

## Notice of Meeting

# Social Care Services Board



**Date & time**  
Thursday, 23 June  
2016 at 10.00 am

**Place**  
Ashcombe Suite,  
County Hall, Kingston  
upon Thames, Surrey  
KT1 2DN

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

**Chief Executive**  
David McNulty

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**@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 or Richard Plummer 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, Mrs Fiona White and Mrs Helena Windsor

### **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: 12 MAY 2016

(Pages 1  
- 12)

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

### 3 DECLARATIONS OF INTEREST

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

#### Notes:

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

### 4 QUESTIONS AND PETITIONS

To receive any questions or petitions.

#### Notes:

1. The deadline for Member's questions is 12.00pm four working days before the meeting (Friday 17 June 2016).
2. The deadline for public questions is seven days before the meeting (Thursday 16 June 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 are no responses to report.

### 6 UPDATE FROM THE STRATEGIC DIRECTOR OF ADULT SOCIAL CARE

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

### 7 HEALTH AND SOCIAL CARE INTEGRATION: BETTER CARE FUND 2016/2017

(Pages  
13 - 32)

**Purpose of report:** To update the Board on the final Better Care Fund

plan for 2016/17 and invite it to consider how it monitors its delivery in conjunction with the wider health and social care integration agenda.

**8 CONSULTATION ON A REVISED CHARGING POLICY FOR ADULT SOCIAL CARE SERVICES** (Pages 33 - 54)

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

Income from charging is an important contribution to Adult Social Care's budget. In the light of the very significant pressures facing the Council, a review of the charging policy was undertaken to ensure that services are not subsidised unnecessarily. Proposals to revise the charging policy were considered by the Cabinet and approved for consultation. This report outlines the proposed changes to the charging policy in advance of the further report to Cabinet on 14 July 2016.

**9 NHS CONTINUING HEALTHCARE** (Pages 55 - 58)

**Purpose of the report:** Performance Management/Policy Development and Review

This report provides an overview regarding NHS Continuing Health Care (CHC) and how it is operated in Surrey. The report reflects progress and issues as they relate to Surrey County Council. The Board is asked to note its content and consider the recommendation.

**10 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME** (Pages 59 - 70)

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

**11 DATE OF NEXT MEETING**

The next meeting of the Board will be held at 10.00am on Friday 2 September 2016 at County Hall

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

Published: Wednesday, 15 June 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 10.00 am on 12 May 2016 at Ashcombe, County Hall, Kingston upon Thame, KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 23 June 2016.

**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
- \* 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

**Co-opted Members:**

**Substitute Members:**

Mrs Carol Coleman  
Mr Chris Pitt  
Mr Nick Harrison

**In attendance**

**28/16 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Marisa Heath, Adrian Page and Christopher Townsend. Chris Pitt, Nick Harrison and Carol Coleman attended as substitutes.

**29/16 MINUTES OF THE PREVIOUS MEETING: 4 MARCH 2016 [Item 2]**

The minutes of the meeting on 04/03/16 were approved as a true and accurate record of the meeting.

### **30/16 DECLARATIONS OF INTEREST [Item 3]**

The following Declarations of Interest were noted:

Nick Harrison asked that it was noted by the Board that he was a member of the Children's Improvement Board.

### **31/16 QUESTIONS AND PETITIONS [Item 4]**

There were no questions or petitions.

### **32/16 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SCRUTINY BOARD [Item 5]**

There were no items referred.

### **33/16 REPORT FROM INTERIM HEAD FOR CHILDREN'S SERVICES [Item 6]**

#### **Witnesses:**

Kevin Peers, Interim Head of Children's Services

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

1. The Board was informed that the Interim Head of Children's Services would work to correct a lack of focus by introducing new Key Performance Indicators (KPIs), and reduce the level of bureaucracy within the service. A particular example was given with regard to reducing documentation length in order to improve expedient decision-making.
2. The Interim Head of Children's Services identified 7 initial key areas of focus:
  - To reduce the processing length of the Child Protection Plan (CCP) to 18 months
  - To ensure that children under 16s assessment is complete within 45 days
  - Pathway Plans made more regular for children
  - To look at Long Distance Services and how best to deliver them
  - To look at proportions of children with disability plans compared with children in need
  - To look at provisions concerning missing children.

The Board queried why these particular priorities had been chosen. Officers explained that previous experience and the information gained regarding the service's procedures had indicated that these priorities were the most fitting for initial work.

3. The Chairman of the Board commended the conciseness of the report and suggested that future reports from the service should be similar in nature. The Board also expressed its appreciation of the Interim Head of Children's Services desire to redress the level of bureaucracy within the Service and provide clear objectives.



4. Officers advised the Board that there were a series of three month audit reports that could be put before the Board for scrutiny. The Board was also informed that the service's improvement plan was being rewritten to reflect this increased focus.
5. The Board asked for clarification on why the service would seek to reduce the time children were on Child Protection Plans, and whether this would increase the risk to the child. Officers advised that 18 months was considered too risk intensive for a child to be on a Child Protection Plan, and that these issues should be tackled earlier. It was also suggested that Escalation has been too slow and that an ideal way to combat this was to relaunch the Salford Neglect Checklist.
6. The Interim Head of Children's Service confirmed that, due to the large nature of the Council and high staff turnover, the results of the Ofsted report of June 2015 were not always apparent to these new staff members, however that processes were in place to ensure that all staff in the service were fully aware of the report and the context it provided for improvement.
7. The Cabinet Member for Children and Families' Wellbeing expressed that, in co-ordination with the work of the Interim Head of Children's Service the Public Value Transformation Programme (PVT), Special Education Needs and Disabilities 2020 Strategy (SEND 2020), Early Help (EH) and the Multi Agency Safeguarding Hub (MASH) are all contributing to the improvement of Children's Services. The Council's positive relationship with the Surrey Safeguarding Children's Board (SSCB) and partners including the Scrutiny Board was also highlighted as supporting this improvement.
8. The Cabinet Member for Children and Families' Wellbeing commented that procedures did have room for improvement and that a key objective was to aim for an outstanding service, adding that the close teamwork within the Leadership Team contributes to an improved service and invited the Scrutiny Board to be part of the improvement strategy.
9. The Board highlighted concerns related to the recruitment and retention of staff in Children's Services, particularly social workers. Officers expressed the desire to make the Council an attractive prospect for social workers to improve retention of staff, citing the Safer Surrey scheme as a positive aspect in this and suggested that a greater contribution from the care system would be helpful with this matter..
10. The Interim Head of Children's Services also suggested, in order to combat the difficulty in retaining staff, that more support work could be done at a staff level below social worker. The idea of a concordat with neighbouring Local Authorities not to employ leavers on temporary contracts for 6 months was cited as another possible solution.
11. The Interim Head of Children's Services highlighted the need to improve the service's performance relating to missing children, citing Ofsted judgements.

To resolve this, he suggested that his meeting with the 70 officers who had previous experience with missing children within their caseloads was positive in gaining information on their processes, allowing room for improvement, while also accepting that improvement was most needed with cases placed at a distance.

**Recommendations:**

That the Head of Children's Services report on the progress made on the areas he has identified for improvement using the new key performance data and audit information at the Board's October meeting.

**Further information to be provided:**

That the Head of Children's Services provides the KPIs to be used by Children's Services to the Board.

**Board next steps:**

Organise a meeting of its Performance and Finance sub-group for June to consider Children's Services performance in depth as per the Board's recommendation of 4 March 2016.

**34/16 2015-20 YOUTH JUSTICE STRATEGIC PLAN REVIEW [Item 7]**

**Witnesses:**

Ben Byrne, Head of Youth Support Services

Mary Lewis, Cabinet Associate for Children, Schools and Families

**Key points raised during the discussion:**

1. The Cabinet Associate for Children, Schools and Families introduced the council's work with the Youth Justice System, describing it as a primarily preventative role, and added that children not in employment, education or training (NEET) and children who are displaced are the ones at highest risk of offending. The Board was informed that the low level of NEETs within Surrey, as well as the work that the council has done to prevent youth homelessness, an effort that had been commended by the Department for Education (DfE), has ensured that there were a low level of children who fall within this risk category.
2. The Head of Youth Support Services highlighted the drop in youths within the criminal justice system; the number of youths being within the system 7-8 years ago being approximately 2000 to 127 being within it in 2015; and the number of youths in the prison system being five in the same year. This was commented on as being the lowest number of youths in the criminal justice system for a large authority in the UK.
3. The Board expressed concern about repeat offenders and asked what preventative measures were being used. Officers commented that the rate of repeat offenders was at its lowest point, and that youths convicted once were less likely to reoffend due to the preventative

services provided. The Board was informed that a more integrated local service was the best method for further prevention, as well as ensuring youths were encouraged to be in work, education or employment.

4. The Board highlighted that detection rates of offenses committed were low in Surrey and questioned whether this had any impact upon the figures relating to youths in the youth justice system. Officers commented that, while this was a point that would be best answered by Surrey Police, it was unlikely that this was a primary reason for the low level of youths in the youth justice system.
5. The Board was informed that the Youth Restorative Initiative's (YRI) progress and performance was measured through external evaluations, and that the results were positive, suggesting that this was confirming the Surrey system's approach.
6. The Board was informed that that there had been an optimistic response from the Child and Adolescent Mental Health Service (CAMHS). It was highlighted that a more ambitious CAMHS model with an emphasis on Early Help was being developed, providing a vital preventative resource. The Board was informed that the impact of these changes would be measurable in 12 months time.
7. The Board expressed concern regarding the effects of academisation on school partnerships with the Council and their capability to prevent children becoming NEET. Officers responded that there was a challenge with regard to schools having greater autonomy, but that the council was working to build on and improve these partnerships with schools. The Cabinet Associate for Children, Schools and Families assured the Board that the Fair Access Protocol ensured a working relationship with all schools in Surrey to ensure that all children in difficult circumstances were assigned a suitable school place.

**Recommendations:**

- a) The Board invites the Youth Support Service to present a shared item in six months time with Children's Services on the impact their services are having on Surrey's children and their families.
- b) 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 subcontracted 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.

## **35/16 INTERNAL AUDIT REPORT: REVIEW OF FOSTER CARE SERVICE ARRANGEMENTS [Item 8]**

### **Witnesses:**

Sheila Jones, Head of Countywide Services  
Sue Lewry Jones, Chief Internal Auditor  
Tasneem Ali, Auditor

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

1. Officers highlighted that the internal audit report focused on processes and record keeping, and highlighted that there were no specific concerns on the quality of care provided. Officers indicated that they had taken immediate steps to rectify the issues found within the audit report and the result of these changes would be measured in a further audit later in the year, while also assuring the Board that all High Priority recommendations were tracked to ensure that they will be addressed promptly.
2. The Board expressed concern regarding Foster Carer training, citing an example where training was cancelled at the last minute. Officers responded that training was a longstanding issue within Foster Care Services and that there was a challenge concerning accessibility. It was suggested that there was a necessity to balance cost efficiency with necessity, but that it was clear from the audit report that work still needed to be done in this area.
3. Officers confirmed that work was being undertaken with the electronic record keeping systems to improve it and ensure better linkage and user friendliness. It was highlighted that the population of children who are Looked After was subject to frequent changes, and this created difficulties in ensuring that all of these children's data is updated effectively.
4. The Board expressed concern with the results of the audit report, suggesting that it suggested that there was a probability of problems elsewhere in the system. The Board discussed whether input from foster carers themselves might be beneficial to the process of ascertaining and resolving issues. The Cabinet Associate for Children, Schools and Families assured the member that relations between the Fostering Executive and the Foster Care Service had been reinstated, and recommended that the Fostering Executive give the Board their views on this matter.

