

## Notice of Meeting

# Social Care Services Board



**Date & time**  
Thursday, 12 May  
2016 at 10.00 am

**Place**  
Ashcombe, County  
Hall, Kingston upon  
Thame, KT1 2DN

**Contact**  
Andy Spragg  
Room 122, County Hall  
Tel 020 85213 2673

**Chief Executive**  
David McNulty

andrew.spragg@surreycc.gov  
.uk



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[@SCCdemocracy](https://twitter.com/SCCdemocracy)

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**This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Andy Spragg on 020 85213 2673.**

### **Elected Members**

Mr Keith Witham (Chairman), Mrs Margaret Hicks (Vice-Chairman), Mr Ramon Gray, Mr Ken Gulati, Miss Marisa Heath, Mr Saj Hussain, 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: 4 MARCH 2016

(Pages 1  
- 10)

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 (Friday 6 May 2016 ).
2. The deadline for public questions is seven days before the meeting (Thursday 5 May 2016)
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

There were no referrals to Cabinet so there are no responses to report.

### 6 REPORT FROM INTERIM HEAD FOR CHILDREN'S SERVICES

(Pages  
11 - 12)

#### Purpose of report:

To update the Board on the key areas of focus for the Interim Head for Children's Services.

### 7 2015-20 YOUTH JUSTICE STRATEGIC PLAN REVIEW

(Pages  
13 - 44)

**Purpose of the report:** Scrutiny of Services and Review.

In March 2015, the Children and Education Select Committee (now the Social Care Services Board) made two recommendations in relation to Surrey's Youth Justice Strategic Plan 2015-20 and requested an update after 12-months. The recommendations were:

- That Surrey's Youth Justice Partnership Board (YJPB) undertake evaluation with the probation service 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.

- That officers provide a report on the Reducing Re-offending Plan 2014-17 with details of how the Youth Support Service (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 Board also requested a general update on Year 1 progress in relation to the Youth Justice Strategic Plan 2015-20, which is provided in this report.

**8 INTERNAL AUDIT REPORT: REVIEW OF FOSTER CARE SERVICE ARRANGEMENTS** (Pages 45 - 64)

**Purpose of the report:** Scrutiny of Services

To review the summary of audit findings and Management Action Plan produced as a result of an internal audit review of Foster Care Service Arrangements

**9 ADULT SOCIAL CARE STRATEGIC DIRECTOR'S UPDATE**

The Strategic Director for Adult Social Care and Public Health will update the Board with any news or announcements from the Directorate.

**10 THE TRANSITION TEAM** (Pages 65 - 96)

**Purpose of the report:** Performance Management

To consider the recommendations to ensure the Transitions team are able to effectively provide essential services to vulnerable young adults and their families.

**11 LEARNING DISABILITY COMMISSIONING STRATEGY AND TRANSFORMING CARE** (Pages 97 - 170)

**Purpose of the report:** Scrutiny of Services and Budgets/Policy Development and Review

This report provides an overview of the Surrey Learning Disability and Autism Commissioning Strategy and 'Transforming Care' in Surrey.

**12 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME** (Pages 171 - 184)

The Board is asked to review its Recommendation Tracker and Forward Work Programme providing comment as necessary.

**13 DATE OF NEXT MEETING**

The next meeting of the Committee will be held at Thursday 23 June 2016  
at 10.00am

**David McNulty**  
**Chief Executive**

Published: Tuesday, 3 May 2016

#### **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 Time Not Specified on 4 March 2016 at Ashcombe, County Hall, Kingston upon Thames, KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 12 May 2016.

**Elected Members:**

- \* Mr Keith Witham (Chairman)
- \* Mrs Margaret Hicks (Vice-Chairman)
- \* Mr Ramon Gray
- \* Mr Ken Gulati
- \* Miss Marisa Heath
- A Mr Saj Hussain
- \* Mr Daniel Jenkins
- \* Mrs Yvonna Lay
- \* Mr Ernest Mallett MBE
- \* Mr Adrian Page
- \* 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 Michael Gosling

**13/16 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Mr Saj Hussain and Ms Barbara Thomson. Mr Michael Gosling attended the meeting as a substitute.

**14/16 MINUTES OF THE PREVIOUS MEETING: 09/12/2015 & 25/01/2016 [Item 2]**

The minutes of the meetings on 09/12/2015 and 25/01/2016 were agreed as accurate records of the meetings.

**15/16 DECLARATIONS OF INTEREST [Item 3]**

There were no declarations of disclosable pecuniary interests.

**16/16 QUESTIONS AND PETITIONS [Item 4]**

There were no questions or petitions.

**17/16 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SCRUTINY BOARD [Item 5]**

There were no items referred.

**18/16 FAMILY, FRIENDS AND COMMUNITY SUPPORT INTERNAL AUDIT [Item 6]**

**Witnesses:**

Shelley Head, Area Director  
Rebecca Brooker, Project Manager  
Will House, Finance Manager

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

**Key points raised during the discussions:**

1. The Board acknowledged that target savings attached to the Family, Friends and Community (FFC) programme were very challenging. Members were interested to learn when the detailed budget proposals would be available for the Board to scrutinise to ensure that a realistic budget be set. An overview of the budget would be provided later in the meeting and a meeting of the Performance and Finance Sub-Group will be set up in due course.
2. The Cabinet Member emphasised that the Family, Friends and Community Support Programme should be regarded as a way of working rather than a stand-alone project, and members of the Board suggested that the culture change required may perhaps be easier in rural parts of the county than urban areas. The Area Director confirmed that the team is motivated and empowered to make efficiencies across the programme, particularly around practice outcomes.
3. In response to a question from the Board about how the team links up with voluntary groups across the county, the Area Director confirmed that the team collaborates with colleagues in the community, including in districts and boroughs, to ensure that funds are allocated on a needs basis and that they are spent in a focused way.
4. The Board was also reassured that the content of Surrey Information Point is kept updated and that the weblinks are fully functioning, and the Chairman suggested that the website address be included in all publicity.

**Recommendations:**

The Board agreed:



- a) That all information on the Surrey Information Point should be kept current and links should be tested to ensure they work;
- b) That the Council should ensure that all savings targets including those for Family, Friends and Community are realistic;
- c) That the budgets for Adult Social Care should be revised to reflect additional pressures and realistic savings.

## **19/16 ADULTS INFORMATION SYSTEM INTERNAL AUDIT AND NEW IT UPDATE [Item 7]**

### **Witnesses:**

Toni Carney, Head of Resources

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

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

1. The Head of Resources outlined the concerns raised in the Audit and the measures planned to address them, reminding Members that the Audit had taken place shortly before the decision was taken to replace the AIS system. Consequently, the action plan focused on improvements that could be built into the new system as well as improving guidance to staff. The Board was informed that the dates in the action plan were accurate and the planned go live date for the new system was July 2016.
2. The Board was assured that there is a target to set review dates in the current (AIS) system by April 2016. In any case where this has not been achieved, officers will automatically set a review date in the new system to ensure all cases have a review scheduled. Despite Members' concerns that it would be preferable to keep the current system running for a time once the new system was introduced, officers were of the view that it would be impractical for staff and would lead to significant risks.
3. The Board welcomed the introduction of the Liquidlogic system and the Chairman thanked the implementation team for the work they had carried out. The Cabinet Member pointed out the advantages of the implementation team having taken ownership of the introduction of the new system. In response to further questions, the Head of Resources confirmed that there were plans to use the functionality to enable third parties to access the new system to input data, and that this would be investigated from autumn 2016.

### **Recommendations:**

The Board noted:

- (a) that the service is required to review the essential information fields in light of service wide impact and previous audit recommendations; and
- (b) the progress made to date against the management action plan arising from the internal audit.

**Actions/further information to be provided:**

The Board agreed to receive an update on the management action plan and the ASC IT replacement project in October 2016.

**20/16 CHILDREN'S IMPROVEMENT PLAN UPDATE [Item 8]**

**Witnesses:**

Julie Fisher, Deputy Chief Executive  
Sheila Jones, Head of Countywide Services

Linda Kemeny, Cabinet Member for Schools, Skills and Educational Achievement

Mary Lewis, Cabinet Associate for Children, Schools and Families Wellbeing

**Key points raised during the discussions:**

1. The Deputy Chief Executive gave a presentation, copies of which were tabled at the meeting. She talked through the improvement programme, drawing attention to the key dates, and reminded Members that an Ofsted support package is in place, which means that they visit the authority on a monthly basis to check that progress is being made. In addition, a Department for Education adviser works alongside officers and Members and is supportive of the improvement programme.
2. The Board was informed about the restructure in Children's Services. The Deputy Chief Executive explained that only the Assistant Director for Commissioning and Prevention post had been filled, while the other two Assistant Director posts, for Children's Services and for Education, were still to be recruited to.
3. Members were interested to find out how quickly capacity could be provided in Surrey for children with Special Educational Needs and/or Disabilities (SEND). The Deputy Chief Executive informed the Board that an inclusion pilot has been designed by Babcock 4S in consultation with Surrey officers to enable mainstream schools to build resilience, capacity, understanding and training. Specific programmes have also been introduced to cater for autistic pupils.
4. Recruitment and retention continue to be big issues for the service, although the Board heard that retention rates are improving and some social workers have been recruited. Currently there is a high number of locums in the service, and the intention is to convert them to permanent members of staff. Measures to improve recruitment include expanding the social worker academy, more support for newly

qualified social workers, working closely with agencies and cementing links with universities. The Deputy Chief Executive invited other suggestions for improving recruitment and retention.

5. The Head of Countywide Services assured the Board that young carers were well supported and that schools currently provided much of this support.

### **Recommendations**

- a) The Board agreed to continue to receive updates on the progress of the Children's Improvement Plan; and
- b) The Board recommends that along with officers identifies the key data for regular review including children and families' feedback, recruitment and retention rates, social worker case loads, placement geography (in or out of county) and case stability

### **Actions/further information to be provided:**

SEND 2020 strategy to be circulated to the Board.

### **Board next steps:**

Joint report from Directors of Children's and Adults' Services about the transition from Children's to Adult Social Care to be provided at the Board's next meeting.

## **21/16 LEAD MEMBER'S ANNUAL REPORT FOR CORPORATE PARENTING [Item 9]**

### **Witnesses:**

Sheila Jones, Head of Countywide Services

Linda Kemeny, Cabinet Member for Schools, Skills and Educational Achievement

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

1. Members were informed that the bulk of the budget for Looked After Children (LAC) was spent on those for whom the council is the corporate parent as most of the allocation spent on the approximately 150 asylum seeking children in the county could be claimed back subsequently.
2. The Board was also concerned about the provision made for care leavers. The Cabinet Member for Schools, Skills and Educational Achievement welcomed a suggestion from the Vice-Chairman of the Board that a career mentoring scheme for care leavers be developed among Members. In addition, the Head of Countywide Services emphasised that Surrey is the fifth best performing authority in terms of children not leaving care before the age of 18, and reported an improvement in the number of care leavers going to university.

1. The Head of Countywide Services confirmed that there was still a shortage of foster carers. A national recruitment programme was piloted last year but as yet is not producing results for Surrey. Other measures are being looked at, including the support packages offered to foster parents and the need to engage with districts and boroughs in the county.

### **Recommendations**

The Board noted the report

### **Board next steps:**

1. Joint report from Directors of Children's and Adults' Services about the transition from Children's to Adult Social Care to be provided
2. Chairman recommended that annual reports go to just one meeting as far as possible

## **22/16 FOSTERING AND ADOPTION SERVICES [Item 10]**

### **Witnesses:**

Suzanne Chambers, Team Manager Adoption Service  
Sheila Jones, Head of Countywide Services

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

1. The Team Manager highlighted specific points from the report, including that although the number of children placed in adoption had dropped last year a large number of adopters had been approved and were waiting to adopt. The service is trying to encourage them to take on children with more complex needs. Support services for adopters are robust, including some provided in-house as well as a Government-funded Adoption Support Fund.
2. A member of the Board asked whether there was scope for asking people to act as mentors and to provide respite care. It was confirmed that voluntary organisations are commissioned to provide befriending services and that a short break service does exist but that further opportunities to offer more would be explored.
3. The Board thanked the Head of Countywide Services, the Team Manager Adoption Service and their teams for their work, noting that the service was rated as 'Good' by Ofsted.

### **Recommendations**

The Board noted the report

[The Board took a lunch break from 12.50 – 13.20]

## **23/16 ADULT SOCIAL CARE STRATEGIC DIRECTOR'S UPDATE [Item 11]**

**Witnesses:**

Helen Atkinson, Strategic Director Adult Social Care and Health

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

**Key points raised during the discussions:**

1. As regards the budget, the Cabinet Member for Adult Social Care, Independence and Wellbeing informed the meeting that the Adult Social Care budget was facing a challenging deficit of £55m. He pointed out that the service had managed to achieve significant savings in the past but this would prove difficult in the light of the current 7-8% annual increase in demand. The Cabinet Member undertook to circulate further detailed budgetary information after the meeting, and Members were invited to send any comments to Democratic Services.
2. The Board heard that a key element of achieving savings currently was a focus on reviewing Adult Social Care's contracts and grants. In partnership with Clinical Commissioning Group (CCG) colleagues, all providers had been written to, with the aim of ensuring appropriate social care provision for the benefit of residents. All Members had been copied in to that letter.
3. Members were keen to hear more about good experiences on integrated care between local authorities and the CCGs and it was suggested that an item be brought to a future meeting to give the Board further information.

**Recommendations**

The Board noted the report

**Actions/further information to be provided:**

Detailed budgetary information.

*Adrian Page, Fiona White and Pauline Searle left the meeting at 13:58*

**24/16 SURREY CHOICES [Item 12]****Witnesses:**

Simon Laker, Managing Director  
Ian Hutchinson, Chief Operations Officer  
Dexter James, Chairman of the Involvement Board  
Jo Poynter, Area Director (East)  
David Brazier, parent of service user  
Robin Clarke, parent of service user

**Key points raised during the discussions:**

1. The Board watched a video about the support provided by Surrey Choices and invited the Managing Director to draw out the highlights in the report provided for this item. He acknowledged that the business plan was

ambitious but that there had been a series of significant achievements. This view was echoed by the Area Director, who nevertheless emphasised that vast challenges remained for the company.

2. Parents of service users were welcomed to the meeting and invited to give their view on the support provided by the company. Issues raised included concern regarding the loss of facilities, for example, at Fairways in Ashford that expected new hubs had not yet materialised, and that annual consultation meetings no longer seemed to be taking place. The company representatives acknowledged that there had been delays in setting up provision, including hubs, but pointed out that reviews of every user's needs had now been carried out, and parents and carers consulted.
3. In response to questions from the Board, Surrey Choices confirmed that their work over the next year would focus on matching provision to demand through closer working with the Adult Social Care Service.
4. The Chairman of the Board put on record his thanks to the Managing Director of Surrey Choices and his management team, as well as to the parents who had attended the meeting and clarified for the Board the difficulties around current provision. Comments from the Board will be submitted to the Council Overview Board, who will scrutinise the company's financial performance.

### **Recommendations**

The Board noted the report, and the invitation from Surrey Choices for the Scrutiny Board to visit any of its services, speak with staff or visit its Involvement Board at a future date.

### **Board next steps:**

To invite Surrey Choices to return to the Scrutiny Board to provide an update on progress at a future date.

## **25/16 SURREY CARE ASSOCIATION [Item 13]**

### **Witnesses:**

David Holmes, Chair of Surrey Care Association  
Erica Lockhart, Chief Executive of Surrey Care Association  
Jo Poynter, Area Director (East)  
Liz Uliasz, Deputy Director – Adult Social Care

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

1. The Board welcomed the Care Association to the meeting and heard from the Chair about the organisation's current pressures, in addition to viewing the presentation contained in the agenda pages. The Board heard that, in the light of current difficult market conditions, the Care Association has rethought its strategy over the last few months to refocus on the benefits it can deliver for its members. Particular emphasis would be put on developing the market and ensuring there were sufficient resources to meet their objectives of high quality provision that ensures wellbeing.

2. Members were informed that the key issues faced by the Association were around funding, staffing and ensuring quality. The Chair voiced his fears for the sustainability of the market. While private funded homes were booming, members of the association who are delivering publically funded care are uncertain of their future and are considering other avenues of revenue.
3. The Chair implored the council to consider raising the council tax rate in the county. The Cabinet Member sympathised with the situation outlined by the Chair and valued the collaboration with the Care Association on workforce recruitment but reiterated the gap in funding and demographic challenge that impacts the council, the NHS and providers. The Cabinet Member added that a referendum to increase the income from council tax would most likely fail and that there are limited options available to tackle the rising demand for adult social care.

*Ken Gulati left the meeting at 15:10*

*Marisa Heath left at the meeting at 15:14*

**Recommendations:**

The Board noted the report

**Actions/further information to be provided:**

Briefing on the outcome of the collaboration between Adult Social Care and the Surrey Care Association on workforce.

**26/16 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 14]**

**Key points raised during the discussions:**

The Board noted the programme and tracker

**27/16 DATE OF NEXT MEETING [Item 15]**

The date of the next meeting will be on Thursday 12 May 2016 at 10.00am.

Meeting ended at 15:30

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**Chairman**



## Social Care Services Board

12 May 2016:

### Report from Interim Head for Children's Services

#### Purpose of report:

To update the Board on the key areas of focus for the Interim Head for Children's Services.

1. My prime task is to raise the quality of the social work service in Children and Family Services as part of the improvement programme. I have identified six key priorities that are interdependent. I propose now to expand on them.
2. As you will all be acutely aware the service has been under the spotlight of scrutiny and challenge for over 18 months.
3. To state what you already know, the primary purpose of the service is to protect and ensure the welfare of children and their families. Most social workers come to work each day with that as their key goal; they are dedicated and committed professionals.
4. To paraphrase Virginia Bottomley, 'social work is like firefighting. When there's a fire the natural response is to run away from it, firefighters go in the opposite direction. Social workers are similar. When a child describes what is happening to them at the hands of their parents, the normal reaction is to put your hands over your ears and walk away, social workers say tell me more.'
5. At present, the social work staff do that against the backdrop of a reduced workforce which will not be substantially improved in the near future, and the constant challenge and oversight of what they do.
6. There needs to have more proportionality in what we are doing and a greater focus on specific areas. To this end I have six prime targets at this time:
  - To ensure clarity of purpose.
  - To harness the talent of the organisation.
  - To obtain greater focus.
  - To strip out the non-productive.
  - To support SAFER SURREY.
  - To introduce meaningful Key Performance Indicators (KPIs) and Quality Assurance (QA) Systems.

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**Report contact:** Kevin Peers, Interim Head for Children's Services

**Contact details:** kevin.peers@surreycc.gov.uk

**Sources/background papers:** None

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**Social Care Services Board  
12 May 2016**

**2015-20 Youth Justice Strategic Plan Review**

**Purpose of the report:** Scrutiny of Services and Review.

In March 2015, the Children and Education Select Committee (now the Social Care Services Board) made two recommendations in relation to Surrey's Youth Justice Strategic Plan 2015-20 and requested an update after 12-months. The recommendations were:

- That Surrey's Youth Justice Partnership Board (YJPB) undertake evaluation with the probation service 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.
- That officers provide a report on the Reducing Re-offending Plan 2014-17 with details of how the Youth Support Service (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 Board also requested a general update on Year 1 progress in relation to the Youth Justice Strategic Plan 2015-20, which is provided in this report.

**Introduction:**

1. Surrey's Youth Justice Strategic Plan 2015-20 was published in May 2015, meeting the council's obligations under the Crime & Disorder Act 1998. Youth justice relates to that area of the council's responsibilities for the management of young people who have committed criminal offences. These responsibilities are discharged in partnership with Surrey Police, the National Probation Service and NHS Surrey. The organisation within the council with lead responsibility for youth justice is Surrey Youth Support Service (YSS).
2. Surrey YSS comprises of local teams in each of Surrey's eleven boroughs and districts that deliver services to young people who offend. The YSS also provides services to young people who are homeless, who are deemed children in need (section 17 of the Children's Act 1989) or requiring targeted Early Help, who are open to the recently re-commissioned Children and Adolescent Mental Health Service (CAMHS) and who are Not in Employment,

Education or Training (NEET). Young people that offend will often fall into these other cohorts, and vice versa. Therefore, an integrated service such as the YSS is of benefit to meeting a range of overlapping needs.

3. The Youth Justice Strategic Plan 2015-20 covers a 5-year period and was co-produced with Youth Justice Partnership Board (YJPB) members, in addition to consultation with the Children and Education Select Committee. This clear partnership focus seeks to ensure key services and agencies work together to deliver an effective youth justice system that provides value for money. It is believed to be the only youth justice plan in England and Wales that has taken such a deliberate long term view to delivering sustainable, high quality youth justice outcomes, which can better withstand financial and regulatory demands.

### **Youth Justice Strategic Plan 2015-20 Priorities**

4. The strategic priorities for the Youth Justice Strategic Plan 2015-20 are:
  - **Prevent Youth Crime**
  - **Reduce Re-offending**
  - **Safeguard young people from harm**
  - **Protect the public from harm**
5. In meeting these priorities, activity includes restorative justice approaches and the application of a clear safeguarding focus to prevent and reduce offending, improve victim satisfaction and raise public confidence. This involves developing an improved partnership understanding of adolescence as a unique stage of development, which thereby avoids inappropriate and disproportionate criminal justice responses. It also requires a transformational shift towards understanding persistent offending through a safeguarding 'lens', recognising that it is often intertwined with significant vulnerability and, therefore, addressing safeguarding need is a likely starting point for reducing entrenched youth offending behaviour.

### **Overview of Progress - Year 1**

6. During Year 1, considerable progress has been made towards the stated ambition of the Youth Justice Strategic (YJS) Plan 2015-20 to **enable children and young people at risk of, or involved in offending, to lead safe, law abiding lives, in order to reach their full potential and make a positive contribution to their community.**
7. Key performance outcomes and achievements, which are relevant to the priorities and ambition of the Plan include:
  - a) Only 6 young people from Surrey were sentenced to custody in 2015/16 (and only 8 in 2014/5), which means that the county remains one of the lowest users of youth custody in the South East and England.
  - b) Surrey currently has the lowest rate of young people entering the criminal justice system for the first time in England and Wales. This has consistently been the case for the past 4-years, supported by the implementation of the joint Surrey YSS and Police Youth Restorative Intervention (YRI) out of court disposal scheme.
  - c) The outstanding success and innovation of the partnership YRI scheme was recognised in July 2015 through winning the prestigious Restorative Justice category at the Howard League for Penal

Reform's National Community Awards. This was followed by winning the Youth Justice Board Effective Practice Award in November 2015.

- d) Surrey YSS also received the Restorative Service Quality Mark from the Restorative Justice Council in July 2015, and whilst this reflected the broader work of the service, evidence around restorative justice and the YRI was a key element of this achievement.
- e) Significant reductions have been delivered in 2015/16 in relation to the arrest, denial of bail and detention of young people in police custody, particularly overnight, which has historically failed to meet the specific needs of children who have come into conflict with the law. This has been supported by the development of voluntary attendance suites and a joint local authority and police accommodation protocol agreed in April 2015.
- f) Surrey has the 2<sup>nd</sup> lowest level of young people who are not in employment, education or training (NEET) in the country at 1.7%, which is the lowest level of NEET for any large local authority (DfE, 2015). Surrey YSS also achieved the Matrix standard in March 2016. This is a nationally recognised quality mark for organisations that can demonstrate high quality advice and guidance that supports individuals in their choice of career, learning, work and life goals.
- g) Only 1 Surrey young person under the age of 18 has been accommodated in Bed and Breakfast in 2015/16 (and for only 1 night) due to the work of the Homelessness Prevention Service (HPS), which sits within the YSS.
- h) Since the implementation of the Reducing Reoffending Plan 2014-17, reoffending performance has improved and is holding steady. The reoffending rate of the 2014/15 cohort was 32.7% and the projected reoffending rate of the 2015/16 cohort is 33.7%. This is compared to the 2013/14 performance of 41.9%. This has been achieved despite a reduction in the overall numbers of young people coming into the criminal justice system, leaving a smaller and more complex group to work with and support behaviour change.

### **Impact of youth justice interventions on adult offending trends**

- 8. This understanding has been difficult to achieve due to the current limitations of the NICHE Police Records Management System in profiling by age breakdown. There was some previous YSS/Police analysis in 2013 (that now requires updating) which indicated a link between the introduction of the YRI and a subsequent reduction in the overall number of 18-21 year olds coming to the attention of the police. There had not been a similar trend for the older adult population, which suggested that the impact and experience of the YRI was contributing to overall lower levels of offending in early adulthood. Consequently, as part of the Transforming Justice strand of Surrey's Public Service Transformation Programme, it has recently been agreed that the YRI will initially be adapted for use with adult women offenders as part of a pilot from May 2016.
- 9. In March 2016, a new seconded probation officer started within the YSS with responsibility for ensuring that effective transition takes place between both services where relevant and that young people are fully prepared for transfer. Breach is one of the most common offences for which young adults are sentenced to custody and, therefore, it is imperative that those transferring from

YSS are fully prepared for the expectations that will come with probation supervision. At the same time, the seconded probation officer can support those within their home organisation to better understand that adolescent development does not necessarily end at 18 and that differentiated responses are required for the young adult population.

10. The seconded probation officer additionally has access to YSS and probation case management systems and will begin to systematically track young people transitioning between the services to monitor their progress and longer term reoffending rates. These findings can be reported back to the Social Care Services Board at a later date.

<b>Re-offending and work to address known factors – homelessness, NEET, mental and emotional health issues</b>
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11. The performance highlights noted in the 'Overview of Progress – Year 1' of this report demonstrate how the YSS and wider partnership is working effectively to produce excellent outcomes in relation to these key factors and overall reoffending. A key driver has been the strategic decision in 2012 to place the functions of a Youth Offending Team within a holistic and integrated YSS that provides case management support for young people with a wide range of (often overlapping) needs, that may include offending. This ensures non-siloed responses for children with youth justice involvement and essentially means that they receive the same services and opportunities from the same practitioners as other vulnerable young people whose entry route to the service may have been through homelessness, mental health, unemployment or other factors which led them to be identified as a Child in Need. This non-stigmatising and non-labelling approach to working with young people that transgress the law is at the heart of the Reoffending Plan 2014-17 and has contributed to improved reoffending performance.
12. The YSS has assumed responsibility for all homeless 16 and 17-year olds in Surrey through the development of the HPS in 2013. This has included leading the commissioning and contract management of the different supported accommodation providers around the county. A re-commissioning exercise was completed in 2015 and has further improved the quantity and quality of emergency and longer-term supported accommodation for homeless 16 and 17 year olds. Consequently, this means that the use of inappropriate bed and breakfast accommodation for young people has been virtually eradicated in Surrey. Given the link between homelessness and youth offending these improvements have been crucial.
13. Participation in education, training and employment remains the overarching purpose and goal of the YSS, in recognition of its positive impact on the life outcomes of a young person, including those that offend. There are examples across the county of effective partnership work with schools, colleges, training providers and employers that enable the most vulnerable young people to achieve their full potential. This includes the LEAP education programme in North West Surrey, which is delivered by the YSS in partnership with Brooklands College where young people who are not college-ready can achieve qualifications within a more informal youth centre setting. This is the type of innovative partnership which has contributed to Surrey having the second lowest level of NEET in England.

14. Similar partnership developments have occurred within the arena of mental and emotional health. As part of the CAMHS re-commissioning, Surrey YSS has been selected as one of the sub-contracted partners of Surrey and Borders Partnership Foundation NHS Trust (who hold the contract). This new integrated service model started on 1 April 2016 and has attracted significant additional funding, contributing to the recruitment of an additional 4 mental health workers within Surrey YSS. It is designed to ensure that children and young people have access to quality mental health and behavioural support provision at any point on the continuum from early help to crisis intervention. This transformed CAMHS offer has the potential to significantly improve outcomes for young people in the youth justice system that disproportionately experience emotional, mental health and behavioural difficulties. The Social Care Services Board may wish to receive an update on the impact of the new CAMHS delivery model on reoffending in 12-months time.

### **Conclusions:**

15. Overall there has been significant progress made during Year 1 of the Youth Justice Strategic Plan 2015-20, which is reflected in key performance measures, including reoffending, and the national recognition of youth justice work in Surrey. The strength of the plan is in the partnership endeavour that is at its core and has led to innovative and transformational development within key associated areas related to offending such as mental health, homelessness and education training and employment.
16. There is more to be achieved, however, and some elements of the local and national youth justice system remain under-reformed e.g. courts and sentencing, including custodial sentences. This is noted within Charlie Taylor's interim National Youth Justice Review report (which cites Surrey as an area of good practice) and when the final report is published in July 2016 it is likely to provide further impetus and permissions for developing an increasingly devolved and integrated 'child first, offender second' model at all stages of the youth justice system in Surrey.
17. Additionally, there is more to be achieved in understanding what impact early youth justice provision (particularly the YRI) is having on longer-term adult offending outcomes, particularly in relation to the young adult population who may have previously experienced this provision.

### **Recommendations:**

18. The board may want to make the following recommendations:
  - a) Surrey's Youth Justice Partnership Board (YJPB) undertake further evaluation with the police and probation service to understand what impact youth justice intervention has on offending in young adulthood and share these findings with the Social Care Services Board in 12-months time.
  - b) That officers provide a further update in 12-months on the progress of the Reducing Reoffending Plan 2014-17 with particular reference to how the new CAMHS integrated model, including the YSS sub-contracted element, has impacted on mental health and emotional and behavioural issues as a known factor in relation to re-offending.
  - c) That officers provide an update in 12-months in relation to progress made against the Youth Justice Strategic Plan in Year 2.

<b>Next steps:</b>
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The board is asked to approve the above recommendations and timetable an updated report in 12-months time.

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**Sources/background papers:**

Youth Justice Strategic Plan 2015-20 – Refresh 2015/16 (appendix A)

Surrey YSS Youth Justice Performance Report Card - 2015/16 (appendix B)

Background Papers:

Youth Justice Strategic Plan 2015-20

Review of the Youth Justice System – An interim report of emerging findings, Ministry of Justice, February 2016



# Youth Justice Strategic Plan 2015-2020

Surrey Youth Justice Partnership

A partnership commitment to reducing youth  
crime and creating safer communities  
in Surrey

**2015/16 Refresh**

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# Introduction

The 2015/16 refresh should be viewed alongside the full 2015-2020 Surrey Youth Justice Strategic Plan published in May 2015. It highlights progress to date, which is driven through delivery of the core strategic objectives of a youth justice system – to prevent and reduce youth crime, safeguard children and young people at risk of, or involved in, offending and protect the public from harm.

The 2015-2020 Youth Justice Strategic Plan sets out how the county will continue to deliver high quality and high performing youth justice services over the next 5-years through partnership activity governed by Surrey's Youth Justice Partnership Board (YJPB). It reflects on the outstanding successes the partnership has achieved to date, which has produced some of the best outcomes for young people and the wider community of any youth justice partnership in England and Wales. It also sets out further areas of proposed ambitious youth justice reform over a 5-year period, which provides the necessary foresight and resilience to support sustainable improved outcomes for children and young people, within a context of reducing public service budgets. At the heart of the plan is an unswerving commitment to deliver an effective youth justice system as a partnership, rather than developing approaches that largely rely upon the activity of a single youth offending team or other agency. However, in order to meet the requirements of the Crime and Disorder Act 1998, the statutory functions of the YOT in Surrey will continue to be undertaken by the Youth Support Service (YSS) and the Head of Service will retain the designated Youth Offending Team manager role.

Central to the plan is a strategy that seeks to develop an improved partnership understanding of adolescence as a unique stage of development, which thereby avoids inappropriate and disproportionate criminal justice responses. This includes a recognition that increased risk taking and boundary testing should be viewed as a normal part of growing up and needs to be seen within that context when responding to youth crime. It also outlines a partnership commitment to consider youth offending as a potential reflection of safeguarding needs where children vulnerable to crime are recognised as 'troubled', rather than 'troublesome' and services are delivered accordingly so that they do not unintentionally exacerbate those needs, making offending more likely.

Such an approach is rooted in the principles of 'Positive Youth Justice' (PYJ), as developed by Swansea University academics Professors Haines and Case, which advocates reducing youth crime, creating fewer victims and building stronger communities by considering children and young people who come to notice in an offending context as children first and offenders second. Surrey is already further ahead than most in terms of incorporating such an approach in its youth justice practice, particularly in the pre-court arena. As part of wider public service reform ambitions, we will seek to further realise the potential of 'Positive Youth Justice' over the next 12-months and beyond to inform improved delivery at all stages of the youth justice system – prevention, arrest, diversion, sentence and resettlement. Ultimately we believe that this is the best route to delivering a principled and effective whole youth justice system that recognises and meets the needs of young people and victims, whilst providing value for money for Surrey taxpayers.

## Youth Justice Strategic Plan 2015 – 2020: Progress Update 2015

During 2015, considerable progress has been made towards the stated ambition of the Youth Justice Strategic (YJS) Plan 2015-20 to **enable children and young people at risk of, or involved in offending, to lead safe, law abiding lives, in order to reach their full potential and make a positive contribution to their community**. It continues to be recognised that this is only achievable through effective partnership work, and activity through 2015 against the Year 1 Action Plan (Appendix E) reflects this.

The Plan received full council approval in May 2015, following extensive partnership consultation and political engagement. Oversight and governance is through the Youth Justice Partnership Board (YJPB) that continues to meet quarterly and has extensive, high-level partner agency representation (see Appendix A). In June 2015, Surrey County Council's Assistant Director for Young People replaced the Strategic Director

for Children's Services as Chair of the Board. The Assistant Director for Young People had been a longstanding member prior to becoming Chair and the Head of Surrey Youth Support Service (YSS) reports directly to them.

