

Notice of Meeting

Social Care Services Board

**Date & time**

Wednesday, 26
October 2016 at
10.30 am

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

**A private
workshop will be
held for Members
at 10.00am**

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: 2 SEPTEMBER 2016

(Pages 1
- 14)

To agree the minutes of the previous meeting as a true and accurate record of proceedings.

3 DECLARATIONS OF INTEREST

All Members present are required to declare, at this point in the meeting or as soon as possible thereafter

- (i) Any disclosable pecuniary interests and / or
- (ii) Other interests arising under the Code of Conduct in respect of any item(s) of business being considered at this meeting

NOTES:

- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest
- As well as an interest of the Member, this includes any interest, of which the Member is aware, that relates to the Member's spouse or civil partner (or any person with whom the Member is living as a spouse or civil partner)
- Members with a significant personal interest may participate in the discussion and vote on that matter unless that interest could be reasonably regarded as prejudicial.

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 (20 October 2016).
2. The deadline for public questions is seven days before the meeting (19 October 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 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME

(Pages
15 - 24)

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

7 ADULT SOCIAL CARE STRATEGIC DIRECTOR'S UPDATE

Purpose of the report:

The Board will receive a verbal update from the Strategic Director of Adult

Social Care and Public Health regarding any news or updates within the service.

8 ADULT SOCIAL CARE BUDGET MONITORING (Pages 25 - 32)

Purpose of the report: Scrutiny of Budgets/Performance Management
This report provides an opportunity for the Board to scrutinise the Adult Social Care budget.

9 EARLY HELP UPDATE (Pages 33 - 38)

Purpose of report: To provide an update on the Early Help System

10 SURREY MULTI AGENCY SAFEGUARDING HUB (Pages 39 - 44)

Purpose of report: To provide background information and progress on implementation of the Multi Agency Safeguarding Hub (MASH)

11 DEPRIVATION OF LIBERTIES SAFEGUARDS (Pages 45 - 56)

Purpose of report: To update the members of the Social Care Services Board on the position and impact of the significant increase in Deprivation of Liberty Safeguards (DOLS) requests.

12 ADULT SOCIAL CARE SYSTEMS REPLACEMENT (Pages 57 - 60)

Purpose of report: This report provides an update on the implementation of the new IT systems Liquidlogic and Controcc

13 ADULT SOCIAL CARE DEBT (Pages 61 - 66)

Purpose of report: This report summarises the Adults Social Care (ASC) debt position as at the end of August 2016

14 DATE OF NEXT MEETING

The next public meeting of the Board will be held at County Hall on the 9 December 2016, 10.00am.

David McNulty
Chief Executive

Published: Tuesday, 18 October 2016

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MINUTES of the meeting of the **SOCIAL CARE SERVICES BOARD** held at 10.30 am on 2 September 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 Wednesday, 26 October 2016.

Elected Members:

(* present)

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

Substitute Members:

(* present)

- * Mr Bill Chapman
- * Mr Bob Gardner

Members in attendance

(* present)

- * Clare Curran, Cabinet Member for Cabinet Member for Children and Families Wellbeing
- Mary Lewis, Cabinet Associate for Children, Schools and Families

52/16 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Ramon Gray, Ken Gulati, Adrian Page and Dorothy Ross-Tomlin. Bill Chapman substituted for Adrian Page and Bob Gardner substituted for Ken Gulati.

Apologies were also received from Linda Kemeny and Mel Few.

53/16 MINUTES OF THE PREVIOUS MEETING: 23 JUNE 2016 [Item 2]

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

54/16 DECLARATIONS OF INTEREST [Item 3]

There were no declarations of interest made.

55/16 QUESTIONS AND PETITIONS [Item 4]

There were no questions or petitions received.

56/16 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SCRUTINY BOARD [Item 5]

Witnesses:

None

Declarations of Interest:

None

Key points raised in the discussion:

1. Members noted their disappointment with the response of Cabinet, suggesting that the charging policy would be detrimental to the quality of life of those affected by the policy. Members also noted that the recommendations to Cabinet made by the Social Care Services Board had not been considered as fully as was hoped by members of the Board.

Recommendations:

None

57/16 STRATEGIC DIRECTOR OF CHILDREN'S, SCHOOLS AND FAMILIES VERBAL UPDATE [Item 6]

Witnesses:

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

Julian Gordon-Walker, Head of Safeguarding, Children's Services

Declarations of Interest:

None

Key points raised during the discussion:

1. The Strategic Director for Children, Schools and Families outlined the plan for continuous improvement within the service. The efforts undertaken since summer 2015 with regard to creating a stable leadership team, improving work with partners and the Safer Surrey practice guidelines were all highlighted as particularly successful.
2. It was noted that the Department for Education (DfE) review of July 2016 confirmed the improvement of the service with regard to its Improvement Plan. The service reported that its progress had met

internal expectations, but that an Ofsted comment noted that improvement needed to be initiated with greater speed across the service. However, Ofsted also noted that staff morale was at a high level and that the service had taken the correct initial steps. It was noted that a full report was due to be published autumn 2016.

3. It was noted that a refreshed Improvement Plan with a focus on improving practice was due to be formulated in September 2016.

Bob Gardner entered the meeting at 10.45am

4. Officers highlighted that the service was in the process of creating a quality assurance record which was due to be delivered to the Improvement Board on 29 September 2016.
5. It was explained by officers that there was an improvement in practice within the service, but that its implementation was inconsistent. The Strategic Director for Children, Schools and Families did, however, note that in areas where the Safer Surrey practice guidelines were being utilised, instances of good practice had increased significantly and that parent and child understanding of the service aims and responsibilities had improved. It was emphasised that the Safer Surrey practice guidelines were being implemented across the service.
6. Members highlighted their concerns regarding the high level of caseloads for social workers within the service. The Strategic Director for Children, Schools and Families pointed out that the service response of recruiting a team of temporary specialist assessors with a focus on completing new assessments was a positive step towards easing this issue.
7. It was noted that the long term solution to issues regarding high caseloads would be resolved by: the establishment of the Multi-Agency Safeguarding Hub (MASH) in October 2016, the revision of thresholds guidance and review the Early Help strategy.
8. Members queried the procedures in place for young people leaving the system and whether the current “step up” and “step down” procedures were sufficiently robust. It was noted that the Ofsted judgement of the procedures was positive and that the service had addressed the previous concern that children were being “Stepped Down” without being signposted on to further support.
9. Members suggested that the service engage with other partners to work with to improve service quality. Officers noted that the service was working to scope all possible partners and would welcome suggestions and connections from the Board regarding ideas relating to this.

Recommendations:

None

**58/16 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME
[Item 11]**

Witnesses:

None

Declarations of Interest:

None

This item was moved forward at the Chairman's request

1. The Board noted and approved the recommendations tracker and forward work programme.
2. The Board also received an update from the Performance and Finance Group. It was highlighted that the Chairman of the Board would like to arrange a meeting with the new Head of Children's Services, to ascertain future plans. The Board expressed the wish that the positive changes implemented by the Interim Head of Children's Services be continued.
3. The Board also expressed concerns regarding social worker caseloads.
4. It was noted that the formulation of the Voluntary, Community and Faith Sector Task Group would be raised at the next meeting of the Council Overview Board of the 21 September 2016 for approval.

Recommendations:

None

59/16 CHILD SEXUAL EXPLOITATION SAFEGUARDING REPORT [Item 7]**Witnesses:**

Linda Cunningham, Deputy Designated Nurse Child Protection, Guildford and Waverley CCG

Claire Curran, Cabinet Member for Cabinet Member for Children and Families Wellbeing

Ben Byrne, Head of Early Help

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

Paul Furnell, Detective Chief Superintendent, Surrey Police

Julian Gordon-Walker, Head of Safeguarding, Children's Services

Mary Lewis, Cabinet Associate for Children, Schools and Families

Karl Mittelstadt, Partnership Manager (Child Sexual Exploitation)

Declarations of Interest:

None

Key points raised during the discussion:

1. Officers highlighted the distinction between Child Sexual Exploitation (CSE) and Child Abuse and the challenges that arise with regard to the age of consent. It was noted that all young people under the age of 18 within the service would be classified as “children,” constructing a robust response from the service with regard to those experiencing exploitation within that age group. Members highlighted this definition, noting that the difference must be clear between a healthy relationship and an exploitative one. Officers responded that the service and Surrey Police look closely at individual cases and act accordingly to determine whether the child is being exploited.
2. The Board queried the structure of the Multi-Agency approach, questioning the number of Surrey Police and Surrey County Council specialist staff available to work with cases of CSE. The representative of Surrey Police responded that there were approximately 190 officers spread across several specialist teams, including a unit for online investigations and other CSE related teams. Surrey County Council officers noted that there were approximately 400 dedicated social workers across the four areas and 140 Youth Support service workers who would have a role in identifying and working with victims of CSE. It was also noted that Surrey County Council was also working closely with District and Borough Councils.
3. The Board expressed concerns regarding the high number of Looked After Children (LAC) at risk. It was pointed out that approximately 20% of those considered at risk of CSE were LAC. The Board queried what Surrey County Council was doing to reduce this risk. The Cabinet Member for Children and Families Wellbeing responded that the wellbeing of LACs at risk of CSE was a standing item for the Corporate Parenting Board. It was also noted that Cabinet Members regularly meet with the Interim Head of Children’s Services to be updated on any issues arising.
4. Members questioned how information regarding spotting CSE early warning signs was distributed amongst the service. Officers responded that the service was improving awareness, citing presentations on the issue of CSE awareness being undertaken and the work being done in partnership with District and Borough authorities and with Surrey Police to raise awareness. It was noted that Surrey County Council was investigating the possibility of working closer with the Metropolitan Police and their work with “Operation Makesafe,” an awareness raising campaign involving the community. Officers noted that more work could be undertaken with voluntary and faith sectors and that these avenues would be explored.
5. The representative of Surrey Police highlighted the creation of a “Make Safe Toolkit,” including a mobile phone application to engage with families and children who may not normally come forward with information as a means of prevention being utilised by the police.
6. Members raised concerns with children’s access to the “Dark Web” and the risks that potential ease of access to this could create and if any preventative measures could be taken to prevent online grooming and access to indecent imagery. The representative for Surrey Police noted that there was an issue with children’s ease of access to this

material and that Surrey Police and officers were looking into ways of raising awareness in schools.

7. The Board queried the Deputy Designated Nurse Child Protection, NHS regarding how many children were referred for therapeutic support for those who have suffered from CSE in childhood and adulthood. Figures for those referred to therapeutic support were unavailable as due to the report being published relating to quarter one of 2016 and it was noted that there was currently no specific service commissioned for victims of CSE. However, the Deputy Designated Nurse Child Protection, NHS responded that discussions had taken place with the Chief Executive of Surrey and Borders Partnership NHS Foundation Trust to prepare for possible increased demand for mental health services given the nature of the Goddard Inquiry in relation to sexual abuse in childhood.
8. It was questioned how the service had modified itself as a result of increased awareness of CSE. It was highlighted that the NHS utilises a CSE tool to identify children at risk of CSE. It also was noted that General Practitioners (GPs) have had access to CSE awareness training and should have full access to the CSE prevention toolkit. It was stated that all GPs were expected have good knowledge regarding CSE recognition and prevention as a result of this.
9. Members queried the post-18 support for victims of CSE. It was noted that Youth Support Services was working with victims of CSE beyond 18 and was working with Adult Social Care to create a crossover service for victims of CSE. It was also noted that the Sexual Exploitation and Management Board (SEAMB) was working across children's and adult's services and with partners to support victims of CSE.
10. Members questioned whether the Youth Support Service's "Sliding Doors" support programme for young girls who were victims of CSE could be extended to young boys at risk of CSE. It was noted that more work needed to be undertaken to identify young boys at risk of CSE and a future "Sliding Doors" project for boys would be a key aspect of this, acknowledging that this could be a future project for the service.
11. The Board questioned the number of convictions relating to CSE and checks on perpetrators of CSE. Surrey Police noted that all perpetrators would be placed on a national register for a minimum of 15 years. It was also noted that a conclusive compilation of conviction data was a challenge within the police service due to the difficulties arising from CSE not being a specific offence. It was noted that the police service was working on putting in place a framework to compile this data into one place for analysis.

Recommendations:

The Board thanks witnesses and officers for their contributions to the item.

It expresses concern about the number of children who are Looked After who have been identified at risk of CSE, but also notes the efforts of the Corporate Parenting Board to ensure this is a priority.

The Board Recommends:

1. That officers develop the work to support families in identification of CSE, and how parenting tools can help them reduce risk.
2. That officers, the Clinical Commissioning Groups and Adult Social Care give further consideration to what therapeutic support can be commissioned to support those victims of CSE, both as children and in later life.
3. That officers provide a further short report to the Board on efforts to engage faith networks, licensed venues, families and communities on the subject of CSE.
4. That the Board receive an update on what consultation has been undertaken with those children at risk, or victims, of CSE, and how services have altered to take account of this feedback.

Keith Witham left the meeting at 12.00pm. Margaret Hicks resumed the meeting as Chairman.

