

Notice of Meeting

Social Care Services Board



Date & time
Friday, 2
September 2016 at
10.30 am
**A private
workshop will
be held for
Members at
10.00am**

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

Contact
Andy Spragg or Richard
Plummer
Room 122, County Hall
Tel 020 8213 2673 or 020
8213 2782

Chief Executive
David McNulty

andrew.spragg@surreycc.gov.uk
or
richard.plummer@surreycc.gov.uk



We're on Twitter:
@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 8213 2673 or 020 8213 2782.

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 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: 23 JUNE 2016

(Pages 1
- 14)

To agree the minutes as a true and accurate 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 (29 August 2016).
2. The deadline for public questions is seven days before the meeting (26 August 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 STRATEGIC DIRECTOR OF CHILDREN'S, SCHOOLS AND FAMILIES VERBAL UPDATE

Purpose of the report:

The Board will receive a verbal update from the Strategic Director of Children's, Schools and Families regarding any news or updates within the service.

7 CHILD SEXUAL EXPLOITATION SAFEGUARDING REPORT

(Pages
15 - 20)

Purpose of the report:

To provide the Social Care Services Board with an update of the work being carried out by Children Schools and Families (CSF) and together with partners to tackle Child Sexual Exploitation (CSE) in Surrey.

8 SURREY SAFEGUARDING CHILDREN'S BOARD VERBAL UPDATE

Purpose of the report:

The Board received an annual update on the 25 January 2016 from the independent chair of the Surrey Safeguarding Children's Board. The independent chair will update the Board regarding progress made over the last six months.

9 FEMALE GENITAL MUTILATION TASK AND FINISH GROUP

(Pages
21 - 24)

Purpose of the report: Scrutiny of Services

This report provides an update to the "Working Together to Safeguard Children 2015" report presented to the Social Care Services Board on 7 September 2015. The purpose of this report is to feedback to the SCSB on the work being done by the Female Genital Mutilation (FGM) Task and Finish Group and its partners.

10 EVALUATION OF THE IMPLEMENTATION OF SURREY'S PRISON SOCIAL CARE SERVICE IN YEAR ONE

(Pages
25 - 36)

Purpose of the Report:

This report provides an overview of the implementation and progress of Surrey County Council's Prison Social Care Service in year one which was introduced under the Care Act (2014). It will provide a briefing on the current position of social care provision in Surrey prisons and explores considerations and impacts of proposed future working arrangements for the service.

11 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME

(Pages
37 - 50)

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

12 DATE OF NEXT MEETING

The next public meeting of the Board will be held at County Hall on Wednesday 26 October 2016 at 10.00am.

David McNulty
Chief Executive

Published: Thursday, 25 August 2016

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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 23 June 2016 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Friday, 2 September 2016.

Elected Members:

- * Mr Keith Witham (Chairman)
- * Mrs Margaret Hicks (Vice-Chairman)
- * Mr Ramon Gray
- Mr Ken Gulati, Substituted by Mr Bob Gardner
- Miss Marisa Heath
- * Mr Saj Hussain
- Mrs Yvonna Lay, Substituted by Mr Bill Chapman
- * Mr Ernest Mallett MBE
- * Mr Adrian Page
- * Mrs Dorothy Ross-Tomlin
- * Mrs Pauline Searle
- * Ms Barbara Thomson
- Mr Chris Townsend
- * Mrs Fiona White
- Mrs Helena Windsor

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:

In attendance

Mr Tim Evans, Cabinet Associate for Adult Social Care, Wellbeing and Independence
Mr Mel Few, Cabinet Member for Adult Social Care, Wellbeing and Independence

41/16 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Ken Gulati, Yvonna Lay, Chris Townsend and Helena Windsor. Bill Chapman acted as a substitute for Yvonna Lay and Bob Gardner acted as a substitute for Ken Gulati.

42/16 MINUTES OF THE PREVIOUS MEETING: 12 MAY 2016 [Item 2]

The minutes of the previous meeting were approved as a true and accurate record of proceedings.

43/16 DECLARATIONS OF INTEREST [Item 3]

There were no declarations of interest to report.

44/16 QUESTIONS AND PETITIONS [Item 4]

There were no questions or petitions submitted to the Board.

45/16 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SCRUTINY BOARD [Item 5]

The Board received a response from the Cabinet Member for Cabinet Member for Children and Families Wellbeing regarding the Surrey Family Support Programme.

This response is attached in the annex below.

46/16 UPDATE FROM THE STRATEGIC DIRECTOR OF ADULT SOCIAL CARE [Item 6]

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 of discussion:

1. The Strategic Director for Adult Social Care and Public Health gave an update concerning:
 - Deprivation of Liberties (DoLs)
 - social care in prisons; and,
 - the review of the Accommodation with Care and Support Strategy.

2. The Board was informed that DoLs requests to Surrey County Council had significantly increased over the last two years, citing that 3987 DoLs requests had been made in the financial year 2015/2016. It was explained that steps were being taken to meet the challenge of increased demand. This included increasing Best Interest Assessors and improved training to existing staff to cope with this demand.

Dorothy Ross-Tomin entered the meeting at 10.35am

3. The Board was informed that the issues related to DoLs were a national challenge for those providing Adult Social Care. It was highlighted that the Council was dealing well with the issue when compared nationally, though it still presented a considerable risk to the Council. It was clarified that cases that were considered the most at risk were always prioritised for a DoLs assessment. The Board requested a paper for the next Adult Social Care themed meeting of the Board.

4. The Board was provided with an update on the work undertaken by the service with regard to social care provisions within the prison system in Surrey. It was highlighted that those requiring services in this sector has been higher than was forecast, with the three primary areas being physical disability, mental health support and dementia. It was agreed that a further report would come to the next Adult Social Care themed meeting of the Board. Members also expressed support for a sub-group to be established to monitor progress in this area twice a year. The following Members volunteered: Barbara Thomson, Fiona White and Margaret Hicks.

5. Officers gave an update to the Board on the progress of the Accommodation with Care and Support programme, and the development of integrated commissioning with NHS Clinical Commissioning Groups (CCGs). The Board was informed that a core aim of the programme was to increase accommodation in order to meet the growth in demand for those needing care and support, improve independence, and reduce those housed long-term in care homes.

6. The Board was informed that approximately 600 new flats were required to meet projected demand, and that the council was working in partnership with CCGs, district and borough councils, and with the market in order to meet the challenge raised by this growth in demand.

7. The Board queried whether the service was making best use of Council-owned property, and asked a specific query about the future use for the six closed care homes. It was confirmed that the Accommodation with Care and Support review would include a consideration of the appropriateness of these sites in question, and that the decision by Cabinet that these sites would be retained for social care use was still the case.

8. The Cabinet Member for Adult Social Care, Wellbeing and Independence highlighted that there were concerns about provision for young people with learning difficulties transitioning into Adult Social Care, and the growing need for respite care. The Board raised the possibility of mapping out the next five years in relation to the provision of accommodation with care and support, and the council could seek to engage the community in supporting its strategy.

**47/16 HEALTH AND SOCIAL CARE INTEGRATION: BETTER CARE FUND
2016/2017 [Item 7]**

Witnesses:

Helen Atkinson, Strategic Director for Adult Social Care and Public Health

Mel Few, Cabinet Member for Adult Social Care, Wellbeing and Independence
Dominic Wright, Chief Executive of Guildford and Waverly CCG

Key points of discussion:

1. The Strategic Director for Adult Social Care and Public Health explained to the Board that the Better Care Fund (BCF) was part of a wider integration between CCGs and the Council. It was also highlighted that these plans were expected to work in collaboration with the NHS five year forward view, and the locally developed NHS Sustainability and Transformation Plans (STPs). The Board was informed that the integration agenda was seeking to improve preventative services, in order to reduce demand on the NHS.
2. The Board was informed that the pooled BCF budgets enabled the two organisations to achieve closer integration and realise efficiencies through this.
3. The Board queried what challenges existed in delivering the BCF plans. Witnesses commented that there was a significant difference in cultures between the two organisations, though it was highlighted that the past few years had seen closer working together. The developing digital roadmap and information sharing that was underway was highlighted as a good example of this.
4. The Cabinet Member for Adult Social Care, Wellbeing and Independence explained that there were a number of common problems faced by both organisations with regard to workforce development. It was highlighted that the two organisations would work collaboratively to address this.
5. The Board queried how the metrics for measuring the delivery of the BCF had been established. Officers explained that these metrics were generally set nationally by the NHS, however that some were able to be set at a local level. The Board was informed that a locally chosen measurement for Surrey was the prevalence of dementia cases.
6. A question was put forward by the Board regarding the voluntary sector of care, and whether it can realistically provide care with reduced funding, and queried how the service is forward planning to meet this contingency. The Strategic Director for Adult Social Care and Public Health reassured the Board that the service was working with partners to ensure that these issues were resolved. It was explained that any decisions made financially must be made in partnership and that the service was building relationships with local business and charities to reduce risk.