### **Recommendations:**

- a) The Board notes with concern the Internal Audit recommendations and will review the outcome of the service's actions to improve in the follow-up audit.
- b) The Board recommends that Children's Services organise refresher training for Foster Panel members.

## **36/16 ADULT SOCIAL CARE STRATEGIC DIRECTOR'S UPDATE [Item 9]**

**Witnesses:**

Helen Atkinson, Strategic Director for Adult Social Care and Public Health  
Mel Few, Cabinet Member for Adult Social Care, Wellbeing and Independence

**Key points raised during the discussion:**

1. The Strategic Director for Adult Social Care and Public Health began by providing an update on the on the subject of the six older people's care home closures, stating that phase one of three had been completed and that phase two was nearing completion with 31 July the date for final closure with residents supported to move by 30 June.
2. It was confirmed by the Strategic Director for Adult Social Care and Public Health that there were provisions in place to provide better accommodation to replace the closed locations, and that, while the residents and their families had not agreed with the closures they had been positive about the support they had received from Adult Social Care.
3. The Board asked for further information on the future of the buildings following closure. Officers responded that the Accommodation for Care and Support Team would be looking at all available options. Officers and the Cabinet Member for Adult Social Care, Wellbeing and Independence assured the Board that they would be kept updated regarding any decision made relating to this issue.
4. The Cabinet Member for Adult Social Care, Wellbeing and Independence explained the budget situation to the Board, and that the council has ended the financial year in a better budgetary position than forecast. It was clarified that the 2% council tax increase, at a total of around £12 million, would be spent to meet the increased demand on Adult Social Care though this would not cover the gap in funding.
5. The Cabinet Member for Adult Social Care, Wellbeing and Independence highlighted the role of health and social integration in the year ahead, and commented on the benefit of a single point of contact for the patient as well as the possibility for savings but advised that this was the single biggest area of risk. Officers highlighted that there was a video explaining the benefits of health and social care integration and suggested the Board reviewed this. The topic of hospital discharge was discussed and how this was difficult but Surrey hospitals benefited from the council's seven day working rota.

**Action/Further information to be shared:**

Film on the benefits of health and social care integration in Surrey provided to the Board.

**37/16 THE TRANSITION TEAM [Item 10]**

**Witnesses:**

Helen Atkinson, Strategic Director for Adult Social Care and Public Health  
Liz Uliasz, Deputy Director of Adult Social Care  
Mel Few, Cabinet Member for Adult Social Care, Wellbeing and Independence

**Key points raised during the discussion:**

1. Officers outlined that the small learning disabilities team had expanded to all young people in the 18-25 year old transition period between childhood and adulthood. It was explained that this team is working with the relevant children's team to prepare young people for adulthood, this includes young people with Special Educational Needs and Disabilities (SEND). The team works closely with colleges and other appropriate providers. The Board was informed that the numbers of young people moving into the Transition Team was increasing, resulting in individual officers carrying higher caseloads. This has led to an increasing number of young people with SEND provisions under the care of the Transition Team.
2. The Board was informed that officers were taking steps to streamline the transition process. This involved the offering of support to children with SEND at an earlier stage in partnership with health groups and CAMHS to develop a local offer. It was outlined that the team was building their business case around difficult to place children, in order to streamline the overall process.
3. The Board asked what gaps there were in current service provisions, and were informed that there was a difficulty in the current system of meeting the requirements of high need cases including children with autism and challenging behaviours. Officers outlined that this was particularly in the case of children who had dual needs. The Board was informed that in order to meet this demand, the team was working with voluntary groups.
4. The Board asked for clarification regarding SEND transport and the mechanism that was in place for transition age children. The Cabinet Member for Adult Social Care, Wellbeing and Independence answered that there was an inclusion program in place to increase community links with children with SEND. This would allow a SEND child to build their own links with transport, both reducing costs and also enabling the child to gain greater knowledge of the environment and improve inclusion.
5. The Board asked for details about housing provision for people with SEND, and its relation to the housing shortage in the Surrey region. Officers responded that there was a supported living arrangement in place for some young people with SEND and that the council had a number of providers to assist with this provision. It was noted that more work needed to be done with relation to provision for SEND children who are homeless, have challenging behavioural attitudes or are within the youth justice system.

**Recommendations:**

The Board supports the plans outlined to meet the transition challenges. Recommends that officers return to the Board with a report that reviews the impact these plans have had on:

- the number of out-of-county placements and residential packages
- timeliness of reviews; and
- Adult Social Care and Children's Services spending.

### **38/16 LEARNING DISABILITY COMMISSIONING STRATEGY AND TRANSFORMING CARE [Item 11]**

#### **Witnesses:**

Jo Poynter, Strategic Lead for People with Learning Disabilities and Transforming Care

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

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

1. The Strategic Lead for People with Learning Disabilities and Transforming Care outlined how the Surrey Learning Disability and Autism Commissioning Strategy (SLDACS) and the Transforming Care in Surrey Strategy (TCSS) were progressing and the reasoning behind current successes. Officers noted that a good understanding of the demographic trends of SEND children had allowed the service to target its funding more effectively in order to improve the quality of service. However, it was noted that the service needed improvement with regard to ensuring people have settled accommodation and officers recommended that the Board view scrutiny of this as a priority.
2. The Board asked whether there was a programme of provision for SEND housing within this strategy. Officers responded that NHS England would be releasing capital funding for this provision and that £21 million of NHS granted property that was currently not currently being used effectively was being made available, suggesting that both of these items being utilised in conjunction with one another would be adequate to support the housing provision required. The Board was informed that there was a need to speed up work with this provision, and officers recommended that, due to a new strategic plan and focus, that they were confident that partners were willing to work with the council to fulfil this.
3. The Board queried the risks associated with future budgetary cuts to the service. Officers replied that the cap on housing benefit may prove to be a major concern for the future as the council could struggle to help people move from residential to supported housing. There was also mentioned the issue of closures of homes that offered publically funded places but the Board were informed that Adult Social Care was working with the care sector to design and cost a realistic solution to

Surrey residents' needs.

**Recommendations:**

The Board notes and supports the work programme and will welcome a progress update in the future.

**39/16 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME  
[Item 12]**

The Board approved the current recommendations tracker and forward work programme.

**40/16 DATE OF NEXT MEETING [Item 13]**

The next meeting of the Board will be held at 10.00am on 23 June 2016.



Meeting ended at: 12.52 pm

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**Chairman**

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## **Social Care Services Board**

### **23 June 2016**

## **Health and Social Care Integration: Better Care Fund 2016/17**

### **Purpose of report:**

To update the Board on the final Better Care Fund plan for 2016/17 and invite it to consider how it monitors its delivery in conjunction with the wider health and social care integration agenda.

### **Strategic aims of the Better Care Fund Plan 2016/17**

1. The national expectation is for 2016/17 plans to build on the Better Care Fund plans approved for 2015/16 – the Surrey BCF plan retains the three strategic aims agreed as part of the 2015/16 Better Care Fund plan which guide the approach in Surrey:
  - **Enabling people to stay well** - Maximising independence and wellbeing through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs;
  - **Enabling people to stay at home** - Integrated care delivered seven days a week through enhanced primary and community services which are safe and effective and increase public confidence to remain out of hospital or residential/nursing care; and
  - **Enabling people to return home sooner from hospital** - Excellent hospital care and post-hospital support for people with acute, specialist or complex needs supported by a proactive discharge system which enables a prompt return home.

### **Background**

2. The Better Care Fund (BCF) is a national programme announced by the Government in the June 2013 spending round. The aim of the programme is to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services. It is important to note that the funding comes from existing funding streams.

3. The BCF is one element of the wider NHS strategic planning arrangements set out to deliver the NHS Five Year Forward View. The Forward View is a shared vision for the future of the NHS, based around the new models of care and description of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.
4. The NHS planning guidance also introduces five year Sustainability and Transformation Plans (STPs) as the overarching strategic plan for local health and care systems – Better Care Fund plans in 2016/17 have been developed in line with the emerging STPs (which are due to be submitted by 30 June 2016).
5. 2015/16 was the first year of the BCF which in Surrey has meant the pooling of £71.4m (£65.5m revenue funding, £5.9m capital funding). For 2016/17 the Surrey Better Care Fund will total £73.1m (£66.2m revenue, £6.9m capital).
6. As with 2015/16, the legal framework for the Better Care Fund requires that in each area the Fund is transferred into one or more pooled budgets (established under Section 75 of the NHS Act 2006) and that plans are approved by NHS England in consultation with the Department of Health and the Department for Communities and Local Government.
7. NHS England have set out conditions to the payment of the Better Care Fund - the framework remains broadly stable in 2016-17 with eight conditions local areas will need to meet through the planning process in order to access the funding. These are:
  - i. That the Better Care Fund Plan, covering a minimum of the pooled Fund specified in the Spending Review, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups;
  - ii. A demonstration of how the area will meet the national condition to maintain provision of social care services in 2016-17;
  - iii. Confirmation of agreement on how plans will support progress on meeting the 2020 standards for seven-day services, to prevent unnecessary non-elective admissions and support timely discharge;
  - iv. Better data sharing between health and social care, based on the NHS number;
  - v. A joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
  - vi. Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
  - vii. That a proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
  - viii. Agreement on a local action plan to reduce delayed transfers of care.

### **Better Care Fund Planning Process**

8. The Better Care Fund guidance and templates for 2016/17 were published w/c 22 February 2016 and the following deadlines set:
  - 2 March 2016 – first submission of the 'BCF Planning Return template'

- 21 March 2016 - first submission of narrative Better Care Fund plans alongside a second submission of the BCF Planning Return template.
  - 25 April 2016 - final submission, once formally signed off by the Health and Wellbeing Board.
9. Feedback was received through a regional assurance process led by NHS England which included moderation involving the Local Government Association and the Association of Directors of Adult Social Services.
  10. The Surrey Better Care Fund plan is structured as follows:
    - An overarching, high level narrative plan that includes the case for change; learning from the 2015/16 BCF; our shared vision; and narrative against the national conditions.
    - The BCF Planning Return template covering the finance and metrics
    - Annexes providing more detail around the local action plans, risk and a local plan for reducing delayed transfers of care (these annexes are not included in this report as they go into a significant level of detail. They have been circulated to the Board via email prior to the meeting. Interested parties are able to receive the relevant, publicly available annexes on request by contacting the report author).
  11. Whilst the NHS England led assurance process will continue through June 2016, informal feedback on the Surrey BCF plan for 2016/17 has been very positive – we anticipate final approval ‘ratings’ to be shared by the end of June 2016.
  12. ‘Section 75’ partnership agreements are in the process of being finalised and agreed between the County Council and each of the Surrey CCGs to enable the establishment of pooled funds.

### **Next steps**

13. The Board is invited to consider how it will scrutinise the implementation of the BCF in 2016/17 and the delivery of the local action plans.
14. It is also asked to consider how it will work with the Wellbeing and Health Scrutiny Board to monitor progress and collaborate on shared priorities in relation to health and social care integration.