During 2015, in relation to its governance and oversight role, the YJPB has commissioned audits and evaluation of resettlement from custody, re-offending and safeguarding. These have derived from consideration of a number of Criminal Justice Inspectorate (CJI) thematic inspection reports published in the previous twelve months. This included an inspection of several youth justice services, including Surrey YSS, in relation to Community Safeguarding and Public Protection Incidents (CSPPI's) notified to the Youth Justice Board (YJB) for England and Wales. The inspection report praised Surrey for ensuring that positive practice was highlighted in its CSPPI critical learning reviews. In response to wider recommendations, the YJPB holds a Safeguarding and Public Protection Oversight Sub-Group (SPPOG) accountable for monitoring and reporting on learning with regard to any CSPPI's notified to the YJB. To enhance learning opportunities it has also required this group to report on serious incidents where a young person has not been subject to statutory youth justice supervision, and would not ordinarily meet YJB notification criteria.

In terms of key achievements so far this year increasing the employability of young people, including those in the youth justice system, remains a key goal underpinning the purpose of the YSS and ambition of the strategic youth justice plan 2015-20. Recently published Department for Education annual statistics show that Surrey has the second lowest level of young people who are not in employment, education or training (NEET) in the country at 1.7%, which is the lowest level of NEET for any large local authority. This is a notable achievement at a time of increasing financial challenge for services, families and young people.

Progress in 2015 also includes further reform of the youth justice system based on improved responses to safeguarding needs in order to prevent offending by young people. This includes those areas where Surrey is already a leader in terms of national outcomes. For example, the joint Surrey YSS and Police decision making guidance for out of court disposals has recently been revised to support a further reduction in young people's contact with the formal youth justice system, given that such contact in itself can increase likelihood of offending. This ensures that in 2015 Surrey continues to have the lowest rate of first time entrants in England and Wales and contributes to exceptionally low custody rates. It also allows young people with previous convictions to be equally considered for a Youth Restorative Intervention (YRI), as the default disposal for young people under the age of 18 who admit an offence. This decision making rationale is supported by recent independent evaluation, which demonstrates the YRI's effectiveness in reducing re-offending and the benefits and satisfaction for victims of a more restorative approach. The evaluation also evidences that the YRI has saved £3 for every £1 spent, thus providing excellent value for money for partners and the public.

The outstanding success and innovation of the joint Surrey YSS and Police YRI scheme was recognised in July 2015 through winning the prestigious Restorative Justice category at the Howard League for Penal Reform's National Community Awards. In addition, the YSS has recently had its Restorative Service Quality Mark application approved by the Restorative Justice Council and whilst this reflects the broader work of the service, evidence around restorative justice and the YRI has been a key element of this achievement.

Notable progress has also been made this year in relation to reducing the arrest, denial of bail and detention of young people in police custody, particularly overnight, which has historically failed to meet the specific needs of children who have come into conflict with the law. This has been supported by the development of voluntary attendance suites and a joint local authority and police protocol agreed in April 2015 that has increased access to alternative accommodation outside of police custody. Additionally, partnership work has begun to reduce delays experienced by young people from arrest to outcome, in relation to allegations of harmful sexual behaviour (both as perpetrators and as victims). This will be further complemented by Surrey's involvement in the pilot of a national framework for young people displaying harmful sexual behaviours (HSB), which, given the current high profile of adolescent sexual behaviours and links between child sexual exploitation and HSB, is an important area of focus.

Partnership activity is also continuing to seek reductions in the number of young people re-offending, particularly those left in the formal system that are often the most vulnerable and at greater risk of repeat offending. The challenge of reducing re-offending is recognised nationally, and locally the YSS has implemented a 3-year project (2014-17) sponsored by the Assistant Director for Young People/Chair of the YJPB. This focus, via an increasingly restorative, holistic and integrated approach, has delivered a 2014/15

re-offending rate of 32.7% compared to 41.9% in 2013/14. This is good for young people and the Surrey public.

The YSS maintains a close working alliance with the Family Support Programme (FSP) programme based in each of Surrey's eleven boroughs. This has included operating as lead practitioners for families in a significant number of cases before, during and after the intensive support from FSP practitioners. We will continue to work closely to ensure there is a consistent approach to working effectively with the whole family in order to affect positive change and meet our joint priorities. Other innovative projects/practice that are currently impacting positively on youth justice outcomes in Surrey include an extended case management offer with health partners for young people who are not engaging with CAMHS, work towards developing a restorative youth court with key stakeholders and a bespoke adolescent CSE group work programme. The YSS is also leading on the provision of 'community remedy' and 'positive requirements' for young people within the county under recent Anti-Social Behaviour legislation and re-commissioned services in relation to an extensive early adolescent help and supported accommodation provision. All of these opportunities seek to support young people at risk of crime without stigmatising and labelling them as offenders, which is more likely to increase their propensity to offend.

All of the progress and innovation described above is underpinned by partnership endeavour and investment in the professional development of a committed, skilled workforce across all relevant agencies and organisations. This continues to put Surrey at the forefront of youth justice practice nationally, and confident in our ability to deliver our 2015-2020 aspirations in full.

**Mike Blower**

**Surrey Youth Support Service Area Manager & Criminal Justice Lead**

**September 2015**

# Structure & Governance

In Surrey the statutory functions of the YOT (as required by the Crime and Disorder 1998) are undertaken by the Youth Support Service (YSS). The YSS is part of Services for Young People, which sits within the County Councils' Children, Schools and Families Directorate. The Youth Justice Partnership Board (chaired by Surrey's Assistant Director for Young People) oversees activities of a range of partners, beyond those of the YSS, which contribute to the principal function of the youth justice system of preventing offending by children and young people. The strategic shift away from a YOT and the previous YOT Management Board reflects a partnership approach which recognises that preventing youth offending is not the preserve of any single agency but requires wide-ranging, co-ordinated partnership activity and accountability. It also reflects a belief that young people who offend are first and foremost young people, and they often present with multiple needs which are not best met through a discrete service for 'young offenders'.

As the starting point for provision of services to a range of adolescents in need, the YSS is designed to deliver support that enables vulnerable young people to overcome barriers, including offending, that may inhibit them from achieving their full potential with an overall focus on increasing their employability, given the evidence of the positive impact this can have on life-course outcomes. Within this integrated response to young people's needs a key focus remains on ensuring offending is addressed, sentences are served and National Standards for youth justice are fulfilled. The breadth of services available within the YSS, including health (physical and emotional), welfare, housing, and employment makes the Surrey's integrated approach a more credible and evidenced based response to offending than arrangements elsewhere. The YJPB holds the YSS to account with regard to its youth justice performance and strategic direction. A high level YSS structure chart is attached as appendix D.

A range of partner organisations and services support and complement the work of the YSS in preventing and reducing youth crime, safeguarding young people and protecting the public. Many of these organisations are represented on the current Youth Justice Partnership Board (see Appendix A). It is recognised that progress is achieved through effective and innovative partnership working and that positive youth justice outcomes across the whole system cannot be delivered through a single agency or strategy.

## Wider Context

The YJPB is one of six partnership groups delivering statutory responsibilities for children and young people in Surrey. The priorities of these groups significantly overlap and are integrated in the Children and Young Person Partnership Plan (2014-17). The other partnership groups are:

- Surrey Health and Wellbeing Board – through the Children's Health and Wellbeing Group.
- The Children and Young People's Partnership – the strategic group and operational board (this replaces the historical Surrey Alliance).
- Surrey Safeguarding Children Board (SSCB).
- The Corporate Parenting Board.
- The Schools Forum.

Consequently, Surrey's 2015-2020 Youth Justice Strategic Plan is also closely aligned with a number of other key complementary strategies and plans which include:

- Surrey CS&F Directorate Strategy 2014-2019
- Services for Young People Re-commissioning Strategy 2015–2020
- Early Help Strategy 2013-2017
- Surrey Safeguarding Children Board (SSCB) Child Sexual Exploitation Strategy
- Surrey Criminal Justice Board (SCJB) Plan (including Restorative Justice Strategy)
- Surrey Police and Crime Plan
- Surrey Strategic Alliance Assessment and borough Community Safety Partnership Plans
- Key commissioning, delivery and strategic plans of other main partner agencies (Probation, Health)

In addition, effective partnership arrangements are in place between YSS (YOT) statutory partners and other local partners that have a stake in delivering effective local youth justice services (see Appendix B).

# Performance - 2014/15

There are three National Indicators for the Youth Justice System introduced in April 2011. These are:

- 1. First time entrants to the youth justice system**
- 2. Reoffending of young people in the youth justice system**
- 3. Use of custody for young people**

## 1. First time entrants

Surrey has seen an exceptional reduction in the number of first time entrants to the formal youth justice system. This is largely attributable to the innovative Youth Restorative Intervention (YRI), developed in collaboration with Surrey Police and other partners in 2011. This has introduced a restorative response to youth offending that puts victims at the heart of a process where harm caused can be repaired without recourse to the courts. The YRI has contributed to an overall 85% reduction in First time Entrants between January 2009 and December 2014 and means that a Surrey young person has been consistently less likely to enter the criminal justice system and have a criminal record than anywhere else in England and Wales.

### First Time Entrants - 2014

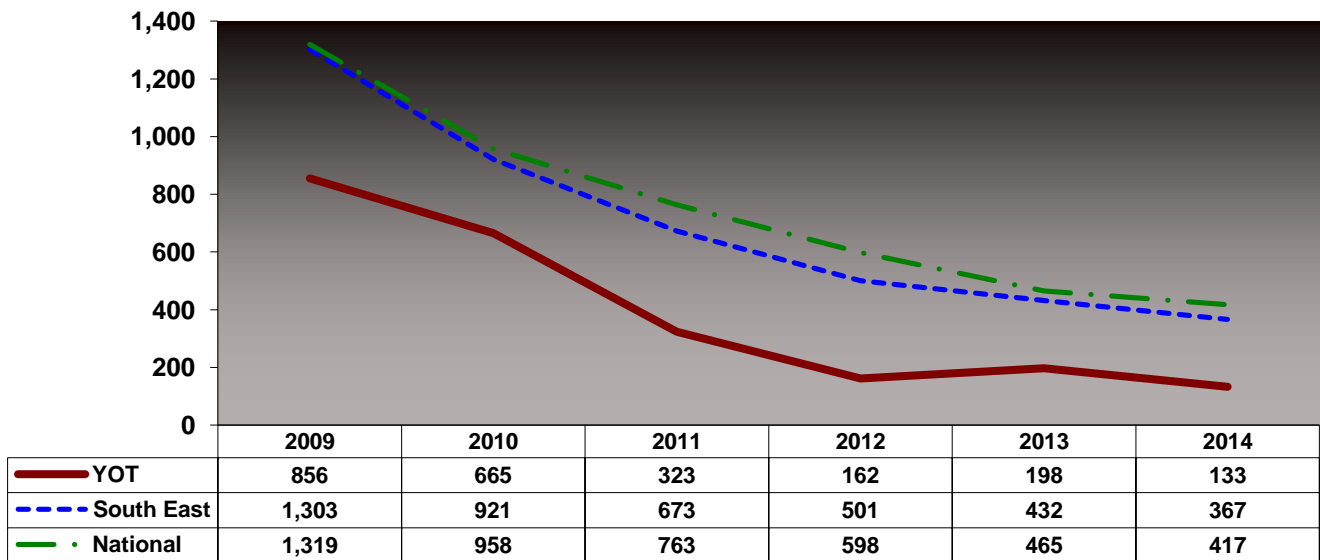
There were 131 first time entrants between Jan –Dec 2014, which is below our target of <200. Surrey continues to sustain an exceptionally low number of first time entrants to the criminal justice system and 70% of young people that offend are currently diverted from the criminal justice system by way of the YRI.

Between Jan – Dec 2014, Surrey had the lowest number of First Time Entrants per 100,000 population in England. The latest published Ministry of Justice figures taken from the Police National Computer (PNC) are shown below:-

### First Time Entrants rate per 100,000 of 10-17 population

First time entrant rate				Surrey's ranking	
	Surrey	South East	England	against South East	against England
Jan 14 – Dec 14	133	367	409	1 of 29	1 of 140
% change compared to Jan 09 to Dec 09 baseline	-84.5%	-71.8%	-66.7%		

Rate of FTEs per 100,000 in 12 month period to the end of December:



## 2. Reoffending of young people in the youth justice system

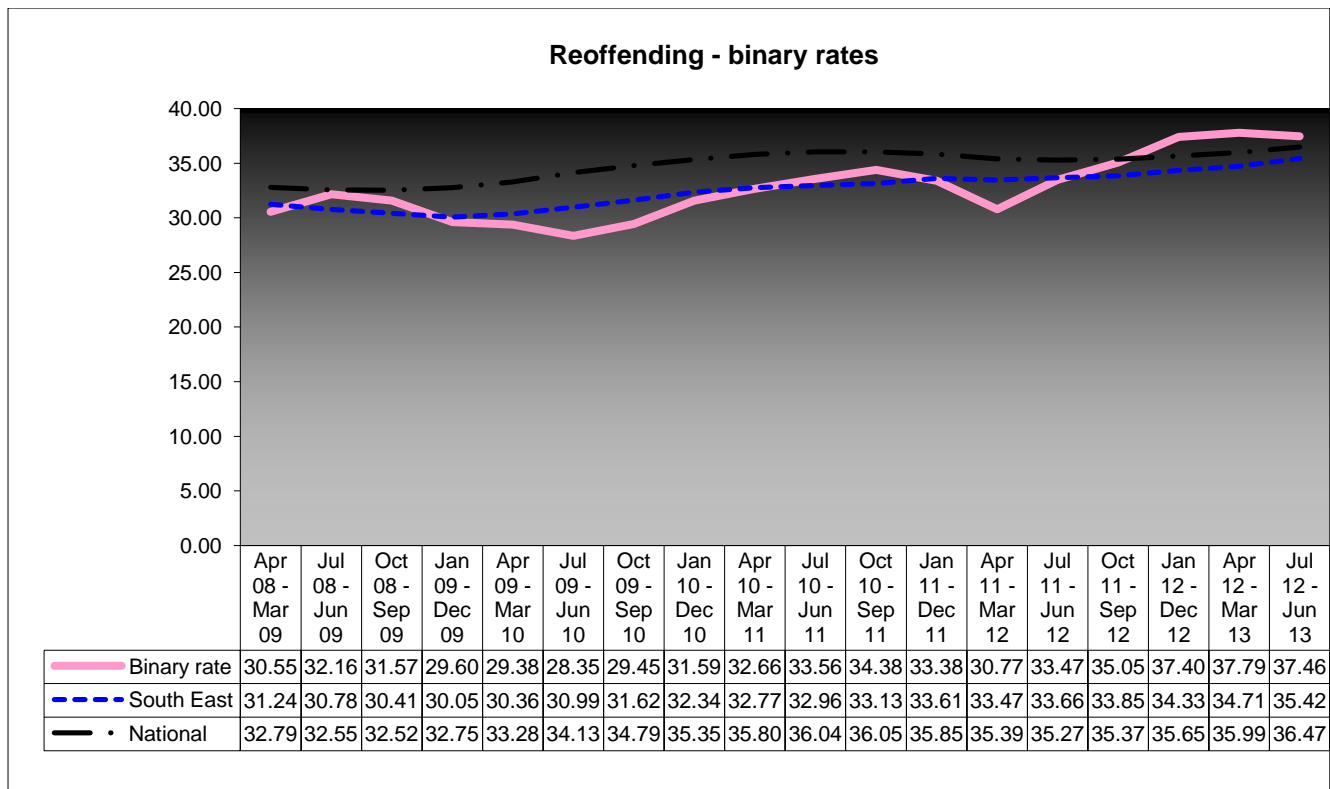
The re-offending of the increasingly smaller proportion of young people within the formal system has risen slightly above the regional and national average and Surrey's base line from 2005. This is largely a consequence of the outstanding reduction in first time entrants, which means that the formal cohort is not only much smaller, but much more complex than prior to the availability of the YRI where young people who presented a low risk of re-offending were still processed through a formal system. The latest re-offending data published by the Ministry of Justice taken from the Police National Computer (PNC) is shown below.

Reducing the number of young people re-offending is a national issue and the Youth Justice Board (YJB) and Ministry of Justice (MOJ) have commissioned a project to analyse the changing nature of the cohort and share effective practice. Locally, Surrey YSS has engaged with this project and the Assistant Director for Young People has sponsored the implementation of a 3-year Reducing Re-offending Plan (2014–17).

An independent YRI evaluation report (2014) has found that the YRI has been significantly more effective in reducing re-offending than more traditional methods of youth justice. This highlights the importance of optimising the opportunities of this approach in reducing the offending of those already involved in the formal youth justice system and on statutory court orders. We are already beginning to see the benefits of increasing the availability of the YRI for this group. Through the Reducing Re-offending Plan, which has measured the combined re-offending (over a 12-month period) of a formal and informal (YRI) local 2014 cohort (211 young people), we have seen a 20% reduction in the binary rate and an 18% frequency reduction in re-offending from a 2010 baseline.

	Re-offenders			Surrey's ranking	
	Surrey	South East	England	against South East	against England
Jul 12 to Jun 13 cohort (latest period)	37.5%	35.4%	36.5%	22 of 29	79 of 140
Percentage change compared to Jul 09 to Jun 10 baseline	9.1%	4.4%	2.3%		





### 3. Use of custody for young people

Surrey courts continue to make very low use of custody, with fewer than 10 young people sentenced to custody in each of the last three years, currently making the county the 8<sup>th</sup> lowest user of this sentencing option in England and Wales. This continues a trend that was established prior to transformation in 2012 and is underpinned by the courts' confidence in the YSS to effectively manage young people who have offended in the community. This has additional benefits for young people and the community, given the re-offending and safeguarding risks associated with custodial experiences.

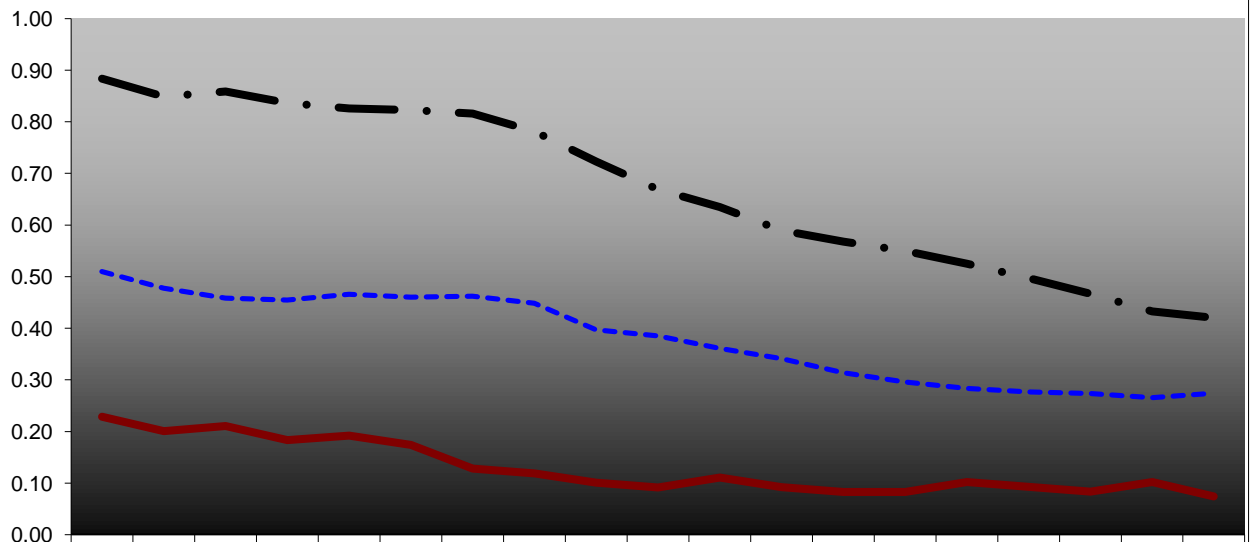
#### Use of the Secure Estate

There were 8 young people sentenced to custody in 2014/15 which is within our target of <10. Surrey remains one of the lowest users of youth custody in the South East and England and is the lowest per capita use of custody in England for any sizeable authority.

#### Use of Custody rate per 1,000 of 10-17 population

	Custody rate			Surrey's ranking	
	Surrey	South East	England	against South East	against England
April 2014 to Mar 2015	0.07	0.27	0.42	5 of 29	8 of 140
Change from April 2011 to March 2012 baseline	-0.05	-0.19	-0.40		

Custody Rate per 1,000 of 10-17 population



YOT	0.23	0.20	0.21	0.18	0.19	0.17	0.13	0.12	0.10	0.09	0.11	0.09	0.08	0.08	0.10	0.09	0.08	0.10	0.07
South East	0.51	0.48	0.46	0.45	0.47	0.46	0.46	0.45	0.40	0.39	0.36	0.34	0.31	0.30	0.28	0.28	0.27	0.27	0.27
National	0.88	0.85	0.86	0.84	0.83	0.82	0.82	0.78	0.72	0.67	0.63	0.59	0.57	0.55	0.52	0.50	0.47	0.43	0.42

## Local Performance Indicators 2014-15

### Looked After Children's Offending

Surrey continues to be highly successful and a national and regional leader in preventing looked after young people from becoming criminalised.

21 (5.3%) looked after young people received a substantive YJ outcome in 2014/15 out of a total cohort of 393 young people. This is lower than the April 2014 cohort (5.6%) and continues a trend established over the last five years of a year-on-year reduction in offending. Of the 21 looked after young people offending, 9 were in-county and 12 were out county placements. Surrey's ambition is to ensure a consistent approach to offending for all looked after children whether or not they live within the local authority boundaries and the local authority and partners have led this change across the South East of England through the South East Reducing Offending and Criminalisation of Children in Care protocol. This has been recommended as a template of good practice for the rest of England & Wales by the All Parliamentary Group for Children in their 2014 report - 'It's all about trust': Building good relationships between children and the police'.

Work to reduce offending by looked after young people is driven through the Corporate Parenting Board and its Reducing Offending sub-group which draws together professionals from across Children's Service, Police and YSS.

# Risks and Resources

## Resources

Youth Offending arrangements in Surrey have been through a major restructuring exercise which saw the integration of services for young people aged 10-18 within a Youth Support Service (YSS) established in January 2012. This integrated approach has enabled the relatively new service to build capacity to develop innovative preventative and diversionary practice in areas such as restorative justice, prevention of homelessness, safeguarding & family work, mental health, substance misuse and employability. This has been supported in part through the YJB Good Practice grant.

Formal youth justice in Surrey now costs considerably less than it did three years ago (prior to the youth services transformation). The Youth Justice Service spent three quarters of its £4m budget on court ordered interventions with the remaining £1m spent on preventative activity. This balance has reversed with less than £1m per annum spent on statutory intervention with resources being shifted to restorative and preventative interventions as described above.

The youth justice resourcing strategy will continue to promote a shift from expensive, formal and acute intervention to informal and preventative approaches, building upon the virtuous cycle which has been established through the dampening down of the formal system.

In order to inform commissioning decisions within the youth justice system and in the wider children and families system greater understanding is required of the cost of inputs, their effectiveness and relationship to outcomes. The interdependence of partner funding and impact of funding decisions for all partners also needs to be better understood.

The current investment in YSS activity is captured in appendix C but this does not reflect the broad contribution of Surrey Police to preventative and criminal justice activity in relation to young people, nor that of health, children's services or boroughs and districts to activity which directly or indirectly prevents youth offending.

The current youth justice strategy can be seen to have delivered savings for a range of partners through reduced reliance upon the formal justice system and reducing demand for acute services. If existing levels of funding by partners are maintained the 'virtuous cycle' of reduced crime and victimisation leading to reduced demand for services is likely to be continued.

Risk to future delivery	Actions
<b>National review of youth justice services and break-up of existing provision with impact on current outcomes</b>	<b>Work with Ministry of Justice to promote Surrey model of youth justice delivery</b>
<b>Continued reduction in partner budgets (including a potential in-year YJB grant reduction) leading to loss of funding or services to prevent offending</b>	<b>Develop better understanding of youth justice inputs and social and financial return on investment for respective partners.</b>
<b>Difficulty recruiting and retaining social workers leading to reduced safeguarding capability</b>	<b>Review social work posts within YSS and consider parity with children's service.</b>
<b>Impact on delivery resulting from developing crime types: cyber crime, exploitation, 'county'</b>	<b>Partner information sharing and developing flexibility to respond to developing crime</b>

<p><b>lines' offending, gang activity, organised crime, and radicalisation</b></p>	<p><b>types</b></p>
<p><b>Impact of MoJ re-offending data on Surrey's reputation and credibility given that it only measures and reports on the re-offending of those in the formal youth justice system. In Surrey, given the success in reducing FTE's, this is an increasingly small number of young people with more complex needs</b></p>	<p><b>Ensure this performance is put into context. This includes combining the re-offending of both the formal and YRI cohorts to provide a more comprehensive and meaningful analysis of local performance.</b></p> <p><b>Continue to implement the 2014-2017 YSS Re-offending Plan &amp; Priority Young Person Scheme (PYP) to reduce the re-offending of our most prolifically offending young people in Surrey</b></p>
<p><b>Impact on YSS and local authority budgets &amp; service delivery in the event of remand bed nights increasing, without a sufficient devolved YJB budget to cover. (Despite reducing the actual numbers of young people remanded in 2014/15 compared to 2013/14 by nearly 50%, the number of bed nights increased from 651 to 712)</b></p>	<p><b>Continued work with key partners to reduce the numbers of young people remanded and delays from charge to sentence/outcome, particularly in serious cases, which contributes to lengthy and expensive remands</b></p>

## Appendix A – Youth Justice Partnership Board membership

The YJPB retains a clear focus on the principal aim of reducing offending and re-offending and maintains strategic oversight of the delivery and performance of the local youth justice system and contribution from all partners. It provides senior representation from key partners to ensure that young people involved in the youth justice system have access to a range of universal and specialist services to support the partnership's responsibilities under Crime & Disorder Act 1998.

Name	Post	Agency
Chairman: Garath Symonds	Assistant Director of Services for Young People	Surrey County Council
Clare Curran	Cabinet Member for Children and Families	Surrey County Council
Frank Offer	Head of Commissioning	Surrey County Council
Ben Byrne	Head of Youth Support Service	Surrey County Council
Mike Blower	Area Manager, Youth Support Service	Surrey County Council
Gordon Falconer	Community Safety Unit Senior Manager	Surrey County Council
Norman Fullarton	Area Head, Surrey Children's Service	Surrey County Council
Gavin Stephens	Assistant Chief Constable	Surrey Police
Victoria Jeffries	Director, National Probation Service	National Probation Service (Surrey)
Jeff Harris	Deputy Police and Crime Commissioner	Office of the Police & Crime Commissioner
Sarah Haywood	Partnerships Policy Officer	Office of the Police & Crime Commissioner
Meg Webb	Magistrate	SW Surrey Bench
Douglas Spinks	Deputy Chief Executive	Woking Borough Council
Lucy Botting	Associate Director Children & Families	Guildford & Waverley CCG
Julie Cook	Chief Housing Officer	Elmbridge Borough Council
Shelley Greene	Head of Business Area South East	Youth Justice Board
Vicky Stobbart	Executive Nurse, Director of Quality and Safeguarding	NHS Guildford and Waverley Clinical Commissioning Group
Heather Ryder	Senior Public Health Lead Substance Misuse Commissioning Public Health	Surrey County Council

## Appendix B – Partnership Arrangements

Partnership	Benefits to the YOT/YSS
CAMHS Strategy Board	Opportunity to influence priorities & planning for CAMHS re-commissioning & related services including maintaining commitment to existing resources (2 x Band 7 Health post) and access to universal & specialist mental health resources.
Criminal Justice Board	Board membership provides significant access to key decision makers & opportunities for influence on youth related matters.
Corporate Parenting Group	YSS representation on the corporate parenting groups ensures that we can promote strategies to reduce looked after children's involvement in the criminal justice system.
Integrated Offender Management Unit (Youth)	Effective integrated working between YSS staff & Police Officers to administer & support the delivery of the Youth Restorative Intervention to both victims & offenders & the Priority Young Person (PYP) scheme for those at the greatest likelihood of repeat offending.
YRI Quality Assurance Panel	'Deep-dive' scrutiny of YRI casework. (Membership of the YRI QA Panel includes panel chairs (magistrates), community panel members, CPS, HM Court Service, & an independent 'Victims Champion').
DAAT Executive and DAAT Commissioning Group	Board membership provides opportunities to influence priorities & shape provision for young people.
Community & Public Safety Board	Range of community safety responsibilities, linkages to 11 Community Safety Partnerships. Opportunities for YSS to influence priorities & resource allocation.
Safeguarding Children's Board	Promote an appropriate focus on vulnerable teenagers including runaways & child exploitation as well as involvement in serious case reviews & quality assurance of safeguarding & public protection reports to the YJB.
14-19 Partnership Board	Increasing participation for vulnerable learners with opportunities for the YSS to shape & influence the 14-19 agenda.
Children's and Young People's Partnership Board	An overarching group that promotes the well-being and achievement of Surrey's young people
MAPPA Strategic Management Board	Ensures effective strategic management of a very small number of high risk offenders (including some young people) who pose a risk to the public.
Health & Well-being Board	This board is critical to developing the health & well-being of young people, especially those in more marginalised groups.

## Appendix C - Resourcing & Value for Money

The following table below shows the amount of funding from each of the partner agencies for the year **2015 – 2016** (Draft figures as final contributions still to be confirmed). This highlights a net reduction in overall budget of approx £150k, which will be mitigated by partnership collaboration to achieve further efficiencies in the youth justice system and seeking opportunities afforded by social and financial return investment models.

<b>Agency</b>	<b>Contributions to Staffing Costs</b>	<b>Other Delegated Funds from Partner Agencies</b>	<b>Total</b>
Police	£ 124,000		£ 124,000
PCC	£ 54,000		£ 54,000
Probation	£ 92,000		£ 92,000
Health	£46,800		£46,800
Local Authority	£ 1,398,800		£ 1,398,800
YJB **	£ 775,600		£ 775,600
<b>Total</b>	<b>£2,491,200</b>	<b>£0</b>	<b>£2,491,200</b>

**\*\* Does not include YJB Remand, Unpaid Work or RJ maintenance grant**

**Police - police staff making up the YRI Team (approx costs)**

**Probation x 2 Probation officers (approx costs)**

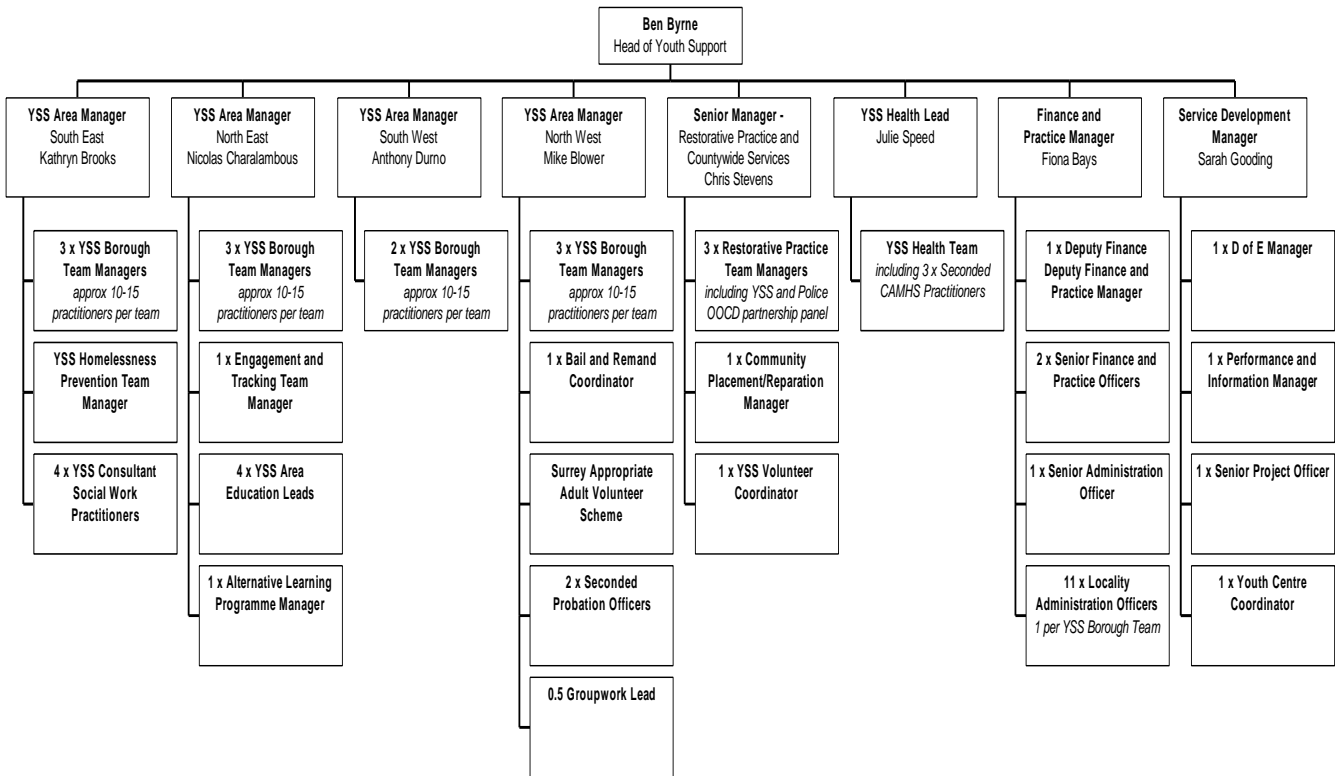
**Health – Public Health contribution to SMS £23,592, then % of MHW costs**

The YJB Good Practice grant (£775,600) has specifically supported the development of the Homelessness Prevention Service (including whole family interventions), the independent evaluation and continued expansion of the Youth Restorative Intervention (YRI) in partnership with Surrey Police, a bespoke offer to those experiencing mental health difficulties in partnership with CAMHs and a revised offending behaviour groupwork and mentoring programme in partnership with Keep Out Crime Diversion Scheme, HMP Coldingley and Youth Empowerment Scheme.

