Notice of Meeting

Adults and Health Select Committee

Date & time	Place	Contact	Chief Executive
Friday, 14 July 2017 at 10.30 am	Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN	Andy Spragg, Scrutiny Officer Room 122, County Hall Tel 020 8213 2673 andrew.spragg@surreycc.gov.uk	David McNulty **We're on Twitter: @SCCdemocracy**

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This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Andy Spragg, Scrutiny Officer on 020 8213 2673.

Elected Members

Mr Ben Carasco, Mr Bill Chapman, Mr Nick Darby, Mr Graham Ellwood, Mrs Angela Goodwin, Mr Ken Gulati, Mr Saj Hussain, Mr David Mansfield, Mrs Sinead Mooney, Mr Mark Nuti, Mr John O'Reilly and Mrs Victoria Young

Co-Opted Members:

Borough Councillor Darryl Ratiram (Surrey Heath Borough Council) and District Councillor Patricia Wiltshire (Mole Valley District Council)

TERMS OF REFERENCE

The Committee is responsible for the following areas:
Policy development, scrutiny and performance, finance & risk monitoring for adults' health and social care services:

- Services for people with:
  - 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
- Elderly, frail and dementia care
- Services for Carers
- Social care services for prisoners
- Safeguarding
- Care Act 2014 implementation
- Review and scrutiny of all health services commissioned or delivered within Surrey
- Public Health
- Statutory Health Scrutiny
- Review delivery of the Health and Wellbeing Strategy
- Health and Wellbeing Board

AGENDA

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

2 MINUTES OF THE PREVIOUS MEETINGS: SOCIAL CARE SERVICE BOARD, 16 MARCH 2017 AND WELLBEING AND HEALTH SCRUTINY BOARD, 13 MARCH 2017

(Pages 1 - 32)

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

The minutes of the last two meetings of the Scrutiny Boards that preceded the Adults and Health Select Committee, the Social Care Services Board and the Wellbeing and Health Scrutiny Board, are included for approval by the Select Committee.

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 10 July 2017).***
2. The deadline for public questions is seven days before the meeting ***(Friday 7 July 2017)***
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 SELECT COMMITTEE

There were no responses from Cabinet to issues referred by the Select Committee.

6 HOUSING RELATED SUPPORT (Pages 33 - 46)

Purpose of report: Proposals for the future funding of Housing Related Support are explained and the Adults and Health Select Committee is invited to input into this process.

7 DATE OF THE NEXT MEETING

The next public meeting of the committee will be held Monday 4 September 2017 at County Hall.

David McNulty
Chief Executive
Published: 6 July 2017

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Thank you for your co-operation

MINUTES of the meeting of the **SOCIAL CARE SERVICES BOARD** held at 10.00 am on 16 March 2017 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Friday, 2 June 2017.

(* present)

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
- * Dorothy Ross-Tomlin
- * Mrs Pauline Searle
- * Ms Barbara Thomson
- Mr Chris Townsend
- Mrs Fiona White
- * Mr Jonathan Essex
- * Mrs Helena Windsor

Substitute Members:

- * Mr Jonathan Essex

Members in attendance

- * Mrs Linda Kemeny, Cabinet Member for Schools, Skills and Educational Achievement
- * Mrs Mary Lewis, Cabinet Associate for Children, Schools and Families
- * Mrs Clare Curran, Cabinet Member for Children and Families Wellbeing
- * Mr Mel Few, Cabinet Member for Adult Social Care, Wellbeing and Independence
- * Mr Tim Evans, Cabinet Associate for Adult Social Care, Wellbeing and Independence

13/17 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Yvonna Lay, Fiona White and Chris Townsend. Jonathan Essex substituted for Fiona White.

14/17 MINUTES OF THE PREVIOUS MEETING: 20 JANUARY 2017 [Item 2]

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

15/17 DECLARATIONS OF INTEREST [Item 3]

There were no declarations of interest registered.

16/17 QUESTIONS AND PETITIONS [Item 4]

There were no questions or petitions received.

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

The Board noted the response made by Cabinet on the 31 January 2017 to recommendations made by the Board on the 9 December 2016.

18/17 BETTER CARE FUND [Item 6]

Witnesses:

Helen Atkinson, Strategic Director for Adult Social Care and Public Health
Sian Kenny, Transformation and Development Manager, Finance
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 outlined that there were a number of future Better Care Fund (BCF) allocations. The Board was informed that in addition to the BCF and Improved BCF allocations that a third funding stream had been announced by the Chancellor of the Exchequer on 8 March 2017. It was noted that the service was awaiting guidance from central government regarding the Chancellors announcements.

