

Notice of Meeting

Social Care Services Board



Date & time
Friday, 9 December
2016 at 10.00 am

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

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

Chief Executive
David McNulty



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

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: 26 OCTOBER 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 (Monday 5 December).
2. The deadline for public questions is seven days before the meeting (Friday 2 December)
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

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

(Pages
15 - 16)

The Board made a series a recommendations which were considered by Cabinet on the 16 November. The response is attached below.

6 CONTRACT AWARD - SUPPORT SERVICES FOR CARERS

(Pages
17 - 54)

Purpose of the report: Scrutiny of Services and Budgets

The Board will scrutinise the procurement process and subsequent decision to award a contract for the provision of support services for carers.

7 REVIEW OF ACCOMMODATION WITH CARE AND SUPPORT STRATEGY IMPLEMENTATION AND OLDER PEOPLE'S HOMES

(Pages
55 - 60)

PROJECT

Purpose of report: To provide an update on the Adult Social Care Accommodation with Care & Support Strategy over the past twelve months.

8 PREVENT STRATEGY

(Pages
61 - 72)

Purpose of report: To provide the Board with an overview of the recent Counter Terrorism legislation, the duties and role of the Council and the work that has been and will be undertaken to implement the legislation and supporting guidance.

9 REPORT FROM THE ASSISTANT DIRECTOR FOR CHILDREN'S SERVICES

(Pages
73 - 126)

Purpose of the report:

This report relates to the agreed Performance Management information created for both this Board and the Improvement Board. It is also utilised to satisfy other interested groups and parts of the wider council. It is an attempt to keep things targeted and focused and is the "one single vision of the truth".

10 SUMMARY: CHILDREN'S SERVICES ANNUAL COMPLAINTS REPORT 2015-16

(Pages
127 -
148)

Purpose of the report: Scrutiny of Services/ Performance Management
To provide a summary of the Children's Services Annual Complaint Report 2015-2016 highlighting:

- Learning arising from complaints
- What we are doing well.
- What we need to improve.

11 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME

(Pages
149 -
168)

The Board is asked to review and approve the Forward Work Programme and Recommendations Tracker and provide comment as required.

12 EXCLUSION OF THE PUBLIC

That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting during consideration of the following items of business on the grounds that they involve the likely disclosure of exempt information under the relevant paragraphs of Part 1 of the Schedule 12A of Act.

13 PART TWO

14 CONTRACT AWARD - SUPPORT SERVICES FOR CARERS

(Pages
169 -
180)

Purpose of the report: Scrutiny of Services and Budgets

The Board will scrutinise the procurement process and subsequent

decision to award a contract for the provision of support services for carers.

Confidential: Not for publication under Paragraph 3

Information relating to the financial or business affairs of any particular person (including the authority holding that information)

15 PUBLICATION OF PART TWO ITEMS

To consider whether any item considered under Part Two of the agenda should be made available to the Press and public.

16 DATE OF NEXT MEETING

The next public meeting of the Board will be held 20 January 2017 at County Hall.

**David McNulty
Chief Executive**

Published: Thursday, 1 December 2016

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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Thank you for your co-operation

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MINUTES of the meeting of the **SOCIAL CARE SERVICES BOARD** held at 10.30 am on 26 October 2016 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Friday, 9 December 2016.

Elected Members:

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

Substitute Members:

- * Mrs Hazel Watson

Members in attendance

- * Mr Mel Few
- * Mr Tim Evans
- * Mrs Clare Curran
- * Mrs Mary Lewis

64/16 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Ramon Grey, Pauline Searle and Helena Windsor.

Hazel Watson substituted for Pauline Searle.

Apologies were also received from Linda Kemeny.

65/16 MINUTES OF THE PREVIOUS MEETING: 2 SEPTEMBER 2016 [Item 2]

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

66/16 DECLARATIONS OF INTEREST [Item 3]

There were no declarations of interest made.

67/16 QUESTIONS AND PETITIONS [Item 4]

There were no questions or petitions received.

68/16 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SCRUTINY BOARD [Item 5]

There were no responses from Cabinet.

69/16 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 6]

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

The Board were also provided an update from the Performance and Finance sub-group of the Board which are attached to the minutes as Annexe A.

70/16 ADULT SOCIAL CARE STRATEGIC DIRECTOR'S UPDATE [Item 7]

Witnesses:

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

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

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

Declarations of interests:

None

Key points of discussion:

1. The Strategic Director for Adult Social Care explained to the Board that the service was currently prioritising winter planning for 2016, noting that there was in place an integrated campaign with partner organisations to ensure that there was a single, clear message. Officers also pointed out that there was available an updated response from the Emergency Management Team in response to the work undertaken regarding winter planning, noting the updated business continuity plan that had been implemented. It was highlighted that there was a focus within the service on updating the vulnerable individual reporting system.
2. The Board was informed of the following actions that the service had undertaken with regard to winter planning:
 - a) updated the public webpage with the information relating to the updated Winter Plan;
 - b) promoting influenza vaccinations;

- c) use of NHS England toolkits in Care Homes to assist with Winter Planning; and
 - d) worked with partners, such as electricity companies, to ensure that information was shared to prevent vulnerable people suffering significant loss of amenity.
3. Members questioned the effect on local pharmacies as a result of recent central government announcements and if the service was working closely with partners to feed into any updated plans. The Cabinet Member for Adult Social Care, Wellbeing and Independence commented that the service would be looking into the effects and feed back any issues to the Board. Officers also noted that communications made were county-wide, but that any information regarding borough, district and partner response will be looked into and considered with Surrey County Council's proposals.
4. Officers highlighted the work that was being undertaken by the service with the NHS Sustainability and Transformation Plans (STPs) and that meetings with the groups had taken place in late October 2016, noting that the Surrey Heartlands Committee in Common had good representation from Surrey County Council officers with the aim of positively influencing the development of the STP.

Recommendations:

None

71/16 ADULT SOCIAL CARE BUDGET MONITORING [Item 8]

Witnesses:

William House, Finance Manager

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

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

Declarations of interests:

None

Key points of discussion:

1. Officers highlighted the challenging budgetary situation facing the service, noting that a core reason for the budget overspend were the high savings targets set out in the Medium Term Financial Plan (MTFP). It was highlighted that the updated September 2016 projected overspend for 2016/17 was £20.9 million. Officers explained that increased demand for adult social care placed a burden on the

service, however, it was also noted that this was a national pressure, and one that was not limited to Surrey County Council.

2. It was highlighted that the introduction of the national living wage had seen care costs increase.
3. The Cabinet Member for Adult Social Care, Wellbeing and Independence highlighted that briefings had taken place between the Council's Cabinet and Members of Parliament for Surrey to focus on the issue of the overspend within Adult Social Care. The Cabinet Member noted in particular the limitation of the powers regarding the adult social care 2% council tax increase. This was highlighted as benefitting the service by £12 million and reducing the impact of savings requirements. However, the possible limitation of this increase as a one-time occurrence was a key risk for the service budget. Equally, the £12 million of income raised from the precept is substantially less than the £35 million of pressures budgeted in 2016/17 relating to increased demand and market prices.
4. Members questioned whether the budget setting method used by the service was appropriate, querying how the financial planning process could be improved to better reflect the trends in demand. Officers explained that the issue was not to do with the methodology used to predict demand, but the difficulties experienced in delivering savings plans to reduce demand to budgeted levels. Demand is currently running at 6-7% which is very close to the level modelled prior to including the impact of savings plans which intended to bring demand down to 4%. It has not been possible to achieve this level of reduction in light of increased demand across the whole health and social care system in Surrey.
5. It was questioned by the Board whether direct payment reclaims were an achievable target. The Cabinet Member for Adult Social Care, Wellbeing and Independence noted that the introduction of prepaid accounts for direct payments (which automatically prevent monies being paid out to individuals who have surpluses in their accounts) in the previous financial year will considerably reduce manual reclaims in future years.
6. Officers and the Cabinet Member for Adult Social Care, Wellbeing and Independence noted that budget changes as a result of winter were not possible to predict accurately due to changing pressures from winter conditions, however that the service was expecting a maximum of £25 million overspend up to the end of the financial year.
7. Members questioned the impact of Surrey Choices funding on the budget overspend and whether the service holds the organisation to account effectively regarding the increase of £2 million in funding

provided by the Council. The Cabinet Member for Adult Social Care, Wellbeing and Independence noted that the organisation was in a transformation programme. It was also noted that the operational structure of the organisation was the responsibility of its shareholder board. It was noted by the Cabinet Member for Adult Social Care, Wellbeing and Independence that it would be ideal for there to be representation of the Adult Social Care service on the shareholder board to improve accountability.

8. The Board was informed that Surrey Choices was undergoing changes in delivery since it became a separate entity from the Council, and that this had presented new challenges. The Cabinet Member for Adult Social Care, Wellbeing and Independence highlighted that, dependant on who was driving change, this organisation could present a positive way forward.
9. Members raised concerns that there was a danger to frontline service as a result of the overspend in the future.

Recommendations

The Board is extremely concerned that the projected overspend in Adult Social Care poses a significant risk to the Council's overall financial position in 2016/17 and future years.

The Board recommends:

1. That the Cabinet set out the actions that be undertaken in the next three months in order to reduce the projected overspend;
2. That the Cabinet consider revising the methodology for finance planning;
3. That the Cabinet prioritise a sustainable set of savings for Adult Social Care as part of the planning for the Medium Term Financial Plan (MTFP) 2017-2022;
4. That officers bring a future report on the present issues emerging in the home-based care market, and what action the Council is taking in relation to this;
5. That officers bring a future report on Surrey Choices to the Board, as the Board is concerned about increased costs;
6. That the Chairman write to the Surrey Choices shareholder board requesting non-executive representation for Adult Social Care.

72/16 SURREY MULTI AGENCY SAFEGUARDING HUB [Item 10]

The Board agreed to combine items 10 and nine in order to aid the flow of the discussion.

Witnesses:

Garath Symonds, Assistant Director for Commissioning and Prevention

Clare Curran, Cabinet Member for Children and Families Wellbeing

Mary Lewis, Cabinet Associate for Children, Schools and Families

Declarations of interests:

None

Key points of discussion:

1. The Assistant Director for Commissioning and Prevention highlighted that the Surrey Multi-Agency Safeguarding Hub (MASH) went operational on the 5 October 2016. It was noted that the MASH was based at Guildford Police Station and served as the first point of contact for all safeguarding queries, in contrast to the multiple points of contact that were present prior to the introduction of the MASH. It was noted that this represented a significant culture change away from siloed working and the prior “multi-door” approach for the service and its partners.
2. It was noted that the initial implementation of the MASH had been positive, with several key benefits being identified: better co-ordination of response, greater capability for information sharing and a more consistent response to challenges.
3. Officers noted that one of the key challenges for the MASH following its inception was a backlog of calls. It was noted that there were two avenues of contact for the MASH: email and telephone calls. It was queried by Members whether the service had looked into the idea of instant messaging services. Officers responded that they would look into the feasibility of the idea.
4. It was noted that there was some initial down time in the email system at the inception of the MASH which led to a backlog of cases. It was also highlighted that there was a high volume of contacts for the MASH at its inception, and that the majority of these were repeat or already open cases. It was expected that this would reduce as more became familiar with the function of the MASH. It was noted that the service expected to be on target for call handling by the end of 2016.
5. Another key challenge that was noted by officers was the resilience of computer systems and databases to reliably cope with information required by MASH operators. It was noted that the Early Help Module (the way to access and use the databases) had a long response time, and caused some backlog. It was highlighted that, to resolve this issue, the service was working together with Information Management

Technology to resolve any issues arising as a matter of urgency.

6. The Board was informed that the MASH programme would transition to business as usual in January 2017, and this would see new governance arrangements being introduced. It was emphasised that, as part of this transition, there would be a governance board which would consist of representatives from Surrey Police, Clinical Commissioning Groups, the Surrey Safeguarding Children Board (SSCB), the Surrey Safeguarding Adults Board and the Children's Service directors. It was noted that this board would be accountable to all statutory partners through the SSCB.
7. It was highlighted that the service needed an increase in staffing levels in order to effectively meet with demand, noting that 19 additional personnel were required. However, it was highlighted that the service was reviewing the requirement for the operators to be qualified social workers, in order to improve capacity for recruitment.
8. Officers noted that there was a communications programme sent out to users of the MASH three weeks prior to launch.
9. Members requested that the service use clear terminology to users of the MASH, to ensure high quality service.

73/16 EARLY HELP UPDATE [Item 9]

Witnesses:

Garath Symonds, Assistant Director for Commissioning and Prevention
Clare Curran, Cabinet Member for Children and Families Wellbeing
Mary Lewis, Cabinet Associate for Children, Schools and Families

Declarations of interests:

None

Key points of discussion:

1. It was noted that that the programme of change was part of an overall strategy for the improvement plan following the Ofsted inspection in 2015.
2. Officers explained that there was in excess of 64,000 contacts made to the service per annum with regard to safeguarding children. It was highlighted that the MASH served to allow the service to determine whether a child was able to receive Early Help as a preventative measure, or if formal social care service was required.

3. It was highlighted that the new service would provide help to all children and adults, noting that all who had requested a safeguarding referral for children were provided help through either a formal service or through the Early Help system.

Hazel Watson left the meeting at 12.30pm

4. The Board questioned whether the service had a resource bank of information relating to partner organisations in the voluntary, community and faith sector. Officers confirmed that this was the case and that there was an attempt to work closer with partner organisations going forward, noting work with church organisations that was due to take place as part of phase two of the development process. It was agreed that, as part of this closer working with partners, the Assistant Director for Commissioning and Prevention would work closely with the Voluntary, Community and Faith Sector (VCFS) Task Group of the Social Care Services Board in future.
5. The Cabinet Member for Children and Families Wellbeing and Cabinet Associate for Children, Schools and Families highlighted the Safer Surrey approach to practice with children and families, and that this a strength based approach.. It was noted that the MASH and EH were a key aspect of this new strong and collaborative approach between the service and its partner organisations.
6. The Cabinet Member for Children and Families Wellbeing informed the Board that once the MASH had been embedded, it would create additional capacity in the system and there would be scope to restructure teams in the four quadrants. The Cabinet Member acknowledged that the VCFS had a key role to play in the delivery of early help.
7. The Cabinet Member highlighted that there had been a need to increase capacity to deliver Early Help and address actions set out in the improvement plan. The Board was informed that this was being supported by external consultants, funded through an additional investment that had been agreed as part of an Early Help transformation fund.

Recommendations

The Board thanks officers for the report, and recognises the good progress made to date in establishing the MASH. It recommends:

1. That officers report progress of Early Help and the MASH in six months, including how benefits are being realised and how emerging key issues have been addressed

It is requested that the Performance and Finance Sub-Group are updated regularly on the following:

2. efforts to reduce the number of contacts to the MASH where a child's case is already open to Children's Services, and
3. the issues that have arisen as a result of the new IMT modules and what is being undertaken to improve the system.

with matters to be escalated to the Board if appropriate.

74/16 DEPRIVATION OF LIBERTIES SAFEGUARDS [Item 11]

Witnesses:

Andy Butler, Principal Social Worker and Senior Practice Development Manager

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

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

Declarations of interests:

None

Key points of discussion:

1. Officers highlighted the complexity of Deprivation of Liberties Safeguards (DoLS) and the issues that arose out of the implementation of the Mental Capacity Act (2005) and the ruling of the Supreme Court in 2014, which had lowered the threshold for DoLS requests. It was noted that, as a result, numbers of referrals had increased significantly.
2. It was noted that Surrey County Council was the authorising body for referrals and that the service planned to mitigate risk regarding these referrals through the implementation of a triage process.
3. The Board queried why there were currently a high number of unassessed cases. It was highlighted that the data that was presented to the Board was a snapshot of a few weeks, but that any referrals made that do not require action and may remain in a low priority backlog. Members questioned if there was any measure in place to clear this backlog of cases. It was highlighted that there were a number of methods that had been undertaken by the service to do this; including expanding the DoLS team, working with social work agencies to increase capacity and working closely with partners. Officers highlighted that if an urgent referral was required, the service would undertake rapid assessments. It was noted that most work undertaken by the service were urgent assessments, causing some backlog of lower priority cases.

4. Members questioned if any representation had been made to Central Government regarding raising DoLS thresholds and if there were any opportunities to increase funding levels for DoL Safeguarding. Officers noted that this was a national problem, and not unique to Surrey. It was noted that representations were being made by a number of local authorities, but that the legislative changes brought into effect by the Law Commission recommendations would not take place until 2018. It was also noted to the Board that these legislative changes were unlikely to reduce the pressure created by the DOLs assessments. It was additionally highlighted that any Supreme Court ruling would be difficult to challenge.

Recommendations

The Board expresses continued concerns regarding the backlog in DOLS assessments, and the increase of those requiring of assessments.

It recognises the efforts of officers to manage risk to individuals through prioritisation and thanks them for their continued work. It recommends:

1. That a quarterly update is reported through to the Performance and Finance sub-group, with matters being escalated to the Board if required.

75/16 ADULT SOCIAL CARE DEBT [Item 13]

Witnesses:

Toni Carney, Head of Resources

Denis Fuller, Vice Chairman, Audit and Governance Committee

Tim Hall, Member, Audit and Governance Committee

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

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

Declarations of interests:

None

Key points of discussion:

1. Officers highlighted that, as a result changes brought in by the Care Act 2014, the service was no longer able to place charges upon property, shifting the between secured and unsecured debt.
2. It was indicated by officers that the impact of debt recovery on individual wellbeing was considered as a key aspect.
3. It was noted by officers that there was a £17 million social care debt owed to the service. It was noted that the service was working to establish the amount that was unrecoverable and what could be

claimed through a small claims court where possible.

4. The Board questioned whether the increase to £17 million was in proportion to the increase in demand for social care. Officers responded that this could be a cause, but that the root causes would need to be ascertained through further study.
5. Officers informed the Board that conversations with recipients of Adult Social Care were held to highlight the issue of social care cost. However, it was acknowledged that there were extenuating circumstances for individual cases.

Denis Fuller and Tim Hall entered the meeting at 1.15pm.

6. The Members of the Audit and Governance Committee noted that the key challenge facing the service was to create the resources within the service to focus on this issue effectively. It was highlighted that an immediate cause and assessment process needed to be implemented more effectively.
7. It was queried by Members whether the service could increase its number of Direct Debits collected to be higher than 60% of those on adult social care, as a means of reducing the possibility of a user incurring social care debt. It was noted by officers that Direct Debits are advertised as the preferred choice, but stressed that it was a personal choice for individual users.
8. Officers informed the Board that, as part of the improvement process, those who are in danger of being indebted were being visited by the service. It was noted that these face-to-face meetings had been responsible for the collection of £150,000 and that they are a good means of remaining in contact.

Yvonna Lay and Chris Townsend left the meeting at 1.34pm

Recommendations

The Board notes the improvement with the number of those payments collected by Direct Debit. It recommends:

1. That officers explore the business case for the additional temporary resource referred to in paragraph 14 to be made permanent, as a means for ensuring early and regular contact with debtors and their representatives.

76/16 ADULT SOCIAL CARE SYSTEMS REPLACEMENT [Item 12]

Witnesses:

Toni Carney, Head of Resources

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

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

Declarations of interests:

None

Key points of discussion:

1. Officers highlighted that there was positive progress with the new systems and that there were no major problems to report with implementation.
2. It was noted that phase two of implementation was to go ahead on the 9 November 2016.
3. The Cabinet Member for Adult Social Care, Wellbeing and Independence thanked the service for its good delivery of the project on time and on budget. It was highlighted that a key part of the success was that the system was service led in its implementation.

Recommendations

None

77/16 DATE OF NEXT MEETING [Item 14]

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

Meeting ended at: 1.46 pm

Chairman

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CABINET RESPONSE TO SOCIAL CARE SERVICES BOARD

ADULT SOCIAL CARE BUDGET MONITORING
(considered by Social Care Services Board on 26 October 2016)

COMMITTEE RECOMMENDATIONS:

That the Cabinet set out the actions that be undertaken in the next three months in order to reduce the projected overspend;

That the Cabinet consider revising the methodology for finance planning;

That the Cabinet prioritise a sustainable set of savings for Adult Social Care as part of the planning for the Medium Term Financial Plan (MTFP) 2017-2022.

RESPONSE:

Cabinet has already asked that urgent actions be identified to tackle the projected overspend. These will be reported each month as part of the budget monitoring.

The methodology for developing a balanced and sustainable Medium Term Financial Plan is under continual review as part of the approach to planning over the financial year.

Cabinet's responsibility and indeed the Council's is to secure a balanced and sustainable budget for the whole Council. Given the proportion of spend that goes on adult social care that is always a key part of our discussions.

Mel Few, Cabinet Member for Adult Social Care, Wellbeing and Independence
22 November 2016

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Social Care Services Board
9 December 2016

Support Services for Carers Contract Award

Purpose of the report: Scrutiny of Services and Budgets

The Board will scrutinise the procurement process and subsequent decision to award a contract for the provision of support services for carers.

Introduction:

1. On 23 November 2016 the Cabinet decided to award a contract for the provision of support services for carers.
2. Following concerns raised by a number of stakeholders regarding the outcome of the procurement process, and resultant Cabinet report the Board decided to call-in the decision for reconsideration.

Background:

3. Decision text :

Independent Carers Support

That the award of new contracts based on four geographical lots to Action for Carers Surrey, each contract commencing on 1 April 2017, be approved.

The contracts will be for an initial two year period, with the option to extend for up to two further periods of twelve months.

The geographical lots being:

- Lot 1 - Woking, Runnymede and Spelthorne
- Lot 2 - Guildford, Waverley and Surrey Heath
- Lot 3 - Covering Epsom and Ewell, Banstead*, Mole Valley and Elmbridge
- Lot 4 - Area within the boundaries of East Surrey CCG (Reigate, Redhill and Horley* and Tandridge)

* The borough of Reigate and Banstead is split between lots 3 and 4 based on the respective boundaries of Surrey Downs and East Surrey CCG

Home Based Breaks for Carers

That the award of new contracts based on two lots to Crossroads Care, each contract commencing on 6 February 2017, be approved.

The contracts will be for an initial two year period, with the option to extend for up to two further periods of twelve months.

The lots being:

- Lot 1 - Home Based Breaks for Carers
- Lot 2 - End of Life Care

Reasons for Decisions:

The Council has a statutory duty to support carers in case of need, which could be met through a variety of approaches. Following an assessment of several service delivery and procurement options, it was decided that a full competitive tender based on geographic lots was the most appropriate approach in both instances. This model increases the reach of the service, without increasing costs and allows for greater efficiencies through rationalisation of services.

An open, fair and transparent tender process was undertaken for each service. Following a thorough evaluation process two suppliers were selected. One for the countywide Independent Carers Support and the other for the countywide Home Based Breaks for Carers.

This procurement exercise has been carried out in collaboration with Surrey's six NHS Clinical Commissioning Groups (CCGs) to secure the best supplier(s) to deliver cost effective, high quality services against agreed specifications that will improve the quality of life for carers.

The recommended bidders have demonstrated that they can deliver high quality services expected by Surrey County Council (SCC) and the CCGs and will work with us over the lifetime of the contract to make continuous improvements and add value.

There is strong evidence from national cost modelling, that support to carers helps prevent breakdown of caring situations and avoids far greater cost for the provision of more expensive, more intrusive "care packages". Based on this calculation an estimated £38.8 million of additional care costs will be prevented over the life of both contracts.

[The decision on this item may be called in by either the Social Care Services Scrutiny Board or the Council Overview Board]

4. The following documents in relation to the decision made on 23 November 2016 are attached:

- Report considered by Cabinet on 23 November 2016 (Appendix 1)
 - The relevant Equalities Impact Assessments, considered by Cabinet on 23 November 2016 (Appendix 2 and 3)
 - The call-in notice received by Democratic Services on 23 November 2016 (Appendix 4)
5. The Cabinet Report also included information considered under Part 2 arrangements. These are attached as a separate report to the meeting agenda.

The Call-In:

6. The Board is asked to consider the above evidence alongside any evidence presented by witnesses at the call-in meeting in order to review the decision taken by the Cabinet.
7. The Board is asked whether or not it wishes to refer the decision back to the Cabinet for reconsideration.
8. If the Board decides to refer back to the Cabinet it must provide its reasons for doing so.

Recommendations:

That the Board reviews the decision of the Cabinet regarding the approval of the contract taken on 23 November 2016 and concludes whether it wishes to refer this back to the Cabinet for reconsideration.

Next Steps:

Should the Board decide to support the decision of the Cabinet; the decision will take effect on the date of the Board meeting.

Should the Board refer the decision back to the Cabinet, it will be discussed at the Cabinet meeting on 13 December 2016. The Cabinet can then decide to amend the decision or not, before adopting a final decision.

Report contact: Andrew Spragg, Scrutiny Officer, Democratic Services

Contact details: 020 82132673, andrew.spragg@surreycc.gov.uk

Sources/background papers:

Cabinet Agenda Papers:

<https://mycouncil.surreycc.gov.uk/documents/g4593/Public%20reports%20pack%20Tuesday%2022-Nov-2016%2014.00%20Cabinet.pdf?T=10>

Cabinet Decision Details:

<https://mycouncil.surreycc.gov.uk/documents/g4593/Decisions%20Tuesday%2022-Nov-2016%2014.00%20Cabinet.pdf?T=2>

Annex 1 – Support Services for Carers Contract Award

Annex 2 – EIA Independent Carers Support

Annex 3 – EIA Home Based Carer Breaks

Annex 4 – Call in Sheet

DATE: 22 NOVEMBER 2016

**REPORT OF: MR MEL FEW, CABINET MEMBER FOR ADULT SOCIAL CARE,
WELLBEING AND INDEPENDENCE**

**MRS CLARE CURRAN, CABINET MEMBER FOR CHILDREN
AND FAMILIES WELLBEING**

**LEAD OFFICER: HELEN ATKINSON, STRATEGIC DIRECTOR FOR ADULT
SOCIAL CARE, WELLBEING AND INDEPENDENCE**

**JULIE FISHER, DEPUTY CHIEF EXECUTIVE AND STRATEGIC
DIRECTOR FOR CHILDREN, SCHOOLS AND FAMILIES**

SUBJECT: CONTRACT AWARD - SUPPORT SERVICES FOR CARERS

SUMMARY OF ISSUE:

Improving support for carers is a key priority for Adult Social Care (ASC) and the Clinical Commissioning Groups (CCGs) in Surrey. This arises from increased statutory requirements to support carers in the Care Act 2014 and a range of national policies including the Government's National Carers Strategy. To ensure effective delivery, the CCGs and Council have undertaken joint procurement exercises for two support services for Carers:

- Independent Carers Support Service and
- Home Based Breaks for Carers' service

Currently the Independent Carers Support Services provides essential advice, one to ones, peer and other external support to Adult carers. The service is currently delivered as 24 individual grant agreements that come to an end on 31 March 2017. There are both financial and quality efficiency gains to be achieved by rationalising the current offer. The report seeks approval from Cabinet to award new contracts to deliver these services across four areas.

Surrey's Home Based Breaks for Carers provision provides respite for young and adult carers by allowing them to go on scheduled breaks with the assurance that their loved ones are being supported by competent care workers. The current contract will expire February 5, 2017. This report also seeks approval from Cabinet to award a new contract for Home Based Breaks for Carers.

Both proposed contracts support the corporate aim of promoting wellbeing and provides invaluable support to carers in a preventative way, thus reducing stress and more expensive reactive interventions.

Due to the commercial sensitivity involved in the contract award process, the financial details of the successful suppliers have been circulated as a Part 2 report.

RECOMMENDATIONS:**Independent Carers Support**

It is recommended that Cabinet approves the award of new contracts based on four geographical lots to Action for Carers Surrey, each contract commencing on 1 April 2017. The contracts will be for an initial two year period, with the option to extend for up to two further periods of twelve months.

The geographical lots being:

Lot 1 - Woking, Runnymede and Spelthorne

Lot 2 - Guildford, Waverley and Surrey Heath

Lot 3 - Covering Epsom and Ewell, Banstead*, Mole Valley and Elmbridge

Lot 4 - Area within the boundaries of East Surrey CCG (Reigate, Redhill and Horley* and Tandridge

* The borough of Reigate and Banstead is split between lots 3 and 4 based on the respective boundaries of Surrey Downs and East Surrey CCG

Home Based Breaks for Carers

It is also recommended that Cabinet approves the award of new contracts based on two lots to Crossroads Care, each contract commencing on 6 February 2017. The contracts will be for an initial two year period, with the option to extend for up to two further periods of twelve months.

The lots being:

Lot 1 - Home Based Breaks for Carers

Lot 2 - End of Life Care

REASON FOR RECOMMENDATIONS:

The Council has a statutory duty to support carers in case of need, which could be met through a variety of approaches. Following an assessment of several service delivery and procurement options, it was decided that a full competitive tender based on geographic lots was the most appropriate approach in both instances. This model increases the reach of the service, without increasing costs and allows for greater efficiencies through rationalisation of services.

An open, fair and transparent tender process was undertaken for each service. Following a thorough evaluation process two suppliers were selected. One for the countywide Independent Carers Support and the other for the countywide Home Based Breaks for Carers.

This procurement exercise has been carried out in collaboration with Surrey's six NHS Clinical Commissioning Groups (CCGs) to secure the best supplier(s) to deliver cost effective, high quality services against agreed specifications that will improve the quality of life for carers.

The recommended bidders have demonstrated that they can deliver high quality services expected by Surrey County Council (SCC) and the CCGs and will work with us over the lifetime of the contract to make continuous improvements and add value.

There is strong evidence from national cost modelling, that support to carers helps prevent breakdown of caring situations and avoids far greater cost for the provision

of more expensive, more intrusive “care packages”. Based on this calculation an estimated £38.8 million of additional care costs will be prevented over the life of both contracts.

DETAILS:

Background

1. The Care Act 2014 created new obligations for carers based on the principle of “equality of esteem for carers”. This means nearly all of the carers supported by our early intervention services would otherwise be entitled to a carers’ assessment and at least information and advice. The Children and Families Act 2014 has also substantially increased our obligations to young carers. Under both sets of legislation, there is also a duty to have a range of preventative services.
2. In these circumstances the Local Authority has a duty to ensure carers are supported but there is discretion as whether to deliver the support through preventative services or following a carers’ assessment. Without the proposed services, many of these carers would come directly to the Council for additional support. This would have a very significant impact on workloads of our Adult Social Care Teams and as highlighted below in the report would lead to greater costs.
3. The legislation also enhances CCGs’ obligations to work in partnership with the council to support carers. This has been amplified through the new Carers Memorandum of Understanding developed by NHS England. The need for such support including the need for carer breaks is also emphasised in the Government’s National Carers Strategy.
4. The Independent Carers Support services have a key role in supporting carers’ health and well-being through the provision of care specific information and advice, facilitating peer support, as well as empowering carers to continue to care and have a life outside of caring. The independent carers support service also has a key role in promoting awareness of carers needs on behalf of health and social care professionals. The service is not a regulated service, however it adheres to best practice, information and guidance as set out by the Care Quality Commission, however this service does not though provide direct breaks services in carers own homes.
5. The independent carers support service is complemented by Home Based Breaks Services that are services regulated by the Care Quality Commission. This requires different organisational experience and skills sets for staff. Therefore, going out to tender for separate contracts to deliver both of the services mentioned above was considered appropriate to ensure provision of quality services.
6. It should also be noted that if these services were to cease Adult Social Care teams would need significantly more staff to deal with substantially increased volumes of referrals and assessments. The provision of these services forms a central part of Surrey’s Multi Agency Carers Commissioning Strategy. The services support a wide range of carers; some with eligible needs and many who would rapidly develop eligible needs without support.