With regard to Assetplus preparation, Surrey YSS has a Senior Manager as the Operational Lead and a Performance Manager as the Technical Lead. In addition, there is a small group of practitioners identified to undertake the Train the Trainer programme and support the roll out of training for the service as a whole. This should be sequenced following the implementation of a new case management system for the service in Autumn/Winter 2015.

Chart 1

Surrey Youth Support Service Organisational Chart



The above high level organisational chart (Chart 1) illustrates the Senior Management configuration of Surrey Youth Support Service and responsibilities in relation to areas, teams and direct reports. The YSS Head of Service is the designated YOT Manager. In terms of compliance with the minimum staffing requirements set out in the Crime and Disorder Act 1998, YSS Senior Managers directly supervise the seconded probation officers and consultant CAMH’s practitioners and the in-house area education leads and consultant social work practitioners (funded via some additional monies from Surrey Children’s Services). In addition, the Restorative Practice Senior Manager is responsible, alongside a Surrey Police Inspector for the management and supervision of the police constables and sergeants that are part of the joint YSS and police Central Restorative Intervention Team based at Guildford Police Station. This team undertake delivery of a proportion of YRI’s, youth cautions and youth conditional cautions, as well joint decision making in relation to making out of court disposals. The Restorative Practice Senior Manager also leads on the training of YSS practitioners, volunteers and police colleagues in restorative practice. To date, within the YSS, 167 practitioners and managers have undertaken the restorative practice training and approximately 20 volunteers.

Tables 1 and 2 below further illustrate our staffing by agency and gender. As Surrey County Council does not collate by ethnicity this information is not available. It is important to note that YSS practitioners and managers are from a range of professional backgrounds including social work, probation, careers, education, youth work and psychology. This complements the holistic and integrated nature of the YSS and its approach to working with young people and families.



**Table 1 – Surrey YSS Staffing**

Type of Contract	Strategic Manager (PT)	Strategic Manager (FT)	Operational Manager (PT)	Operational Manager (FT)	Practitioners (PT)	Practitioners (FT)	Administration (PT)	Administration (FT)	Sessional	Students/ trainees	Volunteer	Total
Permanent		8	1	16	36	107	39	15	120		58	400
Fixed-term				1	3	1	4	3		6		18
Outsourced												0
Temporary												0
Secondee Children's Services *												0
Secondee Probation					2							2
Secondee Police *												0
Secondee Education *												
Secondee Health (Substance misuse) *												0
Secondee Health (Mental health)					2							2
<b>Total</b>	<b>0</b>	<b>8</b>	<b>1</b>	<b>17</b>	<b>43</b>	<b>108</b>	<b>43</b>	<b>18</b>	<b>120</b>	<b>6</b>	<b>58</b>	<b>422</b>

**Table 2 – Surrey YSS Staffing by Gender**

Ethnicity	Managers Strategic		Managers Operational		Practitioners		Administrative		Sessional		Student		Volunteer		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Not known	5	3	11	7	27	124	6	55	46	74	3	3	13	45	111	311
<b>Total</b>	<b>5</b>	<b>3</b>	<b>11</b>	<b>7</b>	<b>27</b>	<b>124</b>	<b>6</b>	<b>55</b>	<b>46</b>	<b>74</b>	<b>3</b>	<b>3</b>	<b>13</b>	<b>45</b>	<b>111</b>	<b>311</b>

**Appendix E – 2015/16 Action Plan**

<b>Strategic Priority – Prevent Youth Crime</b>				
<b>Priority</b>	<b>Action</b>	<b>Lead Agency or Agencies</b>	<b>Timescale</b>	<b>Success Criteria/Surrey Young People's Outcome Framework (SYOPF) Ref</b>
<b>Early and effective responses for young people &amp; victims of crime</b>	Continue to work in partnership to deliver the Youth Restorative Intervention (YRI) in Surrey in all appropriate cases	Surrey YSS & Surrey Police (oversight from out of court disposal scrutiny panel)	Ongoing – 2015/16	<p><b>The rate of first time entrants to the criminal justice system continues to decline (by 10% in 2015/16)</b></p> <p><b>Victim satisfaction rates are maintained or improved beyond 85%</b></p> <p><b>SYPOF – 3.1 &amp; 3.2</b></p>
	Implement the recommendations from the independent YRI evaluation	Surrey YSS & Surrey Police (oversight from YRI scrutiny panel)	Ongoing – 2015/16	
	YSS Team Managers to co-ordinate 1-1 early help referrals & offer in each borough & ensure that local schools are engaged with the offer	YSS, Local Prevention Provider & schools	From Sept 2015	
	Develop a Restorative Learning & Development Hub led by Surrey County Council to support implementation of the Community Remedy disposal in line with the Anti-Social Behaviour (ASB), Crime & Policing Act 2014	Community Safety Partnership (CSP), YSS, Police, Office for the Police and Crime Commissioner (OPCC)	Ongoing - 2015/16	
<b>Reduce the involvement of Surrey's Looked After Children (LAC) in the criminal justice system (CJS)</b>	Embed the South East Looked After Children (LAC) Offending protocol & review the Surrey wide protocol to prevent LAC involvement with the criminal justice system	Surrey YSS & Police	Ongoing - 2015/16	<p><b>Protocols reviewed &amp; embedded &amp; support further reduction in LAC involvement in CJS</b></p> <p><b>SYPOF – 3.1 &amp; 3.2</b></p>

Priority	Action	Lead Agency or Agencies	Timescale	Success Criteria/Surrey Young People's Outcome Framework (SYOPF) Ref
<b>Work in partnership to reduce the risk factors that contribute towards youth crime</b>	Ensure all eligible Phase 2 families are considered for the Family Support Programme (FSP) in each borough in order to optimise referrals	FSP & YSS	From Spring 2015	<b>All eligible &amp; appropriate referrals are made</b>  <b>SYPOF – 1.2, 3.1, 4.1, 4.4</b>
	Pilot an extended offer of 'No Labels' intervention in North West Surrey YSS & review after 6-months	YSS & CAMHs	From February 2015	<b>Improved adolescent mental health intervention available in North West Surrey</b>  <b>SYPOF – 2.2, 2.3</b>
	Leadership within YSS & Community Safety Unit (CSU) to ensure integration of YJPB Plan & Surrey Strategic Assessment with shared priorities that can be delivered locally through borough CSP plans	YSS, CSU & CSP's	Ongoing – 2015/16	<b>Improved interface with Community Safety Partnerships around shared borough priorities in relation to ASB &amp; crime</b>  <b>SYPOF – 3.1, 3.2</b>
	Surrey Police led Children & Young People's Oversight Group to seek improved knowledge, understanding & response to emerging (often interrelated) youth crime – cyber & on-line, extremism, exported gang associated drug dealing, Child Sexual Exploitation (CSE) & Interpersonal Violence (IPV) related	Surrey Police - action planning shared with Surrey Safeguarding Children's Board (SSCB)	Ongoing - 2015/16	<b>Development of partnership action plan to address</b>  <b>SYPOF – 3.1, 3.3</b>
	Further develop the Restorative Learning & Development Hub led by Surrey County Council (SCC) to train partner agency professionals in restorative approaches that support prevention of homelessness & education exclusion	YSS (SCC)	Ongoing – 2015/16	<b>Develop a fully operational Restorative Learning &amp; Development Hub</b>  <b>SYPOF – 3.1, 4.1, 4.3, 4.4</b>

**Strategic Priority 2 - Reduce re-offending**

Priority	Action	Lead Agency/Agencies	Timescale	Success Criteria/SYPOF Ref
<p><b>Effective interventions support young people to reduce their offending</b></p>	Implement the partnership actions in the YSS Re-offending plan (2014-17)	YSS (with Youth Justice Board (YJB) oversight)	Ongoing - 2015/16	<p><b>10% reduction (2015/16) in re-offending by young people who have received an informal or formal outcome</b></p> <p><b>SYPOF – 1.1 – 1.5, 3.1, 3.2, 4.1 – 4.4</b></p>
	YSS Quality Assurance (QA) framework to support effective case management of young people who have offended	YSS	Ongoing - 2015/16	<p><b>QA framework demonstrates completion of quality &amp; timely assessment and plans &amp; minimum 85% compliance with National Standard's</b></p> <p><b>SYPOF – 3.1, 3.2</b></p>
	Annual evaluation & review of the Priority Young Person (PYP) partnership scheme & implement recommendations	YSS & Surrey Police	Review by June 2015	<p><b>Scheme evaluated &amp; recommendations implemented</b></p> <p><b>SYPOF – 3.1, 3.2</b></p>
	Youth justice partners to establish a working group to take forward the development of a restorative youth court	YSS, Courts, CPS, Police	July 2015 onwards	<p><b>To have agreed plans for a restorative youth court</b></p> <p><b>SYPOF – 3.1, 3.2</b></p>
	YSS & relevant partners to 'stock take' & review the effectiveness of current 1-1 and groupwork interventions with young people (& their families) who have offended (including those in/released from custody)	YSS	April - July 2015	<p><b>Interventions are reviewed and benchmarked against best practice</b></p> <p><b>SYPOF – 3.1, 3.2, 3.3</b></p>
	To support above YSS to enable young people to complete Viewpoint eSurvey re feedback on service user experience	YSS	Survey completed - Feb 2015	<p><b>55 survey returns which are then used to ensure service user feedback informs interventions</b></p> <p><b>SYPOF – 6.3</b></p>

<b>Effective interventions support young people to change their behaviour</b>	Implement YSS Referral Order review recommendations, including developing a plan to encourage more victims to attend Panel	YSS	Ongoing - 2015/16	<b>Deliver enhanced victim participation and satisfaction at Referral Order Panels by end of 2015</b>  <b>SYPOF – 3.2, 6.2</b>
	Revise the YSS & National Probation Service (NPS)/Community Rehabilitation Company (CRC) joint transfer protocol & transfer practice guidance, ensuring that the transitions workbook is utilised	YSS & Probation (NPS/CRC) * includes commitment to maintain the seconded transition officer role x 2 within YSS	February 2015	<b>All eligible cases experience an effective transition between YSS &amp; NPS/CRC</b>  <b>SYPOF – 3.2</b>

### Strategic Priority 3 - Safeguard Young People from Harm

Priority	Action	Lead Agency/Agencies	Timescale	Success Criteria/SYPOF Ref
<b>Further reform of the CJS to ensure that its practices better safeguard young people</b>	YSS, Police & Children's Services (CS's) to develop, agree & implement a partnership protocol that minimises the overnight detention of young people in police custody & ensures the availability of PACE beds	YSS, Police, CS's	Protocol agreed & implemented – March 2015	<b>No inappropriate overnight detentions of U-18's in police custody</b>  <b>SYPOF – 3.3</b>
	YSS, Police & Surrey Appropriate Adult Volunteer Service (SAAVS) to agree a protocol & action plan to increase the use of voluntary attendance suites to interview young people	YSS, Police, SAAVS	Protocol & Action Plan by April 2015	<b>Reduction in young people being brought into police custody following arrest</b>  <b>SYPOF – 3.3</b>
	Phase 2 development of Criminal Justice Liaison Diversion Scheme (CJLDS) includes bespoke intervention for U-18's, where mental health warrants diversion from the Criminal justice system.	CJLDS, YSS, Police, CAMH's	Project Group established February 2015	<b>All appropriate cases are diverted</b>  <b>SYPOF – 2.2, 2.3, 3.3</b>

	Criminal Justice System Efficiencies sub-group of the Surrey Criminal Justice Partnership Board (CJPB) will develop a protocol & action plan to improve the timeliness between arrest, charge & court outcome.	YSS, Police, CPS, Courts (CJPB sign off)	Action Plan by September 2015	<b>Partnership protocol &amp; action plan to speed up youth justice is agreed by CJPB</b>  <b>SYPOF – 2.2, 3.3</b>
	CJPB to review the You & Co Service that supports young victims & witnesses through criminal justice proceedings & beyond. Re-commission this or another provider through the Office for Police & Crime Commissioner (OPCC)	YSS, Police, Office of Police & Crime Commissioner courts, Victim Support (You & Co)	April 2015	<b>Review completed &amp; provision commissioned through OPCC</b>  <b>SYPOF – 2.2, 3.3</b>
<b>Safeguarding is identified &amp; managed to increase well-being &amp; safety &amp; avoid criminalising</b>	YSS, Police & Children's Services to share intelligence, identify those at risk & plan integrated training & responses that seek to keep those young people safe & avoid criminalisation where exploitation is an associated factor in offending	YSS, Police, CS's	By March 2015	<b>Improved identification, a single register of those deemed at risk &amp; co-ordinated multi-agency responses.</b>  <b>All young people considered for diversion from CJS where offending is related to their sexual exploitation</b>  <b>SYPOF – 2.2 – 2.4, 3.1 – 3.3</b>
	Youth Integrated Offender Management (IOM) & Multi-Agency Safeguarding Hub (MASH) Team reps to meet regularly to co-ordinate early safeguarding response for young people who have offended or come to the notice of the police & CS's as potential victims	Youth IOM & MASH	Jan 2015 onwards	<b>Ensure all appropriate young people are allocated to a relevant agency to receive relevant safeguarding services</b>  <b>SYPOF – 3.3</b>
	'Sliding Doors' Programme for those young people at risk of child sexual exploitation (CSE) is available in all 4 areas of the county & takes referrals from YSS, Police & Children's Services	YSS	Currently available in 3 and 4 <sup>th</sup> by April 2015	<b>Young people at risk of CSE are more aware &amp; better able to protect themselves</b>  <b>SYPOF – 2.2, 3.3, 5.2, 5.4</b>

<b>Safeguarding is identified &amp; managed to increase well-being &amp; safety &amp; avoid criminalising</b>	Joined up partnership response to E-safety is developed	YSS, Police, OPCC, CS's, education providers	Ongoing – 2015/16	<b>Partnership Action Plan developed</b>  <b>SYPOF – 2.2, 3.3, 5.2, 5.4</b>
	Safeguarding & Public Protection Overview Group (SPPOG) to establish monthly YSS 'risk panels' to improve oversight of CSE & other vulnerability related YJ cases	SPPOG (YSS, Police, CS's, SfYP Commissioning & Development (C&D))	Start Jan 2015	<b>Monthly Panels established</b>  <b>SYPOF – 3.3</b>
	SPOGG to review & implement learning from any relevant critical learning or serious case reviews of youth justice cases where safeguarding was a feature & escalate key learning to the YJPB & SSCB	SPPOG (YSS, Police, CS's, C&D)	Ongoing 2015/16	<b>Learning disseminated &amp; auditing demonstrates it is embedded</b>  <b>SYPOF – 3.3</b>
	Duke of Edinburgh (DofE) Scheme & Surrey Outdoor Learning & Development (SOLD) to develop a plan with YSS to increase participation of young people at likelihood of offending in law abiding risk taking activities safely	YSS, DofE, SOLD	Ongoing - 2015/16	<b>Plan developed &amp; relevant young people access DofE &amp; SOLD</b>  <b>SYPOF – 2.1, 2.2, 3.1, 5.3</b>
	YSS Quality Assurance (QA) framework to audit whether assessments & plans in youth justice cases sufficiently consider & address relevant safeguarding factors	YSS	Ongoing - 2015/16	<b>QA'd cases demonstrate sufficient safeguarding assessment &amp; planning practice that contributes to a reduction in youth offending.</b>  <b>SYPOF – 3.1 – 3.3</b>

#### Strategic Priority 4 – Protect the Public from Harm

Priority	Action	Lead Agency/Agencies	Timescale	Success Criteria/SYPOF Ref
	YSS QA framework to audit whether assessments & plans (A&P's) in YJ cases sufficiently consider & respond to risk of harm (ROH) to others	YSS	Ongoing - 2015/16	<b>QA'd cases demonstrate sufficient ROH A&amp;P practice that contributes to public safety</b> <b>SYPOF – 3.1, 3.2</b>

<b>Incidents of significant harm to the public are reducing &amp; all reasonable actions are taken to avoid</b>	SPPOG to establish monthly YSS 'risk panels' to improve management oversight of cases where there is a potential high risk of harm to others	SPPOG (YSS, Police, CS's, C&D)	Start Jan 2015	<b>Monthly Panels established</b>  <b>SYPOF – 3.1, 3.2</b>
	Annual Multi Agency Public Protection Arrangements (MAPPA) audit to include youth cases	MAPPA Audit Group	May 2015	<b>Youth MAPPA cases are managed effectively &amp; in line with best practice</b>  <b>SYPOF – 3.2</b>
	Protocol embedded through MAPPA Strategic Management Board (SMB) to improve transition in relation to young people on MAPPA who remain a risk to others upon reaching adulthood but are not subject to statutory supervision	YSS & MAPPA SMB	Ongoing – 2015/16	<b>Protocol embedded &amp; followed in all relevant cases</b>  <b>SYPOF – 3.1, 3.2, 3.3</b>
	YSS will continue to attend all MAPPA meetings where a young person is on the agenda, or where an adult is due to be discussed who presents a risk to a young person known to the YSS.	YSS	Ongoing - 2015/16	<b>100% attendance &amp; contribution to MAPPA planning</b>  <b>SYPOF – 3.1, 3.2</b>
	YSS to develop a plan to increase greater direct victim involvement in cases managed within the formal youth justice system	YSS	By end of 2015	<b>Increase access to restorative justice where offending is managed through the formal youth justice system</b>  <b>SYPOF - 3.1, 3.2, 3.3</b>



**YSS YOUTH JUSTICE PERFORMANCE**

**Jan-16**

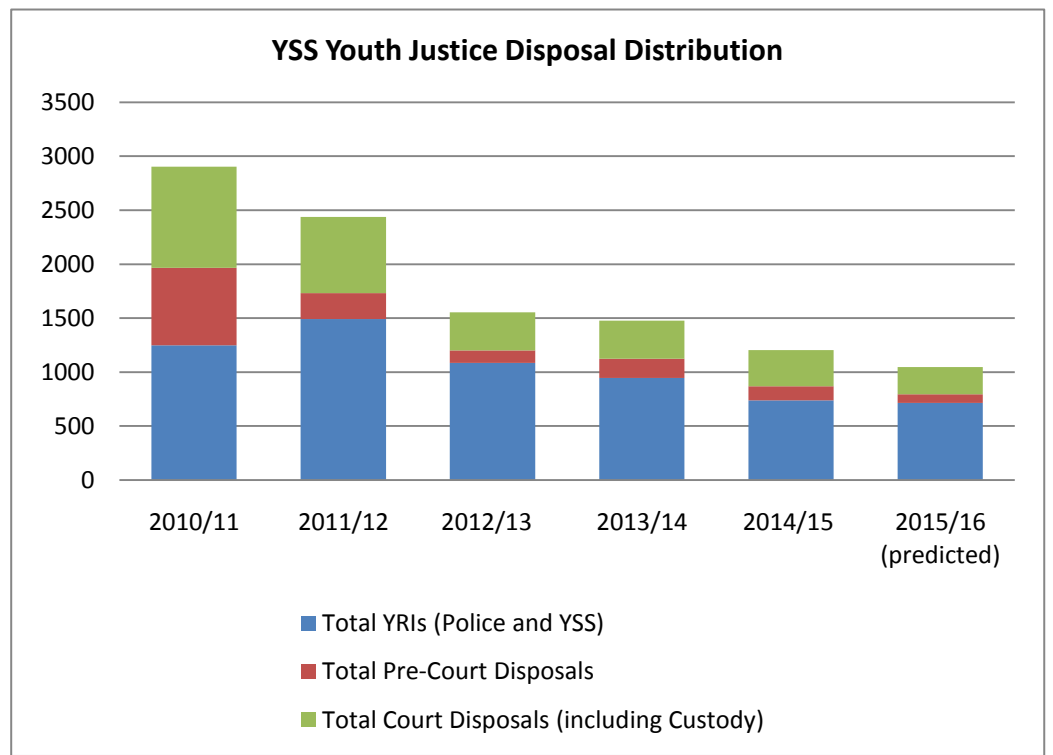
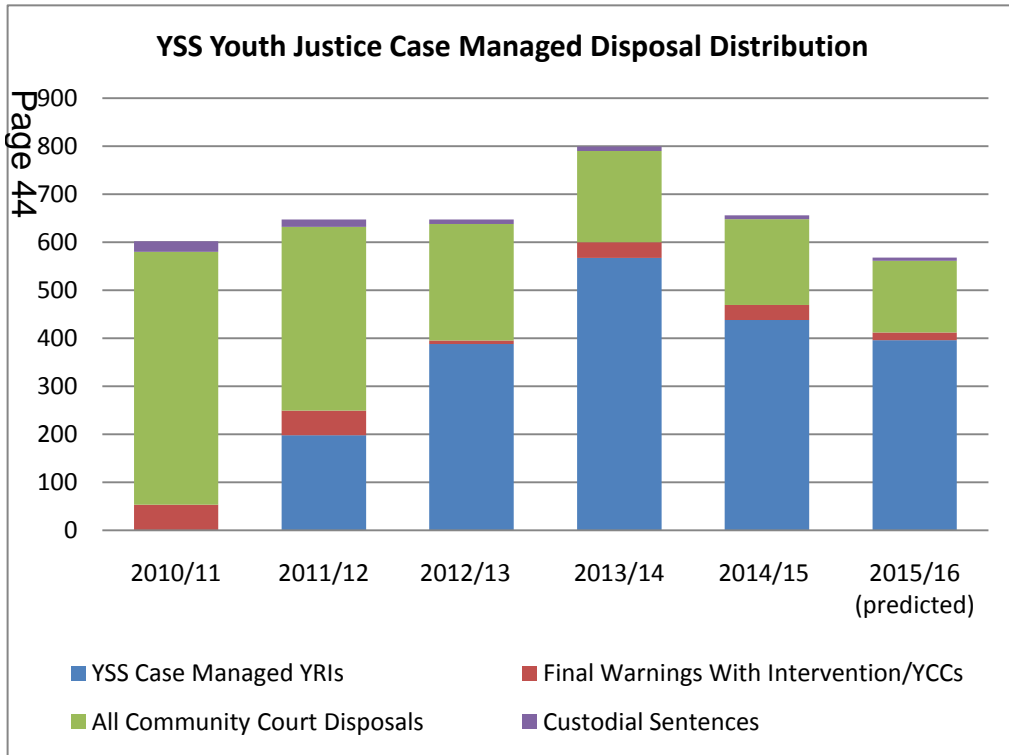
NATIONAL INDICATORS		Baseline	2014/15 Reporting Year						2015/16 Reporting Year						RAG (against target)	Direction of Travel (compared to previous year)
			Q1 (Apr - Jun 14)	Q2 (Jul - Sep 14)	Q3 (Oct-Dec14)	Q4 (Jan - Mar 15)	Out-Turn 14/15	Target 14/15	Q1 (Apr - Jun 15)	Q2 (Jul - Sep 15)	Q3 (Oct-Dec15)	Q4 (Jan - Mar 16)	Predicted Out-Turn 15/16	Target 15/16		
First time entrants to the Youth Justice System (cumulative total)	Number	1499 (07/08)	40	74	125	156	156	< 200	36	65	96		128	< 200	G	↓
Young People within the Youth Justice System who are sentenced to custody	Number	20 (10/11)	2	1	2	3	8	< 10	2	1	2		7	< 10	G	↓
Rate of proven Re-offending by Young People (based on Jan - Mar 3m cohort tracked for 12 months)	% of yp Re-offending	2009/10 cohort	Type and No. in cohort	3m Re-offending	6m Re-offending	9m Re-offending	12m Re-offending	Reduce Re-offending	Type and No. in cohort	3m Re-offending	6m Re-offending	9m Re-offending	12m Re-offending	Reduce Re-offending	G	↓
		34%	Formal (72)	25.00%	36.10%	47.20%	54.20%		Formal (75)	16.00%	24.00%					
			YRIs (139)	7.20%	12.90%	18.00%	19.40%		YRIs(174)	9.20%	18.97%					
			All (211)	14.70%	22.30%	29.40%	32.70%		All (249)	14.06%	23.69%					
LOCAL INDICATORS		Baseline	Q1 (Apr - Jun 14)	Q2 (Jul - Sep 14)	Q3 (Oct-Dec14)	Q4 (Jan - Mar 15)	Current Total 2014/15	Target 14/15	Q1 (Apr - Jun 15)	Q2 (Jul - Sep 15)	Q3 (Oct-Dec15)	Q4 (Jan - Mar 16)	Predicted Total 2015/16	Target 15/16	RAG (against target)	Direction of Travel (compared to previous year)
Homeless Prevention	No. In B & B (starts)	LAC	n/a	1	0	1	0	current no. As at 31/3/15 0	zero	0	0			zero	G	↓
		YSS	n/a	2	1	0	0	current no. As at 31/3/15 0	zero	0	1	0		zero	A	↓
LAC Offending (no. of LAC looked after for 12 months plus, offending in period)		Number	Apr 10 OC2 38 / 432	April 14 21 / 378 9 in county 12 out county		April 15 21 / 393 9 in county 12 out county		Apr 15 21 yp	Reduce % of LAC offending	Next return due in April 2016				Reduce % of LAC offending	G	↓
		%	8.8%	5.6%		5.3%		5.3%								
Remand in Custody Episodes (young people)	YOI	Number	12/13	1	1	1	4	8	4	1	1	1	8	<300 bed nights	G	↓
	STC	Number	12	0	1	0	0		1	0	0	0				
Remand Bednights (cumulative total)	YOI	Number	12/13	186	288	418	549	712	92	114	11	77	295	<300 bed nights	G	↓
	STC	Number	230	9	100	163	163		1	0	0	0				

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# YSS YOUTH JUSTICE THROUGHPUT

Jan-16

Disposal Type	2010/11	2011/12	2012/13	2013/14	2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	2015/16 (predicted)
Total Pre-Court Disposals	718	239	117	179	130	24	24	11		79
Total Court Disposals (including Custody)	936	707	354	353	334	79	53	57		252
Total YRIs (Police and YSS)	1248	1492	1084	945	739	220	172	144		715
<b>Total Youth Disposals</b>	<b>2902</b>	<b>2438</b>	<b>1604</b>	<b>1477</b>	<b>1203</b>	<b>323</b>	<b>249</b>	<b>212</b>		<b>1045</b>
YSS Case Managed YRIs	0	198	388	567	438	125	98	74		396
Final Warnings With Intervention/YCCs	53	51	7	33	31	5	5	2		16
Referral Orders	243	193	127	94	101	28	24	23		100
Reparation Orders	63	21	6	1	3	2	1	0		4
Supervision Orders/YROs	221	169	110	95	75	14	9	11		45
All Community Court Disposals	527	383	243	190	179	44	34	34		149
Custodial Sentences	22	15	9	9	8	2	1	2		7
<b>Total YSS Case Managed YJ disposals</b>	<b>602</b>	<b>647</b>	<b>647</b>	<b>799</b>	<b>656</b>	<b>176</b>	<b>138</b>	<b>112</b>	<b>0</b>	<b>568</b>





Social Care Services Board  
12 May 2016

**Internal Audit Report: Review of Foster Care Service Arrangements**

**Purpose of the report:** Scrutiny of Services

To review the summary of audit findings and Management Action Plan produced as a result of an internal audit review of Foster Care Service Arrangements

**Introduction:**

1. A review of Foster Care service arrangements was included within the 2015 /16 Internal Audit Plan and was prioritised by the Audit and Governance Committee. As the audit report held an overall audit opinion of Unsatisfactory it is to be considered at the Social Care Services Board.

**Context:**

2. The Fostering Service is responsible for recruiting, assessing, training and supporting a range of foster carers to meet the needs of our children who are looked after.
3. This audit of Foster Care arrangements focussed on the administrative and financial elements of the foster care service. The auditor did not evaluate the standard of care provided by the Fostering Service nor review the individual files of Children in Care.
4. The standards of care and the work of the Fostering Service in relation to meeting the National Minimum Standards for Fostering Services 2011 and the Fostering Services Regulations 2011 are all subject to inspection by Ofsted. The most recent inspection by Ofsted in October / November 2014 was positive about the Fostering service and did not contain any recommended actions for the service.

5. The internal audit report sets out the findings and recommendations of the review, which was conducted in line with the agreed Terms of Reference contained within the report at Annex A.
6. An agreed Management Action Plan was prepared and is contained within the report. The recommendations of the review contained 27 recommendations of which 12 were rated high, 14 were medium and 1 low rating.

#### **Work programme**

7. Following the completion of the audit, officers within the service have progressed work to address the recommendations.
8. Many of the recommendations are linked to the need to improve electronic recording systems, with particular reference to the implementation of LCS, the electronic case record system used within Children's Services.
9. Implementation of the Fostering Service component of this system was always planned to start in 2015 and will be completed in January 2017. There is an existing work programme board that oversees this.
10. In the interim, officers within the service are ensuring that all spreadsheets maintained within the service are up to date and have a robust process in place that will ensure they are maintained pending the move to LCS.
11. The audit considered the keeping of records through electronic records (I-Drive) and record system (LCS). In addition the service also continues to have paper records for all carers, meaning that information is potentially stored in three places. This will continue until LCS is fully implemented.
12. Following the completion of the audit, it is confirmed that all carers and household members aged over 18 years old do have a DBS check.

