visit and learn more about.

Recommendations:

None

32 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 11]

Declarations of Interest:

None

Recommendations:

None

Actions/ further information to be provided:

None

Board next steps:

None

33 DATE OF NEXT MEETING [Item 12]

The next meeting of the Committee will be held on 30 October 2015 at 10am

Meeting ended at: 1.28 pm

Chairman

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CABINET RESPONSE TO SOCIAL CARE SERVICES BOARD

**DEPRIVATION OF LIBERTY SAFEGUARDS
(considered by Social Care Services Board on 9 July 2015)**

COMMITTEE RECOMMENDATION:

The Board recommends that the Cabinet raise these concerns regarding the new responsibilities placed on the council with central government, and the insufficient funding made available to meet their duties.

RESPONSE:

I welcome the Social Care Services Board's recognition and support regarding the significant increase in the demand for Deprivation of Liberty assessments experienced by Adult Social Care in Surrey. This rise in demand is being replicated across the country. As this is a national issue, and in order to maximise the impact of our efforts, we have joined with the Association of Directors of Adult Social Services (ADASS) and the County Councils Network (CCN) to raise these issues with central government.

Mel Few
Cabinet Member for Adult Social Care, Wellbeing and Independence
22 September 2015

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Surrey Social Care Services Board
30 October 2015

Children's Improvement Plan 2015 - update

Purpose of the report: Scrutiny of Services and Budgets

An update on the Children's Improvement Plan 2015 is presented following its publication in September 2015. This will enable the Board to review and understand the arrangements in place to scrutinise delivery of the Plan.

Introduction:

1. The Children's Improvement Plan 2015 (attached as Annex 1) sets out the Council's intended improvement journey over a three year period in order to ensure that **children and young people will be happy, healthy, safe and confident in their future**. The Plan has been developed in response to the Ofsted Inspection report, published in June 2015, which gave an overall judgement for Children's Services of "Inadequate".
2. The Plan builds on the improvement work already completed since October 2014 following the multi-agency pilot Inspection and the Local Authority's safeguarding inspection. This work was part of a nine month action plan which focussed on **responding** to the feedback and completing immediate and urgent actions.
3. The Improvement Plan 2015 sets out the key actions for September 2015-September 2016. These are presented across eight linked workstreams, all of which focus on **strengthening** the council's strategic approach. Progress will be reviewed in spring 2016 with further work over the following two years to **embed and adapt** the changes and improvements.

Progress update:

4. Key actions in the Plan have begun to be delivered through September and October 2015.

5. In recent weeks particular attention has been paid to deepening understanding of the underlying drivers of practice quality. This has been done through: conversations with staff; partnership discussions; engagement with young people; performance / management reviews; and the development of a continuous learning loop starting with a new programme monthly staff peer audits.
6. This feedback has emphasised the need for a strong focus on culture and practice. As consequence, work is underway to develop a strategic approach to practice across the Directorate, with training and engagement activities that support high quality practice and learning. This includes ensuring the right conditions for good practice, with ongoing work to address capacity issues and ensure the right leadership and management support.
7. To support delivery of the Plan expertise from across the council's extended leadership team has been provided to supplement the Children, Schools and Families Directorate and Service management teams. A 'shaping leaders' development programme has been initiated by the Deputy Chief Executive to boost leadership capacity and capability.
8. Important improvement work with partners has also been started. For example, work is underway through the Surrey Safeguarding Children Board (SSCB) to scope and develop the expansion of the existing Multi-Agency Safeguarding Hub (MASH), with a vision that it will deliver an integrated service and provide one 'front door' for both professionals and the public to report any child or adult safeguarding concerns.

<p>Monitoring and scrutinising delivery:</p>

9. Progress on delivering the Improvement Plan will be monitored in a number of ways, including through independent external review, multi-agency boards, internal programme and project management arrangements, feedback from service users, and scrutiny and oversight by county councillors.

Department for Education and Ofsted

10. As part of the improvement arrangements the Council is working with an advisor from the DfE, Rose Collinson. Rose is a member of the Improvement Board, and will continue to provide advice and guidance over the coming months. In addition, a programme of monthly case audits is in place with Ofsted which will help inform improvement actions. A fuller Ofsted progress inspection is scheduled for September/October 2016.

Improvement Board

11. The **Improvement Board** (chaired by the Deputy Leader), established immediately after the Ofsted inspection, will continue to shape and

oversee the improvement work. The Improvement Board membership was extended in September and now includes the chair of the Surrey Safeguarding Children's Board (SSCB) and key senior representatives from health, police and schools. The Improvement Board sits alongside other existing partnership governance arrangements (e.g. Surrey Safeguarding Children Board, Corporate Parenting Board, Health and Wellbeing Board, Surrey Children and Young People's Partnership).

Member scrutiny

12. It is important there are arrangements in place to support effective oversight and scrutiny by Members. To ensure all Members are sighted on the overall position a series of all Member Seminars have been scheduled through the year (26 October 2015, 1 February 2016, 12 September 2016) to provide overall position briefings on the plan and progress.
13. Currently the Surrey Social Care Services Board will be assessing progress on key aspects of the Plan through the following reports and mechanisms:
 - Annual report on Corporate Parenting Board (on forward plan for 25 January 2016)
 - Annual report on children's services complaints (on forward plan for 25 November 2015)
 - Bi-annual report on children's services quality assurance (on forward plan for 25 January 2016)
 - Annual report on Surrey Safeguarding Children Board (to be confirmed on forward plan)
 - The Board is establishing a Performance and Finance sub group which will assess performance and provide quarterly updates to the full Board
 - There is a mechanism for escalating internal audit reports with one or more high priority recommendations.
14. Also note that the Council Overview Board (COB) is establishing a Transformation Sub Group which will oversee the overall Children's Schools and Families change programme. This will ensure links across the four major programmes of work in the Directorate: Safeguarding (the Children's Improvement Plan), Early Help, Special Educational Needs and Disability, and Future Education and Skills. It will also help co-ordinate activity between Scrutiny Boards to avoid duplication.

Member development

15. One of the key actions is the Improvement Plan (p18, action 1.11) is to provide additional independent scrutiny training for Members on children's services.
16. The Lead Manager of Democratic Services has begun discussions with providers with a view to delivering this independent training from

December 2015. This will form the basis for an ongoing training and development programme which will be mandatory for those Members undertaking scrutiny of the relevant services. Democratic Services will develop a knowledge and understanding checklist for Members, in order to identify gaps and assist new Members upon induction to the relevant scrutiny board.

Conclusions:

17. The Children's Improvement Plan 2015 sets out key actions that will be completed by September 2016. Work is underway to deliver these. Arrangements have been put in place to ensure effective oversight and scrutiny of progress on the Plan.

Recommendations:

18. That the Board oversees and scrutinises deliver the Children's Improvement Plan through the arrangements set out in paragraph 13.

Report contact: Caroline Budden (Deputy Director Children's Schools and Families)

Contact details: 01372 833400

Sources/background papers:

Children's Improvement Plan 2015 (attached as Annex 1)



SURREY

Surrey County Council

Children's Improvement Plan 2015

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Foreword

Children and young people will be happy, healthy, safe and confident in their future.

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This is our ambition for children and young people. We, the county council, work day in, day out with our partners across Surrey to achieve this.

Children and young people we provide care and support to have told us how they want us to work with them to achieve our ambitions:

- Ensure I have the right support in the right place but don't force it.
- Treat me how you want to be treated.
- Involve me in my plan.
- Help me do well, at school, with friends and with emotional support.
- Don't treat me differently.

We know that to make this a daily reality, and achieve our ambition for every child and young person in Surrey, we must make some significant changes to how we work and the services we provide.

An Ofsted inspection report, published in June 2015, gave an overall judgement for Children's Services of inadequate. This plan sets out the stages of improvement we will make to take us from where we are now to an embedded culture of practice where we, and all partner agencies, are consistently and confidently doing the right things for children and young people, in the right way.

We have acted immediately on priority areas highlighted by Ofsted to ensure children are safe. We have strengthened governance arrangements including the introduction of a member Improvement Board chaired by the deputy leader. An extra £2 million investment has been made to recruit more social workers. We have worked closely with our partners through the Surrey Safeguarding Children Board (SSCB), for example in our joint work with police and health colleagues to address child sexual exploitation.

We will continue to ensure children in Surrey are safe and healthy, now and in the future. We have boosted the experience and resource of the leadership team in Children's Services with support from across the council and have engaged the council's whole extended leadership team in this priority work.

In developing this plan we have sought to improve our understanding of why we failed to get things right for vulnerable children and young people. It is critical we learn from this and build on the things we do well to ensure they are applied to all aspects of our work. This learning process has enabled us to identify the sequence of actions we will take in Children's Services, across the whole organisation and Surrey to build a sustainable and effective service model for children and young people.

A strong one team approach is essential to achieving our ambition for children and young people and achieving the quality of improvement we need, at the pace we need. We will continue to build on the relationships with all our partners to deliver better services and engage effectively with children, young people and families to shape these services.

This collaboration extends beyond Surrey in wider strategic discussions with other councils, the Department for Education and Ofsted – all of which will help us to set direction, benchmark service quality and understand our progress. We have already had a number of productive discussions and workshops with colleagues from Ofsted and the Department for Education and we welcome the ongoing support and challenge they will bring.

We have committed and passionate staff who make a positive difference day in, day out to the lives of children and young people. They are pivotal to the culture and practice changes needed to make our three year improvement plan a success. Staff have told us what they need to do the best possible job for children, young people and families – clear expectations, supportive supervision, the right skills, knowledge and tools, and trusted relationships with each other and colleagues in partner agencies. Through this plan we commit to continuing to invest in our staff to create the conditions they need to thrive.

We will continue to discuss our challenges and plans openly and widely with children and young people, staff, partners and others so they can help us shape the work we need to do. As part of this we will run a programme to engage staff so they understand expectations and required improvements. We will raise awareness and understanding of actions and progress across the organisation with key partners. The Children's Services leadership team will have high visibility across the organisation and with partners.

This plan is focused on the next three years and reflects our current assessment of what we must do. However, we recognise that we need to continually improve, learn and deal with emerging challenges and to get things right for children and young people. In that spirit we will regularly revisit and check that we are having the impact we want and adjust our plans if needed.

We have now completed the first stage of our improvements by responding to issues that required immediate and urgent action. Over the next 12 months we will focus relentlessly on strengthening the way we work, so we have the right capabilities and capacity to deliver sustainable services in the context of rising demands and financial pressures. We will review our progress in the spring, seeking a wide range of views and feedback to help us refresh our improvement plan. Our focus will then shift to embedding and adapting this plan, ensuring all the changes we have put in place are making a real difference to the children and young people we are here to serve.



Linda Kemeny

Cabinet Member for Schools, Skills and Educational Achievement and member of the Improvement Board



Julie Fisher

Director of Children's Services and member of the Improvement Board

The Improvement Board is chaired by the deputy leader of the council and has members from the council's main political groups. It was established to act on behalf of the county council to oversee improvements to children's services.

Acknowledgments

Thank you to all those who helped to develop this plan - either by contributing to specific aspects or by shaping the whole plan. This includes the following groups: Care Council, Surrey Safeguarding Children Board, Corporate Parenting Board, Children, Schools and Families Directorate Senior Managers Forum, Children's Services Operational Management Group, colleagues from Ofsted and the Department for Education.



Peter Martin

Deputy Leader and Chairman of the Improvement Board



Hazel Watson

Group Leader Liberal Democrats and member of the Improvement Board



George Johnson

Group Leader United Kingdom Independence Party (UKIP) and member of the Improvement Board



Nick Harrison

Group Leader, Residents Association and Independents and member of the Improvement Board

Structure of this document

Part 1 of this document provides a high level summary description of contextual information, progress to date and the next stage of improvement work.

(p8-14)

Part 2 of this document goes into further detail and sets out summary project plans for the key areas of work.

(p15-43)

Part 3 of this document describes the arrangements that will be put in place for ensuring delivery of the plan.

(p44-50)

Annex 1 is a statement from members of the council's Statutory Responsibilities Network, which provides further background on corporate governance.

(p51-54)

Annex 2 is a list of all the recommendations from the Ofsted inspection.

(p55-57)

Annex 3 is a glossary of professional terms used in the plan.

(p58-60)

Part 1

High level summary

In this part you will find a high level summary description of contextual information, progress made to date and an overview of the next stage of improvement work.

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Snapshot of children and young people in Surrey

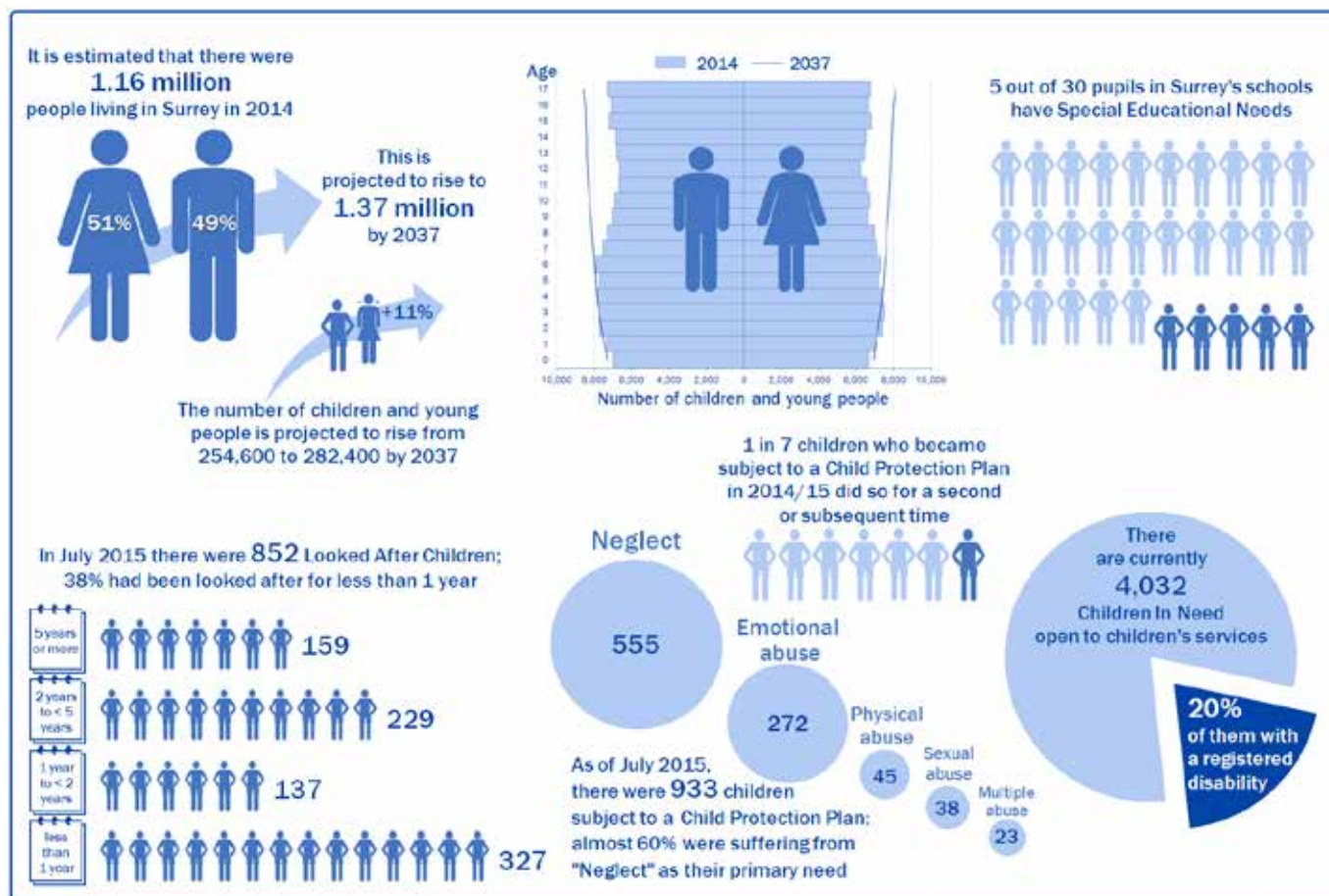
For most children and young people Surrey is a good place to grow up – the economy is doing well and many households benefit from higher than average socio-economic circumstances.

Most children and young people are safe, well educated, experience good health and have good leisure and employment opportunities.

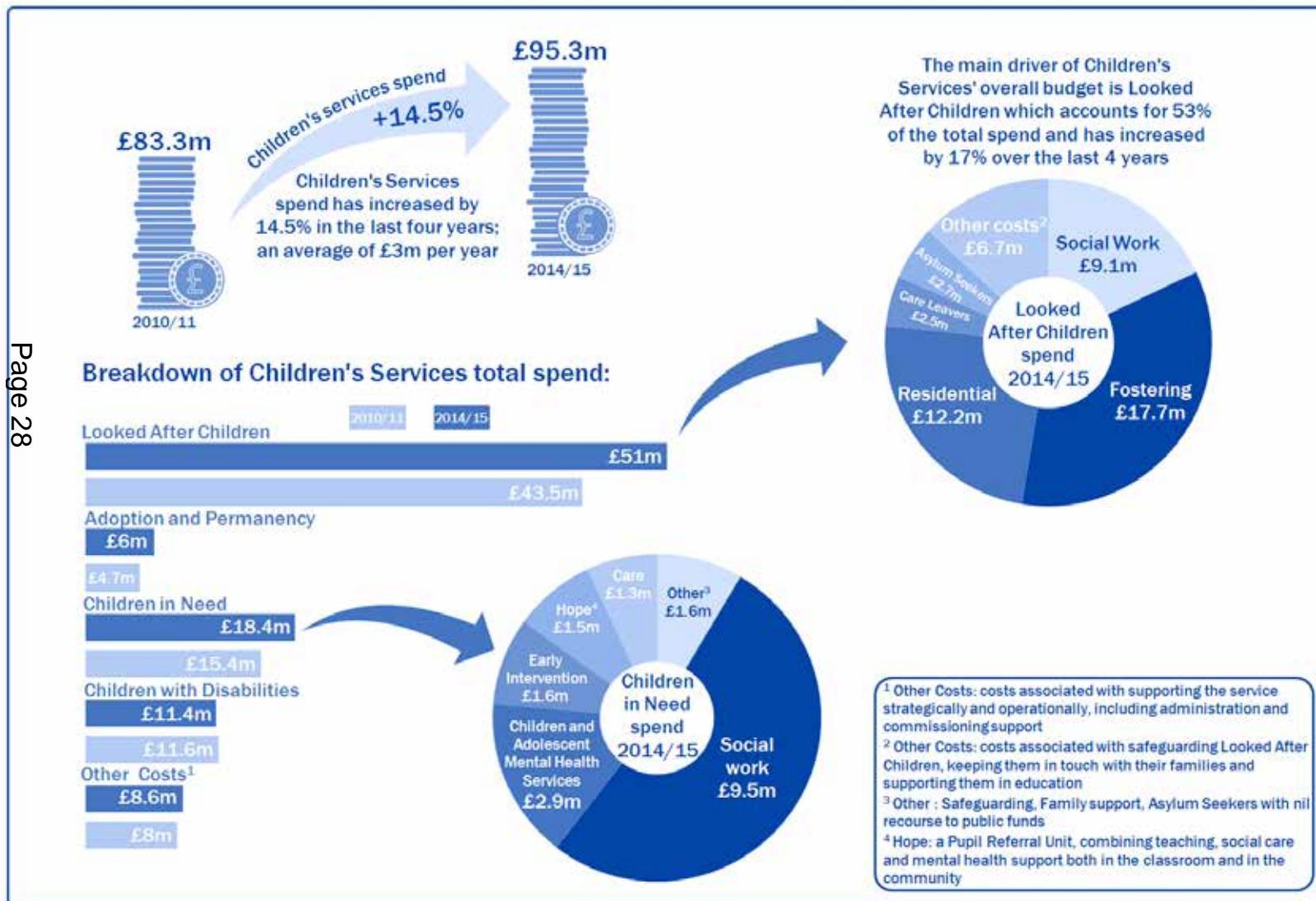
Deprivation exists in Surrey and there are groups of children and young people who experience poorer outcomes. Around 10% of children and young people live in poverty with pockets of poverty often close to the most affluent areas.

Surrey's population of children and young people is growing, with increasing demands being put on public services. For example, 16,000 additional school places will be required in Surrey by 2018.

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Snapshot of our investment in children and young people



Working in partnership

This improvement plan links to a number of other strategies and plans that are in place within the council and across wider Surrey partnerships. This improvement plan is focused specifically on changes and improvements to children's safeguarding for which Surrey County Council is responsible. These improvements will require effective whole system partnership working, but it is important to note that a complementary action plan is being developed in response to the June 2015 Ofsted inspection of the Surrey Safeguarding Children Board (SSCB), which will focus exclusively on joint partnership actions. The table on the right sets out the respective roles of some of the key boards and governance groups.