60/16 SURREY SAFEGUARDING CHILDREN'S BOARD VERBAL UPDATE [Item 8]

Witnesses:

Claire Curran, Cabinet Member for Cabinet Member for Children and Families Wellbeing
Elaine Coleridge Smith, Surrey Safeguarding Children's Board Independent Chair
Julian Gordon-Walker, Head of Safeguarding, Children's Services
Mary Lewis, Cabinet Associate for Children, Schools and Families

Declarations of Interest:

None

Key points raised during the discussion:

1. The Independent Chair of the Surrey Safeguarding Children's Board (SSCB) advised the Board that the SSCB was in the process of analysing a number of audit reports to ascertain how processes with partners are performing.
2. The Independent Chair noted that the Neglect Oversight Group found problems within Surrey with regard to neglect of children within Surrey and planned to create a toolkit to respond to this issue.

3. The Independent Chair highlighted that the Board's input with the SSCB was welcomed, and invited members to the Multi-Agency Conference to look at hidden aspects of CSE in November 2016.
4. The Independent Chair explained to the Board that the SSCB had implemented information sharing protocols with police and school partners to improve practice.
5. Members raised a concern with regard to academies and private schools, querying whether these institutions were forthcoming with information to the SSCB. The Independent Chair noted that more work was being done with independent schools, however, it was noted that there were no independent school members or faith schools members on the SSCB. The Independent Chair wished to expand membership to these groups in future. The Cabinet Member for Children and Families Wellbeing noted that links between these groups did exist within the Surrey County Council Safeguarding group, and that independent schools were not un-represented.
6. The Board thanks the Surrey Safeguarding Children Board Chair for her update. It notes the work of the Safeguarding Children Board, and looks forward to receiving the annual report in December 2016.

Recommendations:

The Board thanks the Surrey Safeguarding Children Board Chair for her update. It notes the work of the Safeguarding Children Board, and looks forward to receiving the annual report in December 2016.

The Board Recommends:

1. That officers provide a short update on efforts to engaging fathers to attend child protection case conferences for information.
2. That the Safeguarding Board provide a short update accompanying the annual report in December on:
 - a. Outcomes from the November 2016 multi-agency CSE conference.
 - b. The work of Surrey County Council and the Safeguarding Board in engaging with independent and faith schools.

61/16 FEMALE GENITAL MUTILATION TASK AND FINISH GROUP [Item 9]

Witnesses:

Elaine Coleridge Smith, Surrey Safeguarding Children's Board Independent Chair

Julian Gordon-Walker, Head of Safeguarding, Children's Services

Paul Furnell, Detective Chief Superintendent, Surrey Police

Declarations of Interest:

None

Key points raised during the discussion:

1. Officers noted that the Female Genital Mutilation (FGM) Task and Finish Group was led by Public Health to ensure that an appropriate response was in place to counter the threat of FGM within Surrey.
2. It was noted that Surrey County Council was adopting the Manchester FGM Protocol with regard to combating and raising awareness of FGM within Surrey. It was questioned whether the service could provide a response to any progress made with the implementation of the Manchester model within a 12 month period.
3. It was highlighted that the service was working closely with the Surrey Minority Ethnic Forum as part of the wider engagement with the community regarding FGM.
4. It was queried how the subject of FGM was broached in primary schools and if behavioural change was monitored at the critical ages of 10-11. Officers responded that the primary phase was a key point to engage with children and families on the subject of FGM and that awareness raising campaigns were being undertaken in schools in the primary and secondary phase. However, it was also noted that some work could be done and that the service would analyse the teacher training programmes in primary and secondary phase with regard to FGM awareness.
5. Officers explained to the Board that the Task Group was looking into extending its remit to include the issues of Honour Killing and Forced Marriages and that a further update would be provided to the Board. It was noted that this was an area looked at by the SSCB.
6. Members queried what penalties were in place for perpetrators of FGM and what Surrey County Council could do to support this. Officers responded that a strong penalty would be applied under current law and that the service also had a robust policy with regard to FGM prevention.

Julian Gordon-Walker left the meeting at 12.42pm

Recommendations:

The Board welcomes the work of the FGM task group, and endorses an extension of its remit to include forced marriage and honour-based violence. It welcomes an update in 12 months time.

The Board Recommends:

1. That officers clarify the legal framework and action taken by Surrey Police if an offence was to occur

62/16 EVALUATION OF THE IMPLEMENTATION OF SURREY'S PRISON SOCIAL CARE SERVICE IN YEAR ONE [Item 10]

Witnesses:

Elaine Coleridge Smith, Surrey Safeguarding Children's Board Independent Chair

Caroline Hewlett, Senior Manager for Prison Social Care

Liz Uliasz, Deputy Director - Adult Social Care

Declarations of Interest:

None

Key points raised during the discussion:

1. Officers highlighted the necessity for equal access to adult social care services for those within the prison system in Surrey. It was brought to the attention of the Board that the Association of Directors of Adult Social Care Services Survey (September 2015) had noted high activity and referrals. It was highlighted that the reviews into prison services social care services pointed out that positive progress had been made within the service in year one.
2. Officers explained that the early issue faced by the service of social care provision was explored by the service and resolved with the employment of Support Time and Recovery Workers. Officers assured the Board that other avenues of approach were considered and that this was the option that provided best service.
3. It was brought to the Board's attention that the service was engaging with peer support programmes, an initiative that was being promoted nationally. It was added that good systems of peer support were in place within two prisons and that the programme was being implemented within the other prisons in Surrey.
4. It was highlighted that there had been made, as of September 2016, 49 self-referrals by prison residents, which was noted as a significant increase.
5. The Independent Chair of the SSCB queried what provisions were in place for LACs and mother and baby support within the prison service. Officers gave the commitment to engage with the Independent Chair of the SSCB to ensure these groups are well supported.
6. The Board requested information regarding the support given to prisoners whom were the subject of domestic abuse. Officers responded that the service was looking at methods of supporting those who had suffered domestic abuse.
7. There was a query from members relating to the number of referrals made in prisons over year one. It was explained by officers that there were 222 total referrals made and that these were broken down individually in the report.

8. It was questioned by the Board as to what the future plans were for the service with regard to prison social care. Future care was highlighted as a key area of improvement within the service. It was also highlighted that prisoners whom provided non-invasive care support to other prisoners would work towards earning a Social Care Certificate

Recommendations:

The Board thanks officers for the report, and recognises the hard work of staff in taking on the new responsibilities in this area.

The Board Recommends:

1. That officers engage with the Surrey Safeguarding Children's Board to ensure that those identified as Looked After, or in mother and baby units, are supported.
2. That a future update is brought about the progress of the peer support programmes.

63/16 DATE OF NEXT MEETING [Item 12]

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

Meeting ended at: 12.58 pm

Chairman

Social Care Services Board
Performance and Finance Sub-Group
Tuesday 16 August 2016

Verbal update for the Board

Risk Registers

The sub-group reviewed the Children, Schools and Families risks and issues log with the Assistant Director of Commissioning and Prevention, and the Cabinet Member for Schools, Skills and Educational Achievement.

High risk levels were identified for the following:

- transformation of Special Educational Needs and Disabilities (SEND) services
- development of early help/prevention systems
- systemic safeguarding failures leading to death or serious harm of a child
- implementation of the Multi Agency Safeguarding Hub (MASH)
- workforce recruitment
- delivering a sustainable budget
- increasing demand, including numbers of Unaccompanied Asylum Seeking Children.

The sub-group discussed the range of actions that sought to minimise or mitigate these identified risks. The sub-group explored the role of partners such as district and borough councils in reducing risk.

The sub-group raised concerns regarding a reduction in the quality of service due to potential future cost cutting measures. This will be carefully considered through the budget planning process.

Officers stated that the service was doing more with regard to prevention; seeking to reduce pressure on safeguarding services and thus reduce costs while also improving outcomes for children and their families.

The sub-group felt that there was a lack of focus on the role of families in relation to the risk register. The Cabinet Member for Schools, Skills and Educational Achievement commented that families were playing a key role, citing the role of Family Voice in developing the SEND strategy as a key example in this respect.

The sub-group was told that there was an issue related to the number of people taking up free Early Years places. There was concern that families would not register in time for the council to receive the correct level of Dedicated Schools Grant funding. This will be closely monitored.

The sub-group noted that it had reviewed the Directorate risk and issue log in response to a request from the Chairman of the Council Overview Board (COB), and would feedback. It requested a further update was brought to a future meeting. It also asked that the risks identified were assessed for financial impact, and that this was included as part of the budget planning discussions for the sub-group in autumn 2016.

Children's Services Key Performance Indicators Review

The sub-group reviewed the Key Performance Indicators with the Interim Head of Children's Services.

Officers shared the Children in Need Census 2015/16. It was highlighted that the number of children on Child Protection Plans (CPPs) for two or more years had been reduced to 1.9% in July 2016 since the figures reported in the census, and that the Service had undergone significant improvement in this regard. It was noted that one of the key reasons for this was the improved management oversight of which children were subject to CPPs.

The sub-group was informed that there were an increasing number of children becoming subject of a CPP for a second or subsequent time. It was noted that the greater number of children coming off a CPP meant an increased risk of them becoming subject of a CPP at a later stage.

Officers proposed a future item outlining the audit and quality assurance processes for case management, highlighting that this would demonstrate how the service was developing consistent standards.

The sub-group discussed the number of assessments by the service carried out within 45 days. It was noted that there was an increased in year demand for the service by circa 3000 assessments. Officers explained that a team of temporary specialist assessors were being recruited to focus solely on completing assessments. This was a short term measure aimed at reducing caseload for social workers, and increasing the number of assessments in the lead up to the introduction of the Multi-Agency Safeguarding Hub (MASH) in October 2016.

The sub-group noted that South East regions and North East regions were in need of improvement. A number of factors were cited, including high case-loads and a high turnover of staff. The Interim Head of Children's Services outlined the targeted work in these areas, and praised the team for having worked to meet the challenges they faced.

The Cabinet Member highlighted the role of the MASH and the Safer Surrey practice guide in improving consistency of practice. It was requested that the Safer Surrey Practice Guide be distributed to the Board.

Officers informed the sub-group that management of social workers had improved and that a consistent approach was being undertaken by all area managers.

It was noted that staff morale was currently higher, citing that staff turnover had slightly decreased, and that social workers presented their work on individual cases well in recent interview sessions with improvement advisors.

It was recommended that children becoming subject of a CPP for a second or subsequent time was reported as part of the Children's Services Key Performance Indicators.

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
9 July 2015 Page 15	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. The two Boards have established a cross-Board group to look at SEND and the 0-25 pathway in 2016/17.	<i>December 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	There is an update on the agenda for this meeting.	<i>Complete</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
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	There is an update on the agenda for this meeting.	<i>Complete</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	There is an update on the agenda for this meeting.	<i>Complete</i>
30 October 2015 Page 16	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>
25 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>	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	<i>October 2016</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		<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>		whether a formal report to the Board is required.	
12 May 2016 Page 17	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

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 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	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	December 2016
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	The Wellbeing and Health Scrutiny Board is having an update to its meeting on 10 November 2016.	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 	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 October.	December 2016.

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		staffing			
2 September 2016	CHILD SEXUAL EXPLOITATION SAFEGUARDING REPORT [Item 7]	That officers develop the work to support families in identification of CSE, and how parenting tools can help them reduce risk.	Head of Safeguarding	A response will be reported to the next meeting of the Board.	December 2016.
2 September 2016	CHILD SEXUAL EXPLOITATION SAFEGUARDING REPORT [Item 7]	That officers, the Clinical Commissioning Groups and Adult Social Care give further consideration to what therapeutic support can be commissioned to support those victims of CSE, both as children and in later life.	Head of Safeguarding/ CCG/	A response will be reported to the next meeting of the Board	December 2016.
2 September 2016	CHILD SEXUAL EXPLOITATION SAFEGUARDING REPORT [Item 7]	That officers provide a further short report to the Board on efforts to engage faith networks, licensed venues, families and communities on the subject of CSE.	Head of Safeguarding	A response will be reported to the next meeting of the Board	December 2016.
2 September 2016	CHILD SEXUAL EXPLOITATION SAFEGUARDING REPORT [Item 7]	That the Board receive an update on what consultation has been undertaken with those children at risk, or victims, of CSE, and how services have altered to take account of this feedback.	Head of Safeguarding	A response will be reported to the next meeting of the Board	December 2016.
2 September 2016	SURREY SAFEGUARDING CHILDREN'S BOARD VERBAL UPDATE [Item 8]	That officers provide a short update on efforts to engaging fathers to attend child protection case conferences for information.	Head of Safeguarding	A response will be reported to the next meeting of the Board	December 2016.

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
2 September 2016	SURREY SAFEGUARDING CHILDREN'S BOARD VERBAL UPDATE [Item 8]	That the Safeguarding Board provide a short update accompanying the annual report in December on: <ol style="list-style-type: none"> 1. Outcomes from the November 2016 multi-agency CSE conference. 2. The work of Surrey County Council and the Safeguarding Board in engaging with independent and faith schools. 	Independent Chair, Surrey Safeguarding Children's Board	The Chair of the Surrey Safeguarding Board is due to report in December 2016.	December 2016
2 September 2016	FEMALE GENITAL MUTILATION TASK AND FINISH GROUP [Item 9]	That officers clarify the legal framework and action taken by Surrey Police if an offence was to occur.	Head of Safeguarding/ Surrey Police	A response will be reported to the next meeting of the Board	December 2016.
2 September 2016	EVALUATION OF THE IMPLEMENTATION OF SURREY'S PRISON SOCIAL CARE SERVICE IN YEAR ONE [Item 10]	That officers engage with the Surrey Safeguarding Children's Board to ensure that those identified as Looked After, or in mother and baby units, are supported.	Independent Chair, Surrey Safeguarding Children's Board/ Senior Manager for Prison Social Care	A response will be reported to the next meeting of the Board	December 2016.
2 September 2016	EVALUATION OF THE IMPLEMENTATION OF SURREY'S PRISON SOCIAL CARE SERVICE IN YEAR ONE [Item 10]	That a future update is brought about the progress of the peer support programmes.		A response will be reported to the next meeting of the Board	December 2016.