#### **Recommendations:**

13. That the Social Care Services Board review the audit report and Management Action Plan and makes recommendations as necessary

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**Report contact:**

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Children's Services

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**Sources/background papers:**

Internal Audit Report Foster Care Service Arrangements 2015 / 16

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## Completed Audit Report: Foster Care Service Arrangements

## Annex A

Audit	Background to review	Key findings	Audit opinion (1)	Recommendations for improvement (Priority) (2)
Foster Care Service Arrangements	<p>Surrey looks after on average 800 children per year. 75% of our looked after children are placed in foster care.</p> <p>The audit focussed on the administrative and financial elements of the foster care service. The auditor did not evaluate the standard of care provided nor review the individual files of Children in Care.</p>	<p>There is no foster care service specific risk register to ensure that operational, financial and safeguarding risks are acknowledged and mitigated.</p> <p>A Children's Services Procedures Manual is available on SNet and includes a section on Foster Care. Foster Care team members seemed unaware of the Procedures manual as an information source.</p> <p>Foster carers are required to complete mandatory training in line with the National Minimum Standards. Training records available were incomplete and inconsistent.</p>	Unsatisfactory	<p>Compile a local Fostering Risk Register that identifies relevant issues affecting the service. <b>(H)</b></p> <p>Foster care staff and foster carers to be provided with training on where to access relevant information. <b>(H)</b></p> <p>All training courses attended by foster carers should be recorded and monitored by the Training and Development Team. <b>(H)</b></p> <p>A log of completed training and other exercises should be recorded and maintained in LCS. The service should have a clear policy in place to ensure that all foster carers are meeting the minimum training requirements as required by the National Minimum Standards. <b>(H)</b></p>

Audit	Background to review	Key findings	Audit opinion (1)	Recommendations for improvement (Priority) (2)
Foster Care Service Arrangements (cont'd)		<p>The Foster Care Training and Development Framework does not include health and hygiene training.</p> <p>During audit testing inconsistencies were noted in DBS records eg 10 checks were incomplete or out of date in the West database; 8 checks were incomplete and out of date in the East database.</p> <p>Audit testing of unannounced visits for a sample of 30 cases found that:</p> <ul style="list-style-type: none"> <li>• 18 (60%) were completed in time;</li> <li>• 5 (17%) foster carers records showed no evidence of any unannounced visits;</li> <li>• 5 (17%) visits were overdue;</li> </ul>	Unsatisfactory	<p>Courses on 'health and hygiene' and 'positive care and control of children, including training in 'de-escalating problems and disputes' should be included on the Training and Development Framework to ensure compliance with the National Minimum Standards. <b>(H)</b></p> <p>DBS records should be managed centrally using LCS, with the service ensuring that all DBC checks have been completed for foster carers and members of the fostering household aged 16+. <b>(H)</b></p> <p>Supervision visits, annual reviews and unannounced visits should be managed centrally to ensure that they are completed in a timely manner in accordance with statutory regulations. <b>(H)</b></p>



Audit	Background to review	Key findings	Audit opinion (1)	Recommendations for improvement (Priority) (2)
Foster Care Service Arrangements (cont'd)		<p>Payments of allowances to foster carers are processed and authorised every two weeks, with one payment in arrears and one in advance. The validity of these payments is dependent on records being maintained on LCS. Where records are not updated promptly on LCS, allowance payments are processed as 'Non Child Related Payments'. The Finance Team Leader confirmed that such payments are processed on the system without any level of authorisation.</p> <p>Foster carers may claim appropriate Extra Identifiable Costs for each placement. The Children's Services Procedure Manual highlights the delegate levels of authorisation; and the Foster Carers Handbook clearly explains the circumstances when claims can be approved. Despite the availability of information inconsistencies in the nature and amounts of claims was observed by the Auditor.</p>	Unsatisfactory	<p>The Finance Team should ensure that all expenses are appropriately authorised. <b>(H)</b></p> <p>Controls should be reviewed on SRM and software that is fit for purpose should be implemented to manage foster carers' expense claims. <b>(H)</b></p> <p>Mileage claims should be paid to foster carers at the correct rate of 45 pence <b>(H)</b></p> <p>Strengthen controls around payments to foster carers ensuring appropriate authorisation. <b>(H)</b></p> <p>Payments outside of the normal payments system should be discouraged and where necessary must be independently reviewed and authorised. <b>(H)</b></p>

<sup>1</sup> **Audit Opinions**

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

<sup>2</sup> **Audit Recommendations**

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

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

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

<b>Directorate:</b>	Childrens Services
<b>Audit report:</b>	Foster Care Service Arrangements
<b>Dated:</b>	11.03.2015

#### PRIORITY RATINGS

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

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

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

Para Ref	Recommendation	Priority Rating	Management Action Proposed	Timescale for Action	Officer Responsible	Audit Agree?
5.7	The service should compile a Fostering Risk Register that identifies relevant issues affecting the service and this should be reviewed periodically.	Low	A risk register will be compiled and be reviewed quarterly in the strategic foster care managers meeting. Over-arching governance will remain with CSMT who oversee the Children's Services risk register to ensure there is no conflict or gaps between holding two separate risk registers	31.07.2016	Ian Forbes  Ian Banner	Y

5.17/18	Data for the fostering service should be held centrally, ideally using appropriate software such as LCS, which will enable placement changes to be updated in a timely manner ensuring that all payments can be authorised and paid using Controcc. This will also facilitate renewals of statutory checks such as DBS, Medical checks, Annual Reviews and Unannounced visits to ensure that the service is complying with the Regulations	Medium	<ul style="list-style-type: none"> <li>Updating of placement records will be addressed within the service and regularly monitored</li> <li>There is an issue of compatability between Controcc and LCS whereby children's placements cannot be picked up unless the child is allocated to the LAC team. Many looked after children are allocated within other children's teams such as RAIS or CP and Proceedings. These will therefore always need to be amended manually. The original corporate specification for Controcc set this out and needs amending. It is in a queue for addressing so details of this audit will be forwarded to the relevant IT staff for attention</li> <li>Due to the movement of young people in and out of placements over a two week period there may be up to 50 payments that may require manual adjustment. The issue is therefore to record accurately the reasons for any manual adjustments. If these are subsequently saved to the child's or carers LCS record then there is no need for further manual adjustment. Amendments to the system to allow for this will be requested through IT panel:</li> </ul> <p>The service plan has always been to hold details of such items as DBS and annual reviews on LCS. The service currently monitors these by keeping spreadsheets. Although it is noted that the auditor did not find DBS records for a small number of carers, once these names had been given to the service by the auditor, the service immediately confirmed that all checks were in place. It is accepted that the spreadsheet was not updated in a timely way on this occasion . The Team Managers will monitor closely for future. Ofsted regularly inspect this service area and have not found discrepancies in the past.</p>	<p>Immedia te Timesca les to be confirme d by business analysts.</p> <p>BIG panel 8.3.16 LCS specifica tion and amendm ents for Fosterin g service to be complet ed by agreed date of 31.1.201 7 as per commiss ioning plan Immedia te</p>	<p>Ian Forbes / Penny Mackinn on</p> <p>IT services for LCS changes</p> <p>Kim Evans</p> <p>Julia Bowman (Program me manager for implement ation)</p> <p>Alison Benjamin / Cea Francis</p>	Y
5.19	Appropriate training should be provided to staff on recording of data.	Medium	Training on the use of LCS will be undertaken once the system is fully operational. At the current time all staff undertake basic training on the use of LCS.	Plan for training to be in place by Novemb er 2016.	Training, Julia Bowman, Ian Forbes	Y

5.28	Foster Care agreements and forms should be updated to align with current legislation.	<b>Medium</b>	All foster carers were issued with a new agreement in 2011. A review will be undertaken to check on status of contracts issued. Where new contracts are required this will be issued.	By 30.04.2016  By 31.05.2016	Alison Benjamin/ Cea Francis	Y
5.29	Foster care staff and foster carers to be provided with training on where to access relevant information. Finance staff should also be aware of the policies thereby ensuring the authorisation levels are correct for all transactions.	<b>High</b>	All foster carers have been sent details of how to log onto the new foster carer webpages 'Yammer'. Yammer contains policies, procedures, and details regarding support events and training. This was launched on the 31.01.2016.  Childrens admin finance also have a web page where guidance for finance assistants and social care staff is stored. This will be reviewed urgently to identify any potential gaps	January 2016 Action completed 30.04.2016	Linda Johnson  Kim Evans	Y
Page 30 55	Foster carers should be encouraged to familiarise themselves with the policies and guidance available on the foster carers website.	<b>Medium</b>	All foster carers have been sent details of how to log onto the new foster carer webpages 'Yammer'. Yammer contains policies, procedures, and details regarding support events and training. This was launched on the 31.01.2016. Training including induction training also refers to policies and procedures.	January 2016 Action completed	Linda Johnson	Y

5.48	All training courses attended by foster carers should be recorded and monitored by the Training and Development Team to ensure that all foster carers remain in compliance with the Fostering Regulations and National Minimum Standards.	<b>High</b>	<p>Courses arranged by HR Training Delivery</p> <p>All courses organised by HR Training Delivery are listed on SAP. Delegate attendance is registered post event on receipt of the attendance list from the course trainer. Foster carers sit outside the 'normal' organisation structure, therefore their accounts are not unique (i.e. no personnel number/SAP number)</p> <p>Learner records are created from delegate attendance lists. Providing the learner has supplied the same details each time new entries will be collated and an event history established. It is possible that a second learner record may be created in the event a delegate was to enter slightly different information. It is possible when requesting data from SAP it may not be 100% exact. The information fields (i.e. specific courses) would need to be drawn down 100% and cross checked manually to identify if a duplicate record may have been made (i.e. Gary Bennett, Garry Bennett)</p> <p>To rectify this situation HR Training Delivery have been working with Training Administration and IMT to register foster carers with unique accounts (as per employee's) in order to ensure both records are more accurate and support direct booking access and cancellation functions (currently carried out manually) In brief due to county council partnerships within ORBIS all major IMT have been put on hold. We have escalated this and an option has been identified at a cost of £90k (approx) making such integration prohibitive at this time.</p> <p>Courses arranged by Fostering Service</p> <p>Records of courses arranged by either the Fostering Service or foster carer will be held on FC records.</p> <p>Action: HR Training Delivery and the Fostering Service has reviewed all routine courses organised by the service. In future all planned events will be registered as events on SAP with delegate attendance registered post event.</p> <p>Note: There maybe some training courses attended by foster carers that are not organised by HR Training Delivery and or the Fostering Service. In such circumstances, these records will be held on LCS and registered on foster carers annual review documentation.</p>	Cea Francis Gary Bennett	31.03.2016 (Measure - Revised framework, SAP entries)	Y
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5.49	A log of completed training and other exercises should be recorded and maintained in LCS. The service should have a clear policy in place to ensure that all foster carers are meeting the minimum training requirements as required by the National Minimum Standards. The consequences of not meeting the criteria should also be clearly set out.	High	<p><b>Background</b></p> <p>Please see above</p> <p>All foster carers are required to undertake training as per their relevant framework. These frameworks are currently under review</p> <p>Foster carers are required to undertake their relevant pre approval and other identified training with CPD training undertaken as part of ongoing development.</p> <p>Foster carers are required to maintain their skills level (linked to payment) each year. Each learning event (training, support group etc) is worth a credit.</p> <p>All foster carer training is recorded on the foster carer annual household review and on the i-drive. The foster carer records are up to date.</p> <p>The plan is that all foster carer training will be duplicated on the LCS system.</p> <p><b>Action</b></p> <p>Gary Bennett to supply a list of all foster carer training Request to be submitted to LCS board to update training profiles.</p> <p>Policy - All training records can be duplicated and entered onto LCS.</p> <p>HR Training Delivery and the Fostering Service will identify if courses and or programmes of learning require an eligibility criteria. This will ensure all foster carers will meet minimum requirements for training before undertaking other learning.</p> <p>Revised Training Frameworks will be issued along with refreshed guidance on credit attainment linked to skills level maintenance.</p>	31.03.20 16 30.04.20 16 31.05.20 16	Gary Bennett Julia Bowman  Service	Y
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5.50	Courses on 'health and hygiene' and 'positive care and control of children, including training in 'de-escalating problems and disputes' should be included on the Training and Development Framework to ensure compliance with Standards 3 and 6 of the National Minimum Standards.	<b>High</b>	<p>The website will be checked to ensure it accurately reflects the courses available.</p> <p><b>Background</b> The following courses are currently provisioned for on the Training and Development Frameworks: 'Health and Hygiene' Safeguarding 1 Safeguarding 2 Safer Caring Health and Safety CSE 'Positive care and control of children' and 'De-escalating problems and disputes' Bereavement loss and change Restorative Approaches Managing Behaviour part 1 Managing Behaviour part 2 Positive Touch and De-escalation Total Respect Know how to communicate effectively</p> <p><b>Actions</b> The current offer and course objectives are being reviewed. Course aims will be mapped against current legislation and policy along with (where required) current working methodology on trauma and attachment, social pedagogy and restorative practice. All areas are provisioned for as individual courses, however the above themes to be integrated into learning.</p>	<p>Frameworks will be reviewed by 25 February which may identify additional training requirements</p> <p>24 March and ongoing review</p>	Cea Francis Gary Bennett	Y
5.51	The Authority should prepare and approve a policy on acceptable measures of control, restraint and discipline of children placed with foster parents, to strengthen compliance with the Fostering Service Regulations.	<b>Medium</b>	The foster carers handbook contains guidance on this area. The service will produce a separate policy to cover practice in more detail. The policy will be aligned with new corporate guidance that is being produced but will be bespoke for foster carers.	31.07.2016.	Alison Benjamin	Y



5.59	DBS records should be managed centrally using LCS, with the service ensuring that all DBS checks have been completed for foster carers and members of the fostering household aged over 16.	<b>High</b>	<p>The service currently manages all the DBS checks via 2 spreadsheets one in the East and one in the West Team. Records of DBS checks will be checked and corrected as appropriate and evidence of checks will be provided to internal audit. It is accepted that the spreadsheet was not updated in a timely way on this occasion however subsequent to the audit the service has checked and updated the foster carers DBS records.</p> <p>A policy change has been put into place to bring the fostering service in line with National practice – Only Household members over the age of 18 will have a DBS. Handbook to be updated</p> <p>Household members over 18 other than the foster carers will be added to the spreadsheets and the DBS checks receive renewal dates etc..</p> <p>Arrangements to be discussed to include household members on LCS.</p>	29.02.2016 30.04.2016 30.04.2016 31.03.2016	Ian Forbes Alison Benjamin Alison Benjamin LCS development Board – adoption and fostering	Y
5.68	Supervision visits, annual reviews and unannounced visits should be managed centrally using appropriate software to enable the Supervising social workers time to manage and book visits to ensure that they are completed in a timely manner in accordance with statutory regulations.	<b>Medium</b>	<p>Current practice is that all these requirements other than supervision visits are managed through two spreadsheets one in each team. There are plans that this in future will all be managed through LCS.</p> <p>Supervision visits are of various length in line with statutory guidance and regulations. All supervisory visits will include the time of the next appointment.</p>	31.01.2017 31.03.2016	LCS development Board – adoption and fostering  Cea Francis/Alison Benjamin	Y

5.75	Information reported within the Childrens Services directorate should be reported consistently to all areas of the Council.	<b>Medium</b>	Complaints are monitored and held centrally by the Children's Rights Service. The Fostering Service has not always been sighted on compensation payments made when they are made at a later stage of the complaints process and do not directly involve decisions made in the Fostering Service. The Complaints Manager will be invited quarterly to the Fostering Services management meeting to support appropriate sharing of information	On going from 31.03.2016	Ian Forbes	Y
5.86	Records relating to any allegations made against a foster carer should be held on the foster carer's file. It is also recommended as good practice that either a central record is maintained or each team maintain a separate record of current allegations being investigated.	<b>Medium</b>	The Statutory Guidance in Volume 4 of the Care Planning Regulations sets out the requirements in this area. Surrey CC process is for LADO service to keep records This is compliant with the legislation but the service will develop its practice in this area. In addition, all allegations will be held on the foster carers file apart from those of a malicious nature. Currently recording will be made on the I drive and a case note. In the future allegations will be recorded on the allegations tab on LCS	31.03.2016 30.06.2016	Cea Francis/Alison Benjamin  LCS development Board – adoption and fostering	Y
5.87	The Authority should hold universally accessible records for all foster carers and children in care to ensure compliance with statutory guidelines.	<b>High</b>	Improvements to records storage are being addressed through the implementation of LCS for the fostering service – expected date of completion of January 2017.	01.04.2016	Ian Forbes	
5.107	A clear expenses policy should be implemented providing guidance to both foster care staff and foster carers on the expenses that can or cannot be claimed.	<b>Medium</b>	The service needs to be child focused and use appropriate discretion when it makes decisions and payments in this area. It is only emergency placements that deviate from that. The service will update its policy to ensure that there is a clearer audit trail on who and why decisions have been made. This will include the recording of decisions on LCS.	30.06.2016	Kim Evans/Ian Forbes/Angela Mann	Y

5.108	The finance team should ensure that all expenses are appropriately authorised.	High	This will be addressed and the service will ensure that all expenses are appropriately audited	01.04.20 16	Km Evans	
5.109	Controls should be reviewed on SRM and software that is fit for purpose should be implemented to manage foster carers' expense claims.	High	This is part of the ContrOCC project. It is part of the first phase as it was deemed urgent. The configuration has already been done on LCS UG and moved to testing on 18/02/16. Assuming successful, it will be in place from 01/04/16	01.04.20 16	Kim Evans	Y
5.110	Mileage claims should be paid to foster carers at the correct rate of 45 pence per mile to foster carers.	High	This area will be addressed to ensure full compliance. This will be supported through the new ContrOCC configuration where the 45p is preset and finance assistants will just enter the actual miles.	01.04.20 16	Kim Evans	Y
5.111	The service should consider a review of the guidance available on Payments in the Foster Carers Handbook in comparison to actual practice within the service to ensure consistency and prevent inequitable treatment of foster carers.	Medium	An annual meeting (Feb or Mar) between fostering management & finance takes place, where payments & practices are reviewed. Then any changes that arise from this can be posted on the foster carer website with details of their annual uplift. The service will review its payment and expenses policy to take into account the auditors comments.	30.06.20 15	Kim Evans, Angela Mann, Ian Forbes	Y

5.112	Insurance arrangements should be reviewed to ensure that claims are easily facilitated without resulting in undue loss to either the foster carer or the Authority. Foster carers should provide the service with confirmation they have a current insurance policy in place and have informed their insurers that they are approved foster carers. The Authority should ensure that appropriate insurance cover is in place in relation to their role as Corporate Parent thus facilitating any valid claim for damages.	<b>Medium</b>	Foster Carers current insurance arrangements are checked. However the service does need to clarify arrangements have been checked with their insurance company. The service will investigate this area further with input from the foster carers executive committee. There is appropriate cover in relation to the Corporate Policy and membership of Foster Talk.	30.06.20 16	Alison Benjamin/ Cea Francis	Y
Page 62 5.121	The foster carers website should provide clear and consistent information about payment structures and payments due to foster carers. A link from each section of the website to the relevant section of the Foster Carers Handbook will enable access to relevant information in a more user friendly manner.	<b>Medium</b>	To be reviewed twice yearly at a meeting between fostering management & finance & foster carers website updated as a result.	30.06.20 16 and on going	Ian Forbes/ Kim Evans	Y
5.122	Claims for damage to property caused by children in care should be closely scrutinised possibly by an independent person before any claims are approved.	<b>Medium</b>	All claims against the County policy are checked by Supervising Social Worker. Practice will be improved in this area with the supervising social worker being required to record their findings on LCS as a case note.	30.04.20 16	Alison Benjamin/ Cea Francis	Y

5.128	The service should strengthen controls around payments to foster carers ensuring appropriate authorisation. The software used to manage the fostering payments should enable the system to be updated as soon as a placement is confirmed thus enabling the payments to be processed normally.	<b>High</b>	All exceptional payments are reported to the service by finance team. As previously noted, amendments are being requested to Controc and LCS.  The finance policy will be amended to include arrangements for ensuring appropriate authorisation. Decisions will then be included on LCS.	31.03.2016  30.06.2016	Kim Evans  Kim Evans/Ian Forbes/Angela Mann.	Y
5.129	Payments outside of the normal payments system should be discouraged and where necessary must be independently reviewed and authorised.	<b>High</b>	The finance policy will be amended to include arrangements for ensuring appropriate authorisation and will include the recording of decisions on LCS.	30.06.2016	Kim Evans/Ian Forbes/Angela Mann.	Y

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

The action agreed is / is not satisfactory.

Head of Service:  
Date:

Supervising Auditor:  
Date:

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Social Care Services Board  
12 May 2015

## The Transition Team

**Purpose of the report:** Performance Management

To consider the recommendations to ensure the Transitions team are able to effectively provide essential services to vulnerable young adults and their families.

### Introduction:

1. The Transition Team is a high profile county wide service that supports young people, their family and carers. It works with education, health and other partners to bridge the gap between children's and adults services and prepare for the move into adulthood.

### Key Focus of the Team

2. Preparation for adulthood including attendance at SEN reviews from Year 9.
3. Transition from Children's Services to Adult Social Care - assessments and supports plans to be completed prior to a young person turning 18.
4. Transition from school to colleges or Independent living - work with education partners on the Education and Health Care Plan processes and identify suitable social care options in a timely way.
5. Transition from college (college returners) back to their local communities primarily identifying appropriate supported living provision prior to July when college finishes.

## Current Establishment

6. The team has an establishment of 32.14 wte as follows:

Transition Team	Perm Vacancies	Establishment
Administration Assistant	0.00	3.00
Social Care Assistant	0.00	0.00
Senior Social Care Assistant	0.00	6.00
Carers Practice Advisor	0.33	1.00
Assistant Team Manager	1.00	2.00
Social Worker	3.74	7.34
Senior Social Worker	2.08	5.10
Senior Social Care Practitioner	0.10	0.70
Senior Occupational Therapist (H)	0.00	1.00
Social Care Development Coordinator (H)	1.00	1.00
Senior Administration Advisor	0.00	1.00
Apprentice Trainee (Admin)	1.00	1.00
Apprentice Trainee (Social Care)	1.00	1.00
Support Broker	0.00	1.00
Transition Team Manager	0.00	1.00
<b>Column Totals</b>	<b>10.25</b>	<b>32.14</b>

There are some temporary vacancies within the team due to maternity and sick leave.

## Transition Team Caseload

7. Number of open cases - The team currently has a total of 1693 cases; this is inclusive of 882 service-user cases and 811 carer cases. Approximately 249 of these are stable and settled cases but remain with the Transition Team for ongoing case management and review.
8. Referrals - On average, the team receives three new case referrals a day.

## Present Challenges:

9. There are issues in recruiting skilled qualified staff in this area, and as a result the team is struggling to recruit to permanent vacancies. The team manager is working closely with the recruitment team to have a targeted campaign for the Transition Team.
10. Increased demand.
11. The team are required to attend SEN reviews prior to the young person turning 18. In order to meet this demand the Transition Team are working closely with the Pathways team to ensure a more streamlined approach.
12. We have identified a gap in service provision for complex vulnerable adults, in particular for those who can display challenging behaviour.



13. Improved links are required with Mental Health Services including Children's and Adults Mental Health Service (CAMHS).

<b>Plans to Meet these Challenges:</b>
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15. A new deliverable for the team is the work highlighted within the Transforming Care work stream and SEND 2016 - 2020 development plan (attached as Annex 1).
16. Review staffing in team to meet the current and future demand for social care input. This includes exploring opportunities to align the Transitions Team with Children's and Youth services to develop pathways which will meet demand, in particular the 0-25 pathway.
17. Create stronger links and better integration with health partners such as Community Team for People with Learning Disabilities, CAMHS, Community Mental Health Resource Service, to ensure that young people benefit from holistic support and are supported appropriately, within the most suitable provision.
18. Work with Commissioning and Procurement to develop suitable provision for young people with more complex needs earlier, within Surrey, to reduce the amount of out of county and residential placements and to ensure that young people are part of their local community.
19. The team will continue work on streamlining it's processes. Protocols are being put in place to enable 'smarter' working in the team, including duty, referral and assessment, review (stable and settled cases) and transfer to Locality Teams.
20. Work with youth services and partners, with the Police, Mental Health and Children Schools and Families services, to ensure suitable services and provision for young people who do not meet the eligibility criteria but are at risk .
21. Attend the Transforming Care Partnership and SEND work streams.

<b>Recommendations:</b>
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22. It is recommended that the Board:
  - i) Note the current position and challenges within the Transition Service
  - ii) Support the direction of travel outlined in the plans to meet those challenges.

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Surrey  
children and  
young people's

**SEND**

Special Educational Needs  
and Disability

**Development  
Plan**

**2016 - 2020**

Published Spring 2016

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

**This is our ambition for children and young people.**

**As partners and providers we work together day in, day out across Surrey to achieve this.**

The SEND Partnership Board has launched a major change programme to improve special educational needs and disability (SEND) services in Surrey. The board consists of representatives from health services, education, parents and the local authority.

We are doing this in response to the families, staff and partners who have told us that the system isn't working as well as it should be for them. As a result, the programme, called SEND 2020, will involve working differently to transform SEND services.

Legislation (the Children and Families Act 2014), also requires us to adopt a new approach.

We have been listening to and collecting feedback from families. We know we still have work to do to improve our services and we are committed to making significant changes.

The SEND 2020 programme has four key objectives, to:

- transform the customer experience
- rebuild the system around the customer
- reshape the SEND local offer
- develop inclusive practice.

The programme will address the main challenges within the SEND system which include making sure we give the right support to children and young people at the right time and deliver the right outcomes based on their personal needs.

We also know that numbers of children and young people with SEND are growing, so we need to ensure we manage our resources more efficiently and join up our education, health and care services to improve the customer experience.

Most importantly, across all of these challenges, is that we work with children, young people and families to understand what needs to change to help us deliver improvements and meet the new legislative requirements across the system.

We have made a commitment to achieve the Customer Service Excellence standard utilising a framework for continual improvement, as well as visiting other local authorities to enhance our learning and identify good practice we can bring back to Surrey.

A SEND children and young people rights and participation officer has now been appointed, who has first-hand experience of our SEND services. They will help us to ensure we have the voice of the child or young person at the centre of our service redesign.

Finally, we will continue to work with and involve Family Voice Surrey, our parent/carer forum, and other parent/carer groups in developing better services.

We know we still have work to do to improve our SEND services and we will continually review whether we're having the impact we need to, to ensure children and young people with SEND are getting the right support at the right time.

We have set up a LinkedIn and Facebook group - join us to keep up to date and let us know your ideas and how you think we're doing.

LinkedIn: Search 'Surrey County Council' and join the **SEND 2020** page  
Facebook: [www.facebook.com/send2020](https://www.facebook.com/send2020)

Alternatively you can email [send2020@surreycc.gov.uk](mailto:send2020@surreycc.gov.uk)



**Thank you to all those who have helped develop this plan, either by contributing to specific aspects or by shaping the whole plan.**

The SEND Partnership Board is chaired by the Strategic Director of Children's Services and includes members from partner organisations across Surrey. It was established to act on behalf of the Surrey Children and Young People's Partnership to oversee improvements to the special educational needs and disability (SEND) system.

### **The SEND Partnership Board:**

**Rhona Barnfield**  
Schools Forum Chair.

**Ben Bartlett**  
Secondary Phase Council, Specialist Units, Mainstream.

**Anne Breaks**  
Designated Clinical Officer for Special Educational Needs and Disability (SEND)

**Paula Chowdhury**  
Strategic Finance Manager, Surrey County Council.

**Andrea Collings**  
Co-Chair of Family Voice Surrey.

**Karen Cridland**  
Surrey Health Provider, Virgin Care.

**Jayne Dickinson**  
Principal and Chief Executive, East Surrey College.

**Julie Fisher**  
Strategic Director of Children's Services, Deputy Chief Executive, Surrey County Council.

**Kate Keane**  
Primary Phase Council Chair.

**Linda Kemeny**  
Cabinet Member for Schools, Skills and Educational Achievement, Surrey County Council.

**Clare Knight**  
Surrey Health Provider, Central Surrey Health.

**Linda McQuaid**  
Surrey and Borders Partnership – Child and Adolescent Mental Health Services.

**David Monk**  
Special Phase Council Chair.

**Fran Morgan**  
Co-Chair of Family Voice Surrey.

**Sarah Parker**  
Director of Commissioning: children, young people and maternity (Surrey-wide), NHS Guildford and Waverley Clinical Commissioning Group.

**Ron Searle**  
Secondary Phase Council Chair.

**Julie Stockdale**  
Interim Assistant Director for Schools and Learning, Surrey County Council.

**Garath Symonds**  
Assistant Director for Commissioning and Prevention, Children, Schools and Families, Surrey County Council.

**Liz Uliasz**  
Deputy Director for Adult Social Care, Surrey County Council.

	Oct 2015 – May 2016	June 2016 – Dec 2016	Jan 2017 – 2020
<p><b>Transform the customer experience</b></p> <p>Page 74</p>	<ul style="list-style-type: none"> <li>• We understand our customers' experience and how they would like it to be.</li> <li>• Children, young people and families have helped us design an outcomes framework.</li> <li>• We understand our staff culture and how it impacts our ability to meet customers' needs.</li> <li>• We have agreed a framework for co-production and participation with children, young people and families.</li> <li>• We have identified best practice models.</li> <li>• We have co-designed a sustainable local offer portal that describes SEND provision and how to access it and captures ongoing customer feedback.</li> <li>• We have developed mediation arrangements.</li> <li>• We understand how our customers' experiences compare to those nationally (through our benchmarking).</li> </ul>	<ul style="list-style-type: none"> <li>• We have refreshed our recruitment, induction, training and development for staff to support an improved customer experience.</li> <li>• We have redesigned communications to support an improved experience and to assist families to find out about support and services.</li> <li>• We have put in place arrangements for ongoing review of the customer experience.</li> <li>• We have improved information for families through our new local offer portal.</li> <li>• Children, young people and families are working with us to develop solutions that increase children and young people's confidence and independence.</li> <li>• We have a practice guide and improved tools for staff.</li> </ul>	<ul style="list-style-type: none"> <li>• We treat customers right, get it right and keep them informed.</li> <li>• We actively involve children, young people and families in individual and strategic decisions.</li> <li>• All practitioners take a person-centred approach to their practice in supporting and responding to families.</li> <li>• Services are accessible and responsive.</li> <li>• Queries are dealt with at the first point of contact whenever possible.</li> <li>• We have consistent quality standards across Surrey.</li> <li>• We secure well managed transitions at key points.</li> <li>• We deliver our service with open, honest and transparent communication.</li> </ul>
<p><b>Rebuild the system around the customer</b></p>	<ul style="list-style-type: none"> <li>• We have identified best practice in process and organisation design.</li> <li>• We have identified how our current statutory and non-statutory pathways can be improved.</li> <li>• We understand our current staffing structures for SEND and how performance and costs compare with similar local authorities.</li> <li>• We understand what leadership culture and behaviours are needed to enable an effective SEND system.</li> <li>• We understand the policies that support the system.</li> <li>• We will have started to improve processes to transfer statements and learning difficulty assessments to education, health and care plans (EHCP).</li> </ul>	<ul style="list-style-type: none"> <li>• We are developing a target operating model to include pathways, organisation, processes, policies, leadership, performance (including measurement of impact and outcomes) and costs.</li> <li>• We have co-designed new pathways and implemented early improvements including reducing the time for completion of education, health and care plans (EHCP) and improving communication and transparency.</li> <li>• We have expanded personal budgets already used in social care to SEND and health services and integrated funding where possible.</li> <li>• We have an agreed policy for personal budgets and have begun implementation.</li> <li>• We have an agreed plan for the phased implementation of a new target operating model.</li> </ul>	<ul style="list-style-type: none"> <li>• We treat customers right, get it right and keep them informed.</li> <li>• We actively involve children, young people and families in individual and strategic decisions.</li> <li>• We have well established mechanisms for delivering quality assurance, including setting targets and monitoring performance and putting in place corrective action.</li> <li>• We are delivering efficiencies and savings which will enable us to sustain services.</li> <li>• We are able to accurately measure impact and outcomes.</li> <li>• Our systems and processes are lean, joined up and our data is accurate.</li> <li>• Our system empowers families and puts them at the heart of the journey and decision making, exercising choice and control.</li> <li>• Information will be simple, clear and provided in a timely and relevant manner.</li> </ul>



	Oct 2015 – May 2016	June 2016 – Dec 2016	Jan 2017 – 2020
<p><b>Reshape the local offer</b></p> <p>Page 75</p>	<ul style="list-style-type: none"> <li>• We have identified best practice in the SEND market.</li> <li>• We understand the needs of children and young people with SEND in Surrey and how these are likely to change in the next five years.</li> <li>• We have mapped current provision, costs and performance.</li> <li>• We know when any existing procurement of SEND services is due to be reviewed establishing a commissioning road map until 2020.</li> <li>• Partners agree a joint approach to commissioning for SEND.</li> <li>• We understand how well provision meets needs (now and a forecast in the future) where there are gaps and opportunities to integrate.</li> <li>• We are clear what outcomes we want to achieve for children and young people.</li> </ul>	<ul style="list-style-type: none"> <li>• We have a system that monitors and forecasts changing education, health and social care needs and we use this to inform commissioning.</li> <li>• We have identified savings from reviewing our current relationships with suppliers.</li> <li>• We have designed and developed improved provision that meets the needs of 0-25 year olds.</li> <li>• We have designed and developed provision that supports special and mainstream schools to appropriately support more children in Surrey.</li> <li>• We have commissioned therapies that will enable children and young people to be included in Surrey schools and colleges.</li> <li>• We are assessing and delivering value for money effectively.</li> <li>• We have planned supported accommodation to allow young people to live, work and study independently.</li> <li>• We have designed provision and pathways that prepare young people aged 19 to 25 for adulthood.</li> <li>• We have agreed policies for SEND transport and begun work to reshape the way we deliver these services.</li> <li>• We have agreed criteria for residential school placements.</li> </ul>	<ul style="list-style-type: none"> <li>• We have the right provision to meet children and young people’s needs.</li> <li>• The cost of our provision is in line with similar local authorities and within our available resources.</li> <li>• Children and young people can access high quality, community-based local provision that enables them to achieve the right outcomes based on their personal needs.</li> <li>• Families can access early help and intervention.</li> <li>• We have developed short breaks, therapies and other support to enable more local placements that meet the needs of children and young people.</li> <li>• Provision and pathways prepare young people for adulthood.</li> <li>• We have invested in meeting the gaps in local provision.</li> </ul>

	Oct 2015 – May 2016	June 2016 – Dec 2016	Jan 2017 – 2020
<p><b>Develop inclusive practice</b></p> <p>Page 76</p>	<ul style="list-style-type: none"> <li>• We have identified key schools to work on phase 1 of developing inclusive practice.</li> <li>• We have established a methodology to support schools/settings to develop their inclusive practice.</li> <li>• We have engaged with all state-funded schools and educational settings.</li> <li>• We have agreed methods to identify all those who require our services including those from the most vulnerable groups.</li> <li>• We have articulated our broad inclusion strategy.</li> </ul>	<ul style="list-style-type: none"> <li>• We agree what makes an inclusive school setting for 0-25, inclusive practice and how to measure this.</li> <li>• We are delivering tools and resources to support inclusive school/setting improvement.</li> <li>• We have a framework for partnership working and support for schools.</li> <li>• We celebrate good practice in inclusion.</li> <li>• We are developing inclusive communities with partners.</li> <li>• We are developing approaches to ensure the most vulnerable children and young people with SEND receive targeted support where appropriate.</li> <li>• We have agreed and published an accessibility policy.</li> <li>• We have identified local priorities for change.</li> </ul>	<ul style="list-style-type: none"> <li>• Practitioners have a continual learning approach to developing their practice.</li> <li>• We have inclusive practice in universal settings.</li> <li>• All children and young people have improved outcomes, including achievement, attendance, fewer exclusions and increased participation.</li> <li>• Services and support is accessible and equitable.</li> <li>• There is equal access to provision and uniformity in admissions to early years settings, schools and further education.</li> <li>• Increased numbers of children with SEND have their needs effectively met in mainstream early years, schools and further education.</li> <li>• Schools and partners own transparent decisions about the children and resources within their wider community.</li> <li>• The Index for Inclusion is used widely in schools as a tool for school improvement and our education system is based on a shared set of inclusive values.</li> </ul>



## Development journey

This diagram illustrates our focus on four main areas of work to ensure that the child and family are always at the centre of our work, whether that be as part of the transformation programme now, or as part of our new SEND system and services in the future.





# High-level summary

In this part you will find a high-level summary description of contextual information and an overview of our approach.