7. The Board commented on the complex structure of CCGs and questioned why there were presently three STPs covering the region rather than one. It was explained that there was not a cohesive boundary in Surrey evolving for the STPs, and that these had been decided centrally by NHS England. It was, however, clarified that these boundaries were permeable to encourage interconnectivity and that the CCGs were working closely with the Council to ensure that they are closely linked.

Recommendations

1. That the Board monitor the financial position of the Better Care Fund as part of regular service budget updates to the Performance and Finance sub-group.
2. That a further joint session on the Sustainability and Transformation Plans is scheduled for late 2016/17.
3. That the Wellbeing and Health Scrutiny Board chairman seek to secure Member representation at a suitable level within the three STP governance structures.
4. That the Wellbeing and Health Scrutiny Board cover the changes that NHS England will be making (for example in joint commissioning of Primary Care and in development of the clinical workforce).
5. That a joint Social Care Services Board and Wellbeing and Health Scrutiny Board four person monitoring group is established to oversee how the BCF and STP plans and delivery progress, with a particular focus on.
 - a. Information sharing across the organisation
 - b. Social care and NHS staffingTo report back to the joint session in late 2016/17

48/16 CONSULTATION ON A REVISED CHARGING POLICY FOR ADULT SOCIAL CARE SERVICES [Item 8]

Witnesses:

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

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

Nick Markwick, Surrey Coalition of Disabled People

Maria Hewson, Action for Carers

Key points of discussion:

1. The Board was given a preliminary summary of the responses to the consultation and heard from representatives from the Surrey Coalition of Disabled People and Action for Carers.

2. It noted that there was strong resistance to the proposed changes and concerns about the detrimental impact on disabled people, their carers and families given the reduction in disposable income. The Board expressed the view that there was not sufficient evidence of how the proposed changes would affect individuals in the Equalities Impact Assessment.
3. The Board queried whether the negative feedback from those consulted would have an effect on the proposals. The Cabinet Associate for Adult Social Care, Wellbeing and Independence informed the Board that the Council would move in line with other local authorities in its charging policy. It was highlighted by the Board and external witnesses that the cost of living in Surrey was comparable to London, and not the local authorities cited in the consultation document.
4. The Board commented that it was not apparent whether the additional revenue generated as a result of the proposed changes would also mean additional implementation and administrative costs to the Council. It was commented by witnesses that the cost of assessing a large group of individuals and implementing the proposals could prove prohibitive in the immediate term. It was also highlighted by witnesses that there were case law rulings regarding the raising of charges against night-time attendance allowances, and that they believed this should have been reflected in the proposals.
5. The Board questioned whether the low response rate was a result of those being consulted being unclear on the proposals and their impact. The Board queried whether the negative response to it would have an impact on the proposals.
6. The representative for Action for Carers expressed concern that these proposals may deter residents from seeking support from the service, and highlighted that these proposals could also impact on carers and families.
7. The Cabinet Member for Adult Social Care, Wellbeing and Independence offered to provide a full breakdown of the concerns put forward by the representative for Action for Carers and the representative for the Surrey Coalition for Disabled People, and circulate that response to the witnesses and to the Board.

Recommendations:

1. That the Board understood the need for potential cost saving measures, but did not endorse the proposals as they currently stood, with the exception of the administration set-up fee.
2. That Cabinet provide greater evidence for the cost-benefit of implementing the proposed changes to Adult Social Care charging policy
3. That the Cabinet demonstrate they have taken the impact of carers and families into account and have sought to mitigate this impact through a more robust Equalities Impact Assessment
4. That the Cabinet provide evidence as to how the administration fee is calculated and when it will be subject to review
5. That, taking individual concerns into consideration, the Cabinet establish there are no indirect impacts on an individual's package arising from:
 - the implementation of the national living wage;
 - the review into the grants programme

49/16 NHS CONTINUING HEALTHCARE [Item 9]

Witnesses:

Paul Morgan, Head of Continuing Care, Adult Social Care
Mel Few, Cabinet Member for Adult Social Care, Wellbeing and Independence

Key points of discussion:

1. The Head of Continuing Care, Adult Social Care explained the role that the team has in conjunction with Surrey Downs CCG, the area lead on Continuing Health Care (CHC). It was highlighted that this was a partnership approach with a joint action plan that was aimed at finding efficiencies that can be made as a result of this partnership.
2. It was noted by the officer that social care and health being delivered by different organisations could lead to unnecessary tension. It was suggested that the organisations needed to work together to ensure they could meet the needs of the most vulnerable.
3. The Board queried how much the Continuing Healthcare team cost the service and how much was being saved. Officers responded that, for the financial year 2015/16, the team cost the Council circa £400,000, while the Council had avoided potential liabilities of circa £3.5 million.

4. The Cabinet Member for Adult Social Care, Wellbeing and Independence noted that disputes over continuing healthcare were often a barrier to early discharge from hospital, and that the team's work was highly valued in seeking resolutions in this regard.

The Board was informed that the law surrounding the subject was complex, particularly because of the financial implications arising from the failure of statutory provision. It was also highlighted that decisions were reliant on clinical assessments and this was a significant factor in the outcome of any decision.

5. It was noted that a robust dispute resolution team was required in order to avert cases from going to the courts, which was a costly and time consuming process for the service.
6. It was suggested by the Board that it may be helpful to give hold a Member's Briefing session based on the work of the CHC team to raise awareness among members on the work they undertake.

The Board thanks the Continuing Healthcare team for the valued work it undertakes.

Recommendations:

- That officers develop a Members' briefing to outline the valued work of the Continuing Healthcare team, and the key challenges it faces.

50/16 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 10]

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

The Performance and Finance Sub-Group of the Board provided an update to the Board. This update is attached in the annex below.

51/16 DATE OF NEXT MEETING [Item 11]

The next meeting will be held at 02 September 2016, 10.00am, at County Hall.

Meeting ended at: 1.09 pm

Chairman

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Email received 14 June 2016

Dear Keith -

Surrey Family Support Programme

Thank you for your letter of 6 June, addressed to Linda Kemeny, following up on the Social Care Services Board scrutiny of the Surrey Family Support Programme at its meeting in January.

Regarding the national evaluation of the Troubled Families Programme. The government's evaluation of the first phase of the programme, i.e. progress up until May 2015, is due to be published later in the Summer or in the early Autumn, depending on when the report has been through its Whitehall clearances. We expect that the DCLG's findings and evaluations of the second phase of the programme, i.e. from May 2015, will be published on a regular basis through to 2020. The timescales for the accumulation and collection of the families and finance data in the second phase will likely mean that useful feedback may not be published until next year by which time a significant number of families have been through the programme. If the Social Care Services Board wishes to review the estimated savings made through the Surrey programme in light of the Government's evaluation of the first phase, then late Autumn or Winter will be the best time to schedule this.

We will have to wait for the publication of the evaluation report before being certain of the government's position over the funding of the first phase of the Troubled Families Programme. However, the expectation is that it is very likely that the DCLG will be looking to demonstrate that the savings created by this model of working are greater than its costs and therefore the business case to locally sustain programmes is made.

The government's intentions for the second phase of the Programme are that the Programme will be a catalyst to transform local working arrangements to significantly increase systematic, multi-agency and integrated working around the most complex families. We should assume therefore that the government is convinced of its business case.

The DCLG's Director of the Troubled Families Unit, Joe Tuke, is due to pay a visit to Surrey in the near future. Arrangements are being made now. This will provide an

opportunity to discuss current and future funding directly with the DCLG. I will consider, with my Cabinet colleagues, any further action on lobbying the government over funds after this meeting.