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**Report contact:** Justin Newman, Assistant Director Health and Social Care Integration, Adult Social Care and Public Health

**Contact details:** 020 8541 8750, [justin.newman@surreycc.gov.uk](mailto:justin.newman@surreycc.gov.uk)

### **Sources/background papers:**

Cabinet report – 21 June 2016: Sustainability and Transformation Plans

Surrey Health and Wellbeing Board – 7 April 2016: Surrey Better Care Fund

Cabinet report – 22 March 2016: Health and social care integration

Cabinet Report – 24 November 2015: Progressing the integration of health and social care in surrey

2016/17 Better Care Fund Policy Framework (Department of Health / Department for Communities and Local Government publication)

Delivering the Forward View: NHS planning guidance 2016/17-2020/21

Better Care Fund Planning Requirements for 2016/17 – technical guidance (annex 4 to the NHS planning guidance)

**Annexes:**

Annex one: Surrey Better Care Fund Plan 2016/17

Annex two: Surrey Better Care Fund Plan 2016/17 – finance and metrics summary

# Surrey Better Care Fund 2016/17

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May 2016

Version: FINAL




This plan has been signed off on behalf of their organisations by:


~ NHS East Surrey Clinical Commissioning Group

 Elaine Jackson, Chief Officer


~ Surrey County Council

 Helen Atkinson, Strategic Director  
Adult Social Care & Public Health

~ NHS Guildford & Waverley Clinical Commissioning Group

 Dominic Wright, Chief Officer


~ NHS Surrey Downs Clinical Commissioning Group

 Ralph McCormack, Interim Chief Officer

~ NHS North East Hampshire & Farnham Clinical Commissioning Group

 Sarah McBride, Director of Commissioning and Delivery

~ NHS Surrey Heath Clinical Commissioning Group

 Dr. Andy Brooks, Chief Officer


~ NHS North West Surrey Clinical Commissioning Group


 Julia Ross, Chief Executive

~ NHS Windsor, Ascot & Maidenhead Clinical Commissioning Group

 Nigel Foster, Chief Finance Officer

~ The Surrey Health and Wellbeing Board

 Helyn Clack, Cabinet Member for Wellbeing and Health, and Health and Wellbeing Board Co-chair

 David Eyre-Brook, Clinical Chair, Guildford & Waverley CCG and Health and Wellbeing Board Co-chair



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section 7: meeting the national conditions - page 10

annexes: BCF planning return template, local action plans/narratives,  
risk register, DTOC action plan, risk share statement - page 13

The Surrey Better Care Fund plan 2016/17 builds on the progress made in 2015/16 and, in consultation with a range of partners across Surrey, has been jointly produced and signed off by:

- ~ NHS East Surrey Clinical Commissioning Group
- ~ NHS Guildford & Waverley Clinical Commissioning Group
- ~ NHS North East Hampshire & Farnham Clinical Commissioning Group
- ~ NHS North West Surrey Clinical Commissioning Group
- ~ Surrey County Council
- ~ NHS Surrey Downs Clinical Commissioning Group
- ~ NHS Surrey Heath Clinical Commissioning Group
- ~ NHS Windsor, Ascot & Maidenhead Clinical Commissioning Group

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Surrey is one of, if not the most, complex health and care systems in the country. Surrey has 1 county council, 7 clinical commissioning groups, 11 district and borough councils, 5 acute hospital trusts, 1 mental health Trust, 3 community care providers and 129 GP surgeries – not to mention the wide range of other providers, voluntary and community organisations that deliver essential health and care services to Surrey residents.

The next five years will be exceptionally challenging – an ageing population, increasing demands on services and our collective financial pressures necessitate a radical shift in the way services are delivered. This plan, as part of an emerging suite of strategy documents, demonstrates how we will work together to deliver better outcomes for the residents of Surrey whilst meeting those challenges.

The Better Care Fund is a national programme announced by the Government in the June 2013 spending round. The aim of the programme is to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services. 2016/17 is the second year of the Better Care Fund programme.

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This Surrey Better Care Fund Plan should be read in conjunction with:

Surrey Better Care Fund Plan 2015/16  
Clinical Commissioning Group Operating plans 2016/17  
Surrey County Council Corporate Strategy 2016-2021  
Surrey County Council Medium Term Financial Plan 2016-2021  
North East Hampshire & Farnham Vanguard documentation  
CCG Operational Resilience and Capacity Plans  
Epsom Health and Care Integrated Business Case 2016/17 and 2017/18

This plan has been developed alongside the emerging Sustainability and Transformation Plans (STP) covering Surrey:

Surrey Heartlands STP  
Sussex and East Surrey STP  
Frimley Health STP

The plan has also been developed alongside the emerging digital roadmaps (see national conditions section).

Better Care Fund 2015/16 provided the health and care system in Surrey with significant opportunities and challenges – as a system, we have learnt a huge amount from our experience in developing the 2015/16 plans, negotiating and agreeing governance arrangements, and through the implementation of our plans.

Our local joint commissioning arrangements have enabled us to share and use our learning to inform local plans and actions throughout 2015/16, giving local flexibility to adapt to changes in need, performance or circumstances. At a Surrey-wide level we have actively sought feedback to shape our approach - for example through updates and discussions at the Surrey Health and Wellbeing Board and the scrutiny and challenge provided by the County Council's wellbeing and health, and social care services scrutiny boards. At local and Surrey-wide levels, Healthwatch Surrey has continued to provide challenge and support to ensure that patient and service user experience is included as a key factor in determining progress and shaping plans.

In reviewing BCF 2015/16, we have identified a range of examples where we have made significant steps forward including:

- the establishment of integrated care teams in various forms across the county – these are already delivering better, joined up care and we have been able to learn from pilots to shape and adapt our plans to maximise the impact of changes we are making;
- relationships between partners and joined up working across Surrey have grown stronger through 2015/16 supported by the maturing local governance arrangements, the alignment of Adult Social Care with each of the CCGs and a shared commitment to accelerate and scale integration plans; and

- the investment of significant time and effort to accelerate our plans around data sharing and digital transformation – this investment is paying off and the work that is developing around digital roadmaps will play a key enabling role in the delivery of our integration plans.

We've also identified areas where we'll need to maintain or place added focus in 2016/17 – these reflect the areas that we know will present challenges. These include:

- recognition that the pace of change and integration across Surrey needs to increase to meet rising demands, financial challenges and our ambitions for improving people's health outcomes;
- the need to develop a more coherent and joined up approach to 'market management' as an important area of focus for 2016/17 – this will help to ensure we have the right capacity to meet local needs and support the delivery of our sustainability goals;
- the acceleration of our integration plans places greater importance on the engagement and involvement of patients and service users, and staff in shaping the changes that are being made; and
- ensuring we benefit in 2016/17 from our prolonged 'section 75' partnership agreement negotiations – whilst it took longer than planned to finalise in 2015/16, commitment between partners to the delivery of our BCF plan meant that it didn't hinder progress in implementing plans and we now have a strong basis for 2016/17.

Overall, we have made good progress in a number of areas, both in terms of aligning and integrating services and in building stronger relationships between partners, but that there are still significant opportunities to bring services closer together and maximise the benefits for people in Surrey.

# the case for change

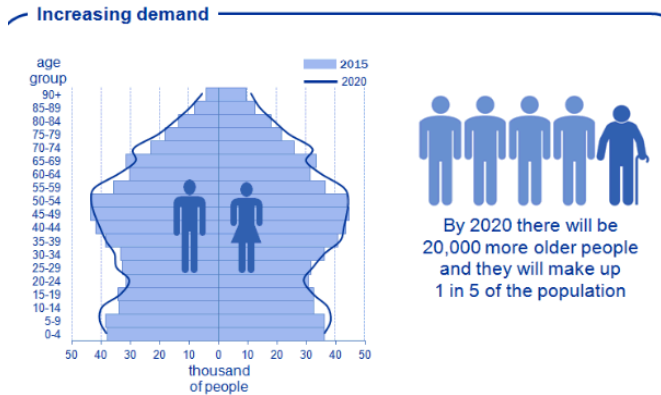
There is a large body of evidence in support of integrating health and social care services for improved outcomes for patients. Alongside the national evidence and policy drivers, in Surrey, the Joint Strategic Needs Assessment (JSNA) provides the foundation for all strategic decision making. It presents a shared evidence base that is used by all partners when developing plans. Local health profiles have been created which present data at various geographies to help all Surrey partners understand their local population health needs and focus services around people, rather than around the structures and organisations that deliver the care.

The JSNA and local health profiles tell us that Surrey has an ageing and growing population. In 2015 the population of Surrey was an estimated

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1.17 million people, projected to rise to 1.37 million people by 2037 with the largest rise anticipated in people aged over 65 years.

An increased and ageing population inevitably results in an increase in the number of people living with complex needs such as long term conditions, dementia, falls, depression and loneliness. For example the projected rise in the number of people living with dementia in Surrey is 24.4% from 2012 to 2020.

These increasing needs in the population put additional demand on health and social care services in Surrey. There are increases in



emergency admissions and emergency readmissions; increases in permanent admissions to residential and nursing care homes, whilst there is a shortage of extra care housing available. The annexed local narratives/actions plans demonstrate how risk stratification is used in each CCG area to plan care, target and tailor services.



Patients have expressed wanting their needs and circumstances to be considered as a whole and highlighted the importance of moving smoothly from hospital to onward community support (in recent Healthwatch England research). This can only be done if health and social care services are integrated, which has proven to improve patients experience of care by reducing duplication and improving access (based upon a recent evaluation of the Inner NW London Integrated Care Pilot).

The Surrey health and social care system faces significant financial challenges. Despite increased allocations for CCGs and a 2% council tax precept for Adult Social Care, increasing or new demands, and requirements around the use of the funds mean that the County Council and each CCG will need to deliver significant efficiency savings (CCGs through their Quality, Innovation, Productivity and Prevention plans) to achieve balanced budgets. Full financial plans are set out in the Surrey County Council Medium Term Financial Plan, CCG and provider operational plans (yet to be published: guidance is available [online](#)).



The Surrey Health and Wellbeing Strategy sets out a clear, shared vision for partners and a framework to guide our work around integration.



Our shared vision **Through mutual trust, strong leadership and shared values we will improve the health and wellbeing of Surrey people**

Our shared values:

- **respect and dignity**
- **commitment to quality of care**
- **compassion**
- **improving lives**
- **working together for people and carers**
- **everyone counts**

The Surrey Better Care Fund plan 2016/17 maintains the same focus on older adults as our 2015/16 plan.

The Surrey Health and Wellbeing Strategy identifies 5 outcomes that our work is intended to achieve:

- *older adults will stay healthier and independent for longer*
- *older adults will have a good experience of care and support*
- *more older adults with dementia will have access to care and support*
- *older adults will experience hospital admissions only when needed and will be supported to return home as soon as possible*
- *older carers will be supported to live a fulfilling life outside caring*

To achieve our vision we have agreed 3 strategic aims for our Better Care Fund plan:

**Enabling people to stay well** - *maximising independence and wellbeing through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs*

**Enabling people to stay at home** - *integrated care delivered seven days a week through enhanced primary and community services which are safe and effective and increase public confidence to remain out of hospital or residential/nursing care*

**Enabling people to return home sooner from hospital** - *excellent hospital care and post-hospital support for people with acute, specialist or complex needs supported by a proactive discharge system which enables a prompt return home*

Our shared vision, values, strategic aims and the outcomes we seek to achieve align with the national requirements and conditions for the Better Care Fund. Each of our localities use this overarching framework to guide local approaches and action plans – tailoring local solutions to meet local needs and system characteristics.