Available Funding

7. The Independent Carers Support service is wholly funded by Adult Social Care. The Home Based Breaks Services are funded by Adult Social Care but with contributions from the Department of Health's "Better Care Fund" and Children's Services. Surrey County Council (SCC) is the pooled budget holder for the Better Care Fund and use of this funding is by mutual agreement with Surrey's six NHS Clinical Commissioning Groups (CCGs).

Independent Carers Support Service Need

8. The service will focus on local delivery but with a coordinated approach to ensure consistent responses aimed at achieving satisfactory outcomes for carers.

This will include the following components:

- Support for 15% more carers than at present (increasing to 20,000 a year) but at a third less cost. That represents cost avoidance of £238K a year based on current costs
- Use of innovative approaches and opportunities including modern technology
- Where necessary, visits will take place in the most appropriate setting to meet the needs of carers e.g. in the hospital
- The service should take into account the needs of all carers including those who are seldom heard such as Black Asian and Minority Ethnic Groups (BAME) carers
- The service will reflect the principle of the parity of esteem for mental health carers
- Strong emphasis on partnership working and a coordinated approach to marketing new service.
- The design of the service will ensure effective delivery and effective responses to carers.

Independent Carers Support - Benefits

9. These include:
 - Improved delivery of information to carers through use of a "digital offer". Opportunity to introduce new technologies and triage processes to deliver services at a larger scale
 - Helps avoid far greater costs arising from increased numbers of support packages
 - Opportunity to make cost savings by reducing duplication of service and back office resources
 - Reduced number of contract contracts and management time for SCC staff
 - Clearer oversight of services within each area – functions not split up over several providers
 - More seamless service for carers not needing to be referred on for employment support
 - New areas are more closely aligned to the NHS Sustainability and Transformation Plan (STP) Footprints. This offers more strategic opportunities to link with health than is possible with 11 locality based services
 - New larger area services more likely to be financially resilient than the current smaller services

Contract Objectives for Independent Carers Support

10. There will be a coordinated county wide approach but delivered locally in each defined geographic area. This will promote Carers' health and emotional wellbeing, while achieving efficiencies through reducing back office costs, increased use of triage and improved use of technology. The service will consider the needs of working carers through extended hours of operation. These are extended from Monday to Friday 9am to 5pm to 8am to 8pm weekdays and Saturdays 9 am to 12 Noon. This contract proposes to:
 - i. Support carers to identify their own needs and support them in undertaking self-directed assessments where there is personal choice. Provide individual support, advice for carers as well as emotional support to carers
 - ii. Provide information and advice to former carers; for example relating to returning to work
 - iii. Provide support to carers in relation to training and work (available both to those who are unemployed and those juggling work and caring)
 - iv. Helping carers access more detailed specialist information available from other organisations and other support that promotes their health and wellbeing. Provide individually tailored information for carers including basic advice about welfare benefits
 - v. Facilitate initiatives for carers such as support groups that promote emotional wellbeing, information events and peer support.
 - vi. Identify children within families, young carers and adult carers and make referrals as appropriate e.g. refer to a Young Carers service and / or Social Care Team
 - vii. Identify opportunities for delivering training for carers in partnership with other agencies including provision of courses designed to help enable carers to access the employment market or vocational training
 - viii. Collaborate and communicate with partners in health and social care so that carers are informed of their right to a carers' assessment regarding their own needs.
11. While this service does not directly arrange home based carer breaks which are regulated by the Care Quality Commission, it will direct carers to appropriate sources of help.

Home Based Breaks for Carers – Service Need

12. This service is for all carers of all client groups and all ages, including breaks for those caring for people towards the end of their lives.
13. Parents/carers of children with disability require breaks from caring including home based services plus opportunities to be involved in community's activities of their choice. This also helps reduce risks of their children being taken into care because of family breakdown. Best value has been obtained through a whole council approach by linking this requirement with those of adult services. This also has the advantage that when the child reaches 18, there is not the need for reassessment.

14. The contract also includes arrangements for customised support for carers of people in the End of Life period (where life expectancy is less than 12 months).
15. Carer Break Services have been shown to:
 - i. maintain the physical and mental health of carers and their families
 - ii. maintain their independence and reduce carer break down
 - iii. empower carers to manage their caring roles and have a life outside of caring
 - iv. avoid the need for more expensive interventions via care packages.

Home Based Breaks for Carers - Benefits

16. The existing contract will expire on 5 February 2017 and it is essential to maintain this service in order to avoid greater costs being incurred through carer breakdown and the risk of putting the Council's reputation and compliance with its statutory duties at risk.
17. By joining up adults and children services the Council can get better value for money.
18. The service will be complemented through the voluntary sector provider's own fundraising currently worth £200,000 per annum to be used as additional support for carers. This has the potential to provide nearly 12,000 additional hours of support per annum. In addition the service provider has committed to employing two apprentices.

Contract Objectives for Home Based Breaks for Carers

19. To provide a flexible Home Based Breaks service for carers of people of all ages that:
 - i. is individually tailored to enable carers to have some time for themselves
 - ii. reduces levels of stress for carers
 - iii. improves the carer's quality of life including their emotional, physical and mental health
 - iv. responds to a diverse range of caring situations and is able to work with frail, ill and disabled adults, disabled children and their carers
 - v. includes a customised support service for carers of people in the End of Life period, where life expectancy is less than 12 months.

Procurement Strategy and Options

20. An open tender process compliant with the requirements of Public Contracts Regulations 2015 and the Council's Procurement Standing Orders, was carried out for each service. The procurement was completed, using the Council e-Procurement system, with the opportunity advertised within the Official Journal of the European Union, and on Contracts Finder. Following a thorough evaluation process the recommendation provides best value for money for this contract.
21. Details of the options considered for both tendering processes and the evaluations undertaken are attached as the Part 2 report.

Key Implications

22. The Care Act requires a more proactive approach to early intervention and prevention for carers as well as increasing responsibilities to meet their assessed eligible needs. The legislation also highlights a need for greater cooperation with Health Services and this is likely to lead to further increases in referrals from GP practices and NHS providers to carers support organisations.
23. According to the 2011 Census there are 108,433 carers in Surrey. Of these 52,050 carers were providing over 20 hours care a week. (48% of the carers) The above total also includes 64,884 carers who are also juggling work with caring. Carers also save the public purse approximately £1.8 billion per annum in Surrey alone by caring for individuals who would otherwise need more support from the state. (Valuing Carers 2015 – Leeds and Sheffield Universities). As such carers must be suitably supported in their caring role.
24. Supporting increased numbers of carers is a key priority for both Adult Social Care and the NHS in Surrey. This is also essential if the “Family Friends and Communities” approach is to be fully effective as supporting carers to continue to care (where this is their wish) helps underpins community’s ability to support vulnerable people.
25. This range of carers support is designed to support carers in their caring role and to have a life outside of caring and to help protect children and young people from inappropriate levels of caring.
26. It is proposed that contractual agreements are offered for both services for periods of up to four years. This will entail an allocation for initial 2-year contracts with the option to extend for two further periods of one year. This is to balance the need to ensure that service providers have longer-term stability in their business plans while maximising value for money.
27. The proposed contractual agreements are designed to reflect that the support is community based, to facilitate flexible and locally responsive delivery and a focus on outcomes. The agreements will be focused on achieving outcomes for carers, with guidance in the service specification about the type of service and levels of support expected and more details about quality standards.

CONSULTATION:

28. External Consultation has been undertaken with our partners from Clinical Commissioning Groups and the Carers Commissioning Group. The specification for the service was developed through a co-design process involving a number of carers’ organisations. When the Multi Agency Carers Commissioning Strategy was refreshed in 2015, carers indicated strong support for prioritising provision of these services. Internal consultation has been undertaken with officers from Children, Schools and Families and Adult Social Care.

RISK MANAGEMENT AND IMPLICATIONS:

29. The non-provision of support to carers would have severe reputational, legal risks. After an extensive co-design undertaken together with CCGs, the withdrawal of the service would harm Surrey’s reputation with, carers, health partners and staff.
30. Risks were appropriately identified and have been satisfactorily mitigated.

These include:

- i. Costs may rise - the provider has won the tender on a fixed rate price, therefore the total annual amount paid to the supplier will not change.
- ii. Poor performance - a series of performance measures have been included in the contract covering timeliness of services delivery, carer satisfaction, quality assurance
- iii. The agreement includes termination provisions to allow the Council to terminate the agreement should circumstances change, by giving 3 months' notice
- iv. Providers' ability to deliver - the providers were assessed as satisfactory for all financial checks in relation to the value of the proposed awards for each lot
- v. Budget pressures. -the element of funding drawn from the Better Care Fund is currently only in Government spending plans for 2017/18 and 2018/19. The availability of funding beyond that date would be dependent upon a future Comprehensive Spending Review. This risk is mitigated by adopting a two year contract with options to extend if funding is still available.

Financial and Value for Money Implications

31. There is strong evidence that supporting carers helps prevent breakdown of caring situations and avoids far greater cost for the provision of more expensive, more intrusive "care packages". The "*Economic Case for Local Investment in Carer Support – Dept Health and ADASS: March 2015*" which includes a case study based on cost modelling in Surrey suggests that each pound spent on supporting carers has a cost avoidance effect of £2.97. This is where the service provided avoids the need for more expensive and intrusive care packages. Based on this calculation an estimated £38.8 million will be saved via cost avoidance over the full term of both contracts (detailed in paragraph 8).
32. In this context, the investment through the Better Care Fund to support carers is good value in terms of cost avoidance. It has been demonstrated that should investment in carers support cease there would be far higher costs arising from care packages to respond to a break down in the caring situation. The process therefore was focused on getting maximum support from available resources rather than cost reduction.
33. This procurement forms part of a bigger piece of work undertaken by Surrey County Council and the Clinical Commissioning Groups in Surrey to review their funding arrangements for supporting carers delivered; including through the Better Care Fund. Working together, the commissioners have identified how to support increasing numbers of carers whilst achieving efficiency
34. A detailed performance and quality monitoring process will be put in place by the carers Commissioning Group to support the winning bidder and ensure that the targets for increased support for carers and young carers are achieved.

Section 151 Officer Commentary

35. The County Council is facing a very serious financial situation, whereby it is forecasting a significant revenue budget overspending in this year, and does not have a balanced nor sustainable budget plan for future years. Although this planned expenditure has been included within the current Medium Term

Financial Plan, agreeing to this recommendation will reduce the council's options to balance the budget in the future.

36. It is noted though that the award of these contracts will deliver £0.57m of cashable savings and the national cost modelling conducted in relation to the provision of support to carers indicates that the cost to the council of not maintaining these services would likely be higher.

Legal Implications – Monitoring Officer

37. This report concerns a project which will enable the Council, working in partnership with the Clinical Commissioning Groups, to meet its statutory duties to carers. Given the Council's current financial position, members will wish to ensure that it will be effective in meeting that duty and provide value for money. However, it should also be noted that this project is funded from the Better Care Fund, and forms part of the Surrey Better Care Plan, which is governed by an agreement with the CCGs and national guidance. Any changes to the Plan must be approved by the Local Joint Commissioning Group, and ultimately NHS England have the power to intervene if monies are not spent in accordance with the Plan.
38. The Council advertised the procurement exercises in the Official Journal of the European Union. Bids were evaluated using objective criteria. Both procurements were legally compliant with EU procurement law, the Public Contracts Regulations 2015 and the Procurement Standing Orders.

Equalities and Diversity

39. The scope of this commissioning and procurement exercise is to respond to the needs of Surrey carers. It is designed to seek to maintain and extend the reach of preventative support services while achieving savings through efficiencies. The integrated area based approach to services replaces a range of independent grant funded provision across the county comprising of local carers support and training carers, a learning and work service and a GP recognition project that works with GP practices.
40. There is a change to service and reduction in spend as a consistent county wide approach is needed that is locally responsive. To help facilitate this, Surrey was broken into four lots based on areas with each working to a standard specification. These new larger area services are more likely to be financially resilient than the current smaller services.
41. The proposed Home based breaks contract maintains current support for carers and therefore there are no negative impacts to address.
42. Equality Impact Assessments (EIA) have been undertaken. The EIA "Independent Carers Support Services merging into new Area Model" is attached as annex 1 and the EIA: "Home Based Breaks for Carers" as Annex 2.

Corporate Parenting/Looked After Children implications

43. Both services work with adult carers but as part of a whole family approach the service will identify children in the household who may be young carers and refer them to appropriate sources of help. Support for young carers has considerable preventive benefits, helping reduce the risk of harm to these children and young people and reduce the likelihood of them being taken into care.

Safeguarding responsibilities for vulnerable children and adults implications

44. Providing timely information, advice and support to carers helps reduce stress for carers; which in turn reduces the risk of incidents requiring safeguarding interventions. Identification of young carers and referring them to appropriate sources of assistance helps reduce the risk of harm to the children and young people in question and diminishes the risk of them being left to undertake inappropriate levels of caring.
45. As part of the delivery of this contract all workers that will be assigned to work with or have exposure to vulnerable adults or children will be subject to an enhanced DBS check. The suppliers will have in place robust DBS procedures that are in keeping with the Council's policies.

Public Health implications

46. The support to carers delivered through this service is designed to promote the health and wellbeing of carers and reduces the risks of stress related illness.

WHAT HAPPENS NEXT:

47. Following agreement by Cabinet:
 - Contracts will be formerly offered to the successful bidders
 - Regular Monitoring Meetings will be held with successful bidder to ensure that the targets for increased volume of support are achieved

Contact Officers:

Independent Carers Support	Home Based Breaks for Carers
John Bangs - Carers Strategy and Development Manager (01483 519145)	John Bangs - Carers Strategy and Development Manager (01483 519145)
Jason Duncombe, Procurement Category Specialist (0208 541 9401)	Yasi Siamaki, Procurement Category Specialist (020 8541 8543)

Consulted:

Internal: Cllr Mel Few, Cabinet Member for Adult Social Care, SCC Adult Social Care Senior Management Team, Orbis Procurement and Commissioning for SCC, Orbis Legal and Finance Departments for SCC.

External: The specification was developed jointly with the 6 CCGs in Surrey. This was based on continued delivery of objectives in the co-designed Surrey carers Commissioning Strategy.

Informed:

Members of the Carers Commissioning Group were a part of the evaluation panel and are aware of the outcome of the bidding process.

Bidders have also informed of the evaluation panel's recommendations, and that the recommendation is subject to approval by Cabinet.

Annexes:

Annex 1 - EIA Independent Carers Support Services merging into new Area Model

Annex 2 - Equalities Impact Assessment: "Home Based Breaks for Carers"

Sources/background papers:

- "Recognised, Valued and supported: Next steps for the Carers Strategy"
(Department of Health Nov 2010)
 - "*Valuing Carers 2015*" Leeds and Sheffield Universities and Carers UK
 - Economic Case for Investment in Local Carers Support (Dept Health & others 2015)
 - Impact Assessment for the Care Act Department of Health (October 2014)²
 - Joint Strategic Needs Assessment for Surrey
 - Surrey Joint Carers Commissioning Strategy
 - Making It Real for Young Carers (Young Carers Strategy for Surrey)
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ASC Grant and Contract Review: Equality Impact Assessment

Surrey Carers Commissioning Group

1. Topic of assessment

EIA title:	Independent Carers Support Services merging into new Area Model
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EIA author:	John Bangs Carers Strategy and Development Manager
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2. Approval

	Name	Date approved
Approved by	Sonya Sellar, Area Director, Mid Surrey	24 October 2016

3. Quality control

Version number	4	EIA completed	25/10/16
Date saved	25/10/16	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
John Bangs	Carers Strategy and Development Manager	Surrey County Council	Carers Commissioner
Debbie Hustings	Carers Partnership manager	Guildford and Waverley CCG	NHS Carers work co-ordination
Ron Critcher	Carers Policy Officer	Surrey County Council	Carers
Martin White	Senior Manager (ASC Commissioning and Procurement)	Surrey County Council	Commissioning Support Unit

5. Summary

Summary	
CPIGS ID (list)	
Provider name	9 Local Carers Support Organisations and Action for Carers Surrey
Description of scheme	Independent Carers Support Services merging into new Area Model
Local or countywide	County wide approach (with local delivery)
Current expiry date	30 September 2016
Minimum notice period	In line with Surrey Compact
Financial Impact for 2016/7 and ongoing	<i>Saves £570k a year from 2017/18 -See Carers Commissioning Group paper for details</i>

6. Purpose and performance

Purpose and performance	
Purpose of schemes	<p>Carers Support</p> <p>The 10 Carers Support organisations currently provide information, advice, support and advocacy to carers covering all 11 District and Boroughs</p> <p>Carers and Employment</p> <p>The Learn and Work Service officers carers specialist support in relation to vocational training and work provided on a county wide service</p> <p>GP Awareness Programme</p> <p>Works with GP practices on a county wide basis to improve carers experience of primary care including promoting carer registration and carer prescriptions and breaks.</p>
Is the scheme meeting its purpose(s)?	<p>Yes - In delivering support to carers although one local carers support scheme has had problems at Trustee level and the service has been re-commissioned.</p> <p>Despite this one local problem Surrey has a high reputation nationally for delivery of independent carers support.</p>
Are there other existing schemes which can achieve this scheme's purpose(s)?	<p>There are several other sources of help for modest numbers of carers but these would have little impact compared to the carers supported through these schemes (currently around 17,000 carers a year).</p> <p>General advice services do not have the degree of specialism necessary to deliver this service and frequently refer to local carers support services.</p>

7. Impact Analysis

Impact analysis	
Reduce spend	
Factor to consider	What is the impact of reducing spend?
Residents, including carers	<ol style="list-style-type: none"> 1. The Care Act 2014 created new obligations for carers; based on the principle of “equality of esteem for carers”. The act removed the requirement in relation to carers’ assessments for carers to be undertaking regular and substantial care. This means nearly all of the carers supported by our early intervention services would otherwise be entitled to a carers’ assessment and at least information and advice. 2. The need for such services is also highlighted in the Government’s National carers Strategy. 3. The legislation also enhances obligations for cooperation placed on CCGs and these have been amplified through the new Memorandum of Understanding developed by NHS England. Maintaining an effective range of preventative services will be essential to enable CCGs in Surrey to respond to this initiative effectively. 4. According to the 2011 Census there are 108,433 carers in Surrey. Of these 52,050 carers were providing over 20 hours care a week. (48% of the carers) The above total also includes 64,884 carers who are also juggling work with caring. Carers also save the public purse approximately £1.8 billion per annum in Surrey alone by caring for individuals who would otherwise need more support from the state. As such carers must be suitably supported in their caring, and the purpose of this contract is to provide respite and in turn improve the quality of life of carers in Surrey. 5. There is strong evidence that supporting carers helps prevent breakdown of caring situations and avoids far greater cost for the provision of more expensive, more intrusive “care packages”. More details can be read in <i>“Economic Case for Local Investment in Carer Support – Dept Health and ADASS: March 2015”</i> which includes a case study based on cost modelling in Surrey. 6. It is essential to maintain support to carers but to find a way of making this sustainable in difficult financial circumstances. Should these services cease, there would be thousands of additional carers assessments requested; almost certainly leading to greater cost. What is being sought is an approach that captures most of the current benefits and supports similar or greater numbers of carers for less money. 7. There does appear to be some scope for efficiencies in how adult carers are supported including moving to an area basis for carers

Impact analysis

support. This would replace existing borough/ district based provision and the county wide GP Carer Awareness and Learning and work. It is thought that a new integrated area model would allow for savings in back office costs, increased use of triage, better use of technology and should facilitate greater consistency. For example, there could be four office locations instead of 12 as present and reductions in administration and management costs.

8. There are significant new opportunities to build on use of the new digital offer developed in partnership with Carers UK.
9. The independent carers support services being replaced by this new area model provided support to about 17,000 carers per year. The target for provision under the new system is 20,000 carers a year to be supported and it is expected that this will be achieved during year two of the contract.
10. Some carers organisations have questioned whether any significant savings can be made in back office and management costs but they had not been keen on the suggested area model that should deliver this.
11. This would constitute a new replacement service and require a fresh bidding process.
12. It should be borne in mind that the carers' organisations will also have meet additional costs arising from new stakeholder pensions requirements.
13. The planned approach has the potential to make a 33% saving in a full year while maintaining an effective service.

Options for area based carers support

14. Consideration has been given to providing carers support through a new area based model. This will need to provide for effective local delivery to carers and interface with health and social care. There are several potential sets of boundaries that might apply - shown in points 13 to 15 below (with % of carers covered in brackets – based on data from JSNA).
15. The option shared with carers support schemes was the initial thinking around 3 areas aligned to CCG boundaries:
 - + NW CCG (29.2%)
 - + Guildford/ Waverley including Farnham Surrey Heath (29.8%)
 - + Surrey Downs CCG and East Surrey CCG (41.0%)
(or Surrey Downs and East could be separate lots)
16. Concern has been expressed about a model that splits Elmbridge and it has also been noted that the above is a somewhat uneven split in

Impact analysis

terms of the numbers of carers so an alternative might be:

- + Elmbridge, Runnymede, Spelthorne & Woking (35.2%)
- + Guildford, Waverley including Farnham & Surrey Heath (29.8%)
- + Epsom & Ewell, Reigate & Banstead, Mole Valley & Tandridge (35 %)

17. A further alternative with 4 areas is:

- + Runnymede, Spelthorne & Woking (24.4%)
- + Guildford, Waverley including Farnham & Surrey Heath (29.8%)
- + Elmbridge, Epsom & Ewell, Banstead & Mole Valley (30.1 %)
- + East Surrey (15.7%)

18. A decision was made to support the 4 area model in point 16 above as this was thought to provide the best fit with CCG boundaries and the planned “STP Footprints” and would also allow for effective interface with Social Care.

19. There will be opportunities to increase the reach of the service amongst BAME carers. For the services in question about 9.4% of the carers supported are from BAME communities. This is compared to 17.5% of the Surrey population (see table below from BAME Steering Group 2016)

Provider	Total Carers Served*	BAME Carers Served
Woking Carers Support	909	210
Elmbridge Carers Support	1862	113
Mole Valley Carers Support	1368	Not known
Spelthorne Carers Support	2307	687
Surrey Heath Carers Support	870	58
Epsom Carers Support Banstead	621	10
Epsom Carers Support Epsom and Ewell	1074	25
East Surrey Carers Association Tandridge	1565	104
East Surrey Carers Association Reigate	1591	61
Waverley Carers Support	606	7
Guildford Carers Support	844	41
Runnymede Carers Support	1478	90
AfCs Learning & Work	266	38
Totals	15,387	1444 (9.4%)

Impact analysis			
		<ul style="list-style-type: none"> Overall numbers of carers are thought to be higher at 17,000 a year 	
Provider organisations	<p>There is potential for some reconfiguration of how the support is provided, although the degree of this will depend on the outcome of the bidding process.</p> <p>There is a risk that some current providers may no longer receive funding. Should this happen the mechanisms afforded by the Surrey Compact will apply and support offered to the trustees of organisations effected and their staff.</p>		
Demand on Surrey County Council services	<p>It is considered that the new model will be able to support 15% more carers than as present. There are also increased opening hours. There should therefore only be limited impact (if any) on services from Adult Social Care. There is potential for positive impacts as described below.</p>		
Demand on Health and other partners' services	<p>As the new model should be able to support 15% more carers than at present, there should therefore only be limited impact (if any) on services from Health and potential for positive impacts as described below.</p>		
Surrey County Council's reputation (and of our CCG partners)	<p>There is likely to be a negative reaction from some carers groups; particularly those who may be at risk of losing funding. However, not all carers organisations are opposed to the change. However, it should be noted that the proposal enables the council and it's partners to continue to fund an independent carers support service in line with our Surrey Carers Commissioning Strategy.</p> <p>The reach of the service is to increase and extended opening hours should be well received; particularly by working carers</p>		

8. Impact of the proposals

A) Impact on residents and people with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	<p>Active support to carers helps avoid a risk of any associative discrimination to family members of people with a "protected characteristic"</p> <p>There is to be an</p>	<p>Although there is a reduction in spend with a resultant risk of reduced support for carers, this has been more than offset by a range of measures:</p> <ul style="list-style-type: none"> - Reduced back office costs - greater use of triage - improved use of 	<p>Specification for service requires a 15% increase in numbers of carers supported by the service</p>

	increased reach of the service that should afford this benefit to 15% more carers	technology As a result there is expected to be an increase in the reach of the service by about 15%	
Disability	This service is open to everyone with different disability types. Active support to carers helps avoid a risk of any associative discrimination to family members of people with a “protected characteristic”	Although there is a reduction in spend with a resultant risk of reduced support for carers, this has been more than offset by a range of measures - Reduced back office costs - greater use of triage - improved use of technology As a result there is expected to be an increase in the reach of the service by about 15%	Specification for service requires a 15% increase in numbers of carers supported by the service
Gender reassignment	This service is open to all.	None identified but there is recognised to be a risk that carers from “hard to reach” or marginalised groups could be unaware of the service.	The service specification and contract will require the successful service provider to work with the Council to ensure that publicity and referrals systems help ensure that the service is fully accessible to all including those from “hard to reach groups”.
Pregnancy and maternity	This service is open to all.	None identified	
Race	This service is open to all races.	None identified but there is recognised to be a risk that carers from “hard to reach” or marginalised groups could be unaware of the service.	The service specification and contract will require the successful service provider to work with the Council to ensure that publicity and referrals systems help ensure that the service is fully accessible to all including those from “hard to reach groups”. This will include a particular focus on increasing the numbers of carers supported from BAME backgrounds

Religion and belief	This service is open to everyone with different religion and belief.	None identified but there is recognised to be a risk that carers from “hard to reach” or marginalised groups could be unaware of the service.	The service specification and contract will require the successful service provider to work with the Council to ensure that publicity and referrals systems help ensure that the service is fully accessible to all including those from “hard to reach groups”.
Sex	This service is open to all.	None identified but there is recognised to be a risk that carers from “hard to reach” or marginalised groups could be unaware of the service.	The service specification and contract will require the successful service provider to work with the Council to ensure that publicity and referrals systems help ensure that the service is fully accessible to all including those from “hard to reach groups”.
Sexual orientation	This service is open to all.	None identified but there is recognised to be a risk that carers from “hard to reach” or marginalised groups could be unaware of the service.	The service specification and contract will require the successful service provider to work with the Council to ensure that publicity and referrals systems help ensure that the service is fully accessible to all including those from “hard to reach groups”.
Marriage and civil partnerships	This service is open to all.	None identified	

8 (b). Impact of the proposals on staff with protected characteristics

* There is no impact on County Council staff

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	N/A*		
Disability	N/A*		

Gender reassignment	N/A*		
Pregnancy and maternity	N/A*		
Race	N/A*		
Religion and belief	N/A*		
Sex	N/A*		
Sexual orientation	N/A*		
Marriage and civil partnerships	N/A*		

9. Summary of Key impacts

Key Impacts	The proposed action will maintain the service with a lower level of funding; reduced by 33% but reconfigured so as to expand the current reach of the service.
What are the negative impacts?	There is a potential loss of capacity if a simple 33% reduction is made. A simple reduction in levels of support could clearly have negative consequences for carers and those they look after (some of who have protected characteristics). However the area model proposed does not envisage a reduction in levels of service so the efficiencies identified fully mitigate against this.
How will any negative impacts be mitigated?	<p>The revised specification for the service will address this in a number of ways so that current levels of service can be achieved and enhanced but at reduced cost. It will require local delivery whilst achieving consistency of approach.</p> <p>There will be increased use of triage techniques and information technology as well as reductions in back office costs. As a result, the numbers of carers supported are expected to rise to over 20,000 the end of the contract.</p> <p>Following the outcome of the bidding process there will be an action plan to ensure continuity of service to carers. This will include facilitating liaison between organisations where there is a change of service provider and ensuring effective communication to carers.</p> <p>Work will also be undertaken with partner agencies to facilitate effective referrals to the new service.</p>
What, if any, are the positive impacts?	<p>The service will reach an estimated 15% more carers by the end of the contract.</p> <p>There will be extended opening Hours being achieved.</p>

	<p>This should provide a more consistent service achieved through a new area model and this in turn could help improve interagency collaboration. The revised specification will also have a clearer focus on addressing the needs of BAME carers.</p>
<p>If the scheme will continue to be funded, against what objectives and how will these be measured?</p>	<p>Specific services measures and outcomes for carers within the new contract. There will be regular monitoring through the Carers Commissioning Group with reports also provided to each CCG</p>

ASC Grant and Contract Review: Equality Impact Assessment

Surrey Carers Commissioning Group

1. Topic of assessment

EIA title:	Home Based Breaks for Carers
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EIA author:	John Bangs Carers Strategy and Development Manager
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2. Approval

	Name	Date approved
Approved by	Sonya Sellar, Area Director, Mid Surrey	24 October 2016

3. Quality control

Version number	4	EIA completed	25/10/16
Date saved	25/10/16	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
John Bangs	Carers Strategy and Development Manager	Surrey County Council	Carers Commissioner
Debbie Hustings	Carers Partnership manager	Guildford and Waverley CCG	NHS Carers work co-ordination
Ron Critcher	Carers Policy Officer	Surrey County Council	Carers
Martin White	Senior Manager (ASC Commissioning and Procurement)	Surrey County Council	Commissioning Support Unit

5. Summary

Summary	
CPIGS ID	
Provider name	Surrey Crossroads
Description of scheme	Home Based Breaks for Carers
Local or countywide	Countywide
Current expiry date	February 2017
Minimum notice period	In line with Surrey Compact
Financial Impact for 2016/7 and ongoing	<i>Maintains current spend -See Carers Commissioning Group budget paper for details</i>

6. Purpose and Performance

Purpose and performance	
Purpose scheme	To provide flexible short break for carers through the provision of replacement care
Is the scheme meeting its purpose(s)?	Yes = with a very high degree of satisfaction from Carers being reported
Are there other existing schemes which can achieve this scheme's purpose(s)?	Not at present although the service is currently being re procured so there may be others available in the future but this would still require funding. There is not free alternate provision.

7. Impact Analysis

Impact analysis	
Maintain spend	
Factor to consider	What is the impact of reducing spend?
Residents, including carers	<p>This project is in response to the National Carers Strategy (November 2010), which “identifies the actions that the Government will take to support its priorities to ensure the best possible outcomes for carers and those they support.”</p> <p>A need for breaks for carers has been further emphasised where the Care Act 2014 and Children and Families Act 2014 have increased the responsibilities of local authorities to support carers. The Government is set to launch a new National Carers Strategy early in 2017 and this is expected to re-emphasize the need to enable carers to have a break. Carers breaks services have been shown to:</p> <ul style="list-style-type: none"> • maintain the physical and mental health of carers and their families • maintain their independence and reduce carer break down • empower carers to manage their caring roles and have a life outside of caring • avoid the need for more expensive interventions via care packages <p>According to the 2011 Census there are 108,433 carers in Surrey. Of these 52,050 carers were providing over 20 hours care a week. (48% of</p>

Impact analysis

the carers) The above total also includes 64,884 carers who are also juggling work with caring. Carers also save the public purse approximately £1.8 billion per annum in Surrey alone by caring for individuals who would otherwise need more support from the state. As such carers must be suitably supported in their caring, and the purpose of this contract is to provide respite and in turn improve the quality of life of carers in Surrey.