One of the keys to the long-term sustainability of the Family Support Programme will be how the Council integrates the whole family working and multi-agency approach developed in this programme within the wider Early Help Strategy. The Social Care Services Board will have opportunities to consider this as part of the scrutiny of the Council's Confident in Our Future programme to improve services to children.

I have passed on your thanks to those officers who have secured the positive progress to children and families through the Family Support Programme.

Kind regards

Clare Curran
Cabinet Member for Children and Families Wellbeing
Councillor - Bookham and Fetcham W
Surrey County Council

Social Care Services Board
Performance and Finance sub-group
20 June 2016

Verbal update for the Board

The sub-group reviewed the following five Key Performance Indicators (KPIs) with the Interim Head of Children's Services:

- Child Protection (CP) Plans over 18 months
- Young People aged 16 or over subject to CP plans
- Child and Family Assessments (CFAs) open for longer than 45 days
- Personal Education Plans (PEPs) overdue
- Pathway Plans overdue

It was noted that three more KPIs remain in development, and will be reported to the next meeting of the Performance and Finance sub-group.

The sub-group discussed:

- How the Interim head of Children's Services was embedding improved management practice by:
 - using large staff meetings to share key messages and updates;
 - circulating management instruction notes to clarify processes and responsibilities; and
 - improving performance monitoring, quality assurance and auditing to address key priorities.
- How the service was targeting its efforts to reduce the number of children on CP plans for over 18 months. The Interim Head of Children's Services gave an indication that the sub-group would expect to see this number decrease in the coming months.
- The high number of young people aged 16 and over on CP plans being related in part to the increased awareness of Child Sexual Exploitation (CSE).
- The role of Early Help and the Multi-Agency Safeguarding Hub (MASH) in alleviating case-load pressure of the safeguarding system. The Board will be receiving a more detailed update on this work at its meeting on 2 September 2016.
- The role of different agencies in relation to safeguarding. In particular the Sub-Group highlighted concerns by schools regarding their role in preventative and safeguarding work.
- A more detailed set of notes will be circulated to the Board for information in the coming few days.

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Social Care Services Board
Friday 2 September 2016
Child Sexual Exploitation

Purpose of report:

To provide the Social Care Services Board with an update of the work being carried out by Children Schools and Families (CSF) and together with partners to tackle Child Sexual Exploitation (CSE) in Surrey.

Introduction:

1. This update follows the Ofsted report of June 2015 and a CSE Peer Challenge, and the criticisms made of the response of Surrey County Council and partners in tackling the threat of CSE and providing protection and support to children deemed as at risk of CSE.
2. The report will provide an outline as to how Surrey County Council is working with partners to improve its work protecting children, raising awareness and disrupting offenders and suspected perpetrators.

Child Sexual Exploitation (CSE)

Scope of CSE in Surrey:

3. In conjunction with Surrey Police, Surrey CSF has been working to ensure that there is an accurate picture of the numbers of children at risk or suffering from CSE. We have developed and have a reliable list of the numbers both currently and previously at risk of CSE. This is a constantly changing number, as we become more confident and skilled at identifying children and needs to be regularly updated. At the time of writing, Surrey partners are working to protect and support 154 children identified as at risk of CSE; of whom 17 are deemed to be at high risk. 25 of these children are in the care of the local authority.
4. In addition, Surrey's CSF is working closely with partners, including colleagues in the Borough and Districts, to identify potential perpetrators of CSE. The Missing and Exploited Children's Conference (MAECC), which meets monthly, reviews the disruption work being carried out with perpetrators, or suspected perpetrators.

5. A performance management framework is currently being developed by the SSCB for CSE and missing children. A range of different measures from across partners will be included to help gain a full picture.

CSE Peer Challenge:

6. Surrey CSF, Surrey Police, Guildford and Waverley NHS Clinical Commissioning Group (CCG) (as the lead CCG for children) and Surrey Safeguarding Children's Board (SSCB) commissioned a Peer Challenge through the Local Government Association (LGA) in order to review progress in Surrey and advise on improvement work. The Peer Challenge team highlighted that a key strength is the commitment of key partners to tackling CSE in Surrey and made a number of important recommendations for the service, SSCB and partnership as a whole to continue its improvement journey. Crucially the Peer Challenge identified several key areas of work necessary to take forward:
 - Review the SSCB CSE Strategy and Action Plan
 - Review the role of the MAECC in order to make it more effective in its oversight and quality assurance role
 - Provide greater evidence of how the voice of the child is used in the development of services to protect them.
 - Identify better ways to engage the wider community in combating CSE, specifically work with Borough and Districts, faith and voluntary sector organisations
 - Build upon the work that has been carried out on our CSE data set, by finding better ways to cross reference with other vulnerable children.

Current Activity:

7. As a consequence of this there are currently a number of significant areas of work being carried out by CSF and in partnership with the SSCB:
 - Engagement with Borough and District Councils to enhance the robustness and rigour in the granting of licenses to taxi drivers and premises. This includes: additional advice and guidance being inserted into licensing policies; new directives to CSF staff on vetting and endorsing of license applications; development with the SSCB of a specific training programme for taxi firms and agreement that this will become mandatory for all new applicants.
 - Reviewing the Online Safety Strategy and updating this in line with findings from audits.

- Awareness raising and training offer to children with the development of a module on CSE for schools to adopt in Personal, Social and Health Education (PSHE) classes. This forms part of a strand of work to increase the engagement with children and voice of the child in the development of service response.
- A review has been carried out into the MAECC following the recently commissioned CSE Peer Challenge. The report is due within the next two weeks and will provide some key recommendations regarding how we can continue to improve the monitoring and management of children at risk of CSE.
- The recruitment of specialist CSE Social Workers and Family Support Workers to each area who will provide expert advice to staff, coordinate the response particularly in cases of 'Complex Abuse' and skill up the wider workforce through regular workshops and area briefings.

Support to victims:

8. Surrey County Council is currently providing support to all children deemed as at risk of CSE. This is delivered through Children's Services and the Youth Support Service (YSS). All children will have a key worker in one of these services. Those at the highest risk are subject to Child Protection Plans and there are services in place to support parents in protecting their children. Where it is not possible to protect children in their own homes, Children's Services provide alternative accommodation, including in the most serious cases in specialist placements.
9. Children's Services and YSS have been proactive in improving the understanding of CSE in the county and ensuring that the workforce is equipped to identify when children may be at risk of CSE early and intervene. The CSE operating protocols have been reviewed and revised using best practice examples from local authorities deemed to be excellent. In addition, the CSE Risk Assessment Tool has been updated in conjunction with SSCB partners.
10. Through YSS, young people who are at risk and/or involved in and/or survivors of CSE are supported through the Sliding Doors Project. The aim of Sliding Doors, a 12 week programme, is to assist young females to address the issues that underlie sexual exploitation in order to help them develop strategies to keep themselves safe and avoid risk taking behaviour. It helps children to understand healthy and unhealthy relationships and be aware of the risk factors that can result in them being vulnerable to CSE. Sliding Doors has or is currently supporting over 20 young people at risk and/or involved in and/or survivors of CSE since April 2016. These

programmes run throughout the year with more scheduled during the autumn 2016 and beyond.

11. Therapeutic responses to support children who have experienced CSE are also available through the STARS (CAMHS) service and the Sexual Assault Referral Centre. Ensuring a bespoke response for victims who have been sexually exploited will feature in the commissioning intentions within the CSE Action Plan.

Conclusions:

12. Surrey CSF has made steady progress since the publication of the Ofsted report and now has a far clearer understanding of the nature of the threat of CSE in the county than previously. The CSE Peer Review provides further focus on specific improvements within the service and with partners; particularly with prioritising key actions for the SSCB action plan, engaging with a wider network of partners and ensuring the voice of the child is strong in our work with children and families.

Recommendations:

13. That the Social Care Services Board support the recommendations of the CSE Peer Challenge Team as part of our continuous improvement strategy and response to CSE.