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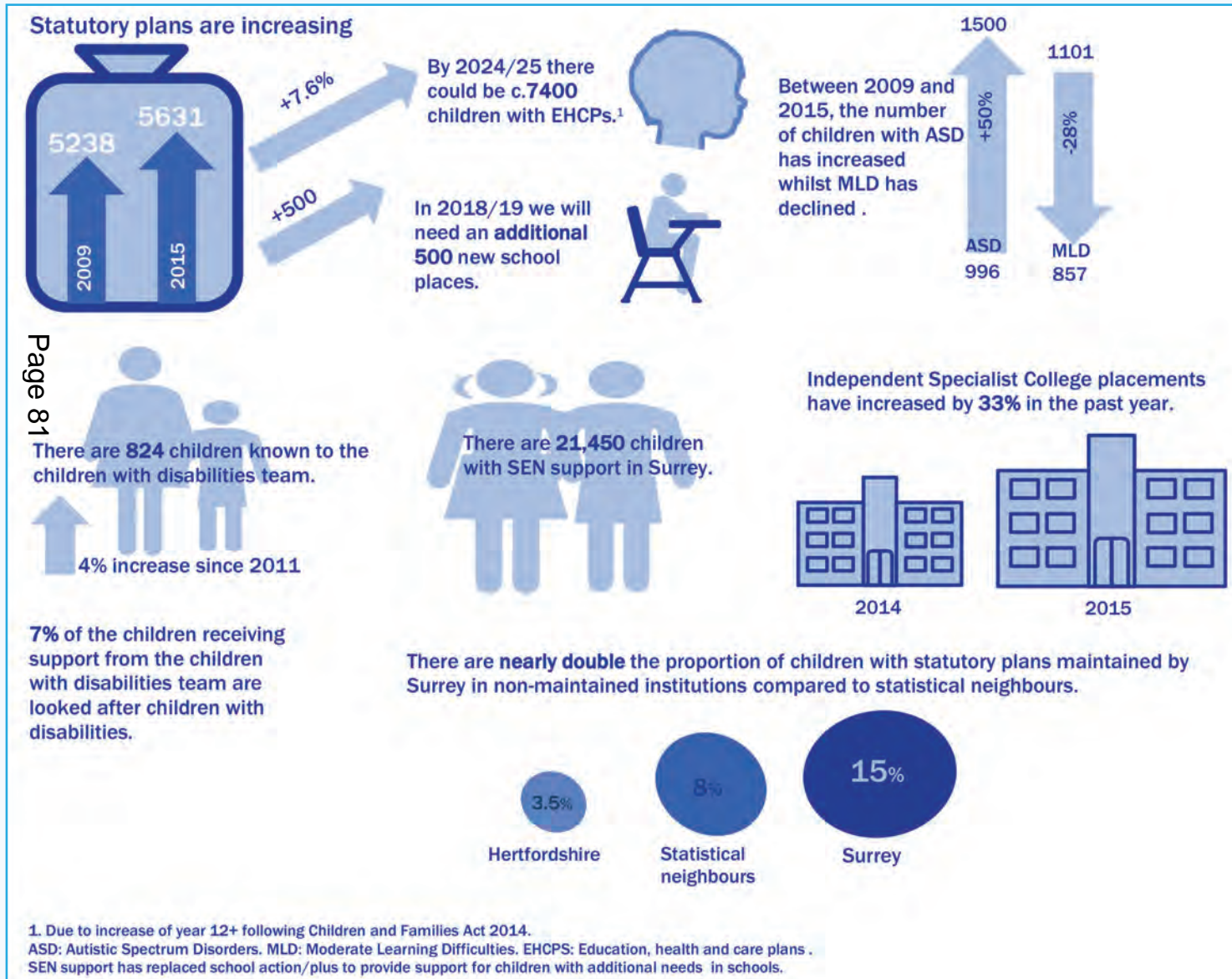
## The growing level of need for SEND support

Children and young people with special educational needs and disabilities (SEND) are increasing in number, above the rate of school population growth. The Children and Families Act 2014 introduced 0-25 education, health and care plans (EHCP), increasing education and training provision up to the age of 25. Our projections suggest there may be up to 7,400 children and young people with EHCPs by 2024/25, with particular increases among young people aged 16+, although it is difficult to predict numbers who will need to continue with their EHCP after the age of 19. This growth is also reflected in increased demand for support through children with disabilities teams in Surrey's Children's Services, up 4% since 2011.

The types of need that young people have has changed, with a 50% increase in young people with Autistic Spectrum Disorders since 2009. This is reflected in children's social care and mirrors national trends. Moderate learning difficulties have decreased by 28% over the same period.

These changes are creating pressure on provision for children and young people with SEND. The number of young people educated, often outside of Surrey's provision, in independent specialist colleges increased sharply in 2015, due to the Children and Families Act 2014 changes. This contrasts with 2011-2014 when more young people were being educated closer to home in local colleges, as a result of the development of new provision. Also, a much higher proportion of Surrey children and young people are placed in non-maintained institutions when compared to Surrey's statistical neighbour local authorities.

## The growing level of need for SEND support



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## Understanding the financial picture

The total budget for SEND services to children and young people aged 0-25 in 2016/17 is £237m, which is an 8% increase on 2015/16. There is a significant pressure around increased demand for SEND services in Surrey primarily due to an underlying increase in the population, an increase in the number of statements and education, health and care plans (EHCPs) and changes to legislative requirements around the SEND reforms and raising the SEN participation age to 25.

The funding sources for SEND services are the county council and the High Needs Block (HNB) within the Dedicated Schools Grant. The HNB funding has not automatically been increased for demographic and inflationary pressures in recent years and this is presenting a significant funding gap given the increasing demand. By 2017/18 the HNB funding gap is forecast to be around £20m, which assumes the realisation of £4m planned savings. These savings will be realised by increasing our in-house provision so we are less reliant on independent sector providers which are more expensive. This is a key strategic aim of the SEND 2020 Programme.

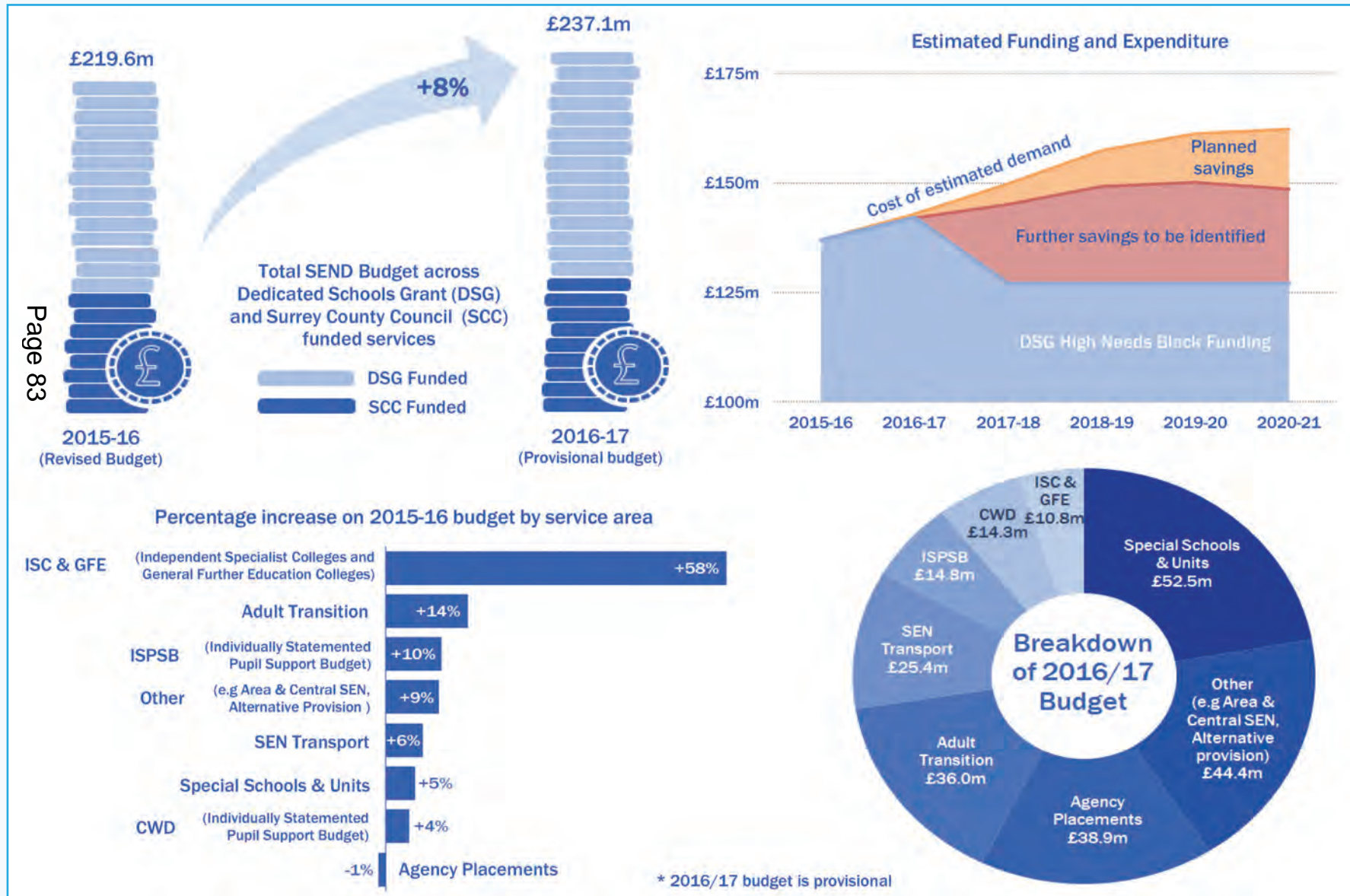
This funding gap in Surrey will be exacerbated by the introduction of a needs-based formula for distributing the HNB funding. The Government's recent announcement on school funding suggests some account of historic spend and population will also inform the distribution and there is a proposed five year transition period, all of which will potentially increase our significant funding gap.

There are significant savings planned for other SEND services, for example for SEN transport the 2016/17 budget addresses the immediate pressures facing the service, but plans are being rolled out to reduce the budget over the next five years by £7.5m.

N.B. budget figures provided are provisional.



# Understanding the financial picture



## Working in partnership

This development plan links to a number of other strategies and plans that are in place within Surrey County Council and across wider Surrey partnerships. This development plan is focused specifically on changes and improvements to experiences, services and provision for children and young people with SEND for which Surrey is responsible in partnership.

These improvements require effective, whole system partnership working.

The table on the right sets out the respective roles of some of the key boards and governance groups.

Board/group	Role	Strategies/plans
SEND Partnership Board	The SEND Partnership Board has responsibility for providing direction and oversight for the development and implementation of the SEND 2020 strategy.	SEND 2020 strategy and SEND development 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 provide strategic direction and leadership of the systems change and joint commissioning needed to deliver better outcomes across the children's system.	Children and Young People's Partnership plan.

## Our approach

### What are the principles that will drive the change?

Principle	What it looks like in practice
<b>Outcome-focused</b>	All partners, including parents, carers and voluntary, community and faith sector, work together to achieve the best outcomes.
<b>Person-centred and personalised</b>	The child or young person and family is at the centre of all we do and is treated, included and understood, as an individual. Support is tailored to needs.
<b>Fair and transparent</b>	The system is co-produced and the customer experience is seamless. Decisions are based on evidence including need, demand, experiences, best practice, impact on outcomes and affordability.
<b>Value for money</b>	We make interventions to drive improvement, efficiency and manage demand. We keep focused on realising the benefits of change.
<b>Timely and preventative</b>	We provide early help to support children and families, preventing problems arising or getting worse.
<b>Innovative</b>	The system anticipates and can adapt to change. We make opportunities to find and test new solutions.

## Our approach

**Outcomes – where do we want to get to? We are co-designing a detailed outcomes framework with families, children and young people. The outcomes below are provided to us within the SEND Code of Practice and act as our guide.**

### **Positive experience of the SEND system for children, young people and their families**

- Parents, children and young people get the right support at the right time, feel that they are listened to and in control.
- Planned and well-managed transition at key points.
- A joined-up, transparent and accountable system.

### **Positive outcomes for children, young people and their families**

- Improved progression and attainment at all ages.
- Clear and appropriate expectations and aspirations leading to fulfilled lives.
- More resilient families.

### **Effective preparation for adulthood**

- Increased employment.
- Choice and control over living arrangements/independent living.
- Participation in the community.
- Outcomes based on need and aspiration.

## Our approach

The diagram below summarises the seven key areas of work that we will focus on in order to strengthen our approach over the life of our plan. These will lead to an improved experience for children and young people.

We will develop strong and effective leadership, management and governance, which will create the conditions for a culture and practice that makes a positive difference to children and young people's lives and their outcomes.

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. 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 children and young people with SEND.

We will judge our efforts by whether it makes a positive difference to the experience and outcomes of children and young people.

**Aim: To enable every child and young person in Surrey with special educational needs and/or disability to realise the same ambition as any other child or young person and to empower them to contribute to and achieve this. Supporting children and young people from birth to adulthood by putting them at the centre of the integrated support provided by partners.**

### Leadership, management and governance

Rebuild the system around the customer

Reshape the local offer

Develop inclusive practice

Workforce and skills

Transform the customer experience

Quality assurance

Leading to an improved experience of children and young people

# Summary workstream plans

In this part you will find a high-level summary of each of the workstreams that underpin the programme of change.



# Transform the customer experience

**Why we are focused on this:** When this workstream is completed, customers will experience a system that is seamless, designed around the needs of children and young people, and is person-centred. This means treating customers right, getting it right, keeping customers informed and making it easy for them to navigate the process. Practice will be person-centred, strengths-based and we will actively listen to our customers.

Our strategy is to achieve excellence through the adoption of the Customer Service Excellence Framework and Standards and putting participation at the heart of what we do, ensuring children, young people and customers are involved in the system re-design.

### What we will achieve

#### Positive experience of the SEND system for children, young people and their families

- Parents, children and young people get the right support at the right time, feel that they are listened to, have a choice and are in control.
- Planned and well-managed transition at key points.
- Transparent and effective communications.

#### Positive outcomes for children, young people and their families

- Clear defined outcomes leading to happy, healthy and confident lives.
- More resilient families.

#### Effective preparation for adulthood

- Increased employment.
- Choice and control over living arrangements/ independent living.
- Participation in the community.

### How we will do this

- Define a clear and accessible pathway to support a positive customer experience.
- Deliver effective communication with partners and families to support early engagement and offer clear signposting.
- Develop a practice manual and toolkit to ensure all professionals working with a family are aware of their roles and responsibilities.
- Define and set the success criteria for regular performance improvement.
- Create and implement plans to deliver the Customer Service Excellence Standards and improve the customer experience.
- Develop mechanisms to systematically capture feedback and satisfaction levels.

### What will be different?

- We treat customers right, get it right and keep them informed.
- We actively involve children, young people and families in individual and strategic decisions.
- All practitioners take a person-centred approach to their practice in supporting and responding to families.
- Services are accessible and responsive.
- Queries are dealt with at the first point of contact whenever possible.
- We have consistent quality standards across Surrey.
- We secure well-managed transitions at key points.
- We deliver our service with open, honest and transparent communication.

# Rebuild the system around the customer

**Why we are focused on this:** When this workstream is completed the SEND system for 0-25 year olds will be transformed. The journey from the point of identification will be redesigned and rebuilt to be integrated across education, health and care services. Silos will be broken down and transition points smoothed. A new operating model will be designed and built that supports the transformation of the customer experience and delivers significantly improved performance at reduced cost.

Our strategy is to use digital technology to reshape the service and reorganise the system to make it seamless, faster and leaner, meaning more customer focused delivery of pre-statutory and post-statutory services through education, health and care plans (EHCPs).

### What we will achieve

#### Positive experience of the SEND system for children, young people and their families

- Parents, children and young people get the right support at the right time, feel that they are listened to and are in control.
- Planned and well-managed transition at key points.
- A seamless, transparent and accountable system across education, health and social care which delivers holistic, person-centered and outcome orientated solutions.
- Children, young people and families will have confidence and trust in services.

### How we will do this

- Review current pathways, processes and organisation of the SEND system.
- Focus on integrating education, health and care in assessment planning, delivery and review.
- Define new, integrated pathways with seamless transition points.
- Optimise the system to deliver agreed outcomes in a way that delivers customer satisfaction and an improved journey within agreed financial budgets.
- Design and embed an operating model that supports customers' experiences and delivers improved performance.
- Ensure our service design supports accessibility and an early help approach.

### What will be different?

- We treat customers right, get it right and keep them informed.
- We actively involve children, young people and families in individual and strategic decisions.
- We have well established mechanisms for delivering quality assurance, including setting targets and monitoring performance and putting in place corrective action.
- We are delivering efficiencies and savings which will enable us to sustain services.
- We are able to accurately measure impacts and outcomes.
- Our systems and processes are lean, joined up and our data is accurate.
- Our system empowers families and puts them at the heart of the journey and decision making, exercising choice and control.
- Information will be simple, clear and provided in a timely and relevant manner.



## Reshape the local offer

**Why we are focused on this:** When this workstream is completed, opportunities in the SEND market for children and young people from birth to adulthood will be reshaped so that the provision better meets the needs of children and young people and is affordable now and in the future.

Our strategy is to match provision with need, develop greater local provision, improve value for money and reduce unit costs in line with the benchmark of our statistical neighbours.

### What we will achieve

#### Positive experience of the SEND system for children, young people and their families

- Planned and well-managed transition at key points.

#### Positive outcomes for children, young people and their families

- Improved progression and attainment.
- Clearly defined outcomes leading to happy, healthy and confident lives.
- More resilient families.

#### Effective preparation for adulthood

- Increased employment.
- Choice and control over living arrangements/independent living.
- Participation in the community.
- Health outcomes based on need and aspiration.

### How we will do this

- Analyse children and young people's needs against current provision from birth to adulthood.
- Identify desired outcomes and measures to drive integrated commissioning and holistic provision.
- Identify opportunities to innovate with partners across the sector.
- Create more early years specialist SEN placements, special school and special unit places, college placements and pathways to adulthood including employment opportunities and supported living to meet needs arising in the county.
- Agree processes and review provision with our partners.
- Publish an annual summary.

### What will be different?

- We have the right provision to meet children and young people's needs.
- The cost of our provision is in line with similar local authorities and within our available resources.
- Children and young people can access high quality, community-based local provision that enables them to achieve the right outcomes based on their personal needs.
- Families can access early help and intervention.
- We have developed short breaks, therapies and other support to enable more local placements that meet the needs of children and young people.
- Provision and pathways prepare young people for adulthood.

## Develop inclusive practice

**Why we are focused on this:** When this workstream is completed, there will be a common understanding between all stakeholders of the term inclusion and a shared set of values which will set our culture in Surrey, demonstrated through effective practice. There will be equality of access to provision, barriers to progress will be removed and we will close the gap in the achievement of our most vulnerable groups.

Providers of universal services will get the right support at the right time to meet the diverse needs of children and young people. There will be greater transparency and ownership of funding decisions from all stakeholders and partnership working will be at the forefront of all development.

Our strategy is to develop effective partnership working, learn from each other and share best practice. We will create a shift in culture and practice to ensure all our young people have equality of access and provision.

As part of our strategy we have selected the Index for Inclusion by Tony Booth as one of the tools that will enable us to deliver.

The Index for Inclusion is a comprehensive document that supports the inclusive development of schools and helps everyone to find their own next steps in developing their setting.

## Develop inclusive practice

### What we will achieve

#### Positive outcomes for children, young people and their families

- Improved progression and attainment at all ages.
- Clear and appropriate expectations and aspirations leading to fulfilled lives.

#### Effective preparation for adulthood

- Increased employment.
- Choice and control over living arrangements/independent living.

### How we will do this

- Developing a shared set of values and understanding of what we mean by inclusion.
- Developing local inclusive networks of schools and sharing and celebrating good practice.
- Schools using the Index for Inclusion as a tool to drive school improvement.
- Supporting providers to deliver effective SEND intervention and support.
- Effectively monitoring access for and outcomes of vulnerable groups.
- Developing effective local partnerships of all stakeholders.
- Using early help approaches.
- Ensuring equality of support for children from birth to adulthood across Surrey.

### What will be different?

- Practitioners have a continual learning approach to developing their practice.
- We have inclusive practice in universal settings.
- All children and young people have improved outcomes, including achievement, attendance, fewer exclusions and increased participation.
- Services and support is accessible and equitable.
- There is equal access to provision and uniformity in admissions to early years settings, schools and further education.
- Increased numbers of children with SEND have their needs effectively met.
- Schools and partners own transparent decisions about the children and resources within their wider community.
- The Index for Inclusion is used widely in schools as a tool for school improvement and our education system is based on a shared set of inclusive values.

## Glossary

Below is a list of the common acronyms and professional terms used within the SEND system, some of which are also featured in this plan.

<b>ADD</b>	Attention Deficit Disorder	<b>DDA</b>	Disability Discrimination Act	<b>SEN</b>	Special Educational Needs
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder	<b>EHCP</b>	Education, Health and Care Plan	<b>SENCo</b>	Special Educational Needs Coordinator
<b>AEN</b>	Additional Educational Needs	<b>HI</b>	Hearing Impaired	<b>SEND</b>	Special Educational Needs and Disability
<b>AS</b>	Asperger Syndrome	<b>LDA</b>	Learning Difficulty Assessment	<b>SLCN</b>	Speech, Language and Communication Needs
<b>ASC</b>	Autistic Spectrum Condition	<b>LDD</b>	Learning Difficulties and Disabilities	<b>SLD</b>	Severe Learning Difficulty
<b>ASD</b>	Autistic Spectrum Disorder	<b>MLD</b>	Moderate Learning Difficulty	<b>SPDs</b>	Sensory Processing Disorders
<b>CAMHS</b>	Child and Adolescent Mental Health Services	<b>PDA</b>	Pathological Demand Avoidance	<b>SpLD</b>	Specific Learning Difficulty
<b>CAT</b>	County Autism Team	<b>POET</b>	Personal Outcomes and Evaluation Tool	<b>SSIASS</b>	Surrey SEND Information, Advice and Support Service
<b>COIN</b>	Communication and Interaction Needs	<b>ODD</b>	Oppositional Defiant Disorder		
<b>CSCN</b>	Complex Social and Communication Needs	<b>OT</b>	Occupational Therapist		
		<b>RAD</b>	Reactive Attachment Disorder		
		<b>SLT</b>	Speech and Language Therapy		



# Surrey special educational needs and disability (SEND) 2020 programme for change



## Outcomes

- improved progression and attainment at all ages
- clear and appropriate expectations and aspirations leading to fulfilled lives
- more resilient families
- increased employment
- choice and control over living arrangements /independent living
- participation in the community
- health outcomes based on need and aspiration.

## Principles

- outcome focused
- person centred and personalised
- fair and transparent
- value for money
- timely and preventative
- evidence-based
- innovative.

## Context

### Key challenges

1. We need to give the right support to children and young people to meet the right outcomes based on their personal needs.

2. Numbers of children and young people with special educational needs and disabilities (SEND) are growing. This means we need to manage our resources more efficiently and bring them into line with other local authorities.

3. Customers do not always have a positive experience because education, health and care services could be better joined up.

4. New requirements from legislation need to be delivered across the SEND system.

5. We need to work with children, young people, families and partners in order to understand what needs to change and make it happen.



## Our strategic goals

### 1: Transform the customer experience

Developing the culture of our organisation, practice of our staff, systems and communication tools in order to improve the experience for those who access our services.

### 2: Re-build the system around the customer

Redesigning the SEND system and pathways from the perspective of the customer. Developing systems which are transparent, simple to navigate, are seamless and empowering families to identify and access the right support at the right time.

### 3: Reshape the SEND local offer

Developing a joined up approach to commissioning with partners and working with providers in the market to achieve better outcomes for children and young people with SEND and support them in their preparation for adulthood.

### 4: Develop inclusive practice

Developing practice and culture to remove barriers to education and universal services, enabling more children and young people to be supported in local schools and provision so that they achieve good progress and outcomes.

## Vision

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





**SEND**


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### Feedback

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If you have any thoughts or views on this plan or how well we are progressing please do contact us.

Email:  
[send2020@surreycc.gov.uk](mailto:send2020@surreycc.gov.uk)

 Connect with us on LinkedIn: search **Surrey County Council** and follow the **SEND 2020** page.

 Join us on Facebook:  
[www.facebook.com/SEND2020](http://www.facebook.com/SEND2020)

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Social Care Services Board  
12 May 2016

## Learning Disability Commissioning Strategy and Transforming Care

**Purpose of the report:** Scrutiny of Services and Budgets/Policy Development and Review

This report provides an overview of the Surrey Learning Disability and Autism Commissioning Strategy and 'Transforming Care' in Surrey.

### Introduction:

1. The presentation attached at Annex 1, provides details of two key pieces of work focusing on people with a Learning Disability or Autism:
  - The Surrey Learning Disability and Autism Commissioning Strategy 2016- 2020
  - The national Transforming Care Programme and how this is being implemented in Surrey
2. The Transforming Care Programme has been developed to improve the lives of children, young people and adults with a learning disability and/or autism who display behaviours that challenge, including people who have mental health conditions. This programme of work was instituted following the abuse uncovered at Winterbourne View .

### Recommendations:

3. It is recommended that the Board:

Note the good progress made to date and support the future plans in relation to the Commissioning Strategy and local Transforming Care plan.

**Report contact:** Jo Poynter, Strategic lead for for people with learning disabilities and Transforming Care in Surrey and LGA lead for Transforming Care

**Contact details:** [jo.poynter@surreycc.gov.uk](mailto:jo.poynter@surreycc.gov.uk) , Tel. 01372 833182

**Sources/background papers:**

Annex 2 – Surrey’s Transforming Care Plan

[Joint Learning Disability and Autism Commissioning Strategy](#)

[SEND Development Plan 2016-2020](#)

[Building the right Support, NHS England, ADASS, LGA – October 2015](#)





# Surrey Learning Disability and Autism Commissioning Strategy



Surrey Autism  
Partnership Board

# Surrey Joint Learning Disability and Autism Commissioning Strategy

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Including the joint transforming care plan



# Surrey Learning Disability and Autism Commissioning Strategy



## Valuing People: Surrey Learning Disability and Autism Strategy 2016-20



### PURPOSE

Surrey's Learning Disability and Autism Partnership Boards working together, so that people with a learning disability and/or autism can have a voice, be safe, be informed, remain healthy and confident to be part of their community.

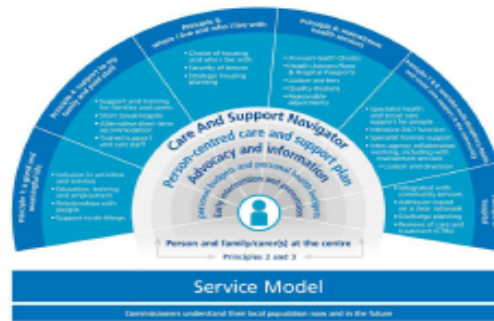
### 'I' PRINCIPLES



- I have choice and control over my care.
- I live in the community with support from my family and carers.
- I have a fulfilling and purposeful everyday life.
- I get good care from all health services.
- I can access extra health and social care support when needed.
- I am supported to stay safe.

### Vision Statement

People with learning disabilities and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives. They should be able to have a place to live, to be involved in the design and delivery of the support they receive.



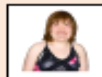
### Context

In Surrey there are:

- 5,700 children with learning disabilities and 2,700 with autism, of whom
  - 647 are 16-17 year olds with learning disabilities and 98 with autism
  - 21,400 adults 18 + with learning disabilities and 8,921 with autism of whom
  - 4510 adults with learning disability and 2014 with autism are over 65
- Of these
- We are aware of 343 young people aged 16 -17 identified as likely to be eligible for adult social care – of whom 98 have Autism
  - 4,000 adults are in receipt of Adult Social Care aged 18 and over

Surrey needs to support these individuals in response to The Care Act and relevant legislation, through public, private and voluntary sectors, working together making best use of resources and working with their communities and neighbourhoods, recognising that demands are increasing while financial resources are decreasing

### Our Strategic Goals



#### 1. Living My Life

Individuals have a great start to life and are supported to live and age well having opportunities to contribute to their local community

To support this goal we will

- 1.1 Ensure people are supported to participate in purposeful activity including education, training, employment and volunteering.
- 1.2 Ensure carers have their needs identified and met to help maintain their caring role.
- 1.3 Promote the use of personal budgets and health budgets to develop opportunities.
- 1.4 Work with District and Boroughs to promote inclusion in local communities.
- 1.5 Develop housing options with providers and the NHS through co-design.
- 1.6 Plan with providers for an appropriate skilled workforce.

#### 2. Staying Healthy



Individuals have the right support that enables them to stay well and receive the right care and treatment they need

To support this goal we will

- 1.1 Ensure that people are informed, supported and have access to annual health checks, screening and health promotion.
- 1.2 Ensure that everyone has access to good quality health services, which make reasonable adjustments to meet their needs.
- 1.3 Develop joined up health and social care providing seamless care and support
- 1.4 Provide local responsive alternatives to admission to hospital
- 1.5 Develop a skilled workforce to meet needs when individuals have complex needs

#### 3. Keeping Safe



Individuals supported in both Surrey and out of county will experience quality services that are responsive to individuals' needs keeping them safe delivering value for money

To support this goal we will

- 3.1 Work with friends, families and communities to prevent isolation and promote inclusive lives.
- 3.2 Ensure the community is educated to help stop discrimination and prejudice.
- 3.3 Ensure people have access to the right information, advice and advocacy to make informed choices about the support they need.
- 3.4 Ensure people are cared for and safeguarded in their local community
- 3.5 Work with Police and Criminal Justice

# Surrey Learning Disability and Autism Commissioning Strategy

## PURPOSE

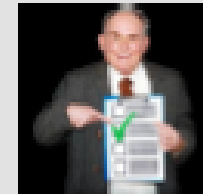
Surrey's Learning Disability and Autism Partnership Boards working together, so that people with a learning disability and/or autism can have a voice, be safe, be informed, remain healthy and confident to be part of their community.

## VISION

*People with learning disabilities and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives. They should be able to have a place to live and to be involved in the design and delivery of the support they receive.*



## 'I' PRINCIPLES



- I have choice and control over my care.
- I live in the community with support from my family and carers.
- I have a fulfilling and purposeful everyday life.
- I get good care from all health services.
- I can access extra health and social care support when needed.
- I am supported to stay safe.



# Surrey Learning Disability and Autism Commissioning Strategy



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Living My Life



Stay healthy



Keeping Safe

# Surrey Learning Disability and Autism Commissioning Strategy



## In Surrey there are:

- 5,700 children with learning disabilities of whom 647 are aged 16 to 17 years old.
- 2,700 children with autism, of whom 98 are aged 16 to 17 years old.
- 21,400 adults with learning disabilities, of whom 4510 are aged over 65.
- 8,921 adults with autism, of whom 2014 are aged over 65.

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Surrey needs to support these individuals in response to The Care Act and relevant legislation.

We need to recognise that demands are increasing while the financial resources we have are decreasing.

Public, private and voluntary sectors need to work together with their communities and neighbourhoods, to make the best use of resources.

## Of these people:

4,000 adults are currently in receipt of Adult Social Care. We are also aware of 343 young people aged 16 to 17 identified as likely to be eligible for adult social care, of whom 98 have Autism.

# Surrey Learning Disability and Autism Commissioning Strategy



**Our draft strategy for Surrey focuses on helping people to be part of their local community.**

Other local strategies have informed this draft strategy for people with a learning disability and/or autism. These include the Surrey Carers Strategy, the Surrey Police Strategy and the Surrey Accommodation Strategy.



**We want people to have the care and support they need at home**

We want people to have a home that is right for them in their local community.

People should have the care and support they need. If they need extra support because of their behaviour or a mental health problem they should have this extra support at home.

We do not want people to have to go to special hospitals for care and support..

If a person does need care and support away from their home we should help them to get the right treatment, and make sure they are able to move back home as soon as possible.

**We want to help people to be active members of their local community**

We want people to use the support and services that are for everyone in their local community.

We want to help everyone in the community to understand how to support and include people with a learning disability and/or autism.

# Surrey Learning Disability and Autism Commissioning Strategy



I live in the community with support from my family and carers.



My care staff have good support and training.



I live in a home that is right for me. I have a tenancy agreement.



My family have support to help them care for me.



I feel safe at home and in my community.



I am involved in activities in my community.



I have support to communicate and have my say.



I have support to learn new skills, be more independent and find a job.



I get good care and support from health services.

# Surrey Learning Disability and Autism Commissioning Strategy



## Living my life

Page 106  
People have a great start to life, are supported to live and age well having opportunities to contribute to their local community.



To support this goal we will:

- Ensure people are supported to participate in purposeful activity including education, training, employment and volunteering.
- Ensure carers have their needs identified and met to help maintain their caring role.
- Promote the use of personal budgets and health budgets to develop opportunities.
- Work with District and Boroughs to promote inclusion in local communities.
- Develop housing options with providers and the NHS through co-design.
- Plan with providers for an appropriately skilled workforce.



# Surrey Learning Disability and Autism Commissioning Strategy

## Staying healthy

People have the right support that enables them to stay well and receive the right care and treatment they need.



To support this goal we will:

- Ensure that people are informed, supported and have access to annual health checks, screening and health promotion.
- Ensure that everyone has access to good quality health services, which make reasonable adjustments to meet their needs.
- Develop joined up health and social care providing seamless care and support
- Provide local responsive alternatives to admission to hospital
- Develop a skilled workforce to meet needs when individuals have complex needs

# Surrey Learning Disability and Autism Commissioning Strategy



## 3. Keeping safe

Page 108  
People supported both in Surrey and out of county will experience quality services that are responsive to individuals' needs keeping them safe delivering value for money.

To support this goal we will:

- Work with friends, families and communities to prevent isolation and promote inclusive lives.
- Ensure the community is educated to help stop discrimination and prejudice.
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- Ensure people are cared for and safeguarded in their local community
- Work with Police and Criminal Justice



# Transforming care for people with learning disabilities and/or autism



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**Supporting people in Surrey with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition**

# Transforming care for people with learning disabilities and/or autism

## Introduction



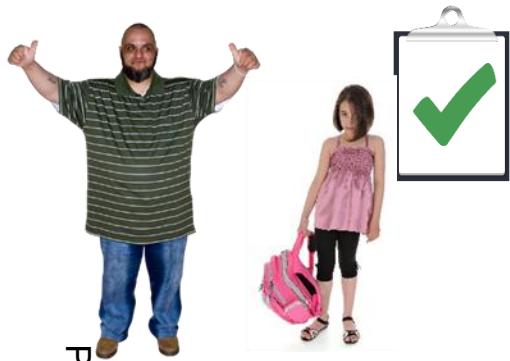
In February 2015 at a Public Accounts Committee hearing, NHS England committed to publishing a plan for closing some inpatient services for people with a learning disability and/or autism who display challenging behaviour.