There is also a strong body of evidence that providing timely preventative support for carers is far cheaper than providing more formal interventions when caring situations break down. This is well evidenced in the "Economic Case for In Local Investment in Carers Support (2015 – Department of Health ADASS & others). This shows strong cost avoidance benefits where each pound spent on supporting carers prevents a cost three times as much due to carer break down. As highlighted above this would suggest that over the life of the contract there would be a cost avoidance benefit of over £25 million for the County Council.

The Children's Service (Children With Disabilities) require supplementary provision of domiciliary support services to provide breaks for parent carers and develop and support disabled children and young people as individuals to minimize the barriers they face. The Home Based Breaks service also provides opportunities for their inclusion in mainstream and universal activities of their choice within their local communities. Best value can be obtained by linking this requirement with those of adult's services. The contract also includes arrangements for customised support for carers of people in the End of Life period (where life expectancy is less than 12 months).

This is provided through strategic funding from Carers Breaks element of the Better Care Fund – (including funding from former CCG budget). Discussion with CCGs indicates a high degree of priority for continuing this service.

In 2015/6 the service provided over 104,000 care hours providing replacement care that gave carers time to themselves (see appendix). Around 2000 carers a year benefit from the service.

Any reduction would mean directly taking away services from carers, resulting in cases having to be re assessed by ASC (including risk assessments). In many cases there could end up with greater cost to ASC.

Consultation with carers shows a high degree of priority for maintaining this service

Colleagues from CCGs were strongly opposed to any reduction in this service.

End Of Life Care

Strategic Funding from Carers Breaks element of BCF is used to fund this service that aims to support carers in end of life caring situations and thus supporting people choosing to die at home. – (former CCG budget). Discussion with CCGs indicates a high degree of priority for maintaining this.

Impact analysis	
	<p>In 2015/6 the service provided 12,710 care hours providing replacement care in End of Life cases that gave carers time to themselves (see appendix)</p> <p>If cut, cases would need response from statutory services – most likely at greater cost and also increasing pressure on Social Care Teams.</p>
Provider organisation	The provider would potentially cease to operate if all their funding was withdrawn altogether. They would be able to continue to operate with some reduction in spend although withdrawing services from individuals would be very problematic.
Demand on Surrey County Council services	<p>A reduction or cessation of this service would lead to a substantial increase in requests for carers assessments which could have a destabilising effect on adult social care teams due to a potential flood of assessments. There would probably be a significantly greater cost arising from services agreed through this process.</p> <p>Should the current contract be extended for a further four year period this would be expected to save the council more than £25 million over the life of the contract in terms of cost avoidance by reducing risk of carer breakdown leading to a needed for funded support packages. (This is based on “Economic Case for In Local Investment in Carers Support (2015 – Department of Health ADASS & others).</p> <p>Failure to support carers would also risk negative impacts for disabled people and frail older people who have protected characteristics. However, maintaining the service will avoid this risk.</p>
Demand on Health and other partners’ services	A reduction or cessation of this service would place more pressure on health services and CCGs were strongly opposed to any reduction in this service
Surrey County Council’s reputation (and of CCG partners)	Any significant reduction in this service would be likely to highly contentious and therefore have a negative effect in terms of the council’s reputation.

8. Impact of the proposals

a) Impact of the proposals on residents and people with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	This service is open to all age groups including Young Carers - defined as Carers under the	None identified as there is no change to the service being delivered.	

	<p>age of 18.</p> <p>Active support to carers helps avoid a risk of any associative discrimination to family members of people with a “protected characteristic”</p>		
Disability	<p>This service is open to everyone with different disability types.</p> <p>Active support to carers helps avoid a risk of any associative discrimination to family members of people with a “protected characteristic”</p>	None identified as there is no change to the service being delivered.	
Gender reassignment	<p>This service is open to all.</p>	None identified but there is recognised to be a risk that carers from “hard to reach” or marginalised groups could be unaware of the service.	The service specification and contract will require the successful service provider to work with the Council to ensure that publicity and referrals systems help ensure that the service is fully accessible to all including those from “hard to reach groups”.
Pregnancy and maternity	<p>This service is open to all.</p>	None identified	
Race	<p>This service is open to all races.</p>	None identified but there is recognised to be a risk that carers from “hard to reach” or marginalised groups could be unaware of the service.	The service specification and contract will require the successful service provider to work with the Council to ensure that publicity and referrals systems help

			ensure that the service is fully accessible to all including those from “hard to reach groups”.
Religion and belief	This service is open to everyone with different religion and belief.	None identified but there is recognised to be a risk that carers from “hard to reach” or marginalised groups could be unaware of the service.	The service specification and contract will require the successful service provider to work with the Council to ensure that publicity and referrals systems help ensure that the service is fully accessible to all including those from “hard to reach groups”.
Sex	This service is open to all.	None identified but there is recognised to be a risk that carers from “hard to reach” or marginalised groups could be unaware of the service.	The service specification and contract will require the successful service provider to work with the Council to ensure that publicity and referrals systems help ensure that the service is fully accessible to all including those from “hard to reach groups”.
Sexual orientation	This service is open to all.	None identified but there is recognised to be a risk that carers from “hard to reach” or marginalised groups could be unaware of the service.	The service specification and contract will require the successful service provider to work with the Council to ensure that publicity and referrals systems help ensure that the service is fully accessible to all including those from “hard to reach groups”.
Marriage and civil partnerships	This service is open to all.	None identified	

8 b). Impact of the proposals on staff with protected characteristics

* There is no impact on County Council staff

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	N/A*		
Disability	N/A*		
Gender reassignment	N/A*		
Pregnancy and maternity	N/A*		
Race	N/A*		
Religion and belief	N/A*		
Sex	N/A*		
Sexual orientation	N/A*		
Marriage and civil partnerships	N/A*		

9. Summary of Key impacts

Key Impacts	The current service will be maintained at current levels of funding supporting carers as previously
What are the negative impacts?	None because the service is to continue
How will any negative impacts be mitigated?	N/A
What , if any, are the positive impacts?	New contract will offer opportunity to establish greater focus on supporting BAME carers.

Appendix

Home Based Breaks

CCG	Q1 Apr - Jun 2015	Q2 Jul - Sept 2015	Q3 Oct - Dec 2015	Q4 Jan - Mar 2016	Total Hours
East Surrey	4,699	4,975	4,610	5,121	19,404
Guildford and Waverley	4,040	4,115	4,049	3,758	15,961
NE Hampshire and Farnham	553	552	531	706	2,342
NW Surrey	11,115	10,522	10,960	10,063	42,659
Surrey Downs	4,536	4,430	5,140	4,863	18,969
Surrey Heath	458	695	742	1,127	3,022
Unregistered	762	464	421	117	1,764
Total	26,163	25,751	26,452	25,755	104,120

Home Based Breaks End of Life Care

CCG	Q1 Apr - Jun 2015	Q2 Jul - Sept 2015	Q3 Oct - Dec 2015	Q4 Jan - Mar 2016	Total Hours
East Surrey	475	489	424	573	1,962
Guildford and Waverley	669	400	554	665	2,288
NE Hampshire and Farnham	192	145	91	93	521
NW Surrey	1,491	1,409	1,277	1,475	5,652
Surrey Downs	649	491	444	339	1,923
Surrey Heath	131	26	26	55	238
Unregistered	65	46	4	11	126
Total	3,672	3,007	2,821	3,211	12,710

NB: totals may not equal the sum of each quarter due to rounding

Form to call in a decision – please complete all fields marked *

If you require any assistance, please contact Democratic Services on 020 8541 9122.

Your Details

First Name *

Surname *

Decision-making body *

Cabinet

Elmbridge

Epsom & Ewell

Guildford

Mole Valley

Reigate

Runnymede

Spelthorne

Surrey Heath

Tandridge

Waverley

Woking

Decision taken *

Support Services for Carers Contract Award – Independent Carers Support Service

Date decision taken *

Reason(s) for calling in the decision

See next page

Desired outcome

Figures and evidence provided to members on SCSB as to how the service can expand its reach and quality given such a large reduction in resource

Identified evidence

Cabinet papers – Item 9:
<https://mycouncil.surreycc.gov.uk/documents/g4593/Public%20reports%20pack%20Tuesday%2022-Nov-2016%2014.00%20Cabinet.pdf?T=10>

Desired Witnesses

Cllr Mel Few
Helen Atkinson
Carers Support Mole Valley
Carer of Epsom
Epsom & Ewell Borough Council
John Bangs
Action for Carers, Surrey

Member calling in decision

1. Member *
- Date of call-in
2. Member
3. Member

Committee responsible for examining this decision

- | | |
|---|--|
| <input type="checkbox"/> Cabinet | <input type="checkbox"/> Communities |
| <input type="checkbox"/> Council Overview & Scrutiny | <input type="checkbox"/> Education |
| <input checked="" type="checkbox"/> Adult Social Care | <input type="checkbox"/> Environment & Transport |
| <input type="checkbox"/> Children & Families | <input type="checkbox"/> Health Scrutiny |

Call-in by Select Committee

Select Committees have the power to call in decisions made, but not yet implemented, by the Cabinet and/or local committees if they feel that the decision is inappropriate. Implementation will be delayed while the Select Committee meets.

A decision can be 'called in' for scrutiny by the Chairman or Vice-Chairman of the relevant Committee or by any three or more Committee members from more than one political party. A decision must be 'called in' within five days of publication of the decision by the Cabinet and/or local committees (decisions must be published within three working days of the Cabinet and/or local committee meeting). The Chairman of the Select Committee must then call a meeting of the Committee within another ten working days.

The Select Committee can interview the Cabinet Member and/or Council officers and make recommendations to the decision-maker suggesting improvements to the decision.

Issues to consider when deciding whether to call in a decision:

- Has the Cabinet adequately taken account of the appropriate Select Committee's views?
- Can the query be satisfied without a call-in?
- Is call-in constitutionally possible (e.g. Is the issue a Cabinet decision)?

- Can you build the case for a call-in? You will need to work with the Scrutiny Officer for the Committee to identify evidence and plan an approach.

Call-in of Local Committee decisions by Cabinet

The Cabinet can call in decisions made by a local committee that have a significant policy or budgetary implication. The Leader, Deputy Leader or any three or more members of the Cabinet may call in a decision within five days of its publication by the local committee. The call-in will be discussed at the next appropriate meeting of the Cabinet (in discussion with the local committee chairman) with no action being taken on the decision in the meantime. The local committee chairman may attend the Cabinet meeting and speak on the item. The Cabinet may choose to accept, reject or amend the decision of the local committee.

Reasons for call in

- Total lack of clarity and detail around how service reach can increase by 15%, no evidence presented to Cabinet to back up this assertion. No figures, statistics or plan presented to Cabinet to set out how this objective can be achieved and in what timescale
- No details provided as to what the digital offer or what modern technology will be used, and concerns unaddressed over whether this will be appropriate given the cohort and demographics of carers in the county.
- Figures on p341 of Cabinet papers (part two) suggest a 33% reduction in the cost of the contract – no details or clarity provided as to how this will impact on the service and how the reach of the service can increase given this large reduction in resource
- No information on the impact on existing providers and implications for the other services they provide to users in their local areas

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Social Care Services Board

9 December 2016

Update on Accommodation with Care & Support Strategy

Purpose of report:

To provide an update on the Adult Social Care Accommodation with Care & Support Strategy over the past twelve months.

Introduction:

1. The Accommodation with Care and Support Programme is a programme of work looking at all accommodation-based services that we commission and provide for residents of Surrey who have care and support needs. The Accommodation with Care and Support Strategy was considered by this Board, and approved by Cabinet in December 2015, giving a commitment to the direction of travel.
2. Surrey residents are actively choosing to make accommodation choices which are suitable for the longer term and their future care needs, with an increase in people being supported to live independently. The predicted trend for accommodation needs in Surrey shows a declining demand for residential care with a growing popularity in Extra Care type accommodation. However, we also know that the population of Surrey is growing, people are living longer and living with more complex needs. Consequently, despite the trend towards more independent living, we are also expecting to see a growth in demand for dementia specialist residential and nursing care.
3. Working towards three strategic aims, the Programme aims to increase the options available for residents needing accommodation with care and support, by integrating our approach across health, care and the community, and re-shaping the market to ensure everyone has access to the right support regardless of tenure.
4. Through the programme, the Council is looking to develop local partnerships and opportunities for a range of flexible and financially self-sustaining accommodation with care and support that will enable adults to live and age well.
5. It is important across all strands of the Programme that the Council's ongoing work on debt management within ASC is implemented. In line with adopted best practice, appropriate referrals will be made to the Finance and Benefits Team in ASC where an individual is considered to be subject to the Council's current rules on charging. The timeliness of these referrals and assessments will be important part 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.

Strategic Aims

6. The Programme has three strategic aims:
 - Reduce the age at which people enter nursing provision
 - Commission only dementia specialist residential care and in doing so reduce the ratio of beds commissioned by 10%.
 - Provide 600 Extra Care apartments across the county by 2025
7. In order to progress these, the programme has four work streams. A short update on each work stream is provided below:
 - Extra Care
 - Residential and nursing care
 - Mental Health
 - People with Learning Disabilities

Extra Care

8. In line with the strategy and approach outlined above, the Council has a vision to deliver an additional 600 Extra Care apartments across the county by 2025.
9. Extra Care housing is an option of accommodation for older people which can offer a choice of independent living in a community setting, with care and support services delivered according to individual need. It offers a way for people to continue to live as independently as possible when their care and support needs increase, without the need to move into more institutionalised forms of accommodation. Extra Care housing is about living at home, not in an institution. Within Extra Care housing people have their own front doors and legal rights to occupy. There is a clear distinction between Extra Care housing and residential care as recognised by the Care Quality Commission.
10. There are many benefits associated with Extra Care Housing:
 - Care and support services can be flexed around the individual and their changing needs
 - There are opportunities to develop accommodation further as hubs of the local community, for residents and non-residents alike
 - Individuals are able to live within and be part of thriving local communities and remain independent
 - Provision of purpose built accommodation with a range of tenures and developed to a quality standard, including the ability for assistive technologies to be added on an individual basis
 - Provision of a range of activities and opportunities that support Surrey's Family, Friends & Community strategy.
11. Based on the current profile of needs, at least 1 in 4 of the residents we support in Residential Care, but possibly as many as 1 in 3, could have their needs met within an Extra Care setting. In Surrey, we do not currently have enough capacity of Extra care facilities to offer this choice. We want to work with and stimulate the market to

develop the capacity needed to enable this shift away from traditional residential care services. This work will be carried out in a phased approach.

12. Analysis of planning applications shows that the private market is dominant in Surrey, with no affordable provision being put forward over the last 3 years. Surrey does not have the same number of providers present in the market when compared to nearby Local authorities.
13. A market engagement event held in August 2016 demonstrated that there is interest from Extra Care providers and developers in working in Surrey. The key concerns identified were land availability and uncertainty over full utilisation of facilities. The market's feedback was that they will require the Council to play a role in identifying and offering suitable parcels of land. The Council will also need to demonstrate its commitment to Extra Care in the long-term, with some guarantees on the number of hours of care the Council will purchase.
14. The development of an Extra Care housing scheme should be seen as an opportunity to enhance the locality and existing services. For Extra Care housing schemes to operate as a community hub, additional consideration needs to be given to ensure that the schemes are located within a community setting and accessible by public transport.
15. Regard to the following site specific criteria is important when making decisions around scheme locations:
 - The relationship of a scheme to the local community in which it is to be located
 - Level access to the scheme and surrounding facilities
 - Proximity to retail/GP/leisure facilities/places of worship
 - Links to existing services for older people
 - Proximity to other older people's accommodation
 - Easy access to GP/primary care and other community health services
 - Planning requirements constraints
 - Low crime/low risk neighbourhood
 - Easy access to local transport services
 - Potential market for mixed tenure
16. As part of this work a full programme of consultation has been conducted with CCGs and borough and district councils who have provided support for the direction of travel. Health colleagues recognise the whole system benefits of this approach and see this as a key part of health and social care integration. A number of district and boroughs have also highlighted accommodation with care and support as a key element of their local plans in terms of future housing needs and are therefore keen to work with the Council on developing this market.
17. Further discussions have taken place with the Surrey Chief Housing Officers Group, Surrey Enabling Officers Group, Surrey Planning Working Group and the Surrey Planning Officers Group to discuss the council's strategic aim for Extra Care. This

has enabled the Council to engage in detailed planning discussions for individual areas and the sharing of data and information on capacity, demand and need across the local areas.

18. A paper will be considered by Cabinet in December in relation to the provision of Extra Care. It will include asking Cabinet:

- To approve, in principle, the use of Surrey County Council assets as part of the business case and offer to stimulate the market.
- To note that further engagement with the market concerning the final offer will take place ahead of a full tender

Residential/nursing

19. Adult Social Care has unprecedented financial pressures. Much of this can be attributed to the growing cost of care and the under supply of providers willing to accept Surrey County Council fees. We are engaging with the market on a local, and county wide level to assess how we can encourage them to work with Surrey to develop affordable provision. We have held a market engagement event to determine what the barriers and challenges are.

20. Over the next ten years we are anticipating a huge increase in the demand for residential and nursing provision as a direct result of the growing population and the fact that people are living longer with more complex needs means that nursing care and high end dementia specialist provision will be paramount. Any provision procured by Adult Social Care must be good quality, safe and sustainable.

21. As part of this work we need to be sure that we are using available Surrey County Council assets to best meet the need of the adult social care population at a time where the whole council is financially stretched and looking for more sustainable options for land. As part of this we have undertaken work to assess the future use of the former in house home sites.

22. We have been working with Surrey County Council's corporate planning team within Environment and Infrastructure to identify how we can better feed into local plans and identify how we can influence local boroughs and districts to help us address the growing problem of affordable provision. We also need to establish relationships with entrants into the care market within local areas to better influence our ability to secure good market rates.

23. We have also established a series of market engagement events to provide an opportunity for us to engage with the market and identify how we might be able to overcome any challenges and barriers that both the council and providers face.

24. Later this year, the Accommodation with Care and Support Board will be considering key information relating to the anticipated growth in demand for residential and nursing care over the next ten years alongside key milestones and pressure points in terms of assets, finances and workforce.

People with learning disabilities

25. Surrey is undertaking a Strategic Shift towards providing more supported living for people with learning disabilities.
26. In line with the National Service Model which states that people should be offered a choice of housing, including small-scale supported living Surrey County Council's Commissioning Strategy for People with Learning Disabilities is to develop housing in to ensure settled accommodation for people with learning disabilities and/or autism, including
- the growing numbers of young people coming through transition
 - an ageing population and
 - people with behaviours that are described as challenging

This may be required because of sensory needs, as part of behaviour support, or because of the effect some individuals may have on neighbours through noise or otherwise. (Page 16, Surrey Learning Disability and Autism Strategy 2016-2020 <http://www.surreypb.org.uk>)

27. The National Service Model also indicates:
- People should be supported to live as independently as possible, rather than living in institutionalized settings (which, for instance, housing with occupancy of six or more can quickly become).
 - Housing should not create new campus sites, hence commissioners should be cautious of contracting with providers keen to create schemes of multiple units within close proximity.
 - It has been shown that people who present with behaviour that challenges can be effectively supported in ordinary housing in the community.
 - People should not be placed in voids in existing services or group living arrangements if it is not based on individual need and based on a person - centered approach to planning.
28. Funding has been identified from NHS England to re-develop buildings that have previously provided care, no longer deemed fit for the future into modernised supported living. Work is underway to develop options for appropriate sites and engaging with the market providers to develop new services based on demand

Mental health

29. This work stream is at an early stage in identifying how best we can support those with mental health needs in the future.
30. A Steering Group has been initiated which will meet on a monthly basis. The first meeting was held in early October. Representatives from Adult Social Care, Public Health, Procurement, District & Borough councils and CCGs sit on this group.

31. Collective agreement has been reached on project scope, project brief and terms of reference for the Steering Group. A presentation was made at the Emotional Wellbeing and Mental Health Partnership Board to start engaging service users and professionals. The project team are in the process of outlining milestones and starting to identify the data required and where this data can be sourced. It is expected that this will be clearer after the next Steering Group meeting.

Report contact:

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New Models of Delivery lead

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Sources/background papers:

ASC Integrated Commissioning statements
Accommodation with Care and Support Strategy
Surrey Learning Disability and Autism Strategy 2016-2020

Social Care Services Board

9 December 2016

PREVENT STRATEGY ACTION PLAN

Purpose of report:

The purpose of the report is to provide the Board with an overview of the recent Counter Terrorism legislation, the duties and role of the Council and the work that has been and will be undertaken to implement the legislation and supporting guidance.

Introduction:

1. The Governments Prevent strategy, published in 2011, is part of their overall counter-terrorism strategy, called CONTEST. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.
2. The Prevent strategy has three specific strategic objectives:
 - a. respond to the ideological challenge of terrorism and the threat we face from those who promote it;
 - b. prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support; and
 - c. work with sectors and institutions where there are risks of radicalisation that we need to address.

The Counter-Terrorism and Security Act 2015:

3. The Counter-Terrorism and Security Act 2015 set out the duty on local authorities and partners to provide support for people vulnerable to being drawn into terrorism. This new local authority duty was in effect a transfer of responsibility from one that was previously held by the Police.
4. All local authorities are expected to assess the threat of radicalisation in their areas and to take appropriate action, for example to make checks on the use of their public buildings, their internet filters and any unregulated out of school settings, including after-schools clubs and groups, supplementary schools and tuition centres to support home education.
5. Local authorities across the UK are categorised by the Home Office on the basis of risk as either Priority or non-Priority Areas. The local authorities in Surrey are all classed as non-Priority Areas, however there are Priority areas our borders, for example Croydon and Hounslow to the north and Crawley to the south.

6. The [Prevent duty guidance](#), published alongside the act sets an expectation that local authorities will:
 - Establish or make use of an existing local multi-agency group to agree risk and co-ordinate prevent activity (these multi-agency groups, through local authorities, will be expected to put in place arrangements to effectively monitor the impact of Prevent work).
 - Use the existing counter-terrorism local profiles to begin to assess the risk of individuals being drawn into terrorism.
 - Engage with Prevent coordinators, schools, universities, colleges, local prisons, probation services, health, immigration enforcement and others as part of the risk assessment process.
 - Mainstream the Prevent duty so it becomes part of the day-to-day work of the authority, in particular children's safeguarding.
 - Any local authority that assesses, through the multi-agency group, that there is a risk will be expected to develop a Prevent action plan.
 - Ensure frontline staff have a good understanding of Prevent, are trained to recognise vulnerability to being drawn into terrorism and are aware of available programmes to deal with this issue
7. Schools are placed under a new duty of care to their pupils and staff. This includes safeguarding them from the risk of being drawn into terrorism, which includes non-violent extremism. The guidance states schools should be safe spaces in which children and young people can understand and discuss sensitive topics, including terrorism and the extremist ideas that are part of the terrorist ideology, and learn how to challenge these ideas.
8. Government inspectorates are charged with ensuring the required plans are in place and actions are being taken. Discussion has taken place with council Prevent leads and using the simple template provided by the Home Office action plans have been progressed, an e-learning package for staff has been placed on the Skills Academy and there has been training offered to Councillors
9. Channel, which the 2015 Act put on a statutory basis, is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach, known as Channel Panels, to protect vulnerable people by:
 - a. identifying individuals at risk;
 - b. assessing the nature and extent of that risk; and
 - c. developing the most appropriate support plan for the individuals concerned.
10. The Counter Terrorism & Security Act requires Channel panels to be chaired by the responsible local authority. In the case of two tier authorities, it is the responsibility of the county council to chair the panel and take on the responsibilities. See appendix 1 for details of the responsibilities of the local authority chair

Channel Cases

11. Channel¹ is a programme that uses a multi-agency approach to protect vulnerable people by:
- a. identifying individuals at risk;
 - b. assessing the nature and extent of that risk; and
 - c. developing the most appropriate support plan for the individuals concerned.
12. In Surrey there have been small numbers of Channel cases, less than 10 a year to date, however referrals to the Police in the past 12 months have increased as a result of the CT & S Act 2015 and this in turn is expected to increase the numbers of cases that reach the Channel threshold.
13. Cases to date have been chaired by the Community Safety Manager, as the Prevent operational lead and in line with the requirement that in two tier authorities it is the responsibility of the county council to chair the panel and take on the responsibilities. As numbers of cases increase there will be a need to train additional chairs so that the Council can demonstrate its lead responsibility.
14. Issues arising from learning to date:
- The need for a pool of trained Channel Panel chairs.
 - That all partners will contribute to Channel support plans and their delivery.
 - That the representative attending the Channel Panel needs to be of sufficient seniority to make decisions and /or access resources

15. Governance of Prevent in Surrey

16. The Surrey County Council strategic lead for Prevent is Yvonne Rees, Strategic Director for Customers & Communities, and the operational lead is Gordon Falconer, Community Safety Manager.
17. Following the transfer of lead responsibility for Prevent from the Police to Surrey County Council the Council acquired the lead responsibility for the County wide, multi-agency Prevent Group. This group was a large group involving a wide range of public sector organisations. Initial meetings of this group have been useful in getting a common shared understanding of the new duty and responsibilities. However as time has moved on the size of the group has meant meetings have become largely information giving sessions mitigating against meaningful discussion. In the summer of 2016 the group agreed to proposals to create a new structure of a smaller multi-agency executive group that would

¹ See appendix 1 for details about Channel

provide oversight of the delivery of Prevent, including Channel, in the County and which would report to the Community Safety Board.

- It was also agreed that there would be an annual Prevent seminar/learning event involving a wide range of organisations from across the County.
- Within Surrey County Council there is Prevent Group consisting of the Prevent leads from across all directorates who meet quarterly.
- All directorates are required to have in place a 'Prevent action plan' using the Governments pro-forma, see appendix 2.

Funding

18. In 2015-16 all local authorities were offered by the Government up to £10,000 to support their Prevent work. The twelve local authorities in Surrey worked together to pool the funding available and then worked in partnership to deliver a range of actions, the key ones being staff and Member training and awareness raising. There is no expectation of any further funding being made available by the government.

19. Funding opportunities will continue to be explored, whether from central government or other sources, as this is an important agenda which came with no additional resources and which will remain a high profile issue.

20. Links will also be made with other related important agendas, for example, Modern Slavery, CSE, to explore opportunities for mutual funding bids.

Adult Social Care's Response

21. The Counter Terrorism Act of 2015 places a duty on the Local Authority and its partners to provide support for people who are liable to be drawn into terrorism.

22. Within Adult Social Care the lead person for co-ordinating the PREVENT response is currently the Strategic Head of Safeguarding and QA, Vernon Nosal who is responsible for ensuring that links between the children and adults board are established and maintained.

23. There is e-learning available for staff and PREVENT is "championed" by the locality safeguarding advisors. PREVENT and staff responsibilities are also included in the Adult Safeguarding Multi- Agency Procedures.

24. In response to a request from the Community Safety Partnership it has been agreed that each panel will be able to call upon the attendance of a local safeguarding advisor when cases arise and this advisor will be able to give advice and guidance and/or arrange for the appropriate local response to, or on behalf of, individuals who may be involved in terrorism at the outer margins.

25. In partnership with a range of agencies, locality teams will be able to provide assessment and services as and when deemed to be appropriate to the situation.

26. The Adult Social Care Plan for 2015 – 16 is attached in appendix 2

Future

Nationally:

27. The Government is presently reviewing its counter terrorism strategy, 'Contest'. It is not expected that there will be significant changes and despite calls in some quarters to alter or abandon Prevent it is unlikely that there will be a change in direction. What is expected is that there will be greater scrutiny of local authorities as to how they are managing and delivering the Prevent programme.

28. Before the summer the Government was proposing an Extremism Bill, including the promotion of British values, however there has been no information following the post Brexit changes of Prime Minister and Cabinet.

Locally:

29. The new county wide multi-agency Prevent executive group will be holding its first meeting at the beginning of January 2017 and will then meet quarterly to monitor and oversee the delivery of Prevent across the County. There are also plans being made for a county wide Prevent seminar, in 2017, to share the learning to date and discuss how we might be more effective in tackling the circumstances that lead to someone becoming radicalised.

30. Channel Panels will be established to manage cases as and when notification is received from the Police.

31. The Surrey County Council Prevent Group, which has quarterly meetings planned throughout 2017, will be reviewing the progress on the directorate's Prevent action plans.

Conclusions:

32. The report has provided the Board with an overview of the Counter Terrorism legislation, the duties and role of the Council and the work that has been and will be undertaken to implement the legislation and supporting guidance.

33. Officers have, within existing resources, made a good start on managing this new duty whilst providing training and e-learning opportunities to staff.

34. The recent review of the Prevent governance structure and the implementation of new structures both across the County and within the Council will, it is expected, make a difference.

Recommendations:

That the Board agrees to receive a further report at the end of 2017 outlining the progress made within the Children's and Adult's Directorates and the Council as a whole on the implementation of Prevent.

Next steps:

Report contact: Gordon Falconer, Community Safety Manager, Customers & Communities

Contact details: Telephone – 0208 541 7296, Email – gordon.falconer@surreycc.gov.uk

Sources/background papers:

- Counter Terrorism & Security Act 2015 - <https://www.gov.uk/government/collections/counter-terrorism-and-security-bill>
- Prevent Duty Guidance - <https://www.gov.uk/government/publications/prevent-duty-guidance>

“The Local Authority Chair

The Channel Panel Chair is responsible for:

- a. having oversight of all Channel cases in their area;
- b. ensuring that the appropriate representatives are invited to each meeting as panel members;
- c. establishing effective relationships across statutory agencies to ensure effective co-operation over information sharing and attendance at panel meetings;
- d. establishing the appropriate support plan for identified individuals by using the expertise of the panel;
- e. ensuring that risks of persons being drawn into terrorism are identified and are referred to the appropriate agencies for action;
- f. ensuring an effective support plan is put in place, and that consent is sought from the individual before that plan is put in place; and
- g. ensuring individuals and/or organisations on the panel carry out their elements of the support plan so that an effective support package is delivered.

The Chair should be fully briefed by the Channel Police Practitioner on every referral discussed at panel so that they can assess all aspects of the case with rigour and agree the most effective support plan.”