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Social Care Services Board – Forward Work Programme 2016/17

9 December 2016
PUBLIC

- Review of Accommodation with Care & Support Strategy implementation and Older People's Homes Project
- Head of Children's Services Performance and Quality Assurance Update
- Children's Services Annual Complaints Report 2015/16
- Prevent Strategy Action Plan
- Adults and Childrens Workforce inc. Recruitment and Retention
- Short Breaks Re-Commissioning

20 January 2017
PUBLIC

- Surrey Safeguarding Adult Annual Report
- Surrey Safeguarding Children Board Annual Report
- Surrey Children's and Young People's Partnership Joint Commissioning Strategy

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

Social Care Services Board
26 October 2016

Adult Social Care Directorate September 2016 Budget Monitoring Report

Purpose of the report: Scrutiny of Budgets/Performance Management

This report provides an opportunity for the Board to scrutinise the Adult Social Care budget.

Introduction:

1. This report:

- provides a high level summary of projected expenditure against the Directorate's 2016/17 budget based on changes to service volumes and costs of care services as well as performance to date against savings plans between April to September 2016.
- sets out in appendices fuller details showing the impact on the Directorate's key policy areas, latest performance against Medium Term Financial Plan (MTFP) savings targets, a summary of demand changes experienced to date and the capital budget position.

Highlights:

2. The main highlights in the current monitoring position can be summarised as follows:

- A overspend of £20.9m was projected for ASC in 2016/17 as at the end of September 2016. This equates to a 5.7% variance against the total ASC budget of £368.5m.
- £34.3m of savings are forecast to be achieved this year. Whilst this is very similar to the £35.3m of savings achieved in 2015/16 and therefore demonstrates the service's continued progress in delivering savings in very challenging circumstances, it is significantly less than the target of £55.3m set for 2016/17. A 55% increase to the savings delivered last financial year was required to achieve this year's target, and mounting demand and market pressures mean it is not possible to deliver increased savings. Currently an underachievement of £21m is therefore projected against the 2016/17 savings target, which is the main reason for the substantial overspend forecast for the ASC budget as a whole.
- Demand for new care packages continues to increase at a faster rate than planned. Up to the end of September 2016, additional demand pressures of £0.6m had been incurred for the year to date on top of underachievement against demand management savings plans. Latest demand trends¹ indicate that the number of individually commissioned care services may increase by more than 7% in 2016/17, considerably above the 4% budgeted incorporating demand management savings plans.

¹ User number volumes are not yet available for the end of September 2016 due to work ongoing to update reporting processes linked to the implementation of the new ASC case management system. Therefore, the end of July volumes have been used in this report.

Overview of current forecast:

3. Summary of Adult Social Care Monitoring Position*

	Sep 2016 Forecast
	£m
ASC MTFP Savings Target	(55.3)
Total savings achieved or in progress not requiring management action	(24.7)
Total savings forecast that require management action to be delivered in the remainder of the year	(9.6)
Total forecast savings in 2016/17**	(34.3)
Forecast (over) / under achievement against MTFP savings target	21.0
Additional demand pressures***	0.6
Other budget pressures	1.5
Projected overspend prior to use of DoLS²	23.1
Deprivation of Liberty Safeguards (DoLS) underspend	(2.2)
Projected overspend at year end	20.9

* All numbers have been rounded, which may cause a casting difference

** A summary of performance against savings plans is included in Appendix 2

*** A summary of demand trends for April – July 2016 is outlined in Appendix 3

4. Explanation of Key Budget Variances

The main reasons for the forecast overspend of £20.9m are as follows:

	£m
Forecast underachievement relating to the FFC programme due to continued challenges in reducing the cost of new packages of care in the context of growing market pricing pressures and (as in previous years) the 20% stretch target not being fully achieved. This position includes Direct Payment reclaims being £2m lower than budgeted.	10.2
An inability to deliver budgeted demand management and Older People shift in the care pathway savings in light of continued demand growth across the whole health and social care system in Surrey. As set out in Appendix 3, demand growth is expected to be above 7% this year, considerably in excess of the 4% budgeted.	5.9
Forecast shortfall for other savings budgeted through integration with health beyond demand management savings plans. Considerable work is continuing on integration, but the shifting focus with the development of Sustainability and Transformation Plans is changing the nature and timing of some savings.	0.9
Underachievement against the targets set for the Contracts & Grants review. A lower level of savings have been implemented following completion of impact assessments for all contracts and grants. These assessments indicated if reductions were made at the level originally budgeted, this may impinge on delivery of statutory duties, could leave some people at risk and potentially lead to higher costs in the medium term. £2.9m of savings have been identified, which still represents a significant contribution, but is some way short of the £5.8m target.	2.9

² DoLS stands for Deprivation of Liberty Safeguards

Forecast shortfall against budgeted staff turnover savings due to increased salary costs following implementation of the pay & reward proposals.	0.6
Total (surplus) / deficit against other savings plans	0.5
Total forecast shortfall against the MTFP savings target	21.0
Additional year to date demand pressures on top of underachievement against demand management savings plans	0.6
Other budget pressures, mainly increased contractual costs	1.7
Underspend against the budget set for conducting Deprivation of Liberty Safeguard (DoLS) assessments in recognition of the fact that due mainly to capacity issues annual expenditure to carry out assessments will be lower than budgeted. Work still continues to ensure all assessments are carried out as quickly as possible.	(2.2)
Total projected overspend	7.4

Conclusions:

As at the end September 2016 an overspend of £20.9m was projected for Adult Social Care for 2016/17, equivalent to 5.7% of ASC's total net budget. It is important that this projected overspend is viewed in the context of the demand pressures being faced across the whole health and social care system in Surrey and the very challenging savings target that the Directorate is working to deliver this year. Whilst every effort will be made to improve the position in the remainder of the year, in light of the continued demand and market pressures these measures are more likely to help prevent the overspend increasing further rather than reduce it.

The overspend forecast in 2016/17 will have a material impact on next year's budget and forward budget planning for ASC and the council as a whole. It is evident that adult social care across the country requires a new funding model to be sustainable. The Kings Fund published a report this month that estimates the national social care funding gap will rise to between £2.8bn and £3.5bn by 2019/20 without funding reform. The council is actively making the case to government for additional social care funding and this year's forecast outturn position is a stark indication of the scale of financial pressure if the government does not provide local authorities a means for additional funding.

Recommendations:

It is recommended that the Committee notes the current position.

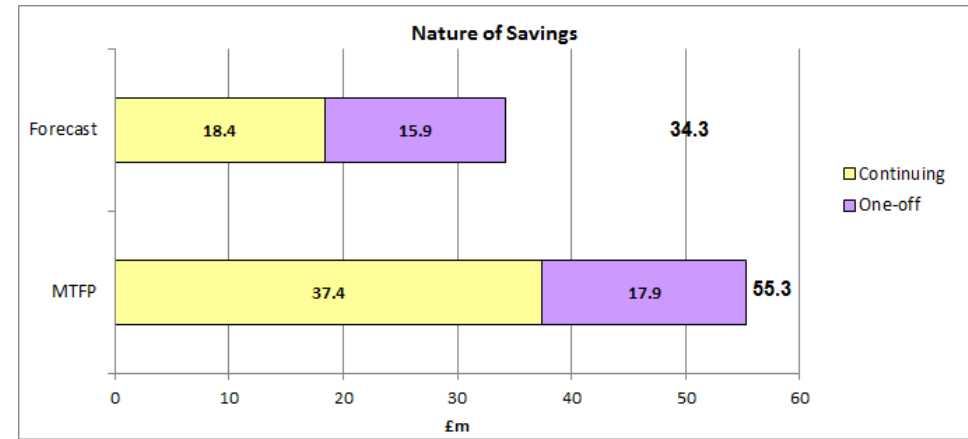
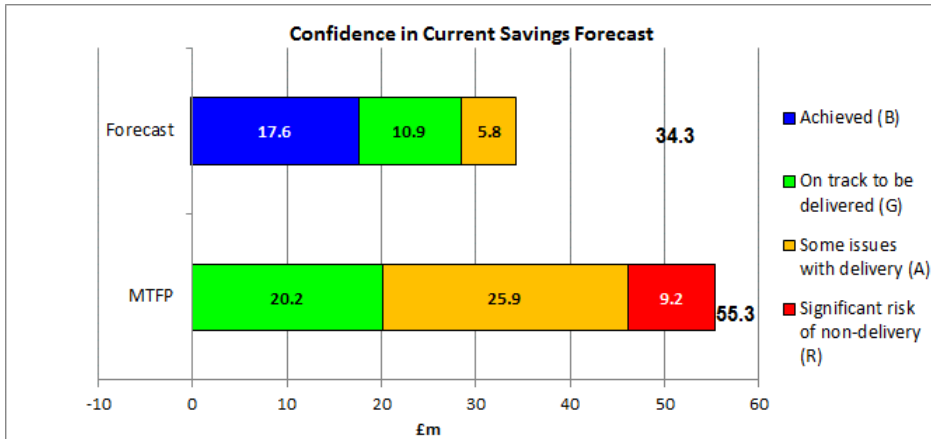
Report contact:

William House,
Finance Manager for Adult Social Care
Tel: 01483 518 905

Appendix 1- Adult Social Care Budget by Key Policy Area

	YTD Budget	Year to Date Actual	YTD Variance	Full Year Budget	Remaining Forecast	Outturn Forecast	Forecast Variance	Previous Month Variance	Change From Last Month
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<u>Income</u>									
UK Government Grants	-290	-755	-465	-580	214	-542	39	-860	899
Other Bodies Grants		-95	-95			-95	-95	-95	
Fees & Charges	-23,667	-23,696	-29	-47,204	-23,522	-47,217	-14	-24	11
Joint Working Income	-6,918	-6,625	292	-13,835	-6,894	-13,519	316	-1,284	1,601
Joint Funded Care Package Income	-1,167	-1,399	-232	-2,329	-1,777	-3,176	-847	-949	101
Reimbursements & recovery of costs	-2,664	-1,130	1,534	-5,328	-1,750	-2,880	2,448	2,475	-27
Income	-34,706	-33,702	1,005	-69,276	-33,728	-67,430	1,846	-738	2,585
<u>Expenditure</u>									
Older People (all care 65+)	89,611	96,783	7,173	178,948	89,647	186,430	7,482	1,235	6,247
Physical Disabilities (26-64)	19,506	21,187	1,682	38,961	21,356	42,543	3,583	2,957	626
Learning Disabilities (26-64)	56,575	62,080	5,505	112,917	56,520	118,600	5,684	4,058	1,625
Transition (18-25)	15,571	14,825	-746	30,305	17,607	32,432	2,127	1,833	293
Mental Health (18-64)	4,947	5,426	479	9,875	4,872	10,298	423	506	-83
Housing Related Support	4,054	4,756	703	7,939	4,764	9,520	1,581	-43	1,625
Carers	3,839	3,819	-20	7,678	3,776	7,595	-83	-678	595
Assessment & Care Management / Management & Support	25,551	25,019	-532	51,103	24,380	49,399	-1,704	-1,769	65
Expenditure	219,654	233,896	14,243	437,726	222,922	456,819	19,093	8,100	10,993
Net Position	184,948	200,195	15,247	368,450	189,194	389,389	20,939	7,362	13,577

Appendix 2 – Summary of Adult Social Care Savings Plans



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Adult Social Care’s savings target of £55.3m for 2016/17 represents a huge challenge. It requires an increase of 55% to the £35.6m of savings delivered in 2015/16. The Directorate is currently forecasting to achieve £34.3m of savings against the £55.3m target. Whilst the service is therefore continuing to deliver savings at a similar level to previous years in spite of mounting pressures, the additional savings budgeted for 2016/17 are not being achieved. There is currently an underachievement of £21m (38%) forecast against the 2016/17 MTFP target. The main reasons for this underachievement are set out in the main body of the report above..

The Directorate has achieved £17.6m of savings for the year to date and a further £10.9m are on track to be delivered this year. There are some issues with the delivery of £5.8m of savings forecast. In terms of the nature of the savings, currently a £2m shortfall is projected for one-off savings, but a £19m underachievement is forecast for continuing savings plans.