Board/group	Role	Strategies/plans
Improvement Board	To oversee the council's response to Ofsted's multi-agency inspection report of June 2015.	Council improvement plan
Health and Wellbeing Board (statutory)	To bring together partners across a number of organisations to jointly plan services across health and social care.	Joint health and wellbeing strategy
Surrey Safeguarding Children Board (statutory)	To coordinate safeguarding across different agencies and to promote the welfare of children in Surrey.	SSCB improvement plan and other topic related plans
Corporate Parenting Board (statutory)	To enable looked after children and young people to grow up having the same opportunities as their peers and to support children leaving care to live independent lives.	Corporate parenting strategy
Surrey Children and Young People's Partnership	To lead and coordinate partners working with all children, young people and families in Surrey. It is responsible for delivering the children's priority of the joint health and wellbeing strategy.	Children and young people's partnership plan
Children's Health and Wellbeing Group	To develop, advise on and support commissioning activity in regard to children, young people and their families.	Specific commissioning strategies
Youth Justice Board	To oversee the strategic development of youth justice services in Surrey, ensuring that arrangements for the delivery of these services are sufficiently robust and flexible to respond to local priorities and public service policy developments.	Youth Justice Strategic Plan 2015-2020

Our approach

Over recent months we have had conversations with colleagues across the council and partners about the values and principles that will underpin our further improvement work. There is a shared view that a strong set of values and principles are essential to guide both what we do and how we do it.

There are key themes emerging from our conversations that resonate with staff and partners - they are summarised on the right. They build on concepts and ideas already present in the council, professional practice, and partnership arenas. There will be further discussions about how we proactively use these to guide our work. We will continually test ourselves against these commitments and seek feedback on whether we are putting them into practice consistently and to good effect.

We will...

Ensure **the welfare of the child is paramount**

Focus relentlessly on **making a positive difference to the lives of children, young people and families**

Always apply the values of **listen, responsibility, trust and respect**

By...

Working as one team

Across the council with all members and staff.

With our partners – ensuring we build trust and confidence across all our partnerships.

With the children, young people and families we are here to support.

Learning effectively

Seeking and acting on the views of children, young people and families.

Building learning into how we do things (assess-plan-do-review).

Welcoming support and challenge from inside and outside the council.

Leading effective change

Understanding the changing needs of children and young people in Surrey and the context in which we are working.

Understanding how people experience change and the support that gives people the confidence to adjust and thrive.

Focusing on evidence and risks.

Responding – what we have already done

Over the last nine months we have focused on immediate and urgent actions required in response to the Ofsted inspection findings to ensure children are safe. This work was overseen by a member Improvement Board chaired by the deputy leader of the council. As part of this work there has been a significant focus on ensuring better partnership working. Some of the key actions we have already completed in partnership with other agencies are summarised on the right.

We know there is more work to do to consolidate and sustain improvements. Further work on each of the recommendations will be completed as we strengthen our approach over the next 12 months. Reports on progress on all the Ofsted recommendations have been – and will continue to be – reviewed by the Improvement Board.

Key actions already taken

- Stronger leadership and governance put in place including the establishment of an Improvement Board.
- Tracker developed and implemented to monitor cases stepped down from Children’s Services, children in need reviews, child in need plans and meetings.
- Monthly accountability meetings with the deputy director in place, monitoring performance, trends, practice, staffing and workload in the referral, assessment and intervention service (RAIS), child protection and looked after children teams – this is identifying challenges and ongoing improvement work.
- Investment in recruitment including:
 - Recruitment of experienced agency (locum) social workers to cover permanent vacant posts in the frontline social work teams.
 - Commissioned a national advertising campaign targeting experienced social workers and assistant team managers.
- Principal social worker arrangements updated to ensure the position's independent function and effectiveness.
- Improved partnership arrangements to identify, risk manage and respond to child sexual exploitation, including:
 - Creation of a single multi-agency list of children at risk of child sexual exploitation for the county.
 - Reconfiguration of the missing and exploited children’s conference (MAECC), including centralised administration.
 - Review of child sexual exploitation risk assessment tool and development of child sexual exploitation screening tool for referring agencies.
 - Commissioning of an independent return interview service for looked after children in foster care in Surrey.

Impact

Having reviewed progress the Improvement Board believes the actions taken have reduced risks to children. Stronger leadership, management and governance of practice and tracking of cases means risks to children are better understood and can be acted on appropriately. Investment in recruiting and retaining social workers means we are beginning to be better equipped to give children, young people and families the timely attention they need. There are now better conditions for the partnership working that is required to deal effectively with child sexual exploitation and other forms of harm and neglect. The work to date has had a positive impact, but there is much more to do on every front to achieve the consistent standard of practice we want for all children and young people.

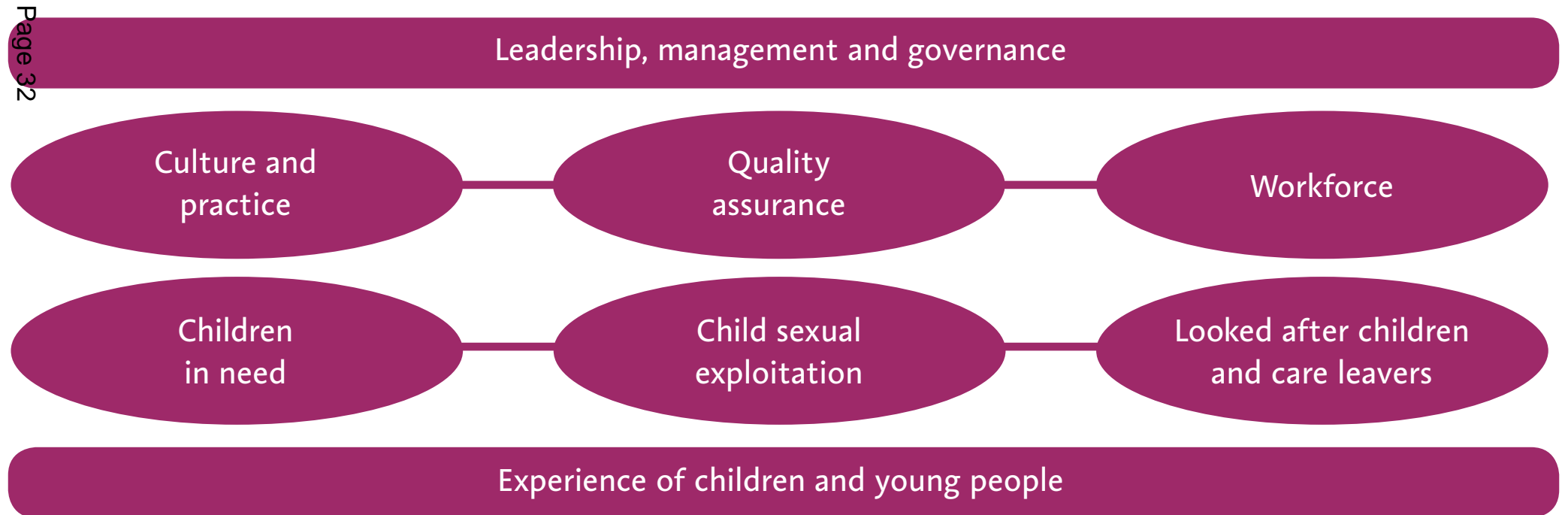
Developing a stronger approach

The diagram below summarises the eight key areas of work that we will focus on in order to strengthen our approach over the next 12 months. We will develop strong and effective leadership, management, governance and assurance, which will create the conditions for a culture and practice that makes a positive difference to children and young people's lives.

We are strengthening quality assurance arrangements to ensure we know what is and isn't working and can continually learn and improve what we do. And our workforce will have the right support, skills and tools to make a difference. By doing these things we will be able to get things right consistently for vulnerable children.

This will include children in need, those at risk of, or who have suffered from, child sexual exploitation and other types of harm or neglect and looked after children and care leavers. We will judge our efforts by whether it makes a positive difference to the experience of children and young people and helps them feel confident in their future.

Aim: Children and young people will be happy, healthy, safe and confident in their future



Part 2

Summary project plans

In this part you will find summary project plans for each of the eight key areas of work. For each one there is:

- A one page summary describing why we are focused on the issue, what we plan to achieve, how we will do it, and how we will know when the changes we've made are working.
- A diagram illustrating the main areas of focus for the topic.
- A table of the high level actions to be completed, with owners and timeframes (note that the timeframes use standard financial quarters, starting with Q3 2015/16 as it is September at the time of publication).

Note that for each of the eight areas there is more detail contained in supporting operational project plans.

Leadership, management and governance Summary



Why we are focused on this

In March 2014, we introduced a phased implementation programme to transform the delivery of services for children in need. The changes being made were significant and implementation risks had not been sufficiently recognised, planned for and mitigated. Strategic leadership and operational management of high risk vulnerable children in need including child sexual exploitation and missing children and young people was not sufficiently robust and consistent. Governance was not sufficiently challenging or effective.

Our further improvement work will address Ofsted recommendations: 1-11 that were detailed in its multi-agency inspection report of June 2015.

What we will achieve

- We will show we are meeting our statutory duties to children in need.
- We will have strong and robust individual organisation and partnership responses to all children in need including those at risk of child sexual exploitation and/or who go missing.
- All aspects of performance management will be effective, and underpinned by a strong quality assurance framework.
- Governance will be clearly understood by all, with clear accountabilities, roles and responsibilities which ensure effective challenge, scrutiny and feedback.

How we will do this

- Establish stronger strategic leadership within the council and across the whole partnership system that creates the conditions for excellent partnership working and practice.
- Review, consolidate and strengthen governance arrangements ensuring there is a culture of listening to views of children and providing constructive challenge.
- Support the ongoing development of all our leaders, including running a leadership development programme.
- Review and refresh existing quality assurance arrangements.
- Implement strengthened member development programme.

We will know it is working when

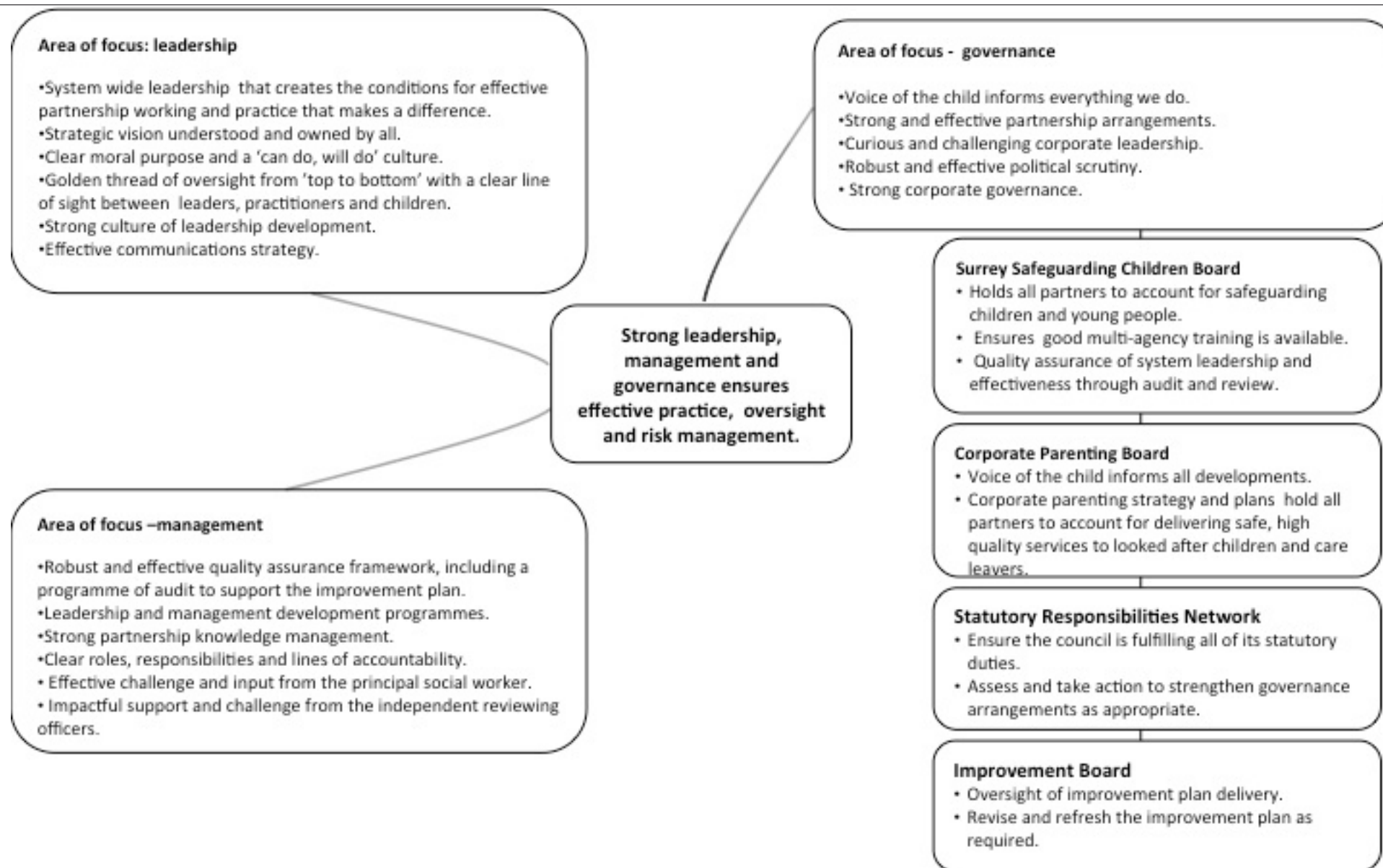
- Governance ensures challenge and effective use of information and data.
- Improved performance on key measures is sustained.
- Robust quality assurance arrangements to support a culture of continuous learning and improvement.
- Children and young people confirm we are having a positive impact.

Leadership, management and governance

Areas of focus



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Leadership, management and governance

Key actions



Ref	What	Lead	Timeframe			
			Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
Leadership						
1.1	Complete a 'shaping leaders' exercise to support values-based leadership behaviours across the Children, Schools and Families Directorate.	Director of Children's Services	→			
1.2	Establish a community of practice with a cross section of staff to support the improvement journey – then make it part of ongoing business as usual.	Director of Children's Services	→	→		
1.3	Establish a coaching programme for the directorate leadership team (assistant directors).	Director of Children's Services	→	→	→	→
1.4	Establish a leadership development programme for the Children's Services management team.	Director of Children's Services	→	→	→	→
1.5	Managers from Children's Services to complete a series of visits to learn from other local authorities.	Director of Children's Services	→	→	→	→
1.6	Run a leadership programme for new Children's Services assistant team managers.	Director of Children's Services		→	→	→
Governance						
1.7	Statutory officers to review governance arrangements and strengthen as appropriate	Monitoring Officer	→			
1.8	Ensure effective working arrangements between the Improvement Board and the Surrey Safeguarding Children Board.	Director of Children's Services, Chair of Surrey Safeguarding Children Board	→	→		
1.9	Review and refresh existing partnership governance arrangements to streamline and enhance effectiveness.	Director of Children's Services, Chair of Surrey Safeguarding Children Board	→	→		
1.10	Develop a strategic communications strategy and plan.	Head of Communications	→			
1.11	Arrange additional independent training for members around scrutiny and Children's Services – then make this part of ongoing business as usual.	Head of Democratic Services	→			

Leadership, management and governance

Key actions



Ref	What	Lead	Timeframe			
			Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
Management						
1.12	Introduce a new monthly peer audit framework – then build into ongoing business as usual.	Quality Assurance Manager	→			
1.13	Review, refresh and implement a robust and effective quality assurance framework.	Head of Safeguarding, Head of Performance and Support	→			
1.14	Evaluate the impact of the refreshed quality assurance framework, make required adaptations and build into business usual.	Head of Safeguarding, Head of Performance and Support			→	
1.15	Ensure that supervision is regular, effective and reflective – ongoing as part of business as usual.	Deputy Director of Children, Schools and Families	→	→	→	→
1.16	Implement effective management oversight of complex cases (e.g.) forums and panels, delegations and authorisation - ongoing as part of business as usual.	Deputy Director of Children, Schools and Families	→	→	→	→
1.17	Continue to review and adapt to strengthen arrangements for child sexual exploitation and other types of harm and neglect - ongoing as part of business as usual.	Head of Safeguarding	→	→	→	→

Culture and practice Summary



Why we are focused on this

Good practice comes from strong leadership which develops a confident workforce with a culture focused on the 'hearts and minds' of children, young people and families. This is supported by a quality assurance framework that is embraced and embedded at every level of the service. A key challenge is ensuring consistency of practice and management oversight across a large county. For example the consistent application of thresholds to ensure appropriate management of children in need. We recognise, in line with the Munro review, that high quality practice makes a direct difference to outcomes for children and young people.

Our further improvement work will address Ofsted recommendations: 2,3,5,6,7,8,9,10,11,14,15,16,18,19,20,21,22 that were detailed in its multi-agency inspection report of June 2015.

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What we will achieve

- Strategic leadership and management ensures consistent practice across the county.
- A shared understanding across the workforce of practice values and standards.
- Continual learning about good practice.
- A quality assurance framework that helps us meet the required standards.

How we will do this

- Co-design with children, young people and families and staff a set of consistent practice values and standards.
- Introduce an enhanced programme of practice workshops.
- Embed monthly peer audits as part of the revised quality assurance framework.

We will know it is working when

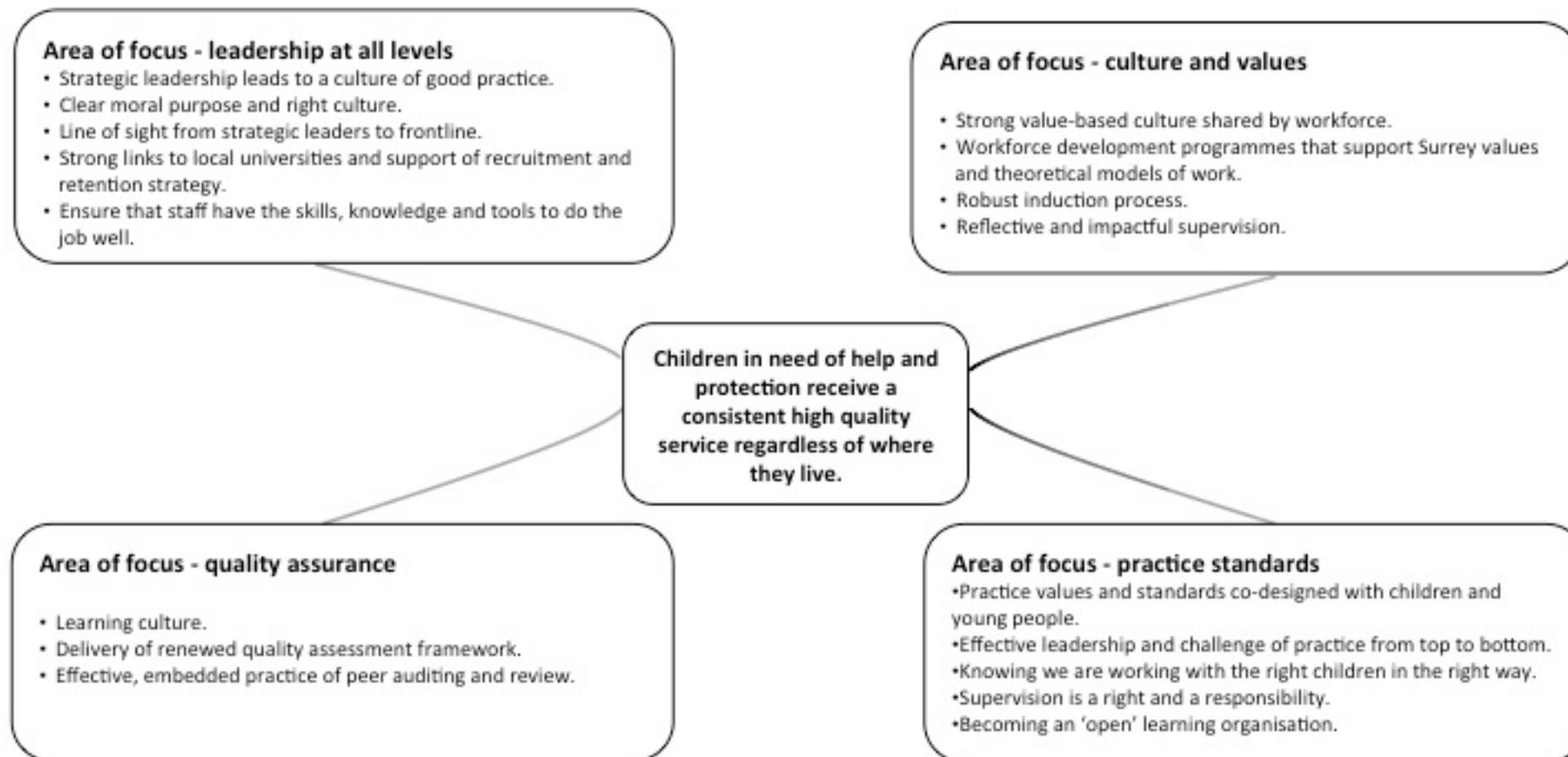
- There is evidence of consistently high standards of practice at all stages of processes.
- There is evidence of high quality case work.
- There is evidence of a strong learning culture.
- There is evidence of an outcome focused approach to practice.
- Feedback mechanisms, including quality assurance tell us that we are making a positive difference.