HM Government – Channel Duty Guidance

Sector: Local authorities – County Council (Adult Social Care)			
Action	Owner	Update	Status
Surrey Partnership			
Identify and maintain a Prevent lead to act as a single point of contact on Prevent matters	Vernon Nosal		Complete
Prevent to sit as a standing item on the County wide Community safety board.			
Maintain a link between the Prevent partnership board and both Children's and Adult safeguarding boards.	Ditto		Ongoing
Maintain a county wide, multi agency, Prevent partnership group to monitor and assess the impact of Prevent work			
Maintain a Prevent action plan to effectively manage local risk, threat and vulnerability	Ditto	E-learning suite set up in July 2015. Incorporated into induction pack for all new ASC staff	Ongoing
Agree proportionate arrangements for sharing risk assessment and agreeing Prevent action plans with Borough and District authorities			
Internal and external procedures in place to share information about vulnerable	SSAB	PREVENT initiative included in Surrey Multi-Agency procedures	

individuals including information sharing agreements.			
Support the Channel project by chairing multi agency Channel panels and ensuring the panels are fit for purpose.			
Ensure involvement of local communities within Prevent and assess local impact of activity on these communities			
Risk assessment			
Support the process of the CTLP including attending multi agency briefings and providing relevant information and input to the process	Vernon Nosal		Complete
Incorporate Prevent duty into local authority led safeguarding policies such as those identifying children at risk	Ditto		See above
Staff Training			
Ensure front line staff have a good understanding of Prevent and are able to recognise vulnerabilities.	Ditto	e-learning and involvement in WRAP training Training offer made to Safeguarding Advisors who are the lead contact personnel	Ongoing
Ensure front line staff understand the referral process into Channel and how it manages individuals vulnerable to being drawn into terrorism	Ditto	Ditto	

Use of Local authority premises			
Ensure publicly used premises are not used by extremist organisations			
Ensure organisations working with the local authority are not engaged in extremist activity			
Safety Online			
IT equipment available to the general public should use filtering solutions to limit access to extremist material			
IT policies in place to ensure staff are protected from terrorist related content			
Local authority to host Prevent related material on its public facing website			
Supporting children			
Private and voluntary organisations providing children's services are included and aware of local authority safeguarding policies			
Gain understanding of out of school settings including supplementary schools, youth groups and tuition centres			
Ensure these locations have appropriate safeguarding measures in place			

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Social Care Services Board

9 December 2016

Report from Assistant Director for Children's Services

Purpose of report:

1. This report relates to the agreed Performance Management information created for both this Board and the Improvement Board. It is also utilised to satisfy other interested groups and parts of the wider council. It is an attempt to keep things targeted and focused and is the "one single vision of the truth".

It is the subject of regular review and discussion at the Performance and Finance Sub-Group Board meeting.

2. The information is a digest of a much fuller reporting scheme as it concentrates on the key areas as identified by this Board. It is produced independently of the service area and the commentary within it reflects that independence. The report covers the period to the end of October. At the point of writing the content of the report is unknown but will be the subject of a brief introduction covering any areas of concern.
3. The report is produced by the Performance and Knowledge Management unit who take responsibility for monitoring for significant changes such as an increasing trend or sudden "spike" in the areas considered to be the main areas of interest.

On this occasion Children's Services Management in conjunction with "PKM" have included for the Board's consideration a new indicator that relates to timeliness of visits to children subject to a Child Protection Plan. The significance of which will be explained at the Board meeting.

4. Finally, it was the stated aspiration of the Board not to continue to oversee Key Performance Indicators (KPIs) once they are seen to have improved; and if the improvement is maintained to remove them from the report and to concentrate on a different area. At this time improvements are being seen but it is considered premature to remove any of the present KPIs until the improvement has been sustained for a longer period of time.
5. Children's Services undertake a programme of audit and self-assessment each month. The Children's Continuous Improvement Team lead this work and are supported by the Principal Social Worker and Practice Coaches. In addition to this work and as part of our improvement journey, a Quality Assurance Framework has been developed for Children's Service and Early Help. This framework, held in the Commissioning and Prevention division of the service will provide an independent view of quality of practice and support our collective understanding of practice quality and impact.
6. We are all responsible for knowing and understanding the quality and impact of our practice. Political and professional leaders and staff at all levels must understand the experience of children and families and be aware the true impact of our practice. The discipline of observing, noticing, recording, reflecting, and learning will be central to delivering a robust quality and performance system. This process will inform decision

making about how we change and improve practice and should be augmented by our values.

Report contact: Sam Bushby, Assistant Director for Children's Services

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Sources/background papers:

Annex 1: Children Schools and Families Quality Assurance Framework and Approach

Annex 2: Surrey Children's Services Improvement Board - Monthly Performance

Compendium

Children Schools and Families Quality Assurance Framework and Approach



Counting
what counts for
children

November 2016

This document will be updated regularly and fully reviewed annually

1

Version 1.0



SURREY

Contents

- 1. Counting what counts for children**
 - 2. Introduction**
 - 3. Our Purpose**
 - 4. Our Safer Surrey Principles and Practice Values**
 - 5. Our Quality Assurance Approach**
- Annex 1: Roles and Responsibilities**

1. Counting what counts for Children

We are all responsible for knowing and understanding the quality and impact of our practice. Leaders, managers and staff at all levels must understand what it is like to receive a service from Surrey, to challenge practice and improve experiences. We must strive to boldly know ourselves, what's working and what we need to change. This framework is our Quality Assurance Process that will provide that insight and the tools to make informed and targeted change. We are committed to our Safer Surrey Practice model which supports this approach, enabling strength based working across all activities.

Our Quality Assurance processes will test our 'Safer Surrey Approach' to ensure we effectively listen to children and families; that decision making is effective and timely; assessments are comprehensive, multiagency, analytical and of high quality; and interventions lead to demonstrable improvement in outcomes. **We are testing quality.** Quality Assurance must be an enabler that supports cultural change. It is the start of the conversation. Quality Assurance provides children's workers with the tools to make this happen.

Senior leaders and Elected Members will dedicate time and energy to this, including visits to different teams to discuss practice. In addition, Senior Leaders and Elected members will hear about, scrutinise and challenge the quality and impact across our services as part of our Quality and Experience reporting cycle.

This will provide confidence that standards are being met, improvements are delivered and we have clear evidence of the impact of our practice for children and families. Our quality assurance processes will also support us to communicate, celebrate our achievements and support strategic decision making.

Our programme of quality assurance activity will deliver an overview of the journey of the child and evidence the delivery of improved outcomes. This is strongly based on our strength based practice model and methods as set out in respective inspection frameworks.

We are creating new arrangements to support us to take a more independent and cross-cutting view of the quality and impact of our work with children, young people and families. Our newly created Quality and Experience Service will be responsible for coordinating this independent view working to ensure we know ourselves and promote a culture of challenge and learning.

The programme will be dynamic and subject to ongoing review and with the analysis of reporting will inform the focus of quality assurance activity, policies, procedures, training and service provision.

2. Introduction – From early help to statutory services

- 2.1 Measuring the quality and impact of service delivery, understanding what is good and supporting staff to learn and improve is central to achieving improved outcomes for children. This requires a strong quality assurance system to be in place that tells us whether our Safer Surrey approach is being delivered effectively and consistently, which enables children's welfare to be **safeguarded and promoted**. We are all responsible – this is a **participatory approach** that includes us all – from our elected members to our front line practitioners. We will boldly and relentlessly focus on the quality of our practice.
- 2.2 Our approach covers the Children Schools and Families Directorate:
- Children's Social Care
 - Early Help and Family Services
 - MASH
 - Commissioning
 - Schools and Learning
 - SEND
- 2.3 An important element of our approach is participatory quality assurance. We understand that improving practice quality is a learning and collaborative process. We have therefore introduced a range of participatory review activities that will enable those taking the action to grow in their practice. In some cases the reviewer and the practitioner to review case work together, bringing together their skills and knowledge to support learning and improved practice.

3. Our Purpose

- 3.1 Our overall purpose is to:
- Bring about improved outcomes for children, young people and their families by improving awareness, professional confidence and practice thus improving the quality of service delivery.
 - Count what counts so that we know and understand quality, consistency and impact of our Safer Surrey approach – boldly knowing ourselves.
 - Identify areas of strength whilst also ensuring short falls in quality are identified and addressed to bring about continuous development and improvement across services.
 - Enable the development of robust whole service, team and individual supervision, training and development plans linked to the findings of quality assurance activity. Quality is everyone's business.
 - Clearly define roles and responsibilities in relation to quality assurance, to strengthen accountability and promote a culture of feedback aimed at driving forward practice, service development and improved outcomes.

4. Our Safer Surrey Principles and Practice Values

- 4.1 [Safer Surrey](#) is our approach to delivering strengths based practice with our children, young people and families. It works on the belief that children and their families have the strengths, resources and ability to recover from adversities. It has its roots in

solution focused brief therapy and creates a common language used by all professionals from universal services through to child protection. It starts from the premise every child and family has resources, assets and strengths

4.2 Our Safer Surrey principles and values were developed directly with 350 staff and service users and form the basis of what we will be measuring to understand the quality of our work.

4.3 Safer Surrey Principles:

- **Collaboration:** Safer Surrey is based on colleagues having a shared language and understanding of risk/need and coming to a shared viewpoint, thereby removing the risks associated with poor communication. The shared language will enable us to establish past harm, danger, and complicating factors which need to be addressed and how we all share in addressing those needs.
- **Professional curiosity and critical thinking:** Safer Surrey promotes a questioning approach; showing professional curiosity to ensure the child is protected.
- **Planning for success:** It is important that we can identify what good practice looks like to achieve a more balanced approach to risk management. The Safer Surrey practice guide provides examples of good practice that we should follow.
- **Supportive organisational culture:** Organisational culture reflects how we want to work with families. We need to be a learning organisation continually reflecting and growing from our experiences.

4.4 Safer Surrey Practice Values:

- We build relationships with children, young people and their families as people
- We believe in children, young people and their families
- We are open and honest, doing the best we can with children and young people to keep them safe and well, without making promises we can't keep
- We respect the skills and resources each person brings to their work, listening to and learning from each other
- We support each other, regardless of team or organisation, and focus on working together in a holistic way (including sharing resources)
- We make processes as simple as possible, allowing some flexibility to change them to meet the needs of children, young people and families
- We take responsibility for mistakes, and say sorry
- We make sure everyone is working with a manageable amount of children, young people and families
- We make sure everyone feels well, safe and secure, reassured we have 'got their back' (especially during difficult times)
- We supervise staff, allowing time to share and reflect on our work, and recognise success stories
- We provide chances to take a next step in a career here, including steps which are not into social work

Surrey County Council's Corporate Values

4.5 This quality assurance framework complements Surrey County Council's corporate values as we are committed to delivering excellent services and support where we treat all our residents well and with respect. The Council's corporate priorities and

values are outlined in the [Confident in Surrey's future: Corporate Strategy 2016-21](#) and our values are:

- Listen
- Responsibility
- Trust
- Respect

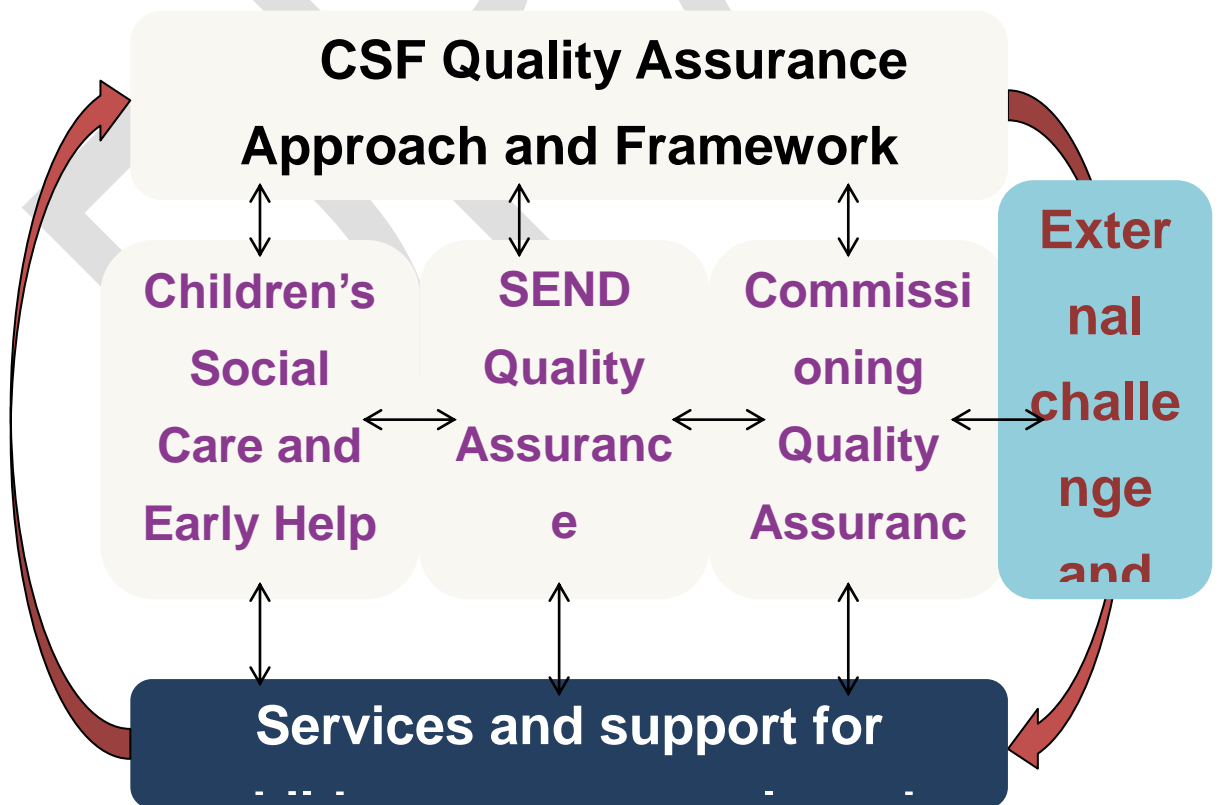
4.6 The Council is also committed to delivering excellent customer service to all our residents and our [Customer Promise](#) outlines this in detail.

5. Independent Quality Assurance

5.1 In Children Schools and Families we see quality assurance as everyone's responsibility. Counting what counts for Children. Each service area; children's services, early help and family services, commissioning and special educational needs and disabilities, has its own range of activities which help us know and understand the quality of our practice.

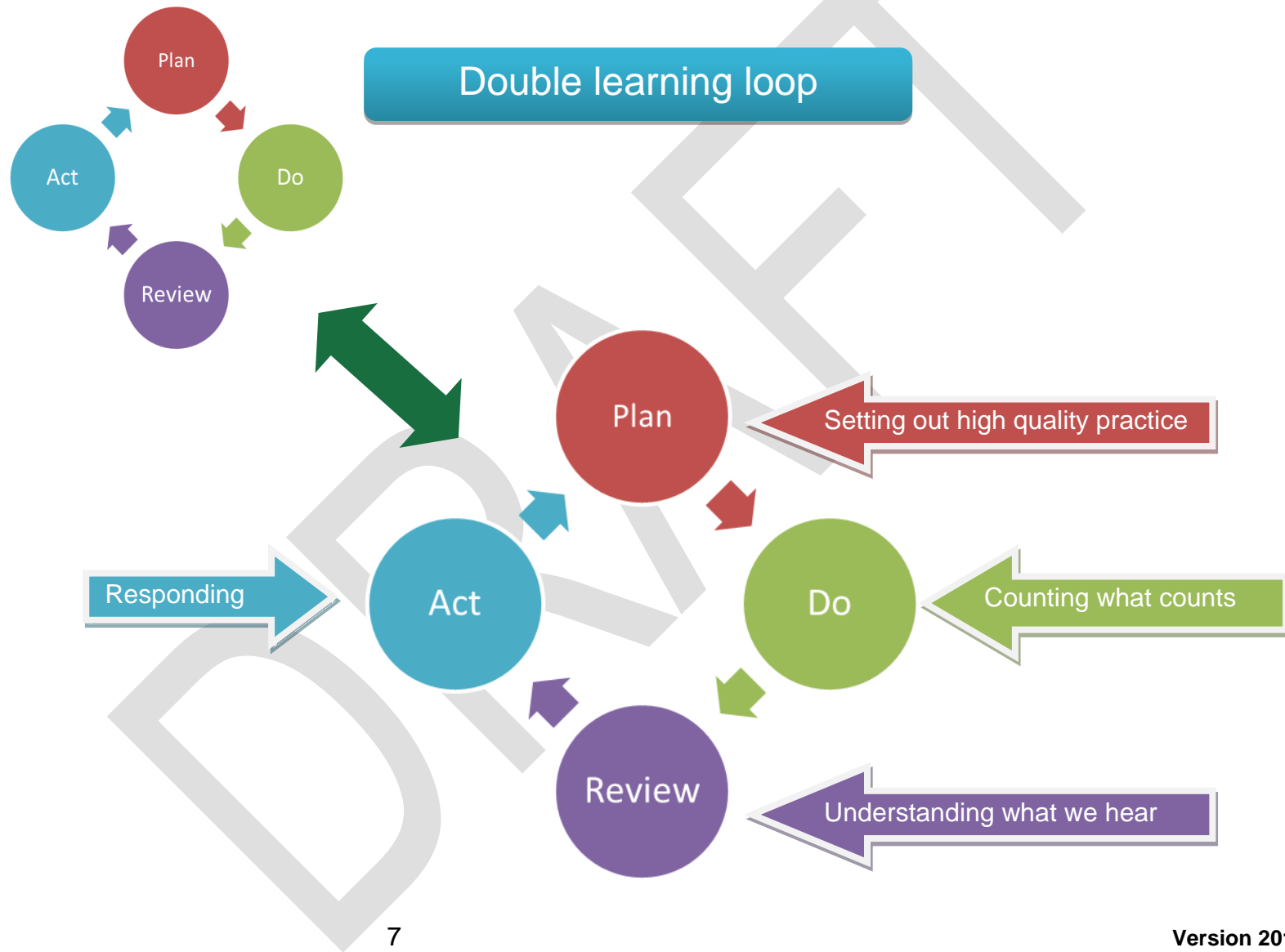
5.2 The Quality and Experience part of the directorate has been created to provide an independent view of the quality of practice right across CSF. Quality and Experience will use a range of measures and activity to help challenge and support the directorate to continue to meet and exceed our standards. This will ensure we collectively learn, develop and ultimately improve outcomes for children, young people and their families in Surrey.

Figure 1: Our Quality Assurance set up



Version 2016.11.16

6. Our Approach to making a difference to the experiences and outcomes for children



Stage in cycle	Activity
Plan	This sets the scenes for our expectations of good practice through Safer Surrey and policies, procedures and roles and responsibilities that reflect current statutory requirements and guidance, National, Regional and Local policy, in relation to a particular topic or issue.
Do	Quantitative and qualitative information is gathered: performance indicators and outcomes measures, audits, compliments and complaints, feedback from staff, partners, children, young people and their families, and from policy, reviews and inspections (including monitoring visits).
Review	The quantitative and qualitative information gathered is analysed to understand the quality of practice and the experience of children, young people and families. It will tell us how well embedded and consistent our Safer Surrey approach is and will tell us what the key strengths and areas for improvement are.
Act	<p>Feedback to all staff about the outcome of the quality assurance activity on a regular basis with a focus on actions, owned by relevant leads, needed to improve outcomes and experience children and young people.</p> <p>These actions can include:</p> <ul style="list-style-type: none"> • Awareness raising • Practice developments • Training, learning and development plans • Changes to guidance and local policy, procedures, standards etc. <p>Monitoring of the effectiveness of the agreed actions in improving outcomes perpetuates the cycle of continuous improvement and is captured through our double learning loop cycle (in green in diagram above).</p>
Double Learning Loop	Our approach will systematically understand where we need to improve and put actions in place to make those improvements. The double learning loop refers to planning and reviewing the learning we put in place to ensure it has the desired improvement, and helping to ensure that improvement is embedded.

7. Reporting Cycle

Monthly reporting cycle for Children’s Social Care and Early Help

- 7.1 There will be a monthly cycle of reporting to Children’s Services Management Team (including Head of Early Help and MASH) and CSF Leadership Team, which will subsequently be made available to all staff. This will be on the quality and consistency of our Practice (Safer Surrey) and the experience of children and families.
- 7.2 Whilst under improvement measures the Children’s Improvement Board will also receive these reports monthly.
- 7.3 This reporting approach will be extended to all parts of the directorate as quality assurance arrangements are developed.

Quarterly Report

- 7.4 Each quarter a quality and performance report for the whole directorate will be produced and presented to the leadership team, providing cross cutting insight and analysis on ‘how we are doing’.

8. Roles and Responsibilities

Role	Responsibilities
Elected Members	<p>Democratically elected by the residents of Surrey, all elected members are corporate parents to all of Surrey’s children and young people, including those that most need our help. Surrey has two cabinet members and an associate cabinet member who play a leading role in holding officers to account and challenging and supporting improved outcomes. This includes:</p> <ul style="list-style-type: none"> • Holding the DCS and CSF leadership team to account • Playing an active role in key governance boards such as the Children’s Improvement Board, Corporate Parenting Board etc. • Conducting visits to teams to observe and understand practice • Being a key voice of residents <p>The council’s scrutiny function also provides challenge and support to officers and Elected member over quality and performance of practice and will do this formally at Social Care Services Board at least once a year.</p>
Chief Executive	<p>Holds the DCS and CSF Leadership Team to account for the overall performance and quality across CSF, and plays a key role working with Elected Members and strengthening strategic relationship across the Partnership.</p>

	The Chief Executive chairs the Corporate Parenting Board and is involved in audit activity.
DCS and CSF Leadership Team	The DCS and CSF leadership team will lead and be accountable for the quality and performance of the whole directorate, supporting and challenging staff at all levels to ensure children and young people improve outcomes and have a good experience of the support they receive. This will be conducted in many different ways including 1-1 meetings, chairing and representation on governance boards and conducting visits and audit activity of case work.
Managers	Managers at all levels across CSF take responsibility for working together with practitioners to improve practice. They are heavily involved in audit activity and are a key component to creating better ways of doing things and supporting staff to embed learning.
Practitioners	Practitioners deliver the practice to children and families day in, day out. Every individual is responsible for their own quality and performance. They will work with children and families and their managers to improve practice and improve outcomes as well as being heavily involved in audit activity.

Annex 1: Roles and Responsibilities

This is a comprehensive table of quality assurance activity for Children’s Services. Some of the activity could naturally fall under more than one heading – for the purposes of not duplicating each activity only appears once within the table. All activity outcomes will feed into the learning loop.

1. Counting what counts

1.1 Children’s Social Care and Early Help

Role	Frequency	Purpose	Reporting
Chief Executive	Average one case per month (minimum)	To seek assurance about compliance with service standards and quality of practice across Children’s Social Care and Early Help.	
Director of Children’s Services	Average one case per month (minimum)	To seek assurance about compliance with service standards and quality of practice across Children’s Social Care and Early Help.	
Assistant Director, Children’s Services Assistant Director, Commissioning and Prevention	Average four cases per month (minimum) on a team rotational basis.	To seek assurance about compliance with service standards and quality of practice across Children’s Social Care and Early Help.	
Assistant Director, Schools and Learning	One case per quarter	To seek assurance about compliance with service standards and quality of practice across Children’s Social Care and Early Help.	
Area Heads of Children’s Services, and Head of Countywide Services and Head of Safeguarding	Two cases each per month (minimum).	These senior managers will at random select cases audited by Team Managers and cross audit them. This cross audit process is designed to strengthen consistency by ascertaining that the case file audit protocol is being adhered to, that the practice standards are being applied appropriately and that required	

		actions are appropriate and have been followed up.	
Service Managers and Team Managers (EH and Social Care)	Four cases per month (Minimum)	Service managers will at random across practitioners select four cases each month to be audited ensuring compliance with service standards, practice guidance and to reflect on in supervision.	
Nominated Social Workers including NQSWs and from Academy.	Two cases per month	Nominated social workers will progress specific audits and/or themed audits as identified the quality assurance findings. Group activity to support learning.	
Responsive thematic focus	Quarterly	<p>Themed audits will be undertaken by staff from the internal QA pool. The aim of themed audits will be to consider specific areas of practice.</p> <p>These themes will be identified through our quality assurance activity as areas that need specific focus or are areas of good practice.</p>	
APSWs, Practice Coaches, Family Group Conference	Monthly	Feedback reports observation.	Safer Surrey Report
Head of Early Help	Two cases per month (minimum).	The head of Early Help will at random select cases audited by Area Managers and cross audit them. This cross audit process is designed to strengthen consistency by ascertaining that the case file audit protocol is being adhered to, that the practice standards are being applied appropriately and that required actions are appropriate and have been followed up.	
Virtual School Head Teacher	One case per month	Provided as part of the AD Children's/ AD Commissioning and Prevention Audit	
Early Help	Two cases		

Area Managers	each per month (minimum).		
Early Help borough managers	Four cases each per month (minimum)		
LADO	Two cases a month		

1.2 Quality and Experience Service

Role	Frequency	Purpose	Reporting
Independent Reviewing Officers	Monthly reports to feed into the QA reporting cycle – will use Safer Surrey Model, including identifying and affirming good practice. Casework issues escalated as usual	To quality assure case management and practice.	
Child Protection Chairs	Monthly reports to feed into the QA reporting cycle – will use Safer Surrey Model. Casework issues escalated as usual	To quality assure case management and practice.	
QA team	5 per team member – Children’s and Early Help	Flexible and responsive dip-sampling - Quality assurance of audits, directed from monthly reporting	
QA team	Rapid response from agreeing forward activity following QA report – via Continuous improvement team	Review impact of improvements as per areas of improvements identified.	
QA team	In line with partnership priorities and Ofsted interest - Children’s and Early Help	Themed audits	
Independent	Monthly reports to feed into		

Visitors	the QA reporting cycle – will use Safer Surrey Model. Casework issues escalated as usual		
Head of Quality and Experience	Monthly	Compile report on quality of practice across children's social care and early help	

1.3 Surrey Safeguarding Children's Board Contribution.

Sub Group	Frequency	Purpose	Reporting
Learning and Improvement Sub Group	Attendance at monthly meetings and engagement in all case reviews.	To recommend whether a Serious Case Review should be held, to keep under review procedures for Serious Case Reviews and action plans and to undertaken Near Miss reviews.	
Learning from Serious Case Reviews			
Multi Agency Audit Group	Quarterly	To undertake single and multi agency audits, to review and monitor the effectiveness of processes in respect of individual cases or specific issues..	

2. Elected Members Responsibility

Named Role and Associated Activity	Frequency	Purpose	Reporting

Lead Member for Children Visit or shadowing frontline social work teams and Early Help	As available – to 6 teams a year	Supported by the relevant Senior Manager, visits to frontline social work and the safeguarding and quality assurance service will be undertaken. This will provide the Lead Member with the opportunity to hear and understand first-hand about positives in practice as well as pressures and issues that social workers are facing	
Social Care Services Board		Directorate Annual Report.	
Annex A Information	Feeds into monthly narrative report	Produced by insight and innovation.	

3. Chief Executive Responsibility

Activity	Frequency	Purpose	Reporting
1:1 meeting with Director of Children's Services	Monthly	Service discussion with focus on quality of practice, strategic objectives and development.	
Individual Performance Appraisal meetings with the Director of Children's Services.	Six monthly	To monitor and evaluate quality of practice against agreed objectives and plans.	
Individual meeting with Independent Chair of Surrey Safeguarding Children's Board.	Quarterly	To discuss Children's Services contribution to board activity and to ascertain the Independent Chair's views about how Children's Services are contributing to multi agency safeguarding.	
Meeting with Independent	TBC	Head of Quality and Experience and Head of Continuous Improvement to	

Chair of Surrey Safeguarding Children's Board and Director of Children's Services		attend meeting with the Chair and Director of Children's Services to test common understanding of progress and impact	
Meeting with Principal Social Worker	TBC		

4. Complaints

Activity	Frequency	Purpose	Reporting
Surrey CSF Complaints Team produce information on complaints and compliments received.	Monthly/six weekly Annual report	Emerging themes from complaints/compliments are used together with all quality assurance information and user feedback to inform training and development plans, advance practice and influence and shape service development.	

6. Listening to staff

Activity	Frequency	Purpose	Format
Annual Staff Survey	Annual	To listen to staff about their experiences working in SCC	On line
Big Survey	Annual	To listen to staff views and experiences of working in their roles	Annual survey
Mighty Meetings – led by Assistant Director for Children's Services. Cross section of staff attend	Quarterly	To listen to staff views and experiences, and do shared development and learning	Face to face
Director of Children's Services lead focus group/visits to front-	Quarterly	To focus on: <ul style="list-style-type: none"> • What is working well? • What are you worried 	Face to face

line social care and early help staff		<p>about?</p> <ul style="list-style-type: none"> • What percentage of your time is spent working directly with children? • Safer Surrey in practice – is it working? • Capacity • Training • Management and supervision 	
Communities of Practice	?	For practitioners to share learning and tackle improvements together	Face to face
Practice coaches	Monthly/six-weekly	To feedback what is working and what is worrying staff and also what actions are being taken to address improvements	Face to face and monthly report.
Exit interviews	In the month prior to staff leaving	To identify strengths and deficits worker experienced in working in Surrey.	Face to Face or Online ?
Self-Assessment	Ongoing?	Commitment to self-assessment? To be picked up in supervisions??	
Recognition Scheme	Monthly	Recognition to front line staff for good work identified by the audit. Box to be added onto audit tool in order for audit team to collate	

Children Looked After and Care Leavers			
Forum	Frequency	Purpose	Lead
Statutory Visits	6 weekly – maximum. May be more frequent.	The Child's views and feelings have been sought. The Child is seen and spoken to away from their carer, where this is age appropriate.	Social Worker
Children Looked After Review	Within 20 working days after being looked after, thereafter within 3 months of the Initial review. Subsequent reviews are conducted at no more than 6 monthly intervals	The statutory CLA Reviews review arrangements for Children looked after in accordance with review procedures	Independent Reviewing Officer (IRO)
Surrey Care Council	Monthly	Children in Care are engaged in meaningful activities aimed at enabling them to contribute their view, opinions and influence practice and service development	Children's Rights Service
Care Council Juniors	Quarterly	Care Leavers engage in meaningful activities aimed at enabling them to contribute their view, opinions and influence practice and service development	Children's Rights Service
Corporate Parent Board (CPB)	Every other meeting	Care Council members and Children's Rights Staff attend part of the Corporate Parent Board to engage in discussion about the monitoring and ensuring the well-being of CLA and to scrutinise all aspects of services to CLA and Care Leavers	Lead Member for Children
Feedback Form to CLA	Sent out to children and young people with "Who Cares?" Newsletter quarterly	Offers the opportunity for Children Looked After to give feedback	IRO Manager and participation apprentice IROs
Foster Carer Reviews – Consultation Document	Consultation document sent out to children and young people in advance of the Foster care review annually.	Children and young people are invited to contribute feedback to the review via the consultation document.	Fostering Social Worker
Foster Carer Reviews – Social Workers	Annually	Child's Social Worker's report reflects the views of children, young people and their parents about the placement	Social Worker

Version 2016.11.16

Report			
Independent visitor to SCC children's homes	Monthly	Under regulation 33 independent visits in accordance of the Children's Homes Regulations This is to meet children and young people living in the residential unit to hear their views and opinions about the care that they are receiving.	Independent provider
Children Subject to Child Protection and Child in Need Plans			
Statutory Visits	Monthly – maximum. May be more frequent.	The Child's views and feelings have been sought. The child is seen and spoken to away from their carer, where this is age appropriate.	Social Worker
Initial Child Protection Conference and Reviews	Every initial Child Protection Conference and Review	The Child/ Young Person is invited to contribute their views and opinions and if they wish to do so, is either represented by their advocate or attends with them. The Social Worker completes a report for every conference including the child/ young person's views and opinions	Social Worker Child Protection Chair Promise Advocate
Child in Need Initial and Review meetings	3 monthly	Children and young people's views and opinions are ascertained in advance of CIN meetings	Social Worker
Assessment			
Children and Families Assessments	Continually Assessment	The child/ young person's views, opinions, wishes and feelings are sought and recorded in the assessment	Social Worker

8. Listening to Parents and Carers

Forum	Frequency	Purpose	Lead
Foster Carer Reviews - Consultation document	Consultation document sent out to parents/carers in advance of the Foster care review annually.	Parents are invited to contribute feedback to the review via the consultation document.	IRO
Foster Carer Reviews - Social	Annual	Social Workers report reflects the views and opinions of	Social Worker

Workers Report		parents.	
Annual Consultation with Foster Carers	Consultation with Foster Carers carried out on in during April/May each year.	Consultation process aimed at seeking feedback from foster carers about their experience of fostering for Surrey, how well they are supported and any thoughts they have about how practice and the service could be developed and improved.	Team Manager
Regulation 44 & 45	Monthly & bi-annually	<p>Regulation 44 visits in accordance with Regulation 44 of the Children's Homes Regulations 2015 will be conducted by an independent provider:</p> <ul style="list-style-type: none"> • to meet children and young people living in the residential unit and hear their views and opinions about the care they are receiving. • capture the views of staff and parents. • to review compliance with policy and procedures. <p>Regulation 45 produces a Children's Homes Managers report completed twice yearly which captures the main themes.</p>	Independent provider
Looked After Children's Reviews	First review a minimum of 20 days of being looked after, thereafter within 3 months of the Initial review and subsequent reviews are conducted at no more than six monthly intervals.	Statutory LAC Reviews are held in accordance with the review procedures to review arrangements for Looked After Children, parents and carers are invited to contribute fully to these.	IRO
Child Looked After Review - Consultation form	Is sent out to parents/ carers in advance of the first or subsequent reviews.	Ascertain the parents and carers views about their child's placement and care plan.	IRO
Social Workers	The allocated social	The views, opinions and	Social Worker

report to Children Looked After Reviews	worker submits a report to each review.	wishes of parents and carers are sought and reflected in this report.	
Initial Child Protection Conference and reviews	Every Initial Child Protection Conference and reviews.	Social worker completes a report for every conference and the views and opinions of parents/ carers are included.	Social Worker
Initial Child Protection Conference and reviews	Every Initial Child Protection Conference and review.	Parents/ carers are invited to attend each review and contribute their views and opinions.	Child Protection Safeguarding Chair
Child Protection Safeguarding Chair - Consultation Form	Every Initial Child Protection Conference and review.	Child Protection Safeguarding Chair sends out a consultation document to parents and carers prior to each conference; this is designed to elicit their views, opinions and ascertainable wishes and feelings.	Child Protection Safeguarding Chair
Core Groups	Held monthly in relation to every child subject to a child protection plan.	Core Group is multi agency, this group exists to develop, implement, monitor and review the Child Protection plan. Parents and carers are an importance member of the Core Group and are encouraged to contribute fully to all aspects.	Social Worker
Child in Need Initial and Review meetings	6 weekly	Parents and carers are encouraged to contribute fully to Child in Need meetings and their views and opinions are sought.	Social Worker
All Assessments, S47, Children and Family Assessments	During any assessment process	The views and opinions of parents are sought and reflected in the assessment.	Social Worker
Reports on complaints and compliments received from parents and carers.	Quarterly reports produced.	Emerging themes from complaints/compliments are used to inform training and development plans, advance practice and inform service development.	Children's Rights Team

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Surrey Children's Services Improvement Board - Monthly Performance Compendium

Performance to October 2016

Confidential

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Section 1 – Introduction

1.1 Introduction and purpose of this report

This document provides a monthly summary of the performance information used to monitor our work and progress in Children's Services, including our work with partners.