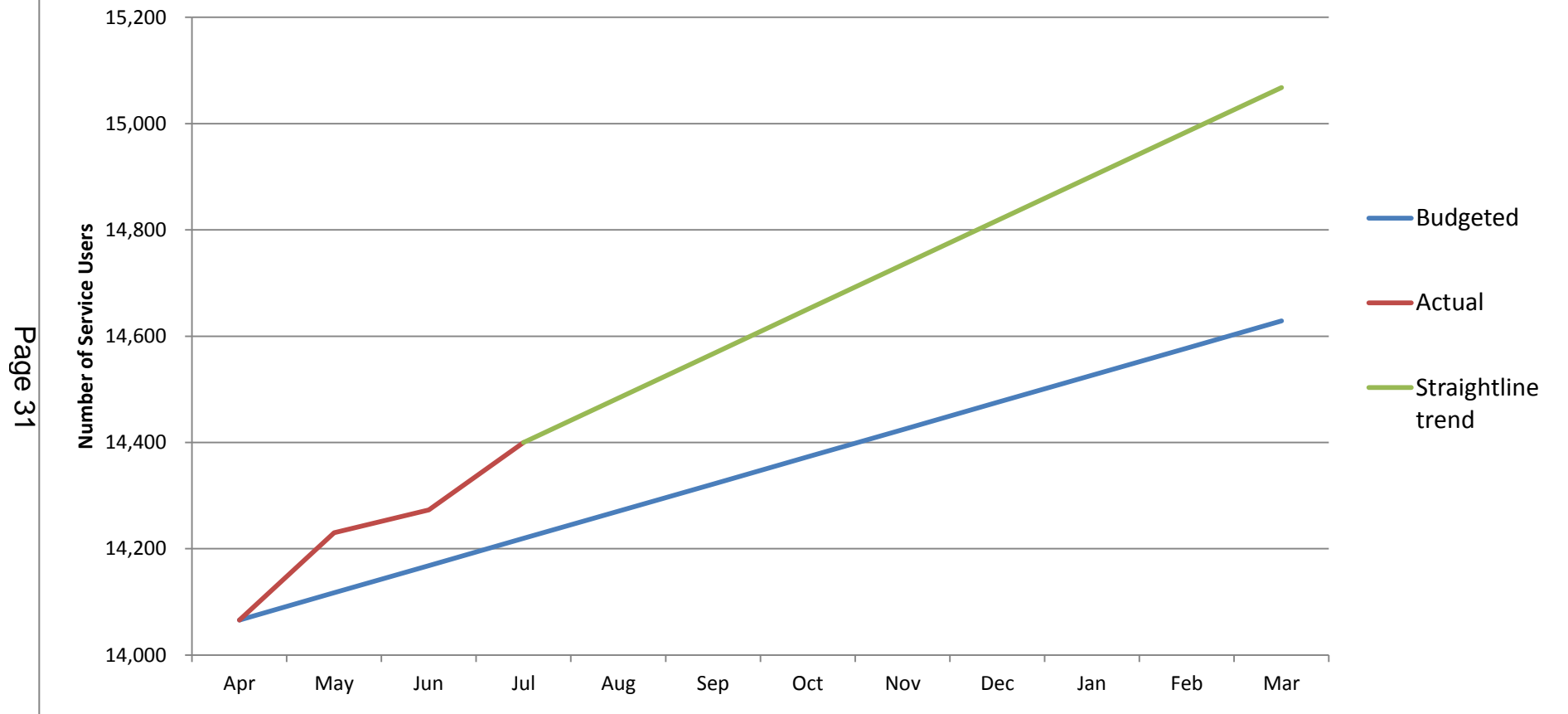
Appendix 3 – Adult Social Care Individually Commissioned (“Spot”) Care Service User Numbers

<u>Month on Month Volume changes</u>				
Service User Type	Start of Year	May	June	July
Older People (all services users aged 65+)				
Nursing	1,338	1,380	1,383	1,405
Residential	786	806	805	815
Home Care	3,700	3,680	3,701	3,737
Direct Payment	701	699	692	677
Other community care services	881	890	895	883
Total Older People	7,406	7,455	7,476	7,517
Physical & Sensory Disabilities (26-64)				
Nursing	61	58	55	61
Residential	97	98	100	98
Supported Living, Home care	588	603	626	637
Direct Payments	836	826	825	825
Other community care services	394	406	414	433
Total Physical & Sensory Disabilities	1,976	1,991	2,020	2,054
Learning Disabilities (26-64)				
Nursing	17	18	17	15
Residential	773	773	773	775
Supported Living, Home care	805	824	827	843
Direct Payments	533	523	514	517
Other community care services	680	684	696	707
Total Learning Disabilities	2,808	2,822	2,827	2,857
Mental Health & Substance Misuse (26-64)				
Nursing	5	6	6	6
Residential	45	46	45	47
Supported Living, Home care	160	174	172	176
Direct Payments	137	137	135	137
Other community care services	60	81	75	74
Substance misuse services	16	16	16	18
Total Mental Health & Substance Misuse	423	460	449	458
Transition (all service users aged 18-25) *				
Nursing	0	0	0	0
Residential	98	101	102	100
Supported Living, Home care	241	251	252	254
Direct Payments	395	399	400	399
Other community care services	269	292	296	297
Total Transition	1,003	1,043	1,050	1,050
Carers				
Supported Living, Home care ,Direct Payment	429	434	422	426
Other community care services	21	25	29	38
Total Carers services	450	459	451	464
Grand Total "Spot" Service Users	14,066	14,230	14,273	14,400

* Transition volumes include those packages anticipated to start in the remainder of the year

Month to Month % change	1.2%	0.3%	0.9%
Straightline forecast %	7.0%	5.9%	7.1%

2016/17 Adult Social Care "Spot" Service User Numbers - all client groups and care types



Appendix 4 – Adult Social Care Capital Programme

2016/17 Monitoring	Revised Full Year Budget £000s	YTD Actual £000s	Committed £000s	YTD & Committed £000s	Remaining Forecast £000s	Full Year Forecast £000s	Full year variance £000s
Major Adaptations	800	131	55	185	515	700	-100
In-house capital improvement schemes	250	3	1	3	103	106	-144
User led organisational hubs	100	0	0	0	0	0	-100
ASC Case Management & Finance System	613	365	44	409	204	613	0
East Surrey Integrated Care unit	866	866	0	866	0	866	0
Total Adult Social Care	2,629	1,365	99	1,464	821	2,285	-344

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No Capital expenditure is expected to be incurred for the Hub project in this financial year therefore an underspend is reported.

Due to the OP homes closure programme, our In-House capital improvement scheme is projecting a -£144k underspend.

An underspend of -£100k is forecast for the Major Adaptations programme due to delays in approvals.

Social Care Services Board
26 October 16
EARLY HELP UPDATE

Purpose of report: To provide an update on the Early Help System

Introduction

1. Surrey County Council's ambition is that children and young people are happy, healthy, safe and confident in their future¹. As a partnership, we want to prevent events which stop children² from achieving this ambition. In particular, we want to prevent a range of different events which have the most significant impacts on children's wellbeing and life chances, and on their families, communities, services and the public purse. These might include, for example, neglect, physical abuse, sexual exploitation, mental health problems, antisocial or criminal behaviour, and disengagement from education.
2. **Early help** means a response, as soon as a problem starts to emerge at any point in a child's life, from foundation years through to teenage years, with the aim of stopping issues escalating or becoming entrenched.

Background

3. The Council faces a range of strategic challenges in 2016. The context is characterised by significant reductions in funding, increased demand, heightened regulatory pressure and a changing policy landscape. In our own assessment and that of Ofsted too many children were not getting the right help at the right time. Too many requests for help result in an unsatisfactory response from services. We were saying 'no' too often and missing the opportunity to provide help early and avoid more costly interventions later. We have also been intervening via social care mechanisms (undertaking social work assessments and services) when an early help offer would be more suitable, less intrusive and cheaper.
4. We have an extensive range of early help in Surrey but these services need to be better co-ordinated and more integrated to ensure the children get the right help at the right time. Our task is to deliver on the Department for Education Improvement Notice that requires that we "develop and implement a cohesive,

¹ A joint vision for children and outcomes framework is currently being developed with our partner agencies.

² From this point we use the term children to mean 'children and young people'.

collaborative early help offer”.

5. Over the last 6-months significant work has taken place to improve the early help system. It has also been acknowledged that a transformational change is required in order to ensure that all families get the right support, in the right place, at the right time, to prevent problems emerging and offer help at the earliest opportunity. Getting this right will create sustainable improvements in children’s lives and life chances in an effective and lower cost way, and reduce costly demand on acute / social care services.
6. We have two key requirements. Firstly the immediate need is to provide early help to children, young people and their families who are referred in to children’s social care; sometimes this will be instead of a social work service sometimes it will be as a step down after a social work service.
7. Secondly, we must rethink our early help operating model, developing a new model with our partners for 2017 – 2021, which will have long-term benefits in reducing demand on social care, SEND and health services while supporting children towards our goal that they will be healthy, happy, safe and confident in their futures.

Developing the Early Help System

8. Phase Zero

8.1. Planning around early help has a number of strands one of which has been planning for the MASH, which we have described as phase one, the “fix” in terms of introducing one front door where decisions can be made about the level of need and pathway required for children and families. In 2015 we undertook an early help practice pilot in South East Surrey in order to develop ways of working across services to deliver a co-ordinated early help offer. Building on the learning from this pilot and to prepare for the launch of the MASH we also introduced “Phase Zero”, a shorter term “patch” to start the process of turning the system around. Phase Zero went live on 23rd May 2016 and introduced a more visible and proactive co-ordination of the system from within the Children’s Service RAIS referral hubs with a small number of Early Help staff engaging with RAIS staff to identify and support appropriate Early Help cases to exit RAIS and reach the appropriate EH service. These colleagues are now established within the RAIS and work to proactively “stick together” children and families with the help they need. Phase Zero has also involved some realignment of council resource to support and deliver Early Help.

8.2. There is now a consistent throughput of cases into Early Help, both from initial contact and following social care input, with approximately 600 cases going from the Children's Service into Early Help each month.

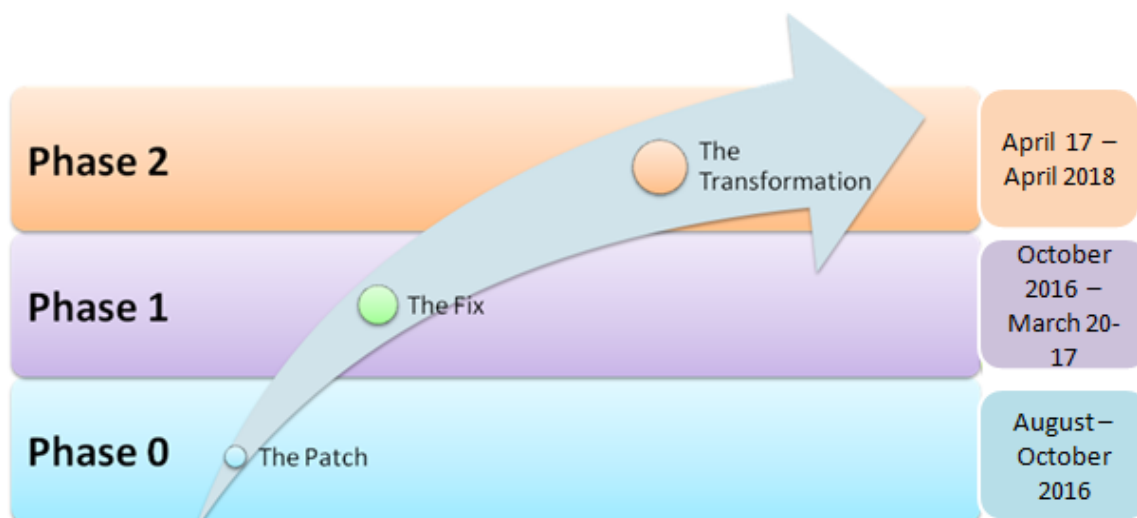


Diagram A. Patch, Fix, Transform

9. Phase One

9.1. Whilst Phase Zero has been in operation there has been work in parallel to draw on ongoing learning and to design the system that will deliver Phase One when the MASH goes live on 5th October. This has included building the IT system, the Early Help Module, developing the Early Help Coordination Hubs and building capacity within the workforce to respond to families needing Early Help. This capacity building has been supported by SCC's £2.4m investment in services (with perspective savings of £11.7 million in order to make these savings by 2020) through the 2016/17 Early Help Commissioning Plan. This has seen both SCC and externally commissioned services with an improved ability to respond to an increased demand for Early Help through Phase Zero and once the MASH and EH Hubs are launched in Phase One.

9.2. The 2016-17 commissioning strategy aims to have an immediate impact on the intentions set out below and help us discover 'what works' while we develop the plan for 2017-21.

10. In 2016-17, we will:

- a.) Develop a local flexible family support service working with children's centres, primary schools, the family support programme and young people's service to develop a more joined-up local early help offer.
- b.) Expand our Local Prevention contracts to provide greater support to more young people and start working with young people from the age of 11 years.

Currently, the contract requires the supplier to work with young people from 13 to 19 years, we plan to vary the contract to include 11 and 12 year olds.