Culture and practice

Areas of focus



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Culture and practice

Key actions



Ref	What	Lead	Timeframe			
			Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
2.1	Develop key practice values and standards through co-design with children and young people, families and practitioners and embed them into ongoing business as usual.	Head of Countywide Services	→			
2.2	Develop a refreshed programme of practice development workshops (joining up with partner agencies where applicable) – then make this part of ongoing business as usual.	Principal Social Worker	→			
2.3	Refresh practice guidance to clearly detail expectations of practitioners and managers (including templates, tools and information documents).	Principal Social Worker		→		
2.4	Establish a community of practice with a cross section of staff to support the improvement journey – then make it part of ongoing business as usual (also 1.2).	Director of Children's Services	→			
2.5	Review, refresh and implement a robust and effective quality assurance framework (also 1.13).	Head of Safeguarding, Head of Performance and Support	→			
2.6	Evaluate the impact of the refreshed quality assurance framework, make required adaptations and build into business as usual (also 1.14).	Head of Safeguarding, Head of Performance and Support			→	

Quality assurance Summary



Why we are focused on this

We want good practice which ensures the welfare of the child is at the heart of all we do. Quality assurance must be an enabler that supports cultural change and drives a passionate ambition for high quality practice resulting in good outcomes for children and young people.

Our review and refresh will have this philosophy at its core. Our practice standards will be reviewed and simplified, but the change will be led by our workforce and the views of young people. We will build in key components to provide the necessary checks and balances and give assurance, but most of all we want to bring about improvement by gaining the ‘hearts and minds’ of our colleagues and partners. Instructing changes can only ever lead to short term temporary compliance. To achieve sustainable and deeper improvements, all those working with children, young people and families must hold strong shared beliefs, ambitions and commitment to high quality practice.

Our further improvement work will address Ofsted recommendations: 2,3,5,6,7,8,9,10,11,14,15,16,18,19,20,21,22 that were detailed in its Multi-agency inspection report of June 2015.

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What we will achieve

- A co-ordinated professional approach to QA.
- A revised QA strategy.
- Establish effective QA governance arrangements.
- A QA framework, which informs future strategic plans and service delivery.
- Delivery of revised practice standards.
- An approach to audit which demonstrates that change is embedded and is improving outcomes for children and young people and identifies priorities for further work.

How we will do this

- Learn from others.
- Apply models of best practice.
- Define robust review processes.
- Work with stakeholders, children and young people to develop standards.
- Deliver a challenge and review programme.
- Establish an integrated approach to managing performance, which includes both qualitative and quantitative measures.
- Governance arrangements which promote accountability, scrutiny and positive reinforcement of change.
- Delivery of a monthly peer audit.

We will know it is working when

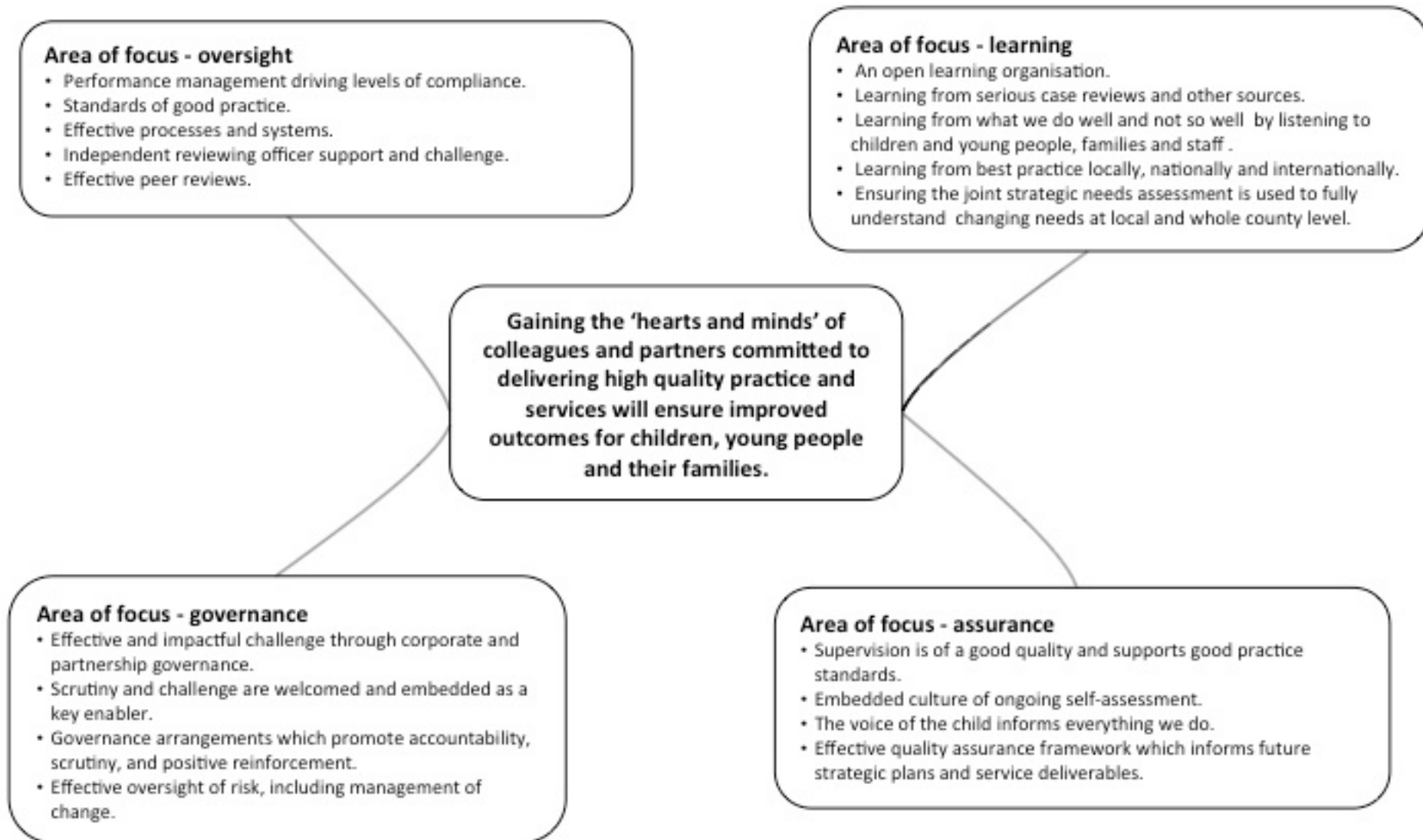
- We have embedded a new QA framework which embraces a child centred philosophy (eg social pedagogy and restorative approaches).
- We will have changed culture by winning hearts and minds.
- Good practice as the norm is everyone’s ambition and the child is at the heart of all we do.
- Our QA framework will provide practice led improvement and assurance of positive outcomes for children and young people.
- Scrutiny and challenge are welcomed and embedded as a key enabler in the journey to excellence.
- We will see sustained improvement of key performance indicators and feedback from children and young people and their families as well as stakeholders.
- We will be a confident learning organisation.

Quality assurance

Areas of focus



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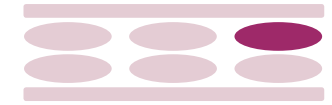
Quality assurance

Key actions



Ref	What	Lead	Timeframe						
			Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17			
Leadership									
3.1	Introduce a new monthly peer audit framework – then build into ongoing business as usual (also 1.12).	Quality Assurance Manager	→						
3.2	Review and update the quality assurance team audit programme to support the improvement plan work.	Head of Performance and Support	→						
3.3	Develop key practice values and standards through co-design with children and young people, families and practitioners and embed them into ongoing business as usual (also 2.1).	Head of Countywide Services	→						
3.4	Develop a refreshed programme of practice development workshops (joining up with partner agencies where applicable) – then make this part of ongoing business as usual (also 2.2).	Principal Social Worker	→						
3.5	Review, refresh and implement a robust and effective quality assurance framework (also 1.13).	Head of Safeguarding, Head of Performance and Support	→						
3.6	Evaluate the impact of the refreshed quality assurance framework, make required adaptations and build into business usual (also 1.14).	Head of Safeguarding, Head of Performance and Support			→				

Workforce Summary



Why we are focused on this

We need to recruit and retain a skilled workforce to deliver high quality services to children in order to keep them safe and to make a real difference to their lives. There is a national shortage of social workers and in Surrey the current vacancy rate is approximately 20% in essential children's social work teams. We need to ensure that the 'Surrey offer' remains competitive with other local authorities and accurately presents Surrey as a great place to live and work. We will do all that we can to ensure that social workers feel supported in Surrey so that they want to stay with us. We will do this by offering excellent training and supervision alongside manageable caseloads so that we provide the right environment and culture for them to develop their skills and experience.

What we will achieve

- We will increase the number of applicants for social work posts and reduce our vacancy rate.
- All our vacant posts will be covered by skilled locums who are equipped and supported to provide a good service to children.
- We will have accurate data about our vacancies and recruitment success.
- We will reduce the number of social workers who leave Surrey. When they do leave we will know why and we will learn from what they tell us.
- We will develop our own workforce by providing training opportunities for non-social work qualified staff.

How we will do this

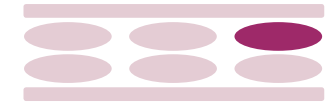
- Develop our salary offer so that we are able to attract the best applicants. We will ensure that we are competitive with other authorities with regard to a social worker salary and benefits package.
- Attract more applicants through better advertising, website improvements, and international recruitment.
- Enhance the 'applicant experience' through improved online application processes and applicant care.
- Promote career development prospects across all areas of Children's Services.
- Ensure that social workers' caseloads are safe so that they are able to deliver high quality services to children and make a difference to their lives.
- Ensure that Surrey is an attractive place to work and provides our workers with the right support in order to do their job.
- We will reduce our unplanned use of locums.

We will know it is working when

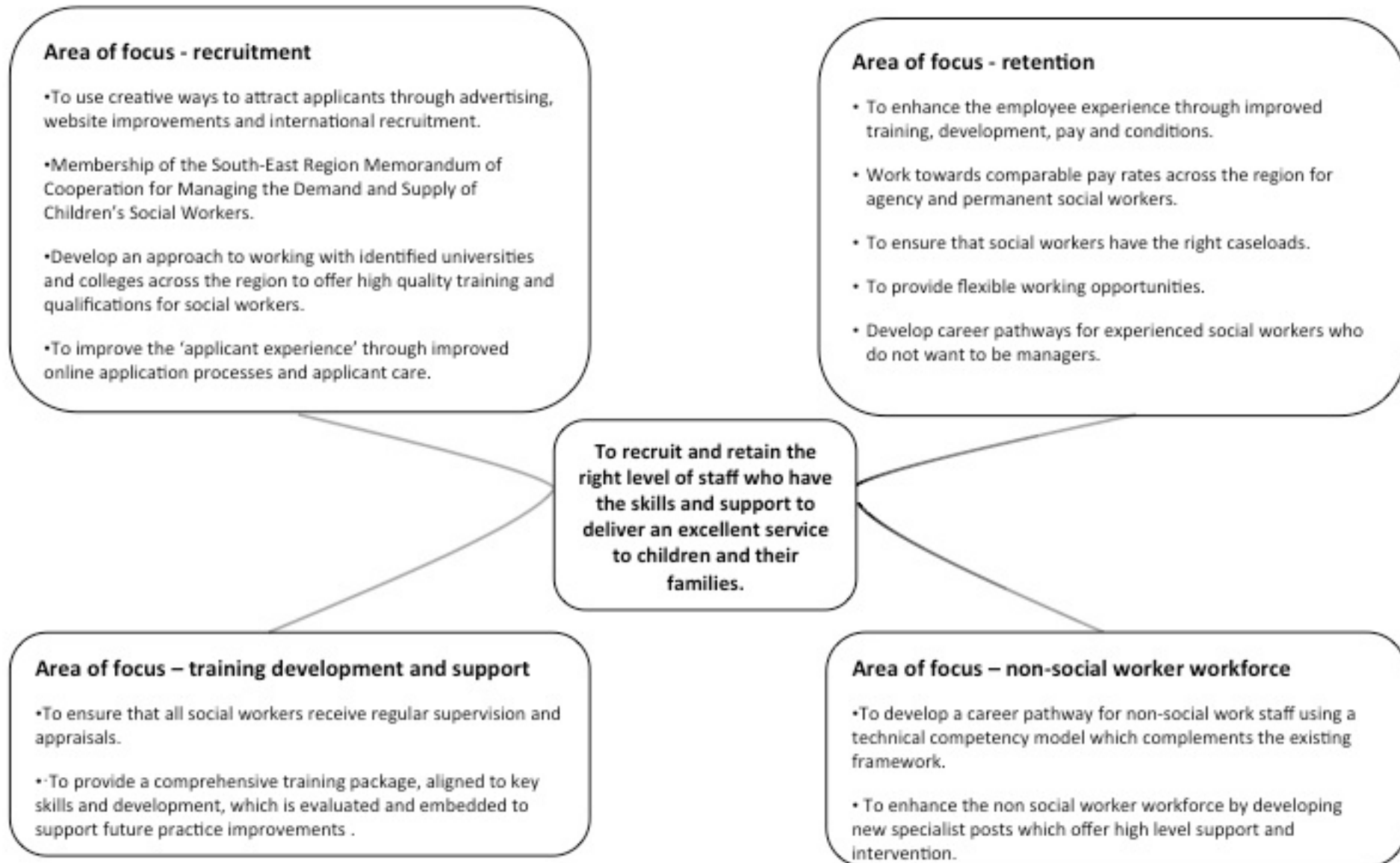
- We increase the number of social work new starters by 20%.
- Our social work retention rate has increased.
- We increase the number of applicants for social work posts by 25%.
- Performance data and audits confirm improvement in the timeliness and quality of the services that we offer to children and their families
- The number of social workers recruited to the Surrey Academy increases from 10 to 18.

Workforce

Areas of focus



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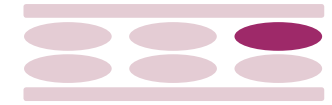
Workforce Key actions



Ref	What	Lead	Timeframe						
			Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17			
Recruitment									
4.1	Launch a new recruitment campaign targeting experienced social workers and assistant team managers - then review impact and decide how to develop further as part of business as usual in 2016/17.	Head of Human Resources and Organisational Development	→						
4.2	Work with partners (through the South-East Region Memorandum of Cooperation for Managing the Demand and Supply of Children's Social Workers) to develop joint approaches with universities and colleges to offer high quality training and qualifications for social workers.	Area Head of Children's Services (South West)	→						
4.3	Work with partners (through the South-East Region Memorandum of Cooperation for Managing the Demand and Supply of Children's Social Workers) to help forecast and plan for future demand.	Area Head of Children's Services (South West)	→						
Retention									
4.4	Develop and then apply an enhanced Surrey offer for social work staff including changes to start up payments, enhanced relocation and retention payments.	Head of Human Resources and Organisational Development, Deputy Director of Children, Schools and Families	→						
4.5	Complete a review of current case loads in order to ensure that we have the right level of staff in all the teams – then build into ongoing business as usual.	Deputy Director of Children, Schools and Families	→						
4.6	Develop a career path for experienced senior social workers who do not want to be managers.	Principal Social Worker, Head of Safeguarding		→					
4.7	Develop a career path for non-qualified social work staff using a technical competency model which complements the existing framework.	Head of Countywide Services, Strategic Human Resources Lead	→						

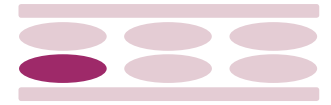
Workforce

Key actions



Ref	What	Lead	Timeframe						
			Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17			
Development of staff									
4.8	Expand the Surrey Academy to 20 places a year across two sites	Principal Social Worker	→	→					
4.9	Establish a leadership programme for new Children's Services assistant team managers (also 1.6).	Director of Children's Services		→	→	→			
Supervision and support									
4.10	Pilot new leadership and management training for new managers to ensure supportive and effective leadership underpins all areas of social work practice – evaluate and refine before then extending to all service frontline managers.	Head of Human Resources and Organisational Development, Deputy Director of Children, Schools and Families	→						
4.11	Develop a strategic communications strategy and plan. Ensure stronger two way communication with social work teams – make it part of ongoing business as usual (also 1.10).	Head of Communications	→						

Children in need Summary



Why we are focused on this

Supporting children in need is one of our biggest challenges. The council recognises its statutory responsibilities, but fully meeting this challenge requires effective joint work with our partner agencies on the whole system of support across the county. A strong and effective shared response requires clarity on the thresholds for different types of support, and a responsive system of early help and preventative work across all agencies. In recent months we have focused on improving the way we do things including getting assessments done in a more timely way and aiming to ensure we have clear plans, developed with families and partners to make a difference. We have made some progress by being clear about our pathways and processes as well as putting in place monitoring systems to track who provides ongoing support to families when there is no longer a need for social care support (step-down arrangements).

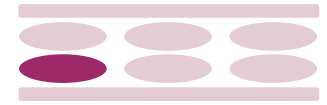
Our next focus is to further clarify and improve our organisational and partnership approach to the assessment of need and risk, and how we support children and young people who are in need and their families. Our thresholds for involvement are not clearly understood. We need to ensure that support put in place is appropriate to the correctly identified level of need and risk and is kept under review

Partners have told us that our Surrey early help approach is welcomed by all, but pathways and processes are complicated and confusing. We respond quickly and appropriately to immediate and significant risk of harm but need to improve our support and oversight of children in need where there may be concern in relation to wider vulnerability and possible risk of harm. There needs to be a more consistent partnership 'front door' which leads to the appropriate pathways of support based on need. With partners we need to ensure that support for children, young people and their families is managed through plans that are outcome focused and regularly reviewed.

Our further improvement work will address Ofsted recommendations: 1,2,4,7,8,9,10,11 that were detailed in its multi-agency inspection report of June 2015.

Children in need

Summary continued



What we will achieve

- Children and young people in need of support and protection receive the right help and support at the right time.
- Partner agencies work together effectively to maximise provision of timely help to children, young people and families.
- We will have an effective multi-agency safeguarding hub (MASH) operating to ensure timely consistent pathways for children appropriate to need.
- Outcome focused good practice based on a shared understanding of practice principles.

How we will do this

- Levels of need and thresholds for involvement are clear, consistently applied and understood by all.
- Referral and intervention pathways are simple, clear and seamless.
- Ensure we have a stable and skilled children's system workforce sufficient to support demand.
- Ensure we have skilled systems leaders who are committed to positive outcomes and robust management oversight.
- Good quality referrals ensure timely appropriate pathways so that young people receive the right support.