The document highlights areas of improvement and concern, and should be used to review 'Key Focus' areas. The document also contains the quantitative information that will be used to prepare our comprehensive quarterly performance and progress report.

1.2 What are we worried about?

- Initial operation of the MASH has not been as smooth as we would like. The volume of work has been higher than anticipated. This higher volume of work, combined with some initial technical issues, has resulted in a backlog of cases that require processing and decision-making.
- Whilst the proportion of Initial Child Protection Conferences (ICPCs) held within timescales increased slightly, performance is inconsistent and remains well below our target.
- A disproportionately high number of Child and Family Assessments in the South East of the county are taking longer than 54 days to complete.

1.3 What's working well?

- Improvements to our performance monitoring and governance around assessment and child protection appear to be having an impact, with particular improvements on the timeliness of Child and Family Assessments and the number of Child Protection Plans open for over 18 and 24 months.
- There has been a particular improvement in the timeliness of CFAs in the North East of the county, where performance was previously challenging.
- Re-referral rates decreased for the 6th consecutive month and are now within our target range; this may be an indicator of improvements in practice.
- The 'Safer Surrey' approach continues to embed, and is increasing the confidence on consistency of our practice.
- We have continued our good start to our new rolling case audit programme and this is already helping us to identify strengths and areas for development.
- Child Protection review timeliness is very high.
- The percentage of Care Leavers in education, employment and training continues to improve and is within target.

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1.4 What needs to happen?

- We need to ensure that our plan for putting the MASH on track is closely monitored and completed successfully
- We need to ensure that recent improvements to CFA timeliness are embedded, and that improvement continues in the South East
- We need to make sure that we continue to embed Safer Surrey approach across the county
- We need to continue the rollout and use of our new case audit programme

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1.5 Summary of actions during October

In September we said that we would focus on:

Addressing the decline in the percentage of Child and Family Assessments completed on time by

- Building arrangements to share resource and expertise across the four area teams (during **October 2016**)
- Continuing the work of specialist agency staff recruited to help with assessment (the impact of this work should start to show during **October 2016**)

In October:

- Performance against the 45-day timescale measure has substantially improved and is now at the highest level for over a year
- There has been a particularly marked improvement in the North East where resource has been focused to clear a backlog of assessments
- 'Key Focus' reporting will continue in this area to ensure that this improvement is being sustained

In September we said that we would focus on:

Improving the timeliness of Initial Child Protection Conferences by

- Improving the way we share resources across the County to address temporary issues caused by staff sickness absence (during **October 2016**)
- Improving our communication about safeguarding with partners, including ensuring that attendance at ICPCs is prioritised (by **December 2016**)

In October:

- Staffing issues are being resolved and performance is being addressed. October's performance was over 20 percentage points higher than performance in September.
- Performance is still some way short of our local performance target of 85% of ICPCs on time, and we will continue to monitor progress closely

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In September we said that we would focus on:

Ensuring that Social Workers and Managers can be confident that Looked After Children have a strong PEP in place by

- Improving communication and administration regarding PEPs between education and social work teams (during **October 2016**)

In October:

- Changes to arrangements for recording and reporting on PEPs were agreed at CSMT.
- PEP data for end October was not available at the time of writing this report, so it is difficult to assess any immediate impact.

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1.6 Key to measure markers

Performance Markers

- - Performance is at or above target (or target trajectory)
- - Performance is below target but within tolerance/this is an area to note but without target
- - Performance is significantly below target

Direction of Travel markers

Arrow direction shows direction of change since last month. Colour indicates with this represents improvement (Green: Improvement, Amber: Neutral, Red: Decline)

e.g. ↓ - Reduction, representing an improvement in performance ('Smaller is better')

Information markers

- ★ - This measure is part of the Improvement Board Key Indicator set (see Appendix 1)
- ! - This measure is part of our current Key Focus Indicator set. Team managers receive detailed weekly performance information and data on this measure.

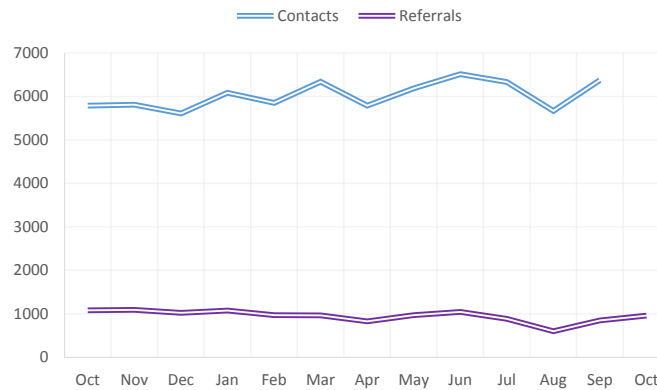
Text coloured blue describes a time-limited action that we are taking to address a performance issue.

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Section 2 – Contact, Referral and Intervention

2.1 Contact, referral and assessment – Volumes

- Surrey’s new Multi-Agency Safeguarding Hub (MASH) opened on 5th October 2016
- Resolving transitional difficulties in the MASH is being treated as our highest priority
- [Additional resource has been diverted to the MASH and a recovery plan is in place, including support for better recording and reporting \(Nov 2016\)](#)
- Once fully resolved, detailed MASH reporting will provide more forensic intelligence about the performance of the contact and referral system
- There were 125 fewer referrals in October 2016 than in October 2015, a decrease of just over 10%



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	3-year (Oct)	National (Mar 16)
Number of contacts	5791	5810	5611	6084	5855	6339	5787	6185	6515	6333	5670	6375		5659	-
Number of children referred for assessment	1082	1093	1022	1075	969	964	826	968	1042	886	601	848	957	939	-
Referrals as % of 0-17 year-old population	0.42	0.43	0.40	0.42	0.38	0.38	0.32	0.38	0.41	0.35	0.23	0.33	0.38	-	-
Assessments in process	1820	2092	1710	1931	1962	1679	1455	1474	1519	1578	1311	1138	1175	1633	-

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2.2 Contact, referral and assessment – Timeliness

- The proportion of Child and Family Assessments completed within 45 days has been a key focus for improvement
- Performance in October showed a marked improvement, particularly in the North East of the county where, at the end of the month, no cases had been under assessment for over 54 days
- This suggests that action taken to reduce the assessment backlog and to improve timeliness is having a real impact
- The impact of specialist agency workers recruited to complete a backlog of assessments is particularly clear in the North East
- Area Team Managers acknowledge that the focus on the statutory 45-day timescale should not divert attention from the most urgent assessments
- Further detailed reporting will be made available detailing cases assessed within 20 and within 35 days (Nov 2016)



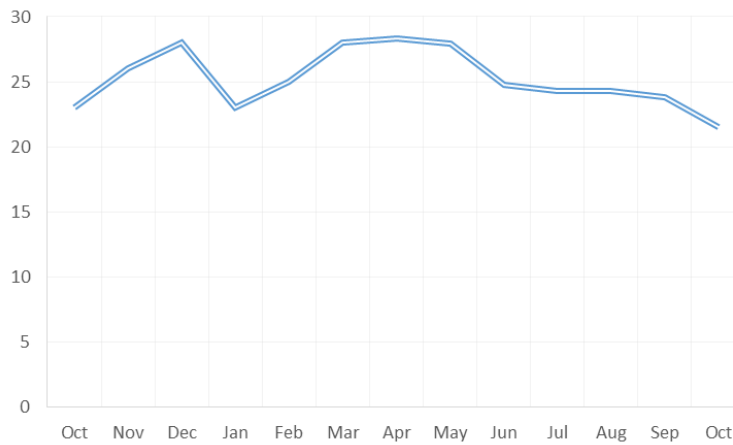
! ● ↑ % assessments within 45 days

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	3-year (Sep)	National (Mar 15)
% assessments within 45 days	61.7	60.2	64.4	58.1	64.0	63.3	73.1	74.2	72.8	68.3	66.1	56.3	77.4	70	82

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2.3 Contact, referral and assessment – Re-referrals

- Re-referral rates are an important indicator of the quality of our services, and particularly our assessments
- High rates of re-referral would indicate that we may not be making good assessment decisions
- During early 2016, teams placed substantial focus on improving the quality of assessment
- Rates of re-referral have reduced from a high of 28% of all referrals (in May 2016) and have now reduced month-on-month for 6 consecutive months
- The rate of re-referral now compares favourably to other similar authorities and to the national average
- This recent improvement may be an indication of the impact of recent improvements to the quality of assessment
- Further improvements are expected as new Multi-Agency Safeguarding Hub (MASH) processes are embedded



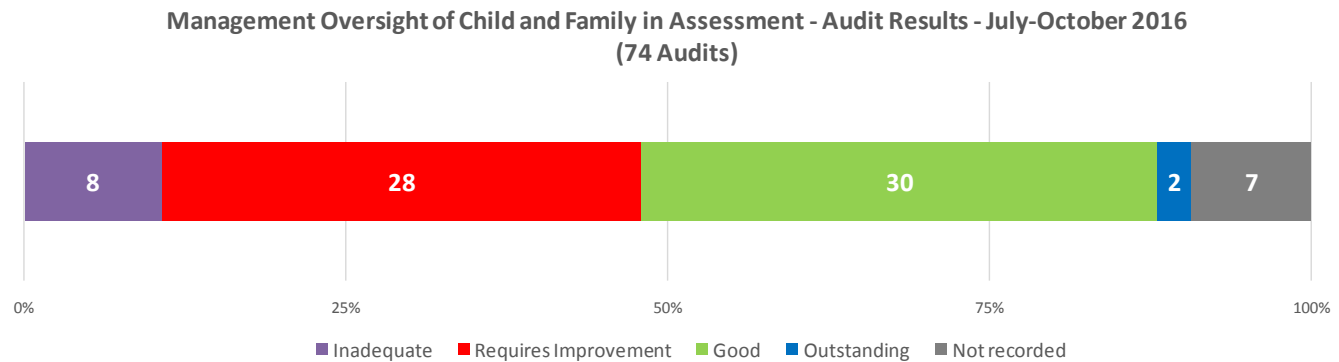
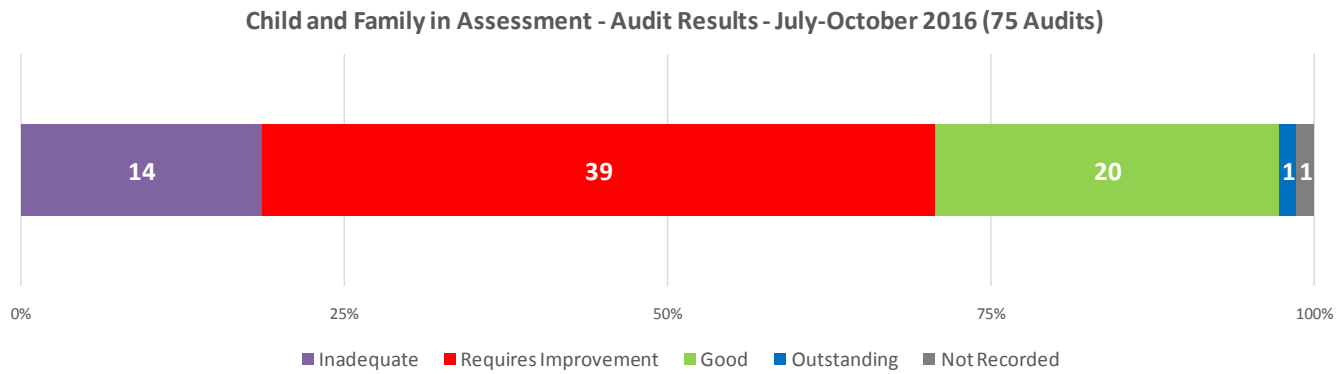
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	3-year year (Sep)	National (Mar 16)
Referrals for assessment that are re-referrals	236	284	282	247	242	270	234	270	258	215	146	202	206	-	-
Re-referrals as a % of all referrals	23.0	26.0	28.0	23.0	25.0	28.0	28.3	27.9	24.8	24.3	24.3	23.8	21.5	-	-



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2.4 Contact, referral and assessment – Audit

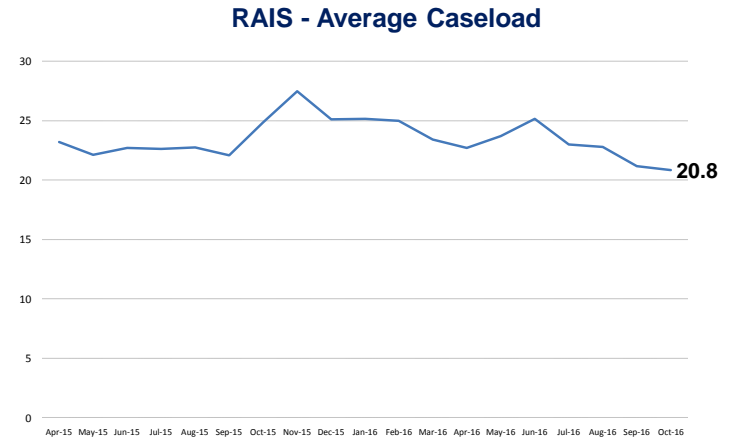
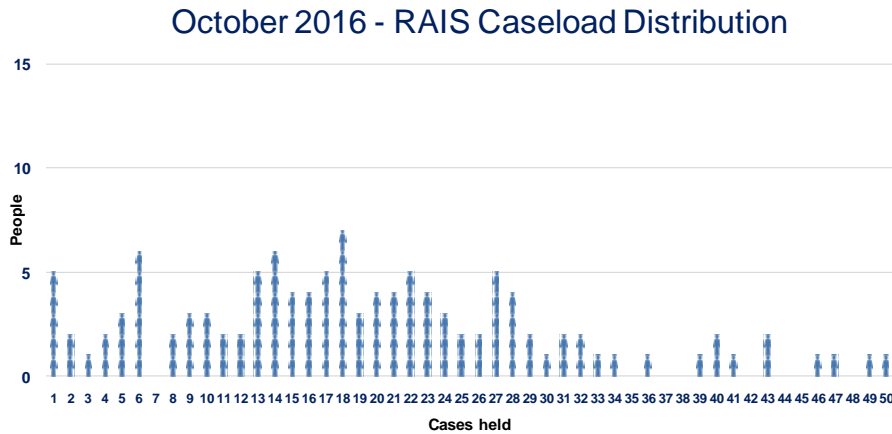
- A comprehensive, regular case audit programme is now underway covering all aspects of practice and of management oversight
- [We will continue to develop and improve our audit programme, and share our results and progress \(Oct – Dec 2016\)](#)
- Initial results to date for cases in assessment are shown in the charts below



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2.5 Contact, referral and assessment – Workforce

- Average caseloads for Social Workers working in assessment teams remain broadly comparable, year-on-year, and appear broadly stable
- There is wide variation in the number of cases held per worker
- The variation in number of cases is partly explained by part-time working, however the variation in assigned caseload between some workers appears to be very large



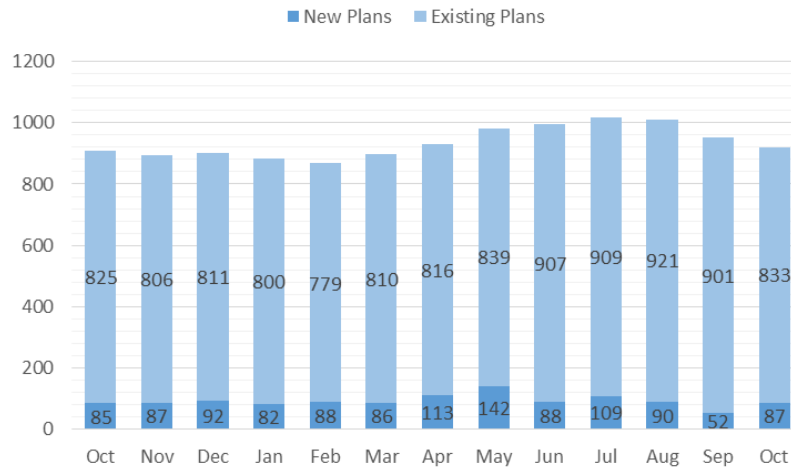
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	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	3-year (Sep)	National (Mar 16)
Caseloads - total cases held (assessment)	2818	2946	2689	2823	2858	2690	2590	2571	2657	2729	2439	2394	2273	-	-
Caseloads - cases per FTE (assessment)	24.8	27.5	25.1	25.1	25	23.4	22.7	23.7	25.2	23	22.8	21.2	20.8	-	-

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2.6 Child Protection - Volumes

- The proportion of children with a Child Protection plan remains broadly stable year-on-year
- September’s disproportionate reduction in the number of new Child Protection Plans appears to have proved a statistical anomaly
- The number of new Children Protection Plans in October 2016 was very close to the 3-year average for October



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	3-yr (Oct)	National (Mar 16)
↑ Number of new Child Protection (CP) plans	85	87	92	82	88	86	113	142	88	109	90	52	87	83	-
↓ Number of children with CP plans	910	893	903	882	867	896	929	981	995	1018	1011	953	920	935	-
↓ Number of CP as % of 0-17 population	0.36	0.35	0.35	0.34	0.34	0.35	0.36	0.38	0.39	0.40	0.39	0.37	0.36	-	-

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2.7 Child Protection - Timeliness

- The timeliness of Initial Child Protection Conferences (ICPCs) remains a particular area for improvement
- Although numbers are relatively small, performance is inconsistent
- October 2016 showed an improvement, however performance remains below our challenging target of 85%
- [Area Team Managers are working together to share resource and expertise across the county to address variability of ICPC timeliness \(Nov 2016\)](#)
- The timeliness of Child Protection (CP) reviews remains an area of strength, with consistently high performance
- Timeliness of S47 Children Seen continues to improve and we are on course to meet our target
- Our performance in ensuring that children do not remain on CP Plans for long periods is variable
- Performance against our challenging local target of 18 months for the closure of CP cases improved slightly this month
- Our performance against the 2-year national measure is better than the national and Surrey 3-year averages, improving this month to our lowest rate for over a year

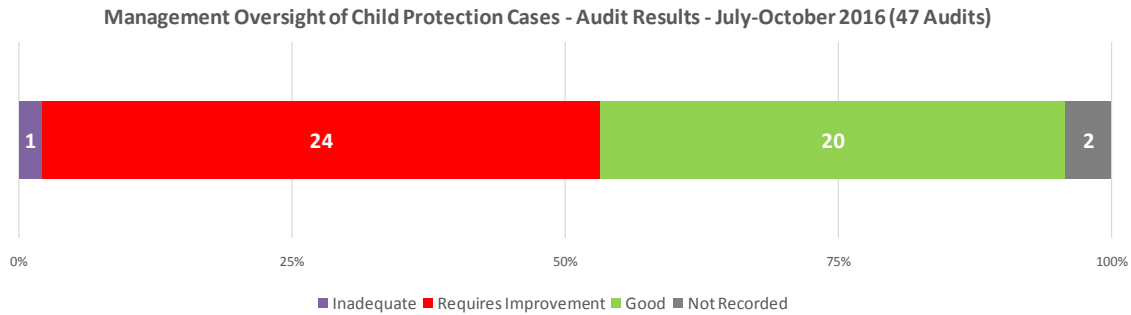
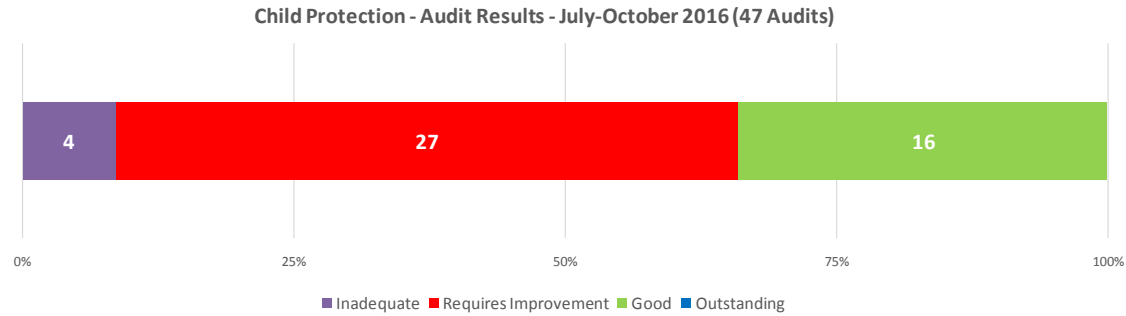
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	3-year (Oct)	National (Mar 16)
★ ● ↑ % Initial CP Conferences within timescale	73.1	73.0	78.8	56.4	81.1	80.8	54.8	66.4	80.3	53.5	72.4	46.7	67.8	65.7	74.7
● ↓ % CP reviews on time	98.5	100	99.4	100	97.4	100	100	94.9	99.1	98.6	99.5	100	99.5	97.5	94.2
! ● ↓ % CP Cases open for longer than 18 months	-	-	-	-	-	-	7.8	6.7	6.3	7.5	9.1	9.0	7.8	-	-
! ● ↓ % CP Cases open for longer than 2 years	4.4	3.1	3.1	3.1	2.4	3.1	3.9	3.1	3.0	2.6	2.7	3.4	2.2	5.0	3.7
★ ● ↑ S47 Children seen in time (within 10 days of Strategy discussion)	-	-	-	69.7	64.5	67.4	74.3	76.7	78.2	72.9	70.8	78.0	81.7	-	-

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2.8 Child Protection – Audit

- A comprehensive, regular case audit programme is now underway covering all aspects of practice and of management oversight
- [We will continue to develop and improve our audit programme, and share our results and progress \(Oct – Dec 2016\)](#)
- Initial results for cases subject to a Child Protection Plan are shown in the charts below

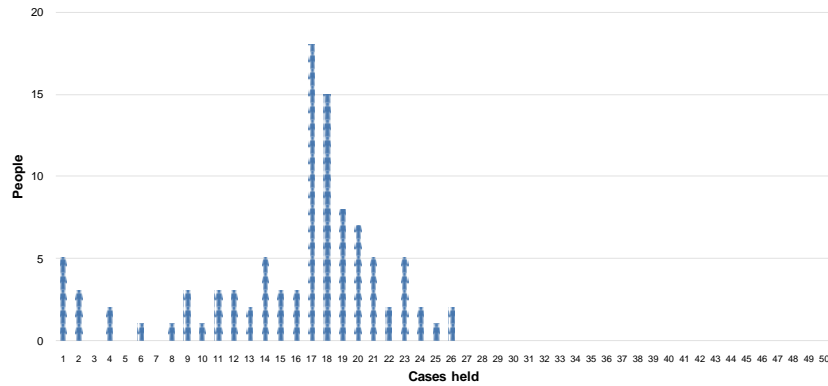


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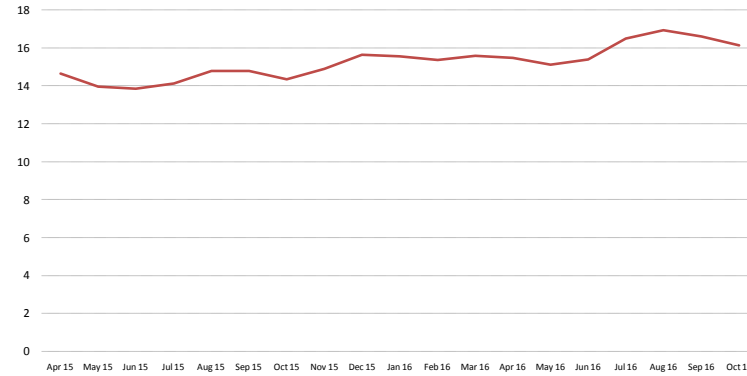
2.9 Child Protection – workforce

- Average caseloads for Social Workers in Child Protection teams appear relatively stable and are, on average, comfortably within the target range (of 15-20 cases per worker)
- A small number of workers have caseloads in excess of our target maximum caseload of 20 cases

No. Cases Held – Child Protection



Average Caseload – Child Protection



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	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	3-year (Sep)	National (Mar 16)
Caseloads - total cases held (Child Protection)	1360	1482	1510	1506	1472	1461	1444	1492	1503	1541	1548	1588	1585	-	-
Caseloads - cases per FTE (Child Protection)	14.3	14.9	15.6	15.6	15.4	22.2	15.5	15.1	15.4	16.5	16.9	16.6	16.1	-	-

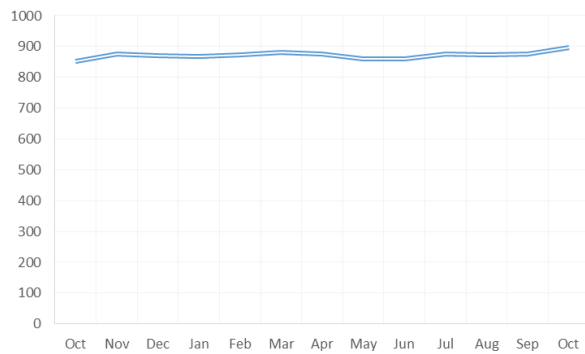
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Section 3 – Care planning and review

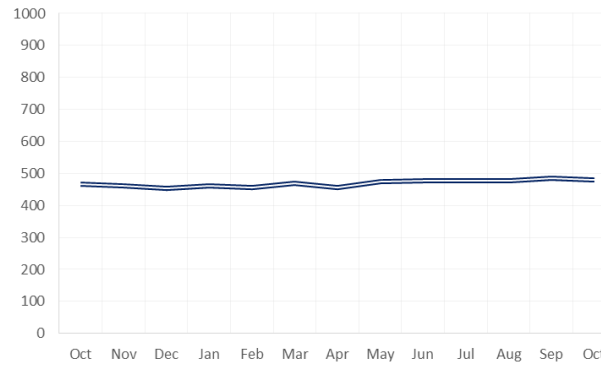
3.1 Looked After Children and Care Leavers – volumes

- The number and proportion of children looked after by Surrey County Council has remained very stable over the past year
- The number of care leavers supported has decreased slightly since last month but remains higher than at this point last year
- The number of UASC increased over the past 3 years
- The number of Unaccompanied Asylum Seeking Children and Young People (UASC) has reduced slightly over the past 6 months, since reaching a high of 158 at the beginning of the year, however the number of care leavers supported who were UASC is increasing
- We now support 158 UASC as Care Leavers, one third of our Care Leaver population.