The Surrey Better Care Fund plan 2016/17 has been developed in the context of the 3 emerging Sustainability and Transformation Plans (STPs) that cover Surrey – delivery of the vision and actions contained within this plan are important steps for the successful delivery of the longer term transformation being developed as part of STPs and crucially in closing the 3 gaps identified in the Five Year Forward View: the health and wellbeing gap; the care and quality gap; and the finance and efficiency gap.

Surrey's Better Care Fund plan 2016/17 has been built on the foundations set in 2015/16 – many of the schemes that were established last year will continue into 2016/17. As mentioned earlier, we have learnt a great deal during year one of the Better Care Fund and as part of the review we conducted in January 2016, partners have committed to accelerating and scaling up our work around integration – this plan, alongside the emerging STPs in Surrey, reflects that heightened ambition.

Surrey's approach is based upon local plans to meet specific local needs and system characteristics – it embraces a focus on people and place based solutions. Annexed to this plan are the local summary action plans / narratives – these, together with the CCG Operating Plans, set out the actions that each area will take to deliver integrated health and care services. The transformation of services in each area to implement the vision of the Five Year Forward View and shift towards integrated health and social care services by 2020 can be summarised as follows:

*East Surrey: We will be developing our overarching model of care, in line with our STP development, as part of our community services procurement and the development of more formal joint commissioning arrangements in early 2016/17.*

*Guildford & Waverley: Our delivery objective in 2016/17 is to further develop an accountable integrated urgent care community that is responsive to patients and carers in crisis and delivers care in the most appropriate way.*

*North East Hampshire & Farnham: Integrated care is underpinned by our Primary and Acute Care System Vanguard – this accelerates our work to introduce a new model of care, co-designed with local people, that results in better health and wellbeing for residents and better value for money for*

*health and social care services. Building on our success in 2015/16, during 2016/17, our new model of care will support 7 day working across our 5 integrated locality areas and increased clinical partnerships between primary and secondary care.*

*North West Surrey (incl. the Surrey element of Windsor, Ascot & Maidenhead): In 2016/17, as we build towards our 2017 Model of Care, our aim is to embed our Integrated Care model across our system and across our practices to demonstrate a significant impact on avoidable admissions. Key elements include continuing to encourage the development of the primary care practice federation model and implementation of our three Locality Hubs.*

*Surrey Downs: Providers and commissioners have come together in Epsom to develop a long-term model of care that we will seek to implement over the next five years – it focusses on providing pro-active, preventative care to stop older people becoming unwell in the first place. When deterioration is unavoidable, the model aims to create integrated, multi-disciplinary services delivered in the home and in the community to prevent hospital admissions (and get people home from hospital quickly).*

*Surrey Heath: Social care and community health services working across the system 7 days a week, coordinating services to keep people out of hospital and to return them home as quickly as possibly following an acute admission. During 2016/17 social care locality staff will be fully integrated into the Integrated Care teams and Single Point of Access within Surrey Heath.*

As a Surrey-wide system, these local approaches are supported by a range of enabler and cross-cutting projects and workstreams including digital transformation (including the emerging digital roadmaps); joint commissioning and market management; workforce development; and a review of all accommodation with care and support options against pathways, supply and demand to align with new operating models.

# governance, financial risk sharing & contingency

The **governance and accountability arrangements** in place to drive the delivery of integration across Surrey have matured through 2015/16 and are now well established.

Surrey's approach is based upon a principal of subsidiarity – taking decisions at a local level whenever appropriate, through the Local Joint Commissioning Groups (LJCG) established in each of the Clinical Commissioning Group areas with membership made up of the relevant CCG, the County Council and other local stakeholders. It is at this local level where the development, management and oversight of delivery of local plans takes place, in addition to being the principal level for engagement with key partners – with providers, district and borough councils, the voluntary and community sector and with patients, service users and the public.

At a Surrey-wide level, working on behalf of the Surrey Health and Wellbeing Board, the Surrey Health and Social Care Integration Board (formerly the Better Care Board) provides strategic oversight and leadership. Specific joint working groups / arrangements have been established to lead on key cross-cutting workstreams (such as data sharing/digital transformation and equipment and adaptations) and to coordinate and track delivery against the BCF metrics.

The Surrey Transformation Board continues to provide a regular forum for commissioners and providers across Surrey to engage and shape key aspects of work around integrated care. The emerging governance arrangements for the STPs across Surrey will further strengthen joint working and the emphasis on person centred, place-based transformation.

**Risk sharing** for BCF 2016/17 is based upon the principles agreed for BCF 2015/16 and is clearly set out in the 'section 75' agreements agreed between the County Council and each of the CCGs. Within those agreements, partners acknowledge that there are two main risk types: shared partnership risks; and partner organisational risks associated with the move towards integrated working that are specific to each partner. Annex five is our agreed risk sharing statement.

Each LJCG has developed and agreed its own local risk management arrangements associated with the delivery of local plans with each partner ensuring their own organisation's risk registers take full account of any organisation specific risks (financial and operational). Annexed to this plan is the overall Surrey BCF risk register covering strategic / shared risks – this has been developed building on the 2015/16 BCF risk register and based upon risks and potential issues identified in discussions at both a LJCG and Surrey-wide level.

In line with the 2016/17 BCF national conditions 7 and 8 and a local assessment of risk the following contingency allocations have been made:

- No specific local risk sharing arrangements or contingency has been made in relation to delayed transfers of care (principally due to relative high performance and confidence in achievability of the agreed target)
- Contingency amounts have been identified and agreed locally (at LJCG level) within the Surrey BCF in relation to the risk of non-achievement of non-elective admissions. These are set out in the BCF planning return template and are based upon an analysis of 2015/16 activity and local trends/forecasts.

## National condition 1: Plans to be jointly agreed

This plan has been jointly produced and signed off by Surrey County Council and the Surrey CCGs. The plan was signed off by the Surrey Health and Wellbeing Board on 7 April 2016.

The BCF Planning Return sets out clearly the contributions to the Surrey BCF – this is in line with the mandatory minimum contributions as per the national guidance.

In developing the local plans that this BCF plan is built upon, local providers have been engaged by each of the LJCGs and through the Surrey-wide Transformation Board (see National Condition 6 below). Engagement is not seen in Surrey as a one-off event – it is a crucial ongoing activity that informs planning and decision making throughout the year.

The important role district and borough councils play in the provision of local preventative services, engagement within local communities and as the local housing authority, is fully recognised in Surrey – engagement takes places at a LJCG level and there are three district and borough representatives on the Surrey Health and Wellbeing Board. The Disabled Facilities Grant for 2016/17 will be pooled and cascaded to the 11 district and borough councils in line with the national guidance with discussions in each locality to agree the use of the funds.

## National condition 2: Maintain provision of social care services

The BCF planning Return sets out clearly the amounts of funding allocated to:

- Maintain provision of social care services – this is made up of two elements:

- £25M funding to towards a range of preventative services with system-wide benefits. This includes core services for reablement; hospital based teams; community equipment; some housing related support; voluntary sector grants; and carers.
- £4.2m funding for adult social care staffing across areas such as supporting 8am-8pm working hospital based social care teams; additional capacity in reablement teams; and occupational therapy.

- Implementation of the new Care Act duties - £2.6m. This is a 1.8% increase on the allocation from 2015/16 in line with the increase in national allocations.

- Dedicated to carers specific support - £2.5m. This is a 1.8% increase on the allocation from 2015/16 in line with the increase in national allocations.

In agreeing the allocation of funds to adult social care discussions have been held in each LJCG area to review how the funds are used (the local 'definition') and the level of funding to secure stability of the local health and social care system.

## National condition 3: Delivery of 7-day services

Our CCG Operating Plans for 2016/17 set out the overall approach to delivery of 7 day services designed to prevent unnecessary non-elective admissions and timely discharge of patients from acute settings. Social care and community health services already work across the system 7 days a week, coordinating services to keep people out of hospital and to return them home as quickly as possible following an acute admission. The annexed 'local action plans / narratives' provide a summary of the action being taken and services in place to meet this condition in each LJCG area.



#### National condition 4: Better Data sharing

In 2015, a Commitment Statement to the secure, lawful and appropriate sharing of data to support better care, was signed by the Leaders of Surrey's acute hospitals, community providers, CCGs and local authorities at both tiers. The Surrey Information Governance Group (SIGG) has been formed with membership consisting of Information Governance Leads from each organisation.

The NHS Number is the established consistent identifier for health services. It is recorded in Adult Social Care (ASC) data, and individuals can be searched for, using the number. We anticipate full integration of our ASC system with the Personal Demographics Service, to enable real-time allocation of the NHS Number by March 2017. ASC aim to display the NHS number, alongside their local system generated number, on all correspondence, by March 2017.

Digital Roadmap activity is underway and confirms that, of those health and social care services who have submitted their current plans, they are in active pursuit of interoperable Application Programming Interfaces (APIs) and ensuring the necessary security and controls are either in place or being developed.

SIGG has developed the Surrey Information Sharing Agreement (ISA) for the provision of direct care – a framework that is being administered by the County Council and governed by the SIGG and the memberships' Caldicott Guardians and Senior Responsible Officers. The ISA and SIGG have been established to ensure we have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance. SIGG quarterly meetings include a review of the Surrey ISA to allow iterative improvements. The Surrey ISA is in beta development, and

already hosting a number of projects. The aim is for 'full go live', subject to full consultation across partners, by September 2016.

Services have their own individual methods for ensuring that local people have clarity about how data about them is used, who may have access and how they can exercise their legal rights (In line with the recommendations from the National Data Guardian review). The SIGG have been approached to develop a common consent to share model, to encourage consistent communication of all of the above, across Surrey. This is due to be completed by March 2017.

Our work has been informed by Healthwatch Surrey research carried out in 2015/16 – on the basis that the right safeguards are in place, there was strong support from respondents for sharing health and care records with health and care professionals involved in their care. The full report is published on the Healthwatch Surrey [website](#).

The Surrey ISA, establishment of the SIGG and the commitment by services to lawfully and securely share data for the provision of care, means that new models and service redesigns can move forward at scale and pace. The ISA will act as a register of all of the data sharing projects we have underway across Surrey, allowing us to track and monitor activity, promoting transparency and shared learning.

For North East Hampshire and Farnham CCG, the Hampshire wide interface for IT is also important – the annexed local narrative provides detail of the plans and progress made.

Further detail will be made available through the following Digital Roadmaps relating to Surrey health and social care services: North West Surrey (with partners); Southampton, Hampshire, Isle of Wight and Portsmouth; Windsor, Ascot and Maidenhead (with partners); and Coastal West Sussex (with partners).

### National condition 5: Joint approach to assessments and care planning

### National condition 6: Consequential impact on providers

The annexed 'local action plans / narratives' set out the action taken, plans developed and decisions made for each LJCG area to meet the national conditions 5 and 6.

### National condition 7: Investment in NHS commissioned out-of-hospital services

The BCF planning Return sets out clearly the amounts of funding invested in NHS commissioned out-of-hospital services and any agreed allocations for contingency.

The total invested in NHS out-of-hospital services across Surrey is £26.8m.

### National condition 8: Action plan to reduce delayed transfers of care

Surrey performs well in reducing delayed transfers of care compared to other areas and despite increasing demands we have achieved a level of stability over recent years through the action we have taken.