- c.) Refresh the Surrey parenting strategy and commissioning strategy to deliver an integrated parental support programme as part of the family support offer to include parent-to-parent relationship support as well as support for families to develop parenting capabilities for children with specific needs.
- d.) Invest in provision of health visitor services as part of an improved local offer
- e.) Redesign the early help system for 2017 – 2021 to include conducting primary research and needs analysis; evaluation of current early help and prevention services; consolidation what we are doing well; and de-commissioning services that are not achieving best-value outcomes

Number of Contacts resulting in Early Help in the month

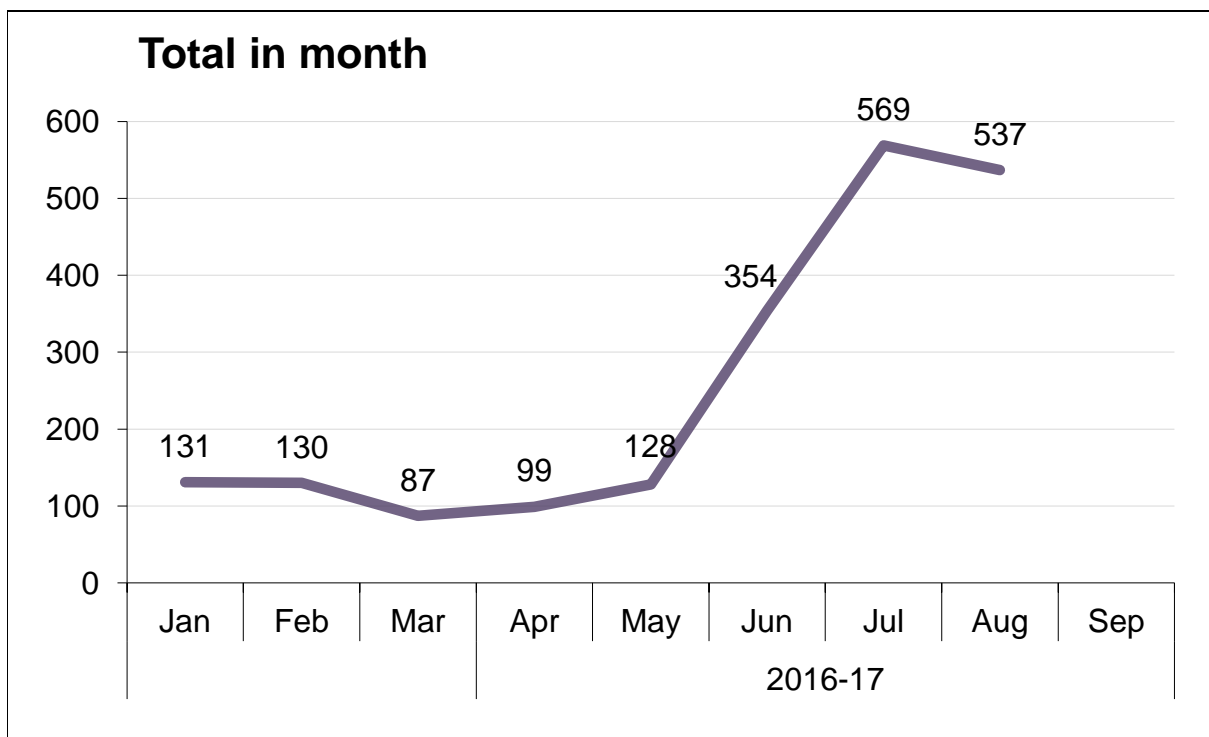


Diagram B. Increase in Early Help

The MASH, Early Help and Social Care System

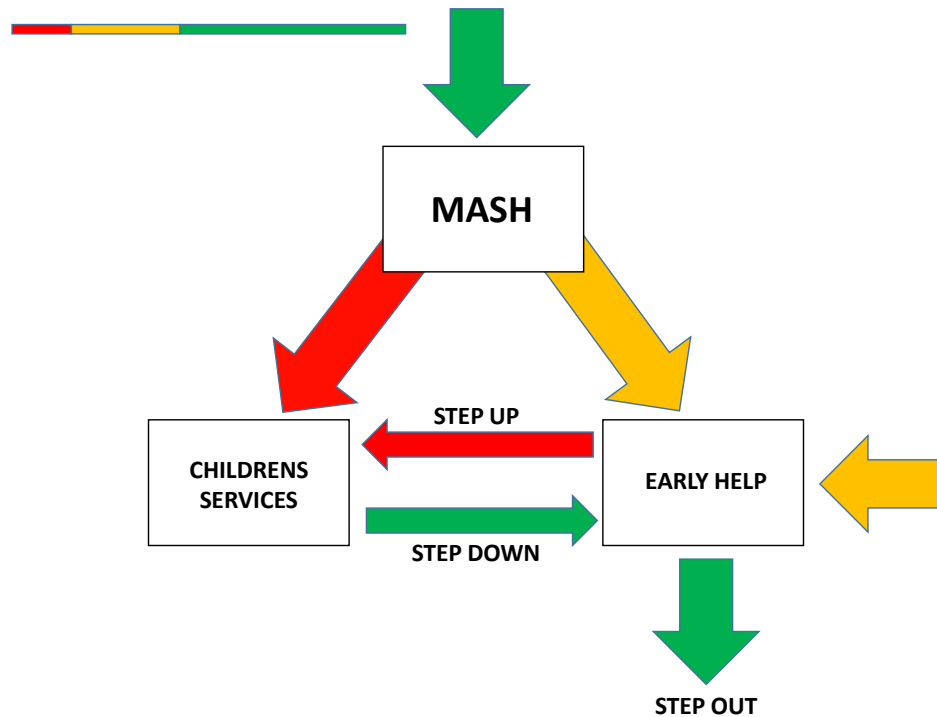


Diagram C. MASH and EH hubs

11. Phase Two

- 11.1. The early help commissioning strategy, for the current medium term financial plan (MTFP) period (2016-21), is to decommission the council's preventative services for children and families and re-commission a new model of delivery. The design of this new model will be informed by our insight into need and demand and evidence of what works. Our approach will be innovative and progressive, in an endeavour to improve outcomes for children within a challenging operating environment. This Early Help transformation is being supported by work between Aug-Dec 2016 undertaken with Ernst and Young.
- 11.2. The new model will have two key design characteristics; firstly it will cost less than the current service model therefore allowing us to balance our budget in line with the MTFP. Secondly, it will be designed to reduce and divert demand, allowing us to secure financial sustainability.
- 11.3. Thus Phase Two is the full transformation to achieve that cohesive, collaborative early help offer delivered jointly by all partners. A key element going forward will be re-engaging partners through a series of partnership events and ongoing collaboration, recognising that we have previously failed to take others with us on the Early Help journey but that now we have an opportunity to work together to agree our collective vision and approach to ensure children and families get the help they need when they need it.

11.4. The Social Care Services Board has established a task group to consider the contribution of the voluntary, community and faith sector (VCFS) to the developing early help offer. This work will form an important platform for the Early Help transformation in which the VCFS will have a key role to play.

Conclusions:

12. Surrey is now demonstrating progress in respect of Early Help, which will be enhanced with the implementation of the MASH and Early Help Co-ordination Hubs in October 2016. Through the current investment in Early Help the county council has a clear plan to reduce demand on specialist services and to move towards a transformed system where we can be assured that children and families will be offered the help they need when they need it.

Recommendations:

13. That the Board notes the progress being made to develop the Early Help offer in Surrey.

14. That the Board endorses the investment and service development that is taking place to provide the children and families with the support that they need

15. The Board should review progress of Early Help at the end of Phase 1 in the first half of 2017

Next steps:

16. Officers will work with the Board's task group to review and support the work done by the voluntary, community and faith sector in respect of Early Help and bring this to the full board early in 2017.

Report contact: Garath Symonds

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Social Care Services Board

26 October 2016

SURREY MULTI-AGENCY SAFEGUARDING HUB (MASH)

Purpose of report: To provide background information and progress on implementation of the MASH

Introduction:

1. Surrey County Council's ambition is that children and young people are happy, healthy, safe and confident in their future¹. As a partnership, we want to prevent events which stop children² from achieving this ambition. Central to achieving this ambition has been the establishment of the MASH and the Early Help System.
2. The MASH went live on 5 October 2016, located in Guildford Police Station. It provides the county with a single point of access to the social care and early help system in Surrey. The benefits of the MASH include:
 - Enhanced multi-agency coordination of safeguarding activity
 - Speedier decisions and responses to identified risks
 - Improved multi-agency information sharing
 - Greater consistency of decision making
3. The MASH serves both children and adults and comprises four key partners: Children's Social Care, Adults' Social Care, Police and Health, with other agencies linked virtually to the MASH.

Principles:

4. The MASH upholds a **presumption for early help** in relation to all contacts. MASH social workers presume that the needs of children can be met through an offer of early help before a referral for a children and family assessment (CFA) is made. Only when the level of need meets the threshold agreed by the Local Safeguarding Children's Board (LSCB) is a referral made.
5. 'No' is no longer an acceptable response to requests for help, whether at the 'front door', after a CFA, or when a social care intervention comes to an end. The MASH will always give referrers appropriate feedback in relation to their referral and ensure that the right help is offered based on assessed levels of

¹ A joint vision for children and outcomes framework is currently being developed with our partner agencies.

² From this point we use the term children to mean 'children and young people'.

need, risk and harm. By intervening earlier we aim to prevent problems getting worse, while lessening the need for specialist services.

Background

6. Since 1948 there have been approximately 70 public inquiries into major cases of child abuse, with the need for effective multi-agency working and information sharing clearly stated in several high-profile cases. Whilst the particular circumstances of each case may have been different, there were areas of considerable similarity. In particular, the following features frequently arose:
 - Failure of communication between staff and agencies
 - Inadequate resources to meet demand
7. There are numerous MASH models, the most common of which is the co-location of professionals from key agencies to determine relevant safeguarding information to share. The key aim of the MASH model is to facilitate partnership working and provide clearer accountability for a faster, more co-ordinated and consistent response to safeguarding concerns.
8. Although some safeguarding services have been co-located within Surrey to date, a true MASH model has not yet existed. The background behind co-located services within Surrey is as follows; since 2005 Surrey residents received support and intervention from an integrated Adult of Working Age Mental Health and Social Care Service, which included substance misuse services. At the beginning of 2011, it was agreed that Surrey and Borders Partnership NHS Foundation Trust (SABP) would transfer two Mental Health Practitioners on a secondment arrangement to the Central Referral Unit based in Guildford Police Station. The role of the Mental Health staff was to provide a service of filtering the police notification forms, 39/24s, where they indicated a possible mental health difficulty, drug & alcohol misuse or learning disabilities. They provided a key liaison service between Surrey Police, Surrey County Council Contact Centre and Surrey & Borders NHS Trust services.
9. In July 2013 a joint Central Referral Unit (CRU) started which co-located Children's Services social workers and managers in the existing Police CRU (Guildford Police Station). This already included SABP (Adult Mental health). The Police CRU had existed since April 2011 with the purpose of having a joint unit to manage and make decisions regarding police notifications (39/24) which were sent into Children's Services.
10. In April 2014, following the completion of the Children's Services reorganisation, with the introduction of the area Referral Assessment & Intervention Services (RAIS), a Multi-Agency Safeguarding Hub MASH Governance Board was developed to include Surrey Children's Services, Surrey Police, Adult Services, Health and Probation with the aim of developing the Safeguarding Hub into a Surrey MASH. Victim Support joined in May 2014 and Adult Social Care in June 2014.

Staffing the MASH

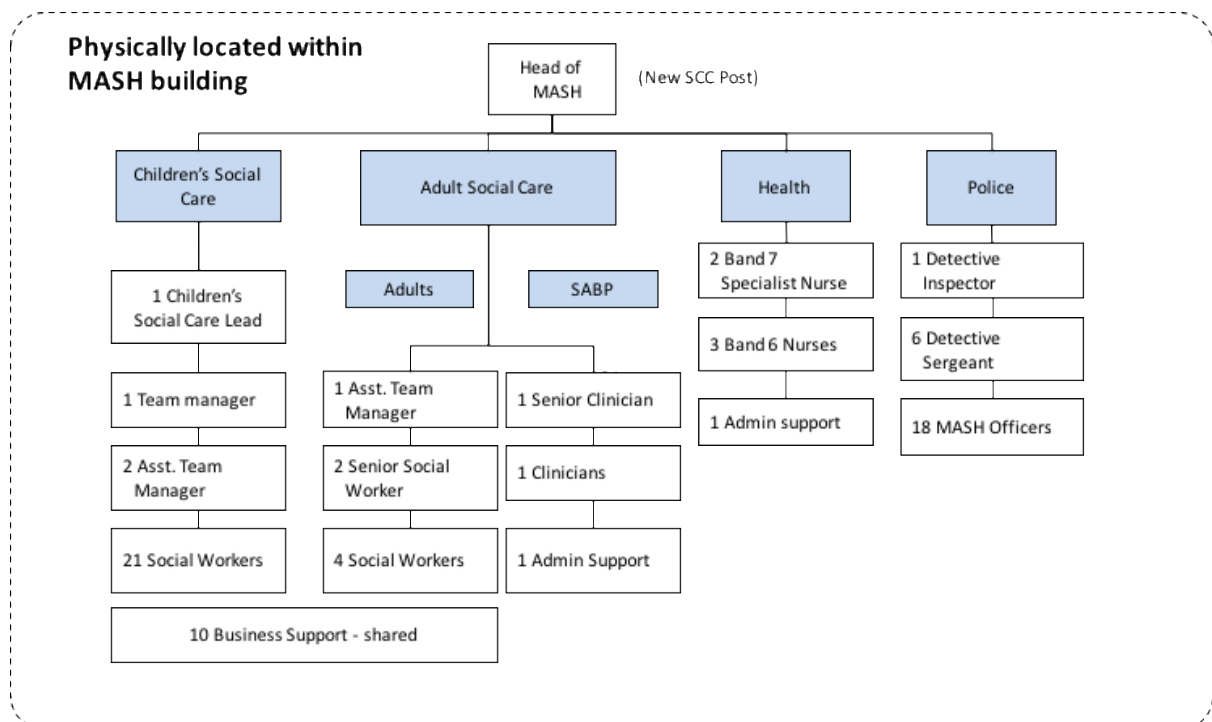
11. The MASH comprises staff from the four key partners. Full-time equivalent (FTE) representation is given below:

• Head of MASH	1
• Children's Social Care	25
• Adults' Social Care	7
• Business Support	10
• Surrey and Borders Partnership	3
• Police	25
• Health	6
Total FTE	77

In addition there are seven specialist roles within the MASH:

- Missing people Return Interviewers (2) (SCC managed/funded)
- WISE Workers (2) (YMCA managed, OPCC funded)
- CSE Analyst (1) (Surrey Police managed, OPCC funded)
- CSE Coordinator (1) (Surrey Police managed, OPCC funded)
- Missing Person Coordinator (1) (Surrey Police managed/funded)

12. The structure of the MASH



Implementation of the Change

13. To bring about the changes described above we established in July 2015 a MASH and Early Help Coordination Programme that operated four workstreams:
 - People, project managing the staff consultation, selection and induction necessary to move from one system to another
 - Processes, project managing the design of end-to-end processes for the operation of the MASH
 - Property, project managing the refit of the 6th floor of Guildford Police Station and the movement of staff to the facility
 - Technology, project managing the design and delivery of the Early Help Module, the software used within the MASH to securely assess and communicate.
14. The programme has now delivered the MASH on the planned date which was successfully launched on 5 October.
15. This programme will now support the development of the MASH through to 31 January 2017.
16. There is one outstanding issue to be resolved, regarding the lack of free parking facilities at the MASH. A proposal has been made that free use of park-and-ride could be offered to MASH staff. A Pay Exception business case was submitted to the Pay and Reward team on 28 September 2016. The case for this provision is made solely for MASH staff and not for all staff affected by reorganisations. There is however, a conflict between Council policy and the provision of parking for MASH staff because the MASH staff are dwellers and therefore are not required car users. The outcome of the submission of the Business Case is awaited.