Next steps:

14. To update as part of the development of the refreshed Children's Improvement Plan, the CSF CSE Action Plan. The refreshed Children's Improvement Plan is being published at the end of September 2016.
15. Update and approve the SSCB CSE Action Plan
16. Review the CSE Problem Profile by October 2016. In addition, provide a report to the Sexual Exploitation and Assault Management Board showing the impact of intervention on outcomes for children.
17. Carry out a consultation with children who have been victims of CSE to inform our service provision in the next three months.

Report contact: Kevin Peers, Interim Assistant Director for Children's Services

Contact details:

Tel: 01372 832422

Email: Kevin.peers@surreycc.gov.uk

Sources/background papers:

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Social Care Services Board
2 September 2016
FGM Task & Finish Group

Purpose of report: Scrutiny of Services

This report provides an update to the “Working Together to Safeguard Children 2015: response to new statutory responsibilities” report presented to the Social Care Services Board on 7 September 2015. The purpose of this report is to feedback to the SCSB on the work being done by the Female Genital Mutilation Task and Finish Group and its partners.

Introduction:

1. The Female Genital Mutilation (FGM) Task & Finish group is chaired by the lead Consultant in Public Health for Safeguarding. The group brings together partners from the Police, Police and Crime Commissioners office, Health including designated safeguarding leads, Surrey Minority Ethnic Forum (SMEF) and Surrey County Council Colleagues from Children, Schools and Families, Adult Social Care and Public Health.
2. The group has five strands main strands of work:
 - Scoping the extent of the problem of FGM in the county and mapping local areas of risk;
 - Researching good practice throughout the country to inform local practice;
 - Reviewing and updating Surrey Safeguarding Children Board (SSCB) Policies and Procedures for FGM;
 - Developing a training package for practitioners across all agencies; and
 - Developing a local action plan using the above intelligence and research.

Progress

3. Identifying those at risk

- 3.1 According to the Home Office¹ FGM is prevalent in 30 countries. These are concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East, and in some countries in Asia.
- 3.2 It is estimated that approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition,

¹ Home Office (2016) Multi-agency Statutory Guidance on Female Genital Mutilation, <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM².

- 3.3 The age at which FGM is carried out varies enormously according to the community. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy¹.
- 3.4 To date it has been difficult to identify a data source to best map those at risk in Surrey. It is thought many cases go unreported but strengthening of the law governing FGM under the Serious Crime Act 2015 has led to mandatory reporting across a number of professions;

Since April 2014 NHS Hospitals have been required to record:

- If a patient has had Female Genital Mutilation;
- If there is a family history of Female Genital Mutilation;
- If a Female Genital Mutilation-related procedure has been carried out on a patient

GPs and Mental Health Trusts have also joined the NHS FGM annual reporting system.

From October 2015 health and social care professionals and teachers in England and Wales have been required to report known cases of FGM in under 18 year olds.

- 3.5 From October 2016 an additional category for the child of 'Birth of Origin' will be added to the school census, this should help with the identification of young people at risk of FGM.

4. Good practice

The group have looked at examples of best practice from around the country. Best practice demonstrates that school and community-based approaches work best when raising awareness about FGM.

Community-based approach

The Office of the Police Crime Commissioner have funded Surrey Minority Ethnic Forum to identify and train community champions on Domestic Abuse, Honour based violence and FGM. These Community Champions will provide further sessions and share knowledge within their communities.

Schools-based approach

FGM, Honour based and Forced Marriage has been recommended for inclusion within the Personal, Social, Health and Economic Education (PSHE) Healthy

² Multi-agency Statutory Guidance on Female Genital Mutilation (2016), <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

Schools pack. This is currently under review and due in late 2016. Surrey secondary schools were provided with a Relationships and Sex Education (RSE) resource last year. They will receive updates to the resource including programme information and session plans in order to deliver FGM awareness and information sessions in their schools.

5. **SSCB Policies and Procedures group**

The Surrey Safeguarding Children Board (SSCB) Policies and Procedures group are currently updating the Surrey FGM procedures protocol. They will be using the Manchester FGM protocol as an example of good practice. The Department of Health FGM guidance for practitioners has been uploaded on the SSCB website.

The Chair of the FGM Task and Finish Group liaises with the Public Health representative on the Surrey Safeguarding Adults Board (SSAB). The SSAB have knowledge of the work of the FGM Task & Finish Group and have had sight of the action tracker.

6. **SSCB Learning, Development and Communication Group**

The SSCB has produced a training pathway to ensure that everyone is aware of FGM and that all those working with children and young people are able to recognise and respond appropriately to ensure the safety and protection of children and young people at risk from or experiencing FGM³.

Conclusions:

7. With continuing improvements in available data and more reporting of FGM, the mapping and understanding areas, population groups or schools in Surrey most affected by FGM will become more accurate.
8. The FGM Task & Finish group will continue to review best practice and changes in legislation to inform member organisations.

Recommendations:

9. The Board is invited to make recommendations to the FGM Task and Finish group.

³ Surrey Safeguarding Children Board, Female Genital Mutilation (FGM) Multi Agency Training Pathway www.surreyscb.org.uk

Next steps:

The FGM Task & Finish Group meets six monthly with virtual check-ins every three months.

To continue to improve problem profile for Surrey as new data becomes available.

To look at the support services available to women who are identified as having had FGM procedure carried out.

To look at extending the remit of the FGM Task & Finish group to include Forced Marriage and Honour based violence.

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Sources/background papers:

Multi-agency Statutory Guidance on Female Genital Mutilation (2016),
<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

Surrey Safeguarding Children Board, Female Genital Mutilation (FGM) Multi Agency Training Pathway,
http://www.surreycc.gov.uk/_data/assets/pdf_file/0005/79061/SSCB-Training-Programme-April-to-Sept-2016.pdf

Evaluation of the Implementation of Surrey's Prison Social Care Service in Year One

Purpose of the Report: This report provides an overview of the implementation and progress of Surrey County Council's Prison Social Care Service in year one which was introduced under the Care Act (2014). It will provide a briefing on the current position of social care provision in Surrey prisons and explores considerations and impacts of proposed future working arrangements for the service.

Introduction:

1. Surrey County Council's (SCC) duties and responsibilities to provide social care in prisons were introduced under the Care Act (2014) from April 2015. In relation to social care, as far as possible, people in prisons should be treated consistently and on the basis of equivalence to those in the rest of the population and this is a key principle enshrined in the Act. Local Authority responsibilities include assessing social care/occupational therapy needs, provision to meet eligible care and support needs, to signpost and advise people in prison, and to promote wellbeing and prevention.
2. There are five prisons and one approved premise located within Surrey, and a high proportion of the national female prison establishment. Surrey has a current prison population as follows:
 - HMP Highdown (Male reception prison/1203 but could be extended to 1240)
 - HMP Coldingley (Male training prison/521)
 - HMP Bronzefield (Female private remanded/sentenced prison/527 increased to 572)
 - HMP Send (Female sentenced prison/227)
 - HMP Downview (Female sentenced prison reopening in May 2016/355)
 - St Catherine's Approved Premises.
3. This service has been subject to independent reviews throughout year one. This report explores data from the first year of implementation and considers the progress of the service. The Association of Directors of Adult Social Care Services survey (September 2015) examined the first six months of social care activity, and reported that SCC referrals were showing very high activity and were in the top levels nationally. The

independent reviews found that the level of referrals were continuing to grow, and that eligible need is double than predicted prior to the setting up of the service. Issues raised included '*provision of aids and adaptations in the hazardous prison environment and how to challenge the stigma and discrimination engendered by disability*' (Stella Charman 2015). However, the reviews provide considerable praise from all quarters for the team's efforts and achievements and the impact throughout year one

4. Annex 1 provides four case studies to illustrate the work undertaken by the Prison Social Care Service.
5. It is vital to consider future service development with the impact of the recent expansion of HMP Highdown from 1100 to 1203 prisoners and the closure of HMP Holloway. HMP Downview re-opened in May 2016 with a long term intention to accommodate approximately an additional 355 female prisoners. HMP Bronzefield has increased its prison establishment by an additional 45 places and is to change its establishment to take more remanded prisoners servicing the London courts.