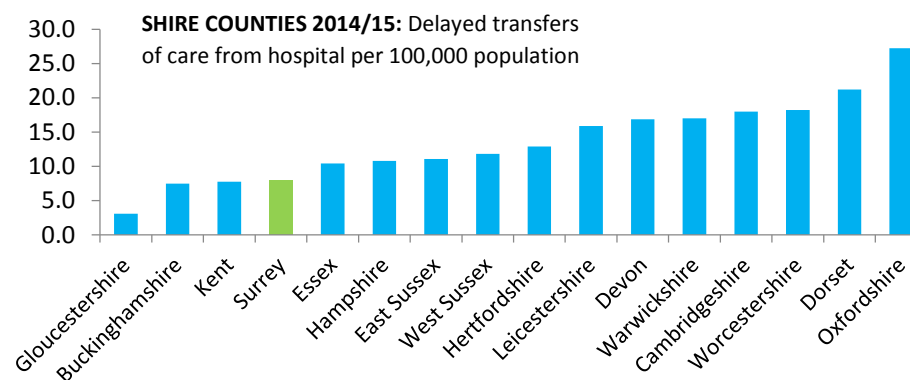
We have established a range of arrangements and services across Surrey that are helping us to minimise and prevent delays with significant coordination between health providers, community and social care as well as well our voluntary sector partners. We have robust and regular reporting mechanisms to enable us to closely

track performance. This coordination and information gives us as a system clear oversight of the causes of delays and enables us to take the necessary action.

As part of the BCF planning process we have reviewed our local actions plans in line with best practice - this is reflected in the joint action plan annexed to this document. Examples of the actions we have in place are also included in the annexed local action plans / narratives and include:

- 7 day social care assessment services in acute hospital settings
- community health services 7 day working within both acute and community settings
- discharge to assess schemes
- programmes / work with voluntary sector partners

With the improvements made over the last year, and performance that has bucked the national trend, we have agreed a target to maintain performance at the 2015/16 level which is stretching given the increasing demand from an ageing population.





## annexes

**annex one** - Surrey BCF Planning Return

**annex two** - Surrey BCF local action plans/narratives

**annex three** - Surrey BCF risk register

**annex four** - Delayed transfers of care action plan

**annex five** - Risk share statement

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## ANNEX TWO: SURREY BETTER CARE FUND 2016/17 – FINANCE AND METRICS SUMMARY

The following information has been extracted from the Surrey Better Care Fund 2016/17 submission.

### 1. CONTRIBUTIONS TO THE SURREY BCF POOLED FUND

The table below sets out the contributions to the Surrey Better Care Fund 2016/17:

	<b>Gross Contribution (£000)</b>
NHS East Surrey CCG	10,035
NHS Guildford and Waverley CCG	11,492
NHS North East Hampshire and Farnham CCG	2,486
NHS North West Surrey CCG	19,723
NHS Surrey Downs CCG	16,400
NHS Surrey Heath CCG	5,379
NHS Windsor, Ascot and Maidenhead CCG	660
Surrey County Council (Disabled Facilities Grant – Capital)	6,931
<b>Total Surrey Better Care Fund</b>	<b>73,106</b>

### 2. AGREED ALLOCATION / EXPENDITURE FROM THE SURREY BCF POOLED FUND

The table below sets out the agreed allocation of the Surrey Better Care Fund 2016/17:

(£000)	SURREY TOTAL	EAST SURREY	GUILDFORD & WAVERLEY	NORTH EAST HAMPSHIRE & FARNHAM	NORTH WEST SURREY	SURREY DOWNS	SURREY HEATH	WINDSOR, ASCOT & MAIDENHEAD
Maintain adult social care: including protection of adult social care and whole systems staffing	29,161	4,364	5,009	1,081	8,697	7,279	2,459	272
Care Act (revenue)	2,610	396	453	98	778	647	212	26
Carers	2,506	380	435	94	747	621	204	25
Health commissioned out of hospital services	18,607	2,852	3,266	890	5,284	4,660	1,468	187
Continuing investment in health and social care	13,291	2,043	2,329	323	4,217	3,193	1,036	150
<b>Total revenue</b>	<b>66,175</b>	<b>10,035</b>	<b>11,492</b>	<b>2,486</b>	<b>19,723</b>	<b>16,400</b>	<b>5,379</b>	<b>660</b>
Disabled facilities grants	6,931	870	859	193	2,464	1,887	602	56
<b>Total capital</b>	<b>6,931</b>	<b>870</b>	<b>859</b>	<b>193</b>	<b>2,464</b>	<b>1,887</b>	<b>602</b>	<b>56</b>
<b>TOTAL BCF POOLED FUND</b>	<b>73,106</b>	<b>10,905</b>	<b>12,351</b>	<b>2,679</b>	<b>22,187</b>	<b>18,287</b>	<b>5,981</b>	<b>716</b>

### 3. BETTER CARE FUND METRICS

Set out below are the mandated Better Care Fund metrics with the Surrey targets for 2016/17.

<b>Metric – short title</b>	<b>Description / outcome sought</b>	<b>Definition</b>	<b>2016/17 target</b>
Non-Elective Admissions (General & Acute)	Reduce non-elective admissions which can be influenced by effective collaboration across the health and care system.	As per national guidance	Reduce non-elective admissions to:  ES: 15,203 G&W: 16,348 NEH&F: 4,660 NWS: 26,916 SD: 25,825 SH: 8,439 WAM: 1,113
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Reducing inappropriate admissions of older people (65+) in to residential care		556.8
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Increase in effectiveness of these services whilst ensuring that those offered service does not decrease		71.2%
Delayed transfers of care from hospital per 100,000 population	Effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults.		589.9 (this is an indicative annual rate based upon the specific quarterly targets provided in the Surrey BCF plan)
Patient/service user experience - Friends & Families Test	- To take steps To begin To understand patient experience in relation To the delivery of integrated care - To develop a system which measures patient experience of integration over time, allowing any improvements To be demonstrated. - To embed a co-design approach To service design, delivery and monitoring, putting patients in control and ensuring parity of esteem.		94.2%
Estimated diagnosis rate for people with dementia	To improve dementia diagnosis rates		66.7%



Social Care Services Board  
Thursday 23 June 2016

## Consultation on a revised Charging Policy for Adult Social Care Services

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

Income from charging is an important contribution to Adult Social Care's budget. In the light of the very significant pressures facing the Council, a review of the charging policy was undertaken to ensure that services are not subsidised unnecessarily. Proposals to revise the charging policy were considered by the Cabinet and approved for consultation. This report outlines the proposed changes to the charging policy in advance of the further report to Cabinet on 14 July 2016.

### Summary:

1. At the Cabinet meeting on 22 March 2016, it was agreed that the Council would consult on proposals to revise the charging policy for Adult Social Care services. The Cabinet report setting out the proposals is attached at Annex A, together with the initial Equalities Impact Assessment.
2. The consultation commenced on 7 April 2016 and closed on 16 June 2016. A further report, including an updated Equalities Impact Assessment, will be presented to Cabinet on 14 July 2016 detailing the responses to the consultation.
3. At the time of writing this report, 1,500 responses to the consultation have been received. These responses are currently being analysed and a verbal update of the responses will be provided to the Social Care Services Board on 23 June 2016.
4. The proposals to revise the charging policy, if agreed, will bring the Council's charging policy in line with the charging policies of many other local authorities. The proposals will not change charging for people in long term residential or nursing care but may impact on people receiving care and support in their own homes or receiving respite care. The four proposals are summarised below:

4.1 The Council will charge an administration fee in any case where the person is able to pay the full cost of their care and support at home but nevertheless asks the council to commission care on their behalf;

4.2 The Council will increase the amount of available income contributed in charges for non-residential services from 90% to 100%;

4.3 The Council will include the full rate of Higher Rate Attendance Allowance/Disability Living Allowance/Personal Independence Payment (excluding mobility elements) in the calculation of income;

4.4 The Council will no longer give a discretionary allowance of £20 per week when calculating the available income for respite services.

<b>Recommendations:</b>
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5. It is recommended that the Social Care Services Board considers the proposals to revise the charging policy and receives an update on the consultation outcomes.

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**Report contact:** Toni Carney, Head of Resources and Caldicott Guardian, Adult Social Care

**Contact details:**

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Tel. 01483 519473

**Sources/background papers:**

Annex A: Cabinet Report; containing:

- Annex 1: Comparison with other local authorities
- Annex 2: Equalities Impact Assessment



**SURREY COUNTY COUNCIL****CABINET****DATE: 22 MARCH 2016****REPORT OF: MR MEL FEW, CABINET MEMBER FOR ADULT SOCIAL CARE,  
WELLBEING AND INDEPENDENCE****LEAD OFFICER: HELEN ATKINSON, STRATEGIC DIRECTOR ADULT SOCIAL  
CARE AND PUBLIC HEALTH****SUBJECT: CONSULTATION ON A REVISED CHARGING POLICY FOR  
ADULT SOCIAL CARE****SUMMARY OF ISSUE:**

The Care Act 2014 supported by regulations and statutory guidance, provides a framework for charging for Adult Social Care services. The council has some discretion on how to apply the framework to enable people who can afford to contribute towards their care and support to do so, whilst ensuring that those people who are unable to make a contribution, continue to receive the necessary care and support to help maintain their independence and wellbeing.

Income from charging is an important contribution to Adult Social Care's budget. The council is facing a significant reduction of core central Government funding in 2016/17, alongside an increasing demographic demand for services, particularly in Adult Social Care. This report provides details of proposed changes to the charging policy to increase income to help bridge the funding gap for Adult Social Care services. The report also makes recommendations for a full consultation on the proposals with people who receive chargeable services.

**RECOMMENDATIONS:**

It is recommended that Cabinet:

1. Consult on the following proposals as part of a revised charging policy for Adult Social Care services:
  - The council will charge an administration fee in any case where the person is able to pay the full cost of their care and support at home but nevertheless asks the council to commission care on their behalf;
  - The council will increase the amount of available income contributed in charges for non-residential services from 90% to 100%;
  - The council will include the full rate of Higher Rate Attendance Allowance/ Disability Living Allowance/Personal Independence Payment (excluding mobility elements) in the calculation of income;
  - The council will no longer give a discretionary allowance of £20 per week when calculating the available income for respite services.

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2. That subject to consultation, any changes will take effect from 2 October 2016.
  3. That Cabinet receives a further report at its meeting on 14 July 2016, detailing the response to the consultation and the proposed Charging Policy.

#### **REASON FOR RECOMMENDATIONS:**

The council has previously consulted on the policy of charging for care and support. The recommendations made in this report do not change charging for those people in residential and nursing care but may impact on people currently receiving care and support in their own homes and it is right that we consult people who may be adversely affected by the revised proposals. People who can afford to contribute towards their care and support should do so in a fair and equitable way.

#### **DETAILS:**

##### **Introduction**

1. At the Cabinet meeting on 24 February 2015, it was agreed that the council would charge for all residential and nursing care and non-residential services using the powers under the Care Act 2014 to help maintain front-line services. The increasing demand for services to support people to live at home together with the reduction in central Government funding means that we have to look again at our charging policy.
2. This report sets out proposals to revise the charging policy for people receiving support in their own homes. The report explains the rationale behind the proposals and the arrangements for a full consultation with the people currently receiving chargeable services who may be impacted by the proposals.