We will know it is working when

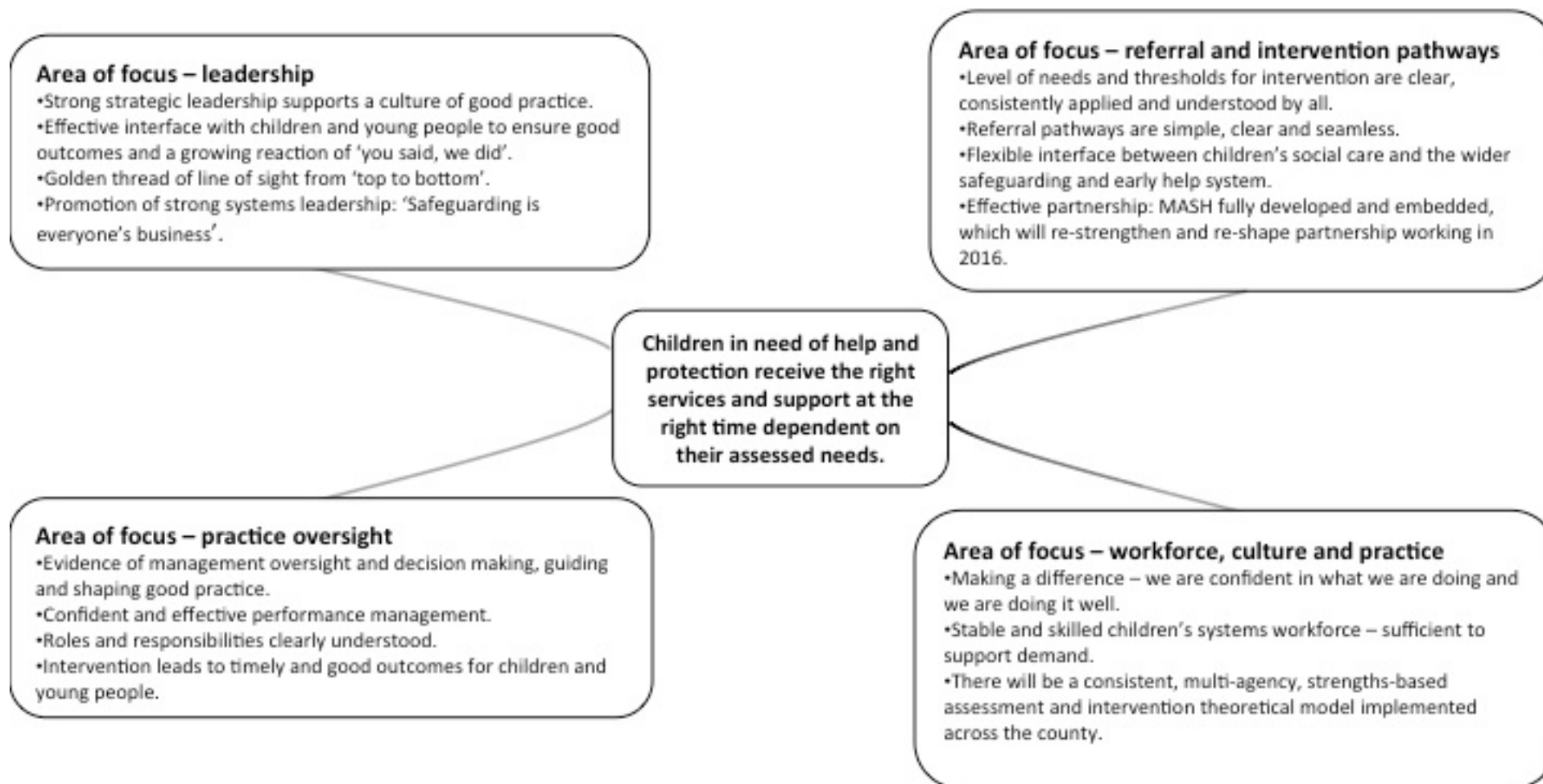
- There is evidence of effective and consistent application of thresholds.
- There is evidence of the right help support at the right time.
- Fewer families are requiring support services for second and subsequent times.
- Fewer children and young people require higher levels of statutory intervention.

Children in need

Areas of focus



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Children in need

Key actions



Ref	What	Lead	Timeframe						
			Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17			
Leadership									
5.1	Review and revise level of needs document (consistent and understood application of thresholds) – then embed into business as usual.	Surrey Safeguarding Children Board	→	→					
5.2	Review our processes and pathways for children in need – then embed into business as usual.	Area Head of Children’s Services (South East)	→	→					
5.3	Test and start to implement new operating model for children in need.	Area Head of Children’s Services (South East)		→	→				
5.4	Simplify and clarify our partnership early help approach, working with the Surrey Safeguarding Children Board - then embed this.	Director of Children’s Services	→	→					
5.5	Further develop and implement a stronger partnership multi-agency safeguarding hub (MASH).	Deputy Director of Children, Schools and Families	→	→	→	→			
5.6	Implement strengthening families model to underpin identification and assessment of risk and need.	Surrey Safeguarding Children Board	→	→	→	→			

Child sexual exploitation Summary



Why we are focused on this

In November 2014, Ofsted found that not all children at risk of child sexual exploitation in Surrey were identified and those identified did not benefit from a co-ordinated response, with risk factors not fully identified or responded to effectively. In addition, the services to children who go missing from home and care were not sufficiently developed. In November Ofsted published a thematic report into child sexual exploitation across the country which highlighted deficiencies within local authorities in their tackling of child sexual exploitation. As a consequence we carried out a self assessment against these recommendations which noted significant weaknesses that need to be addressed by both us and partners. These findings across both reports sit in a wider context of a series of reports into child sexual exploitation cases; including the Casey report into abuse in Rotherham published in February 2015.

Our further improvement work will address Ofsted recommendations: 3, 5, 6, 12, 23 that were detailed in its multi-agency inspection report of June 2015.

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What we will achieve

- We will have an appropriately skilled workforce, able to demonstrate that it can identify, assess and intervene effectively with children at risk of child sexual exploitation.
- With partners we will have strong arrangements for the monitoring and quality assurance of plans for children at risk of child sexual exploitation.
- Compliance with the statutory guidance on children who go missing.

How we will do this

- Review existing procedures and assessment tools.
- Develop a local authority training programme for all staff on child sexual exploitation.
- Review existing multi-agency monitoring arrangements.
- Establish an independent return interview service for children who go missing.

We will know it is working when

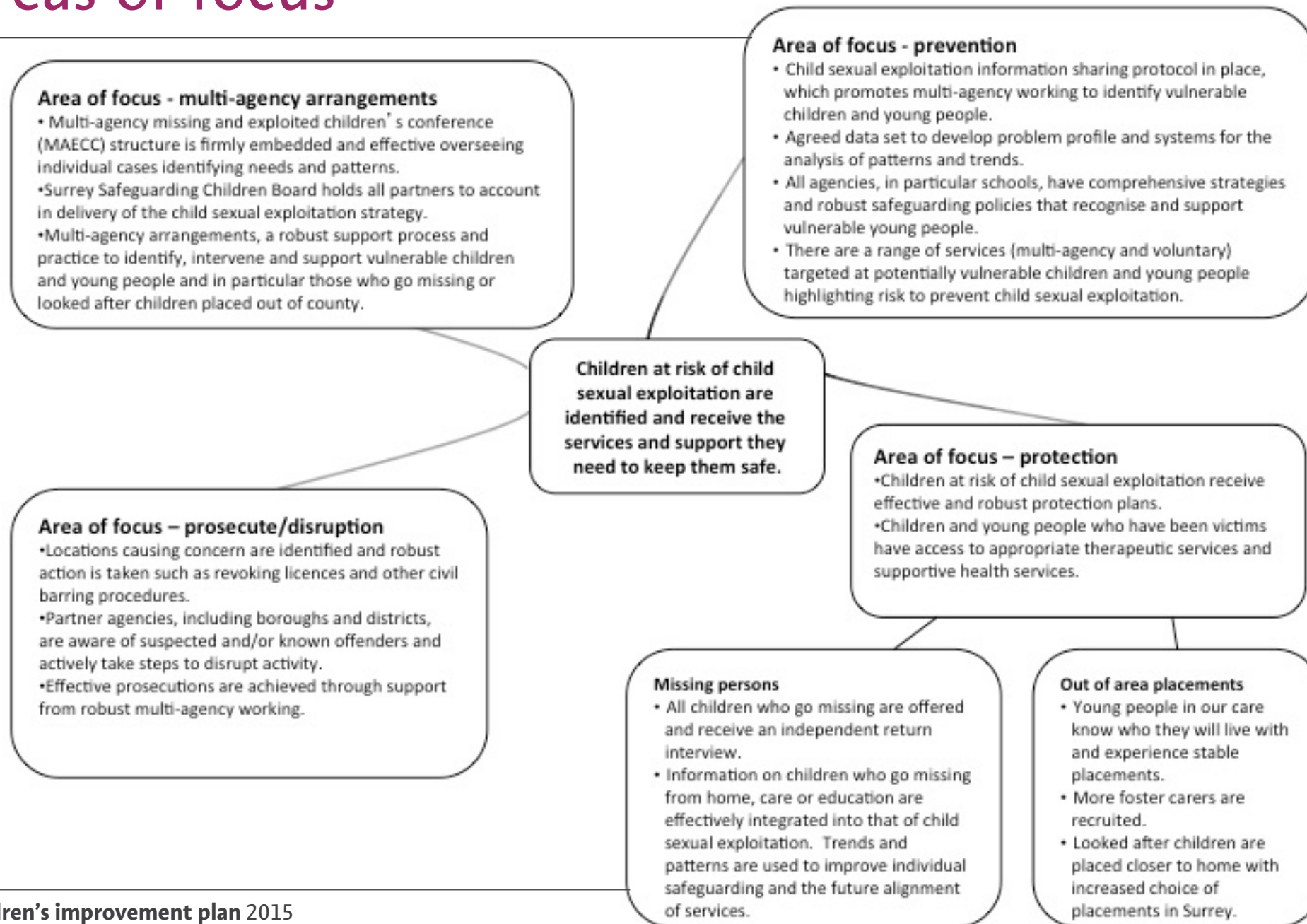
- Children at risk of child sexual exploitation are identified quickly and receive a prompt and appropriate service that protects them.
- Children who go missing from home or care have the opportunity to have an independent return interview in a timely fashion.
- There is a clear data set shared by all partners providing a robust child sexual exploitation profile.
- Children are being removed from child sexual exploitation situations.
- Disruption activity has a clear impact on perpetrators.

Child sexual exploitation

Areas of focus



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Child sexual exploitation

Key actions



Ref	What	Lead	Timeframe						
			Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17			
Multi-agency arrangements									
6.1	Further develop the missing and exploited children's conference (MAECC) through commissioning a peer review of the new model.	Head of Safeguarding		→					
6.2	Establish a set of protocols and lines of communication between MAECC and other key multi-agency groups, including the Borough Community Impact Action Groups and Joint Action Groups in order to identify 'hot spots' and potential offenders.	Head of Safeguarding	→						
6.3	Establish clear reporting arrangements on child sexual exploitation from frontline to chief officers.	Head of Safeguarding	→						
6.4	Develop a multi-agency training offer to the children's workforce.	Head of Safeguarding	→						
Prevention									
6.5	Agree with partners a Tier 2 information sharing protocol in respect of child sexual exploitation.	Head of Safeguarding / Child Sexual Exploitation Strategy Group (multi-agency)	→						
6.6	Develop an agreed data set across all partners that will enable the local authority and police to form a problem profile.	Head of Safeguarding	→						
6.7	Put in place systems for regular cross-referencing of data held by partners.	Head of Safeguarding	→						
6.8	Review the e-safety strategy and training offer to partners and implement.	Head of Safeguarding / SSCB E-Safety Sub Group	→						
6.9	Roll out the refreshed safeguarding guidance to schools.	Area Education Officer	→						

Child sexual exploitation

Key actions



Ref	What	Lead	Timeframe						
			Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17			
Protection									
6.10	Put in place regular monitoring procedures of all children identified as at risk of child sexual exploitation.	Head of Safeguarding	→						
6.11	Agree with partners a framework for commissioning therapeutic services.	Head of Safeguarding	→						
6.12	Agree regular delivery of awareness raising campaigns on child sexual exploitation as part of the county's communications strategy.	Head of Safeguarding	→						
Protection - missing children									
6.13	Ensure that data on children who go missing is integrated with children missing from education and at risk of child sexual exploitation.	Head of Countywide Services	→						
6.14	Provide regular reports to the Surrey Safeguarding Children Board on children who go missing from home and from care.	Head of Countywide Services	→	→	→	→			
6.15	Develop a service for children who go missing from home to receive a return interview – then build this into business as usual.	Head of Countywide Services	→						
Protection - out of area placements									
6.16	Strengthen placement choice through the recruitment of more foster carers.	Care Services Manager	→	→	→	→			
6.17	Build on existing regional frameworks for commissioning fostering and residential placements to ensure effectiveness and value for money.	Care Services Manager	→	→	→	→			
6.18	Implement the extended HOPE service for young people (social innovation programme) to provide an integrated out of hours mental health and residential service – then build into business as usual.	Policy and Development Manager, CAHMS	→						
Prosecute/disruption									
6.19	Agree consistent procedures with district and borough councils for vetting and licensing of premises and taxis and agree standards for revoking licenses – then build this into business as usual.	Head of Safeguarding	→						

Looked after children and care leavers

Summary



Why we are focused on this

Strategic leaders, elected members and partner agencies are strongly committed to being corporate parents and inspectors saw demonstrable improvement in some services to looked after children and young people. Good progress has been made in recent months on placement stability, overseen effectively by the Corporate Parenting Board. These improvements must be sustained and additional work must now be progressed to ensure that looked after children have timely health assessments and are supported through their personal education plans to make good educational progress. More needs to be done to support children who go missing from care, including ensuring they have return interviews and that plans are in place to keep them safe. Care leavers need to be supported as they move to independence to ensure that more of them are participating in education, employment and training and that they have access to their health histories as they grow into adulthood.

Our further improvement work will address Ofsted recommendations: 6, 14, 15, 16, 19, 20, 21 and 22 that were detailed in its multi-agency inspection report of June 2015.

What we will achieve

- We will have an effective system in place to ensure that children who go missing from care receive an independent return interview.
- Looked after children and care leavers will be fully supported to achieve to the best of their abilities.
- Plans for care and permanency will be robust and timely.

How we will do this

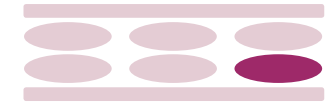
- Collate information from return interview service to impact on numbers and reasons for children who go missing from care.
- Robust health assessment service that covers both timely assessments and health histories for care leavers.
- We will have a strong pathway for permanency that tracks the timescales from decision to become looked after to planning for permanency.

We will know it is working when

- Children who go missing from care have the opportunity to have an independent return interview in a timely fashion.
- Children's health outcomes are improving across a range of measures, including both physical and emotional health and wellbeing.
- Timescales for care proceedings and adoption/special guardianship orders are in line with expectations and guidance.

Looked after children and care leavers

Areas of focus



Area of focus - placement planning

- The choice between special guardianship orders and adoption as permanency plans is monitored and reviewed.
- The adoption recruitment strategy provides sufficient prospective adopters.
- There are sufficient places close to home and/or in the county for looked after children.

Area of focus - health assessments and health histories

- Timely and comprehensive health assessments in place.
- Effective service that includes health promotion and emotional wellbeing.
- Care leavers receive a copy of their health histories on leaving care.

Looked after children and care leavers feel safe and confident about their future.

Area of focus - care leavers

- Care leavers are supported to be ready for work and the number who are not in education, employment or training (NEET) is reduced.
- Young people's experiences when moving into independent living are improved through good quality pathway plans that include practical support and skills, as well as plans for accommodation and employment.

Area of focus - children who go missing

- Return interviews are held for all children who go missing.
- Regular overview reports highlight themes to address.
- There is a reduction in the number of children who go missing.

Looked after children and care leavers

Key actions



Ref	What	Lead	Timeframe			
			Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
Placement planning						
7.1	Complete key actions to strengthen placement planning including: improved tracking of permanency options; oversight of complex cases; implementing a family assessment service; and developing a joint bid for a regional adoption approach – then build these into business as usual.	Head of Countywide Services				
Health assessments						
7.2	Complete key actions to improve health assessments including: implement the new consent procedure; update and confirm new service specification for health assessments; and procure an out-of-county service – then build these into business as usual.	Head of Countywide Services, Designated Doctor or Nurse				
Care leavers health histories						
7.3	Complete key actions to improve care leavers' health assessments including: research and map national processes for health histories; consult with Surrey's care leavers to identify preferences; and develop new process with an implementation plan for providing health histories – then build these into business as usual.	Head of Countywide Services, Designated Doctor or Nurse				
Children who go missing						
7.4	Ensure that return interviews are completed in line with commissioned service and service expectation, meeting statutory guidance and provide quarterly reports for return interviews including numbers of children who go missing, themes and learning.	Head of Countywide Services				
Care leavers' participation						
7.5	Complete key actions to improve participation (linked to the council's overall participation strategy): ensure clear pathways in place to support young people according to their education and employment choices; and recruit a specialist education/employment worker in the Care Leavers' Service – then build these into business as usual.	Head of Countywide Services, Area Heads of Children's Services				

Experience of children and young people Summary



Why we are focused on this

There are pockets of excellent engagement work across the directorate, for example with looked after children and care leavers, and we have seen how this has improved our understanding of what our children and young people want and need. Our current approach to engaging with our service users is fragmented. We need to improve co-ordination across services and partners to hear and understand current experience. Feedback from children, young people and their families and carers must be routinely sought and used to improve services.

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What we will achieve

- Services will be child-focused.
- Children and young people's voices and experiences will be at the heart of how we plan and improve our services.
- Services will be delivered flexibly to meet individuals' and families' needs.

How we will do this

- Develop a framework and approach for consultation and participation which builds on our current examples of good practice.
- Strengthen staff skills and knowledge in supporting consultation through the development of a consistent approach and toolkit.
- Develop a resource directory to be accessible for staff and partners.

We will know it is working when

- Children and young people, including those who are more vulnerable or disadvantaged, are more involved in decision-making as individuals and as part of their communities.
- We gain a deeper understanding of children and young people's wishes and needs to inform our services.

Experience of children and young people

Areas of focus



Area of focus - introduce a new directorate wide experience strategy

- Reduce fragmentation and improve consistency across the directorate allowing us to 'bank' and use user experience data across services.
- Provide a framework for regular high level consultation with young people, staff and parent/carers (eg the Big Survey model – a satisfaction survey for looked after children and care leavers) to inform future priorities.
- Improve our interface (and reputation) with children, young people and families by developing consistent and branded engagement methods which clearly link to outputs – 'you said, we did'.
- Develop a communications strategy, providing the right information in the right format for different groups/individuals.

Area of focus - establish a practitioner network

- Develop staff skills and knowledge in consultation and participation through training, resources and activity.
- Enable sharing of practice and outcomes across the directorate, council and partners.
- Maximise opportunities to pool resources and improve activity, efficiency and effectiveness.
- Reduce duplication and repeated activities by ensuring that all outputs are referenced in one place.
- Evidence impact of customers' views.

Develop improved mechanisms to understand the experiences of children and young people and act on them.

Area of focus – forums and methods for engagement

- Establish a Surrey Youth Cabinet, building from established groups.
- Enhance existing annual Big Survey for looked after children and care leavers.
- Positive participation opportunities for young people to influence at a high level.
- Ensure all young people have opportunities and support to participate, including engagements of harder to reach groups.
- Children and young people have a good understanding of their entitlements, opportunities and rights according to the United Nations Convention on the Rights of the Children (UNCRC).

Experience of children and young people

Key actions



Ref	What	Lead	Timeframe						
			Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17			
Leadership									
8.1	Co-design a new 'experience strategy' including communication channels (will include how children and young people and their families are included in audit activities) – then build this into business as usual.	Head of Rights and Participation	→						
8.2	Establish a refreshed practitioner network on consultation and engagement.	Head of Rights and Participation	→						
8.3	Build upon existing participation forums to establish more effective engagement with children, young people and their families.	Head of Rights and Participation	→						

Part 3

Ensuring delivery

In this part you will find a description of the arrangements that are in place for ensuring delivery of this plan.

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Improvement Board

The Improvement Board will continue to oversee the delivery of the improvement plan. Recognising the move from an initial stage of 'responding' to Ofsted's recommendations into a 12 month stage of 'strengthening' our strategic capabilities and capacity, the membership and terms of reference of the Improvement Board have been refreshed.

Membership has been widened to include the chair of the Surrey Safeguarding Children Board (SSCB), key senior representatives from health, police and schools, and an advisor from the Department for Education (DfE). These colleagues will **bring important external challenge and support to the council**. They will also help us ensure we continue to **strengthen our joint working with all partner agencies across the county** so we can meet our shared responsibilities for safeguarding.

Monitoring progress

In addition to the Improvement Board there are arrangements in place - both within the council and across our partnerships - that will ensure **robust oversight and scrutiny of progress**. These include independent external review (from Ofsted, DfE, and peer councils), multi-agency boards, internal programme and project management arrangements, and wider oversight and scrutiny by county councillors. The monitoring schedule overleaf gives an indicative overview of these arrangements over the next 12 months. Importantly, there will also be more regular and consistent mechanisms in place to gather feedback and views from children, young people and families (as per the actions for the 'experience of children and young people' in this plan).

Monitoring schedule

Improvement plan monitoring schedule Sept 2015-Sept 2016

	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
External													
Ofsted monthly check-ins													
Ofsted quarterly reports													
Ofsted 12 month progress inspection													
External peer review of progress													
Multi-agency													
Surrey Safeguarding Children Board meetings					Dates for 2016 to be confirmed								
Health and Wellbeing Board meetings					Dates for 2016 to be confirmed								
Surrey Children and Young People's Partnership Board meetings					Dates for 2016 to be confirmed								
Board meetings													
Improvement Board													
Children, Schools and Families Programme Board													
Safeguarding Programme Board													
Staff Community of Practice													
Council oversight													
All Cabinet briefing													
Member seminars									Report to council				
Statutory Responsibilities Network													
Cabinet members briefing													
Scrutiny chairs briefing													
Children, Schools and Families Programme Scrutiny Task Group	To be finalised with the task group once set up												

Progress reports

To enable effective oversight, scrutiny and understanding of progress a set of key monthly reports will be collated and shared with the Improvement Board and other audiences. These specific improvement plan progress reports will supplement the wider performance outcomes monitoring and quality assurance activity that takes place across Children's Services, the Children, Schools and Families Directorate, the Surrey Children and Young People's Partnership and the council.

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There are three key components to the monthly review cycle. These will help provide us with an understanding of how well the actions we are taking deliver improvements to practice and make a difference to children, young people and families.