NHS England then published the National Plan for building the right support and a Service Model in October 2015, jointly with the Association of Directors of Adult Social Services in England (ADASS) and the Local Government Association (LGA).



# Transforming care for people with learning disabilities and/or autism



Making care better for children, young people and adults who have behaviours that challenge.



We need to help people to be more independent, and have better health and well-being.



**We want to have better services in the community for people and close some special hospitals.**

# Transforming care for people with learning disabilities and/or autism

**Since Winterbourne View Surrey has discharged 54 people from hospital.** We know we have made lots of progress but we have much more to do.

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The National Transformation Plan tells us how to make changes that will last. It's about making services in the community better for people.

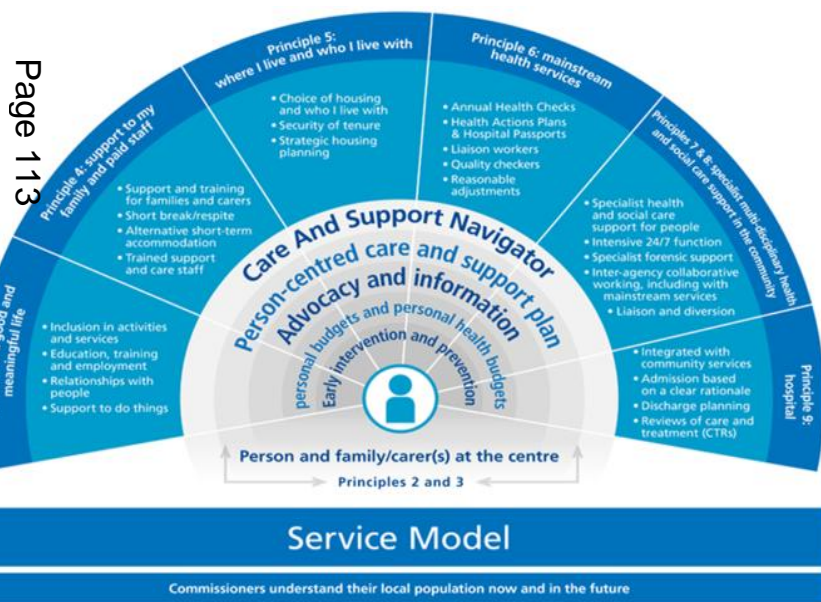


# Transforming care for people with learning disabilities and/or autism



Surrey Autism Partnership Board

**The national service model, jointly produced by NHS England/LGA/ADASS is the basis for change in Surrey, alongside our joint commissioning strategy.**



Page 113

## Valuing People: Surrey Learning Disability and Autism Strategy 2016-20

### PURPOSE

Surrey's Learning Disability and Autism Partnership Boards working together, so that people with a learning disability and/or autism can have a voice, be safe, be informed, remain healthy and confident to be part of their community.

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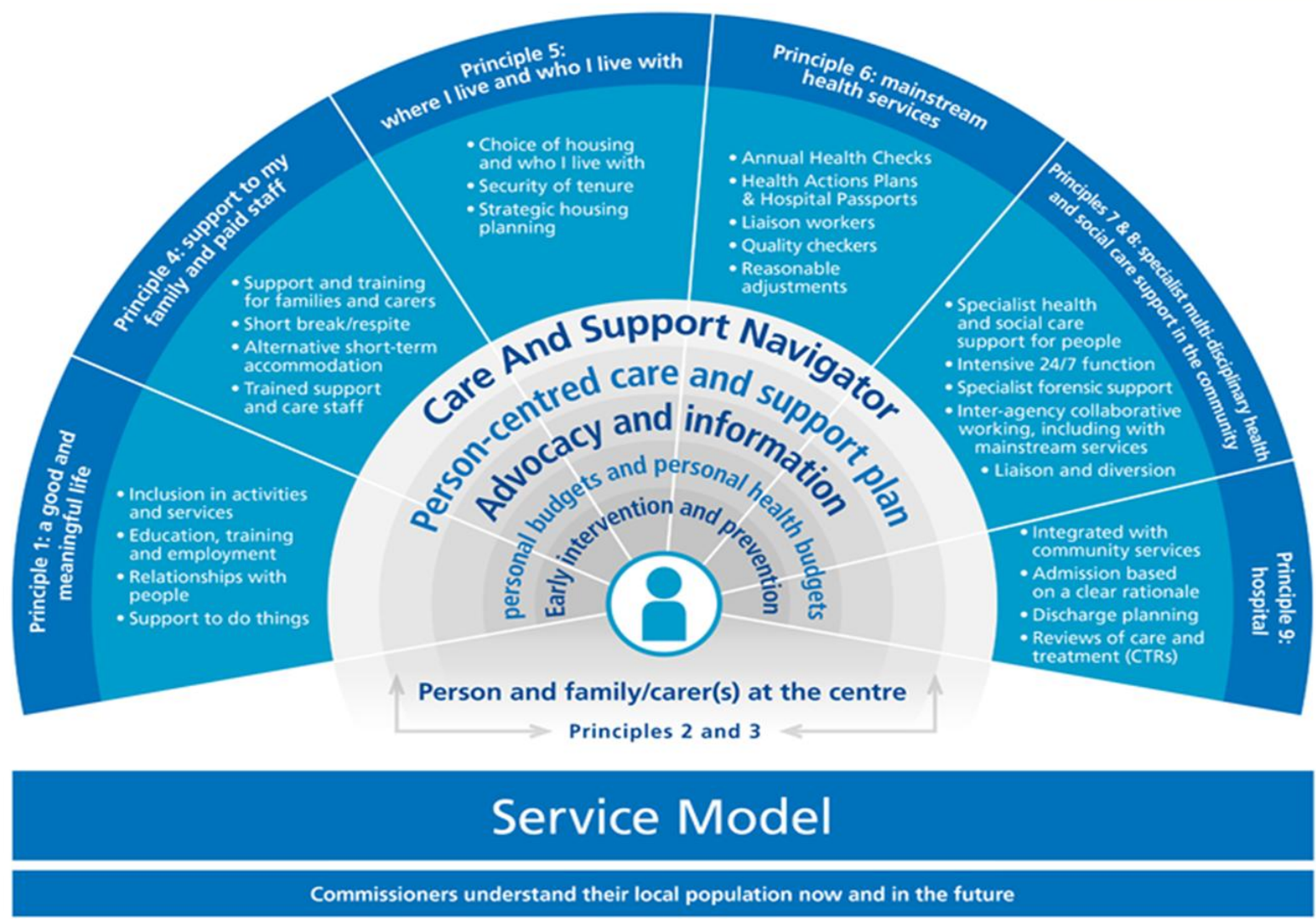
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- 3.5 Work with Police and Criminal Justice



# Transforming care for people with learning disabilities and/or autism



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# Transforming care for people with learning disabilities and/or autism

## Feedback from NHS England on our Local Transforming Care Plan.

NHS E South East		Surrey
<b>1</b>	<b>Mobilise communities</b> <i>Governance and stakeholder</i>	
1.1	Is the health and care economy clearly described?	Met
1.2	Are the governance criteria (as set out in BRS) fully met?	Met
1.3	Are stakeholder engagement arrangements clearly described?	Met
1.4	Has the plan been co-produced with children, young people and adults with a learning disability and/or autism and families/carers	Met
	<b>Understanding the status quo</b> <i>Baseline assessment of needs and services</i>	
2.1	Is the population / demographics clearly described?	Met
2.2	Has current inpatient usage been clearly described?	Met
2.3	Is the current care system clearly described?	Met
2.4	Is the current estate clearly described including key challenges, and in relation to housing for individuals?	Met
2.5	Is the case for change clearly described?	Met
2.6	Are improvement priorities for the current model of care clearly described?	Met
2.7	<b>Current state: please see the 'current state' tab of the activity and finance template attached as an annex.</b>	Met

<b>3</b>	<b>Develop your vision for the future</b> <i>Vision, strategy and outcomes</i>	
3.1	Are aspirations for 2018/19 clearly described?	Met
3.2	How will the improvements (set out above) be measured in relation to the 3 domains: reduction of inpatient usage, quality of care and quality of life?	Met
3.3	Are key principles for care and support to people with a learning disability and/or autism who display behaviour that challenges described?	Met
3.4	<b>Reduced reliance on inpatient services: please see the relevant tabs (LD patient projections and activity and finance) of the template attached as an annex.</b>	Met
<b>4</b>	<b>4. Implementation planning</b> <i>Proposed service changes (incl. pathway redesign and resettlement plans for long stay patients)</i>	
4.1	Is the new model of care clearly described?	Met
4.2	Is the plan for commissioning new services clearly described?	Met
4.3	Is the plan for reducing and/or decommissioning services clearly described?	Met
4.4	What existing services will change or operate in a different way?	Met
4.5	Is the plan for encouraging the uptake of more personalised support packages clearly described?	Met
4.6	What will care pathways look like?	Met
4.7	Is the plan for people making the transition from children's services to adult services clearly described?	Met

4.8	Is the plan for commissioning services differently for children transitioning to adult services clearly described?	Met
4.9	Is the plan for changes to the local estate/housing base clearly described?	Met
4.10	Is the plan for 'resettling' people who have been in hospital for 5 or more years clearly described?	Met
4.11	How does this transformation plan fit with other system plans and priorities?	Met
<b>5</b>	<b>Delivery</b> <i>Plans need to include key milestone dates and a risk register</i>	
5.1	Are the programmes of change/work streams needed to implement this plan clearly described?	Met
5.2	Have programme leads and support been identified for each of these programmes?	Met
5.3	Are the key milestones identified? – including milestones for when particular services will open/close?	Met
5.4	Are the risks, assumptions, issues and dependencies clearly identified?	Met
5.5	Are risk mitigations clearly identified?	Met
<b>6</b>	<b>Finances</b>	
6.1	<b>Finances: please see the relevant tabs (activity and finance and transformation funding) of the template attached as an annex.</b>	Not able to say

# Transforming care for people with learning disabilities and/or autism

## Who are we talking about in Surrey

Cohort		In C	OoC
Page 116	1. People with a learning disability and/or autism who have a mental health condition, such as severe anxiety, depression or a psychotic illness, and those people with personality disorders, which may result in them displaying behaviour that challenges.	4 NHS 5 CAMHS	1 NHS
	2. People with an (often severe) learning disability and/ or autism who display self-injurious or aggressive behaviour, not related to severe mental ill-health, some of whom will have a specific neuro-developmental syndrome with often complex life-long health needs and where there may be an increased likelihood of displaying behaviour that challenges.	2 NHS 197 LA 67 CHC 8 PHB	2 NHS 81 LA 10 CHC 19 children
	3. People with a learning disability and/or autism who display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system (this could include things like fire-setting, abusive, aggressive or sexually inappropriate behaviour)		1 NHS
	4. People with a learning disability and/or autism, often with lower level support needs, from disadvantaged backgrounds (e.g. social disadvantage, substance abuse, troubled family background), who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.		1 NHS
	5. Adults with a learning disability and/or autism who have a mental health condition or display behaviour that challenges who have been in inpatient settings for a very long period of time, having not been discharged when NHS campuses or long-stay hospitals were closed.		
	6. Children with Challenging behaviour placed in 52 week schools		Circa 17

# Transforming care for people with learning disabilities and/or autism

**The service model is structured around 9 principles seen from the point of view of a person with a learning disability and/or autism:**

1



I have a good and meaningful everyday life.

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2



My care and support is person-centred, planned, proactive and coordinated.

## Future goal

- More people will have access to mainstream services.
- People with challenging behaviours will have access to supported employment services
- People will have access to meaningful daytime services
- Introduce support navigators through match funding proposals
- Cultural shift from power within the organisations to the individuals and their families
- The HCP team being increased with an integrated workforce to ensure people receive twice yearly CTRs

# Transforming care for people with learning disabilities and/or autism



I have choice and control over how my health and care needs are met.

- Continue to work with children and their families of children whose behaviours present as challenging
- Ensure people with Challenging Behaviour have access to Direct Payments
- Introduce a local offer for Personal Health budgets and integrated personal commissioning budgets for people with complex needs
- To engage with the voluntary sector to ensure a wide range of service provision.
- Ensure local advocacy is reaching those with challenging behaviour

# Transforming care for people with learning disabilities and/or autism

4



My family and paid support and care staff get the help they need to support me to live in the community.

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- Ensure that the early intervention programme is meeting the needs of children with challenging behaviours
- Ensure appropriate training available for families and paid staff
- Work with local strategic providers to develop short term alternative models of care.
- Develop a small group of strategic providers to meet the needs of people whose behaviours challenge.
- Ensure people with learning disabilities and/or autism with behaviours that challenge are explicit within market position statements

5



I have a choice about where I live and who I live with.

- Ensure Personal Health budgets can be used to contribute towards housing costs
- Joint working between commissioners and housing strategy colleagues to ensure strategic housing planning

# Transforming care for people with learning disabilities and/or autism

6  
Page 120



I get good care and support from mainstream health services.

7



I can access specialist health and social care support in the community.

- Ensure that people with a learning disability are offered an Annual Health Check
- Ensure that people have the option of a Health Action Plan
- Annual completion of the Green Light toolkit audit by mental health commissioners with action plans
- Care & support pathways within mainstream primary and secondary NHS services are meeting the needs of people with learning disabilities and/or autism with behaviours that challenge
- Ensure the availability of specialist integrated multi-disciplinary health and social care support in the community for people with a learning disability and or/autism, for all ages (including an intensive 24/7 function)
- Interagency collaborative working between specialist and mainstream services
- Introduce a community forensic liaison role to help divert people ending up in forensic pathway and services.

# Transforming care for people with learning disabilities and/or autism

8



If I need it, I get support to stay out of trouble

- Mainstream services aimed at preventing or reducing anti-social or 'offending' behaviour make adjustments to meet the needs of people with a learning disability and/or autism
- Access to specialist health and social care support for people with a learning disability and/or autism who may be at risk of/have come into contact with the CJS

Page 121



If I am admitted for assessment and treatment in a hospital setting because my health needs can't be met in the community, it is high-quality and I don't stay there longer than I need to.

- Hospital admissions are supported by a clear rationale of assessment and treatment
- Services are as close to home as possible
- All stakeholders are working together to ensure discharge planning processes start from the point of admission
- Support for families and carers exists within commissioning frameworks

# Transforming care for people with learning disabilities and/or autism

## Surrey's Local Transforming Care Plan Our eight workstreams

Page 122 **We have agreed eight key areas of work we need to do:**

1. Prevention, Information, Advice and Advocacy
2. Workforce Development
3. Quality
4. Funding
5. Estates
6. Service development
7. Community Positive Behavioural Support Network
8. 0-25 year olds (SEND)





# Transforming care for people with learning disabilities and/or autism

## Surrey's Local Transforming Care Plan Our eight workstreams

### 1. Prevention, Information, Advice and Advocacy

**Lead people:** Mary Hendrick and Tom Moore.

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#### Key milestones:

- Develop information in accessible formats to facilitate better engagement within universal services.
- Develop communications plans.
- Develop information sharing structure.



# Transforming care for people with learning disabilities and/or autism

## Surrey's Local Transforming Care Plan Our eight workstreams

### 2. Workforce Development

Page 124

**Lead people:** Sonya Sellar and Hannah Dwight.

#### Key milestones:

- Project Terms of Reference drafted and agreed.
- Commissioning parties agree budget and authorise go-ahead.
- Project Manager appointed and project underway.



# Transforming care for people with learning disabilities and/or autism

## Surrey's Local Transforming Care Plan Our eight workstreams

### 3. Quality

**Lead person:** Chris Hastings.

Page 125 **Key milestones:**

- Surrey People Standards drafted.
- Surrey People Standards signed off by all stakeholder groups.
- Surrey People Standards rolled out.



# Transforming care for people with learning disabilities and/or autism

## Surrey's Local Transforming Care Plan Our eight workstreams

### 4. Funding

Page 126

**Lead people:** Jo Poynter, Dianne Woods, Paul Goodwin and Martin Jacobs.

#### Key milestones:

- Pooled commissioning budget
- Surrey Cost and Pricing Model and benchmarks developed and agreed.
- New placements priced and costed with Surrey Cost and Pricing model.
- Existing placements re-costed with Surrey Cost and Pricing model.



# Transforming care for people with learning disabilities and/or autism

## Surrey's Local Transforming Care Plan Our eight workstreams

### 5. Estates

**Lead person:** Andrew Price.

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#### Key milestones:

- Agree plan of how accommodation needs of priority people will be met.
- Accommodation developed by providers to meet needs.



# Transforming care for people with learning disabilities and/or autism

## Surrey's Local Transforming Care Plan Our eight workstreams

### 6. Service Development

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**Lead people:** Lead link commissioners.

#### Key milestones:

- Priority people defined.
- Assessments complete.
- Providers identified and engaged.
- New services specified.
- New services operational.
- People resettled through a detailed, informative and inclusive process.



# Transforming care for people with learning disabilities and/or autism

## Surrey's Local Transforming Care Plan Our eight workstreams

### 7. Community Positive Behavioural Support Network (CPBSN)

Page 129  
Lead person: Tom Moore.

#### Key milestones:

- CPBST specified.
- Detailed design of CPBST complete.
- CPBST operational.



# Transforming care for people with learning disabilities and/or autism

## Surrey's Local Transforming Care Plan Our eight workstreams

### 8. 0-25 year olds (SEND)

Page 130

Lead person: Frank Offer.

#### Key milestones:

- Transform the customer experience
- Rebuild the system around the customer
- Reshape the SEND local offer
- Develop inclusive practice.





# Supporting people in Surrey with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition



## SURREY Joint Transforming Care Plan (DRAFT)

### 1. Mobilise communities

#### Governance and stakeholder arrangements

#### Describe the health and care economy covered by the plan

In Surrey there are:

- 5,700 children with learning disabilities and 2,700 with autism, of whom
- 647 are 16-17 year olds with learning disabilities and 98 with autism
- 21,400 adults 18 + with learning disabilities and 8,921 with autism of whom
- 4510 adults with learning disability and 2014 with autism are over 65

Of these we are aware of:

- 343 young people aged 16 -17 identified as likely to be eligible for adult social care – of whom 98 have Autism
- 4,000 adults are in receipt of Adult Social Care aged 18 and over, 609 of which are living out of county. 130 in receipt of health funded care
- 8 individuals within Specialised commissioning provision

It is recognised that of this total population of people with learning disability and/or autism there are currently 278 adults and further work is being undertaken to identify the number of children who have in addition behaviours that challenge.

To meet the needs of people with a learning disability and /or autism who display behaviours that challenge there are a range of support/services provided including:

- 43 strategic providers, providing residential, respite and supported living on a spot purchase basis, made up of voluntary and independent providers.
- A small statutory residential, respite and supported living provision within a block contract
- 250 other providers from whom we purchase support
- LATC Surrey Choices provision providing, day opportunities, employment, shared lives and short breaks moving to individual budgets 2016.
- 7 bedded NHS Assessment and Treatment service
- 7 bedded NHS Step Down Treatment unit (closing mid Feb 2016)
- Health funded community teams for people with a learning disability
- Health funded nurse liaison services in acute general hospitals, primary care and prisons

#### Commissioning Arrangements

Currently there are:

- 6 CCGs working together within the mental health and learning disability CCG collaborative
- 1 Local Authority operating under five area based directorates

11 District and Borough Councils

We currently have a non-formalised co-commissioning model

Blocks arising from these arrangements include:

- Separate budgets and commissioning arrangements
- Over reliance on residential care
- Geographic boundaries not aligned
- Lack of data sharing across organisations
- Children's and adult services not aligned in geography, and finance
- Cost of living in Surrey

### **Describe governance arrangements for this transformation programme**

A Transforming Care Board (consisting of all key stakeholders) has been established to oversee the development and implementation of the Surrey Transforming Care Plan.

The project is led jointly by Jo Poynter, Area Director East Surrey Adult Social Care who has the LD lead for Surrey County Council, and Ros Hartley, Director of Strategy and Partnerships NHS North East Hampshire and Farnham Clinical Commissioning Group, representing all the CCG Chief Officers for the Partnership Area.

Partners on the Transformation Board include representatives from the following groups:

Individuals with learning disabilities and /or autism

Family experts

Advocacy

Children's services Commissioners

ASC Commissioners & Finance officer

CCG commissioners

NHSE Specialist Commissioner

CAMHS

Provider organisations

Surrey and Borders Foundation Trust (SABFT) (local inpatient services)

CTPLD

Voluntary sector community supports

Housing

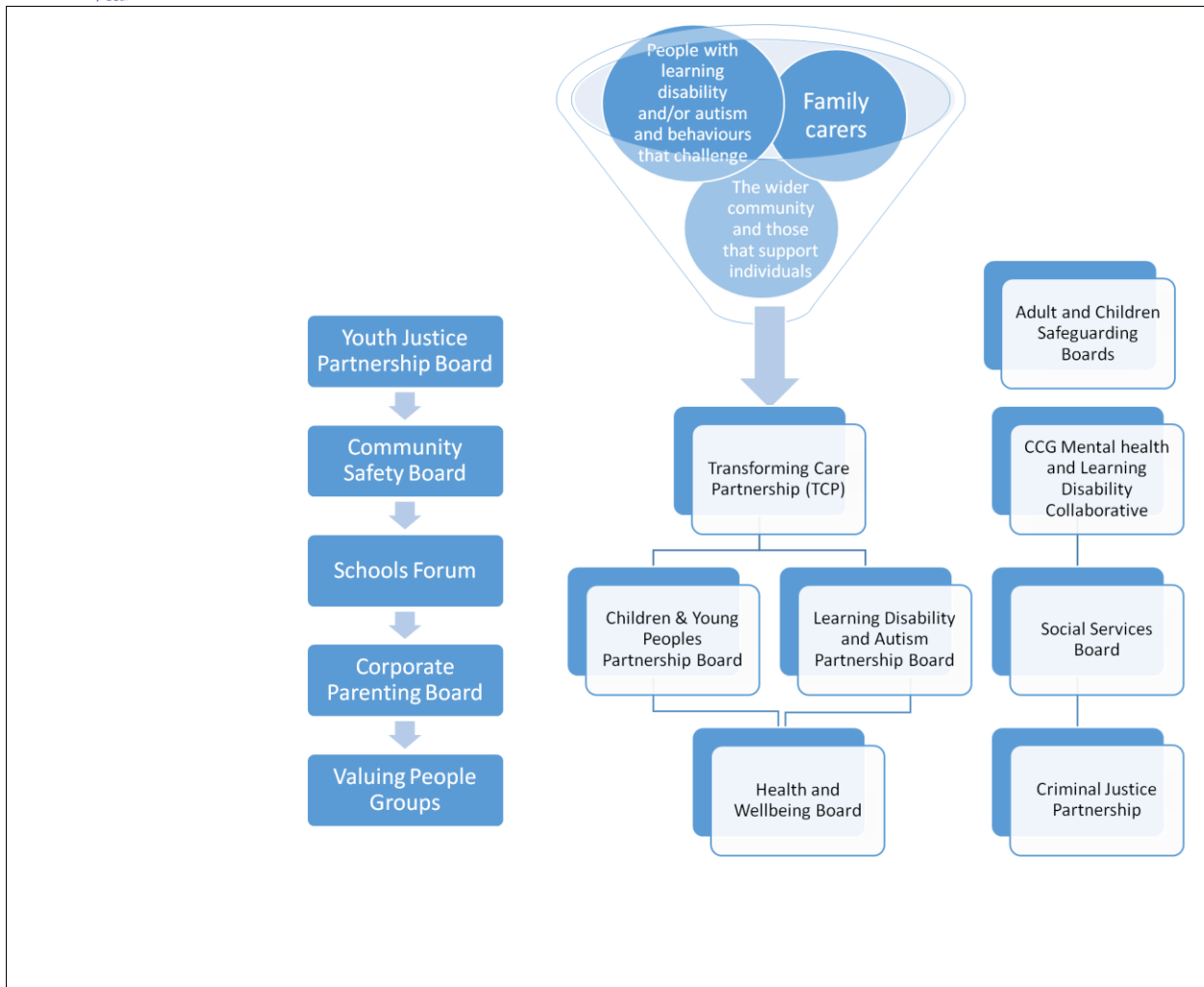
Safeguarding

LETB

Health care planners

Surrey Police, Youth Justice

The Transformation Board will report through the Partnership Board to the Health and Wellbeing Board.



## Describe stakeholder engagement arrangements

In Surrey we regularly work alongside our stakeholders to deliver change these include:

- Valuing People Groups- local area groups including people with learning disability and autism, family carers and all local support networks
- Family Voice – parent forum for children and young people with disabilities
- Barnardo's
- Advocacy groups
- Adult Learning disability Partnership Board and Autism Partnership Board
- Strategic Provider network
- CAMHS
- Surrey & Sussex Criminal Justice Partnership

We have just completed the consultation on the five year commissioning strategy which this plan will form part of. This has included group sessions, face to face conversations, accessible survey monkey and large forum events to influence both the strategy and this plan.

The advocacy groups have been exploring the shift in power and are in-putting into both the strategy and this plan.

### **Describe how the plan has been co-produced with children, young people and adults with a learning disability and/or autism and families/carers**

It was important that the plan was co-produced to accommodate the ideas, issues and concerns of all stakeholders, especially the people who will use services and their families.

The plan was based on input from members of the Transforming Care Board.

The advocacy and valuing people groups have been central to the co-design of the plan.

Co-design events for young people and their families are being set up over the next month to ensure they are involved in the development of the plan.

Engagement with partnership groups during consultation period will continue with regular agenda items at the partnership board meetings

Survey Monkey (see printed version of all feedback)

People with learning Disability and Autism were also very involved in the development of the National Service model with over 200 responses to the consultation.

**Please go to the 'LD Patient Projections' tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack) and select the CCG areas covered by your Transforming Care Partnership**

### **Any additional information**

## 2. Understanding the status quo

### Baseline assessment of needs and services

#### **Provide detail of the population / demographics**

Cohort	In C	OoC
1. People with a learning disability and/or autism who have a mental health condition, such as severe anxiety, depression or a psychotic illness, and those people with personality disorders, which may result in them displaying behaviour that challenges.	4 NHS 5 CAMHS	1 NHS
2. People with an (often severe) learning disability and/ or autism who display self-injurious or aggressive behaviour, not related to severe mental ill-health, some of whom will have a specific neurodevelopmental syndrome with often complex life-long health needs and where there may be an increased likelihood of displaying behaviour that challenges.	2 NHS 197 LA 67 CHC 8 PHB	2 NHS 81 LA 10 CHC 19 children
3. People with a learning disability and/or autism who display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system (this could include things like fire-setting, abusive, aggressive or sexually inappropriate behaviour)		1 NHS
4. People with a learning disability and/or autism, often with lower level support needs, from disadvantaged backgrounds (e.g. social disadvantage, substance abuse, troubled family background), who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.		1 NHS
5. Adults with a learning disability and/or autism who have a mental health condition or display behaviour that challenges who have been in inpatient settings for a very long period of time, having not been discharged when NHS campuses or long-stay hospitals were closed.		
6. Children with Challenging behaviour placed in 52 week schools		Circa 17

### Analysis of inpatient usage by people from Transforming Care Partnership

	2011	as at 31/03/16	as at 30/06/16	as at 30/09/16	as at 31/12/16	as at 31/03/17	as at 31/03/18	as at 31/03/19
<b>NHS England commissioned inpatients</b>		10	10	10	10	9	8	7
<b>CCG commissioned inpatients</b>	44	11 (6 in county 5 out of county)	8	4	4	7	7	7

Currently Surrey is well below the suggested in-patient usage, both CCG and specialist commissioned places. We aim to have all CCG commissioned places locally by 2019

### Describe the current system

In 2015, Surrey maintained a SEN statement or Education Health and Care Plan (EHCP) for 5631 pupils. 823 children aged 0-19 were supported by the children with disabilities social care team.

The number of pupils with statements maintained by Surrey placed in Non-maintained and Independent (NMI) school provision is more than double the national average (England 6.9% and Surrey 15.1%) and just under double the regional averages. Many of these children and young people have ASD and are placed out of county or more than 20 miles from their family home.

During 2015/16, NHS Guildford and Waverley CCG led a Surrey-wide CAMHS procurement on behalf of each Surrey CCG and Surrey County Council. The scope of the procurement included both targeted (tier 2) and Specialist (tier 3) CAMHS for children and young people aged 0-8yrs old.

The contracts will commence from April 2016 and will include a new Behavioural, Emotional and Neurodevelopment (BEN) pathway and dedicated CAMHS adoption service, alongside an enhanced learning disability service, counselling provision, Parent Infant Mental Health Service, dedicated CAMHS service for Children in Care (locally known as 3 C's) and mental health support to care leavers.

In Adults services individuals from the cohorts are primarily having their needs met through services commissioned separately by health and social care funding streams. Co-commissioning is also part of the model that is being used, however this will further be developed to ensure that individual's needs are met holistically.

Currently practitioners are assessing an individual's needs and then identifying a provision to meet those needs. Too frequently the provisions are away from the family, friends and the community that they know. Although the number of individuals is small there is little provision within the geographical borders of Surrey that can meet their needs. The current care model is mainly residential provision away from Surrey. This move away to other counties does not provide a responsive individual way of meeting a person's needs.

ASC practitioners working alongside the Healthcare Planners will enable a range of options to be considered for each person in whichever cohort they have been identified as belonging to.

Consultation held on developing a model of funding for these complex people has considered a number of options and the preferred option, by those consulted, was identified as sitting with adult social care commissioners.

Further joint work with colleagues across mental health services will be essential in developing a greater resource bank of options for people.

Services are provided by a number of independent providers directly commissioned. Further work is needed to ensure that individual budgets and direct payments are made available to each cohort to enable greater choice.

Joint working with providers to create individual homes for people with specialised, creative and responsive support packages will enable people to move back nearer their family and friends.

### What does the current estate look like? What are the key estates challenges, including in relation to housing for individuals?

<b>Accommodation Status of Working Age Clients with A Learning Disability (source SALT 2015 / 15 Table LTS 004 tables 2a and 2b)</b>				
<b>ACCOMMODATION TYPE</b>	<b>Total PEOPLE</b>	<b>% OF TOTAL</b>	<b>People as described in the cohorts</b>	<b>% of People as described in the cohorts</b>
Rough Sleeper / Squatting	0	0.0%	0	0.0%
Night Shelter / Emergency Hostel / Direct Access Hostel (Temporary Accommodation accepting Self-Referrals)	2	0.1%	0	0.0%
Refuge	0	0.0%	0	0.0%
Placed in Temporary Accommodation by the Council (including Homelessness Resettlement)	3	0.1%	0	0.0%
Staying with Family / Friends as a Short Term Guest	2	0.1%	0	0.0%
Acute / Long Term Healthcare Residential Facility or Hospital (e.g. NHS Independent General Hospital / Clinic, Long Stay Hospital, Specialist Rehabilitation / Recovery Hospital)	8	0.3%	19	
Registered Care Home	899	31.5%	246	
Registered Nursing Home	12	0.4%	0	00.0%

<b>Prison / Young Offenders Institution / Detention Centre</b>	0	0.0%		
<b>Other Temporary Accommodation</b>	12	0.4%	0	0.0%
<b>Unknown</b>	84	2.9%		
<b>TOTAL UNSETTLED ACCOMMODATION</b>	1022	35.8%		
<b>Owner Occupier or Shared Ownership Scheme</b>	18	0.6%	0	
<b>Tenant (including Local Authority, Arm's Length Management Organisations, Registered Social Landlord, Housing Association)</b>	73	2.6%		
<b>Tenant - Private Landlord</b>	20	0.7%	0	
<b>Settled Mainstream Housing with Family / Friends (Including Flat-Sharing)</b>	1003	35.2%		
<b>Supported Accommodation / Supported Lodgings / Supported Group Home (i.e. Accommodation Supported by Staff or Resident Care Taker)</b>	671	23.5%	32	
<b>Shared Lives Scheme</b>	31	1.1%		
<b>Approved Premises for Offenders released from Prison or under Probation Supervision (e.g. Probation Hostel)</b>	0	0.0%		
<b>Sheltered Housing / Extra Care Housing / Other Sheltered Housing</b>	11	0.4%		
<b>Mobile Accommodation for Gypsy / Roma and Traveller Communities</b>	2	0.1%		
<b>Total Settled Accommodation</b>	1829	64.2%		
<b>Total LD</b>	2851	100.0%		

The above accommodation is provided by a range of housing, social care, health and private providers. This varies from very appropriate, Surrey has worked with providers over the past five years to develop individual bespoke housing options, to poor old fashioned more institutional provision which is not fit for purposes.

The In-House Social care services are under review as to the future, some of which are fit for purpose



and others not. There are 74 properties with charges to Secretary of state, district and boroughs or local authority as follows:

Provider	CCG area	SCC rel manager	Status
Affinity Trust	G&W	Debbie Aitken	Already supported living
Avenues Trust	ES	Jo Poynter	TBC
Care UK	G&W	None	Proposals made to change
CIC	ES	Mary Hendrick	Discussions underway
Dimensions	G&W, SH, NEHF	Andrew Price	Proposals made to change
Just Homes	G&W	Andrew Price	Proposals made to change
LCD	ES	Andrew Price	Discussions underway
Mencap	ES	Andrew Price	Reregister to SL
Prospect	ES/MID	Jo Poynter	TBC
Together Working for Wellbeing	NW	None	To discuss - MH services
United Response	G&W	None	Linked to Dimensions review
Welmede	NW	Andrew Price	Proposals made to change

### What is the case for change? How can the current model of care be improved?

Surrey has a good record of not using extensive amounts of hospital provision and in the last four years has reduced the usage of long term hospital stays to below the suggested national figures. However, all specialist commissioned places remain out of county, and many other placements both health and social care are within residential settings with many out of county. To implement the service model locally there needs to be a change giving the choice and control back to the individuals and their families, enabling them to have choice in where they live and an opportunity to remain local staying closer to their families and community. This means working alongside providers so enable services to provide support that meets individual needs either in their own home or for a short time in other local provision until they are able to return home. As hospitals are not homes and residential care is not within settled accommodation there is need in a strategic shift for how services are being commissioned and how they will be commissioned in future.