##### **The council will charge an administration fee to full cost payers**

3. If, after undertaking a financial assessment, the council identifies that a person's resources are above the upper capital limit, (that is, the amount of savings and investments a person has exceeds, £24,500) the person may request that the council meets their needs. This means that the council will contract with a provider on behalf of the person in accordance with the council's usual terms and conditions. The council will ask the person to pay the full cost of their care and support package. In these circumstances, in addition to recovering the full cost of the placement, the council may also levy an administrative charge to cover the cost of putting the arrangements in place.
4. Since the implementation of the Care Act, there has been an increase in the number of people who could arrange and pay for their own support at home, requesting that the council commission care on their behalf. It is proposed that the council charges an administrative fee to offset the cost of putting arrangements in place in these circumstances. An initial set-up cost of £295 will be charged at the outset and thereafter a weekly fee of £5 will be charged for each week that the council commissions support.

5. If this proposal is agreed, and assuming that people continue to ask the council to commission care on their behalf, this would generate an additional £43k per annum. This change will be included in the consultation.

#### **Increase in the percentage of available income taken in charges**

6. For people in receipt of non-residential care and support, the financial assessment calculates the service user's total weekly income, less certain disregarded income, statutory allowances, certain housing costs and any disability related expenditure to determine the amount of net disposable income left over to contribute towards the cost of care and support. The Department of Health recommends that local authorities should consider whether it is appropriate to set a maximum percentage of net disposable income which may be taken into account in charges. Many neighbouring local authorities ask people to contribute 100% of net disposable income. A table to show the comparison with other Local Authorities is attached at Annex 1. The current contribution in Surrey is 90% of net disposable income. Increasing the percentage of net disposable income from 90% to 100% would generate an additional £400k per annum income.
7. There are approximately 1,700 people supported by Adult Social Care who would be directly impacted by this proposal; i.e. those people assessed to pay a contribution. People assessed to pay the full cost or receiving free services are not affected by this proposal. The average weekly increase will be £4.85 per week; the range of increases will be £0.21 to £66.47 per week. This change will be included in the consultation.

#### **The full rate of Attendance Allowance/ Disability Living Allowance/Personal Independence Payment (excluding mobility elements) should be included in the calculation of income**

8. Attendance Allowance [AA], Disability Living Allowance [DLA] and Personal Independence Payments [PIP] are disability benefits for people who need help with personal care and support. The benefits are intended to help with the extra costs of illness or disability. The Department of Health charging framework permits local authorities to take the benefits into account in full with the exception of mobility elements which must be disregarded when calculating available income.
9. Under the current charging policy, the council disregards £27.20 per week, equivalent to the 'night-time' support element of both higher rate AA and the higher rate DLA Care Component when calculating available income for care and support at home. This disregard has also been applied to the 'enhanced' rate of PIP daily living component.
10. It is proposed that the council takes the full rate of AA, DLA and PIP into account. The council allows for all reasonable disability related expenditure, that is the extra costs of illness or disability when calculating the amount of net disposable income available for charging and therefore the inclusion of these benefits in full is appropriate.
11. There are approximately 700 people currently supported by Adult Social Care who would be directly impacted by this proposal. If this proposal is agreed, this could generate an additional £1.1m per annum in a full year. This change will be included in the consultation.

## Removal of the £20 per week disregard when charging for respite care.

12. When assessing a person's ability to contribute towards respite care, in addition to allowing for reasonable household expenditure, the council disregards £20 per week. This disregard has been in place for many years. It is proposed that the council removes this disregard from the respite charging policy. It is estimated that around 400 people would be affected by this proposal, which could generate an additional £59,000 per annum in income. This change will be included in the consultation.

## Summary of the impact of the proposals

13. The table below summarises the impact of the proposals on people supported by Adult Social Care.

Proposal	Numbers affected	Impact
1. Introduction of an administration fee for full cost payers	Estimated 80 people per annum	New people, full cost payers only. Not impacted by other proposals.
2. Increase in contribution of net available income to 100%	1,700	People currently assessed to pay a contribution will be impacted by this proposal
3. Include full rate of AA/DLA/PIP in the calculation of income	700	Of the 1,700 people currently assessed to pay a contribution 700 may also be impacted by this proposal
4. Removal of £20 per week disregard under the Respite charging policy	400	Not impacted by other proposals. Charges for respite care and support at home are not levied for the same period.

## **CONSULTATION:**

14. Consultation on the proposals agreed by Cabinet will take place from 7<sup>th</sup> April 2016 to 16<sup>th</sup> June 2016 for a period of 10 weeks. We will write to people currently in receipt of a chargeable service and to relevant representative groups describing the proposed changes and asking people for their views. People will be invited to respond in writing or via email. The responses will be collated and the outcome of that consultation will be referred back to Cabinet for further discussion and a decision on the final charging policy. The responses will also be used to update the EIA.

## **RISK MANAGEMENT AND IMPLICATIONS:**

15. There is a reputational risk if the council implements policy changes but fails to consult on matters where the public expect to be consulted. The recommendations in this report will address the risk.

### **Financial and Value for Money Implications**

16. In light of the very significant financial pressures the council faces, it is important to review the charging policy to ensure that care and support can be maintained at current levels and services are not subsidised unnecessarily. As such, it is appropriate that, subject to consultation, an administration charge is levied when commissioning care for individuals who have the means to pay for their own care. It is also appropriate to take into account the full rate of AA, DLA and PIP, when allowing for disability related expenditure in the assessment of income.
17. The proposal to increase the percentage of disposal income taken into account when calculating assessed charges for non residential care to 100%, the proposed changes to the how AA, DLA and PIP are factored into calculating an individual's assessed charge and the removal of the £20 per week disregard when charging for respite care are estimated to generate £1.6m of additional income per year towards the forward budget.

### **Section 151 Officer Commentary**

18. The income received from charging for social care is an important aspect of the Council's overall funding. The Section 151 Officer supports the policy changes outlined in this report, which will increase income received from charging to support the delivery of Adult Social Care services

### **Legal Implications – Monitoring Officer**

17. Whilst there is no statutory duty to consult on proposals to change the way in which a Local Authority carries out its duties, there is an expectation enshrined in case law that any local authority making decisions affecting the public will do so fairly and in a way that cannot be said to be an abuse of power. The accepted method by which a Local Authority can demonstrate its adherence to the fairness principle is by consulting on any changes which would have the effect of withdrawing existing benefits or advantages available to its residents. Such consultation will need to involve those directly affected by such changes together with the relevant representative groups. The responses to the consultation will need to be conscientiously taken into account when the Cabinet makes any future decision.

### **Equalities and Diversity**

18. The equalities impact assessment can be found in Annex 2. This is an initial assessment that will be updated during the consultation.

### **Other Implications:**

19. The potential implications for the following council priorities and policy areas have been considered.

Area assessed:	Direct Implications:
Corporate Parenting/Looked After Children	No significant implications arising from this report
Safeguarding responsibilities for vulnerable children and adults	No significant implications arising from this report
Public Health	No significant implications arising

	from this report
Climate change	No significant implications arising from this report
Carbon emissions	No significant implications arising from this report

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**WHAT HAPPENS NEXT:**

20. Consultation on the council's charging policy will take place from 7<sup>th</sup> April 2016 to 16<sup>th</sup> June 2016 for a period of 10 weeks.
21. Subject to Cabinet approval of these recommendations, a report on the outcome of the consultation will be brought back to Cabinet on 14 July 2016 with the results of the consultation and a further recommendation to the proposed Charging Policy.

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**Contact Officer: Toni Carney, Head of Resources, 01483 519473**

**Consulted:**

Helen Atkinson – Strategic Director Adult Social Care and Public Health  
William House – Senior Principal Accountant  
Deborah Chantler – Principal Lawyer

**Annexes: Annex 1 Comparison of other local authorities  
Annex 2 Equalities Impact Assessment**

**Sources/background papers:**

- Care Act 2014
  - Care and Support Statutory Guidance
  - The Care and Support (Charging and Assessment of Resources) Regulations 2014
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### Comparison of other Local Authorities

<b>Local Authority</b>	<b>Current % of available income taken in charges</b>
Surrey	90%
Buckinghamshire	100%
Oxfordshire	100%
Hertfordshire	100%
Hampshire	95%
West Sussex	100%
Cambridgeshire	100%
Gloucestershire	100%
Kent	100%
Leicestershire	100%
Essex	90%
Warwickshire	100%
Dorset	100%
Worcestershire	100%
East Sussex	100%
Devon	100%

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## 1. Topic of assessment

<b>EIA title:</b>	<b>Charging Policy for Adult Social Care Services</b>
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<b>EIA author:</b>	Toni Carney, Head of Resources
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## 2. Approval

	<b>Name</b>	<b>Date approved</b>
<b>Approved by</b>	Helen Atkinson	02.02.2016

## 3. Quality control

<b>Version number</b>	1	<b>EIA completed</b>	
<b>Date saved</b>	29.02.16	<b>EIA published</b>	

## 4. EIA team

<b>Name</b>	<b>Job title (if applicable)</b>	<b>Organisation</b>	<b>Role</b>
Pam Hassett	Senior Manager	Surrey County Council	Project Team
Dina Bouwmeester	Policy Development Manager	Surrey County Council	Project Team

## 5. Explaining the matter being assessed

<p><b>What policy, function or service is being introduced or reviewed?</b></p>	<p>In April 2015 Surrey County Council adopted the current Charging Policy to adhere to the Care Act 2014 and supporting regulations and statutory guidance. The charging policy sets out in clear terms what services the Council will and will not charge residents.</p> <p>The policy affects all residents of Surrey who are assessed as needing chargeable care and support services. Any adult needing care and support is assessed to see if they need to contribute towards their care costs. The resident is informed of their assessed charge and how it was arrived at so they can plan their care.</p>
<p><b>What proposals are you assessing?</b></p>	<p>The specific proposals are outlined in a Cabinet report titled: 'Consultation on a revised Charging Policy for Adult Social Care' (22 March 2016).</p> <p>The proposed changes to the charging policy are as follows:</p> <ol style="list-style-type: none"> <li>1. The council will charge an administration fee in any case where the person is able to pay the full cost of their care and support at home but nevertheless the person asks the council to make the arrangements for the placement under the council's usual terms and conditions.</li> <li>2. The council will increase the percentage of available income contributed in charges for non-residential services from 90% to 100%</li> <li>3. The council will include the full rate of higher rate Attendance Allowance/Disability Living Allowance Care Component/Personal Independence Payment (excluding mobility components) in the calculation of income.</li> <li>4. The council will no longer disregard £20 per week when calculating the available income for charging for respite care.</li> </ol> <p>Income from charging is an important contribution to Adult Social Care's budget to help maintain front-line services and the council exercises the power to charge for all residential and nursing care and non-residential services unless it is prohibited from charging under the regulations or otherwise outside of our current policy</p> <p><b>Charging an administration fee for putting arrangements in place</b></p> <p>From 1 April 2015, when a person has capital above the upper capital limit (£24,500 for people living at home), and would be required to fund their own care, the person can still request that the council makes arrangements for their care and support needs to be met. The council may charge an arrangement fee to cover the cost of managing the contract with the provider and any administration costs. It is proposed that an administrative charge will be made. An initial set-up cost of £295 will be charged at the outset and thereafter a weekly fee of £5 will be charged for each week that the council</p>