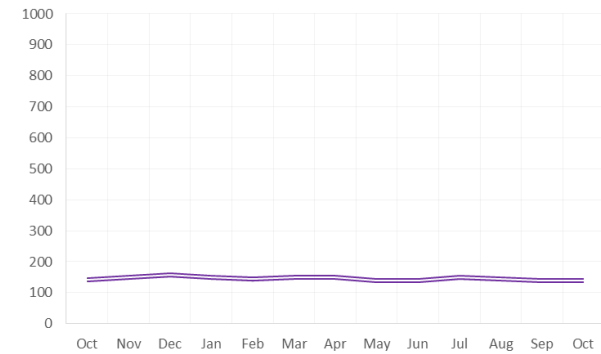
Number of LAC



Number of Care Leavers



Number of UASC



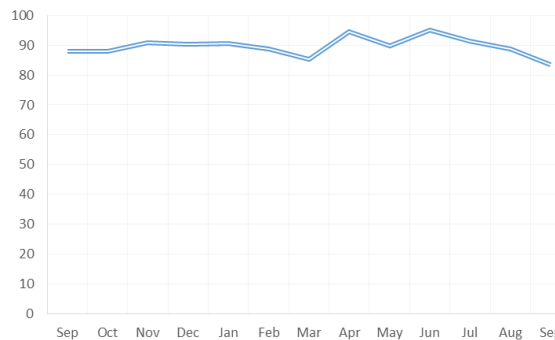
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	3-yr (Oct)	National (Mar 16)
↑ Number of Looked After Children (LAC)	853	875	871	869	874	880	876	861	860	877	872	876	898	836	-
↔ Number of LAC as % of 0-17 population	0.33	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	-	-
↓ Number of Care Leavers supported	467	461	454	461	455	468	456	475	476	477	477	485	480	450	-
↑ Number of UASC	141	150	158	151	145	150	149	139	139	149	145	138	139	91	-

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3.2 Looked After Children and Care Leavers – timeliness and completion of plans and reviews

- The proportion of LAC reviews completed within timescale has decreased for three consecutive months
- Recent decreases (August and September) are partly due to the lack of availability of education staff over school holidays
- LAC Review timeliness has also been affected by the availability of Independent Reviewing Officers (IROs)
- We have recently recruited two new IROs; improvements to timeliness should start to show in next month’s report
- Our introduction of the E-PEP system, to electronically collect and manage PEP information, has resulted in substantial improvements to the timeliness of PEPs
- Continue to develop the use of the E-PEP system to ensure that early improvements are embedded (Nov 2016)

LAC Reviews within timescale



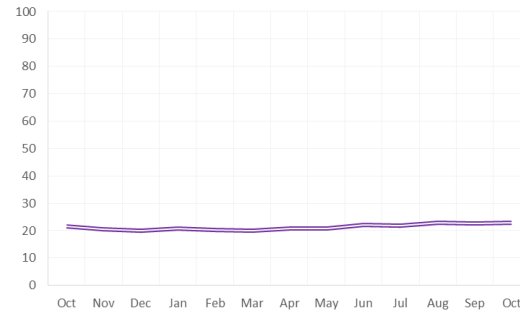
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	3-yr (Sep)	National (Mar 16)
● ↓ LAC reviews within timescale	88.0	90.9	90.3	90.7	88.7	85.4	94.6	89.9	95.1	91.3	88.8	83.5	83.1	-	-
● ↓ LAC with a PEP in place	-	-	-	-	-	-	-	78.8	77.3	80.9	81.3	80.6	79.5	-	-
● ↑ % Care Leavers with a Pathway Plan	85.9	84.8	85.0	85.0	84.8	85.7	86.0	87.8	88.5	88.5	88.1	86.2	87.8	-	-

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3.3 Looked After Children – Placement stability and distance

- We have focussed on action to improve the stability of placements, including improving our training for carers and staff, and recruitment of carers
- Overall, stability of placements for Looked After Children (LAC) is improving
- Last year proved a difficult year, with a high proportion of children and young people who were particularly difficult to place
- This year, our improvement appears to be back on track
- The proportion of LAC placed out of county remains slightly above our target (20%)

LAC placed out of county



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	3-year (Sep)	National (Mar 16)
●↑ % LAC with 3 or more placements during the year (cumulative)	5.4	6.2	6.7	8.0	8.4	9.5	0.0	0.8	0.8	1.1	1.6	2.4	3.3	-	-
●↑ % LAC placed out of county and 20 miles or more from where they used to live	21.7	20.6	20.1	20.7	20.3	20.1	20.8	20.9	22.1	21.8	22.8	22.5	22.9	-	-

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3.4 Looked After Children and Care Leavers – Outcome indicators

- Timeliness of health and dental checks is broadly comparable to this point last year.
- In addition to timeliness we have focussed on addressing the quality of health checks and includes health promotion and support for emotional wellbeing. The number of dental checks remains high.
- We have acted to improve educational outcomes and participation for young people in and leaving care by improving our support during changes of setting, introducing the use of post-16 E-PEP, and better Information, Advice and Guidance post-16.
- The percentage of LAC and Care Leavers in education, employment or training improved slightly over the last quarter and remains within target.

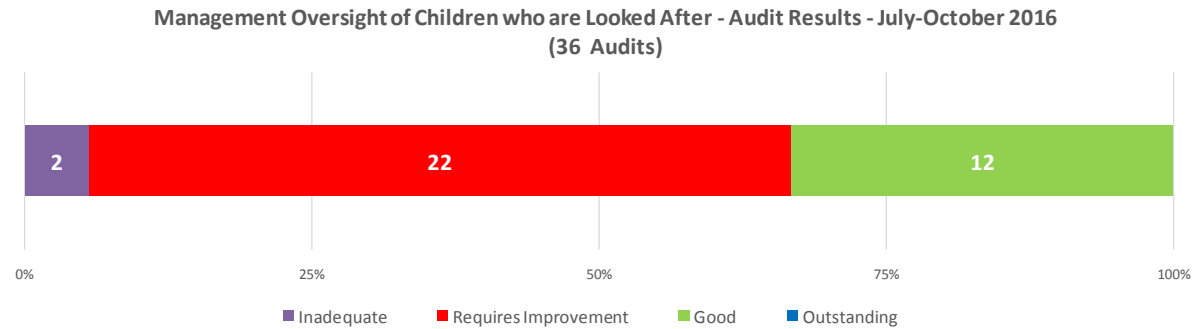
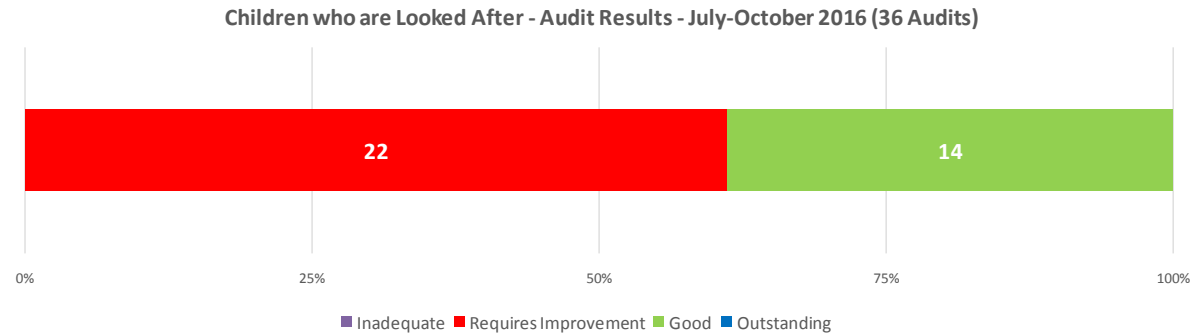
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	3- year (Sep)	National (Mar 16)
% Looked After Children with up to date health and dental assessments (cumulative)	29.2	37.0	47.9	60.4	71.6	87.0	1.0	2.9	7.1	9.9	15.6	21.7	27.6	-	-
% LAC and Care leavers aged 17-21 who are in education, employment or training (quarterly cumulative)	-	-	57.4	-	-	60.1	-	-	65.6	-	-	65.8	-	-	-



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3.5 Looked After Children and Care Leavers – Audit

- A comprehensive, regular case audit programme is now underway covering all aspects of practice and of management oversight
- Initial results for Looked After Child cases are shown in the charts below

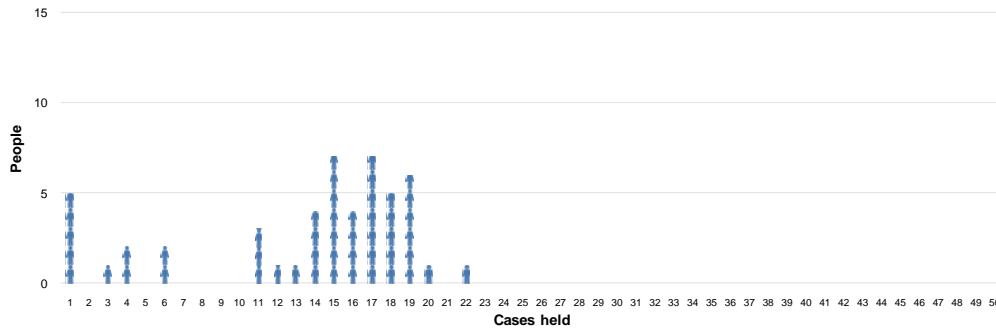


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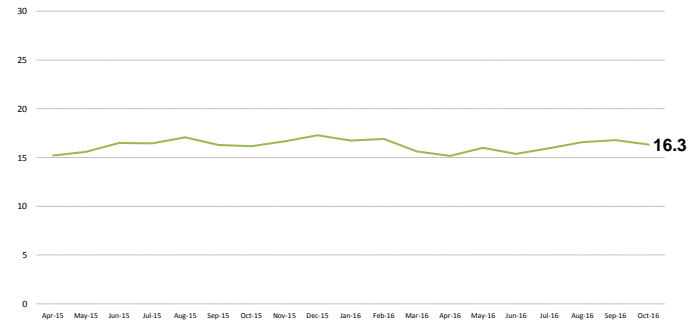
3.6 Looked After Children and Care Leavers – Workforce

- Caseloads for LAC teams are broadly stable and we are well within our target range of 15-20 cases per worker
- Only one Social Worker has a caseload over our target maximum of 20 cases

October 2016 - LAC Caseload Distribution



LAC - Average Caseload



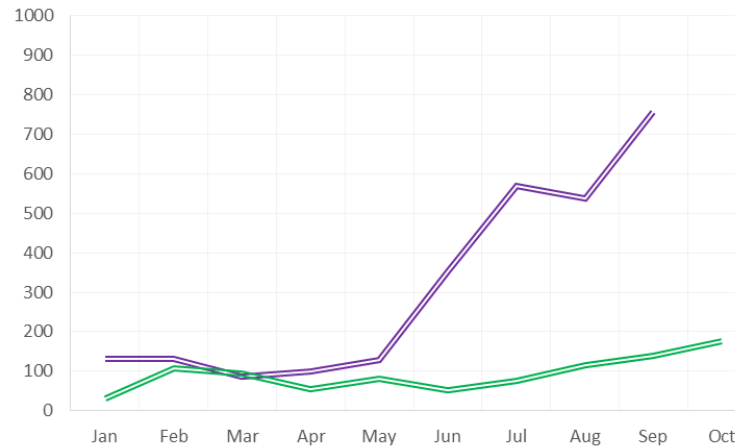
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	3-year (Sep)	National (Mar 16)
Caseloads - total cases held (LAC teams)	680	684	688	684	680	666	649	653	651	660	649	645	676	-	-
Caseloads - cases per FTE (LAC)	16.2	16.7	17.3	16.7	16.9	15.6	15.2	16	15.4	15.9	16.6	16.8	16.3	-	-

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Section 4 – Working Together

4.1 Early Help

- Developing effective Early Help is an important part of making sure that children and families get the right support at the earliest opportunity
- We have already drawn together Surrey County Council’s (SCC) Early Help services into a coherent single programme of support
- We are making rapid improvements to processes and technology that support the MASH and Early Help Hubs, so that we are able to establish a grip on volumes and performance (Nov - Dec 2016)
- The number of cases stepped down to Early Help continues to increase in line with expectation



Number of contacts resulting in Early Help

Number of Child and Family Assessments stepped down to Early Help

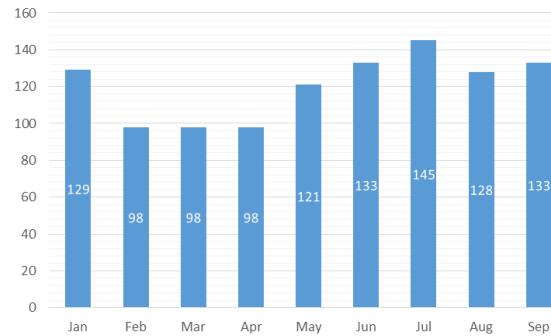
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	3-year (Sep)	National (Mar 15)
Number of contacts resulting in Early Help	-	-	-	131	130	87	99	128	354	569	537	757	*	-	-
Number of Child and Family Assessments stepped down to Early Help	-	86	47	32	106	93	54	80	52	75	115	140	175	-	-

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4.2 Child Sexual Exploitation (CSE) and Missing Children

- Our recent focus on improving our work with partners on identifying and providing support for children at risk of CSE is beginning to have an impact
- Our recent CSE peer review provided wide-ranging feedback and many areas for action to improve our services
- We have arrangements to make sure we are following up on actions identified via the CSE peer review (Oct-Dec 2016)
- We are reviewing our arrangements for managing data for CSE and missing children and ensure that this data is complete, robust and timely (Nov 2016)

Children at risk of CSE



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	3-year (Sep)	National (Mar 15)
★ ⬆ Number of children identified as at risk of CSE	-	-	-	-	129	98	98	98	121	133	145	128	133	-	-
⬆ Number of children starting a missing episode within the calendar month	-	-	-	-	-	-	-	57	73	68	88	71	83	-	-
⬆ Number of children offered a return home interview within the calendar month	-	-	-	-	-	-	-	-	-	36	89	60	86	-	-
⬆ Number of children accepting a return home interview within the calendar month	-	-	-	-	-	-	-	-	-	44	59	35	37	-	-

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Section 5 – Next Steps

5.1 Summary of actions

The following actions have been identified to address performance issues raised in this report, and those from previous reports with a completion date in the future. Progress against these actions will be reviewed in next month's performance compendium:

Ensuring that we guarantee the success of the MASH and Early Help Hubs by

- Diverting additional Social Work and administrative resource to the MASH and ensuring a suitable recovery plan is in place (by **November 2016**)
- Making rapid improvements to processes and technology so that we are able to establish a grip on volumes and performance (by **December 2016**)

Ensuring that we do not lose focus on cases that should be assessed quickly by

- Reporting on assessments completed within 20 and 35 days, as well as those completed within 45 (by **November 2016**)
- Using detailed reporting from the MASH to produce a more forensic analysis of our treatment of assessment timescales (by **December 2016**)

Improving the timeliness of Initial Child Protection Conferences by

- Improving the way we share resources across the County to address temporary issues caused by staff sickness absence (by **November 2016**)

Improving our awareness and understanding of Children at Risk of CSE, and children who go missing by

- Implementing new, more robust arrangements for reporting on CSE and Missing (by **December 2016**)

Continuing our focus on improving the quality and consistency of both practice and management oversight by:

- Continuing to develop our audit programme, and sharing results and progress (during **October - December 2016**)
- Reviewing our success in embedding the 'Safer Surrey' approach (by **December 2016**)

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5.2 Improvements to Performance Management arrangements

We are aware that we need to improve our grip on performance and quality. This version of our monthly report is the first of a range of actions that we are taking to increase our understanding of our performance, and our ability to use this understanding to assure and improve services.

The next version of this report (November 2016) will:

- Include more geographical information, including performance breakdowns by area team and point mapping for key indicators. This will allow us to identify discrepancies in performance and support Area Team Managers to allocate and distribute resource
- Strengthen the reporting links between performance measures, actions and their impact,
- Add a section on Equality and Diversity, to ensure that we are providing the same assurance of service quality to all of our children and families
- Include definitions and targets for a broader range of the measures identified in the Improvement Board Key Indicator list
- Include more comparative data

In addition to improving this Monthly report we are:

- Developing a Quarterly Narrative report which will link performance and quality in a rich, holistic way, using a full range of information sources
- Revisiting our approach to our weekly Key Focus Indicator reporting, so that managers receive sufficient detail regarding 'live' performance issues
- Revising our data management and technical reporting arrangements so that we can be more responsive to ad-hoc questions about performance and build a more efficient and future-proof way of working with our data

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Appendix I
Improvement Board Key Measures Summary

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RAG	Direction of travel	Measure	Baseline	Target	May	Jun	Q 1 ave.	Jul	Aug	Sep	Q2 ave.	Oct
-	-	Quality of Practice - we will eradicate inadequate practice	To be established			-	-	-	-	-	-	-
-	-	What have we learned from our case audits and what are we doing differently?	To be established		September 2016 Audits are undertaken using new audit model - There is systematic feedback from audit to practitioners - Audit activity informs changes in practice - Actions plans to address audit findings are in place, reviewed and practice re-assessed.							
AMBER	↓		RAIS 23 (July 2016)	Between 15-20 (from Oct 2016 onwards)	23.7	25.2	23.8	23.0	22.8	21.2	22.3	20.8
GREEN	↓	Average number of cases per FTE social worker (locums are counted as 1 FTE each)	CP 16.5 (July 2016)	*lower protected caseloads for ASYE*	15.1	15.4	15.3	16.5	16.9	16.6	16.7	16.1
GREEN	↓		LAC 15.9 (July 2016)		16.0	15.4	15.5	15.9	16.6	16.8	16.4	16.3

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RAG	Direction of travel	Measure	Baseline	Target	May	Jun	Q 1 ave.	Jul	Aug	Sep	Q2 ave.	Oct
-	-	MASH - timeliness of decision making on contacts	76.2% (Jul, Aug & Sept 2016)	95% of contacts with decision made within 24 hours (From Oct 2016)	-	-	-	-	-	-	-	-
-	-	MASH - proportion of repeat contacts within 12 month period	47% (year ending 31 Aug 2016)	Under 20% and over 10% (from Oct 2016)	-	-	-	-	-	-	-	-
-	-	% contacts arriving in MASH with parental consent already obtained	To be established		-	-	-	-	-	-	-	-
-	-	Unallocated Cases (including ATM/TM allocations)		Regular monitoring	-	-	-	-	-	48 (+40) 12/9	-	4 (+14) 10/10
GREEN	↓	% Child in Need re-referrals	24.3% (Aug 2016)	20-25%	27.9%	24.8%	27%	24.3%	24.3%	23.8%	24.3%	21.5%
-	-	Number of children receiving Early Help	To be established	-	-	-	-	-	-	-	-	-
-	-	Effectiveness of early help interventions	-	-	-	-	-	-	-	-	-	-
AMBER	↑	% Children and Family Assessments completed within 45 days	66.1% (Aug 2016)	90% (by March 2017)	74.2%	72.8%	73.4%	68.3%	66.1%	56.3%	67.2%	77.4%
RED	↑	% of Initial Child Protection Conferences (ICPC) within required timescales	72.4% (Aug 2016)	80% (by March 2017)	66.4%	80.3%	67.2%	53.5%	72.4%	46.7%	63.0%	67.8%
AMBER	↓	% of children subject to a Child Protection Plan for more than 18 months	6.7% (Aug 2016)	3.7% (by Aug 2017)	5.7%	6.3%	6.1%	7.5%	9.0%	9.1%	8.5%	7.8%
GREEN	↑	S47 Children seen in time (within 10 days of Strategy discussion)	70.8% (Aug 2016)	80% (by March 2017)	76.7%	78.2%	76.4%	72.9%	70.8%	78.0%	71.9%	81.7%
-	-	Attendance at ICPC by Police	91% (Jan-Jun 2016)	To be reviewed at SSCB	-	91% (Jan-June)	-	-	-	-	-	-
-	-	Attendance at ICPC by Education	84% (Jan-Jun 2016)	To be reviewed at SSCB	-	84%	-	-	-	-	-	-

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RAG	Direction of travel	Measure	Baseline	Target	May	Jun	Q1 ave.	Jul	Aug	Sep	Q2 ave.	Oct
-	-	Attendance at ICPC by the appropriate health professional	To be established	To be reviewed at SSCB	-	-	-	-	-	-	-	-
-	-	Appropriate contribution from GP at ICPC	To be established	To be reviewed at SSCB	-	1%	-	-	-	-	-	-
-	-	'Child seen' and 'seen alone' (where appropriate)	To be established	100%	-	-	-	-	-	-	-	-
-	-	Child voice: involvement in case decision making (% cases with good or outstanding child involvement)	To be established		-	-	-	-	-	-	-	-
-	↑	Number of children with a missing episode in the month	125 (July 2016)		120	118	340 (All CYP this Q)	125	-	-	-	-
-	-	Number of children with repeat missing episodes in the last rolling quarter	To be established		-	-	-	-	-	-	-	-
-	-	% of return home interviews taken up	66.3% (July 2016)		-	-	-	66.3%	-	-	-	-
-	↑	Number of children at risk of CSE	145 (July 2016)		121	133	-	145	128	133	-	-
-	-	The number of children where risk has been downgraded	To be established		-	-	-	-	-	-	-	-
GREEN	↓	% of Looked After Children with three or more placements in the financial year (cumulative)	8.6% (2015/16)	7.8% (by March 2017)	0.8%	0.8%	-	1.1%	1.6%	2.2%	-	3.3%
AMBER	↑	% Looked After Children placed out of county and 20 miles or more from where they used to live	22.8% (Aug 2016)		20.9%	22.1%	21.3%	21.8%	22.8%	22.5%	22.5%	22.9%
GREEN	↑	% LAC and Care leavers aged 17-21 who are in education, employment or training (quarterly cumulative)	48% (Q4 15/16)	55% (by March 2017)	-	65.6%	-	-	-	65.8%	-	-
AMBER	↑	% Care Leavers with completed Pathway Plans (whether or not it was completed in time)	88.1% (Aug 2016)	90% (from Oct 2016)	87.8%	88.5%	87.4%	88.5%	88.1%	86.2%	88.3%	87.8%

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RAG	Direction of travel	Measure	Baseline	Target	May	Jun	Q 1 ave.	Jul	Aug	Sep	Q2 ave.	Oct
-	-	Timely completion of Personalised Education Plans (PEPs)	32 outside timescale (Aug 2016)		-	-	-	-	-	-	-	-
RED	↓	Social worker and senior social worker vacancy rate (% vacant or locum covered posts against budgeted headcount)	27% (July 2016)	20% (by Aug 2017]	25%	27%	25.4%	27.3%	28.7	24.9	27.0	22.0%
-	↑	Social worker and senior social worker starters			2	2	5	3	4	6	13	7
-	⇒	Social worker and senior social worker leavers			3	2	7	0	7	2	9	2
-	↑	Number of Starters minus number of leavers	3 (July 2016)		-1	0	-2	3	-3	4	4	5
RED		Turnover	23% (July 2016)	20% (by Aug 2017)	-	-	-	22.9%	-	-	-	-

Summary: Children's Services Annual Complaints Report 2015-16

Purpose of the report: Scrutiny of Services/ Performance Management

To provide a summary of the Children's Services Annual Complaint Report 2015-2016 highlighting:

- Learning arising from complaints
- What we are doing well.
- What we need to improve.

1. Introduction:

- 1.1 The Rights and Participation Service sits to the side of operational Children's Social Care within the Children, Schools and Families Directorate. The head of service currently reports to the Assistant Director, Commissioning and Prevention. The Children's Rights Service sits within the service and manages complaints across the Children, Schools and Families Directorate.
- 1.2 This summary has been prepared to provide comment on the year-end position of complaints within Children's Services. The Children's Act 1989 Complaints Procedure considers complaints from and on behalf of children and young people, and their carers who are receiving a service under the Children's Act. This report details complaints made under that procedure.
- 1.3 The Children's Act 1989 Complaints Procedure consists of three stages. At the first stage the complaint is responded to by the local operational manager. At the second stage the complaint can be considered in a variety of ways which includes, case review by a peer manager, mediation and independent investigation. The response at the second stage is adjudicated by a senior manager within the Children's Service. At the third stage the complaint is reviewed by a panel of three independent consultants. Each stage has predefined timescales for response as set out within the regulations associated with the Act.
- 1.4 Examples of complaints received may include issues about the type or quality of service, the provision or lack of provision, or about staff interventions with customers. Young people making or thinking of making a complaint are entitled to an advocate.
- 1.5 The Service does, on occasion, receive complaints that are, in reality, concerns of a safeguarding nature or not about Children's Act provision. Such concerns are referred to operational teams for action as appropriate and in accordance with the Safeguarding Procedures. These concerns are not usually considered under the Statutory Complaints procedure.

- 1.6 Complaints are received in a variety of routes throughout the Local Authority including the contact centre, operational teams and via Members. All complaints received are recorded on a central customer feedback database, which is overseen by the Children's Rights Service.
- 1.7 During 2015-16, 309 complaints were recorded, of which 26 were received direct from children, 6 of which were from unaccompanied asylum seeking children. Of the 26 complaints recorded, 8 young people received formal advocacy support in bringing their complaint.
- 1.8 The majority of complaints recorded relate to the Referral and Intervention Services or the Child Protection and Court Teams. In the main concerns relate to disagreement with assessment or court report content and outcomes. This is not unexpected given that it is in the main these teams that are involved following referrals for intervention received from either agency partners or concerns raised by other members of the public and families themselves.
- 1.9 During the period 4% of the complaints escalated to the next stage of the process. There were no formal investigations undertaken by the Local Government Ombudsman.

2 Learning:

- 2.1 119 complaints resulted in corrective actions being identified, these include learning identified across all three stages of the complaint process. 218 complaints were explicitly recorded as not leading to any corrective action.
- 2.2 Specific examples of learning from complaints identified by operational and Children's Rights Service staff are listed below:
 - Managing difficult conversations with parents where their relationship with older children and young people has contributed to the decision that the threshold for intervention has been met.
 - Clear and detailed communication with prospective adopters about the reasons for not progressing an application to become adopters.
 - Ensuring that actions are taken to maintain the confidentiality of families, such as discreet return labels on printed letters and ensuring that confidential material is always held securely and is not at risk of loss or theft.

3 Summary

Complaints, resolved at an early stage, is a positive sign that children and their representatives know how to access the process and express their wishes and feelings. The procedure provides for further review of decision making and also can, on occasion, highlight wellbeing, whistle blowing or safeguarding concerns. It enables an insight into the customers experiences and the opportunity to learn and improve service delivery from this.

3.1 What we are doing well?

- Average response times for initial stage of the process remain within timescale
- Maintained low levels of complaints escalating through the process
- Maintained low levels of complaints investigated by the Local Government Ombudsman

3.2 What do we need to improve?

- Clear messages for parents regarding the reasons for assessments to be completed
- Clear messages for families regarding the reasons for the threshold for intervention being met
- Improved management of policies and procedures for Care Leavers

Recommendations

Board to note report content
Board to note key learning arising from complaints during the previous fiscal year and changes made as a result

Report contact: Jessica Brooke, Children's Rights Manager (Complaints)

Contact details: 01483 519095

Sources/background papers:

ⁱ [Department for Education and Skills. "Children's Social Care: Getting the best from complaints" 1 September 2006.](#)

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Children's Rights Service

**Children's Service
Statutory Complaints Report 2015 - 2016**

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1 PURPOSE AND SUMMARY OF REPORT

- 1.1 All local authorities with Children's Social Care responsibilities are required to maintain and operate a Children's Act complaints process in line with statutory guidance. The management of this process should sit outside operational Children's Service's delivery and the responsible "complaints manager" should not report into Children's Service line management. The Authority must produce a statutory annual complaints report detailing complaints performance and activity.
- 1.2 In Surrey, the Children's Act Complaints Process is delivered by the Children's Rights Service. This service sits at arm's length from operational teams in the Commissioning and Prevention Division of the Children, Schools and Families Directorate.
- 1.3 The Children's Act Complaints Procedure considers complaints from and on behalf of children and young people, and their carers who are receiving a service under the Children's Act. Complaints can for example be made about the type or quality of service, the provision or lack of provision, and/or about staff interventions with users. Young people making or thinking of making a complaint are entitled to an advocate. The Children's Rights Service does, on occasion, receive complaints that are in reality concerns of a safeguarding nature and or not about Children's Act provision. Such concerns are referred to operational teams for action as appropriate and in accordance with the Safeguarding Board Procedures. These concerns are not considered under the Statutory Complaints procedure.
- 1.4 The procedure operates a three stage process. Stage one is local resolution, where the matter is responded to by the team working with the family or as close to the point of delivery as possible. These complaints may be made direct to the operational team via the contact centre or complaints team or Councillor or any other officer of the council. The statutory guidance expects that most complaints will be responded to within 10 working days at stage one or 20 working days for more complex cases. Stage one complaints are responded to by operational managers. At stage two the process is managed by the Children's Rights Service who can appoint an independent investigator and independent person to investigate the complaint and produce a report of their recommended findings. This stage can take between 1 to 6 months to complete. The third stage is a review panel hearing. The Panel, which is made up of independent people will hear representations from the complainant and the service. The Panel will then review the complaint and having reached recommended findings in relation to the complaint, will refer their findings to the Deputy Director Children's Services. The Deputy Director will then consider the Panel's recommendations and respond formally to the complainant on behalf of the Local Authority. Following stage three, if the complainant remains unhappy they can refer the complaint to the Local Government Ombudsman (LGO) for their consideration. The LGO may investigate the complaint and can issue a public report of their findings.
- 1.5 Complainants are advised that they have the right to request their complaint is progressed through the procedure at the end of each stage should they remain dissatisfied.
- 1.6 Children's Service also respond to informal inquiries received from County Councillors and Members of Parliament where it is deemed that a response via the complaint process would not be appropriate. During 2015-16, the Children's Rights Service were asked to oversee and monitor managing enquiries from Members of Parliament and County Councillors. This procedure is managed by the Children's Rights Service which records the enquiries and manages the responses through the process. It is notable that the numbers of enquiries recorded has significantly increased since November 2015 when the process was introduced. During 2015-2016 a total of 77 enquiries were recorded, compared to 20 recorded enquiries in the previous 12 months. 25 enquiries were recorded in the period between April 2015 and October 2015 with 52 enquiries being recorded from November 2015 to 31 March 2016. Enquiries were recorded on the Customer Feedback Database. This is the database also used

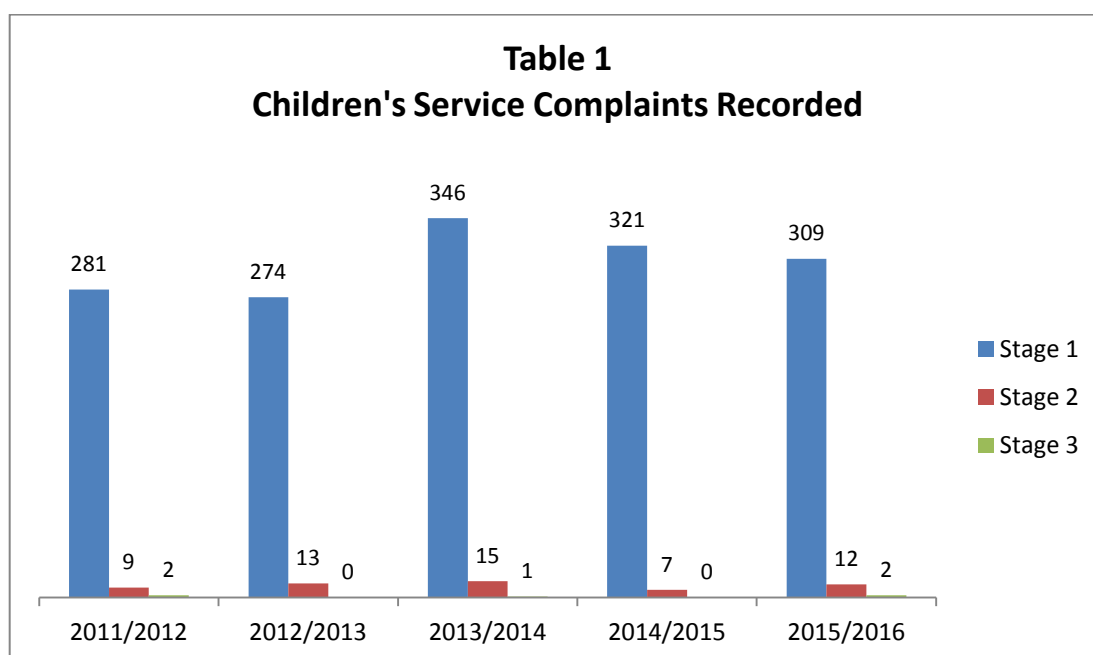
for recording complaints. The figures recorded are indicative of a more systematic approach that ties in with processes for recording and managing other forms of feedback such as complaints.