Service Specification

6. SCC Prison Social Care team sits within Surrey and Borders Partnership NHS Foundation Trust (SABP) Older Adults and Specialist Services directorate under an agreement between both organisations. The service is managed by the SCC Senior Manager for Specialist Services.
7. The service has evolved to have a whole service approach which includes social care provision by employed Support Time and Recovery workers (STR). The team is a small specialist team with staff from differing working backgrounds including mental health, substance misuse, learning disabilities, continuing health care and an Autism Spectrum Disorders (ASD) champion. The team is comprised of an operational lead, OT, senior social workers, senior social care assistant and STR's.
8. The service operates as a Single Point of Access for referrals via a secure email address with an identified lead that links into each prison, but staff do work across the prisons dependent on presentation for assessment. Referrals are accepted from prison staff, health care staff, outside statutory agencies and hand written self referrals.
9. The referrals have included a wide range of presentations including ASD, learning disabilities, dementia, illness, substance misuse, physical and mental health needs. The range of provision has included OT equipment, needs which have been met via the prison provision/peer supports, intimate social care provision, professional input, assessment for release, signposting and attendance to parole hearings/Multi Agency Public Protection Arrangements (MAPPA). All

prisons are signatories of a Memorandum of Understanding (MOU), which outlines roles and responsibilities.

Areas of Service Impact and Learning

10. In the initial stages to the service being established the provision of equipment, aids and adaptations for people with disabilities in prison was recognised to be the major need. This was true in the early stages, but we are now seeing a mixed needs picture emerging with increased referrals for learning disabilities and ASD in quarters three and four.
11. The provision of social care was the primary challenge in the early stages. The use of external agencies and primary care providers was fully explored. The cost of using domiciliary agencies was very high with significant wasted costed hours and the use of primary care providers was not initially supported by commissioners. This led to SCC employing Support, Time and Recovery (STR) workers to provide hands on care for those with assessed eligible needs which cannot be met another way. This has led to our service evolving into a whole service approach which has proved to be positive with more creative use of STR staff to support other tasks within the service.
12. Initially there were issues regarding referrals being accepted for advocacy due to them not being seen to fall within the terms of the Care Act (2014). This situation was addressed and remedied to ensure that the user voice is heard and that all have access to services to which they are entitled based on the principle of equivalence.
13. There is a need to recognise that developing social care in prisons includes developing peer support programmes. This was explored in the early stages and is in the process of developing to run along the lines of friends, families and communities to address low level need which is not intimate personal care. This offers a personalised and less time constrained input than is provided from SCC employed STR workers. Concerns were raised regarding individual relationships and bullying. However, where the role is formalised and supported there is evidence that it can work very well. This is supported at HMP Coldingley where SCC provides support/supervision and work closely with these workers to address low level need. They see all new arrivals during their first week, and identify early concerns. They have become instrumental in making referrals and championing social care. The social care team is working with each prison establishment to develop PEER models with a standardised role expectation, foundation training and support/supervision. We are in the process of developing a system along the lines of HMP Coldingley in HMP Highdown and HMP Send. In HMP Bronzefield they have an existing system of disability assistants in place, and we are developing with the prison a social care champion's model. In the future we will be exploring the implementation of recognised qualifications.

14. Other areas of impact have included unplanned movements for release/transfer where the team have not been informed. There is a need for closer working with the Community Rehabilitation Companies which has been reported as a general issue across prisons. There are obvious challenges in the recording of data across three IT systems, appropriate sharing of information, and the impact of health and prison staff not accessing the same systems. Additionally there are issues with delays in the fitting of OT equipment by the contractor.

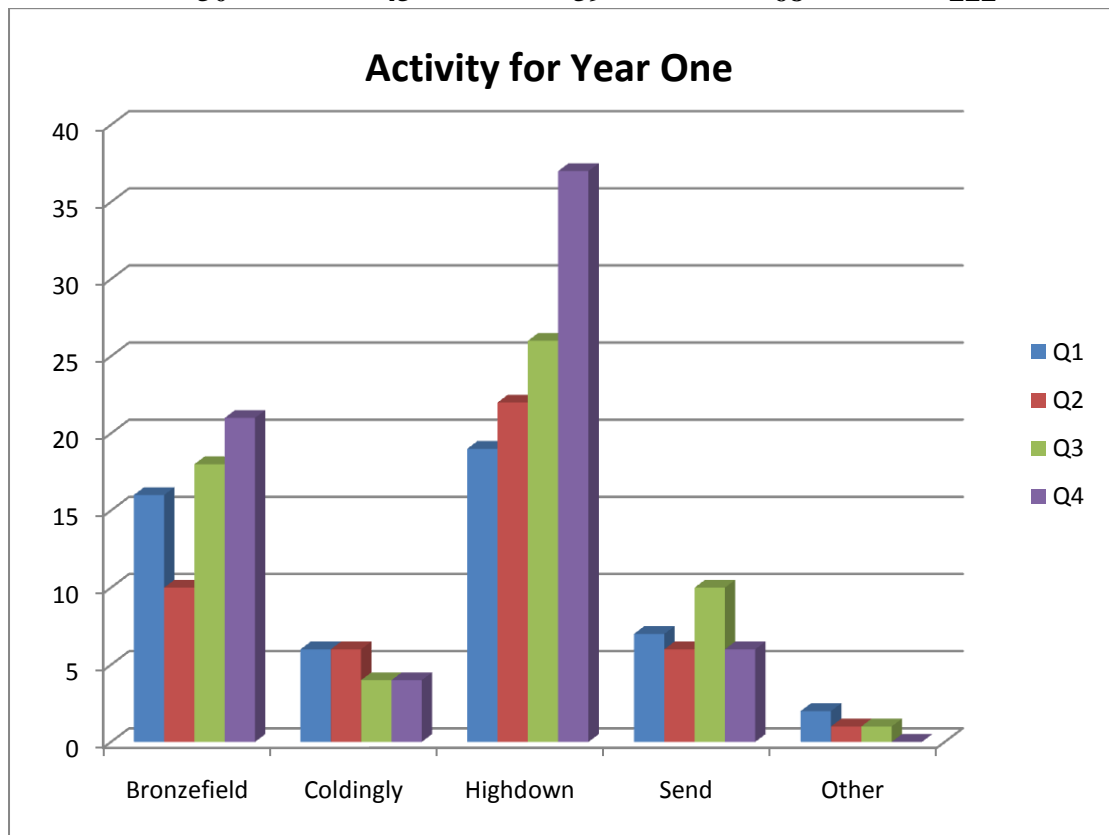
15. As the service has progressed we recognise that some needs are masked whilst others can be exacerbated by the prison regime, and release needs can be different.

16. It is important to plan for the future impact to Prison Social Care in Surrey with the expansion of HMP Highdown, opening of HMP Downview and changes to HMP Bronzefield, and how we meet this need with the revised reduced allocation.