	<p>commissions support.</p> <p><b>Percentage of available income taken in charges</b></p> <p>For people in receipt of non-residential care and support, the financial assessment calculates the service user's total weekly income, less certain disregarded income, statutory allowances, certain housing costs and any disability related expenditure to determine the amount of net disposable income left over for charging. The Department of Health recommends that local authorities should consider whether it is appropriate to set a maximum percentage of disposable income which may be taken into account in charges. Many neighbouring local authorities take between 90% and 100% of available income. The current contribution in Surrey is 90% of net available income.</p> <p><b>The full rate of Attendance Allowance/ Disability Living Allowance/Personal Independence Payment (excluding mobility elements) should be included in the calculation of income</b></p> <p>Under the current charging policy, the council disregards £27.20 per week, equivalent to the 'night-time' support element of both higher rate Attendance Allowance [AA] and the higher rate Disability Living Allowance [DLA] Care Component when calculating available income for care and support at home. This disregard has also been applied to the 'enhanced' rate of Personal Independence Payments [PIP] daily living component. The charging framework permits local authorities to take the benefits into account in full.</p> <p>It is proposed that the council takes the full rate of AA, DLA and PIP (excluding mobility components) into account when calculating income. The council allows for all reasonable disability related expenditure when calculating the amount of net disposable income available for charging and therefore the inclusion of these benefits in full is appropriate.</p> <p><b>Removal of the £20 per week disregard when charging for respite care.</b></p> <p>When assessing a person's ability to contribute towards respite care, in addition to allowing for reasonable household expenditure, the council disregards £20 per week. This disregard has been in place for many years. It is proposed that the council removes this disregard from the respite charging policy.</p>
<p><b>Who is affected by the proposals outlined above?</b></p>	<p>The proposals will affect those residents of Surrey who have eligible needs and are supported to remain in their own homes. The proposals will affect those who are currently receiving services who have already been financially assessed as well as those who are assessed as having needs in the future.</p>

	<p>Surrey County Council staff will not be directly affected by the changes; however they will need to understand the new policy and any new procedures which come out of the proposals. Staff in frontline teams will also need to understand the policy so they can provide appropriate advice and guidance during assessments.</p>
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	<p>External organisations will not be directly affected; however they will need to have an awareness of the changes to the charging policy so that they are able to provide correct advice and guidance to their customers.</p>
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## 6. Sources of information

<b>Engagement carried out</b>
<p>Consultation on the proposed changes to the council's charging policy will take place from 7<sup>th</sup> April 2016 to 16<sup>th</sup> June 2016 for a period of 10 weeks.</p>
<b>Data used</b>
<p>The following data has been used to inform changes to the charging policy.</p> <ul style="list-style-type: none"><li>• Surrey County Council in house data from the Adults Information System (AIS) database on client characteristics</li><li>• Joint Strategic Needs Assessment (JSNA) data on the profile of Surrey's population broken down by the protected characteristics.</li></ul>

## 7. Impact of the new/amended policy, service or function

### 7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 48</p> <p style="text-align: center;"><b>Age</b></p>	<p><i>1) Charging an administration fee to offset the costs of commissioning care for full cost payers at home</i></p> <p>People who ask the council to make arrangements for them may benefit from decreased rates of payment as the council negotiates reduced rates in some circumstances compared to those which private buyers are able to achieve. Even if an administration fee is charged this may be cost effective for some people.</p> <p><i>2) Increasing available income contributed in charges from 90% to 100%</i></p> <p>Increasing the contribution in available income will mean that there will be a larger contribution paid towards the overall Adult Social Care budget which may help in the longer term to ensure that council services are sustainable for vulnerable groups with the protected characteristics.</p>	<p><i>1) Charging an administration fee to offset the costs of commissioning care for full cost payers at home</i></p> <p>This may preclude self funding clients from accessing our professional services to arrange care and support as they do not want to pay an administration charge.</p> <p><i>2) Increasing available income contributed in charges from 90% to 100%</i></p> <p>This could have a negative impact in that it will reduce the disposable income of people who are charged for services. We do not know on an individual basis what people spend their disposable income on and consequently cannot analyse the impact of decreasing that amount.</p>	<p>Adult Social Care records show that around 80 people have asked the council to commission their care and report at home since April 2015.</p> <p><b>Joint Strategic Needs Assessment</b> Data shows that Surrey has a higher proportion of people over eighty five years old and estimates that this population is set to double by 2033. This will lead to a greater demand on council services and a higher number of people who are able to fund their own care seeking advice and support.</p> <p>Approximately 1700 people will be affected</p> <p>The average weekly increase will be £4.85 per week; the range of increases will be £0.21 to £66.47 per week</p>

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 49</p>	<p><i>3) The council will include the full rate of Higher Rate Attendance Allowance/Disability Living Allowance/Personal Independence Payment in the calculation of income.</i></p> <p>Increasing the income from charging will mean that there will be a larger contribution paid towards the overall Adult Social Care budget which may help in the longer term to ensure that council services are sustainable or increased for vulnerable groups with the protected characteristics.</p> <p><i>4) Removal of the £20 per week disregard when charging for respite care.</i></p> <p>As above</p>	<p><i>3) The council will include the full rate of Higher Rate Attendance Allowance/Disability Living Allowance/Personal Independence Payment in the calculation of income.</i></p> <p>This could have a negative impact in that it will reduce the disposable income of people who are charged for services. We do not know on an individual basis what people spend their disposable income on and consequently cannot analyse the impact of decreasing that amount. All reasonable disability related expenditure is taken into account when assessing the amount of income available for charging.</p> <p><i>4) Removal of the £20 per week disregard when charging for respite care.</i></p> <p>As above</p>	<p>There are approximately 700 people in Surrey who would be directly impacted by this proposal</p> <p>It is estimated that around 400 people would be affected by this proposal</p> <p>The impact of the proposals will be analysed when the responses to the consultation are received.</p>

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
<b>Disability</b>	Same as above	Same as above	Same as above
<b>Gender reassignment</b>	No impact	No impact	No impact
<b>Pregnancy and maternity</b>	No impact	No impact	No impact
<b>Race</b>	No impact	No impact	No impact
<b>Religion and belief</b>	No impact	No impact	No impact
<b>Sex</b>	No impact	No impact	No impact
<b>Sexual orientation</b>	No impact	No impact	No impact
<b>Marriage and civil partnerships</b>	No impact	No impact	No impact
<b>Carers</b>	No impact	No impact	No impact

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### 7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
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Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
<b>Age</b>	These proposals do not impact on staff, unless they are in receipt of services in which case see above.	These proposals do not impact on staff, unless they are in receipt of services in which case see above.	These proposals do not impact on staff, unless they are in receipt of services in which case see above.
<b>Disability</b>	As above	As above	As above
<b>Gender reassignment</b>	As above	As above	As above
<b>Pregnancy and maternity</b>	As above	As above	As above
<b>Race</b>	As above	As above	As above
<b>Religion and belief</b>	As above	As above	As above
<b>Sex</b>	As above	As above	As above
<b>Sexual orientation</b>	As above	As above	As above
<b>Marriage and civil partnerships</b>	As above	As above	As above
<b>Carers</b>	As above	As above	As above

## 8. Amendments to the proposals

Change	Reason for change
N/A	

## 9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
1) <i>Charging an administration fee to offset the costs of commissioning care for full cost payers at home</i>	This is subject to consultation and there will be a further impact assessment carried out on completion of the consultation	July 2016	Toni Carney
2) <i>Increasing available income contributed in charges from 90% to 100%</i>	As above	As above	As above
3) <i>The council will include the full rate of Higher Rate Attendance Allowance/Disability Living Allowance/Personal Independence Payment in the calculation of income.</i>	As above	As above	As above
4) <i>Removal of the £20 per week disregard when charging for respite care.</i>	As above	As above	As above

## 10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
As above	Age, disability,

## 11. Summary of key impacts and actions

Information and engagement	The initial assessment has been undertaken. This will be
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<b>underpinning equalities analysis</b>	reviewed and revised following the consultation process.
<b>Key impacts (positive and/or negative) on people with protected characteristics</b>	<p><i>1) Charging an administration fee where a person is able to pay the full cost of their care and support</i></p> <ul style="list-style-type: none"> <li>• This may have a positive impact on Surrey residents needing care and support who would normally have to make their own arrangements. This group will be able to access services at a lower rate which will offset any administration fee charged.</li> <li>• A potential negative impact is that people who fund their own care may be put off using Surrey services due having to pay an administration fee.</li> </ul> <p><i>2) Increasing the amount of available income contributed in charges from 90% to 100%</i></p> <ul style="list-style-type: none"> <li>• Increasing the amount taken to 100% will bring greater income to Adult Social Care which may benefit people using services which could be sustained or increased in light of the increase to income.</li> <li>• A negative impact of this policy would be that the disposable income of residents would be lowered if the council takes more in way of contributions to care.</li> </ul> <p><i>3) The council will include the full rate of Higher Rate Attendance Allowance/Disability Living Allowance/Personal Independence Payment in the calculation of income.</i></p> <p style="text-align: center;">As in 2 above</p> <p><i>4) Removal of the £20 per week disregard when charging for respite care.</i></p> <p style="text-align: center;">As in 2 above</p>
<b>Changes you have made to the proposal as a result of the EIA</b>	None
<b>Key mitigating actions planned to address any outstanding negative impacts</b>	<p><i>1) Power to make a charge of an administration fee where a person is able to pay the full cost of their care and support</i></p> <ul style="list-style-type: none"> <li>• Cost of charge may be offset by the reduced cost to people who fund their own care of paying for services when these are organised by the council.</li> <li>• In all other respects ensure frontline social care staff support people who fund their own care on an</li> </ul>

	<p>equivalent basis to those in receipt of local authority funding, including the offer of free assessments of their needs, universal information and advice, and signposting to appropriate sources of support, including family, friends and community support. To achieve this through staff training and ongoing development.</p> <p><i>2) Increasing the amount of available income contributed in charges from 90% to 100%</i></p> <ul style="list-style-type: none"> <li>• Write to affected residents offering a reassessment of their financial situation if they feel the change is not financially sustainable.</li> <li>• Continue to support frontline social care staff to advise and signpost all residents requiring support, irrespective of their level of funding, on how they can access family, friends and community support, some of which may be free of charge at the point of access.</li> </ul> <p><i>3) The council will include the full rate of Higher Rate Attendance Allowance/Disability Living Allowance/Personal Independence Payment in the calculation of income.</i></p> <p>As in 2 above</p> <p><i>4) Removal of the £20 per week disregard when charging for respite care.</i></p> <p>As in 2 above</p>
<p><b>Potential negative impacts that cannot be mitigated</b></p>	<ul style="list-style-type: none"> <li>• The disposable income of residents would be lowered if the council takes more in way of contributions to care.</li> </ul>



Social Care Services Board  
23 June 2016

## NHS Continuing Health Care

**Purpose of the report:** Performance Management/Policy Development and Review

This report provides an overview regarding NHS Continuing Health Care (CHC) and how it is operated in Surrey. The report reflects progress and issues as they relate to Surrey County Council. The Board is asked to note its content and consider the recommendation.

### Introduction:

1. Since the creation of the welfare state it has been necessary to attempt to distinguish between health care (provided by the NHS and free at the point of delivery) and social care (provided by local authorities and means tested). The mechanism used to achieve this in England and Wales is the National Framework for Continuing Health Care 2012.
2. NHS Continuing Health Care (CHC) provides a package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need'. There is special provision within CHC for End of Life Care so that individuals who are at the end of their lives can access the care that they need. When an individual is eligible for CHC the NHS must meet all of their needs (including social care needs) and care can be delivered in any setting.