1) Monthly improvement plan report card

It will incorporate:

- a one-page scorecard on key improvement measures
- a one page summary of trends in volumes of cases and demand
- updates on all the key actions in the improvement plan.

There is an example of the content which will be reported on the next page. Please note this will be developed further with the Improvement Board and will evolve over time to ensure it is an effective working tool for oversight and scrutiny.

2) Thematic audit programme

Each month the Improvement Board will receive an update on the latest round of thematic audits. The planned schedule for these deep dive audits will ensure there is a strong focus on the four critical areas of practice improvement and will be agreed with Ofsted.

3) Risk analysis

The Improvement Board will receive an update on risks that could adversely impact the delivery of the improvement plan at their monthly meeting.

The following are key risks that would reduce the capability and capacity to deliver the improvement work set out in this plan:

- A part of the county's safeguarding system does not operate as it should, which puts pressure on the improvement work required.
- Demographic and demand pressures further accelerate and reduce capacity to deliver the council's improvement work.
- There is a loss of one, or some, of the key people and expertise required to lead the improvement work (key person risks).

These risks are specific to the successful delivery of this plan. They, and the actions to mitigate them, have been added to the full set of operational service risks managed through the Children's Services risk register.

Example of improvement plan monthly report content

This is an example of the content which will be reported. Please note this will be developed further with the Improvement Board and will evolve over time to ensure it is an effective working tool for oversight and scrutiny.

Scorecard

A one page scorecard will bring together key measures on the work we do to support children in need, children at risk of child sexual exploitation and looked after children and care leavers. These are a specific sub-set of the full range of measures that are tracked through our wider performance outcomes monitoring and quality assurance activity. They have been chosen **as they relate directly to the most critical areas we are addressing through this improvement plan.**

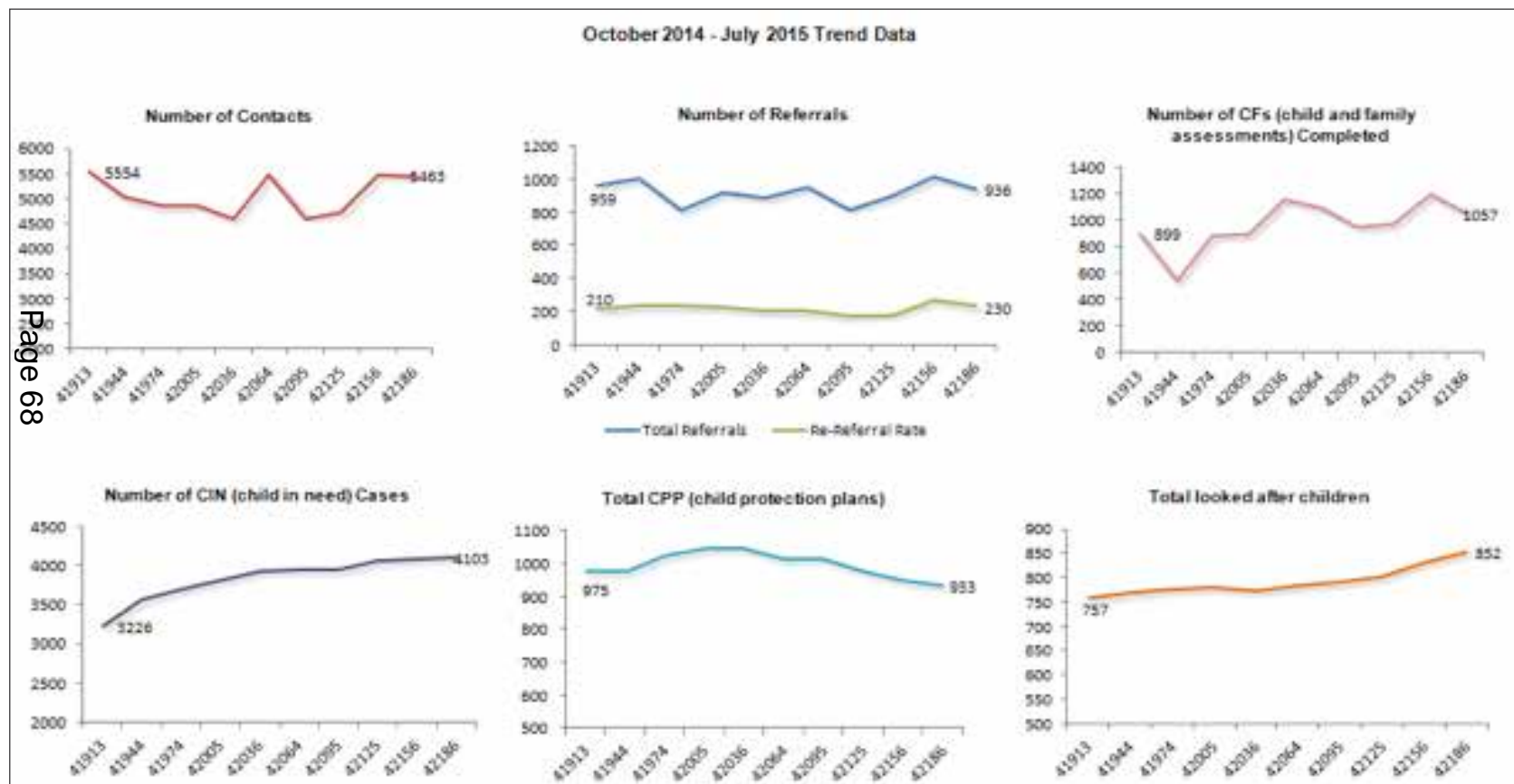
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Children and young people headline outcome	Measure	Oct 2014	July 2015	National benchmark (if applicable)	
Children in need Children in need of help and protection receive the right services and support at the right time dependent on their assessed needs. These measures have been selected because they will tell us: the flow and volume of work being referred to Children's Services, those cases where the outcome may not have been sustainable and the situation has been referred back to the service, whether our assessment processes are timely and after assessment how many children and young people are being supported as children in need.	1	Number of open cases in referral, assessment and intervention service (RAIS).	1,700	2,444	-
	2	% of re-referrals.	22%	25%	23%
	3	% of child and family assessments completed within 45 days.	74%	71%	82%
	4	% of RAIS child in need cases with an active child in need plan.	-	81%	-
	5	% of child in need cases audited of good quality.	-	-	-
	6	% of total case load unallocated for more than two days.	1.1%	0.9%	-

Children and young people Headline outcome	Measure		Oct 2014	July 2015	National benchmark (latest data if applicable)
<p>Children at risk of child sexual exploitation Children at risk of child sexual exploitation are identified and receive the services and support they need to keep them safe</p> <p>When children and young people are missing from home we know that they are more vulnerable, including to child sexual exploitation. It is important to try and engage with children and young people to understand what is going on in their lives. These measures tell us: how many children and young people are offered the opportunity for a return interview and how many take this up (initially focused on looked after children, to then be extended to all children). The child sexual exploitation risk assessment and monitoring of multi-agency meetings helps to identify children at risk, put plans in place to reduce risks and ensure that wherever possible 'disruption' activity is targeted to deter offenders.</p>	7	% of looked after children missing children offered interview on return.	52% (Feb 15)	86% (June 15)	-
	8	% of interviews taken up by looked after children on return from being missing.	30% (Feb 15)	76% (June 15)	-
	9	% of child sexual exploitation cases with risk assessment tool.	-	-	-
	10	Number of disruptions across the county.	-	-	-
	11	% of cases with measurable reduced risk.	-	-	-
	12	% of cases of children at risk of child sexual exploitation audited that are judged to be good quality.	-	-	-
<p>Looked after children and care leavers Looked after children and care leavers feel safe and confident about their future</p> <p>We know the most important factors that help children and young people to have good outcomes are good relationships in a stable and safe place to live. These measures tell us: how quickly we take cases through the court process to make decisions about where children and young people are going to live permanently, how settled children and young people are in the place they live and that those young adults moving on from care have effective plans to help guide their path to independence.</p>	13	% of looked after children under 16 looked after for more than two and a half years and in the same placement for the last two years or placed for adoption.	64% (13/14)	67% (14/15)	67%
	14	% of looked after children with three or more placements in the year.	9.3% (13/14)	8.1% (14/15)	-
	15	% of court proceedings completed within 26 weeks (PLO).	-	-	-
	16	% of care leavers with completed pathway plans.	89%	87%	-
	17	% of care plans audited that are judged to be good quality.	-	-	-

Demand and volumes

The monthly report will also include a snapshot of the latest demand and volume figures. An example is presented here:



Key actions updates

The monthly report will also include **updates on the key actions and milestones** in the improvement plan.

Annex 1

In this annex you will find a statement on the council's corporate governance from members of the council's statutory responsibilities network.



Statement on behalf of Surrey County Council Statutory Responsibilities Network on corporate governance

By: **Sheila Little**,
Section 151 Officer
Ann Charlton,
Monitoring Officer
and **Sue Lewry-Jones**,
Chief Internal Auditor

Date: 26 Aug 2015

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Why we are focusing on this

The Ofsted report raised a number of concerns about the effectiveness of the leadership of Children's Services, as well as beyond; concerns about the level of monitoring by senior managers of policies and performance information; and the effectiveness of member scrutiny of those policies.

In addition to action taken to improve arrangements within Children's Services specifically (covered elsewhere in this improvement plan), this has led the council to take action to improve broader arrangements for governance and scrutiny as set out below.

Things we have already done

Improved governance arrangements:

- Ofsted updates have been a regular agenda item on the council's Statutory Responsibilities Network (SRN) – effective since the inspection commenced in November 2014 (details in minutes and actions).
- An additional SRN meeting has been held to welcome critical friend challenge during the development of the improvement plan – 13 Aug 2015 (details in minutes and actions).
- The statutory annual governance statement was amended following publication of the Ofsted report to draw attention to the findings and the establishment of the Improvement Board to provide oversight of the improvement programme. This annual governance statement was formally approved by the Audit and Governance Committee on 29 July 2015 and has subsequently been included in the council's published statement of accounts and annual report.

- A deputy chief executive position was created in June 2015 with the statutory director of Children's Services (DCS) responsibilities – the People Performance and Development Committee will review these arrangements in November 2015 (details in papers and minutes of People, Performance and Development Committee 26 June 2015).
- Following publication of the Ofsted report the council's external auditor (Grant Thornton) carried out specific investigations and interviews with key leaders (chief executive, director of Children's Services, section 151 officer) before including reference to the Ofsted inspection in their annual audit of the council's accounts for 2014/15 in July 2015. Whilst this audit conclusion was a 'modified value for money opinion', it also concluded that it was satisfied that the areas of leadership concern were not symptomatic of more wide-spread failings across the council (details in papers and minutes of Audit and Governance Committee 29 July 2015).

The council's Strategic Risk Forum (chaired by the director of finance) provides the strategic leadership and challenge to ensure that all services identify their key risks. The forum

meets regularly (approximately every two months) and has noted an improvement in the focus on the directorate risk register within the Childrens, Schools and Families Directorate since the Ofsted inspection. Whilst helpful, further ongoing focused attention is required (details in minutes of Strategic Risk Forum).

- The Surrey Social Care Services Board (SSCSB) receives a range of reports to help it seek assurance that the council is fulfilling its role as lead safeguarding authority including:
 - o Surrey Safeguarding Children Board (SSCB) annual report.
 - o Corporate Parenting Board annual report.
 - o Children's Services complaints annual report.

In addition it has a mechanism for escalating internal audit reports with one or more high priority recommendations.

- A wider distributive leadership approach has been growing in the council over the last 18 months, evidenced by:
 - o the recent focused attention of the role of the extended leadership team (ELT) in providing strategic direction to the council - current and ongoing.
 - o the introduction of leadership networks: specifically the Continual Improvement

Network (CIPN) and the New Models of Delivery Network (NMOD) have increased the level of challenge to existing ways of operating.

- o The expansion of the Higher Performance Development Programme (HPDP) since September 2013 specifically aimed at equipping senior officers to have 'difficult' conversations and challenge poor behaviours.

Improved scrutiny arrangements:

- There are changed roles and responsibilities within the council's cabinet in relation to Children's Services (and others). These changes have been effective from 19 May 2015 (details in county council papers and minutes 19 May 2015). In particular there is a new statutory lead member for Children's Services (Councillor Linda Kemeny) and a new lead member for Children, Families and Wellbeing – both roles have updated role profiles.
- The member scrutiny arrangements for all council services have been refreshed since the full county council meeting on 19 May 2015, to enhance the status and quality of the scrutiny function across the council. In particular there is a new Surrey Social Care

Services Board (SSCSB), with a new chair – independent of Children’s Services. This board has met twice and has discussed member training needs and received a briefing shortly after the publication of the Ofsted report. (Agendas, minute available for meeting 25 June 2015).

- These scrutiny boards are supplemented by performance and finance sub-groups that meet in private – enabling more thorough challenge – and will provide quarterly updates to the formal public board.

The Cabinet has agreed to set its draft budget for the council for 2016/17 earlier than usual i.e. the end of November 2015 rather than early February 2016, specifically to enable more rigorous and public scrutiny of the budget proposals ahead of the final budget setting in February 2016 and to enable officers to more effectively plan implementation of required actions. (Owner: director of finance, 24 November 2015).

What we will do next

- An additional meeting of the council’s Governance Panel (chaired by the monitoring officer) is planned for September/October that will focus on reviewing the improvement plan and identifying whether further actions are appropriate.
- The Scrutiny Board will be receiving a bi-annual report from the Children’s Services’ quality assurance team about work undertaken, key findings and how they’ve been used to drive improvements in the quality of social care practice.
- The council has an accredited member development programme in place (Charter Plus). Corporate parenting training will be a mandatory requirement for members of the Social Care Services Board. We will be offering further induction for Social Care Services Board members who have not had much prior experience of Children’s Services (Responsible officer: head of democratic services. Dates: Oct-Dec 2015). There will be additional independent training for members around scrutiny and Children’s Services.

- The Scrutiny Board will place greater emphasis on independent reporting lines, with a meeting between the principal social worker and chairman and vice-chairman happening on a bi-annual basis.
- Officers propose to guide members of the Social Care Services Board on enhanced key performance indicators that are specifically designed to highlight early sight of any adverse variations in the delivery of Children’s Services (Responsible officer: deputy director of Children, Schools and Families Directorate. Date: Oct-Dec 2015).
- The Strategic Risk Forum will continue to monitor the review of all service and directorate risk registers and report monthly to the SRN on timeliness of these reviews (Responsible owner: director of finance, monthly to Statutory Responsibilities Network).

Annex 2

Recommendations from Ofsted.

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Recommendations from the Ofsted inspection of services for children in need of help and protection, children looked after and care leavers

Priority and immediate action

Leadership, management and governance

1. Undertake an immediate review of unallocated cases held by assistant team managers and ensure that these children receive appropriate services.

2. Review all cases stepped down to team around the family service and targeted services since the reconfiguration in March 2014 and take necessary action to ensure that these children are safe and receiving appropriate services.

3. Review all cases where children have been identified as at risk of child sexual exploitation and ensure services are in place to minimise risk and provide effective support.

4. Review the early help, multi-agency levels of need to ensure that children receive the required level of support and protection based on need and risk.

5. Review the management, effectiveness and accountability arrangements of the missing and exploited children's conference (MAECC) to support a coordinated response across the partnership.

6. Ensure that when children return after going missing from care they are offered a visit by an independent person to explore the reason they went missing, and that suitable plans are put in place to help keep them safe.

Management oversight of quality of practice

7. Ensure that children assessed as in need can access an appropriate range of support services, including, support and intervention by qualified and experienced social workers. Ensure that all children in need have plans and that the quality of plans supports purposeful intervention.

8. Ensure the effectiveness of management oversight within the referral, assessment and intervention service (RAIS) so that poor practice is consistently identified and challenged.

9. Ensure that core groups effectively develop and monitor the delivery of child protection plans in meeting children's needs and in reducing risk.

10. Improve the timeliness and quality of assessments to inform analysis, planning and intervention.

11. Ensure that chronologies are fit for purpose and are updated to reflect the history of individual cases to inform assessment, including risk assessment, and planning for children and young people.

Areas for improvement

Training

12. Ensure that professionals, including partners, who work with children who may be at risk of child sexual exploitation have the necessary skills to recognise risk factors and to act effectively on alerts to risk.

Assessment and care planning for looked after children

13. Review the level of risk to children who have been on child protection plans for more than 18 months to establish the impact of current intervention, including the effective management of risk.

14. Improve the consistency of planning for children where the decision is for them to become looked after, so that delay is avoided.

15. Improve service planning through the clear analysis of trends in adoption and special guardianship orders.

16. Implement the draft recruitment strategy for adoption, to strengthen further the current provision of adoption placements to meet local need.

17. Increase the timely use of family group conferences in planning for permanence, so that all suitable family and friends are considered earlier in the assessment process.

18. Improve the quality of assessments and plans, including pathway plans, so that they consistently identify need and clearly specify actions and timescales.

19. Improve the timeliness and quality of health assessments for looked after children.

20. Ensure that all looked after children have good quality personal education reflect children's views and academic goals for the future.

Care leavers

21. Increase the number of care leavers over the age of 19 who participate in education, employment or training.

22. Ensure that all care leavers have access to their health history so that they are able to manage their own health in the future.

Performance information

23. Improve the arrangements for joint working in the identification, collation and analysis of performance information relating to children missing from care and home and at risk of child sexual exploitation, so that the local authority can effectively use information across the partnership to drive improvement.

24. Improve understanding of the profile of children who are home educated, including those with a history of social care involvement.

Review of Principal Social Worker Role

25. Review the arrangements for the Principal Social Worker position to ensure its independent function and effectiveness.

Annex 3

Glossary of professional terms.

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Glossary

Below is a list which provides short explanations of all the acronyms and professional terms in this plan.

Term	Short description
Child and Adolescent Mental Health Services (CAMHS)	Surrey CAMHS is a partnership between Surrey County Council (SCC), Surrey Clinical Commissioning Group (CCG) Collaborative, Surrey and Borders Partnership (SABP) NHS Foundation Trust, and voluntary organisations. The service promotes emotional well-being and delivers preventative services and treatment to children and young people with mental health problems.
Child Protection Plan (CPP)	A Child Protection Plan will be drawn up for a child following an Initial Child Protection Conference attended by all professionals involved with the child. The Plan will outline risks, tasks, actions and outcomes needed to safeguard the child.
Child sexual exploitation (CSE)	Is a type of sexual abuse in which children are sexually exploited for money, power or status. Some may be trafficked into or within the UK. They may also be groomed online.
Children in need (CIN)	S17 Children Act 1989- a child who is unlikely to achieve, maintain or have the opportunity to maintain a reasonable standard of health or development without the provision of services.
Corporate Parenting Board	The Surrey Corporate Parenting Board co-ordinates and oversees the work undertaken with looked after children in Surrey to make sure that they are in appropriate placements and receive the same opportunities as their peers. The Corporate Parenting Strategy explains how this is done.
Looked after children (LAC)	A child who is subject to a Care Order made by the Family Courts or where the Local Authority is looking after a child with the agreement of or in the absence of their parents.
Missing & Exploited Children's Conference (MAECC)	The Area multi-agency MAECC meetings are held monthly and discuss individual children/young people who are regularly going missing and/or are at risk of child sexual exploitation (CSE).
Multi Agency Safeguarding Hub (MASH)	The MASH is a team of Children's Services social workers and Police staff who responds to initial enquiries regarding children and young people as a result of Police involvement with the child or their family.
NEET	Young people who are not in Education, Employment or Training.
Open cases	Cases which have been opened to Surrey Children's Service and have an allocated social worker.

Principal Social Worker	The role of Principal Social Worker is to be directly involved in frontline services and to create a clear line of communication between frontline staff and senior management, championing best practice and encouraging a “reflective approach” to social work. The Principal Social Worker will also offer support and assurance to the Director of Children’s Services.
Restorative justice	Restorative justice enables victims to meet or communicate with their offender to explain the real impact of the crime. Restorative justice can be used anywhere to prevent conflict, build relationships and repair harm by enabling people to communicate effectively and positively.
SEND	SEND (Special Educational Needs & Disabilities) service ensures sufficient good quality education and training provision for young people aged 16-25 with Special Educational Needs.
Social pedagogy	Social pedagogy is an approach to caring for children which combines education and care, emphasising that bringing up children is the shared responsibility of parents and society. A key principle is that the child is in charge of his or her own life, and the social pedagogue works alongside them rather than dictating to them.
Supervision	Supervision is a process whereby a manager meets regularly with a staff member to monitor their casework and review their workload, discuss personal development and training, ensure reflective discussion of cases with particular difficulties and to provide support and guidance.