Year One: Data

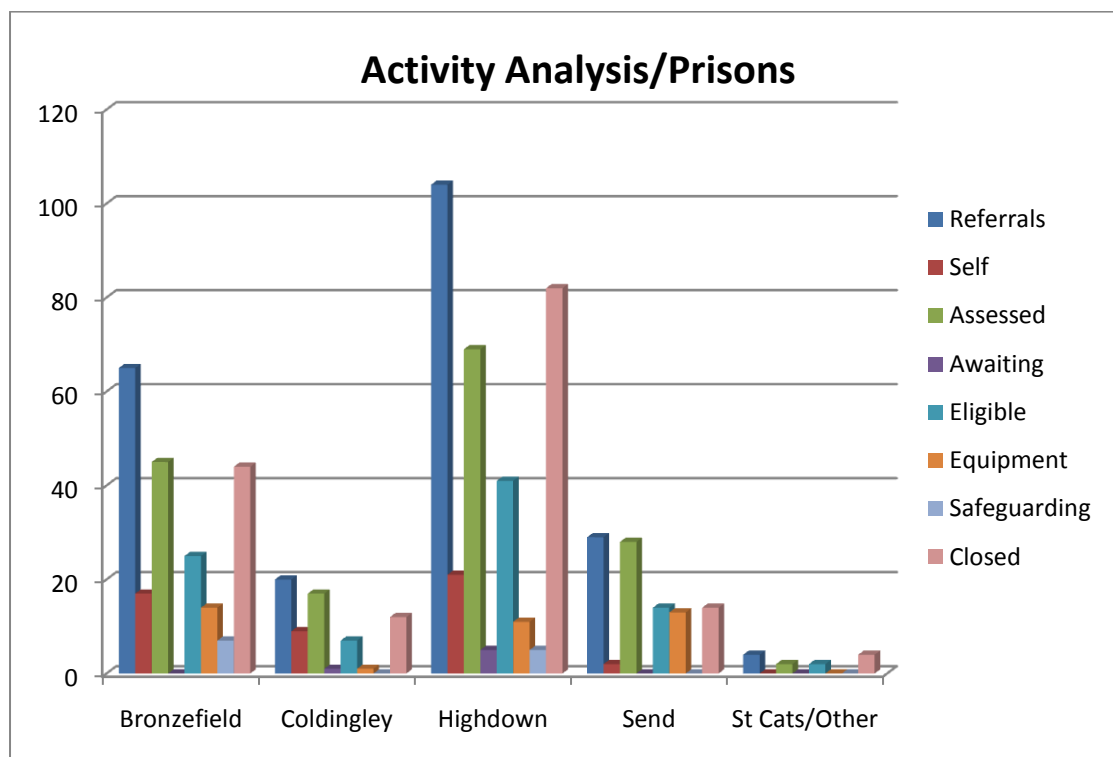
Activity for year 1

Prison	Q1	Q2	Q3	Partial Q4	Total
Bronzefield	16	10	18	21	65
Coldingly	6	6	4	4	20
Highdown	19	22	26	37	104
Send	7	6	10	6	29
Other	2	1	1	0	4
	50	45	59	68	222



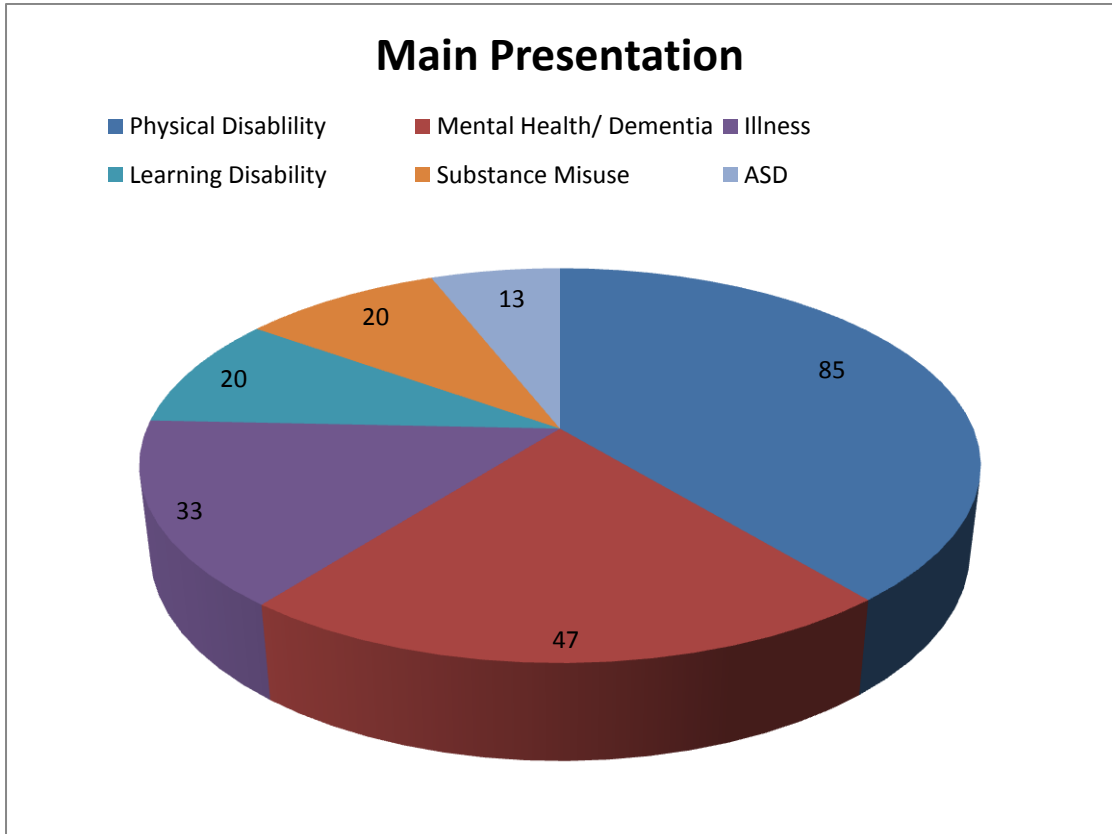
Activity Analysis/Prison

Prison	Bronze field	Cold ingley	High down	Send	St Cats/ other	Total
Referrals	65	20	104	29	4	222
Self	17	9	21	2	0	49
Assessed	45	17	69	28	2	161
Awaiting	0	1	5	0	0	6
Eligible	25	7	41	14	2	89
Equipment	14	1	11	13	0	39
Safeguarding	7	0	5	0	0	12
Closed	44	12	82	14	4	156



Main Presentation

Prison	Bronze field	Cold ingley	High down	Send	St Cats/ other	Total
Physical Disability	27	9	33	16		85
Mental Health / Dementia	17	Under 5	26	Under 5	Under 5	47
Illness	9	7	14	Under 5		33
Learning Disability	5	Under 5	11	Under 5		20
Substance Misuse	Under 5	Under 5	16	Under 5		20
ASD	6	Under 5 (also illness)	Under 5	Under 5		13



Age

Age	Bronzefield	Coldingley	Highdown	Send
Under 25	7	0	17	Under 5
25-50	32	10	48	14
50-65	13	9	22	12
Over 65	9	Under 5	16	Under 5
Unknown	Under 5	0	Under 5	0

17. Self referrals tripled in HMP Bronzefield and are increasing across the other establishments, which evidences our presence in the prisons. Data from quarter three and four is showing a significant increase in activity at HMP Highdown and Bronzefield. We expect a further growth with the impact of the closure of HMP Holloway and the increase to HMP Highdown. Across all establishments the highest age group for referral/input is 25 to 50.

18. In the early stages the majority of presentations involved physical needs and as we have evolved as a service we are seeing recent increases in learning disabilities, ASD and mental health including dementia. In the early days there were some issues in relation to appropriate substance misuse referrals for release/rehabilitation programmes.

Future Considerations and Next steps:

- HMP Holloway has been closed in stages from May 2016, and HMP Downview has reopened to accommodate approximately an additional 355 female prisoners. We are aware from the Health Needs Assessment that there could be high levels of need including high levels of mild to moderate learning disability needs.
- HMP Highdown has increased to 1203 places and we are seeing an increase in activity.
- HMP Bronzefield has increased its numbers by 45 female remand prisoners and has changed its establishment to accommodate more remand prisoners. This would also indicate an increase in demand which is being supported by increased referrals in recent months.
- There is a future intention to explore HMP Downview as a small national unit to accommodate older females with high physical needs.
- Need to explore future development of PEER support programmes.

Conclusions:

Due to the success of the first year, there is an agreement to continue the current model of service. In Surrey we have established self referral systems, bedded in social care and continue to develop peer support systems. We reported high activity in quarters one and two. This trend continued with an increase in numbers of referrals, assessments and those who receive social care provision in quarters three and four at HMP Highdown and HMP Bronzefield.

After a year in operation, the service is still in the process of developing. It is important to plan for the future impact to prison social care in Surrey with the expansion of HMP Highdown, opening of HMP Downview and changes to HMP Bronzefield, and how we meet this increased need with the revised reduced allocation.

We recognise the importance of partnership working with the prison, health commissioners/providers and other local authorities to provide effective social care services. We have received positive feedback from prison colleagues, prisoners and their families. We have had positive outcomes for prisoners and provide social care/OT provision, social care assessment/professional support to prisoners with dementia, illness, learning disabilities, mental health, autistic spectrum and physical health needs.

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Sources/background paper:

- ADASS report on early evaluations
- Team data
- Evaluation report (Stage 3) by Stella Charman (March 2016)

Annex 1 - Prison Social Care Case Study 1

Background and Referral

JV was a young Asian male who originated from the Berkshire area was remanded to a Surrey prison for an offence of serious violence to a family member during a domestic dispute. He had very serious long term health conditions including visual impairment, epilepsy, blocked arteries and had suffered strokes which had left him partially paralysed down one side. JV was receiving a small package of care prior to coming into prison.