We have taken stock of the position in Surrey by assessing the current position against the principles set out in the Transforming Care Service model.

Principle	Current position in Surrey	Future goal
1. A good and meaningful life	<p>Many people are supported to enjoy a good and meaningful life in Surrey.</p> <p>There is some high quality care and support provision delivered by ethical providers and the general standard of accommodation is reasonably good.</p> <p>However, we still have some larger, old-style residential services which are no longer fit for purpose. Some services are less personalised than they should be.</p> <p>All service specifications are based on the</p>	<ul style="list-style-type: none"> <li>• More people will have access to mainstream services.</li> <li>• People with challenging behaviours will have access to supported employment services</li> <li>• People with challenging behaviour will have access to meaningful daytime services</li> </ul>

	TLAP "I statements" which were co-designed with individuals families, providers and other stakeholders.	
2. Person at the centre	Surrey has made good progress in ensuring that people are listened to and that their needs and wants are taken account of when choosing services and structuring support, but there is some way to go before we can say that all services are truly person centred.	<ul style="list-style-type: none"> <li>• Introduce support navigators through match funding proposals</li> <li>• Cultural shift from power within the organisations to the individuals and their families</li> <li>• The HCP team being increased with an integrated workforce to ensure people receive twice yearly CTRs</li> </ul>
3. Choice and Control	<p>Surrey's children's services was a pilot site for the Education, Health and Care plans, with the child at the centre. (See Attached)</p> <p>Surrey has excellent accessible information and an accessible partnership board website. Surrey has a good model for delivering direct payments to individuals with the option of a pre-paid account. All adults in receipt of care have a personal budget, managed by, themselves, a third party broker or the council.</p> <p>In Surrey we have also been introducing personal health budgets for people with a learning disability. Part of our transformation plan is that we wish to integrate these approaches and provide a dedicated focus on developing Integrated Personalised Commissioning.</p>	<ul style="list-style-type: none"> <li>• Continue to work with children and their families of children whose behaviours present as challenging</li> <li>• Ensure people with Challenging Behaviour have access to Direct Payments</li> <li>• Introduce a local offer for Personal Health budgets and integrated personal commissioning budgets for people with complex needs</li> <li>• To engage with the voluntary sector to ensure a wide range of service provision.</li> <li>• Ensure local advocacy is reaching those with challenging behaviour</li> </ul>
4. Support to my family and paid staff	<p>We recognise that families are often the most important people in the lives of people with disabilities and autism. They have a major role to play in planning and delivery of the support received by their relative. In Surrey some families play an active role, but others feel excluded for the lives of their relatives when they reach adulthood.</p> <p>Carers, whether family or paid carers, have a demanding role. Some Surrey families say</p>	<ul style="list-style-type: none"> <li>• Ensure that the early intervention programme is meeting the needs of children with challenging behaviours</li> <li>• Ensure appropriate training available for families and paid staff</li> <li>• Work with local strategic providers to develop short</li> </ul>

	<p>they are well-supported, whilst other bemoan a lack of support. Paid carers, whether personal assistants or staff working for care providers, generally feel undervalued and are poorly rewarded for the skilled and challenging work they undertake.</p>	<p>term alternative models of care.</p> <ul style="list-style-type: none"> <li>• Develop a small group of strategic providers to meet the needs of people whose behaviours challenge.</li> <li>• Ensure people with learning disabilities and/or autism with behaviours that challenge are explicit within market position statements</li> </ul>
5. Where I live and who I live with	<p>There are some excellent recent examples in Surrey where people have chosen both where and with whom they live. However, many people in Surrey did not choose where they live, and even fewer chose who they live with.</p>	<ul style="list-style-type: none"> <li>• Ensure Personal Health budgets can be used to contribute towards housing costs</li> <li>• Joint working between commissioners and housing strategy colleagues to ensure strategic housing planning</li> </ul>
6. Mainstream health services	<p>Surrey has made good progress in supporting people to access mainstream health services. People generally have annual health checks, Health Action Plans and Hospital Passports. Hospitals, Prisons and Primary care have liaison workers who enhance the service delivered and the overall experience for disabled and autistic people.</p>	<ul style="list-style-type: none"> <li>• Ensure that people with a learning disability are offered an Annual Health Check</li> <li>• Ensure that people have the option of a Health Action Plan</li> <li>• Annual completion of the Green Light toolkit audit by mental health commissioners with action plans</li> <li>• Care &amp; support pathways within mainstream primary and secondary NHS services are meeting the needs of people with learning disabilities and/or autism with behaviours that challenge</li> </ul>
7. Specialist multi-disciplinary health services in	<p>People receive support from specialist health services in the community such as the Community Behavioural Support Team, but they tend to be under-resourced and only have scope to play a reactive role in times of</p>	<ul style="list-style-type: none"> <li>• Ensure the availability of specialist integrated multi-disciplinary health and social care support in the community for people with</li> </ul>

the community	crisis.	<p>a learning disability and or/autism, for all ages (including an intensive 24/7 function)</p> <ul style="list-style-type: none"> <li>• Interagency collaborative working between specialist and mainstream services</li> <li>• Introduce a community forensic liaison role to help divert people ending up in forensic pathway and services.</li> </ul>
8. Specialist social care support in the community	<p>Surrey has a range of specialist community social care support providers, including charities, housing associations and private organisations. Providers are generally ethical and progressive in nature and are committed to delivering good quality care and support. However, the provider community is fragile. Many services, particularly long-established residential homes, are underfunded, and staff shortages are having a detrimental effect on quality of care and organisational wellbeing.</p>	<ul style="list-style-type: none"> <li>• Mainstream services aimed at preventing or reducing anti-social or ‘offending’ behaviour make adjustments to meet the needs of people with a learning disability and/or autism</li> <li>• Access to specialist health and social care support for people with a learning disability and/or autism who may be at risk of/have come into contact with the CJS</li> </ul>
9. Hospital		<ul style="list-style-type: none"> <li>• Hospital admissions are supported by a clear rationale of assessment and treatment</li> <li>• Services are as close to home as possible</li> <li>• All stakeholders are working together to ensure discharge planning processes start from the point of admission</li> <li>• Support for families and carers exists within commissioning frameworks</li> </ul>
<p><b>Please complete the 2015/16 (current state) section of the ‘Finance and Activity’ tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack)</b></p> <p><b>Any additional information</b></p>		

### 3. Develop your vision for the future

#### Vision, strategy and outcomes

#### Describe your aspirations for 2018/19.

The Surrey Vision, set out in the Surrey Learning Disability and Autism Strategy, 2016-2020 (attached 1 page strategy summary) is to ensure that:

***People with learning disabilities and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives. They should be able to have a place to live and to be involved in the design and delivery of the support they receive.***

This Vision applies to all people with learning disabilities and/or autism in Surrey.

We view the Transforming Care Programme as an important and integrated part of our overall work to develop the quality of care and support for people with learning disabilities and/or autism in Surrey.

The Surrey Learning Disability and Autism Strategy sets out Strategic Goals which were developed through extensive consultation with many stakeholder groups, including people with disabilities and/or autism and their families. They are as relevant to the cohorts prioritised by this programme as they are to the wider population of people with learning disabilities and/or autism.

The Strategic Goals are listed below. Specific reference is made (in italics) where the Goals are of particular importance to the programme and the cohorts of people on which it initially focuses:

#### 1. Living my life

Individuals have a great start to life and age well, having opportunities to contribute to their local community. To support this goal we will:

- a. Ensure that people are supported to participate in purposeful activity including education, employment and volunteering.

*This is key to enabling people to achieve a good quality of life and is particularly important to people with complex needs and challenging behaviour in the priority cohorts who find it difficult to source meaningful activities.*

- b. Ensure carers have their needs identified and met to help maintain their caring role.

*Surrey has an established network that enables carers to have a voice, provides training and recognises carers as equal partners. It is important to ensure this network supports carers of individuals with the most complex needs*

- c. Promote the use of personal budgets and health budgets to develop opportunities.

*To achieve the shift in power there needs to be a programme of work exploring how to increase the number of individual budgets both health and social care to people whose behaviours are described as challenging*

- d. Work with District and Boroughs to promote inclusion in local communities.

- e. Ensure people have local settled accommodation by developing housing options with providers and NHS through co-design.

*The priority cohorts have bespoke accommodation needs, but as discussed later in this plan there are particular issues around sourcing and developing appropriate accommodation in Surrey.*

- f. Reduce the number of people living as inpatients in NHS facilities who could receive more

appropriate services in the community.

*Bramdean, one of the two remaining inpatient units in Surrey, closed at the end of January 2016. The last such facility in Surrey, April Cottage, Assessment and Treatment unit is scheduled to be re-located. Some Surrey-funded people are in similar facilities in other counties. We aspire to re-settle all the people living in hospitals into appropriate community settings.*

- g. Work with providers to build a workforce of sufficient size and with appropriate skills and competencies.

*This will be a major challenge in Surrey. The care workforce has suffered wage erosion over several years allowing private sector pay to overtake, care and support work has a poor image and there is virtually no unemployment in the County. Building a care workforce to support more challenging people in the community is a strong focus of this programme which needs to recognise staff training including coaching, mentoring and skills development in situ..*

- h. Fund provision at the long term cost of care.

*Surrey has a comparatively large population of people with learning disabilities and/or autism and high level of overall spend, but many established services express concern about underfunding. We have to be creative and innovative in ensuring that we maximise value for every pound spent, but we also need to recognise that supporting people with complex needs can be expensive. This means that we need to be creative in how the money is spent as without appropriate funding for people with complex needs and behaviours that challenge peoples' needs and aspirations will not be met.*

## 2. Staying healthy

Individuals have the right to support that enables them to stay well and receive the right care and treatment they need. To support this goal we will:

- a. Ensure that people are informed, supported and have access to annual health checks, screening and health promotion (tailored to people with learning disabilities and/or autism).
- b. Ensure that everyone has access to good quality health services which meet their needs. (Health services are expected to make 'reasonable adjustment' to meet individual needs)
- c. Develop joined up health and social care, providing seamless care and support.

*Seamless working between partners is critical to the achievement of all Strategic Goals in their application to the priority cohorts.*

- d. Provide local responsive alternatives to admission to hospital.

*For people with complex needs and challenging behaviour this means specialist behavioural services with well trained, skilled, competent and resilient staff.*

- e. Develop a skilled workforce to meet needs when individuals have complex needs.

*To support complex and challenging people in the community Surrey needs a Community Positive Behavioural Support team which can work with individuals both proactively to design and implement behavioural programmes and respond at times of crisis with positive interventions and boots on the ground. This needs a partnership approach alongside families.*

- f. Ensure carers have their health needs identified and met to help maintain their caring role.

### 3. Keeping safe

Individuals supported both in Surrey and out of county will experience quality services that are responsive to individuals' needs, keeping them safe and delivering value for money. To support this goal we will:

- a. Work with friends, families and communities to prevent isolation and promote inclusive lives.
- b. Ensure the community is educated to help stop discrimination and prejudice.
- c. Ensure people have access to the right information, advice and advocacy to make informed choices about the support they need.

*Access to information, advice and advocacy is important when supporting people to move to new community-based services, particularly when they lack capacity or do not have support from family and friends. A specific concern is the lack of advocacy support for people who live out of county.*

- d. Ensure people are cared for and safeguarded in their local community.

*The cohorts prioritised by this programme can often not self-advocate and are at particular risk of harm and abuse.*

- e. Work with Police and Criminal Justice and liaison with mental health and safeguarding leads.

### How will improvement against each of these domains be measured?

In the table below we specify the Surrey Strategic Goals which are most relevant to the cohorts of people prioritised in this programme, and which are central to the Surrey Transforming Care Plan. We also identify the key indicators which will be measured to determine the success of the programme in relation to these goals.

We acknowledge that there is a need to ensure that we collect data to enable central monitoring of progress and will update our indicators when this is finalised.

Relevant Strategic Goal	Indicators
1a. Purposeful activities	<ul style="list-style-type: none"> <li>• Individuals participating in meaningful activities and reporting they feeling fulfilled with activities (annual review and survey)</li> </ul>
1b. Family carers	<ul style="list-style-type: none"> <li>• Families and carers feel supported (survey)</li> <li>• Local networks including families of individuals with complex needs.</li> </ul>
1c. Personal budgets	<ul style="list-style-type: none"> <li>• Number people with behaviours that challenge taking up Direct payments, personal health budgets or integrated personal budgets</li> </ul>
1e. Develop housing options	<ul style="list-style-type: none"> <li>• Number of secured tenancies for people with behaviours that challenge</li> </ul>
1f. Reducing inpatient numbers	<ul style="list-style-type: none"> <li>• Number of inpatients</li> </ul>
1g. Building workforce	<ul style="list-style-type: none"> <li>• Number of new staff recruited with the right qualities</li> <li>• Number of staff with behavioural and</li> </ul>

	<ul style="list-style-type: none"> <li>communications qualification</li> <li>Number of Manager and Support Worker roles filled with people that meet the specified profile</li> </ul>
1h. Funding at long term cost of care	<ul style="list-style-type: none"> <li>Surrey Cost and Pricing model in place</li> <li>Surrey Cost and Pricing benchmarks developed and agreed</li> </ul>
2c. Joined up health and social care	<ul style="list-style-type: none"> <li>Single commissioning team</li> <li>Aligned/pooled budget</li> </ul>
2d. Local responsive alternatives to admission	<ul style="list-style-type: none"> <li>“Blue light CTRs” prior to every admission</li> <li>Behavioural Support Network activity</li> <li>Short term accommodation/support usage</li> <li>Criminal Justice Liaison role activity</li> </ul>
2e. Positive Behavioural Support team	<ul style="list-style-type: none"> <li>Behavioural programmes available 24 hrs a day</li> <li>Intensive Support Service number of prevented admissions</li> </ul>
3c. Information, advice and advocacy	<ul style="list-style-type: none"> <li>Navigator in place to help people through the system</li> <li>Provision of specialist advocacy services</li> </ul>
3d. Ensure people are safeguarded	<ul style="list-style-type: none"> <li>Develop easy read safeguarding information</li> <li>Number of alerts</li> </ul>

The work planned in this programme to achieve the Strategic Goals, initially in respect of the priority cohorts but thereafter in respect of the wider population of people with learning disabilities and/or autism is set out in the plans in Section 5: Delivery.

**Describe any principles you are adopting in how you offer care and support to people with a learning disability and/or autism who display behaviour that challenges.**

Our guiding principle is that people who need and use support services are central to all work and activity in a sector which exists only to support them.

People with disabilities and/or autism have told us that the following aspects of life are important to them:

- Choice and control over care.
- Living in the community with support from family and carers.
- A fulfilling and purposeful everyday life.
- Receiving good care from all health services.
- Accessing extra health and social care support when needed.
- Being supported to stay safe.

In Surrey we are committed to supporting people with learning disabilities and/or autism to stay at the centre of their world.

**Please complete the Year 1, Year 2 and Year 3 sections of the ‘Finance and Activity’ tab**



## and the 'LD Patient Projections' tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack)

### Any additional information

## 4. Implementation planning

### Proposed service changes (incl. pathway redesign *and* resettlement plans for long stay patients)

#### Overview of your new model of care

In recent years we have driven a shift away from old, traditional models of care such as treatment and assessment units and residential services, but we do not envisage that these older models will be replaced by new models. People are individuals, so we should not expect one size to fit all. We are moving away from the notion of preferred models towards what we might term a system – a system in which there is complete flexibility about how people will live and how their support needs will be met.

In our new system we will meet the needs of all current and potential individuals of care and support services with reference to the following guiding principles:

- Led by individuals requiring support. We wish to see a shift of power way from those who commission and provide support to those who utilise it.
- Local. Most people wish to live in localities with which they are familiar, close to family and friends, and able to access a known community infrastructure.
- Specialist. We recognise that people with challenging behaviour require specialist behavioural support.
- Preventative, proactive and progressive. By adopting preventative approaches and being proactive in support planning and delivery, we will enable people to achieve their potential and live more fulfilled lives. We seek to support people to make progress throughout their life by supporting development and fostering independence. These approaches will save money too.
- Innovative. People should not be pigeon-holed into traditional models of care. Rather, they should be encouraged to seek innovative solutions which meet their individual needs and wants.
- Dynamic. Just as we should not expect that one size fits all we should not expect solutions to last a lifetime. Lives are not static. Peoples' needs and wants change over time.
- Teamwork. People have the best chance of achieving desired outcomes when all parties involved in their care and support are engaged and aligned.
- Positive culture and shared risk. Providers must take responsibility for the quality of the support they give, but they cannot be all things to all things to all people, and there are times that they need support, particularly in times of crisis. Difficult times are best navigated where the culture is honest, open, respectful, supportive and solution-focused.

#### What new services will you commission?

We will commission person-centred services which people are likely to choose as their preferred option for care and support and which meet assessed needs.

Based on feedback from individuals, families, advocates, providers, care managers and other

stakeholders, and assessments we have carried out, it is likely that the services we commission will also have the following characteristics:

- Local. Work with neighbours and the wider community to ensure that people are accepted in their local communities
- Bespoke. We will ensure that services are individually-led, based on what the individual and his advocates want.
- Small numbers. People generally don't want to live with lots of other people, and large numbers militate against personalisation.
- High quality accommodation, which is well-located, fit for purpose, well-maintained, robust and homely.
- High quality management and staffing. Commissioned services will need to demonstrate that they have high quality management and can build skilled and competent staff teams, a pre-requisite to supporting people to achieve positive outcomes.
- Desired outcomes. We will commission new services with organisations which are able to demonstrate how they support people to achieve desired outcomes. Great accommodation and excellent staff are vital, but organisations also need to be able to translate high quality inputs into desired outcomes.
- Behavioural specialism. Many people in the cohort covered by this programme require specialist behavioural input. Support providers will need the skills required to design and deliver specialist proactive support programmes which aim to minimise challenging behaviour and to make early and effective interventions at times of crisis.
- Activity programmes with proven positive outcomes, including art and drama therapy. A particular focus is to ensure that people with severe learning disabilities and high support needs are able to access high quality activities.
- Employment focus. We wish to support more people with learning disabilities to have the opportunity of employment, in the widest sense of the word.
- Organisational strength and resilience. We will look to commission services with providers who can demonstrate that they have the resources to provide positive support to service and individual when things are going well and when things are not going quite so well.
- Financial viability. In these cash-strapped times services must be efficient and deliver value for money. To be viable, though, services also need to be funded at the long-term cost of care, accommodating known forthcoming cost increases such as the Living Wage and pension auto-enrolment and facilitating future investment and service development.

With regard to existing models we recognise that Shared and ownership and Supported Living generally enables people to live the positive, self-directed lives they choose, but we also wish to promote innovative structures within a flexible system. We expect to see more and more cases where, for example:

- Care and support is shared between families and provider organisations.
- Support is provided by voluntary and community organisations.
- People share their lives with others whom they choose.
- Structures are put in place to support family carers, such as behavioural support and respite

care to facilitate short breaks.

We note that there is a specific and unmet requirement to commission bespoke services for people with autistic-spectrum disorders, notably those without learning disabilities.

We also note that there is strong need to develop a central behavioural support team which is able to provide support with proactive behavioural management strategies and importantly, specialist boots on the ground at times of crisis and potential placement breakdown.

### **What services will you stop commissioning, or commission less of?**

There are a number of service characteristics which deter people from choosing those services, so we will resist commissioning services with those characteristics unless there is a compelling reason to do so. These characteristics include:

- Non-local, often out of county.
- Poor location within a locality. Negative factors here include lack of access to public transport (important for individuals, relatives and support staff)
- Number of individuals supported by the service. This is case and model-specific, but it is unlikely that services of more than 5 people would be commissioned.
- Potential staffing issues, either quality or quantity.
- Sub-standard accommodation. This could mean accommodation which is not fit for purpose, not well-maintained or simply not homely.
- Lack of organisational specialism and support. We would not commission services with organisations which could not demonstrate a strong record in supporting people with challenging behaviour.

With regard to historic models, we would expect to commission less traditional residential care, but we do recognise that this model can support some people very positively, so do not discount it entirely. We do not envisage that we will commission hospital-based services.

With regard to day provision, we do not envisage commissioning old-style institutional day care which tends to be location-specific. Rather, we plan to commission high-quality, community-based day activities which provide opportunities for training, development or leisure based on peoples' wishes, aspirations and needs.

### **What existing services will change or operate in a different way?**

We aspire to see all services in Surrey progress towards our vision in line with our guiding principles, so over time all services will change and operate differently. In particular we are keen to ensure that all support is person-centred and outcome-based.

In the first instance this programme is committed to prioritising radical change in areas of greatest need. These have been identified as:

- Supporting people who currently live in hospital to live in settled homes in the community with individual-led care and support which meets their needs and aspirations. Through reintegration into the community people will gain a renewed sense of citizenship.
- Supporting people in residential schools to move into settled homes in the community with community with individual-led care and support which meets their needs and wants. This will include more effectively preparing people for adulthood and the greater independence that should bring.

- Improving long term planning and care pathways. For some people long term planning means planning for their lifespan.
- Developing and improving preventative, proactive and progressive support services for people with challenging behaviour currently in receipt of community-based services.

We can only succeed in these high-priority areas if we reform the way we work. Historically we have worked in different silos, often with conflicting priorities. We have built walls between health and social care, between acute and community health provision, between children’s and adult services. Moving forward we need to provide seamless, generic support from multi-disciplinary teams working with common aims and objectives. Without this we will fail to achieve our transformational objectives.

Beyond achieving high priority objectives, the programme will seek to ensure that the needs of all people with challenging behaviour currently in receipt of community-based care and support services are being met appropriately. At an early stage this will lead us to review provision in residential homes.

### **Describe how areas will encourage the uptake of more personalised support packages**

Surrey is committed to giving people the opportunity to manage their own finances in the belief that by exercising choice and consumer sovereignty individual needs will met and the care market will be shaped positively.

#### **Personal budgets (including direct payments)**

Personal budgets are currently agreed for all people in receipt of care outside residential care homes and funded by Surrey County Council. The budget is then managed in different ways. In some cases Surrey County Council manages the budget on behalf of the individual, whilst at the opposite end of the spectrum many people receive direct payments and control their cash in entirety.

We will continue to encourage the take up of direct payments and ensure that structures are in place to support people who wish to pursue this option. Our annual targets are:

Direct Payments = 100% offered with 50% take up

Personal Health Budgets = a handful of personal budgets have been taken up by people with a learning disability with CHC or the Healthcare Planner team. 100% offered 50% take up

Integrated Personal Budgets = In the future through this plan we will be looking to initiate a dedicated project to become a ‘fast follower’ in the Integrated Personalised Commissioning approach that will bring together the health and social care elements and shift the power putting people central to their own decisions, choices and control.

In line with the positive intentions set out in the Care Act 2014 we are also looking to extend personal budgets to people in residential care, with a view to implementing direct payments for some elements of residential care packages when this is permitted.

### **What will care pathways look like?**

We are committed to implementing integrated systemic pathways in which appropriate support is provided to people in a dynamic way throughout their lives. This is critical to ensuring that people get the most out life, and is most cost-effective too.

The key aspects of this approach are:

- Identifying those people who may require support along a pathway from birth. This represents 'dynamic risk' management.
- Improving recognition and diagnosis of learning disabilities and autism at an early stage.
- Production of long term plans so that provision can be planned proactively rather than provided reactively. This is particularly important when people are approaching transition from children's to adult services, where effective and co-ordination can enable providers to build bespoke solutions.
- Provision of support from an early age which is individualised, realistic, consistent, proactive, preventative.
- Training all relevant parties at all stages to guarantee the relevance, quality and consistency of approach. This means training not just support staff, but also families, teachers, paediatricians, GPs, specialist hospital support staff and social care staff.
- Matching support to need at any given time.
- Design and implementation of positive behavioural support programmes aimed at minimising challenging behaviour.
- Ongoing monitoring, with a view to anticipating changes in behaviour, deescalating and avoiding crises.
- Funding flexibility, allowing level and type of support to change throughout a person's life according to need.
- Joint commissioning and joint working. It is not possible to optimise care pathways without all key partners adopting a joined up approach. In particular we need to ensure that information is shared and that all partners capture learning about individuals throughout their lives.

Flexible and structures allowing pathways to change and adapt quickly. For some people there will need to be a back-up plan should existing arrangements no longer meet needs

### **How will people be fully supported to make the transition from children's services to adult services?**

The transition from children's services to adult services is a crucial period in a person's lifetime care pathway.

For people to be supported effectively through transition we need to ensure that the process has the following elements:

- Planning. A young person's pathway should be planned from birth, but it is particularly important that detailed planning for adulthood starts early, around age 14. Where a person will want to live and how they will receive support should be considered when people start residential college, not when they leave.
- Early provider engagement. In Surrey there are positive examples of where providers have engaged with families and Social Services to develop services which are ready to come on-stream when people leave college. Providers are always keen to engage in discussions about

service developments from an early stage. Specific locations can be targeted, accommodation can be tailored and more readily adapted, staff can be recruited with specific skills and financial risks are minimised.

- Transitional services. People who leave residential colleges are not always fully prepared or skilled to face the challenges of adulthood. We are looking to explore the development of community-based services for young people from 16-25 to fill the gap. Other options to consider are short break services to enable continuity of planning when people leave residential college and five-day college placements to ease transition.
- Joint working. The work of children's and adult services must be joined up.
- Process management and accountability. Transition sometimes lacks clear processes or accountability, both of which are essential. In Surrey we have a transition team which defines processes and takes accountability, but we need to ensure that this is effective and includes the specialism necessary to support the transition of people with complex conditions.
- Information. The quality of information and how it is shared is critical to transition. We must capture accurately who is coming through the system and ensure that information about support and services is shared effectively with people, families and other stakeholders.
- Brokerage. Brokerage must function effectively to link people who need services with those who provide it. One possible initiative is that the provider community could undertake their own brokerage to ensure that voids are filled and need met.
- Advocacy. People need to be able to access good advocacy support through transition. This is particularly important for people who do not benefit from family support.

### How will you commission services differently?

Surrey is adopting a progressive approach to commissioning services. This is evident in several areas:

- Approach. Our commissioning practices are becoming more personalised and outcome-based in line with best practice in the discipline. This journey must continue until all our commissioning practices are personalised and outcome-based.
- Joint commissioning. We have strong intent to ensure that joint commissioning is practiced in all areas when required. Specifically, this necessitates joint commissioning by the CCGs and Social Services and by children's and adult services ensuring the money is clearly identified. It is incumbent on all parties to work according to our shared mission and to build and operate within effective working structures and processes to make joint commissioning in Surrey a reality.
- Partnership working. In commissioning services we are seeking to build strong, open, honest and trusting relationships with all parties involved in a person's care pathway. In particular we need to build strong links with:
  - Local education departments, schools and colleges who play such an important role in shaping a person's future.
  - The provider community, who often play the principle role in meeting peoples' support needs.
  - Local authority housing departments, an important source of housing and accommodation.

- Working with families. We recognise that families play the major role in supporting people through their childhood and often continue to do so into adulthood. They frequently act as the person's long-term advocate, fighting for the best interests of their relative. The role of families must be cherished within our commissioning and provision processes. Families must be afforded the opportunity to play a significant role. We must communicate and consult well with families, set expectations clearly and, where appropriate, facilitate their close involvement in care planning and delivery processes.
- Long term planning. As noted above we are committed to implementing integrated systemic pathways in which secure appropriate support is provided to people in a dynamic way throughout their lives. This is critical to ensuring that people get the most out life, and is most cost-effective too.

We will continue to work progressively to improve our commissioning practices in these important areas.

### **How will your local estate/housing base need to change?**

Sourcing accommodation for people with high support needs is difficult in Surrey. Property is expensive, demand is high, competition is strong, the availability of brown-field sites is limited and planning restrictions are tight.

The nature and quality of accommodation currently occupied by people with support needs is mixed. Surrey now has only one hospital, which is scheduled for closure. We do have a number of larger residential facilities which are no longer fit for purpose, but in the main people are housed in smaller homes, typically residential or group supported living services of up to six people, and in their own flats. Locations obviously vary in suitability. Some properties are sited in local communities, whilst others are remote from neighbours and community.

Moving forward we do not seek to be prescriptive about accommodation, which must be driven by individual needs and circumstances. That said, feedback from people with accommodation needs, other stakeholders and our assessment work indicates that, in general, we will need to work with partners to source and develop properties with the following characteristics:

- Individual accommodation, including supported flats. We know that some people in the cohort being addressed by this programme need or want to live alone.
- Core and cluster. This model, in which individual units also share some common space (and share support) is in demand because it helps people avoid social isolation and can be cost-effective too.
- Group supported living. Some people wish to live in groups. This can promote friendships and militates against social inclusion. It also cost effective because some support can be shared.
- Community locations. Accommodation which is well-located in communities encourages positive engagement with those communities and limits social isolation.
- Space. For some people having sufficient space is important, both inside and outside the property.
- Environmental resilience. Some people in the cohort can take a toll on their environments, creating a need for bespoke and resilient accommodation.
- Sound insulation. Some people in the cohort are known to be particularly vocal, so there is a

need for accommodation where noise can be made without impacting neighbours.

Sourcing accommodation in Surrey can be difficult. New build is often the preferred option to meet a bespoke requirement, but development sites are scarce. There is often competition from commercial developers who do this for a living! We need to find better ways to release sites for development from the NHS and local authorities, and to work with local housing departments to facilitate development and secure planning approval. Again, joined up working is key.

Buying, redeveloping and adapting existing properties has long been the most feasible way for providers to make accommodation available to people with disabilities. In some cases this has worked well, delivering high quality accommodation which is fit for purpose, but in other cases this accommodation is tired and no longer meets the standard. Looking forward, if providers are to acquire properties for redevelopment then all parties will need to be confident that the resulting accommodation will be fit for purpose for many years to come.

When considering the funding required to acquire and develop accommodation we see a mixed picture. The process for reinvesting NHS capital is fraught with difficulties, and needs to be streamlined. The provider community, however, does have the ability to fund the purchase and development of accommodation, either from reserves or new borrowing, and can act quickly and decisively. We have also seen accommodation being provided by families, and encourage this as a positive way to bring new capital into the sector.

A key issue for all accommodation providers is the financial risk which results from acquiring and developing a property. At the outset, the costs of purchasing and developing a property require funding in entirety and represent pure investment, with no guarantee of downstream income to offset. It must be seen as reasonable for providers to recoup that investment over time, through rent, Local Housing Allowance or care fees. Looking forward the rules regulating LHA are set to tighten, which could be a barrier to future development.

### **Alongside service redesign (e.g. investing in prevention/early intervention/community services), transformation in some areas will involve 'resettling' people who have been in hospital for many years. What will this look like and how will it be managed?**

Supporting people who are currently residing in hospital to move to settled accommodation in the community is core to this programme. We have defined a workstream in the programme to address this requirement specifically and the activities we plan to undertake are set out therein.

We view the following aspects of resettlement to be of particular importance:

- Person-centred plans. Most people now have person-centred plans, but they vary in quality and often fall out of date. It is essential that people who are to be resettled have comprehensive and up-to-date person-centred plans to inform the resettlement process.
- Meaningful day activities, including employment.
- High quality, specialist support. Many people are in hospital because they have a diagnosis, condition or behaviour which makes it difficult to find safe and appropriate placements in the community. It will be necessary to ensure that the right services are in place.
- Positive Behavioural Support. To succeed in community placements many of the people currently residing in hospital will need positive behavioural support, provided both by an external team and in-house resources. Support will need to be provided directly to people and to their support teams.
- Prevention. Preventative approaches are important to stop people entering hospital in the first



place, and re-entering hospital following resettlement. We envisage that a key role for the Community Positive Behavioural Support Team will be to provide behavioural guidance and direct support during periods of crisis to prevent re-admission.

- Integration and social inclusion. Hospitals are often detached from communities, but we would like to see replacement services fully integrated into local communities. For more able people there is a role for peer-to peer support to support the transition and build inclusion. We also recognise that transitions can be difficult, so in some cases trial periods might be appropriate.
- Information and communication. Good information, well communicated, helps people and families understand what lies ahead and promotes positive opportunities.
- Planning, project management and facilitation. Joint locality teams, drawing on people from the CCGs and NHS, must have appropriate resources, skills and specialism to support the resettlement programme.

### **How does this transformation plan fit with other plans and models to form a collective system response?**

This plan has been written in context with the Surrey SEND 20/20 plan which includes the EHCPs.

It forms part of the Learning Disability and Autism Strategy 2016-20.

It links with the CCG collaborative and the local joint commissioning boards.

And is designed as part of the overarching Families, Friends and communities project.

Work has started to ensure it is in the PHB ICB local work

### **Any additional information**

## 5. Delivery

### Plans need to include key milestone dates and a risk register

### **What are the programmes of change/work streams needed to implement this plan?**

The Surrey Transforming Care Plan is structured to deliver solutions to the priority cohorts and, beyond that, the wider population of people with learning disabilities and/or autism.