2. It was highlighted by officers that the service was forward planning using existing funding streams for 2017/18, due to the recent nature of changes.

3. Officers noted that the third workstream was estimated to contain approximately £7.5 million which was ring-fenced to fund adult social care (ASC).

4. It was explained by officers that existing BCF funding streams were financed partially by NHS England, under the stipulation that funding from this source is ring-fenced for ASC. The Improved BCF was a funding stream that came from the Department for Communities and Local Government (DCLG). It was noted that planning guidance and policy had not yet been published for the BCF 2017/18 stream. NHS Clinical Commissioning Groups (CCGs) and Surrey County Council were in discussion regarding funding the financial year ahead.

5. The Cabinet Member for Adult Social Care, Wellbeing and Independence noted that there was a significant funding gap present in the Improved BCF and that this effected all of the Surrey CCGs. It was also noted that the new funding workstream was also a lower amount than its statistical neighbours.

6. The Board questioned the reasoning for the lower level of funding than its statistical neighbours. The Cabinet Member for Adult Social Care, Wellbeing and Independence expressed the view that central government had determined that Surrey County Council could independently raise funding for ASC through Council Taxes, rather than requiring substantial additional funding.

7. Members questioned whether the service could provide a breakdown of the funding allocated through the BCF funding streams per head of those in receipt of ASC, in order to better clarify the funding issue in the service.

8. The Board questioned whether the service could look into reduction of any non-statutory provisions that did not provide additional social or economic value. Officers stressed that there had been work undertaken to determine the social value of spending and that services had already been decommissioned or recommissioned based on this analysis. However, it was highlighted that the service had worked to reduce the majority of services to their statutory requirements.

9. Officers noted that the service had reviewed voluntary sector grants with the aim of reducing spend. However, Members raised the concern that the social value of this spend was significant, noting that there was a potential for high return on this investment. It was also stressed by Members that significant numbers of community services relied on voluntary service and that reductions in this area could adversely affect service quality. Members also expressed concerns that some voluntary organisations could become unviable without support. However, Members did suggest that the service needed to look critically at the voluntary sector to ensure that resources are targeted at need more effectively.

10. Members raised concerns regarding Alzheimer's UK and the closure of centres. The Cabinet Member for Adult Social Care, Wellbeing and Independence noted in response to concerns raised by Members that the decision to do this was made by Alzheimer's UK in response to a

lack of demand for services and that Surrey County Council had no responsibility for this service.

Recommendations:

The Board recognises the value of the BCF in ensuring the protection of social care services, in ensuring closer integration with health services such as supporting improved discharge in acute hospitals.

It notes that the improved BCF formula places the County at a financial disadvantage. It recommends:

1. That the Cabinet continue to make representations to central government on an improved BCF formula based on need, rather than the council's ability to raise council tax.

19/17 CORPORATE PARENTING: LEAD MEMBER'S REPORT [Item 7]

Witnesses:

Linda Kemeny, Cabinet Member for Schools, Skills and Educational Achievement
Mary Lewis, Cabinet Associate for Children, Schools and Families
Clare Curran, Cabinet Member for Children and Families Wellbeing
Sheila Jones, Head of Countywide Services
Joanna Lang, Children's Rights Manager (Participation)
Sophia Hamilton, Apprentice (Children's Rights)
Verrity Omonuwa, Apprentice (Children's Rights)
Devon Cox, Apprentice (Children's Rights)
Jamie-Leigh Clark, Children's Rights Assistant (Participation)

Declarations of interests:

None

Key points of discussion:

1. Officers explained to Members that the report was produced by the Corporate Parenting Board, which was chaired by the Cabinet Member for Schools, Skills and Educational Achievement. It was highlighted that the Lead Member for Children's Services held a statutory responsibility under the Children's Act 2004 to ensure the provision of services that provide duty of care through Children's Services.

2. Officers explained that the service had, in 2016, the largest number of looked after children in Surrey care on record, with a total of 903 children in the care of Surrey County Council. It was also explained that the service had noted a significant number of Unaccompanied Asylum Seeking Children and those who are moving to be care leavers and entering the transition period between childhood and adulthood

3. It was highlighted by officers that there had been improvements registered in key priority areas, particularly relating to Child Sexual Exploitation (CSE) awareness and response to children who go missing.

4. It was noted that the service was seeking to encourage care leavers to adopt the “Staying Put” approach of remaining with foster carers post-18. It was noted that there were significant advantages to the wellbeing of the child using this approach, but that it limited carer availability for younger teenagers. It was noted that the recruitment of sufficient foster carers was also a concern within the service.