He was referred to the prison social care team from the prison primary health care provider due to his vulnerable presentation and high need.

Assessment and Social Care Input

The practitioner liaised with the area team for background information on needs, presentation and details regarding the package of care that he had been receiving. This included support with administering medication [he would forget the prescribed regime] and preparing meals. It was evident very early on that JV was vulnerable with eligible social care needs and would require more support than was reported whilst in the prison.

JV was unable to carry out his personal care, keep his cell clean/tidy, change/make his bed, mobilise around the prison and struggled with fine motor movement including light switches/controls. The practitioner undertook the following:

- Liaised with safer custody regarding support that could be offered and it was highlighted that a close family member was also in the prison.
- Discussion held with JV regarding his family member providing support, where he disclosed that he had been receiving some support because he did not want strangers to provide intimate personal support (i.e. bathing).
 - It is recognised that generally other prisoners cannot support with intimate personal care other than in circumstances of close family members. It became apparent that prior to being remanded that close family members had supported him with intimate care.
- Discussion with the family member who wanted to support JV and who provided further background information.
- Referral for advocacy to support JV through the assessment process under the Care Act (2014).
- Since arrival in the prison JV had been self harming. He was supported in his ACCT reviews (prison self harm assessment tool) to ensure his views were considered.
- JV was struggling with his sight to see the controls on his TV and to locate light switches. The practitioner liaised with the community sensory worker, and JV was supplied with coloured raised stickers to place on switches in order to help identify them.
- Incidents of seizures were increasing and issues regarding medication were highlighted as the GP had reduced his access due to a potential

for him to misuse his epilepsy drugs. The practitioner liaised with prison security who could verify that there was no evidence to support any substance misuse. The practitioner advocated on behalf of JV with health providers regarding the medication issues which led to a review change to provide him with access to his medication.

- During the assessment process it was evident that JV struggled to retain information and to process complex information which raised questions regarding his capacity for some decisions and understanding the process.
- The practitioner undertook a Mental Capacity Assessment regarding JV's decision making to share his assessment. It was felt that it was in his best interest to share the assessment with his legal representative. The practitioner liaised with his solicitor and shared his assessment including the issues in relation to mental capacity. The solicitor had also raised these queries and was intending on presenting to the court these concerns due to questions as to if prison was the right place.

Outcome

The case was presented to the court and he was released to an alternative bail address, whilst the criminal justice system made decisions regarding prosecution in the public interest coupled with his ability to plead and provide instruction on the process. This required the practitioner to liaise with the home area to provide a package of care on release. There were concerns raised as to how JV would get to the address due to his vulnerable physical state and ability to use transport. This was highlighted to home based area and a taxi was arranged.

Annex 1 - Prison Social Care Case Study 2

Background and Referral

AS was a middle aged male who originated from the London area. He was remanded to a Surrey prison for breaching a restraining order which had been obtained following ongoing domestic issues within the family home. He was known to have a serious alcohol problem. Whilst in prison he presented as settled and comfortable with the prison regime but had cognitive issues which had not been reported before. He was released with no notice to approved premises and within 24 hours the unit was reporting issues with cognitive capacity. He breached his order by returning to the family home and was returned to prison. He was referred to the prison social care team from the prison primary health care provider.

Assessment and Social Care Input

The practitioner looked into his recent background as his cognitive functioning was markedly affected, which was a new presentation. He was assessed and believed to have suffered from Wernicke's fit whilst possibly in police custody due to sudden alcohol withdraw and had no urgent treatment which resulted in a Korsekoffs diagnosis. This was affecting his capacity and memory, and it was believed that part of the reasoning for the breaches was tied into his memory issues as he still saw the family home as his home. The practitioner undertook the following:

- Liaison with health to provide the correct diagnosis to understand the cognitive functioning issues.
- Referral for advocacy to support AS through the social care assessment.
- Completion of the assessment where he was assessed as having high social care support needs with most daily living tasks (i.e. reminding and prompting with personal care and medication and severe memory issues).
- The practitioner undertook a Mental Capacity Assessment regarding AS's decision making on his care needs and accommodation.
- A best interest decision was made whereby he would require supportive accommodation on his release.
- Liaison took place with locality team to make a planned release to appropriate accommodation.
- A residential placement was identified and funding agreed.

Outcome

AS was escorted to the placement and placed on an urgent Deprivation of Liberty Safeguard (DoLs) which was followed by a standard authorisation. It is reported that he has settled in well and he has not returned to prison.

Annex 1 - Prison Social Care Case Study 3

Background and Referral

WF was an older female serving a long prison sentence who originated from the London area. She had significant health issues including chronic obstructive pulmonary disease (COPD), arthritis and heart issues. She had been referred previously and was assessed to not have eligible needs. Due to some further deterioration she was referred again by health care.

Assessment and Social Care Input

The practitioner undertook the following:

- Liaised with health to inform the assessment.
- She was re-assessed and found to have suffered significant deterioration which had affected her health and mobility.
- OT assessment and aids/adaptations were provided.
- A key issue identified was in relation to her medication as she was no longer allowed possession of her medication. This meant she was expected to attend the medication hatch twice a day which was very difficult due to distance and her impaired mobility.
- Social care liaised with the prison to arrange a block move to reduce the distance which was agreed.
- Social care staff have been requested to provide relevant reports and attendance to her parole hearing set for the near future.

Outcome

WF had a cell move which reduced the issues regarding access to medication. She has a small care package to provide support with personal care. Social care staff are to complete assessments to inform release plans and to attend her parole hearing in the near future to explore release options.

Annex 1 - Prison Social Care Case Study 4

Background and Referral

DA was a young male with a history of anti social incidents who had been in prison previously. Behaviour included swearing at prison officers, not following instruction and low level violence. He had learning disabilities and a support package in the community. There were incidents of behavioural issues which had resulted in him being placed in the segregation unit. The prison staff referred to social care.

Assessment and Social Care Input

The practitioner undertook the following:

- Referral for advocacy to support DA through the assessment process under the Care Act (2014).
- Attendance at a multi disciplinary meeting to discuss his presentation which also provided a picture of how he was presenting in the prison.
- He was assessed as having high social care support needs and was experiencing high levels of frustration due to his lack of understanding which was provoking his behaviours.
- Liaison with his community team to inform the assessment and understand the package he received to inform a support plan.
- Support plan developed to provide support for him to ensure he attended appointments and understood them, support with personal care, keeping his cell clean and emotional support (talking through issues). There was an immediate decrease in behaviours.
- Professional support through adjudications.

Outcome

The prison has reported a decrease in the presenting difficult behaviours. His support package has continued.

SOCIAL CARE SERVICES SCRUTINY BOARD
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED September 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 2015 3 065	THE FUTURE OF SURREY COUNTY COUNCIL RESIDENTIAL CARE HOMES FOR OLDER PEOPLE [Item 9]	The Committee recommends that consideration be given to all staff to ensure that they are given ample opportunities to continue working for ASC or within the council.	Strategic HR & OD Relationship Manager	Officers have provided a response, which is attached to the recommendation tracker for the Board to note.	<i>Complete</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	The Chairmen of both Boards will meet with the lead officer for safeguarding in schools in autumn. A follow-up item is planned for the Education and Skills Board in March 2017.	<i>Complete</i>
9 July 2015	ADULT SOCIAL CARE STRATEGIC DIRECTOR'S UPDATE [Item 5]	That the 0-25 pathway being co-designed by Adult Social Care and Children, Schools and Families is scrutinised by this Board.	Strategic Director Scrutiny Officer	An update on the Special Educational Needs and Disabilities (SEND) work-stream is being	<i>October 2016</i>