- 1.7 This new approach provides an opportunity to interrogate the nature of the enquiries received and use it to inform service delivery. It is interesting to note that of the 77 MP/Cllr enquiries, 20 were already known to the Children’s Rights Service as complainants whose complaints were being or had been addressed through the complaints process. Recording these types of enquiries on the database ensures that we are systematic in approach with a view to ensure that work is not duplicated and that responses are managed through the correct process.

2 SCC CHILDREN’S SERVICES’ COMPLAINTS ANALYSIS 2015 – 2016

2.1 VOLUME OF COMPLAINTS RECORDED

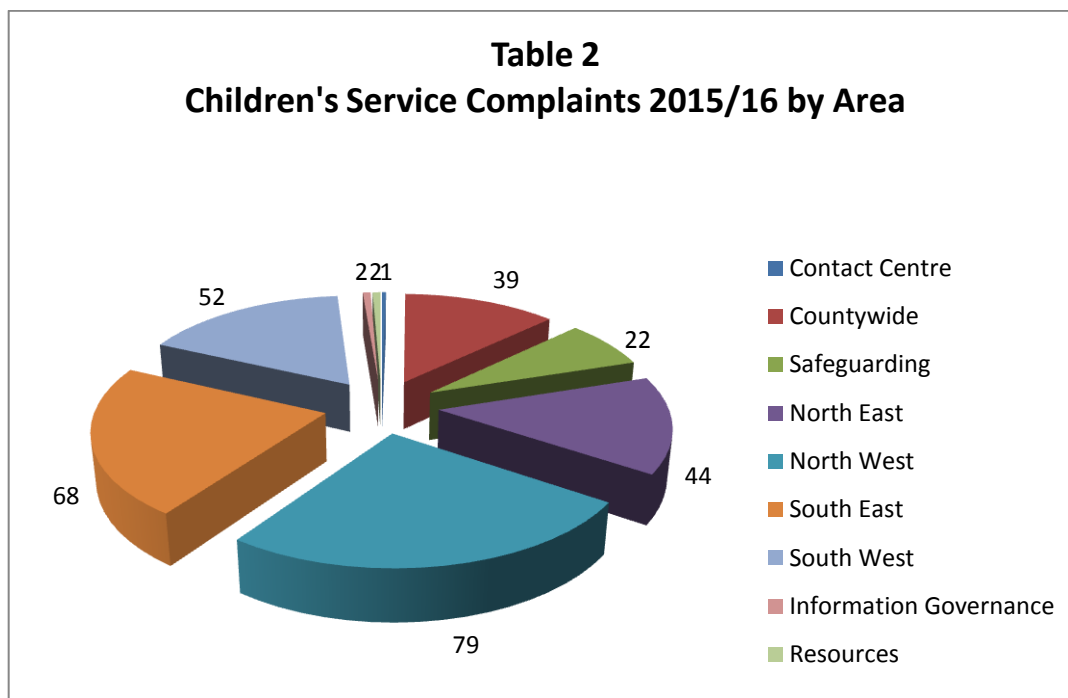
2.1.1 Table 1: Children’s Service Complaints recorded 2015 -2016



- 2.1.2 As illustrated in Table 1, the total number of complaints recorded between April 2015 and March 2016 for Surrey Children’s Service has decreased by 12 when compared to the previous 12 months. As discussed later in this report, escalation through the process remains low although it has increased slightly when compared to the previous 12 months. This may reflect improved awareness from complainants of their right to seek escalation together with an increase in delay for responses at the first stage of the process. This aspect is considered in more detail later in this report. The Children’s Rights Service will continue to monitor recording levels and escalation rates through the process within the current fiscal year together with the learning arising from complaints to inform service delivery.

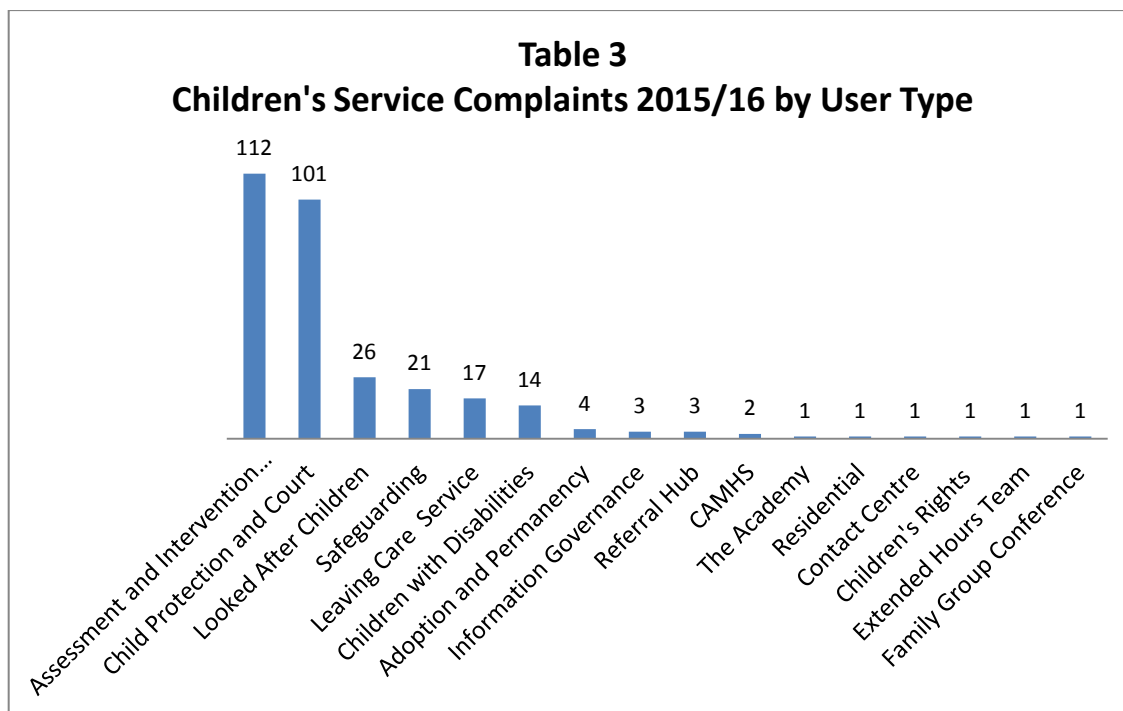
- 2.1.3 Table 2 details Children’s Service complaints by service area over the last year. These relate to complaints *about* these areas, rather than complaints received *by* these areas. The chart demonstrates that the majority of complaints are in the main directed at the operational social care teams, which is to be expected as it is these teams which interact the most closely with the families with whom the service intervenes. The chart indicates that as in the previous 12 months, the majority of complaints were recorded as being about the North West Area. Analysis of the recording data demonstrates that the majority of complaints within the North West Area relate to the Referral Intervention and Assessment Team which is not not unexpected given the

nature of the Team's work in assessing risks to and needs of the children within these families. The Children's Rights Service is also aware of the recruitment and retention difficulties being encountered across the Service but also specifically in the North West Area.



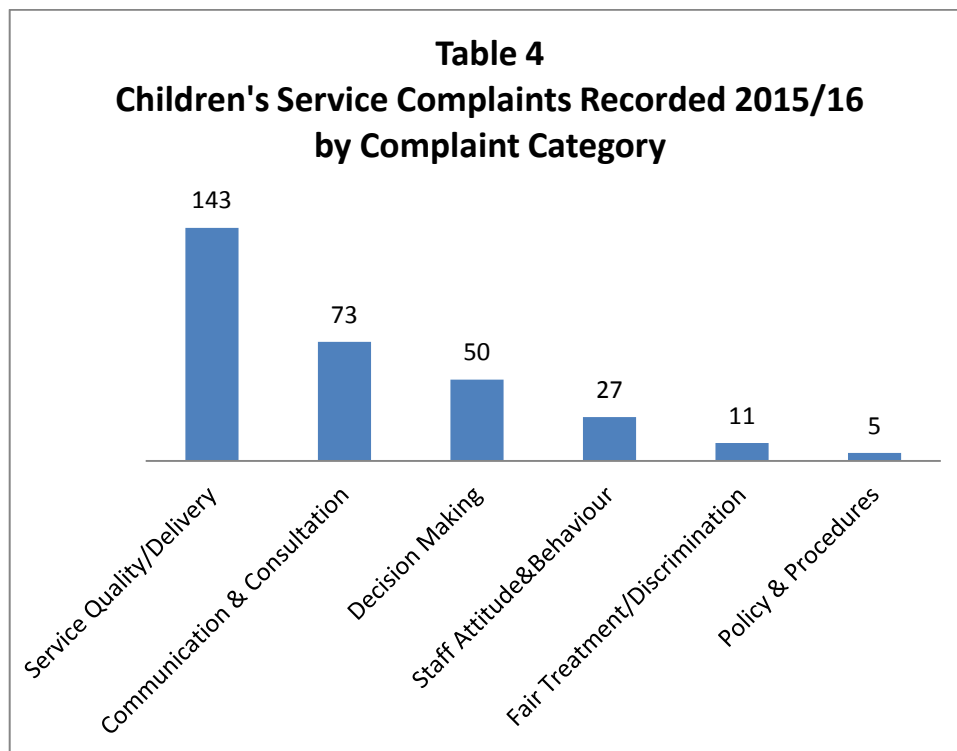
2.1.4 Table 3 details number of complaints received by service area. The data demonstrates that the majority of complaints received are from those receiving services from the Referral Assessment and Intervention Teams (112) followed closely by complaints about the Child Protection and Court Proceedings Teams (101). Although in general terms this is out of step when compared with recording levels in the previous 12 months where the majority of complaints were about the Child Protection and Court Proceedings Teams and then the Referral Assessment and Interventions Teams, the data collected does, as with previous years, demonstrated that these include complaints about the content of reports requested by the Court in private proceedings. These reports can be completed by both the Referral Assessment and Intervention Teams and the Child Protection and Court Proceedings Teams. Parents have also been known to use Child and Family Assessments as part of evidence presented in Private Court Proceedings even though these assessments are not written for the Court and the decision to share the content rests with family members and not Children's Services. Consistent with data collected in previous years, parents continue to indicate that they are self representing in Private Legal Proceedings. The financial consequences of austerity measures continue to be felt by the families with whom Children's Services interacts and it is therefore not unexpected that parents involved in Private Legal Proceedings will make complaints about matters that are more appropriately addressed within the legal system. The expectation in these cases is that the concerns will be discussed as part of the ongoing legal proceedings and not addressed via the complaint process.

2.1.5 The table also shows that levels recorded by the Referral Assessment and Intervention Teams (112) Child Protection and Court Proceedings Teams (101), account for 69% of all complaints received in relation to Children's Service in Surrey. This is not unexpected given that it is in the main these teams that are involved following contact from the families involved or referrals for intervention received from either partner agencies such as Health or the Police. Intervention is difficult at best and the data collected as part of learning from complaints suggests that the Service needs to improve how it communicates with families in these situations. This is not just in regard to frequency and nature of communication but also in the detail that is shared within the explanations given for intervention in the first instance.



- 2.1.6 Table 4 details the number of complaints received by category (type of complaint). The chart demonstrates that the majority of complaints are in regard to 'Quality of Service' provided. As indicated earlier in this report, the majority of complaints recorded are in relation to service provision by the Referral Assessment and Intervention Service and the Child Protection and Court Proceedings Teams. It is therefore not unexpected that in the main complaints about Quality of Service relate to customers perceptions of the service and what it may be able to offer. This can also include misunderstandings by families about the role of Surrey Children's Services in private legal proceedings. The majority of these complaints are resolved by providing more robust or detailed explanations around the decisions and actions taken by the Service. It is not unexpected therefore that Communication and Consultation is the next most common category of complaint. This in turn emphasises the need to ensure that timely and full explanations are provided when decisions and actions are taken.
- 2.1.7 As indicated above, 'Communication and Consultation' is the next most common category of complaint. An example will relate to families' expectations around what constitutes regular or frequent communication from the allocated social worker. This highlights the need to ensure that families' expectations around frequency and detail of communication from social care professionals is carefully managed. The data suggests that parents would welcome a more proactive approach where they get regular updates on progress without feeling like they need to constantly chase social workers for information. A more proactive approach should reduce the volumes of complaints about this area and enable the service to be in control of communication rather than reacting to constant contact from parents.
- 2.1.8 As with previous reporting years, the third most common complaint category is 'Decision Making'. Complaints in this category continue to relate in the main, to the outcome of assessments or reports where parents/young people disagree with the social workers' professional opinion as expressed within the content of the assessment or report. For example, where there is disagreement with the outcomes arising from an assessment or report, this disagreement is expressed as a complaint suggesting that the outcome is flawed. During 2015-2016, 8 management reviews of assessments and reports were undertaken at the second stage of the process. Whilst the reviews supported the complainants' view that the reports and assessments were not always as detailed or robust as they could have been, the management reviews noted that the outcomes of the assessments were not affected by this and remained unchanged.

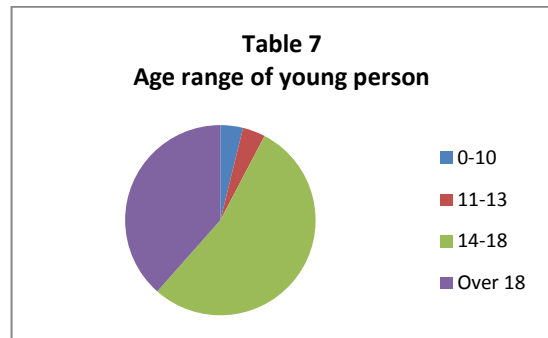
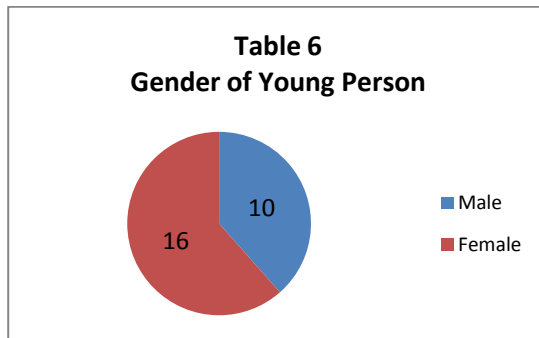
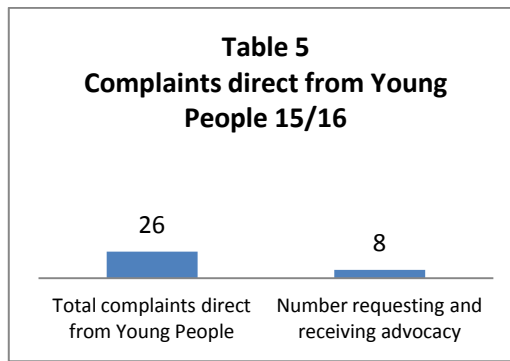
2.1.9 The top three categories of complaints this year indicate the need for improved communication with families. As part of actions arising from complaints, the Complaints Manager has been working with both Area Managers and Quality Assurance Teams to look for specific actions to address gaps in effective communication. Changes in the way that Performance Reporting is managed in regard to complaints have already been made as a result of this and includes comment on the effect of changes made within Service Delivery due to learning arising from complaints and the impact this can have on Service Delivery.



2.1.10 In 2015-2016 a total of 26 formal complaints were received directly from children and young people. This is a significant decrease compared to the 42 complaints recorded in the previous 12 months. However, there were 53 contacts direct from children and young people either seeking support to achieve informal resolution of problems and concerns or communicating their wishes & feelings in relation to specific concerns. This is a significant increase compared to the 24 direct contacts recorded in the previous 12 months. Added together, this year's contacts and complaints direct from young people have increased compared to last year. This demonstrates that the process is accessible. Further that increasing numbers of young people are making use of both the formal process and increasingly, the informal advocacy led approach of the Children's Rights Service Advocacy Helpdesk.

2.1.11 Tables 6 & 7 below show that 92% of young people making a formal complaint were aged between 14 and 18 and over, which is a slight increase compared to the 90% in the previous 12 months. Complaints recorded as being from females were higher than those recorded from males which is consistent with prior years. What is of particular significance is the number of complaints recorded as being from unaccompanied asylum seeking (UAS) children under the age of 18; in 2015-16, 6 complaints were recorded as being from UAS children demonstrating the accessibility of the process.

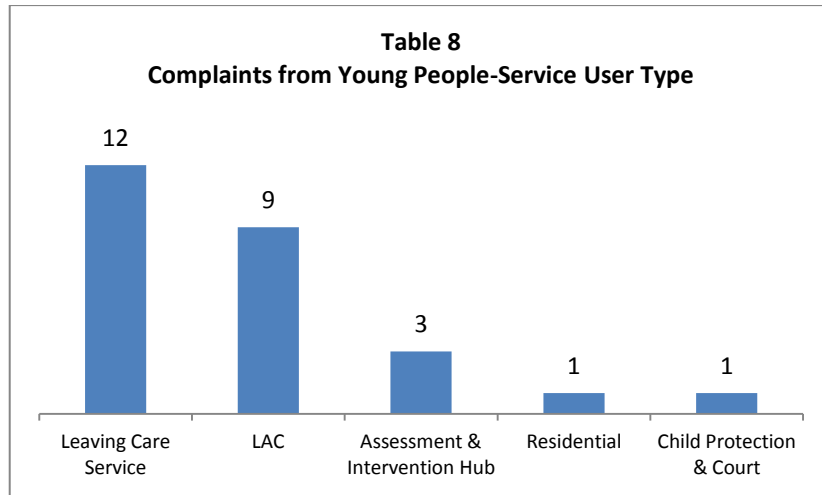
2.1.12 Table 5 below shows that of the 26 formal complaints recorded, 8 of the children requested and received advocacy support. Of the 8 who received advocacy support, 5 were supported by an 'independent advocate' while the others elected to either receive support from the Children's Rights Service (3) or from an advocate of their choosing (1), for example a family member or friend or other professional.



2.1.12 Table 8 shows the breakdown of complaints recorded (direct from young people) by service type. The majority of these (81%) were received from either looked after children or those leaving care. Care Leavers’ main concerns are around financial support and support to find safe accommodation. For looked after children, concerns are around contact with family and concerns relating to placements. The three complaints about the Referral and Assessment Hub included concerns about a decision not to share information regarding the source of a referral to Children’s Services as well as concerns about younger siblings included in the assessment process. The single complaint about residential services was in regard to lack of support in securing independent accommodation and the single complaint about the Child Protection Team was about poor communication and not feeling informed by Children’s Services. Complaint topics from UAS children include concerns about communication such as, use of translators or translation services, as well as placements and ongoing support with education.

2.1.13 The data collected is consistent with the findings from the Big Survey commissioned by the Corporate Parenting Board to inform on the wishes and feelings of young people. This years findings corroborate the complaint data in that:

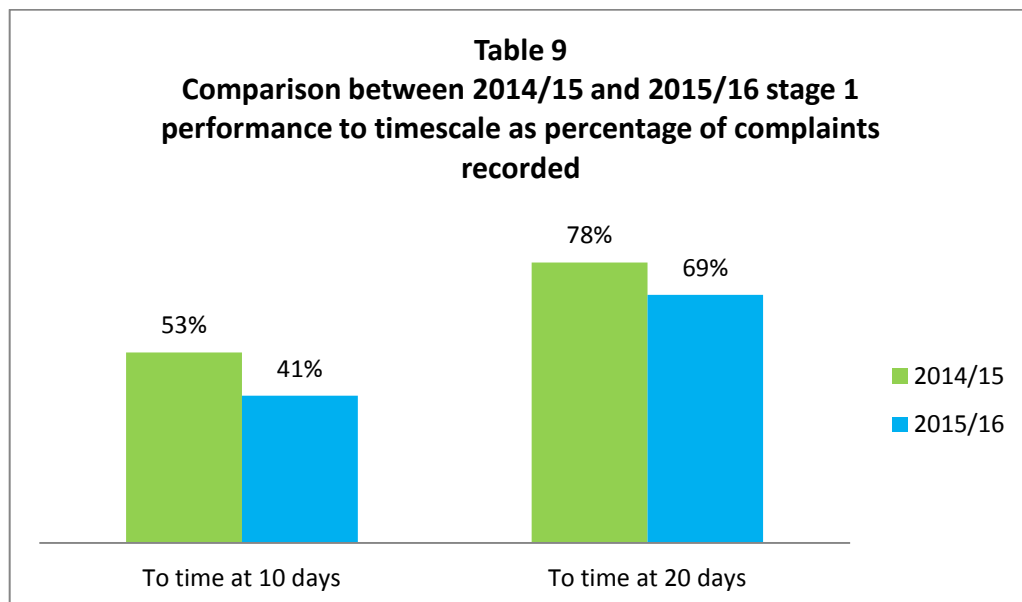
- the majority of completed and returned surveys were from the 13 to 18 age group
- concerns raised related to, financial support, moving to independent living and change of placements
- the majority of young people who completed the survey identified themselves as white british



2.1.15 Once again a majority of complainants, 196, equating to 63%, identified themselves as White British. This is not unexpected given the demography of the County's population. This figure does not differ significantly on a proportional basis when compared to the previous 12 months where 68% of complainants also identified themselves as White British. Other ethnic identifications included Asian, Chinese and Black Caribbean. Generally, the breakdown is reflective of the local area and is therefore a good indication of the accessibility of the procedure.

2.2 PERFORMANCE AGAINST TIMESCALES:

2.2.1 Table 9: Children's Service Performance at stage 1



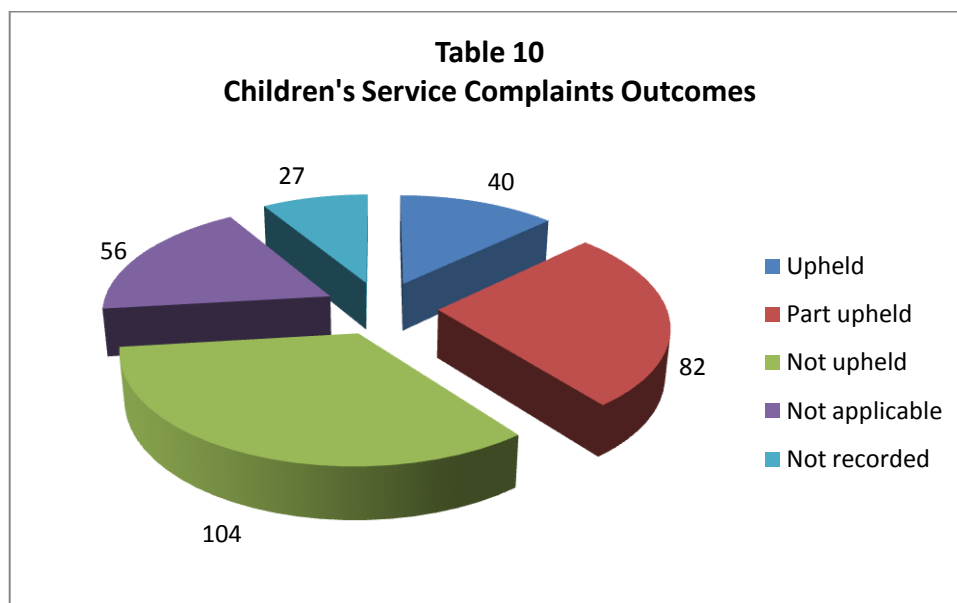
2.2.2 Table 9 shows the detail of time taken to respond to complaints at Stage1, (local resolution) providing a comparison between the current reporting year and the previous one. The table shows performance for responses at both the 10 and 20 day statutory timescales. The table demonstrates that 42% of complaint responses met the statutory timescales of 10 working days and that there was 69% compliance at 20 days. Whilst this is disappointing, given the low numbers of complaints escalating through the process it can be said that this reflects time taken to ensure that responses at the first stage of the process are detailed and robust. These figures remain constant for the ten day timescale when considering specifically complaints direct from young people where 42% were responded to within timescale. Performance at the 20 day timescale is lower with 62% of complaints direct from young people being responded to within

timescale. However, it should also be noted that the average time taken to respond to a complaint at the first stage of the process is **18** days. Whilst performance against timescales is important, it is promising to note that the percentage of complaints progressing to full independent investigation at the second stage of the process remains low at 4% of the complaints requiring a response in the period. Together with improved responses at the first stage of the process, this also reflects an increase in the use of alternative resolution such as mediation which was used on 4 occasions and case reviews, which reflect 8 of the cases progressed through the process. This has a positive financial impact for the Service due to the reduction in commissioning services from external consultants.

2.2.3 The Children’s Rights Service has continued to spend a significant amount of time interrogating the data and chasing responses. We routinely reminded operational teams of their responsibilities to log complaints and update records. Changes to the Database include changes in the recording of generic as well as specific learning arising from complaints. These changes will support the analysis of the ‘learning actions’ data to inform service delivery within Surrey Children’s Services and will be monitored as part of Performance Reporting in the coming year.

2.3 COMPLAINTS OUTCOMES & RESOLUTION

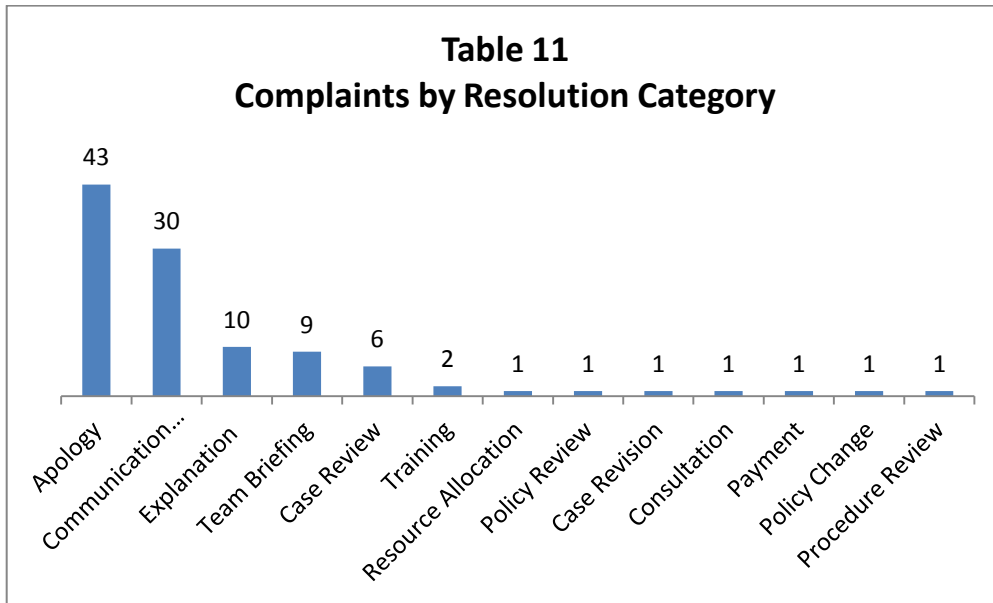
2.3.1 Table 10: Children’s Service complaints recorded by outcome.



2.3.2 Table 10 shows that 104 complaints responded to at Stage one of the process were ‘not upheld’ (no fault found), another 82 were ‘part upheld’ (some fault found) and a further 40 complaints were recorded as fully ‘upheld’ (fault found). 56 complaint outcomes are recorded as ‘not applicable’ this reflects cases where alternative methods of resolution were available or the complainant withdrew the complaint. The records for the remaining 27 complaints are incomplete and do not record that a response has been sent and therefore the outcome remains unknown. Some of these complaints did not require a response within this reporting year as they were recorded toward the end of the year. The Complaints Manager will continue to work with operational managers and seek to identify and address any barriers to maintaining accurate complaints records.

2.3.3 As indicated in the paragraph above, during the year, complaints about matters that could not be considered via the complaints process, for example those where there are ongoing private legal proceedings, account for 58 of the complaints recorded. In all these cases the complainants have been advised of alternative routes that may be available to them or to seek independent legal advice.

2.3.4 Table 11 details complaints recorded by resolution category



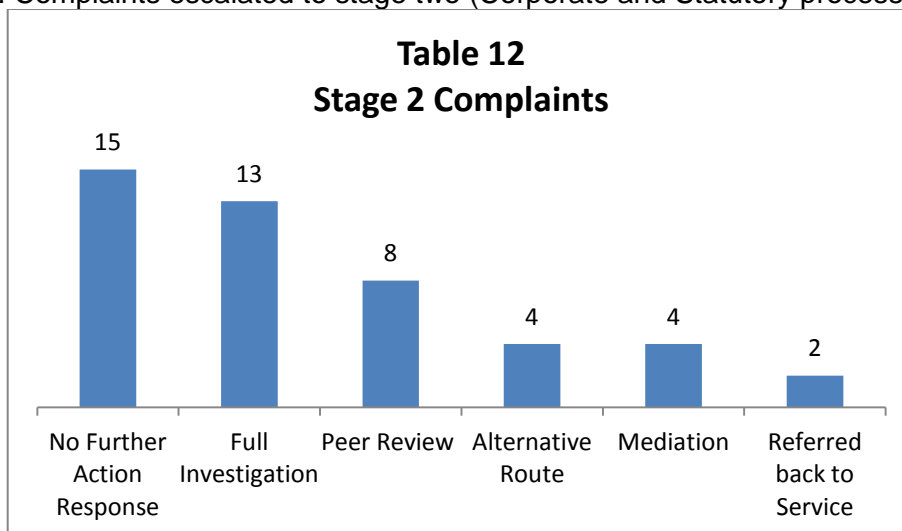
2.3.5 Analysis of the data shows that we need to improve the quality of communication between Children’s Services and families. This is supported by the fact that a significant number of complaints are resolved by explanation, communication and an apology. The Safer Surrey approach, recently introduced as part of the Improvement Programme should contribute to improving communication, in that this approach should ensure that:

- Parents understand what is expected of them
- Everyone uses the same shared language
- Support is targeted and relevant
- Decision making is open and transparent
- There are more specific details about concerns for children
- Evidence is clear and easy to understand
- There is close collaboration between all parties

2.3.6 The Children’s Rights Service also routinely receives requests from both the Service and service users asking for support in managing communication and resolving issues. As a Service, we have become much more involved in leading on learning from complaints and will continue to provide management information on this to inform service delivery

2.4 ESCALATION OF COMPLAINTS

2.4.1 Table 12: Complaints escalated to stage two (Corporate and Statutory processes)



2.4.2 During 2015-16, a total of 46 requests were received for complaints to be escalated to the second stage of the process. Of these 46, 25 have been responded to at the second stage of the process. Of these 25, 13 complaints (4% of all the complaints recorded) progressed to full investigation under the statutory process, one of these was a complaint that came direct from a young unaccompanied asylum seeker. 8 complaints have been responded to via Management Reviews and four via Independent Mediation.