### Continuing Health Care and Local Authorities

- 3 Continuing Health Care is important to Local Authorities for a number of reasons:
- 4 Local Authorities must operate within the law. There are upper limits to the type and amount of care and support that a local authority can provide and these limits are set out in the Care Act 2014 and case law.

Essentially, local authorities should not fund or provide care for individuals whose needs are the responsibility of the NHS to meet.

- 5 The council also needs ensure its resources are effectively used; supporting Surrey residents whose assessed needs meet the eligibility criteria as defined in the Care Act 2014.
- 6 There is an expectation from government, via NHS England, that local authorities are key partners in working with the NHS in ensuring that the National Framework for CHC is applied consistently.
- 7 Correctly applying the National Framework for CHC also helps the council to obtain the best outcomes for Surrey residents.
- 8 Finally, CHC has an important role to play within the whole Surrey health and social care system in that, when used effectively, it can have a key role in preventing hospital admission and assisting timely hospital discharge.

### **Continuing Health Care Arrangements in Surrey**

- 9 The NHS in Surrey has a hosting arrangement (via an annual Service Level Agreement) whereby Surrey Downs Clinical Commissioning Group (SDCCG) host the CHC assessment and decision making arrangements on behalf of all of the CCGs in Surrey. The hosting agreement also includes SDCCG having the responsibility to commission care arrangements for individuals eligible for CHC
- 10 The governance and accountability for this agreement lies with the Surrey NHS Continuing Healthcare Programme Board. All 6 CCG relevant Directors attend this quarterly Board and Paul Morgan, Surrey County Council Head of Continuing Care, is the council's representative.
- 11 Surrey County Council (SCC) Adult Social Care (ASC) established a County Wide Continuing Care Team in 2009. This dedicated resource exists in order to:
  - Ensure a “consistent offer” to Surrey residents
  - Act as a point of expertise, supporting 30 teams across Adult Social Care, Community Mental Health Recovery Service, acute teams, transition and managers.
  - Act as a single point of contact within the council for CCGs
  - Undertake a practice development role – to SCC staff and joint training with CCG
  - Provide expertise within SCC to take forward complex disputes
  - Support CCGs in reviewing CHC patients

### **Working in Partnership with SDCCG**

12. In line with the ASC strategy to work in partnership, Adult social care take a partnership based approach to working with our CCGs on CHC. We undertake joint CHC assessments and joint CHC Reviews. We also

attend CHC Eligibility Panels and commission joint training. This year SCC has been working with our NHS CHC partners to review and update a suite of joint policies concerning CHC. A joint work plan has been devised and monthly joint CHC Operational meetings are held. There is also a regular meeting between the Heads of Continuing Care at SCC and SDCCG. We also have regular meetings and liaison with neighbouring CCGs who have responsibility for Surrey residents.

- 13 CHC can be an area of tension and this is particularly evident when one organisation believes that funding responsibility for an individual lies with the other organisation. Where agreement cannot be reached in such circumstances there is a local Disputes Resolution policy so that a final outcome can be determined.

#### **Potential Areas for Integration**

- 14 It is essential that SCC is always open to exploring areas where, by working more closely with the NHS, a better experience for Surrey residents might be produced or efficiencies may be found in process or purchasing matters.
- 15 We are keen to build upon the local joint working that we have developed with SDCCG regarding CHC and link it to our wider partnership and integration approaches. Potential areas for this include Brokerage and Commissioning, Personal Health Budgets and further integration of the CHC assessment and decision making process.

#### **Areas for further work**

- 16 Historically in Surrey there has been some variation in how closely the NHS and the council work together in relation to CHC. In this aspect Surrey is no different to many health and social care communities where the status quo might change due to changes in individual or organisational relationships or budgets beginning to drive behaviours. It is important for SCC to continue to apply a consistent and lawful offer regarding CHC, irrespective of such fluctuations. This is an important area for ongoing focus and vigilance for SCC.
- 17 SCC will continue to work with SDCCG by way of implementing the joint work plan previously mentioned in Para 12 above.

#### **Conclusions:**

- 18 CHC is an important area of the council's work. Key outcomes include ensuring that that SCC acts within the law, that resources are properly allocated to people who need social care (rather than health care) and the best outcomes for Surrey residents are achieved.

- 19 CHC is an area that continues to be challenging. This is because it requires two separate systems (Health and Social Care) to operate together but to different principles. Inevitably, this can lead to contention. Irrespective of how such individuals are funded, they will be the most dependent and vulnerable residents in Surrey and we need to continue to work together to ensure that they (and their carers) receive appropriate care and support. The essential task for SCC is to continue to find ways to work in partnership with CCG whilst ensuring a consistent CHC offer to Surrey residents. SCC will continue to seek partnership and pragmatic approaches wherever it is reasonable to do so. It is important that SCC does this whilst holding a consistent and clear line that ensures that we act within the law and in accordance with the CHC National Framework

<b>Recommendations:</b>
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- 20 It is recommended that the Board:

Note the importance of CHC within the work that the council undertakes

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**Sources/background papers:**

[National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care November 2012 \(Revised\) – Department of Health](#)



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

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
10 April 2015 Case 565	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 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 for September	<i>September 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 regularly reported to the Education and Skills Board. There is scope for the two	<i>June 2016</i>

Item 10

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
Page 60				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	
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 given as part of the Strategic Director's Update at the meeting.	<i>June 2016</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	Head of Resources	A further update is on the Forward Work Programme for October 2016	<i>October 2016</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		outstanding e.g. 3 months, 6 months, 12 months.			
7 September 2015  Page 61	BETTER CARE FUND POSITION STATEMENT [Item 9]	<p>The Board recommends that the Cabinet Members for Adult Social Care and Health and Wellbeing write to the Secretary of State for Health to outline the Government's rationale for asking Surrey CCG's to make 5% savings in their budgets this year as well as proposed reduction to ASC and Public health funding</p> <p>The Board encourages Local Joint Commissioning Groups to involve Local Committees in the development of health and social care integration in their areas.</p> <p>Board Next Steps: A joint session is convened with the Wellbeing and Health Scrutiny Board in early 2016 to consider the outcomes of the six local plans outlined at this meeting.</p>	<p>Cabinet Member for Adult Social Care, Independence and Wellbeing</p> <p>Cabinet Member for Wellbeing and Health</p> <p>Scrutiny Officer</p>	The development of the NHS Sustainability and Transformation Plans is ongoing with an item due to come to the Board on progress with health and social care integration in June 2016.	<i>Complete</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
30 October 2015	MENTAL HEALTH CRISIS CARE CONCORDAT AND MENTAL HEALTH CODE OF PRACTICE: AN UPDATE [Item 9]	<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 Haven for people in mental health crisis</p>	<p>Senior Commissioning Manager</p> <p>Scrutiny Board Chairman and Police and Crime Panel Chairman</p>	An update in 2016/17 will be added to the Forward Work Programme	<i>September 2016</i>
35 January 2016	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>



<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>
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	Chairman/Children's Services	A meeting of the Performance and Finance Subgroup was organised for 20 June 2016 to look at the proposed key data. The Chairman will provide a verbal update at today's meeting.	<i>Complete</i>
12 May 2016 Page 64	REPORT FROM INTERIM HEAD FOR CHILDREN'S SERVICES [Item 6]	That the Head of Children's Services report on the progress made on the areas he has identified for improvement using the new key performance data and audit information at the Board's October meeting.	Interim Head of Children's Service	An update is on the Forward Work Programme for October 2016	<i>Complete</i>
12 May 2016	REPORT FROM INTERIM HEAD FOR CHILDREN'S SERVICES [Item 6]	That the Head of Children's Services provides the KPIs to be used by Children's Services to the Board.	Interim Head of Children's Service	The KPIs were circulated to the Board following the meeting.	<i>Complete</i>
12 May 2016	2015-20 YOUTH JUSTICE STRATEGIC PLAN REVIEW [Item 7]	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.	Head of Youth Support Services	This will be added to the Forward Work Programme for May 2017	<i>May 2017</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
12 May 2016	2015-20 YOUTH JUSTICE STRATEGIC PLAN REVIEW [Item 7]	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 subcontracted element, has impacted on mental health and emotional and behavioural issues as a known factor in relation to re-offending.	Head of Youth Support Services	This will be added to the Forward Work Programme for May 2017	May 2017
12 May 2016 Page 20	2015-20 YOUTH JUSTICE STRATEGIC PLAN REVIEW [Item 7]	That officers provide an update in 12-months in relation to progress made against the Youth Justice Strategic Plan in Year 2.	Head of Youth Support Services	This will be added to the Forward Work Programme for May 2017	May 2017
12 May 2016	INTERNAL AUDIT REPORT: REVIEW OF FOSTER CARE SERVICE ARRANGEMENTS [Item 8]	The Board notes with concern the Internal Audit recommendations and will review the outcome of the service's actions to improve in the follow-up audit.	Chief Internal Auditor	Follow up is planned for Quarter 4 in the 2016/17 audit plan and an update will be brought to the Board then.	January 2017
12 May 2016	INTERNAL AUDIT REPORT: REVIEW OF FOSTER CARE SERVICE ARRANGEMENTS [Item 8]	The Board recommends that Children's Services organise refresher training for Foster Panel members.	Head of Countywide Services	An update has been requested from officers.	September 2016

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
12 May 2016  Page 66	THE TRANSITION TEAM [Item 10]	<p>The Board supports the plans outlined to meet the transition challenges.</p> <p>Recommends that officers return to the Board with a report that reviews the impact these plans have had on:</p> <ul style="list-style-type: none"> <li>• the number of out-of-county placements and residential packages</li> <li>• timeliness of reviews; and</li> <li>• Adult Social Care and Children's Services spending.</li> </ul>	Deputy Director of Adult Social Care	An update on progress will be provided to the Board in October 2016	<i>Complete</i>
12 May 2016	LEARNING DISABILITY COMMISSIONING STRATEGY AND TRANSFORMING CARE [Item 11]	The Board notes and supports the work programme and will welcome a progress update in the future.	Deputy Director of Adult Social Care	The Board will be updated later in 2016/17	September 2016



# Social Care Services Board – Forward Work Programme 2016/17

23 June 2016  
PUBLIC

- Health and Social Care integration
- Continuing Healthcare
- Adult Social Care Charging Policy

2 September 2016  
PUBLIC

- Public Value Transformation: Early Help (Children, Schools and Families)
- Public Value Transformation: Multi-Agency Safeguarding Hub
- Surrey Safeguarding Children Board - Verbal Update for Chair
- FGM Task & Finish Group
- Prevent Strategy Action Plan
- Verbal Update from Strategic Director of Children, Schools and Families

26 October 2016  
PUBLIC

- Commissioning Support Unit
- Adult Social Care Budget Monitoring
- Social Care Debt
- Transition Team Update
- Liquid Logic Update
- Adults Workforce inc. Recruitment and Retention

9 December 2016  
PUBLIC

- Young Carers Trailblazer Project
- Review of Accommodation with Care & Support Strategy implementation and Older People's Homes Project
- Head of Children's Services Performance Update

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

- Impact of Youth Justice Intervention on Youth Offending
- Reducing Reoffending Plan 2014-17 update
- Youth Justice Strategic Plan Year 2

## 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**