Item 11

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
				regularly reported to the Education and Skills Board. The two Boards are establishing a cross-Board group to look at SEND and the 0-25 pathway in 2016/17.	
9 July 2015 Page 38	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 was given as part of the Strategic Director's Update at the meeting. A further report is scheduled for October 2016.	<i>Complete</i>
9 July 2015	ADULT SOCIAL CARE DEBT [Item 8]	That work continues to increase the level of take-up of direct debit payments from 65%	Head of Resources	A further update is on the Forward Work Programme for October 2016	<i>October 2016</i>
9 July 2015	ADULT SOCIAL CARE DEBT [Item 8]	That officers explore the possibility of benchmarking the council's level of debt with other local authorities.	Head of Resources	A further update is on the Forward Work Programme for October 2016	<i>October 2016</i>
9 July 2015	ADULT SOCIAL CARE DEBT [Item 8]	That the data held on the level of adult social care debt as outlined in Appendix A of the report is extended to show how long unsecured debt has been outstanding e.g. 3 months, 6 months, 12 months.	Head of Resources	A further update is on the Forward Work Programme for October 2016	<i>October 2016</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
30 October 2015 Page 19	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>October 2016</i>
30 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	It is proposed that the Chairman and Vice-Chairman meet with officers to hear an update on progress, and then consider whether a formal report to the Board is required.	<i>October 2016</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
25 January 2016 Page 40	SURREY FAMILY SUPPORT PRGRAMME [Item 8]	<p>The Board notes:</p> <ul style="list-style-type: none"> • the success of this multi-agency and preventative approach in achieving the first phase of the Family Support Programme; and • the significant contribution the Family Support Programme can play as part of the emerging Preventative and Early Help Strategy and other preventative initiatives across the Council and with Surrey partners. <p>The Board requests further information, following the DCLG's national evaluation of the Troubled Families Programme, regarding the various savings made by the agencies involved in the Surrey Family Support Programme.</p> <p>The Board expresses concern regarding the proposed per capita Government funding of the programme and asks that the Cabinet take up this point to ensure the continuance of the programme beyond 2020.</p>	Head of Family Services	The Chairman has written to the Cabinet Member sharing these recommendations and an update was provided to the meeting on 23 June 2016.	<i>Complete</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]	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	May 2017
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	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

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
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	Foster Carer training has been confirmed as being booked for 23 September.	Complete
12 May 2016 Page 42	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	October 2016
23 June 2016	HEALTH AND SOCIAL CARE INTEGRATION: BETTER CARE FUND 2016/2017 [Item 7]	That the Board monitor the financial position of the Better Care Fund as part of regular service budget updates to the Performance and Finance sub-group.	Scrutiny Officer	This will be included as part of the regular budget updates to the sub-group.	Complete
23 June 2016	HEALTH AND SOCIAL CARE INTEGRATION: BETTER CARE FUND 2016/2017 [Item 7]	That a further joint session on the Sustainability and Transformation Plans is scheduled for late 2016/17.	Scrutiny Officer	This will be scheduled during the autumn.	October 2016
23 June 2016	HEALTH AND SOCIAL CARE INTEGRATION: BETTER CARE FUND 2016/2017 [Item 7]	That the Wellbeing and Health Scrutiny Board chairman seek to secure Member representation at a suitable level within the three STP governance structures.	Chairman of the Wellbeing and Health Scrutiny Board.	The Chairman has secured the commitment of the STPs to involve	Complete

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
				Members as appropriate in shaping the STPs. The Wellbeing and Health Scrutiny Board will also give consideration to its role as the plans are finalised in late September.	
23 June 2016 Page 43	HEALTH AND SOCIAL CARE INTEGRATION: BETTER CARE FUND 2016/2017 [Item 7]	That the Wellbeing and Health Scrutiny Board cover the changes that NHS England will be making.	Chairman of the Wellbeing and Health Scrutiny Board.	This is a primary focus of the Wellbeing and Health Scrutiny Board forward work programme over 2016/17 and the Board will continue to feed in as appropriate.	Complete
23 June 2016	HEALTH AND SOCIAL CARE INTEGRATION: BETTER CARE FUND 2016/2017 [Item 7]	That a joint Social Care Services Board and Wellbeing and Health Scrutiny Board four person monitoring group is established to oversee how the BCF and STP plans and delivery progress, with a particular focus on. <ul style="list-style-type: none"> a. Information sharing across the organisation b. Social care and NHS staffing 	Chairman of the Wellbeing and Health Scrutiny Board/ Chairman of Social Care Services Board/ Scrutiny Officer	The terms of reference for this group will be drafted for the consideration of both Boards, following publication of the next stage of STP plans in September.	October 2016

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
23 June 2016	CONSULTATION ON A REVISED CHARGING POLICY FOR ADULT SOCIAL CARE SERVICES [Item 8]	That the Board understood the need for potential cost saving measures, but did not endorse the proposals as they currently stood, with the exception of the administration set-up fee.	Cabinet Member for Adult Social Care	These recommendations were referred to Cabinet on 14 July 2016. The formal response is included in the meeting papers.	Complete
23 June 2016 Page 44	CONSULTATION ON A REVISED CHARGING POLICY FOR ADULT SOCIAL CARE SERVICES [Item 8]	That Cabinet provide greater evidence for the cost-benefit of implementing the proposed changes to Adult Social Care charging policy	Cabinet Member for Adult Social Care	These recommendations were referred to Cabinet on 14 July 2016. The formal response is included in the meeting papers.	Complete
23 June 2016	CONSULTATION ON A REVISED CHARGING POLICY FOR ADULT SOCIAL CARE SERVICES [Item 8]	That the Cabinet demonstrate they have taken the impact of carers and families into account and have sought to mitigate this impact through a more robust Equalities Impact Assessment	Cabinet Member for Adult Social Care	These recommendations were referred to Cabinet on 14 July 2016. The formal response is included in the meeting papers.	Complete
23 June 2016	CONSULTATION ON A REVISED CHARGING POLICY FOR ADULT SOCIAL CARE SERVICES [Item 8]	That the Cabinet provide evidence as to how the administration fee is calculated and when it will be subject to review	Cabinet Member for Adult Social Care	These recommendations were referred to Cabinet on 14 July 2016. The formal response is included	Complete

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
				in the meeting papers.	
23 June 2016	CONSULTATION ON A REVISED CHARGING POLICY FOR ADULT SOCIAL CARE SERVICES [Item 8]	That, taking individual concerns into consideration, the Cabinet establish there are no indirect impacts on an individual's package arising from: <ul style="list-style-type: none"> • the implementation of the national living wage; • the review into the grants programme 	Cabinet Member for Adult Social Care	These recommendations were referred to Cabinet on 14 July 2016. The formal response is included in the meeting papers.	Complete
23 June 2016 Page 45	NHS CONTINUING HEALTHCARE [Item 9]	That officers develop a Members' briefing to outline the valued work of the Continuing Healthcare team, and the key challenges it faces.	Head of Continuing Care, Adult Social Care	Officers are taking this recommendation up, and seeking to schedule a Member's briefing in due course.	Complete

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Social Care Services Board
2 September 2016
Recommendation Response

“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.

Date of original meeting: 10 April 2015

Response:

Supporting staff affected by the homes closures to continue their employment with the Council or, if not possible, within the Surrey Care Sector, has been a key focus of the Programme.

The council's Change Management and Redeployment Policy has been applied. A flexible approach to Adult Social Care interviews has also been taken, which fully recognised the skills and expertise offered by the staff.

We have worked creatively with partners to provide other opportunities such as Surrey Care Association, the Department of Work and Pensions and local independent sector care providers, taking into account that some people wanted to seek alternative employment.

A comprehensive learning and development programme, with the support of trade unions, was put in place with the primary aim of supporting staff to be successful in application and appointment into alternative roles within the council or retaining care skills in the local care industry; with other local authorities or in the independent care sector.

Helen Atkinson, Strategic Director for Adult Social Care and Public Health

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Social Care Services Board – Forward Work Programme 2016/17

26 October 2016
PUBLIC

- Public Value Transformation: Early Help (Children, Schools and Families)
- Public Value Transformation: Multi-Agency Safeguarding Hub
- Adult Social Care Budget Monitoring
- Social Care Debt
- Transition Team Update
- Liquid Logic Update
- Deprivation of Liberties Safeguards

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
- Children's Services Annual Complaints Report 2015/16
- Prevent Strategy Action Plan
- Adults Workforce inc. Recruitment and Retention

20 January 2017
PUBLIC

- Surrey Safeguarding Adult Annual Report
- Surrey Safeguarding Children Board Annual Report

16 March 2017
PUBLIC

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

31 May 2017
PUBLIC

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