5. Officers explained that there were a number of looked after children placed out of county. It was stressed that, in some cases, this was the optimal course of action, however, the service was working to reduce this number where feasible and appropriate. It was noted that Surrey was significantly above the national average of 14% of out-of-county placements and that it had not met its own target of reducing these placements below 20%. Officers acknowledged that more work was required to improve this and that a new strategy to improve this was in development.

6. It was noted by officers that the service was working to improve educational attainment for looked after children, an area which had been noted as traditionally weaker in Surrey.

7. Officers highlighted improving practice, noting the Safer Surrey practice guide as a key example and noted that this was working to positively develop overall outcomes.

8. Officers stressed that the views of those in care and care leavers were taken into account within the service. Children’s Right’s (Participation) apprentices highlighted the Big Survey sent out to looked after children and care leavers to gain insight into experiences of being in care. Officers noted that the return rate for the survey was approximately one in three of children in care and that the survey was widely advertised to care leavers and looked after children to ensure highest uptake. Officers did acknowledge that there was a response gap, although the numbers returned were statistically significant, and that the service was working with social workers to improve upon numbers of returns. The apprentices noted that the results of the survey were shared with the Corporate Parenting Board for analysis.

9. Members queried whether there was a system in place within the service for long term tracking of outcomes for care leavers and whether outcomes monitoring could be looked into. Officers noted that the Care Leavers service works to gather a significant amount of data regarding outcomes for care leavers, but that there was potential scope for more work to monitor care leaver outcomes in the longer term.

10. It was noted that, as part of the outcomes tracking process, the service had ascertained that 20% of care leavers who remained in Staying Put arrangements were not in education, employment or training (NEET). It was noted that the service was looking feedback from care leavers to improve outcomes in this area.

11. It was highlighted that looked after children placement stability was a key aim for the service, but that there were some mitigating circumstances that ensured that this was not possible for all cases.

12. The Cabinet Member for Children and Families Wellbeing highlighted that the information and performance aspect of this project was crucial to better understanding outcomes for children in care. It was noted that information and performance was one of the five key workstreams within the Children, Schools and Families Directorate. It was noted that the service was implementing a Risk of Vulnerability Indictor to target need as part of these workstreams.

13. Officers explained to Members the concerns about bullying that had been raised as part of the Big Survey. It was noted that there was a clear trend that looked after children were more likely to experience bullying than other child demographics. However, it was explained that the survey had also shown that 90% of looked after children felt that they knew how to deal with bullies effectively. It was also stressed that the service was working to ascertain the root cause for this concern and look into ways of reducing it.

14. Members emphasised the importance of good mental wellbeing of looked after children and whether there was a measurement this metric. Officers noted that there was some evidence of substance misuse amongst looked after children, but that there was ongoing work to ensure support is in place from substance misuse services to address this. The apprentices also noted that Children's services had worked to provide provision for hobbies and other leisure facilities to help improve emotional wellbeing for looked after children, explaining that a Bursary Fund from members contributions was available to help children pursue such activities. Members suggested that officers could look to community resources to provide additional leisure facilities and help improve mental health outcomes for looked after children.

15. The Board noted its thanks to the Children's Rights apprentices for presenting to the Board and welcomed their unique input to the service.

Recommendations:

The Board recommends:

1. That targeted work is undertaken to look at gathering the views of unaccompanied asylum seeking children as part of the 2017 survey of Looked After children;

2. That a report on long-term outcomes for care leavers is considered by the relevant scrutiny board in the new council;

3. That a report on the use of risk of vulnerability indicator to target need and improve outcomes for children is brought to the relevant scrutiny board in the new council.

20/17 FOSTERING AND ADOPTION SERVICES [Item 8]

Witnesses:

Sheila Jones, Head of Countywide Services
Linda Kemeny, Cabinet Member for Schools, Skills and Educational Achievement
Mary Lewis, Cabinet Associate for Children, Schools and Families
Clare Curran, Cabinet Member for Children and Families Wellbeing

Declarations of interests:

None

Key points of discussion:

1. Officers outlined that there had been 51 adoption orders made during 2015/16.

2. Officers explained that there were more Special Guardianship Orders (SGOs) than Adoption orders made in Surrey.

3. It was noted by officers that central government had set ambitious targets relating to the timeliness of care proceedings and placements for adoption. While it was noted that Surrey was performing better than the national average with regard to this, there was more work that needed to be done to meet these targets..