Performance Reporting

17. At Go-Live the key performance indicators available were:
 - No. of contacts by referring agency
 - No. and proportion of contacts which are repeat/re-contact
 - No. and %age of contacts that became MASH enquiries by RAG rating by agency
 - Timeliness of decision making in the 'front door team'
 - Capture when MARF is received and when decision making time starts
 - Comparison of Social Worker Recommended Contact Outcome with Manager's Chosen Contact Outcome
 - Total no. of MASH Enquiries and the breakdown by outcome and Initial RAG Rating
 - Change in RAG rating between start and end of the MASH Enquiry Process

- Total no. of contacts and the breakdown by outcomes

Recommendations:

18. That the Board notes the progress made in developing the MASH.
19. That an annual report on MASH activity be presented to the Social Care Services Board in October 2017.

Next steps:

20. 31 January 2017: Formal closure of the MASH and Early Help Coordination Programme. Transition of the MASH to new governance arrangements.

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Sources/background papers: MASH and Early Help Coordination Programme Partnership Business Case (July 2016)

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Social Care Services Board

26 October 2016

Deprivation of Liberty Safeguards

Purpose of report: To update the members of the Social Care Services Board on the position and impact of the significant increase in Deprivation of Liberty Safeguards (DOLS) requests.

Introduction:

1. On 9 July 2015 the Board received a report explaining the reason for, and impact of, the increase in requests for DOLS authorisations that Surrey County Council, as the 'Supervisory Body', has received. It also detailed the approach that the Council had implemented in response to this.
2. The increase in requests originates from a Supreme Court Ruling in March 2014 which effectively lowered the legal threshold set for what constitutes a deprivation of liberty. Consequently the dramatic rise in requests for DOLS authorisations experienced by Surrey County Council has also been replicated across the country.
3. The Board received a further, verbal, update from the Strategic Director of Adult Social Care and Public Health at its June meeting this year.

The Impact for Surrey County Council of the Supreme Court Judgement

4. The table below shows the number of requests Surrey County Council has received from 2012 to September 2016. It highlights the significant spike in applications following the Supreme Court case in 2014, and the number of requests waiting for assessment.

Year	No. of requests
2011-2012	57
2012-2013	60
2013-2014	113
Supreme Court Judgment handed down 19th March 2014	
2014 -2015	3,045
2015- 2016	3,852
1 Apr 2016 – 31 Aug 2016	2,908
Number of requests waiting for assessment	
31 Aug 2016	6149
Number of active DOLS authorisations in place	
31 August 2016	267

5. The number of requests awaiting assessment is very high. However this unprecedented demand has been acknowledged by the Department of Health and Association of Directors of Adult Social Services (ADASS). This level of demand and delay is similar in neighbouring authorities with, for example, Hampshire County Council and West Sussex County Council reporting waiting lists of over 4500 and approx 3900 respectively (May 2016).
6. On 28 September National Data was published regarding DOLS. A summary is attached to this report as 'appendix one'.

Responding to the increase in demand

7. To respond to the increase in demand to following actions have been taken to date:

The frontline Mental Capacity Act (MCA) / DOLS team, based in Quadrant Court, has been significantly expanded to include:

- 2.5 full time equivalent (fte) Senior Practitioners – (MCA & DOLS) who are also Best Interest Assessors (BIA)
 - 5 permanent frontline BIAs (3.8 fte)
 - 1 part time BIA (0.6 fte) started in September 2016 on a one year secondment.
 - 3 full time Administration Assistants
 - 1 full time Acting Assistant Team Manager (six month post started September 2016) (also a BIA)
 - 1 Senior Manager for MCA & DOLS (also a BIA)
8. We continue to use a trusted pool of independent BIAs, and commission a number of assessments directly with them, subject to their availability and quality of their assessments.
 9. We are now working with two Social Work Agencies (Action First, and Mental Health First) and are currently commissioning 15 assessments per month from each of these, with a view to possibly increasing this, subject to our ability to authorise the assessments once completed.
 10. Since July 2015 we have sponsored 10 Social Workers / Occupational Therapists on the BIA professional training course at Brighton University (from Locality and Hospital teams) who will be contributing to the pool BIA rota, (completing 2 assessments every 6 weeks). Currently we have a pool of approximately 27 'team based' BIAs. There is a further course in November of this year, where we will be sponsoring four staff to complete the training.
 11. We have worked with our colleagues in Surrey and Borders Partnership NHS Foundation Trust to support 4 nurses to complete their BIA training, which we anticipate will give us a greater number of local BIA's that we can commission.

12. In April 2016, we trained a further 20 Senior Managers as authorisers to increase our ability to authorise more assessments in a timely way following BIA assessment.

Funding implications

13. In response to the Supreme Court Judgement the Council calculated the additional amount it may need to spend each year to complete DOLS assessments. It was initially estimated that an extra £3.2m of funding would be required annually. As a result, £1.1m was added to Adult Social Care's budget in 2015/16 and a further £2.1m in 2016/17.

However a review of the likely SCC spend on DOLS assessments has recently been undertaken, covering both the total number of assessments that are likely to be requested across Surrey, the availability of assessors to carry out these assessments and the Council's capacity to authorise and process assessments. This has shown that although the potential costs of DOLS assessments are similar to the original modelling over the long term, the annual actual cost is considerably lower based on the realistic capacity to both recruit and utilise quality assessors and process completed assessments. The additional cost linked to the Supreme Court Judgement in 2016/17 is now expected to be £1m. As such £2.2m of the £3.2m previously set aside to fund additional DOLS costs is being redirected to fund increased demand for support packages within the service. The Council will continue to meet its obligations to complete DOLS assessments within its capacity to do so. The reallocation of funding merely recognises the realistic annual cost of assessments, and does not prevent assessments from being progressed.

14. In 2015/16 the Department of Health (DH) allocated £25m of funding nationally to local authorities to fund additional DOLS costs. SCC's allocation was £426,000 and this offset part of the additional costs incurred last year.
15. The DH has not made similar funding available in 2016/17. Therefore the full additional cost has to be met by the Council.

Conclusions:

16. Responding to the increase in demand for DOLS assessments remains very challenging, however we have managed to increase our ability to complete more assessments and to authorise them in a timely manner.
17. The primary risks facing the council as a result of the current situation are:
 - Budget pressures; these are mitigated to a significant degree by our capacity to respond to the high numbers of requests

- Damages claims from people who consider that our delay in assessment / authorisation has resulted in them being deprived of their liberty; these are mitigated by robust objective triaging and prioritising of requests and the fact that in general the courts consider that delays as a direct result of the supreme court judgement in 2014 are 'technical' rather than 'substantive' breaches and therefore do not warrant financial compensation. Although the council has been challenged in court on a number of cases none of these has resulted in successful damages claims.
- Reputational harm to the council; this comes from the potential outcome of court claims (addressed above) and from concerns raised by 'managing authorities' (Care Homes and Hospitals) that they are having to provide support to people in ways that amount to a deprivation of their liberty without proper authority – because of the delay in the council completing assessments. This is managed, primarily, by maintaining open and constructive communication with our partner agencies and responding in a prompt and person centred way to changes in people's circumstances and re-prioritising requests, when appropriate. The Residents Experience Board has recently scrutinised the impact on the current DOLS situation on the coronial service in Surrey because of the impact on families when someone dies when subject to a DOLS authorisation. The Coroner has to respond to these as a 'death in custody' and carry out enquiries and an inquest, causing potential delays in funeral arrangements and additional distress to grieving families. The Surrey Coroner has mitigated this by amending his guidance regarding DOLS and ensuring an efficient and speedy process when the death was expected or of natural causes.

18. The Law Commission has undertaken a comprehensive review of DOLS and the underpinning legislation. The Consultation relating to this ended on 2 November 2015 and an interim report was published in May 2016 (attached). Whilst the details of any likely changes have yet to be published the initial conclusions indicate that they have the potential to further increase the burden on local authorities. Notwithstanding that the commission states 'the new scheme must demonstrably reduce the administrative burden and associated costs of complying with the DOLS by providing the maximum benefit for the minimum cost' (Para. 1.37) they also state 'we do not accept that we should not consider any reforms that may generate additional costs' and 'there are some reforms that remain fundamental to our new scheme and will need to be properly financed, such as rights to advocacy' (Para. 1.36). In addition it appears clear that their intention of recommending 'a more straightforward, streamlined and flexible scheme for authorising a deprivation of liberty' will be achieved by shifting responsibilities away from the providers (care homes and hospitals) to the commissioners (local authorities and the NHS) (Para.1.38) and also by extending the scope of DOLS 'to apply in any setting where a deprivation of liberty may occur, including hospitals, care homes, supported living* and shared lives accommodation*, and domestic* and private settings*' (Para.1.44) [** these locations are currently the sole responsibility of The Court of Protection*]. This will represent a significant change and challenge for local authorities and will increase rather than reduce the number of assessments that we will have to undertake. Initial indications are that the Law Commission will recommend a

change to the coronial rules meaning that natural deaths whilst subject to DOLS will not have to be reported to the coroner as a 'death in custody' If implemented this would have a positive impact on the coronial service and on grieving families.

19. The Law commission expects to publish their final report, recommendations and draft Bill in December 2016. The Department of Health has indicated that there is unlikely to be any legislative change before 2018.

Recommendations:

20. It is recommended that the Board:
 - a) Note the challenging position of DOLS within the Council, whilst recognising that this is an situation replicated within neighbouring councils and across the country
 - b) Support the Service's approach to responding to the significant increase in demand and the management of risks.
 - c) Receive a further update in 12 months time

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Sources/background papers:

- Social Care Services Board, 9 July 2015, Report – Deprivation of Liberty Safeguards
- Social Care Services Board, 23 June 2016, Strategic Director of Adult Social Care and Public Health Update – Deprivation of Liberty Safeguards
- Interim Statement on Mental Capacity and Deprivation of Liberty; Law Commission May 2016
- Mental Capacity Act 2005, Deprivation of Liberty Safeguards, England 2015-16: NHS Digital publication: 28 September 2016;
<http://content.digital.nhs.uk/catalogue/PUB21814>

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Appendix 1

Mental Capacity Act 2005, Deprivation of Liberty Safeguards, England 2015-16

The information below is derived from the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) data collection for the period 1 April 2015 to 31 March 2016.

This data collection provides information about DoLS applications that were active at any time within the reporting period. This includes applications which were received before 1st April 2015.