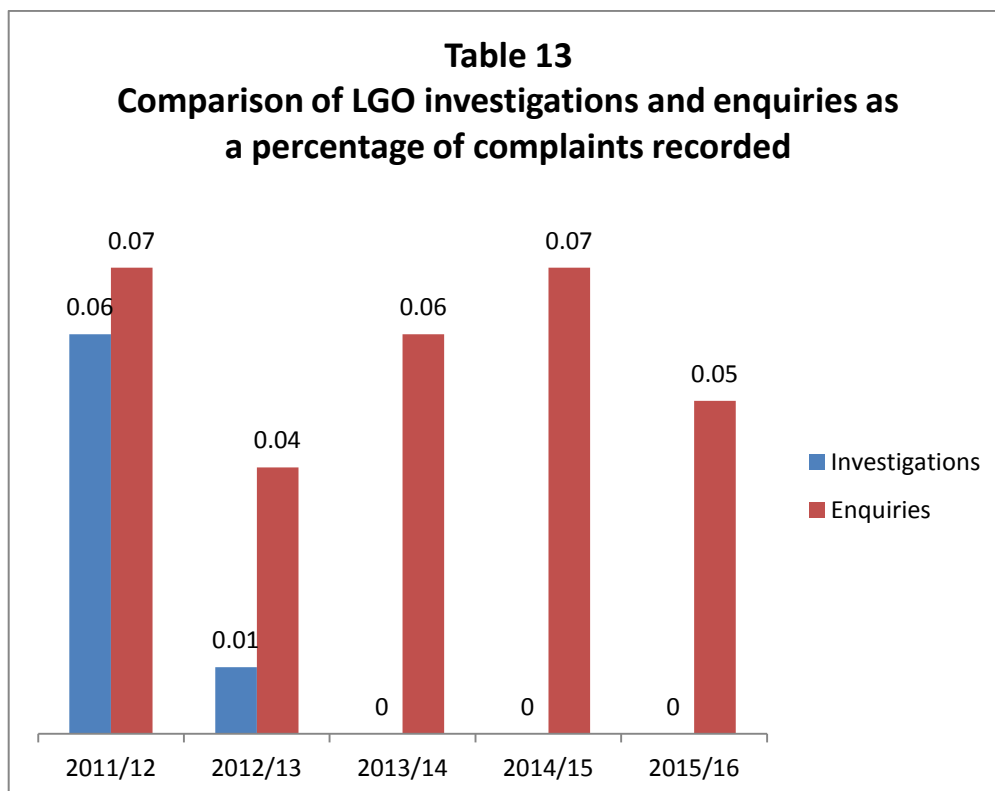
Of the remaining 21 escalation requests:

- 19 did not progress as either an alternative more appropriate route was available to the complainant e.g. seeking independent legal advice, or the complaint was withdrawn
- 2 were referred back to the service for an additional and more detailed response

2.4.3 During 2015-16 two complaints escalated to the third stage of the process. One complaint related to Adoption and Permanency and the other was about support around contact with a grandchild.

2.5 LOCAL GOVERNMENT OMBUDSMAN ENQUIRIES

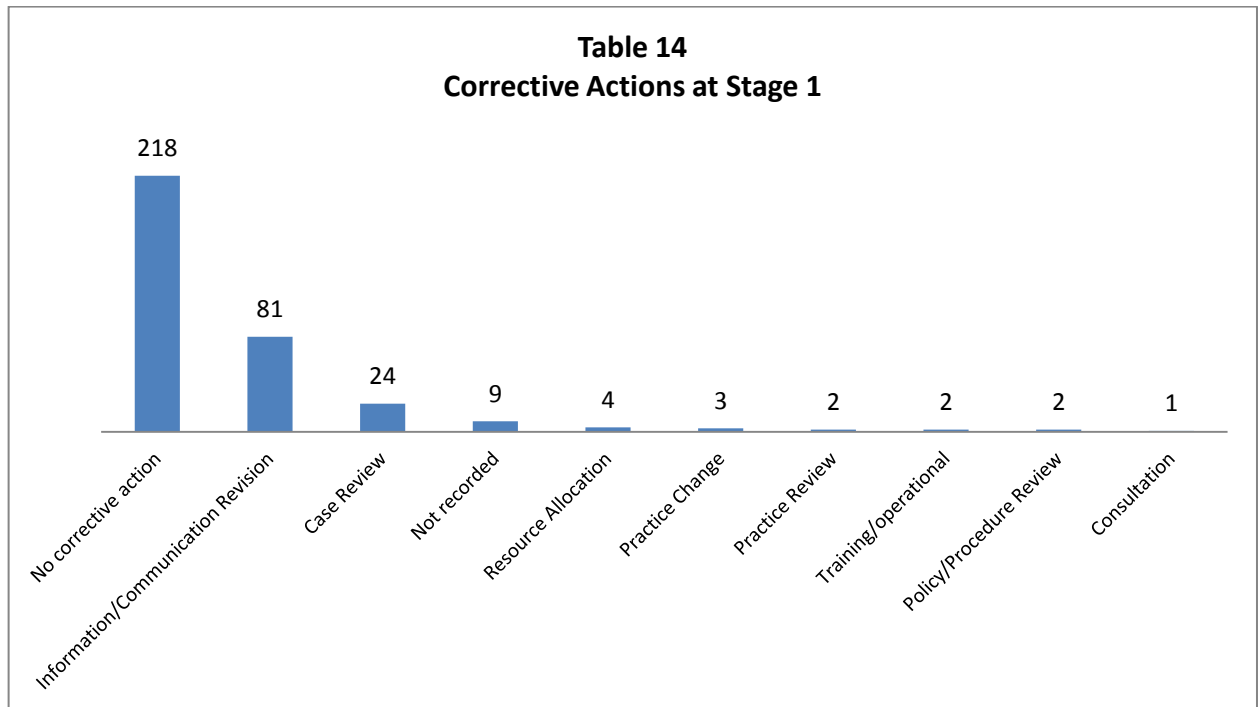
2.5.1 Table 13 shows the total LGO enquiries and investigations received compared to the previous 4 years. Not all enquiries from the LGO progress to full investigation. In the main this is because following initial enquiries we are able to demonstrate that the Council has taken reasonable steps to resolve the complaint. This is reflected in the table below which demonstrates that for a third year in succession there have not been any formal investigations undertaken by the LGO. This follows the trend over the past five years which, as demonstrated in Table 13 below, is that the proportion of enquiries from the LGO has remained relatively stable.



2.5.2 The LGO issued no public reports in relation to Children's Service during this period. This is a positive result and shows that not only do we have a low rate of escalation to the LGO but that under external scrutiny the majority of complaints continue to be appropriately dealt with by the local authority.

2.6 LEARNING FROM COMPLAINTS

2.6.1 Table 14: Corrective actions identified at stage 1



- 2.6.2 Table 14 shows that 119 complaints resulted in corrective actions being identified. This is similar to the 132 identified in the previous 12 months. 218 complaints were explicitly recorded as not leading to any corrective action. This is an increase when compared to the previous reporting year. Next year we will be working with the Service to ensure all stage one complaints have learning attached. Robust responses at stage 1 of the process that clearly set out and uphold acknowledged errors and omissions contribute significantly. Similarly responses that acknowledge the impact on a family even where fault has not been found and the complaint not upheld, provide an opportunity for agreement and relationship building for the future.
- 2.6.3 None of the stage 1 responses that were dealt with as reviews by peer managers during the year escalated to the second stage of the process. This is consistent with the previous year. These peer manager reviews continue to be completed to establish whether or not, in the light of changed or new information received from the complainant, the outcome of court reports or statutory assessments would have resulted in a different or changed decision. Whilst peer manager reviews have resulted in some corrective action although no changes in outcome have been identified, there has been one review that resulted in a further assessment to enable more robust consideration of new information that was then received from the complainant. The corrective actions identified include additional training for newly qualified social workers together with clear differentiation between information received from third parties and the professional opinion of the social worker completing the assessment.
- 2.6.4 At the close of the second stage of the process or enquiries received from the LGO the Children's Rights Service develops and circulates corrective action plans (CAPs) to managers who are responsible for carrying out the actions and sharing these within their service area. This is in the process of being reviewed as recent experience demonstrates that sharing learning by way of a team debrief is a preferred alternative by the teams, as it enables discussion and ownership of the actions identified.
- 2.6.5 The corrective action plans drawn up and circulated across Children's Service, following consideration at the second stage of the process, list between them, a total of 71 separate

actions. These actions were identified by the Service and need to be completed in order to improve delivery and put matters right. Key learning themes are discussed in the sections below. These themes reflect matters of significance as opposed to the numbers of complaints recorded.

2.6.6 Despite changes made to the Customer Feedback Database to enable the operational teams to record their own learning and actions arising at the first stage of the process, the records do not demonstrate that a substantial number have been completed. Therefore the Complaints Manager will now routinely arrange team debriefs following consideration of complaints at the latter stages of the process to ensure that learning is clearly identified and acted upon. The Complaints Manager will also routinely attend service wide meetings to enable discussion around generic learning arising from complaints that can be used to inform service delivery.

2.6.7 At stages 2 and beyond, the top 2 types of corrective actions taken as a result of escalated complaints are:

- Service/Team Briefing (19 complaints)
- Apology (8 complaints)

2.6.8 The key learning themes identified at Stages 2 and beyond relate to:

- 1- Managing difficult conversations with parents where their relationship with older children has contributed to the decision that the threshold for intervention has been met.
- 2- Clear and detailed communication with prospective adopters about the reasons for not progressing an application to become adopters.
- 3- Ensuring that actions are taken to maintain the confidentiality of families, such as discreet return labels on printed letters and ensuring that confidential material is always held securely and is not at risk of loss or theft.

2.6.9 Specific examples of learning from complaints identified by operational and Children's Rights Service staff are listed below:

1. Review of SCC guidance regarding spent convictions when completing DBS disclosure applications as prospective adopters.
2. Review of the Care Leavers Finance Policy and Procedures
3. Changed content of return labels for written letters sent by Royal Mail so that correspondence received from the Child Protection Unit is discreetly managed.

2.7 SUMMARY: WHAT HAVE WE DONE WELL AND WHERE CAN WE IMPROVE?

2.7.1 What we are doing well?

- Average response times for initial stage of the process remain within timescale
- Maintained low levels of complaints escalating through the process
- Maintained low levels of complaints investigated by the Local Government Ombudsman

2.7.2 What do we need to improve?

- Clear messages for parents regarding the reasons for assessments to be completed
- Clear messages for families regarding the reasons for the threshold for intervention being met
- Improved management of policies and procedures for Care Leavers

As of the current financial year, the CRS will regularly attend Children's Service Service Wide meetings to enable discussion around the nature of complaints received and the learning arising from complaints with a view to informing service delivery at a countywide level, in line with the Safer Surrey approach mentioned earlier in this report. The approach marks a new way of working across the Children, Schools and Families Directorate and relies on each and every member of staff sharing the same understanding of values, the way the Service works with families and what constitutes needs and risk.

Safer Surrey has its roots in solution-focused brief therapy and creates a common language used by all professionals. The different language used to describe difficulties and struggles allows us to begin to see opportunities, hope and solutions.

3. ADVOCACY SUPPORT

- 3.1 Advocacy Services have been delivered by the Children's Rights Service since 2010. The service provides the statutory complaint related advocacy support for children and young people in line with the requirements of the advocacy guidance 'Get it Sorted' 2004. In order to do so, the Service manages a pool of self-employed independent advocates and commissions independent advocacy support when requested by a child or young person. In other cases, the advocacy service provides advocacy support and advice to children and young people assisting them to resolve their complaints and concerns or supporting them to advocate for themselves.
- 3.2 Surrey complaints information, both online and paper based, is systematically circulated and promoted within Children's Services. Advocacy provision continues to be promoted with a particular focus on reaching Looked After Children or Care Leavers and the staff that work with them.
- 3.3 This year the advocacy service has maintained and developed its role as the 'go to' children's rights and advocacy advice and helpline for Surrey young people and staff. This is evidenced by a notable increase in contacts from young people seeking support from us to achieve informal resolution of problems and concerns but also in number of contacts from staff seeking advice and guidance. The number of contacts from or about young people increased from 50 last year to 77 this year. The advocacy advice helpline provides more flexible support options based on discussions and assessment with those making contact. In line with its ambition, the advocacy helpline supports young people to take a lead on their complaints : each interaction promoting choice and encouraging young people to make informed decisions about how they wish their complaint or enquiry to be dealt with, and to experiment with problem solving strategies.
- 3.4 Over the past year the advocacy service continued in its efforts to nurture and develop social workers' natural advocacy role. To achieve this, the Advocacy Service did two things. . First of all, we designed and delivered five Advocacy Skills workshops to Surrey Children's Residential Home workers. The workshops were very well attended and feedback has demonstrated a positive impact of these workshops on workers' perception of their role. Secondly the Children's Rights Service launched the 'Golden Megaphone Award'; an internal award aimed at celebrating and cheering the advocacy role played by staff who work directly with children and young people. Workers have submitted stories demonstrating their advocacy skills at work. 'GMA Heroes' were selected and celebrated at our Annual Skills Fest.
- 3.5 The advocacy service continues to collaborate with the social enterprise Sixteen25 in the ongoing development and internal promotion of the self-advocay app MOMO (Mind Of My Own). Our collaboration was celebrated at this year's MOMO Conference where we received the 'Partnership working' award The MOMO app is available for free download on smart phones or

computers by children and young people in Surrey to use in communicating concerns to services. In the past year we have seen a notable increase in number of children and young people using this to communicate their wishes and feelings mainly in preparation for key meetings with professionals. Development plans for the next year include a version of the app that is designed to meet the communication needs of children with a learning disability, and those under the age of 11.

4 MONITORING THE PROCESS

- 4.1 The Children's Rights Service support Children's Service to manage and learn from complaints. The key services offered are: complaints advice and support, quality assuring of responses, mediation, complaint case debrief sessions, production of performance reports, liaising with Local Government Ombudsman, Complaints Visiting Workshops, 1-2-1 complaints handling coaching for operational managers, and development and monitoring of corrective action plans (CAPs).
- 4.1.1 We now arrange Stage 2 complaints debriefing sessions for all staff involved in each investigation, review or mediated meeting. This provides the opportunity to discuss the process of the case, learning outcomes and how the experience was for staff involved.
- 4.1.2 As well as holding informal debriefing discussions with operational managers we have provided support to individual staff members involved in such cases as well as support in the form of facilitation of meetings with complainants. Over 18 workshops have now either taken place or are planned for the coming months with individual coaching continuing on a case by case basis as appropriate.
- 4.1.3 Actions arising from complaints are now routinely recorded on the customer feedback database at all stages of the complaint process. This has increased the identification of learning but further development is needed to ensure that the actions are not just completed but that the impact of these is assessed at a later stage. The Complaints Manager is working with Area Managers within Children's Services to agree a methodology to address this in the coming year.
- 4.1.4 The Service provides complaints performance data for inclusion in the Children's Service Report Card.
- 4.2 During 2016-2017 the Children's Rights Service will continue to focus on:
- *Where appropriate, increase the use of methods alternative to independent investigation to address complaints at the second stage of the process.*
 - *Working with operational managers to support the identification and dissemination of learning at the initial stage of the process*
 - *Working closely with staff to increase the number of children and young people enabled to speak up for themselves whether in the context of formal complaints or informal resolution of problems.*

5 FINAL COMMENTS

- 5.1 Overall this has been another positive year for complaints management across the services. Stronger working relationships continue to be developed between operational services and the Rights and Participation Service resulting in effective resolution of complaints at the earliest stage. Examples of this include:
- Consultation from operational teams where there are indications that an alternate and more appropriate route, may be available to the complainant

- Consultation from operational teams where complainants are displaying 'persistent and unreasonable behaviour' and supporting appropriate decisions regarding restricting access to the complaint process accordingly
 - Continuing discussions with operational where complaints relate to services across the Directorate; to promote a single response as appropriate, for example between the Safeguarding Children Unit and the Children's Team.
 - Improved recording of and responses to enquiries received from MP's and Cllrs about families open to support from Children's Services.
- 5.2 We will continue to work with operational services on improving recording and updating complaints information as well as focusing on learning as a continued priority in the coming year.
- 5.3 As identified earlier in this report, we have noted improvements in the quality of responses at Stage1 of the process which have resulted in:
- Early resolution and identification of learning to inform service delivery
 - Low numbers of complaints escalating through the complaint process

This follows the continuing use of individual coaching for operational managers. The coaching includes discussions in meetings and over the telephone, both generic and case specific depending on individual cases and circumstances. Informal case by case discussions have been held between operational managers and the Complaints Manager generally around written response content and structure. These activities continue to nurture closer working relationships between us and operational managers.

Jessica Brooke/Mona Saad/Kate Sandow
Children's Rights Managers

14 July 2016

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Social Care Services Board 9 December 2016

Recommendation Tracker

1. The Board is asked to review its Recommendation Tracker and provide comment as necessary.
2. Any updates to the Board highlighted in the Recommendations Tracker are provided as annexes.
3. The Forward Work Plan is attached for the Board's reference.

Report contact:

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Annexes

- Annex 1 – Child Sexual Exploitation Update
- Annex 2 – Social Care in Prisons Update

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SOCIAL CARE SERVICES SCRUTINY BOARD
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED November 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	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 and its first meeting is scheduled for December 2016.	<i>December 2016</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
30 October 2015	MENTAL HEALTH CRISIS CARE CONCORDAT AND MENTAL HEALTH CODE OF PRACTICE: AN UPDATE [Item 9]	<p>That the Scrutiny Board reviews the roll out of the Safe Havens across the remaining five Clinical Commissioning Group areas in Surrey including the financial sustainability of these projects.</p> <p>That an update is provided on the implementation of the Single Point of Access Project.</p> <p>That there is liaison between Surrey Police and Hampshire Police on good practice usage of the Aldershot Safe Haven for people in mental health crisis</p>	<p>Senior Commissioning Manager</p> <p>Scrutiny Board Chairman and Police and Crime Panel Chairman</p>	An update in 2016/17 will be added to the Forward Work Programme	<i>December 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> <p>Supports the first phase of implementation and areas of further work, as outlined in the report, to be set up and managed as a new multi-agency project</p> <p>Recommends that Officers return to the Board when they have an implementation plan for the Board to review</p>	Head of Quality Assurance and Strategic Safeguarding	It is proposed that the Chairman and Vice-Chairman meet with officers to hear an update on progress, and then consider whether a formal report to the Board is required.	<i>October 2016</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
12 May 2016	2015-20 YOUTH JUSTICE STRATEGIC PLAN REVIEW [Item 7]	Surrey's Youth Justice Partnership Board (YJPB) undertake further evaluation with the police and probation service to understand what impact youth justice intervention has on offending in young adulthood.	Head of Youth Support Services	This will be added to the Forward Work Programme for May 2017	May 2017
12 May 2016	2015-20 YOUTH JUSTICE STRATEGIC PLAN REVIEW [Item 7]	That officers provide a further update in 12-months on the progress of the Reducing Reoffending Plan 2014-17 with particular reference to how the new CAMHS integrated model, including the YSS subcontracted element, has impacted on mental health and emotional and behavioural issues as a known factor in relation to re-offending.	Head of Youth Support Services	This will be added to the Forward Work Programme for May 2017	May 2017
12 May 2016	2015-20 YOUTH JUSTICE STRATEGIC PLAN REVIEW [Item 7]	That officers provide an update in 12-months in relation to progress made against the Youth Justice Strategic Plan in Year 2.	Head of Youth Support Services	This will be added to the Forward Work Programme for May 2017	May 2017
12 May 2016	INTERNAL AUDIT REPORT: REVIEW OF FOSTER CARE SERVICE ARRANGEMENTS [Item 8]	The Board notes with concern the Internal Audit recommendations and will review the outcome of the service's actions to improve in the follow-up audit.	Chief Internal Auditor	Follow up is planned for Quarter 4 in the 2016/17 audit plan and an update will be brought to the Board then.	January 2017
12 May	LEARNING	The Board notes and supports the work	Deputy Director of Adult	The Board will be	December

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
2016	DISABILITY COMMISSIONING STRATEGY AND TRANSFORMING CARE [Item 11]	programme and will welcome a progress update in the future.	Social Care	updated later in 2016/17	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 had an update to its meeting on 10 November 2016. A joint session will be planned in 2017/18	Complete
23 June 2016	HEALTH AND SOCIAL CARE INTEGRATION: BETTER CARE FUND 2016/2017 [Item 7]	That a joint Social Care Services Board and Wellbeing and Health Scrutiny Board four person monitoring group is established to oversee how the BCF and STP plans and delivery progress, with a particular focus on. <ul style="list-style-type: none"> a. Information sharing across the organisation b. Social care and NHS staffing 	Chairman of the Wellbeing and Health Scrutiny Board/ Chairman of Social Care Services Board/ Scrutiny Officer	The terms of reference for this group will be drafted for the consideration of both Boards, following publication of the next stage of STP plans in October.	December 2016.
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 is attached to the agenda of this meeting of the Board.	Complete

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
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 is attached to the agenda of this meeting of the Board.	Complete
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 is attached to the agenda of this meeting of the Board.	Complete
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 is attached to the agenda of this meeting of the Board.	Complete
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	The Chair of the Surrey Safeguarding Board is due to report in January 2017.	January 2017
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: 1. Outcomes from the November 2016 multi-agency CSE	Independent Chair, Surrey Safeguarding Children's Board	The Chair of the Surrey Safeguarding Board is due to report in January 2017.	January 2017

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		conference. 2. The work of Surrey County Council and the Safeguarding Board in engaging with independent and faith schools.			
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 is attached to the agenda of this meeting of the Board.	Completed
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.	Senior Manager for Prison Social Care	A response is attached to the agenda of this meeting of the Board.	Completed
26 October 2016	ADULT SOCIAL CARE BUDGET MONITORING [ITEM 9]	That the Cabinet set out the actions that be undertaken in the next three months in order to reduce the projected overspend	Cabinet	These recommendations were referred to Cabinet on 22 November and a	Complete

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
				response is included in the papers for the Board's consideration.	
26 October 2016	ADULT SOCIAL CARE BUDGET MONITORING [ITEM 9]	That the Cabinet consider revising the methodology for finance planning	Cabinet	These recommendations were referred to Cabinet on 22 November and a response is included in the papers for the Board's consideration.	Complete
26 October 2016	ADULT SOCIAL CARE BUDGET MONITORING [ITEM 9]	That the Cabinet prioritise a sustainable set of savings for Adult Social Care as part of the planning for the Medium Term Financial Plan (MTFP) 2017-2022	Cabinet	These recommendations were referred to Cabinet on 22 November and a response is included in the papers for the Board's consideration.	Complete
26 October 2016	ADULT SOCIAL CARE BUDGET MONITORING [ITEM 9]	That officers bring a future report on the present issues emerging in the home-based care market, and what action the Council is taking in relation to this	Strategic Director for Adult Social Care and Public Health	An item has been added to the January meeting of the Board.	Complete
26 October	ADULT SOCIAL CARE	That officers bring a future report on	Strategic Director for	The Chairman is	December

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
2016	BUDGET MONITORING [ITEM 9]	Surrey Choices to the Board, as the Board is concerned about increased costs;	Adult Social Care and Public Health	working with the Chairmen of Council Overview Board and Audit and Governance to take forward this recommendation.	2016
26 October 2016	ADULT SOCIAL CARE BUDGET MONITORING [ITEM 9]	That the Chairman write to the Surrey Choices shareholder board requesting non-executive representation for Adult Social Care.	Chairman/Scrutiny officer	The Chairman is working with the Chairmen of Council Overview Board and Audit and Governance to take forward this recommendation.	December 2016
26 October 2016	SURREY MULTI AGENCY SAFEGUARDING HUB AND EARLY HELP UPDATE [ITEM 10/11]	That officers report progress of Early Help and the MASH in six months, including how benefits are being realised and how emerging key issues have been addressed	Assistant Director Commissioning & Prevention	This will be added to the forward work programme following the May 2017 election.	May 2017
26 October 2016	SURREY MULTI AGENCY SAFEGUARDING HUB AND EARLY HELP UPDATE	Updated to the Performance and Finance Sub-group efforts to reduce the number of contacts to the MASH where a child's case is already open to Children's Services.	Assistant Director Commissioning & Prevention	Officers have been contacted with this request, and an item is expected at a future Performance and Finance Sub-Group meeting.	January 2017
26 October	SURREY MULTI	Updated to the Performance and	Assistant Director	Officers have been	January

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
2016	AGENCY SAFEGUARDING HUB AND EARLY HELP UPDATE	Finance Sub-group issues that have arisen as a result of the new IMT modules and what is being undertaken to improve the system.	Commissioning & Prevention	contacted with this request, and an item is expected at a future Performance and Finance Sub-Group meeting.	2017
26 October 2016	DEPRIVATION OF LIBERTIES SAFEGUARDS [Item 11]	That a quarterly update is reported through to the Performance and Finance sub-group, with matters being escalated to the Board if required.	Principal Social Worker and Senior Practice Development Manager	The Performance and Finance sub-group will receive its first quarterly update in early 2017.	March 2017
26 October 2016	ADULT SOCIAL CARE DEBT [Item 13]	That officers explore the business case for the additional temporary resource referred to in paragraph 14 to be made permanent, as a means for ensuring early and regular contact with debtors and their representatives.	Head of Resources	The impact and long-term benefits of this on-going work are in the process of being assessed, and would form part of any business case. The Board will receive a further update at a future meeting.	January 2017

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SURREY

Social Care Services Board

DATE: 25/11/16

TITLE: Child Sexual Exploitation (CSE) updates

Purpose of report: To provide the board with an update on recommendations made at the September 2016 meeting in regard to partnership work to tackle child sexual exploitation

Introduction:

1. The recommendations requested by the board are as follows:
 - That officers develop the work to support families in identification of CSE, and how parenting tools can help them reduce risk. ***Please refer to point 3***
 - 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. ***Please refer to point 4***
 - 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. ***Please refer to point 5***
 - 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. ***Please refer to point 6***

Update and recommendations on CSE

That officers develop the work to support families in identification of CSE, and how parenting tools can help them reduce risk

- 3.1 We have a commitment to engage with families and carers around identification of CSE and this is clearly captured in the Surrey Safeguarding Children's Board refreshed strategy and action plan published in November 2016.
- 3.2 A particular vehicle for supporting families to identify and address CSE is the Parents Against Child Exploitation (PACE) advanced training for practitioners, which has been undertaken by 20 Youth Support Service (YSS) practitioners. Staff have also undertaken their 'Train the Trainer' course and thus a cohort of trainers are able to deliver the PACE training course 'Working with and supporting parents and carers affected by CSE' to colleagues across the

children's workforce. This has been rolled out to a large cohort within YSS and plans are underway to offer more widely across Children's Services, the YSS and the Family Support Programme. This knowledge to support parents and families is also shared as part of the CSE community of practice across YSS and Children's Services.

3.3 Further measures to support families in their awareness and identification of CSE are captured below at 5.1.

Therapeutic Support

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

- 4.1 The development of a multi-agency CSE Pathway which is underway, together with the commissioned services gap analysis (led by SCC Commissioning Team) will form the basis for making multi-agency commissioning decisions and to commission a range of services to meet the holistic needs of children at risk of / experiencing CSE. The commissioning work will consider the ongoing needs of adults who have been affected by sexual exploitation as children.
- 4.2 As part of the Safer Surrey approach a model of contextual, relational safeguarding is promoted which sees children and parents as partners in safeguarding and is established best practice working with children affected by CSE. As the agencies which hold case management responsibility for children affected by CSE, the YSS and Children's Services staff have been trained in recognising and working with children at risk of CSE and wider unhealthy adolescent relationships. The services can work with children affected by CSE on a 1-1 or group work basis and this relational approach is the cornerstone of the 'therapeutic alliance' that practitioners seek to build with Surrey children affected by CSE.
- 4.3 "Sliding doors" has been developed as a groupwork response for children affected by CSE. The group runs for 8 - 12 weeks and is usually delivered to girls aged 14-18, and has once been delivered to boys but has ordinarily lacked referrals for this group. The programme is available across the county, led by YSS but delivered on a multi-agency basis.
- 4.4 Within Surrey (in partnership with SABP) there are also the specialist therapeutic services STARS for children who are victims of sexual assault (led by the Child and Adolescent Mental Health Services) and ACT (for CYP who display harmful sexual behaviours).
- 4.5 As part of the early help offer the Community Youth Work Service provides a range of open access and targeted interventions to young people with a particular focus on early identification and prevention through informal education and development and an established approach to promoting healthy relationships and sex education.

Engagement of Communities of CSE

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.

5.1 The vehicle used to engage faith networks, licensed venues, families and communities on the subject of CSE is Operation Makesafe. Critical to this is raising awareness of which Sexual Exploitation and Assault Management Board (SEAMB) has taken a decision to prioritise taxis, hotels and licensed premises for focussed communication activity.

5.2 Plans to engage faith communities are part of the wider development of multi-agency communication plans for CSE.

CSE update on consultation

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.

6.1 Findings from the challenge event with children in July will be fed back to SEAMB in January when wider consideration is being given to how well we listen to the voice of the child in our work to combat CSE. The partnership is working towards more comprehensive ways to collect feedback from children and young people - including using commissioning levers to require delivery bodies to collate children's feedback and provide to SEAMB.

6.2 An important opportunity to hear from children is as part of the return home interview when they have been reported as missing. This information is used to shape individual casework with each child but it is also collated on a quarterly basis in order to identify patterns and trends in missing episodes. This information has gone into the 'Missing Problem Profile' which is just about to be produced by Surrey Police on behalf of partners and will inform practice and service design.

6.3 The Cabinet Members for children recently undertook an audit of return home interviews in order to ensure that they were hearing the experiences and voices of the children who we are most concerned about. This audit has gone on to inform the work of the Corporate Parenting Board and the development of Surrey's Missing Strategy which will be before SEAMB for ratification in January 2017.

Recommendations:

That the Board note the continuing progress being made to combat CSE in Surrey and request further updates in the course of 2017.

Report contact: Ben Byrne, Head of Early Help / Lead officer for CSE

Contact details: ben.byrne@surreycc.gov.uk / 01483 517014

Sources/background papers: SSCB CSE Strategy and Action Plan November 2016

Social Care Services Board

9 December 2016

Prison Social Care Report Update

Purpose of report: This report provides an update regarding the following recommendations made by the Board:

- 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
- That a future update is brought about the progress of the peer support programmes.

Introduction:

1. Surrey County Council's (SCC) duties and responsibilities to provide social care in prisons were introduced under the Care Act (2014) from April 2015. In relation to social care, as far as possible, people in prisons should be treated consistently and on the basis of equivalence to those in the rest of the population and this is a key principle enshrined in the Act. Local Authority responsibilities include assessing social care/occupational therapy needs, provision to meet eligible care and support needs, to signpost and advise people in prison, and to promote wellbeing and prevention.
2. Recent national data has shown that Surrey PSCT to be in the higher levels of activity across all prisons for referrals, assessments and intervention which evidence's our presence and positive impact of the service to Surrey prison establishments.

Update

3. We are continuing to invest in the development of prison peer support programs which run along the lines of friends, family and community. The position is as follows:
 - We have an effective system established at HMP Coldingley.
 - We have rolled out a new program within HMP Highdown and are expanding this to other wings.
 - We are developing the program in partnership with HMP Send and are due to commence training of identified workers
 - We are establishing the program at HMP Bronzefield
 - We are in the process of agreeing the system and are committed to establishing this at HMP Downview
4. Since the last update, we have linked in with the Staines area children's services and have agreed a meeting between both services to ensure there are links between adult social care and children's services for those in prison and when released.

Conclusions:

5. In conclusion recent national data supports that Prison Social Care in Surrey is well established and recognised to be a high performing area. The roll out of the peer

programs has had a positive impact within the prison establishment in Surrey as we are using these systems to meet need along the lines of friends, family and community where it is not of an intimate nature. We are building our links with Children's services to address the unique needs for HMP Bronzefield.

Report contact:

Caroline Hewlett (Senior Manager for Prison Social Care

Tel. 07971673277 and Email caroline.hewlett@surreycc.gov.uk)

Social Care Services Board – Forward Work Programme 2016/17

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
- Short Breaks Recommissioning

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

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