Feedback

If you have any thoughts or views on this plan or how well we are progressing please do contact us. You can email **Julie Fisher**, Director of Children's Services at **julie.fisher@surreycc.gov.uk**

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Social Care Services Board
30 October 2015

Surrey Safeguarding Adults Board Annual Report 2014 - 2015

Purpose of the report: Performance Management

The Surrey Safeguarding Adults Board (SSAB) produces an Annual Report which sets out what the Board has done to achieve its main objective and to implement its strategic plan. This is presented to the Board today, along with information on recent changes for the Board brought about by the Care Act .

Introduction:

1. The 2014-15 Surrey Safeguarding Adults Board Annual Report is attached at Annex A.
2. In April 2015 Safeguarding Adults Boards became statutory when the relevant sections of the Care Act 2014 were introduced.
3. In this reporting period (2014-2015), there was no statutory duty to produce an Annual Report, however, in all future years this will be statutory following the Care Act.
4. Members may wish to note the statutory guidance of the Care Act cites responsibilities for Local Authority members at sections 14.193 and 14.194 (Annex B).

Safeguarding adults responsibilities

5. The SSAB helps and protects adults in Surrey who have care and support needs and who are experiencing, or are at risk of, abuse or neglect.
6. The Board ensures there are effective processes in place to prevent and respond to abuse and neglect, raises awareness of the importance of

safeguarding through publicity campaigns and has a multi-agency training programme in place to give staff the right skills to safeguard adults.

7. People who use services, Surrey's carers groups, disability groups and older people's groups are represented on the Board and it's sub-groups. This ensures the Board hears from people who have experienced safeguarding and from other User Led Organisations.
8. A full breakdown of the organisations who make up the membership of the Board can be found in Annex A, page 23.
9. The Board's key priorities are:
 - Achieving good outcomes for adults at risk and carers
 - Responding to reported abuse
 - Leadership
 - Safeguarding Adults Board (effectiveness of the Board)
 - Safeguarding Adults Reviews: Serious Case Reviews (SCR), Multi Agency Reviews (MAR) and Reviews undertaken by other Boards/Partnerships
 - Personalisation (making safeguarding more effective from the point of view of the person being safeguarding)
 - A Competent workforce
10. The SSAB was a voluntary arrangement during this reporting period. It has been in place in Surrey for more than 10 years and is chaired by a person who is independent of all agencies on the SSAB. SSAB has an Annual Strategic Plan and reports each year on the delivery of that plan. It has a number of sub-groups that lead on delivery of actions and all of these groups comprise a multi agency membership. These groups are set out in more detail in the Appendices of the Annual Report.

Conclusions:

11. The next year will be one of significant development for the SSAB and for safeguarding adults.
12. The SSAB has been preparing for this important change for some time. In particular the SSAB will be seeking to raise its profile so its work is seen along side that of the Surrey Safeguarding Children's Board. It will be putting in place a pooled partnership budget to support joint responsibility and will be strengthening the support of the SSAB with a new position of Board Business Manager and a Quality Assurance Manager.

Recommendations:

13. It is recommended that the Board:
 - a) Notes the contents of the Annual Report and the work of the Safeguarding Adults Board over the past year.

Next steps:

14. The Annual Report will be made available to all member agencies of the Board and the public.

Report contact: Vernon Nosal, Interim Strategic Head of Safeguarding and Quality Assurance

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Sources/background papers:

- Annex A – Surrey Safeguarding Adults Board Annual Report 2014-15
- Surrey Safeguarding Adults Board Strategic Plan 2014-2015
- Care Act 2014: statutory guidance for implementation
<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>, Safeguarding – Section 7, pages 229 – 280
- Annex B - Details of responsibilities for elected members in relation to safeguarding adults.

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Surrey Safeguarding Adults Board

Annual Report 2014 – 2015



Surrey Safeguarding Adults Board

Annual Report 2014 – 2015

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

Foreword by the chair of the Board

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



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

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

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

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

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

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

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

A handwritten signature in black ink, appearing to read 'S. Turpitt', written in a cursive style.

Simon Turpitt
Independent Chair, Surrey Safeguarding Adults Board

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Overview of Surrey

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

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

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

Safeguarding – the national context

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

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

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

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

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

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

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

6 KEY PRINCIPLES OF SAFEGUARDING ADULTS



The role of Surrey Safeguarding Adults Board

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

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

Case Study

Raising awareness of safeguarding with carers and University staff

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

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



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

Surrey Safeguarding Adults Board Key Priorities

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

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

Case Study

Working with GPs to raise awareness of safeguarding adults.

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

Areas of good practice & areas for improvement

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

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

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

Partnership

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Achievements: The Board has 4 sub-groups and 4 Local Safeguarding Adults Groups and the chairing of these groups has seen greater involvement and is now shared by different agencies of the Board. At the start of the year the Board was funded by just one agency, Adult Social Care, however, during the year agencies agree that from 2015-2016, a pooled budget will be in place so that many agencies will be making a financial contribution to the Board and improving engagement and governance . This is a positive reflection of agencies active support of the Board.

Challenges: There are many pressures on agencies. This includes financial pressures as budgets are reduced, pressures in retaining and recruiting staff due to the vibrant economy in Surrey and there are many different partnerships that agencies need to engage with. The Board will continue to work together to support agencies work better together to meet the needs of adults at risk and carers.

Accountability

Accountability and transparency in delivering safeguarding.

Achievements: Board members have demonstrated an openness with the Board and accountability for their own agencies delivery of safeguarding. In particular, Board agencies completed a self assessment audit of their adult safeguarding and attended a 'Challenge and Support' event to share issues. ASC invited a Peer Review team to check what is working well in Surrey including safeguarding and where improvements can be made and have been implementing the findings from that review. The Peer Review team included meeting with Board agencies and the Independent Chair. The Team were overall very positive and complimentary about the Board however there were some actions that were felt could improve our effectiveness. They recommended the Board reconsider 'the agendas, make up and funding of the Board to ensure balance between partner organisations'. This has been implemented as part of the developments in relation to the Care Act (please see the section on 'Plans 2015-2016' for further information) Board members have agreed the introduction of a new multi-agency Performance Framework with data being submitted by all statutory agencies.

Challenges: The Board has not had a Quality Assurance Manager to support the analysis of ASC data that was submitted to the Board. The development of this as a new role will take place and will be funded by the pooled budget. Until that Manager is in post, the Board has very limited capacity to analyse the data. The next year will be the first year when the Board has had a multi-agency Performance Framework and this has occurred at the same time as the Care Act has brought in significant changes to the way safeguarding is responded to. It will be a challenge for the Board to analyse what the new data means for safeguarding in the first few months of the new financial year.





Case Study

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

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

Delivery against the Action Plan

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

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



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

Strategic Plan Actions 1 & 2



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

Strategic Plan Action 3



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

Strategic Plan Action 4



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

Strategic Plan Action 5

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



- Mental Capacity Act – this had been raised in recent Serious Case Reviews in Surrey and had been subject to significant national change following a Court ruling relating to Deprivation of Liberty Safeguards. The Board planned a multi agency event to support all agencies (whether Board members or not) fully understand and implement the legislation. The event was held in April 2015 and will be reported on in the Annual Report for that year. SSAB will continue to support agencies fully implement the Mental Capacity Act through training and dissemination of news and guidance.

+

**Actions in
2015-2016**

- Care Act – SSAB members received regular updates on the Care Act and how safeguarding adults must change. This included the Department of Health lead on Social Care attending the Board meeting in September to update members on the imminent legislation prior to the publication of the statutory guidance in October. Further action is planned for the next year with SSAB members undertaking an evaluation of their compliance with the Care Act and all the Board's policies and procedures being revised.

Strategic Plan Action 6



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

Strategic Plan Action 7



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

Strategic Plan Action 8



**Actions in
2015-2016**

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

Strategic Plan Actions 9, 10 & 11



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

Strategic Plan Actions 12 & 13



**Actions in
2015-2016**

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

Strategic Plan Action 14



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

Strategic Plan Actions 15, 16 & 17



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

Strategic Plan Action 18



+
**Actions in
2015-2016**

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

Strategic Plan Action 19



+
**Actions in
2015-2016**

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

Strategic Plan Action 20



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

Strategic Plan Actions 21 & 22



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

Strategic Plan Action 23



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

Strategic Plan Action 24

Case Study

Safe Places scheme in Woking town centre



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

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

Serious Case Reviews

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

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

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

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

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

The Board published 2 Serious Case Reviews in this period:

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

Both are available from the Board's webpages.

Priorities for 2015-2016

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

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

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

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

Plans for 2015-2016

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

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

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

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

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

Appendices

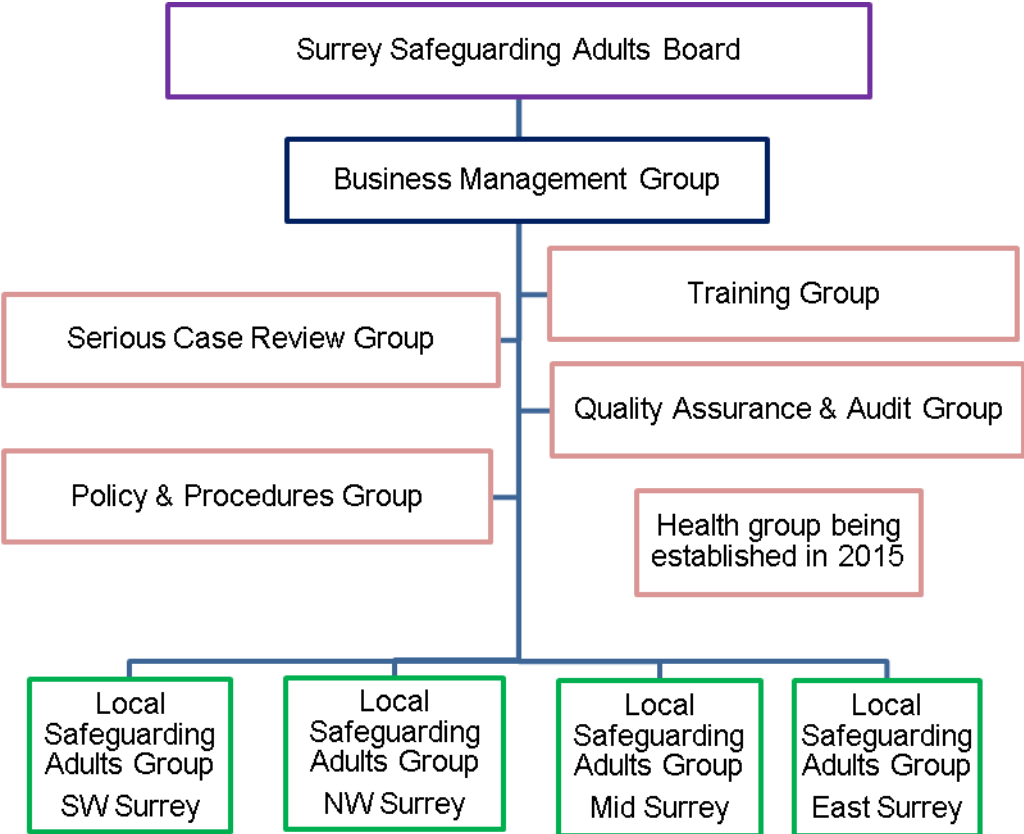
Appendix A – The Board: Organogram illustrating the structure of the Board, SSAB Terms of Reference and membership of the Board.

Appendix B – Safeguarding data

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

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

SSAB Organogram.



SURREY SAFEGUARDING ADULTS BOARD

TERMS OF REFERENCE

Policy statement

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

The terms of reference for the Board are:

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

Reporting and accountability

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

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

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

The annual business plan will reflect:

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

SSAB Membership

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

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



Safeguarding Adults Data

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

Background

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

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

Definitions - Safeguarding Alert

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

Definitions - Safeguarding Referral

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

What the data tells us about safeguarding in Surrey

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

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

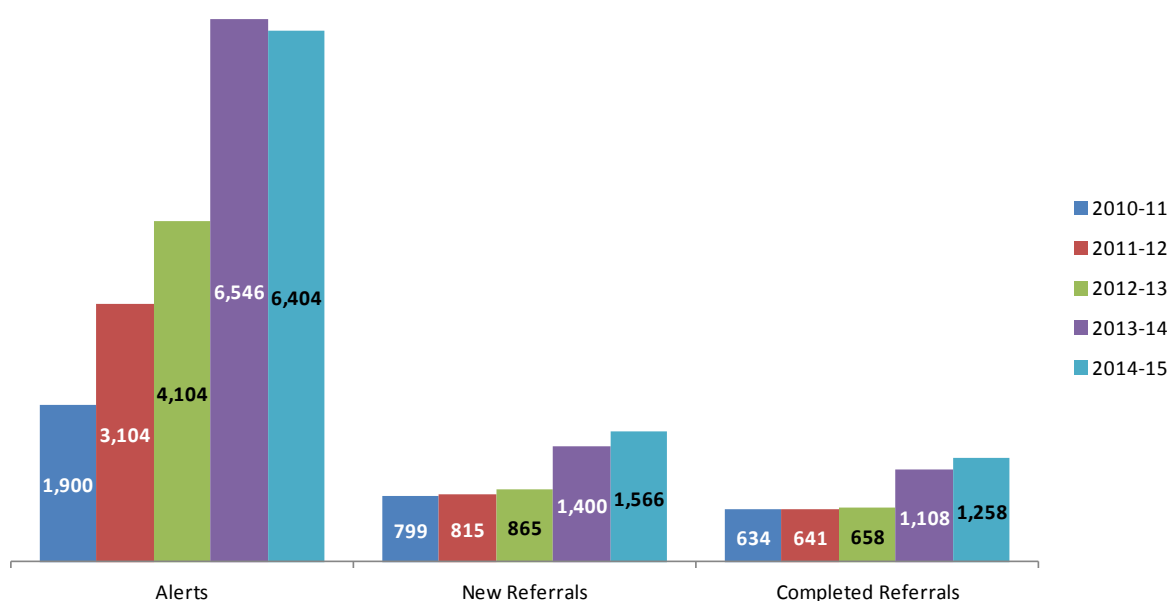
When Adult Social Care receives the alert they undertake two assessments. The first is a risk assessment for the adult who is being, or may have been, abused and the second is an assessment of the alert itself to see if it meets the threshold of intervention for further safeguarding activity. If the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

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

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

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

Number of Safeguarding Alerts, New Referrals and Completed Referrals



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

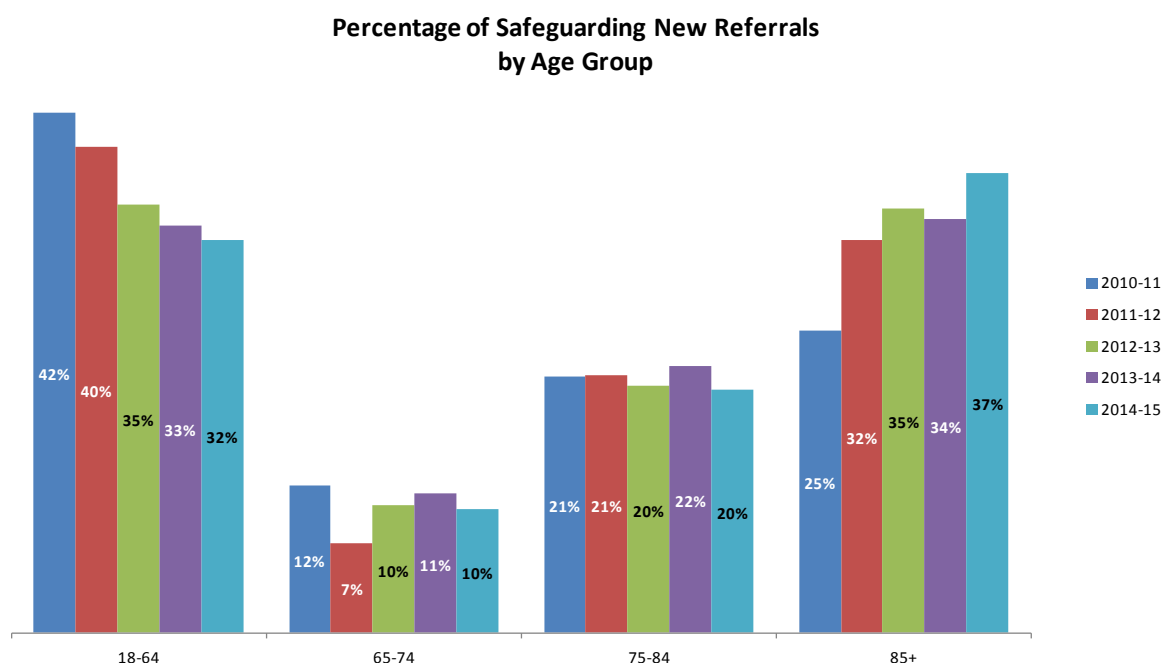
- In 2014-15 6,404 Alerts were received. This was a slight decrease compared with 2013-14 (6,546 Alerts).
- 1,566 Safeguarding Referrals were received in 2014-15 and this represented an increase of 12% compared with 2013-14.
- The decrease in Alerts and increase in Referrals means that the proportion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

Referrals by Gender

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

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

Referrals by Age Group



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

Referrals by Primary Support Reason and Age Group

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

- There has been a small decrease in the proportion of vulnerable adults in both the 18-64 and 65+ age groups whose primary support reason is Physical Support. Taking Physical Support and Sensory Support together, there was still a decrease of 2% for both age groups when compared with 2013-14.

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

Referrals by Ethnic Group

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

- There has been no significant change in the ethnic breakdown of vulnerable adults for the last two years. In 2014-15, 95% of alleged victims were from the white ethnic group, as they were in 2013-14 and 2012-13. This is 5% higher than the percentage in the general population in Surrey.

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

Source of Referral

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

Source of Referral	2010-11	2011-12	2012-13	2013-14	2014-15
Social Care Staff - Total	39%	40%	44%	35%	36%
Health Staff - Total	15%	19%	18%	24%	26%
Self Referral	4%	2%	2%	1%	2%
Family member	9%	7%	9%	6%	6%
Friend/neighbour	1%	0%	1%	1%	1%
Other service user	0%	0%	0%	0%	0%
Care Quality Commission	3%	4%	2%	1%	1%
Housing	3%	1%	1%	1%	1%
Education / Training / Workplace	2%	0%	1%	1%	1%
Police	15%	14%	12%	25%	19%
Other	10%	11%	11%	6%	6%

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

Nature of alleged abuse

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

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

Location of alleged abuse

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

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

- In 2014-15, 40% of referrals were alleged to have occurred in a care home. This has not changed significantly since 2011-12 and represents only a 1% increase since last year. 92% of those were in permanent residential or nursing homes and 8% in temporary placements.
- The proportion of referrals alleged to have taken place in the individual's own home (32%) has also not changed significantly since 2011-12.

- There was a 5% decrease in the proportion of referrals alleged to have occurred in supported accommodation. In contrast there was a 5% increase in the proportion alleged to have occurred in a public place.

Source of Risk

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

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

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

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



Appendix C – Raising awareness of safeguarding publicity campaign

Details of raising awareness of safeguarding publicity campaign summer 2014

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

Highlights

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

Target audience

- Older people
- Carers and families.

Objectives

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



Strategy and tactics

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

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

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

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

Campaign impact

Social media

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

Web statistics

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

Independent evaluation

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





Surrey Safeguarding Adults Board Annual Plan 2014-2015

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

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

Vision

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

The Strategic Plan

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

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

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

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

Annual Action Plan

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

Guiding Principles

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

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

Accountability

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

SSAB Action Plan 2014-2015

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

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

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

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

Action	Key Priority	Owning sub-group or Board member & start date
<p>15. Safeguarding Communications Strategy</p> <p>Develop and implement a multi-agency communications strategy in relation to safeguarding, making use of social media.</p>	3, 4 & 7	<p>Start date: 1/4/14</p> <p>Ownership: Communications Team</p>
<p>16. Communication of Board's activity</p> <p>To maintain the visibility of the Board through existing communications channels, ensuring the Board's webpages and newsletters contain up to date and relevant information.</p>	3 & 4	<p>Start date: 1/3/14</p> <p>Ownership: Board Admin</p>
<p>17. Working with self-funders and hard to reach groups</p> <p>To identify and undertake activities to raise awareness of adult safeguarding with:</p> <ul style="list-style-type: none"> i) people who do, or who may, fund their own or another's care; ii) people who have characteristics that make them less willing or less able to engage with statutory services. 	7	<p>Start date: 1/4/14</p> <p>Ownership: BMG and local Safeguarding Adults Groups</p>
<p>18. Serious Case Reviews (SCR), Multi Agency Reviews (MAR) and Reviews undertaken by other Boards/Partnerships</p> <p>18a) Review the Board's SCR & MAR Protocol to ensure the Protocol incorporates all relevant requirements from the Care Act and guidance.</p>	2,3 & 5	<p>18a) Start date: 1/2/15</p> <p>Ownership: SCR</p>
<p>18b) Review the Board's SCR & MAR Protocol to ensure the outcomes are as expected when it was revised in February 2014</p>	2,3 & 5	<p>18b) Start date: 1/2/15</p> <p>Ownership: SCR</p>

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

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

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Annex B – Extract from the Care Act Statutory Guidance

Whilst the safeguarding duties set out in the Care Act 2014 were not in place at the time of this reporting period, elected members may like to be aware of the responsibilities that have been set out in the statutory guidance, as follows:

14.193. Local authority members need to have a good understanding of the range of abuse and neglect issues that can affect adults and of the importance of balancing safeguarding with empowerment. Local authority members need to understand prevention, proportionate interventions, and the dangers of risk adverse practice and the importance of upholding human rights. Some SABs include elected members and this is one way of increasing awareness of members and ownership at a political level. Others take the view that members are more able to hold their officers to account if they have not been party to Board decision making, though they should always be aware of the work of the SAB. Managers must ensure that members are aware of any critical local issues, whether of an individual nature, matters affecting a service or a particular part of the community.