Many of the activities will be scheduled to take place over a short-medium term timescale, but we need to keep in mind the importance of maintaining momentum in the long term. It might take 5-10 years before all people follow planned care pathways leading to accommodation and support which they choose, and which support them to live positive and meaningful lives in the community.

The Surrey Transforming Care Plan has the following workstreams:

#### **1. Prevention, Information, Advice and Advocacy workstream**

*(targeting Strategic Goal 3c – Information, advice, advocacy)*

Prevention starts with good information in the universal health and community settings

Workstream activities will include:

- a. Providing information in accessible formats to facilitate better engagement within universal services

- b. Defining clear accountabilities for communication and advice.
- c. Designing and building infrastructures for disseminating information to all stakeholders (especially people needing services), including a 'navigator' to help people through the system.
- d. Building on existing specialist advocacy services to ensure that all people who need and want advocacy support are able to receive it (including people who live out of county).

### 2. Workforce Development workstream

*(targeting Surrey Strategic Goal 1g – Building workforce)*

The cohort of people falling within this programme requires support from high calibre staff with strong values, great skills and specific competencies.

Recruiting staff of the right quality in sufficient numbers will be a significant challenge in Surrey, where workforce constraints are already impacting the supply and quality of support for people with disabilities. Surrey has virtually no unemployment, whilst providers in the sector are currently experiencing average staff vacancy rates approaching 10% and retention rates of around 30%.

To build a strong workforce to meet the needs of the cohort we plan to:

- a. Specify the profile of people required in Manager and Support Worker roles.
- b. Quantify the additional number of people needed in each role and specify where they will be required.
- c. Work with other agencies to implement a programme to build the workforce. It is proposed that this work is managed on behalf of the sector by the Surrey Care Association because of the SCA is best-positioned to deliver workforce outcomes to meet the needs of its members. It is further proposed that this programme is joint-funded by Surrey County council, the Surrey CCGs and Surrey Care Association. The Programme activities will need to be wide-ranging and cover all fronts if we are to recruit the people we need. They will include:
  - Raising the profile of care and support work through public relations, advertising and social media.
  - Opening and facilitating channels of recruitment, including recruitment via schools and colleges, the internet and recruitment agencies.
  - Organising targeted recruitment events, including open days, recruitment fairs and roadshows (for example in shopping centres and leisure centres).
  - Opening channels of recruitment from EU countries. A Surrey recruitment office in Sofia, perhaps?

*Key milestone: Project Terms of Reference drafted and agreed*

*Key milestone: Commissioning parties agree budget and authorise go-ahead*

*Key milestone: Project Manager appointed and project underway*

- d. Implement workforce training and development, with specific focus on:
  - Management training. Care services are as only as good as their Managers, and these services will need excellent Managers.

- Proactive behavioural management and Positive Behavioural Support training.
- Reactive strategies for crisis intervention and de-escalation, including physical restraint as a last resort.
- Supervision processes
- Mentoring and peer support

One option being considered is setting up a local training and learning agency to facilitate and deliver training. Another attractive option is to set up an accredited training programme to ensure that staff working with this cohort are properly trained and certified.

- e. Facilitate cross-organisation training, so that training specialism and excellence is shared.
- f. Develop an iterative model of best practice to supporting staff to deliver excellent care. This will include structures for handovers, practice review, debriefing, reflecting, sharing best practice and team discussions.

### 3. Quality workstream

*(targeting Surrey's high level Strategic Goals of 'Living My Life' and 'Stay Healthy', and the specific Strategic Goal 1a – Purposeful activities)*

Quality is a broad concept and can be looked at in several ways. In this programme our particular focus is on optimising the outcomes people are able to achieve, what is often generically called 'quality of life.' Of course people are individuals, and it is for each of us to define what 'quality of life' means to us, so the aspiration here is about ensuring that people with learning disabilities and/or autism are supported to understand what 'quality of life' means to them as individuals, and to ensure that they then have the opportunities to bring their 'quality of life' aspirations to reality.

Whilst 'quality of life' is a very individual concept, however, people with disabilities and/or autism will share common views about the building blocks which build 'quality of life.' Many people, for example, will stress the important of relationships, and work, and going to the pub with their mates. With this mind we plan to develop a set of Surrey People Standards to define what 'outstanding' looks like in respect of how service provision supports people to achieve their 'quality of life' objectives. The Surrey People Standards (unlike some existing standards) need to be practical, accessible, individual-friendly and real. If we get it right, they be a great tool for:

- a. Helping people articulate quality of life, what it means to them individually and what they should expect from support services.
- b. Providers developing new services.
- c. Providers and commissioners reviewing the quality of existing services and planning improvements.
- d. Other stakeholders, including families, with an interest in assessing the quality of services.

Activities, in which co-design will be essential throughout, will include

- a. Collating and reviewing available standards covering 'quality if life' outcomes (there has

already been some good work in this area, and we have no desire to re-invent the wheel. Existing national frameworks include the Fundamental Standards, Reach Standards and the Driving up Quality Code. Locally, a number of providers have developed their own quality standards).

- b. Working with people with disabilities and/or autism to understand what is important to them in respect of 'quality of life.'
- c. Developing Surrey People Standards which are agreed by all relevant stakeholder groups and representative bodies.

*Key milestone: Surrey People Standards drafted*

*Key milestone: Surrey People Standards signed off by all stakeholder groups*

*Key milestone: Surrey People Standards rolled out*

- d. Developing useable tools for measuring and then improving service quality by applying Surrey People Standards.
- e. Developing Integrated Personalised Commissioning based on the Surrey People Standards

Key Milestone: Project Manager for IPC recruited

Key Milestone: Cohort of people identified for IPC approach

#### 4. Funding workstream

*(targeting Surrey's Strategic Goal 1h: Funding at long term cost of care)*

Surrey Health and Social Care commissioners will align all the money for these individuals into one place, ensuring funding for people with complex needs and challenging behaviours to meet peoples' needs and aspirations is maximised

To ensure services are properly funded we will:

- a. Co-design a Surrey Cost and Pricing model with providers to be used transparently across the sector in order to enable fees and costs to be understood more clearly.

*Key milestone: Surrey Cost and Pricing model developed*

- b. Populate the Surrey Cost and Pricing model with benchmark ranges, developed in conjunction with providers and agreed by the Surrey Care Association.

*Key milestone: Surrey Cost and Pricing benchmarks developed and agreed*

- c. Work with providers to ensure that both current and new placements are priced and costed using the new model and that values fall within agreed ranges (accepting that there will be some justifiable variations).

*Key milestone: New placements priced and costed with Surrey Cost and Pricing model*

*Key milestone: Existing placements re-costed with Surrey Cost and Pricing model*

- d. Agree an 'open book' approach with providers to give transparency to sector funding.
- e. Work with providers to ensure that we maximise value across the sector. To do this we will:
  - Support providers to buy goods and services as cheaply as possible (including

leveraging SCC and NHS buying power).

- Promote the sharing of services to obtain economies of scale.
  - Facilitate market optimisation (for example by supporting providers to re-structure to fit market demand).
- f. Work to secure that overall funding envelope required to provide high quality long term services to people with complex need and challenging behaviour.

### 5. Estates workstream

*(targeting Surrey's Strategic Goal 1e – Develop housing options)*

As we have noted, there are particular difficulties sourcing and developing appropriate accommodation in Surrey.

Most new accommodation will be delivered by housing and support providers, so the requirement of this programme is to support housing and support providers to develop accommodation of the right type in the right locations, and in sufficient quantity.

Workstream activities will include:

- a. Understanding the accommodation needs of people in the priority cohorts, notably people living in hospitals in Surrey and elsewhere, and people coming through (or approaching) transition (to be captured in the assessment process) .
- b. Working with providers to establish how these accommodation needs will be met.  
*Key milestone: Agreed plan of how accommodation needs of priority cohorts will be met*
- c. Working with the NHS, SCC and District and Borough Councils to source land and properties which could be re-developed.
- d. Working to free NHS and SCC capital to supplement capital which will be made available via housing and support providers.
- e. Implementation of provider accommodation (and service development) plans.  
*Key milestone: Accommodation developed by providers to meet needs*
- f. Beyond these short to medium term actions, which focus on the priority cohorts, there is a requirement for a much larger piece of work which reviews the entirety of the accommodation in Surrey currently available to the wider population of people with learning disabilities and/or autism in Surrey. At present we know this to be mixed in terms of fitness and quality, and that people often have little to choose from.

### 6. Service development workstream

**(targeting the need for appropriate community-based provision and Strategic Goal 2d – Local responsive alternatives to admission)**

The need to provide community-based provision for people who currently reside in hospital settings, or who are at risk of being admitted to hospital, is central to this programme.

Workstream activities will include:

- a. Identifying people in the priority cohorts, notably people living in hospitals in Surrey and elsewhere, and people coming through (or approaching) transition.

*Key milestone: Priority cohorts defined*

- b. Conducting individual-led assessments to understanding the service needs of the people in the priority cohorts (links to the Estates workstream). In this activity we must not assume that traditional support arrangements are the most appropriate, but explore a range of innovative options

*Key milestone: Assessments complete and refreshed at timely intervals*

- c. Identifying providers with the organisational skills, competencies, resources and aspiration to develop new services for the priority cohorts.

*Key milestone: Providers identified and engaged*

- d. Working with providers to understand and evaluate what provision is currently available .
- e. Working with providers to promote the development of new services. This necessitates broking arrangements between people needing services and providers who are willing and able to develop them.

*Key milestone: New services specified*

- f. Ongoing project management, support and facilitation to people, families, providers and other stakeholders to bring new services to fruition.

*Key milestone: New services operational*

- g. Support the transition of people into new living and support arrangements.

*Key milestone: People resettled through a detailed, informative and inclusive process*

- h. Development of crisis respite services. Assess need, specify, work with providers and commission.

### **7. Community Positive Behavioural Support Network (CPBSN) workstream**

*(targeting Strategic Goal 2e – Positive Behavioural Support Team)*

There is an identified need to build a community-based behavioural team to provide both proactive and reactive support to providers who deliver services to people with complex needs and challenging behaviour in community settings.

Workstream activities will include:

- a. Work with people, families and providers to understand the nature and scale of behavioural support needed.
- b. Specify the mission, objectives, accountabilities and core activities of the CPBSN.

*Key milestone: CPBSN specified*

- c. Specify where the CPBSN sits organisationally and to whom it reports.
- d. Design CPBST (staffing, resources, infrastructure, policies, operating processes and procedures, performance management framework, quality cycle).

*Key milestone: Detailed design of CPBSN complete*

- e. Build CPBSN.

*Key milestone: CPBSN operational*

### 8. Transition 0-25

*(targeting all Strategic Goals ensuring all age coverage)*

There is an identified recognition that this plan will only succeed if it is implemented as soon as there is a recognition of behaviours that challenge. The system needs to change within the childrens services to give the best possible life-long outcomes for individuals and their families.

Workstream activities will include implementing the SEND Development plan. The SEND 2020 programme has four key objectives, to:

- a. transform the customer experience
- b. rebuild the system around the customer
- c. reshape the SEND local offer
- d. develop inclusive practice.

**Who is leading the delivery of each of these programmes, and what is the supporting team.**

**1) Prevention, Information, Advice and Advocacy workstream**

*Mary Hendrick and Tom Moore*

**2) Workforce Development workstream**

*Sonya Sellar and Hannah Dwight*

**3) Quality workstream**

*Chris Hastings*

**4) Funding workstream**

*Jo Poynter, Dianne Woods, Neill Moore, Paul Goodwin and Martin Jacobs*

**5) Estates workstream**

*Andrew Price*

**6) Service development workstream**

*Lead link commissioners*

**7) Community Positive Behavioural Support Network (CPBSN) workstream**

*Positive Behavioural Support Network – Tom Moore*

**8) 0-25 SEND**

*Frank Offer*

**What are the key milestones – including milestones for when particular services will open/close?**

The Surrey Transforming Care Plan will have many milestones. At this stage we view the following as key:

**1) Prevention, Information, Advice and Advocacy workstream**

*Key milestone: Develop information in accessible formats to facilitate better engagement within universal services*

*Key milestone: develop communications plans*

*Key milestone: Develop information dissemination structure*

**2) Workforce Development workstream**

*Key milestone: Project Terms of Reference drafted and agreed*

*Key milestone: Commissioning parties agree budget and authorise go-ahead*

*Key milestone: Project Manager appointed and project underway*

**3) Quality workstream**

*Key milestone: Surrey People Standards drafted*

*Key milestone: Surrey People Standards signed off by all stakeholder groups*

*Key milestone: Surrey People Standards rolled out*

**4) Funding workstream**

*Key milestone: Pooled commissioning budget across Surrey Transforming Care Partnership*

*Key milestone: Surrey Cost and Pricing model developed*

*Key milestone: Surrey Cost and Pricing benchmarks developed and agreed*

*Key milestone: New placements priced and costed with Surrey Cost and Pricing model*

*Key milestone: Existing placements re-costed with Surrey Cost and Pricing model.*

**5) Estates workstream**

*Key milestone: Agreed plan of how accommodation needs of priority cohorts will be met*

*Key milestone: Accommodation developed by providers to meet needs*

**6) Service development workstream**

*Key milestone: Priority cohorts defined*

*Key milestone: Assessments complete*

*Key milestone: Providers identified and engaged*

*Key milestone: New services specified*

*Key milestone: New services operational*

*Key milestone: People resettled through a detailed, informative and inclusive process*

**7) Community Positive Behavioural Support Network (CPBSN) workstream**

*Key milestone: CPBSN specified*

*Key milestone: Detailed design of CPBSN complete*



*Key milestone: CPBSN operational*

### **8) 0-25 (SEND) workstream**

*Key milestone: transform the customer experience*

*Key milestone: rebuild the system around the customer*

*Key milestone: reshape the SEND local offer*

*Key milestone: develop inclusive practice.*

### **What are the risks, assumptions, issues and dependencies?**

The following key risks, issues and dependencies have been identified:

1. That the programme is not sufficiently individually led

There is always a fear with programmes relating to people with disabilities and/or autism that they deliver solutions which are not truly individual-led, and that people will ultimately feel that solutions have been imposed on them rather than driven by them.

A related risk is that rather than accommodation and services being sourced and developed in line with peoples' needs and aspirations, they are squeezed into what is already available.

2. Quality of assessments.

There is a fear that assessments will not be sufficiently detailed, lacking sufficient detail about a person's behavioural history and the potential risks to the person and those supporting him.

3. Funding and provider viability

NHS and Surrey County Council funding have been constrained for many years. The County Council has struggled to fund new services for a growing population of disabled people support needs and been compelled to restrict funding for existing services, resulting in a real-terms reduction of funding approaching 20% since 2008.

Downstream, providers face significant and underfunded cost pressures, including the Living Wage and pension auto-enrolment, which are set to jeopardise the financial viability of many organisations.

This is difficult backdrop against which to develop new high quality, bespoke services.

4. Recruitment

Real terms funding cuts in recent years have driven care and support staff wages in Surrey towards the National Minimum Wage, whilst private sector wages have increased and unemployment has dwindled to almost nothing. Unsurprisingly provider organisations have seen staff vacancy levels double over the past three years, with current levels now approaching 10%. These circumstances have serious consequences. Many services are stretched, relying on agency staff to fit gaps. Both safety and quality of care are being adversely effected.

We also recognise that staff needed to support a cohort of people some of whom have severe challenging behaviour require extraordinary skills and competencies. They are hard to find at

the best of times. Furthermore, care and support work remains undervalued by the community at large, and this work has a poor image in the labour market.

Providers will struggle to recruit staff to support new services unless the roles are funded at a level of pay which is attractive to people and competitive in the market.

### 5. Training and development

There is a risk that we succeed in recruiting staff but fail to prepare them well or support them effectively in their challenging role. If we do not get this right staff will fail to meet needs and may leave the sector.

### 6. Accommodation

There is a risk that appropriate property will not be built, sourced or developed. A particular concern is that forthcoming restriction in Local Housing Allowance will have an adverse impact.

### 7. Community receptiveness

Setting up new community services can still meet resistance in local neighbourhoods.

### 8. Joint-working, co-production and risk sharing

Historically there has been an adversarial relationship between stakeholders. Arguments over funding have inevitably caused friction between the Continuing Healthcare Team and Social Services, whilst relationships have often been strained between commissioners, providers and families. Effective joint working, including co-design and co-production, is critical to the success of this programme.

A key aspect of this is the need to find ways to share risk with providers who are being invited to develop new services with high levels of financial, operational and reputational risk.

### 9. Short-termism

There a danger that short-termism creates unrealistic expectations and drives inappropriate solutions. It is important that the solutions delivered by this programme are thr right ones for the people who need them, that they are resilient and that they meet peoples' need in the long term.

### 10. Focus on models

There is a risk that stakeholders remain hung up on models of care rather than thinking creatively about how peoples' needs can be met.

### 11. Programme resilience

The public sector is traditionally great at initiating projects but weak on delivery. This programme needs be sustained over a long period to achieve its desired aims and objectives

### 12. Placement breakdown due to Insufficient Specialist Health Support

Individuals not maintained within their community setting due to lack of specialist support

## What risk mitigations do you have in place?

We plan to mitigate identified risks as follows:

#### 1. That the programme is not individual led

We will ensure that people, their families and advocates are fully involved in both the design

and implementation of this programme and in the development of new services. We strongly uphold the importance of people exercising choice and control over all aspects of their care and support.

### 2. Quality of assessments

We will ensure that assessments are thorough, robust and honest, and include a full history of previous behaviours and potential risks. As well as supporting people to undertake comprehensive assessments we will ensure that effective assessment review processes are in place

### 3. Funding and provider viability

We fund services a level which meets the long term cost of care, provides a reasonable return to providers and secures viability.

### 4. Recruitment

We will implement the Workforce Development Plan to open channels of recruitment into social care, and breaks down barriers. One area of concern is the unaffordability of local accommodation for staff, so we will explore possibility of social care staff accessing keyworker accommodation.

We will focus on the recruitment of both exceptional Managers and support staff. We will ensure that the sector recruits people with strong values and the right skills and competencies and that provider recruitment processes are rigorous, with all necessary checks. We will support providers to build string bank lists and build positive relationships with staff agencies to ensure that the staff they provide are appropriately checked, skilled and competent.

### 5. Training and development

We will support all providers to ensure that staff are given specific, consistent, relevant and high quality training and development. This will ensure that all staff are trained to the same high level. This is an important part of the Workforce Development Plan.

### 6. Accommodation

We will act decisively in the priority areas set out in the Estates Plan.

We will assess the likely impact of forthcoming changes to LHA

### 7. Community receptiveness

We will support providers to work proactively with neighbours and local communities when setting up new services.

### 8. Joint-working, co-production and risk sharing

All required stakeholders have indicated their support for this programme and are committed to joint working, co-design and co-production.

We will explore how to share risks with providers with a view to giving them the confidence and support needed to develop new services.

We will promote a culture which does not seek to apportion blame when things go wrong, but to provide support and ensure that lessons are learned and applied.

### 9. Short-termism

We will focus on solutions which meet peoples' needs and wants in the long term.

10. Focus on models

We will maintain our focus on needs-led solutions rather than getting hung-up on models of care.

11. Programme resilience

We will ensure that this programme is given the leadership and resources to maintain momentum, sustain progress and deliver strong solutions.

12. Placement breakdown due to Insufficient Specialist Health Support

Providers of care and support sufficiently trained to support each other.

**Any additional information**

**6.Finances**

Please complete the activity and finance template to set this out (attached as an annex).

**End of planning template**

## Annex A – Developing a basket of quality of care indicators

Over the summer, a review led by the Department of Health was undertaken of existing indicators that areas could use to monitor quality of care and progress in implementing the national service model. These indicators are not mandatory, but have been recommended by a panel of experts drawn from across health and social care. Discussion is ongoing as to how these indicators and others might be used at a national level to monitor quality of care.

This Annex gives the technical description of the indicators recommended for local use to monitor quality of care. The indicators cover hospital and community services. The data is not specific to people in the transforming care cohort.<sup>1</sup>

The table below refers in several places to people with a learning disability or autism in the Mental Health Services Data Set (MHSDS). This should be taken as an abbreviation for people recorded as having activity in the dataset who meet one or more of the following criteria:

2. They are identified by the Protected Characteristics Protocol - Disability as having a response score for PCP-D Question 1 (Do you have any physical or mental health conditions lasting, or expected to last, 12 months or more?) of 1 (Yes – limited a lot) or 2 (Yes – limited a little), and a response score of 1 or 2 (same interpretation) to items PCP-D Question 5 (Do you have difficulty with your memory or ability to concentrate, learn or understand which started before you reached the age of 18?) or PCP-D Question 13 (Autism Spectrum Conditions)
3. They are assigned an ICD10 diagnosis in the groups F70-F99, F84-849, F819
4. They are admitted to hospital with a HES main specialty of psychiatry of learning disabilities
5. They are seen on more than one occasion in outpatients by a consultant in the specialty psychiatry of learning disabilities (do not include autism diagnostic assessments unless they give rise to a relevant diagnosis)
6. They are looked after by a clinical team categorised as Learning Disability Service (C01), Autistic Spectrum Disorder Service (C02)

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<sup>1</sup> Please refer to the original source to understand the extent to which people with autism are categorised in the data collection

Indicator No.	Indicator	Source	Measurement <sup>2</sup>
1	Proportion of inpatient population with learning a disability or autism who have a person-centred care plan, updated in the last 12 months, and local care co-ordinator	Mental Health Services Data Set (MHSDS)	<p>Average census calculation applied to:</p> <ul style="list-style-type: none"> <li>Denominator: inpatient person-days for patients identified as having a learning disability or autism.</li> <li>Numerator: person days in denominator where the following two characteristics are met: (1). Face to face contact event with a staff member flagged as the current Care Co-ordinator (MHD_CareCoordinator_Flag) in preceding 28 days; and 2. Care review (Event record with MHD_EventType 'Review') within the preceding 12 months.</li> </ul>
2	Proportion of people receiving social care primarily because of a learning disability who receive direct payments (fully or in part) or a personal managed budget (Not possible to include people with autism but not learning disability in this indicator)	Short and Long Term Support statistics	<p>This indicator can only be produced for upper tier local authority geography.</p> <p>Denominator: Sum of clients accessing long term support, community services only funded by full or part direct payments, managed personal budget or commissioned support only.</p> <p>Numerator: all those in the denominator excluding those on commissioned support only.</p> <p>Recommended threshold: This figure should be greater than 60%.</p>

<sup>2</sup> Except where specified, all indicators are presumed to be for CCG areas, with patients allocated as for ordinary secondary care funding responsibility.

3	Proportion of people with a learning disability or autism readmitted within a specified period of discharge from hospital	Hospital Episodes Statistics (HES) and Assuring Transformation datasets. Readmission following discharge with HES main specialty - Psychiatry of Learning Disabilities or diagnosis of a learning disability or autism.	<p>HES is the longest established and most reliable indicator of the fact of admission and readmission.</p> <ul style="list-style-type: none"> <li>• Denominator: discharges (not including transfers or deaths) from inpatient care where the person is identified as having a learning disability or autism</li> <li>• Numerator: admissions to psychiatric inpatient care within specified period</li> </ul> <p>The consultation took 90 days as the specified period for readmission. We would recommend that this period should be reviewed in light of emerging readmission patterns. Particular attention should be paid to whether a distinct group of rapid readmissions is apparent.</p> <p>NHS England is undertaking an exercise to reconcile HES and Assuring Transformation data sets, to understand any differences between the two. At present NHS England will use Assuring Transformation data as its main source of information, and will be monitoring 28-day and 12-month readmission.</p>
4	Proportion of people with a learning disability receiving an annual health check. (People with autism but not learning disability are not included in this scheme)	Calculating Quality Reporting Service, the mechanism used for monitoring GP Enhanced Services including the learning disability annual health check.	<p>Two figures should be presented here.</p> <ul style="list-style-type: none"> <li>• Denominator: In both cases the denominator is the number of people in the CCG area who are on their GP's learning disability register</li> <li>• Numerator 1. The first (which is the key variable) takes as numerator the number of those on their GPs learning disability register who have had an annual health check in the most recent year for which data are available</li> <li>• Numerator 2. The second indicator has as its numerator the number of people with a learning disability on their GPs learning disability health check register. This will identify</li> </ul>

			the extent to which GPs in an area are participating in the scheme
5	Waiting times for new psychiatric referral for people with a learning disability or autism	MHSDS. New referrals are recorded in the Referrals table of the MHSDS.	<ul style="list-style-type: none"> <li>• Denominator: Referrals to specialist mental health services of individuals identified in this or prior episodes of care as having a learning disability or autism</li> <li>• Numerator: Referrals where interval between referral request and first subsequent clinical contact is within 18 weeks</li> </ul>
6	Proportion of looked after people with learning disability or autism for whom there is a crisis plan	MHSDS. (This is identifiable in MHMDS returns from the fields CRISISCREATE and CRISISUPDATE)	<p>Method – average census.</p> <ul style="list-style-type: none"> <li>• Denominator: person-days for patients in current spell of care with a specialist mental health care provider who are identified as having a learning disability or autism or with a responsible clinician assignment of a person with specialty Psychiatry of Learning Disabilities</li> <li>• Numerator: person days in denominator where there is a current crisis plan</li> </ul>



**SOCIAL CARE SERVICES SCRUTINY BOARD  
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED May 2016**

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.

**Scrutiny Board and Officer Actions**

<b>Date of meeting and reference</b>	<b>Item</b>	<b>Recommendations/ Actions</b>	<b>To</b>	<b>Response</b>	<b>Progress Check On</b>
10 April 2015 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>
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	Interim Update scheduled for March 2016.	
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	To be scheduled	<i>June 2016</i>
9 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 is being	<i>May 2016</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
Page 172				regularly reported to the Education and Skills Board. There is scope for the two Boards to establish a cross-Board group to look at SEND and the 0-25 pathway in 2016. A report concerning transition is included in this meeting's agenda papers and the Board may wish to consider how to continue its scrutiny in this area for 2016/17	
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	An update will be requested for the next meeting.	<i>June 2016</i>
9 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;		Discussed at the January meeting. Update requested for six months time	<i>January 2016</i>

<b>Date of meeting and reference</b>	<b>Item</b>	<b>Recommendations/ Actions</b>	<b>To</b>	<b>Response</b>	<b>Progress Check On</b>
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 has been added to the Forward Work Programme for September 2016	<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	A further update is on the Forward Work Programme for October 2016	<i>October 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	A further update is on the Forward Work Programme for October 2016	<i>October 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 outstanding e.g. 3 months, 6 months, 12 months.	Head of Resources	A further update is on the Forward Work Programme for October 2016	<i>October 2016</i>
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 a response is attached	<i>Complete</i>
7 September 2015	BETTER CARE FUND POSITION STATEMENT [Item 9]	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	Cabinet Member for Adult Social Care, Independence and Wellbeing	The development of the NHS Sustainability and Transformation	<i>June 2016</i>



Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
Page 175		<p>That officers clarify the formal mechanisms by which District and Borough Councils can share information and concerns related to safeguarding issues, particularly in relation to housing, taxi and premises licensing.</p> <p>That the Board receives an update on what actions have to be taken in line with the Improvement Plan to ensure the views of children and young people are heard.</p> <p>That the report receives a further report on the step-down processes in place for children's and families receiving support from children's services</p>			
30 October 2015	<p>MENTAL HEALTH CRISIS CARE CONCORDAT AND MENTAL HEALTH CODE OF PRACTICE: AN UPDATE [Item 9]</p>	<p>That the Scrutiny Board reviews the roll out of the Safe Havens across the remaining five Clinical Commissioning Group areas in Surrey including the financial sustainability of these projects.</p> <p>That an update is provided on the implementation of the Single Point of Access Project.</p> <p>That there is liaison between Surrey Police and Hampshire Police on good practice usage of the Aldershot Safe</p>	<p>Senior Commissioning Manager</p> <p>Scrutiny Board Chairman and Police and Crime Panel Chairman</p>	<p>A request will be sent to officers asking them to advise on a suitable timescale for an update in 2016/17</p>	<p><i>June 2016</i></p>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		Haven for people in mental health crisis			
25 January 2016  Page 176	ADULT SOCIAL CARE QUALITY ASSURANCE TASK & FINISH GROUP OUTCOMES [Item 7]	<p>The Board:</p> <p>Supports the proposals as outlined in the report, concluding the task and finish group work</p> <p>Supports the first phase of implementation and areas of further work, as outlined in the report, to be set up and managed as a new multi-agency project</p> <p>Recommends that Officers return to the Board when they have an implementation plan for the Board to review</p>	Head of Quality Assurance and Strategic Safeguarding	A request will be sent to officers asking them to advise on timescales for the implementation plan.	<i>June 2016</i>
25 January 2016	SURREY FAMILY SUPPORT PROGRAMME [Item 8]	<p>The Board notes:</p> <ul style="list-style-type: none"> <li>• the success of this multi-agency and preventative approach in achieving the first phase of the Family Support Programme; and</li> <li>• the significant contribution the Family Support Programme can play as part of the emerging Preventative and Early Help Strategy and other</li> </ul>	Head of Family Services	It is proposed that the Chairman write to the Cabinet Member sharing these recommendations and requesting an update.	<i>June 2016</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
Page 177		<p>preventative initiatives across the Council and with Surrey partners.</p> <p>The Board requests further information, following the DCLG's national evaluation of the Troubled Families Programme, regarding the various savings made by the agencies involved in the Surrey Family Support Programme.</p> <p>The Board expresses concern regarding the proposed per capita Government funding of the programme and asks that the Cabinet take up this point to ensure the continuance of the programme beyond 2020.</p>			
25 January 2016	SURREY SAFEGUARDING CHILDREN BOARD ANNUAL REPORT [Item 9]	The Board recommends that a verbal update is provided by the Independent Chair on the Safeguarding Board's activity in six months time.	Independent Chair of the Surrey Safeguarding Children Board	The verbal update has been scheduled for the September 2016 meeting.	<i>Complete</i>
4 March 2016	FAMILY, FRIENDS AND COMMUNITY SUPPORT INTERNAL AUDIT [Item 6]	<p>a) That all information on the Surrey Information Point should be kept current and links should be tested to ensure they work;</p> <p>b) That the Council should ensure that all savings targets including those for Family, Friends and Community are realistic;</p>	Strategic Director for Adult Social Care and Public Health	The Medium Term Financial Plan 2016-2020 was agreed by full Council, before service budgets were finalised on 22 March 2016 by the Cabinet. The Social Care Services Board	<i>Complete</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		c) That the budgets for Adult Social Care should be revised to reflect additional pressures and realistic savings.		will continue monitoring exceptional budget variations as part of its work in 2016/17.	
4 March 2016	CHILDREN'S IMPROVEMENT PLAN – UPDATE [Item 8]	that [the Board], along with officers, identifies the key data for regular review including children and families' feedback, recruitment and retention rates, social worker case loads, placement geography (in or out of county) and case stability	Chariman/Children's Services	A meeting of the Performance and Finance Subgroup will be organised in June 2016 to look at the proposed key data.	<i>June 2016</i>



## **Social Care Services Board**

Recommendation:

*"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."*

The lead role for Prevent, including coordinating the implementation of the legislative responsibilities, has been largely absorbed within the duties and function of the Council's Community Safety Managers post. Currently the Prevent duties take up between one to two days a week of his time and along with contributions from community safety team members the estimated cost would be in the region of £25,000.

There are other officers across the Council who have a departmental lead for Prevent but aside from attending a couple of meetings a year and maintaining a watch brief there is no great cost to the Council.

Much of the work on Prevent will be taken up with meetings, both within the Council and with partners. A few of these meetings are singularly Prevent focussed; many will be multi-agency meetings at which Prevent is only one item on a busy agenda. As such there is no additional cost to the authority.

In the latter half of 2015 – 16 all local authorities were offered some one-off funding (up to £10,000) from the Home Office in support of the additional responsibilities. In Surrey all the local authorities agreed to pool the funding to purchase training for staff, briefings for Councillors, undertake research, review governance structures and commission consultancy into targeting Prevent communications in the future. This one off expenditure has added benefit, provided knowledge and intelligence and has given us a firmer foundation for the future and the work we have ahead.

**Gordon Falconer**  
**Senior Manager, Surrey Community Safety Unit**

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# Social Care Services Board – Forward Work Programme 2016/17

12 May 2016  
PUBLIC

- Learning Disability Commissioning Strategy
- Transforming Care
- Transition
- Children's Improvement Plan Update
- Youth Justice Strategic Plan
- Internal Audit: Review of Foster Care Service Arrangements

23 June 2016  
PUBLIC

- Health and Social Care integration (joint with Wellbeing and Health Scrutiny Board)
- Adult Social Care Risk Registers
- Continuing Healthcare
- Adult Social Care Charging Policy

2 September 2016  
PUBLIC

- Public Value Transformation: Early Help (Children, Schools and Families)
- Surrey Safeguarding Children Board - Verbal Update for Chair
- Liquid Logic Update
- Adults Workforce inc. Recruitment and Retention
- FGM Task & Finish Group
- Prevent Strategy Action Plan

20 October 2016  
PUBLIC

- Commissioning Support Unit
- Adult Social Care Budget Monitoring
- Social Care Debt

9 December 2016  
PUBLIC

- Young Carers Trailblazer Project
- Review of Accommodation with Care & Support Strategy implementation and Older People's Homes Project

January 2017  
PUBLIC

- Adult's and Children's Safeguarding Board's Annual Reports

March 2017  
PUBLIC

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

May 2017  
PUBLIC

## 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

- **Special Education Needs and Disabilities**
- **Safeguarding in schools (joint session with Education and Skills Board)**

### Adult Social Care

- **Discharge Planning**
- **Transition**
- **Performance & Finance**