The full report was published on 28 September 2016 and can viewed at: <http://content.digital.nhs.uk/catalogue/PUB21814>

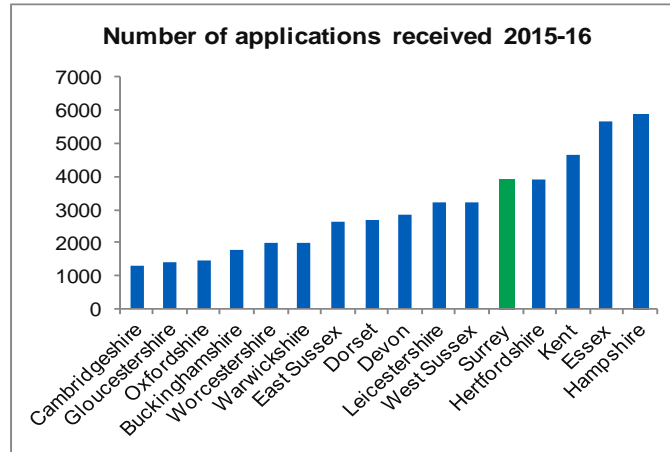
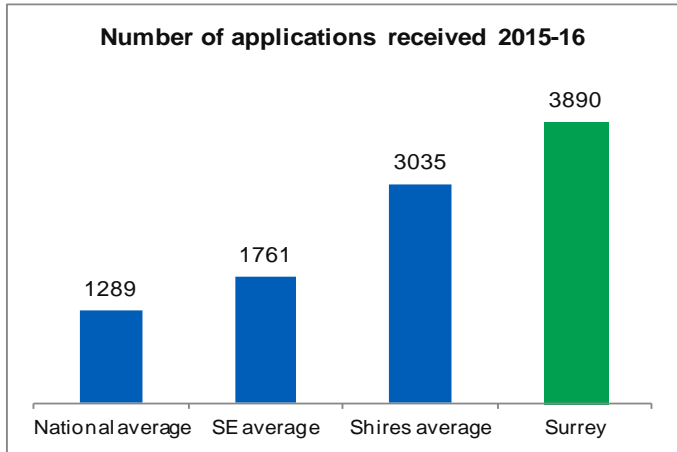
Key Points

- In 2015-16, Surrey received 3890 requests for DoLS authorisations. This is the 5th highest number of DoLS applications received by a LA in the country. The highest was Hampshire who received 5900 applications.
- Surrey had the 5th highest number of active applications in the 2015-16 period across all LA's in the country. This includes applications received before 01/04/2015 which had not been completed.

2015-16 DoLS Activity in Surrey and Comparator Authorities

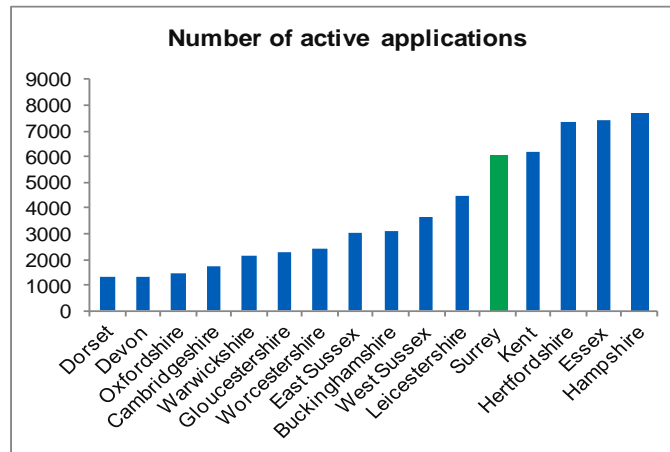
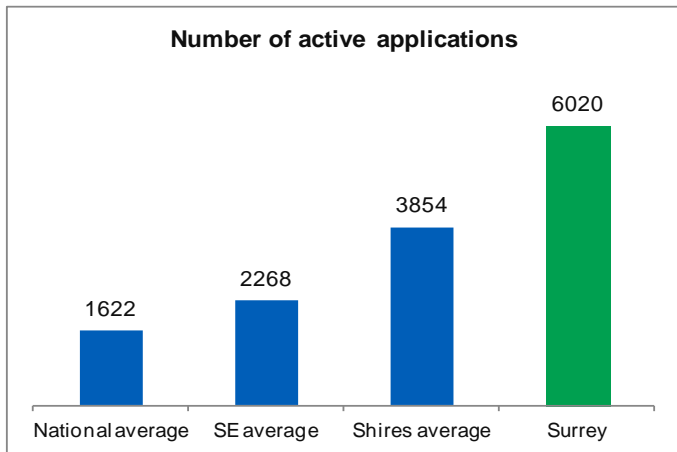
	Surrey		Hampshire		Kent		West Sussex		East Sussex		Buckinghamshire		Oxfordshire		National Average	
	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%
Number of applications 'Received' 2015-16	3890		5900		4680		3235		2645		1785		1435		1289	
Number of 'Active' applications in 2015-16 <i>(Includes applications received prior to 2015-16)</i>	6020		7680		6220		3655		3015		3100		1435		1622	
Number of 'Granted' applications in 2015-16	345	6%	2830	37%	1070	17%	785	21%	740	25%	890	29%	160	11%	614	38%
Number of 'Not Granted' applications in 2015-16	15	0%	225	3%	60	1%	40	1%	540	18%	755	24%	15	1%	189	12%
Number of 'Withdrawn' applications in 2015-16	570	9%	1920	25%	10	0%	240	8%	10	0%	335	23%	149	9%
Number of applications not yet signed off as at 31/03/2016	5095	85%	2705	35%	5080	82%	2830	77%	1495	50%	1445	47%	925	64%	670	41%

Number of DoLS applications received between 01/04/2015 and 31/03/2016

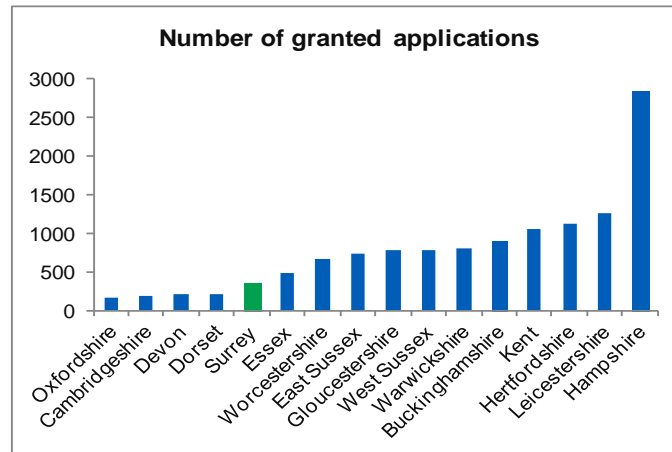
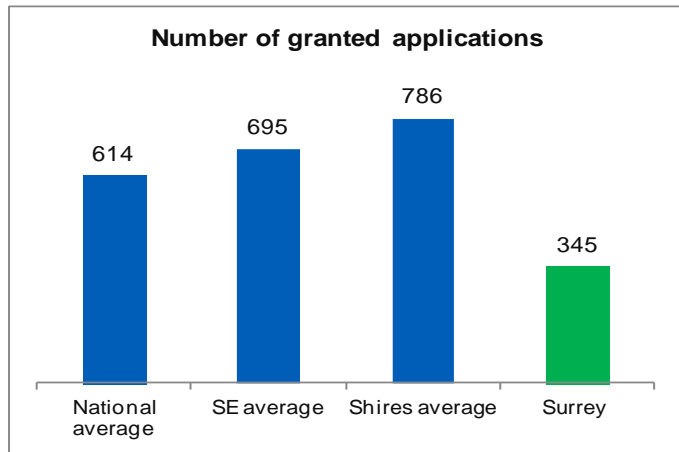


Number of DoLS applications which were active during the period between 01/04/2015 and 31/03/2016

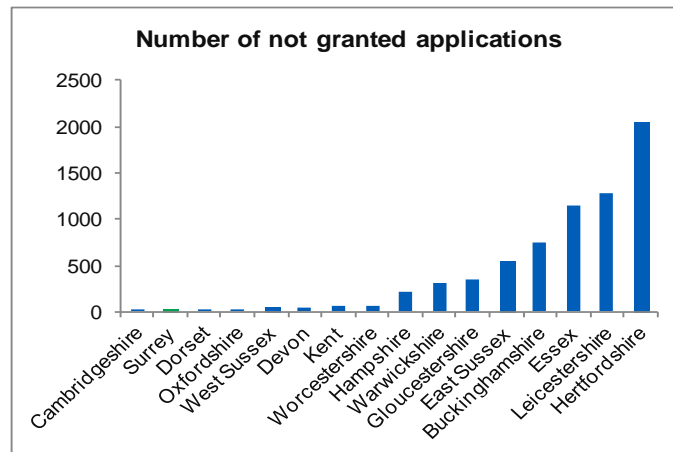
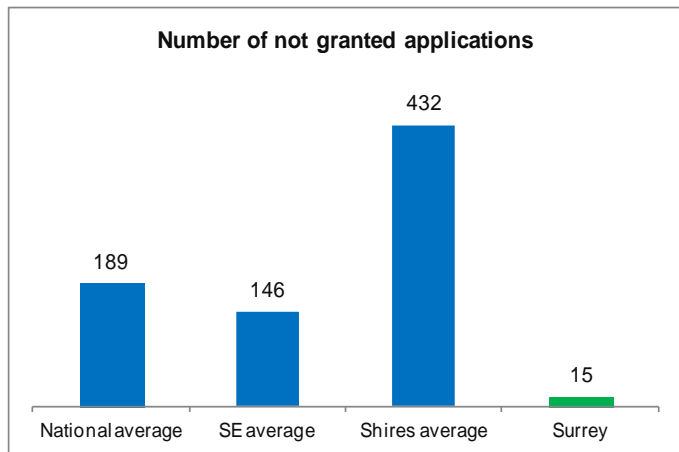
Please note, this includes applications received before 01/04/2016 which were not signed off prior to 01/04/2015.



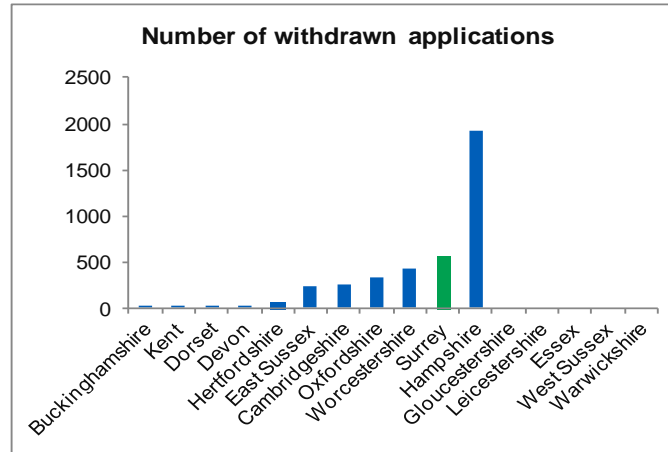
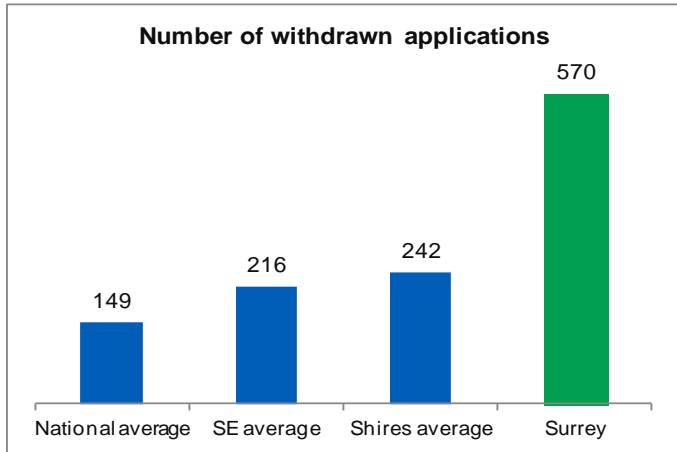
Number of DoLS applications which were 'Granted' during the period between 01/04/2015 and 31/03/2016



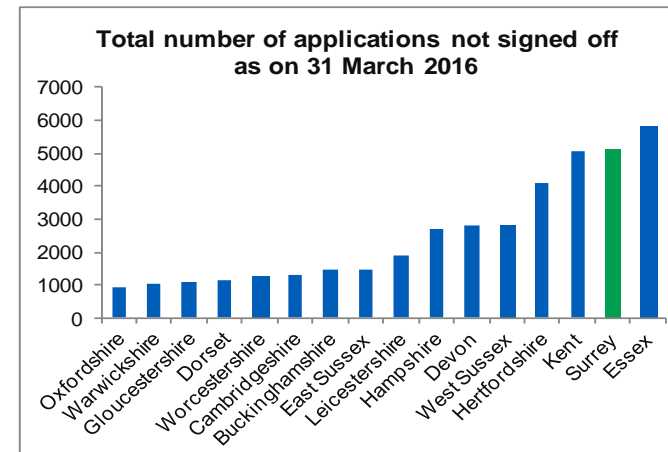
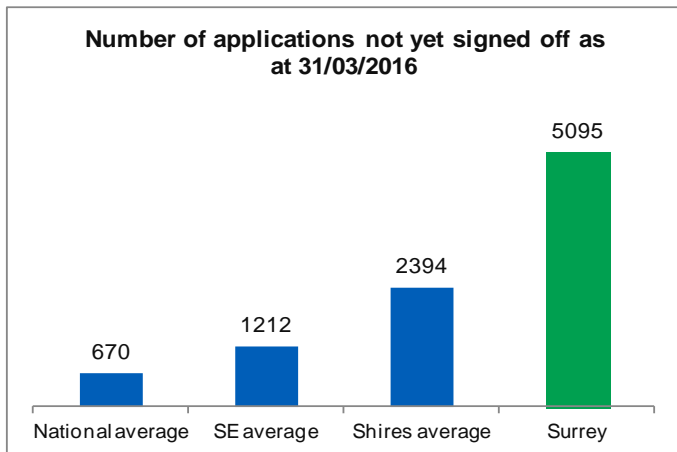
Number of DoLS applications which were 'Not Granted' during the period between 01/04/2015 and 31/03/2016



Number of DoLS applications which were 'Withdrawn' during the period between 01/04/2015 and 31/03/2016



Number of DoLS applications which were not signed off as at 31/03/2016 (still active)



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Social Care Services Board

26 October 2016

Adult Social Care Systems Replacement

Purpose of report: This report provides an update on the implementation of the new IT systems Liquidlogic and Controcc

Introduction:

1. On 4 March 2016, the Social Care Services Board received a report on the management action plan in relation to the internal audit recommendations for improving assessment recording in AIS. The report also provided an update on the new IT systems for Adult Social Care scheduled for implementation in 2016.