14.194. In addition, Local Authority Health Scrutiny Functions, such as the Council's Health Overview and Scrutiny Committee, Health and Wellbeing Boards (HWBs) and Community Safety Partnerships can play a valuable role in assuring local safeguarding measures, and ensuring that SABs are accountable to local communities. Similarly, local Health and Wellbeing Boards provide leadership to the local health and wellbeing system; ensure strong partnership working between local government and the local NHS; and ensure that the needs and views of local communities are represented. HWBs can therefore play a key role in assurance and accountability of SABs and local safeguarding measures. Equally SABs may on occasion challenge the decisions of HWBs from that perspective'.

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Social Care Services Board
30 October 2015

**Care Act 2014: Review of phase one (1 April 2015)
implementation and briefing on the status of the phase two
reforms**

Purpose of the report: Policy Development and Review

To review Surrey County Council's implementation of the first phase of the Care Act reforms, which passed into law on 1 April 2015. To update the Committee on the status of the second phase of the Care Act reforms, which were originally due to pass into law on 1 April 2016.

Introduction

1. The Care Act received royal assent in May 2014. It is split into multiple parts, with Part One focussing on adult social care reform. Part One has three core aims:
 - Create an adult social care legal framework that is clear and easy to navigate
 - Bring adult social care law up to date to reflect a focus on the outcomes that people want, rather than their disabilities, and to put individuals in control of their lives
 - Address areas of unfairness in the adult social care system
2. Part One of the Act replaces over 30 pieces of existing legislation and as such marks the biggest change to adult social care law since the repeal of the poor laws in 1948.
3. The Act was due to be implemented in England in two phases. The majority of the changes (phase one) passed into law in April 2015. Major adult social care reforms to funding and appeals (phase two) were due to be implemented in April 2016. Annex 1 lists all the Part One reforms and when they were/are due to be implemented.
4. Surrey County Council's 'Care Act' project was formally established in October 2013 to plan and deliver the implementation of both phases. The project was hosted within the Adult Social Care (ASC) Directorate,

although it drew on support from colleagues across the Council and was steered by the independently chaired Care Act Implementation Board.

5. At its height, the Care Act project was one of the largest change programmes underway in ASC, and was recognised in 2015/16 as one of the Directorate's top five priority actions to support the achievement of the Council's strategic goals of wellbeing, economic prosperity and resident experience
6. The Council's Care Act project successfully coordinated the implementation of the April 2015 changes. Work was underway to plan for the implementation of the April 2016 reforms when on 17 July 2015 the Government announced that the implementation of the second phase of the reforms would be postponed. Some of the biggest funding reforms are now not due to be introduced until April 2020.
7. As a result of the postponement the Care Act Project Board agreed that the ongoing focus should be on ensuring the phase one reforms are properly embedded within the Directorate. This work is led by a member of the Adults Leadership Team (ALT), to which progress is reported every month.
8. Detailed planning for the second phase reforms has been placed on hold pending further information from Government on what the future Care Act implementation requirements will be. Where useful and appropriate, the work which was already underway to support the implementation of the phase two reforms now continues through different ASC projects.
9. In light of the above, the Care Act Project Board formally agreed to dissolve itself and close the Care Act project in August 2015.
10. The first part of this report reviews the Council's planning for the first phase of the reforms and the ongoing work to embed these. The second part of this report provides a more detailed update on the postponement of the second phase reforms and its implications for the Council. The report finishes with a summary of the financial implications for Council.

Project objectives and approach

11. Due to the effectiveness of the transformational change programme that has run in ASC since 2010, including the rollout of personalisation, implementation of successive carers' strategies, and more recently the Family, Friends and Communities programme, the Council already had a strong foundation from which to respond to the requirements in the Care Act.
12. However, the first phase of Care Act reforms still brought some significant implementation challenges. These included:
 - The introduction of a new set of national eligibility criteria

- The extension of adult social care responsibility to include prisoners residing in Surrey. Surrey has one of the highest prison populations in England
 - Rolling out “making safeguarding personal”, a fundamentally different approach to responding to and managing safeguarding alerts
 - New universal duties concerning the promotion of residents’ wellbeing, prevention, the provision of information and advice, and market management and commissioning
 - The extension of legal rights for carers and young carers, to be on the same par as vulnerable adults who receive support
13. These challenges were exacerbated by the tight implementation timescales imposed by Government. The final regulations and guidance for the April 2015 changes were only published in October 2014, although earlier drafts had been circulated beforehand by Government for consultation. This gave local authorities limited time within which to analyse, plan and respond to the detailed requirements.
 14. In the spring of 2014, a set of “Care Act implementation principles” were drafted and consulted upon with staff, partners, residents and carers. The final agreed principles, approved by the Care Act Implementation Board, guided the project approach.
 15. The project followed a Council ‘One Team’ philosophy in order to draw on the skills and expertise of officers beyond ASC. Project implementation was managed through a corporate Care Act Project Board chaired by the Strategic Director for ASC. The project was advised by the Care Act Implementation Board, a multi-agency strategic forum with the Council’s key partners.
 16. Throughout the lifetime of the project, Council officers and elected members played an active role in the development of the Care Act regulations and guidance at a national level. This included participation in national working groups and by taking an active role in national bodies influencing the Government on the Care Act, including the Association of Directors of Adult Social Services (ADASS) and the County Councils Network (CCN). This helped to give the Council “early sight” of some of the detailed requirements, and on occasion enabled the authority to influence the final regulations and guidance.
 17. On 24 August 2015, a Care Act lessons learned session was held, with approximately 20 people directly involved in the project in attendance. This helped to clarify what had worked well within the project, what could have worked better and where further work was required. Areas that emerged as best practice from the project included: effective engagement, positive relationship building and strong project management. Output from the session fed into the Care Act Project Closure Report which can be used to inform future projects.

April 2015 reforms: achievements

18. The Care Act project team oversaw the delivery of a wide variety of different pieces of work to ensure ASC was compliant with the April 2015 legal requirements.
19. Close engagement with residents, partners and staff was also integral to the success of the project. Some of the bigger engagement activities included:
 - Attending over 100 local partnership groups, forums, staff meetings and partner networks to deliver briefings and host gather feedback
 - Hosting two major Care Act events to help inform Surrey's implementation plans, which were attended by approximately 250 people from 100 organisations
 - Writing to 6,400 people in receipt of non-residential chargeable services on proposed changes to ASC's charging policy
 - Attending the ASC Select Committee on two occasions, hosting three member briefings, attending the local committee chairs' group, and writing out to all elected members and M.P.s to brief them on the key Care Act changes
 - Organising and delivering a "roadshow" on the key changes to all ASC frontline teams, in total delivering almost 30 sessions
 - Drafting and issuing regular communications through e-brief, partner organisations newsletters and on the Council's website, including a 100-day "final countdown".
20. The Internal Audit Team carried out an audit of Care Act implementation in early 2015. The report, published in April 2015, found the preparations 'effective' and made no recommendations for improvement.
21. A further, unanticipated project outcome was the improvement in the Council's national profile within the Department of Health, Association of Directors of Adult Social Services (ADASS), County Council's Network (CCN) and among other local authorities. Surrey is regarded as a national source of best practice regarding Care Act implementation in several areas, including its financial modelling of the potential impact of the funding reforms, its work on policies and guidance, its project management approach, and its work with partners to pilot "trusted assessments".

April 2015 reforms: embedding the changes

22. It was acknowledged at the start of the project that, due to the scale of the changes and limited implementation time, ongoing work would be required after April 2015 to embed the spirit of the Care Act in operational practice and strategic commissioning. It was also recognised that the development of case law over time may require ASC to amend its implementation arrangements.

23. The “Care Act: embedding the changes” group oversees much of ASC’s ongoing work to build on the implementation of the April 2015 reforms. It is also responsible for reviewing the effectiveness of new arrangements put in place in April 2015, to check whether they are providing the best VFM outcomes for residents. Its work-plan was informed by a series of ‘action learning sets’ with frontline social care staff and managers in May and June 2015. The current focuses of the group include:

- Embedding the “making safeguarding personal” changes to ensure frontline social care staff are following a person-centred approach. This includes running an ongoing staff training plan and reviewing and updating procedures and guidance in light of their application and staff feedback
- Commissioning an independent sector expert to evaluate the effectiveness of ASC’s new prisons service
- Ensuring staff can access guidance, training and procedures which support the new Act requirements. This includes rolling out new process pathways for young carers and rolling out bespoke self-assessment forms

2016/17 reforms: implications of postponement

24. A full list of the postponed second phase reforms is available in Annex 1. Of these, the most significant for the Council are the delay to April 2020 in the:

- Implementation of the cap on care costs
- The increase in capital thresholds for receiving local-authority funded residential and non-residential care
- Duty to meet the eligible needs of people who fund their own care in care homes

25. The most publicised aspect of the Care Act by national media, the cap will limit the total amount which people who fund their own care will pay towards their eligible social care needs to £72,000. It is intended to prevent people from incurring “catastrophic” care costs in later life. Along with the other changes above, its implementation was anticipated to have the greatest impact on the Council of all the Care Act changes, due to the high population of people who currently fund their own care in Surrey. These implications included:

- A requirement to assess potentially large numbers of additional people who currently fund their own care, which could have placed significant pressure on ASC’s workforce
- A requirement to source care for potentially large numbers of additional people who currently fund their own care
- Concerns about the impact on the provider care market and provider sustainability.
- Substantial accompanying changes to processes, procedures and training

It was anticipated that meeting the above would have placed additional financial pressures on ASC of up to £147million a year by 2020.

26. The Council had lobbied Government, including through ADASS and the CCN, for additional time and sufficient funding to meet these reforms. The length of the postponement, from April 2016 to April 2020, was a surprise as it had not previously been indicated to local authorities. Although a large amount work had been undertaken to plan for implementation in April 2016, much of this now informs ongoing work by ASC to ensure we are delivering a flexible, person-centred and value-for-money service to Surrey residents. This particularly includes:
- The development of online self-assessment of residents' needs and finances through the implementation of ASC's new caseload management system
 - Exploring the viability of commissioning alternative organisations, for example voluntary sector organisations, to undertake some assessments on ASC's behalf
 - Ongoing work to review ASC's resource allocation system for determining how residents' needs correlate to the degree of funding required to meet them
 - Informing the ongoing development of ASC's pricing strategy with providers
27. All other work has been archived, pending further information from Government on the requirements for April 2020. This will help to ensure a smooth start for any renewed project activity, over a longer and more manageable timeframe.

Financial implications

28. To meet the Care Act reforms, in 2015/16 the Council is due to receive:
- £7.2m of new burdens revenue funding from Government (£6.8m "Dilnot funding" and £0.4m "prisons funding")
 - £2.6m revenue funding from Surrey's Better Care Fund (BCF)
 - £0.9m capital funding from the BCF
29. The status of the new burdens revenue funding, which was also intended to support the Council to prepare for the phase two reforms, is unclear. Some of this money has already been received through regular monthly instalments.
30. The Council is fully committed against all of the above funding, to support implementation of the phase 1 changes.
31. Further announcements from Government clarifying the above are expected in the near future.
32. An announcement was anticipated in November 2015 as to how much funding the Council was due to receive to implement the second phase

of the Care Act reforms in 2016/17. In light of the postponement, it is expected that this funding will not now be forthcoming from Government.

Conclusions

33. A broad programme of change has been delivered to ensure the Council is compliant with the 2015/16 Care Act requirements. Ongoing work is underway to ensure these changes are properly embedded and that frontline social care staff are following the person-centred philosophy of the Care Act.
34. The 2016/17 reforms, which were anticipated to have the biggest impact on the Council, have been postponed. Where useful, some of the work to prepare for these reforms has been continued through other projects, particularly where it could help the Council to respond to the ongoing growth in demand for services.

Recommendations

35. It is recommended that the Board:
 - Reviews this report to assure itself that the Council has taken all reasonable steps to comply with the first phase of the Care Act reforms, and has taken an appropriate response to the postponement of the second phase reforms.

Next steps

36. Continue to embed the Care Act changes through the “embedding the Care Act” group which reports to the Adults Leadership Team, with a view to gradually merging this into business-as-usual practice.

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Sources/background papers:

- The Care Act 2014 legal statute is available online at: <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- The Care Act 2014 regulations and guidance are available at: <https://www.gov.uk/government/news/final-care-act-guidance-published>
- Department of Health factsheets on the Act are available at: <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>

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Annex One: Timing of Care Act Reforms

Phase 1: 2015/16 Care Act reforms
New duty to promote wellbeing
New duty to prevent needs for care and support
New duty to promote integration with health
New duty to provide information and advice; signpost to information and advice
New duty to promote diversity and quality in provision of services
New duty to co-operate with other council departments and partner organisations
New duties regarding independent advocacy
New duties regarding adult assessment, support planning and review process
New duties regarding carers' and young carers' assessments and services
New duties regarding ordinary residence, continuity of care and after-care in Mental Health services
New duties regarding charging, debt enforcement and deferred payments
New duties regarding direct payments
New duties regarding making safeguarding personal, provider failure and market oversight
New duties regarding prisons and approved premises
Reiteration of existing Continuing Healthcare duties
New duties regarding transition from children's services to adult's services
Reiteration of existing hospital discharge duties
New duties regarding registers of sight-impaired and disabled adults

Phase 2: 2016/17 Care Act reforms	
Reform	Status
<ul style="list-style-type: none"> • New cap on care costs (including care accounts, independent personal budgets) • Source residential care for self-funders upon request • Changes to first-party top-ups to support the cap • Rise in capital threshold for receiving local authority funding for residential care to £118,000, and to £27,000 for domiciliary care 	Implementation delayed from April 2016 to April 2020
<ul style="list-style-type: none"> • Duty to implement an appeals system 	Implementation delayed from April 2016 to TBC Decision expected following Government's national spending review in November 2015
<ul style="list-style-type: none"> • National "trailblazer" pilot of direct payments in care homes 	No change to previous plans A national evaluation expected by summer 2016

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Social Care Services Board
30 October 2015

Mental health crisis care concordat and mental health code of practice: an update

Purpose of the report: Policy Development and Review

This report is to update the Board on the improvements in practice made by partners for people experiencing a mental health crisis, since signing the mental health crisis care concordat. The report also provides information on the changes to the mental health code of practice.

Introduction

1. The vision of Surrey's mental health crisis care concordat is for all partners to work together to deliver a high quality response when people with mental health problems urgently need help.
2. A crisis care concordat delivery group has been established, building a strong partnership between Surrey County Council, Clinical Commissioning Groups (CCGs), Surrey and Borders Partnership NHS Foundation Trust (SABP), South East Coast Ambulance Service (SECAMB), Surrey Police, voluntary sector providers and service users and carers. This group meets bi-monthly and has driven forward a range of actions to improve the response to people experiencing a mental health crisis.
3. The [mental health code of practice](#) was revised in 2015. It safeguards patients' rights, ensures compliance with the law and must be considered by health and social care professionals. The Code is used for patients in hospital and those in the community, their families, carers and advocates. It is there to help make sure that anyone experiencing mental disorder and being treated under the Mental Health Act (1983) gets the right care, treatment and support.

Mental health crisis care concordat

4. There has been substantial progress since all agencies signed up to the Surrey mental health crisis care concordat last year. We received a letter of acknowledgement and praise from Rt Hon Norman Lamb recognising us as being the second in the country to have achieved both a declaration and action plan of a comprehensive standard. Key achievements are illustrated below:

4.1 **Successful bids for funding:** Surrey County Council and partners (SABP, Surrey Police, CCGs and SECAMB) received £1.5 million of Transformation Challenge Award funding to pump prime developments to support mental health crisis care. This includes development of local 'safe haven cafes', a single point of access for mental health crisis care and support for carers. Children, Schools and Families also had a successful bid to the Social Innovation Fund, receiving £730,000 to provide an out of hours assessment and support service and two respite beds for young people in mental health crisis: the extended HOPE service. Surrey Police also successfully bid for £100,000 funding for a call centre pilot.

4.2 **Establish co-location, information sharing and integration opportunities for mental health within the public access services (111/999) as a first step to the 24/7 single point of access:** A successful pilot of mental health staff in the police call centre has been supported and extended to a 7 night week service. An action plan of developing integrated communication and pathway between 111 and SABP has been agreed. There have been further actions related to this area that have demonstrated achievements such as the ambulance service now operating a response within an hour for people needing to be conveyed for a mental health assessment when subject to a Section 136 (Section 136 of the Mental Health Act enables the police to remove someone from a public place to a 'place of safety' for further assessment, if suffering from a mental health crisis). There have been improvements on the implementation of the Section 136 protocol and joint working between Surrey Police and SABP which has reduced the level of people held in custody rather than a health based place of safety under a Section 136 down from 14-19% in 13/14 to 5-6% in 14/15. The outcomes achieved thus far are contributing to the parity of esteem of mental health to physical health.

4.3 **Establish local solutions and partnerships to better meet the mental health crisis needs of communities:** Each CCG area has established local steering groups taking forward their Safe Haven

Café work. Locations and working protocols are currently being sourced and developed, with all safe havens due to be open by March 2016.

- 4.4 **Support for carers and families are planned for in the design of the safe havens/crisis cafes:** A proposal of working with a company called Healios has been supported by the carers. It is a product that offers on-line face to face support to carers on mental health and will be linked in with the Carer Practice Advisers and the Safe Haven Cafes in each of the CCG areas.

Mental health code of practice

5. The aim of the revised code is to provide stronger protection for people and clarify roles, rights and responsibilities. It includes involving people, and as appropriate, their family and carers in discussions about care at every stage. There is a focus on personalised care and minimising the use of blanket restrictions, restrictive interventions and the use of police cells as a place of safety. The work of the mental health crisis care concordat delivery group has supported this latter point.
6. Key changes include five new overarching principles:
- 6.1 **Least restrictive option and maximising independence.** Where it is possible to treat a patient safely and lawfully without detaining them under the Act, the patient should not be detained. Wherever possible a patient's independence should be encouraged and supported with a focus on promoting recovery wherever possible.
- 6.2 **Empowerment and involvement.** Patients should be fully involved in decisions about care, support and treatment. The views of families, carers and others, if appropriate, should be fully considered when taking decisions. Where decisions are taken which are contradictory to views expressed, professionals should explain the reasons for this.
- 6.3 **Respect and dignity.** Patients, their families and carers should be treated with respect and dignity and listened to by professionals.
- 6.4 **Purpose and effectiveness.** Decisions about care and treatment should be appropriate to the patient, with clear therapeutic aims, promote recovery and should be performed to current national guidelines and/or current, available best practice guidelines.
- 6.5 **Efficiency and equity.** Providers, commissioners and other relevant organisations should work together to ensure that the quality of commissioning and provision of mental healthcare services are of high quality and are given equal priority to physical health and social care services. All relevant services should work

together to facilitate timely, safe and supportive discharge from detention.

Conclusions:

7. There have been clear and measurable positive outcomes since all agencies signed up to the crisis care concordat. Work continues to develop local safe havens and a single point of access for people experiencing mental health crisis.
8. The revised code of practice, provides the guiding principles for staff working within the parameters of mental health and mental capacity legislation. It promotes human rights, equality and health and wellbeing and underpins the practice of staff in Surrey.
9. The revised code of practice provides a legal imperative for implementing some aspects of the crisis care concordat e.g. least restrictive option and maximising independence supports holding people on a section 136 in a health based place of safety and not in a police cell.

Recommendations:

10. The Board is asked to
 - a) Note the progress made in Surrey as a result of the mental health crisis care concordat
 - b) Note the changes to the Code of Practice and wider implications for partnership working.

Next steps:

The mental health crisis care concordat delivery group continues to meet bi-monthly to review the action plan and oversee the delivery of a high quality mental health crisis response.

Report contact:

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Sources/background papers:

[Mental Health Crisis Care Concordat \(2014\)](#)

[Mental Health Code of Practice \(2015\)](#)

Annex 1 Crisis care concordat delivery group action plan July 2015

Annex 2 Crisis care concordat bulletin June 2015

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No.	Task	Agency	Responsible Individual	RAG Dec 14	RAG Jan 15	RAG Feb 15	RAG Mar 15	RAG Apr 15	RAG July 15	Anticipated End Date		
COMPLETED ACTIONS												
5	Outcomes data for 136	CCC Delivery Group	JS	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	12/08/14	Agreed that Surrey Police data would be used until the SCC led Section Group establishes an agreed format that CCDG can use.	
14	Pilot SABP staff within police control room environment	SABP/Police	MT/AE	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	22/08/14	IT issues gave constraints but overall pilot very successful. will be extended to a 7 evening week service for 15/16.	
2	Sign off declaration/action plan	MH Concordat Oversight Board		GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	01/09/14	Submitted to national team and was the 2nd in the country to receive sign off and turned green on the countries heat map	
3	Practitioner group established	SABP	Andy Erskine	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	01/09/14	Established but terms of reference and fit with CCDG required.	
7	Gap Analysis- current provision and concordat vision	NHSE & CCC Del Group		GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	01/09/14	Action plan picked up the areas that CCDG felt were gaps.	
6	MH Strategies Modelling	CCG	DW/JS	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	31/12/14	Workshop generating scenarios and validating data completed. Final report due April 2015.	
6a	Need to ensure that CAMHS beds and pathway is included in approach and consideration understood as to any impact.	CAMHS	Diane McCormack	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	31/12/14	Bid successful of £730k to develop S136 provision for CAMHS	
29	Better handovers from police to place of safety	Police	MT	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	21/08/14	Improvements agreed and protocols being updated.	
35	Restraint Policy	SABP/Police	MT/AE	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	31/10/14		
4a	Safeguarding Review in SM contracts	Public Health	CC/MM	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	30/09/14		
28	Review Repeat Venues for absconcion	SABP	AE	RED	RED	AMBER	GREEN	GREEN	GREEN	21/08/14	Top sites identified, actions identified including better application of MISPER policy & link with safety hub approach	
6a	Define intoxication in relation to 136	Public Health	MM	RED	RED	RED	GREEN	GREEN	GREEN	30/09/14	Substance misuse plan being presented to CCDG April meeting	
29b	S136 assessment beds contingency plan	SABP	AE	RED	AMBER	AMBER	GREEN	GREEN	GREEN	21/08/14	Plan is now in place and operational/practitioner group will monitor delivery.	
18	Closer working arrangements between SABP, 111 and 999 for mental health crisis and prevention agreed	SABP/111/999	AE	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	01/11/14	Following meeting plan agreed to develop relationships and pathways-working groups being formed.	
42	Ensure appropriate assessment process for threshold around drugs and alcohol in S136	Public Health	MM	NEW			RED	GREEN	GREEN	30/04/15	Process in place and to be monitored	
8a	Conveyance policy	SECAMB/SABP/Police	ME/MT/AE	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	22/08/14	April 15- Kent Surrey Sussex Police & SECAMB have now signed up- wording reflects compliance with CCG commissioner/SECAMB contract agreements- SABP not one of the signatories and AMHP have fed back on implications from policy for their service- to be monitored as support from Surrey Police continues these should not be issue.	
31	Advocate Access	SCC	JB	NEW				GREEN	GREEN	30/04/15	Matrix (provider of IMHA and general advocacy) do support people under S136.	
	MISPER	SABP/Police	MT/AE	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	22/08/14	Signed off by the SSAB. It has been circulated to all organisations and comms are being produced to support consistent implementation.	
OVERDUE ACTIONS												
29a	3hr assessment (136 in custody)	SABP/EDT/	AE	RED	RED	AMBER	AMBER	AMBER	AMBER	21/08/14	March 15-SABP have ongoing work looking at length of time for MHA Assessments. Issue re capacity of EDT to meet this target also availability of Sct 12 Dr's. Agreed at March Delivery Group that the original 4 hours was difficult to meet sometimes but we would begin to monitor 136 wait for MH assessment with 3 hour as our aspired target in the Delivery Group.	
8a	Joint protocols: Develop and agree local standards and protocols being clear for each partner agency response times, roles and responsibilities Sign off Joint Protocols	CCC Delivery Group										
	Section 135/136 policy	SABP	AE	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN?	22/08/14	March 15-In principle SABP happy to 'tweak' ss135/136 policy to reflect CCDG FOR multi-agencies to sign up to. April 15- SABP Policy now signed off following concordat compliance check- resource implications as to three hour response time. July 15- SABP and Police met and have agreed addendum to main protocol - sign off?	
30	Search Policy review	SABP/Police	AE (lead) MT	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN?	21/08/14	March 15-Awaiting review of SABP search policy before Police can review in line with their own policy and protocol. April 15- Police search policy publication is upcoming (slight delay due to role change of author) update on SABP search policy to then facilitate joint review. May 15- SABP policy achieved exec sign off. Check joint review has taken place to go green?	
30	Positive Police Action	Police	MT	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER		March 15- overarching Police/medical establishment policy which determines responsibilities when dealing with crime within premises. This is still out for consultation. I understand the feedback date was end of January for partners and there may well be an update available for 5th March. (DCI Karen Mizzi has been leading on this). Positive Police Action protocol is out for consultation with Surrey Police departments currently and will then go to SABP.	
35	Review agencies protocols on restraints to ensure in line with national guidance			NEW				AMBER		30/11/14		
34	Environment standards in A&E-	Acute Reps	SC	RED	RED	RED	AMBER	AMBER	AMBER	31/12/14	March 15 - Meeting with 2 Acute trusts reps phone appointments being arranged with remaining 3. Report to CCDG in May 15. Acute focus at Delivery Group- Acute workshop to agree action plan Oct? TBC	
36	Resources to support safeguarding boards	SCC/ADASS	JB	RED	RED	RED	RED	RED	AMBER	31/12/14	A tool was meant to be released nationally for local safeguarding boards. Vernon Nosal SCC safeguarding lead is on the case to follow this up and determine if this tool is available?	
24	Review arrangements for out of hours AMHP provision	SABP/SCC		NEW			RED	RED	RED	30/03/15	AE to pick up with LU	
28a	MISPER Compliance- benchmark & trajectory agreed	SABP/Police	AE/MT	NEW			RED	AMBER	AMBER	30/04/15	May 15 Benchmark and trajectory agreed with SABP and Surrey Police- need to link Acutes into trajectory	
4	Joint SI & Safeguarding Learning	Practitioner Grp		NEW						01/06/15		
40	Liaison and diversion services refer individuals with a co existing MH and SM problems into appropriate services	Public Health	MM	NEW						01/06/15		
10a	Identify primary care development measures in 15/16 "quality and innovation" measures.	Public Health	MM	NEW						01/06/15		
9a	Training-Joint Training developed. Staff are equipped to treat mental and physical conditions with equal priority- Pack developed April - June 2015	Joint Training Group		NEW						30/06/15	0	
UPCOMING ACTIONS												
9c	Operation Guidance new Tier 3/4 substance misuse provider	Public Health	MM	NEW				AMBER		01/09/15	Slipped timescale to 1.09.15	

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Surrey mental health crisis care concordat

The Vision is to work together to deliver a high quality response when people – of all ages – with mental health problems urgently need help.

A Surrey wide workshop held in May '14 identified local priorities and gained commitment across agencies to a Surrey concordat declaration.

Our joint declaration:

'We commit to work together in Surrey to improve the system of care and support so all people and their families in crisis because of a mental health condition are kept safe and helped to find the support they need – whatever the circumstances and time of day or night in which they first need help – and from which ever service they turn to first.

We will work together to prevent crises happening whenever possible through prevention and early intervention. We will make sure we meet the needs of vulnerable people in urgent situations. We will strive to make sure that all relevant public services offer high quality support to someone who appears to have a mental health problem to help move towards recovery.

Jointly, we hold ourselves accountable to enable this commitment to be delivered across Surrey'.

This led to..

The Surrey Crisis Care Delivery Group has been formed building a **STRONG** partnership between SABP (mental health), Surrey Police, SECAMB (Ambulance Provider), Surrey CCG's (Commissioners), Surrey County Council & a range of voluntary sector providers who have formed a delivery group that meets monthly.

This **Surrey Crisis Care Delivery Group** have developed the **Surrey Concordat Action Plan** around the 5 national priority areas; there are currently 57 Actions the agencies are working on (see summary and priorities over leaf)

Surrey was the 2nd County in the country to upload their declaration & Concordat Action Plan with full sign up from all partners to the national website

One of the first agreed priorities is to 'Reduce the number of people held on Section 135/6 in custody' success has already been shown on this with it ranging from 12-19% in 13/14 to 5-6% in 14/15
In 15/16 the aim is to stay at 5% or below with an ultimate aspiration of 0%

Section 136- Enables the Police to remove someone from a public place to a 'place of safety' for further assessment, if suffering a mental health crisis
Custody is not a suitable 'place of safety'

★ **Two successful bids (TCA and SIF) will drive delivery of some key concordat actions throughout 15/16**

Local 'safe haven' café approaches across Surrey- providing people with an effective, accessible alternative to A & E or secondary care MH services when they experience, or to prevent, a mental health crisis

£1.5m

A Single Point of Access (SPA) to facilitate direct access to SABP services in an acute crisis.

£730k

Information sharing approach to facilitate the best response in times of crisis.

Enhanced 'Tier 3.5' outreach service and respite beds for young people at risk of admission.

£100k

Police bid for call centre pilot

The Action Plan is focussed into 5 over-arching sections
 - outlined below are some priority actions being progressed from the plan

1. Commissioning to allow earlier intervention and responsive crisis services

- Delivery Group meets monthly to oversee and ensure delivery of action plan.
- Practitioner Group established to progress operational issues.
- Simulation modelling commissioned to inform safe number of in-patient beds
- All agencies identified any organisational gaps to be able to meet vision.
- Priority joint protocols are being actively reviewed and pending sign off:
 Section 135/6- crucial section of which is 'Conveyancing' for which a 30 minute response time for Section 136 is being negotiated.
 MISPER (missing persons)
 Search Policy/Positive Police Action

2. Access to support before crisis point: –

- Local 'safe haven' café approaches being developed across Surrey.
- Suicide Prevention training approach targeting front line staff.
- Substance misuse contracts incentivising prevention of avoidable crises.
- Continued work with primary care to support early identification and referral points linking in with integrated care hub developments.

3. Urgent and emergency access to crisis care: –

- Successful pilot placing SABP staff in Surrey Police call centre has been extended and is showing positive impact on number and appropriateness in use of S136.
- SPA approach is being developing, working with national learning and embracing innovative approaches through technology and partnership working.
- Liaison Psychiatry across Acute hospitals in Surrey to support parity in access standards for people in a mental health crisis are being reviewed.
- Younger Persons enhanced outreach and 2 respite/crisis beds being commissioned.

4. Quality of treatment and care when in crisis:-

- Bid is supporting development of an information spine allowing all agencies to access information to inform and guide the right response for that person.
- Absconder 'hot spots' have been identified and this is informing future approaches as well as focussed approach to ensure better MISPER protocol compliance.
- Links are being forged with Acute Hospitals as a key partner to better understand the needs and challenges around mental health in an acute setting.

5. Recovery and staying well / preventing future crises:-

- SABP have developed a clear standard/template to ensure robust person centred care and contingency plans are developed.

**SOCIAL CARE SERVICES SCRUTINY BOARD
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED October 2015**

The recommendations tracker allows Board Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each Board. 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

Date of meeting and reference	Item	Recommendations	To	Response	Progress Check On
9 July 2015	DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS) [Item 6]	<p>The Board expresses its serious concerns at the vastly increased number of assessments regarding deprivation of liberty and the problem of recruiting enough qualified staff to carry them out.</p> <p>The Board therefore recommends that the Cabinet raise these concerns regarding the new responsibilities placed on the council with central government, and the insufficient funding made available to meet their duties.</p>	Cabinet	Circulated to Scrutiny Board	<i>October 2015</i>

Scrutiny Board and Officer Actions

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
27 November 2014 Page 156	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 issues.	SSCB, Cabinet Member for Children and Families, Cabinet Member for Schools and Learning and Diocesan Representative	A letter outlining this recommendation was sent to the Chair of the Safeguarding Children's Board, the Cabinet Members and Diocesan Representatives. Representatives have since met with officers supporting the Safeguarding Children Board and the membership of Board now includes additional faith community representation.	<i>Complete</i>
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.	November 2015

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
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 autumn 2015. The follow-up will be circulated to the Committee to ensure final assurances are made in this area.	January 2016
26 March 2015 Page 157	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 noted by officers and an item will be added to the Forward Work Programme for 2015/16	<i>January 2016</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 1 year action plan and relevant performance data is provided 12 months time.	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
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>Scheduled</i>	<i>December 2015</i>
10 April 2015 064	RECRUITMENT & RETENTION AND WORKFORCE STRATEGY [Item 8]	<p>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.</p> <p>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'.</p>	<p>Area Director – Mid Surrey</p> <p>Strategic HR & OD Relationship Manager</p>		<i>January 2016</i>
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>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
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 Page 159	SINGLE HOMELESSNESS IN SURREY [Item 7]	<p>The Committee:</p> <ol style="list-style-type: none"> 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. 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. 4. Proposes that the Housing Related Support Programme develop links with 	<p>Area Director</p> <p>Cabinet Member for Health and Wellbeing</p> <p>Area Director</p>	The Cabinet Member for Adult Social Care, Independence & Wellbeing raised this issue with the Leader of the Council. After consideration of the Board's proposal it was decided that this subject is under intense focus and that a letter would not further any resolution.	<i>October 2015</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		<p>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 people.</p>	Cabinet Member for Adult Social Care		
14 May 2015 Page 068 060	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	<i>Scheduled</i>	<i>October 2015</i>
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>January 2016</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
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	The Education and Skills Board is due to look at its proposed Forward Work Programme on 17 September 2015 – a session will be scheduled for January 2016	<i>January 2016</i>
9 July 2015	ADULT SOCIAL CARE STRATEGIC DIRECTOR'S UPDATE [Item 5]	The Board Encourages Members to offer divisional visits to Adult Social Care Area Directors and contribute their knowledge to Surrey Information Point.	Board Members		
July 2015	ADULT SOCIAL CARE STRATEGIC DIRECTOR'S UPDATE [Item 5]	That the 0-25 pathway being co-designed by Adult Social Care and Children, Schools and Families is scrutinised by this Board.	Strategic Director Scrutiny Officer	An update on the Special Educational Needs and Disabilities (SEND) work-stream will be reported to the Education and Skills Board on 22 October. There is scope for the two Boards to establish a cross-Board group to look at SEND and the 0-25 pathway in 2016.	<i>January 2016</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
9 July 2015	DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS) [Item 6]	That the Board is kept up to date on progress made on recruiting and training Best Interest Assessors (BIA) and the funding issues.	Practice Development Manager		
9 July 2015	LEARNING DISABILITY PUBLIC VALUE REVIEW [Item 7]	That it receives a report in 12 months to provide an update on the work started by the LD PVR with particular focus on the integration of commissioning with East Surrey CCG including the Joint Health and Social Care Commissioning Strategy, responsibility for individuals who reside outside of Surrey and the other areas of ongoing LD PVR work.	Area Director - East	Scrutiny Officer will add a future item on LD services to the Board's Forward Plan for 2016.	
July 2015	SURREY SAFEGUARDING CHILDREN BOARD: CHILD SEXUAL EXPLOITATION [Item 9]	That officers work proactively with other safeguarding partners to ensure a single-point of contact for CSE is implemented across each organisation;		This recommendation has been referred to officers and an update will come to a future meeting	January 2016
9 July 2015	SURREY SAFEGUARDING CHILDREN BOARD: CHILD SEXUAL EXPLOITATION [Item 9]	That the Scrutiny Board and the Police and Crime Panel organise a joint session to further explore issues related to Child Sexual Exploitation	Democratic Services	This session has been provisionally organised for 1 December 2015	Complete
9 July 2015	SURREY SAFEGUARDING CHILDREN BOARD: CHILD SEXUAL EXPLOITATION [Item 9]	That officers provide a further report demonstrating an analysis of trends and patterns related to CSE in 12 months' time.	Democratic Services	This will be added to the Forward Work Programme once 2016 dates are finalised	January 2016

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
	9]				
9 July 2015	INTERNAL AUDIT: CHILDREN'S SERVICES QUALITY ASSURANCE PROCESS [Item 10]	that the Chief Executive reviews with the Strategic Directors the audit and quality assurance reporting mechanisms across the Council, to ensure that issues are highlighted and addressed at the appropriate level.	Chief Executive	A referral has been made to the Chief Executive. The Quality Assurance framework for Children's Services is a key element of the improvement plan following the Ofsted inspection. This will also be an item for discussion for the Statutory Responsibilities Network.	<i>Complete</i>
9 July 2015	ADULT SOCIAL CARE DEBT [Item 8]	That work continues to increase the level of take-up of direct debit payments from 65%	Head of Resources		<i>July 2016</i>
9 July 2015	ADULT SOCIAL CARE DEBT [Item 8]	That officers explore the possibility of benchmarking the council's level of debt with other local authorities.	Head of Resources		<i>July 2016</i>
9 July 2015	ADULT SOCIAL CARE DEBT [Item 8]	That the data held on the level of adult social care debt as outlined in Appendix A of the report is extended to show how long unsecured debt has been	Head of Resources		<i>July 2016</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		outstanding e.g. 3 months, 6 months, 12 months.			
7 September 2015	WORKING TOGETHER TO SAFEGUARDING CHILDREN 2015 [Item 7]	That an assessment is undertaken to establish the Council's expenditure for recent additional responsibilities to the Council following the Counter-Terrorism and Security Act, 2015 passing into law.	Community Safety Unit Senior Manager	This has been referred to officers, and will be reported back to the Board.	January 2016
7 September 2017 Page 164	WORKING TOGETHER TO SAFEGUARDING CHILDREN 2015 [Item 7]	That officers work with key partners in the voluntary, community and faith sector to identify possible training gaps for front-line agencies in relation to CSE, FGM and Radicalisation.	Head of Safeguarding	An update will be requested to accompany the Safeguarding Children's Board Annual report	January 2016
7 September 2015	WORKING TOGETHER TO SAFEGUARDING CHILDREN 2015 [Item 7]	That the latest report of the FGM Task and Finish Group is shared with the Board and a further update brought in 12 month's time.		This report has been circulated. An item will be added to the Forward Work Programme once 2016 dates are finalised	January 2016
7 September 2017	WORKING TOGETHER TO SAFEGUARDING CHILDREN 2015 [Item 7]	That progress on the County's Prevent Strategy Action Plan be brought to the Board in 12 month's time	Community Safety Unit Senior Manager	This will be added to the Forward Work Programme once 2016 dates are finalised	January 2016

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
7 September 2015 Page 165	BETTER CARE FUND POSITION STATEMENT [Item 9]	<p>The Board recommends that the Cabinet Members for Adult Social Care and Health and Wellbeing write to the Secretary of State for Health to outline the Government's rationale for asking Surrey CCG's to make 5% savings in their budgets this year as well as proposed reduction to ASC and Public health funding</p> <p>The Board encourages Local Joint Commissioning Groups to involve Local Committees in the development of health and social care integration in their areas.</p> <p>Board Next Steps: A joint session is convened with the Wellbeing and Health Scrutiny Board in early 2016 to consider the outcomes of the six local plans outlined at this meeting.</p>	<p>Cabinet Member for Adult Social Care, Independence and Wellbeing</p> <p>Cabinet Member for Wellbeing and Health</p> <p>Scrutiny Officer</p>		<i>December 2015</i>

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Social Care Services Board – Forward Work Programme 2015/16

30 October 2015
PUBLIC

- Care Act Implementation & next steps
- Mental Health: Issues and Crisis Concordats
- Ofsted Improvement Plan and Update
- Surrey Safeguarding Adults' Board - Annual Report
- Surrey Safeguarding Children's Board - Annual Report
- Children's Services Rights and Participation: Annual Report

25 November 2015

- Accommodation with Care & Support Strategy and Progress Check on Older People's Homes Closure Project
- Adult Social Care Budget Monitoring
- Children's Services Annual Complaints Report 2014-15

25 January 2016
PUBLIC

- Review of Prisoner Social Care Service
- Fostering and Adoption Services - Statements of Purpose and Annual Reports
- Children's Services - Quality Assurance Report
- Corporate Parenting: Lead Members Report
- Adults Quality Assurance Task & Finish Project outcomes

Future Scrutiny Topics

Potential topics that can be scheduled for scrutiny when appropriate as well as long term and ongoing items are listed below.

Children's Services and Youth Support Services

- Youth Justice Strategic Plan
- Medium Term Financial Plan 2016-2020
- Early Help
- Surrey Safeguarding Children Board Annual Report 2014-15
- Safeguarding in schools (joint session with Education and Skills Board)

Adult Social Care

- Continuing Health Care
- Discharge Planning
- Performance & Finance
- Telecare and AIS Internal Audits
- Young Carers Trailblazer project (joint with CSF)
- Enterprise Network