Implementation of the new systems

Update on go-live

2. AIS was taken out of active use on 13 September 2016 to enable data to be extracted from the system for conversion to LAS and Controcc. In the interim period robust business continuity plans were in place to ensure that case recording was maintained in an alternative format for uploading into LAS when the system went live.
3. The new case management system, provided by Liquidlogic, is known as LAS, [Liquidlogic Adults System]. The new financial modules are known as Controcc, provided by Oxford Computer Consultants [OCC]. The new systems went live on 26th September 2016 in Reigate and Banstead and Tandridge locality teams, East Surrey Hospital and the contact centre, followed by a county-wide launch on 27th September 2016.
4. In addition to the launch of the new systems, their integration s with our existing scanning system, known as Wisdom, was required to maintain a single electronic social care record. This also went live on 26th September 2016.
5. Although we are in the early stages of using the new systems, the launch was very successful, with all teams able to use the systems as intended from the outset. The teams have been actively loading the accumulated data from the 'downtime' period as well as commencing new work.
6. Feedback from staff has been extremely positive. Colleagues like the simplified processes, the easier navigation, the time-saving recording. Inevitably, when a system is so different, it will take time for people to become familiar with navigating the new processes but there have been no significant concerns about system design or functionality. Area Finance Teams and the Financial Assessment and Benefits Teams are using the new financial modules in Controcc. These modules have also received very positive reviews.
7. The Performance of the systems is good; there have been no ongoing issues related to system speed and where locality teams experienced access problems this has been resolved.

System design, training and staff support

8. The key design principles of the new system were to keep recording simple, avoid duplication, achieve efficiencies and enable consistency. The LAS system is highly configurable which means that the project team could influence how the system was built. The team worked with a large number of representatives and subject matter experts from the service to address the issues of concern to front-line teams. To that end we have:
 - Stream-lined business processes - this will reduce the onerous duplicate, recording for staff; allowing more time with people seeking support from Adult Social Care (ASC).
 - Designed the system with ease of use in mind, as well as enabling the service to respond to the needs of people approaching ASC for support in a personalised and proportional way.
 - Ensured the system is Care Act compliant – we can record the adult and carer records separately, ensuring parity for carers.
 - Introduced mandatory field recording – to improve data quality and consistency.
9. The aim at the outset was to train all staff in advance of go-live. In addition to providing online training, more than 1,000 staff received formal classroom training. We have scheduled further training post go live. In addition, the project team have developed 35 quick help guides to assist staff with particular tasks and 10 short training videos to help get people up to speed on the systems. These tools have been very well received. We will add to them and keep them up to date to support new members of staff to use the systems quickly.
10. During the roll out of the systems, the project team set up a centralised hub alongside the Reigate locality team. The hub was staffed by subject matter experts including IT colleagues to triage questions and queries about system usage, data migration, access etc. This approach enabled us to support the service in resolving any teething problems promptly and proved to be a very successful set-up.

Improving assessment recording

11. In designing the new systems, the project team has taken account of previous audit recommendations to improve recording where possible. The data quality in AIS has been a significant challenge for the project team. There was a huge amount of historical data in AIS, including data from previous systems. A decision was made by the Adults Leadership Team at an early stage of the project to only transfer 'active cases' to LAS or to transfer those cases that have had active work in the last 7 years in line with the current record retention policy. This means that we have taken the opportunity to delete records that should no longer be held by Adult Social Care in accordance with Information Governance rules. Going forward, a record purge system will be implemented to ensure compliance with the file retention policy.
12. Limitations in the old system prevented the enforcement of good practice recording guidelines. In LAS we have been able to introduce key 'mandatory fields' to improve data quality in the future. Mandatory fields have been designed to provide a careful balance between recording essential information and not creating a recording burden for staff or preventing urgent work from progressing. Recording guidance has been refreshed for LAS go-live. Where we have been able to clean data as part of the

migration we have done so. There is also an ongoing piece of work to continue to cleanse records and improve data quality wherever possible.

13. In the next upgrade of LAS, we will be able to increase the mandatory fields to include 'consent to share' information. We will upgrade to the next version at the earliest opportunity.

Future developments:

14. The LAS is an 'open' system and is able to integrate with other systems including LCS (the Children's version of Liquid Logic). We will be exploring how we can further improve work across the council and with our partner organisations, including in the MASH and Mental Health services, to share data efficiently and safely within the current legal framework.
15. In addition to the main case management and financial systems, we purchased a number of modules to enable us to work in a more automated way and to introduce a more self-service approach for those people who wish to access services online. These modules include:
 - a Provider Portal to facilitate e-invoicing;
 - a Citizens Portal to enable residents, particularly self-funders, to find information and services for themselves
 - a Client Portal to enable the people we support to undertake self-assessments, financial assessments and reviews on line and to directly access their own support plans.
16. These portals are part of a phase 2 implementation and detailed plans for implementation are being developed.

Conclusions:

17. Phase 1 of the system implementation has gone very well. We will use the first weeks after go-live to gather feedback from staff and where necessary make changes to the business processes, access, data quality etc to refine the system to ensure we take full advantage of the new functionality.

Recommendations:

18. It is recommended that the Social Care Services Board:
 - a) Receives an update on Phase 2 of the systems implementation in March 2017.

Next steps:

19. To agree timeframes for upgrading LAS to the next version and to prepare detailed plans for phase 2.

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Sources/background papers:

Cabinet Report 26 May 2015 – Provision of a new system for Adult Social Care

Social Care Services Board 4 March 2016 – AIS Care Assessment Audit -Update

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Social Care Services Board

26 October 2016

Adult Social Care Debt

Purpose of report: This report summarises the Adults Social Care (ASC) debt position as at the end of August 2016.

Introduction:

1. When a local authority arranges care and support to meet a person's eligible needs, the local authority may ask the person to pay towards the cost of providing that support, subject to an assessment of the person's finances. Charging for adult social care is a long standing practice. The current regulations include a power to charge for residential and nursing care as well as the power to charge for care and support provided in the person's own home.
2. The Social Care Services Board requested an annual report on the outstanding debt position. This report was deferred from an earlier meeting and therefore summarises the debt position as at the end of August 2016.

The charging and collection process

3. Income from charging is an essential contribution to Adult Social Care's budget to support the delivery of services to help people live and age well. The budgeted income from charging for April 2015 to March 2016 was £43.8 million. The actual income raised was £45.2 million.
4. The financial assessment and charging process is undertaken by the Financial Assessment and Benefits (FAB) Team in Adult Social Care. The timeliness of assessments is an important part of the process to ensure that people are informed in advance of receiving support whether or not they are required to make a contribution and the amount of any contribution. The nature of the service is such that, on occasions, people need urgent arrangements to be put in place regardless of whether or not a financial assessment has been undertaken.
5. The social care practitioner will make a referral to the FAB service when the assessment of need has identified that the person is likely to receive a chargeable service. The FAB service will offer a face to face visit to complete the financial assessment form as well as identify any missing benefit entitlements. The FAB service will also provide details of local organisations who can offer independent advice about the financial assessment, as well as information on how to find a specialist adviser who can provide financial planning advice.

6. The FAB service has direct access to the Department of Work and Pensions (DWP) Customer Information System (CIS). CIS holds details of the benefits paid to people. By accessing CIS, the FAB service can gather financial information to complete financial assessments more rapidly. The FAB service can also identify people who will not have to contribute towards their care and support due to low income and exempt them at an early stage in the assessment process.
7. Charges are raised in the ASC system, Controcc, and passed across to SAP where an account is set up for the individual. The Business Operations Team, part of Orbis, is responsible for sending out the statements, collecting payments and sending reminder letters. During the initial stages of debt recovery they also liaise with the debtor or representative, ASC colleagues and Orbis Public Law.
8. The preferred method of collecting charges is via Direct Debit and we promote this by sending a Direct Debit instruction with every statement and reminder letter. At the end of August 64% of payments were collected by Direct Debit; the turn-over is high but is comparable with the turn-over of cases in general. A previous review indicated that Surrey's Direct Debit is one of the highest amongst comparable local authorities.
9. Reminders for non-payment are issued promptly in accordance with the following dunning (debt-recovery) cycle.

Letter 1	13 days
Letter 2	30 days
Letter 3	45 days
10. At the end of the dunning cycle, if there is no arrangement to repay the debt, the Care Act 2014 enables a local authority to make a claim to the County Court for a judgement order to recover the debt. Guidance issued under the Care Act requires a local authority to consider whether it is appropriate to recover the debt in this manner.
11. In the period April 2015 to March 2016, 21 referrals to legal services were made. Following a review of practice, unless there is a compelling reason not to refer the matter to Orbis Law, all cases will be referred for a legal view regarding the prospect of successful recovery of the debt. In the period April 2016 to August 2016, 44 referrals were made to Orbis Law.

Current debt position

12. The overall ASC debt position as at August 2016 is provided at Appendix A to this report. To illustrate the trend in debt figures are provided for March 2015 and August 2015. This table shows that total outstanding debt rose from £14m in March 2015 to £15.3m in August 2015 and £17.3m in August 2016. This equates to a total increase over the last eighteen months of £3.3m. There will be a number of reasons for this increase, including increased numbers of

people financially assessed to pay contributions towards their care linked to rising demand.

13. In response to concerns about the increasing level of debt the following actions have been agreed:

- The overall end-to-end process ownership of ASC debt has transferred from Finance to the Head of Resources, ASC, with the Director of Finance as sponsor.
- Additional temporary resources have been agreed on an Invest to Save basis for 6 months at a cost of £45k, with the aim of identifying quick wins, identifying the root cause(s), if any, to eliminate on-going debt where poor practise has contributed to the accumulation of debt, and agreeing any process changes to improve collection rates.
- A task and finish group will be set-up in October 2016 , post go-live of the new system, to look at the ASC authorisation process to reduce the incidence of backdated charges.
- A process owners group will also meet monthly to look at the emerging findings from the activity of the additional resources and the decision to automatically refer cases for a legal opinion.
- All of the above measures will be used to support the development of new dashboard style report to summarise the debt position and show performance against the different key elements of the social care debt process.

14. The additional temporary resource referred to above involves the appointment of two officers with experience of both financial assessments and debt recovery to undertake targeted work to reduce the outstanding debt. The project started on 19th September 2016 and will focus on static unsecured debt, not managed by Legal Services, in excess of £10k. Officers will establish the reason for non-payment via an initial telephone conversation and will meet face to face with debtors and their representatives; to understand and help move barriers to payment. This approach is already proving successful, with 5 recent payments in the first 3 weeks amounting to £150k. There will also be a focus on current accumulating debt of less than £10k, using the recourse of the small claims court where all other avenues of recovery have been exhausted.

15. The reasons for the accumulation of debt are varied and include matters such as, continuing health care funding disputes, mismanagement of finances, lack of engagement by financial representatives, charges linked to property ownership, refusal to pay, lack of financial authority, delays in establishing the true financial position. The project will identify the root causes of debt and make recommendations for improving the debt recovery process.

Conclusions:

16. The Care Act requires a local authority to consider whether it is appropriate to recover debt through the legal process and to consider the impact on the persons well-being. To date the level of debt referred to legal services is low and a more robust approach is needed to reduce the outstanding debt. However, all avenues should be explored to before taking legal action and the method of face to face meetings with the debtor and their representative, will provide assurance that recovery of the debt is appropriate in the specific circumstances of the case.

Recommendations:

17. It is recommended that the Social Care Services Board receives a further report in May 2017 following the conclusion of the current project.

Next steps:

18. The task and finish group and the process owners group meetings will be established to take the actions identified in paragraph 13 forward.
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Sources/background papers: Appendix A – ASC Overall Debt Position

ASC Care Debt Report

Appendix A

Debt > 1 Month £ million	March 2015	August 2015	August 2016
Secured	5.72	5.78	6.96
Unsecured (not covered by one of the categories below)	1.66	2.34	3.02
Under query	0.87	1.05	0.42
Awaiting probate	0.38	0.34	0.57
Instalments	0.41	0.37	0.56
Deferred payment applications	0.38	0.35	0.29
External CoP Deputyship	0.77	0.53	0.71
Total unsecured debt subject to a recovery block	2.82	2.63	2.55
With Legal services	1.77	2.11	2.46
ASC Deputyship	1.85	2.27	2.08
Awaiting ASC write off authorisation	0.20	0.20	0.20
Total unsecured debt outstanding	8.31	9.55	10.31
Total debt	14.03	15.34	17.26
Charges posted in month – not yet due	3.18	3.06	3.39
Total debt including charges posted in month	17.21	18.26	20.65
Gross debt accounting credit balances	17.96	19.07	21.49
Total live credit balances	-0.61	-0.68	-0.68
Total deceased credit balances	-0.09	-0.13	-0.16
% received of amount billed (12 month av)	99%	96%	97%
% payments collected by DD	65%	65%	64%
No of cases referred to Legal	1	3	15
Value of debt at date referred	0.01	0.14	0.42
Number of 'open cases' with Legal	72	80	109

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