4. It was noted that there was a pool of foster carers available within Surrey, but that this pool had not increased over the last financial year. It was noted that there had been some use of agency carers to provide placements for children and to ensure that placements can be made when needed.

5. It was highlighted that there were a significant number of care leavers in foster care arrangements who “stay put” as set out in central government guidelines, which was a positive feature for the service. However, it was noted that this increased pressures on the pool of foster carers, as a result of foster carers not being available for a longer period of time.

6. The Cabinet Associate for Children, Schools and Families highlighted that there was a need for more foster carers within Surrey and encouraged the Board to work with the Fostering Recruitment Teams across Surrey to boost foster carer uptake.

7. It was highlighted by officers that the Council was awarded the Fostering Friendly Employer of the Year 2016 award. The Board stressed that this was a significant achievement and that this news should be circulated to all Members as an example of good practice.

Recommendations:

The Board notes the report and thanks officers for their input.

21/17 SURREY CHILDRENS SERVICES MONTHLY PERFORMANCE COMPENDIUM [Item 9]

Witnesses:

Liz Ball, Head of Performance and Support
Linda Kemeny, Cabinet Member for Schools, Skills and Educational Achievement
Mary Lewis, Cabinet Associate for Children, Schools and Families
Clare Curran, Cabinet Member for Children and Families Wellbeing

Declarations of interests:

None

Key points of discussion:

1. Officers outlined that they were presenting the January 2017 version of the performance compendium. It was noted that this edition of the compendium noted a spike in contacts received in comparison to more recent reports. It also suggested that re-referral rates had increased. It was suggested by officers that an audit to investigate the causes of these would be completed in March 2017.

2. It was noted that, based on figures received after January, Child Protection Conference timelines had seen significant improvement, suggesting a positive improvement trajectory.

3. It was noted that there was close management scrutiny relating to Child Protection visits and that the service expected to see improvement in this area as a result of this.

4. Officers noted that there was a workforce profile in place to assess caseloads for social workers. It was explained that these were being examined and reviewed by assessment teams to ensure effective case management.

5. The Cabinet Member for Children and Families Wellbeing stressed that the service provided a monthly dataset which was reviewed by Cabinet Members and officers regularly. It was highlighted that this detailed level of data had not been available to Members and officers previously and that it showed significant improvement in the service's data gathering skills.

6. The Board questioned why 82% of assessments were deemed to be requiring improvement. Officers noted that the service was targeting areas of practice that were identified as an issue regularly within audits. It was also noted that there was a workshop hosted to help resolve arising issues. It was noted by the Cabinet Member for Children and Families Wellbeing that the service was self-aware of its shortcomings and were working to continuously improve.

7. Officers highlighted that the workforce strategy and current cohort of students in the social worker academy were almost ready to enter active service, which was highlighted as a positive step towards resolving current workforce vacancies. It was also noted that there had been a freeze on the recruitment of locum social workers.

8. The Cabinet Member for Schools, Skills and Educational Achievement highlighted that Early Help had a high service spend, but that it provided value for money in the preventative solutions that it offered, particularly highlighting the Multi-Agency Safeguarding Hub (MASH), which would offer long term savings.

9. Members queried the allocation of resources and if there were any difficulties in some quadrants of Surrey, particularly highlighting the South East quadrant. The Cabinet Member for Children and Families Wellbeing noted that the MASH allowed for a central collation of resource that had previously not been present, which was working to resolve these issues, but that this was a relatively new resource which required the service to undergo a culture change to see maximum benefit.

10. Officers noted that the number of Child and Family assessments completed within the 45 day timescale had decreased in January, but that this still represented a significant improvement from January 2016. It was also stressed that there would likely be improvements upon normal operation of the MASH.

Recommendations:

The Board thanks officers for their report, it commends the depth of information provided in the monthly performance compendium. The Board recommends:

1. That the relevant scrutiny board in the new council is provided with examples of where use of this data has improved practice and outcomes.

22/17 CHILDRENS, SCHOOLS AND FAMILIES COMMISSIONING PLAN 2017 - 2022 [Item 10]

Witnesses:

Garath Symonds, Assistant Director for Commissioning and Prevention
Linda Kemeny, Cabinet Member for Schools, Skills and Educational Achievement

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

Declarations of interests:

None

Key points of discussion:

1. Officers offered Members an outline of the Children, Schools and Families (CSF) Commissioning Plan. It was highlighted that income for the service had been reduced and that overall unit costs were increasing for resources. The service, in response to these challenges was developing a Commissioning Plan to respond to these pressures and more efficiently target resources to fit need. It was stressed by officers that this plan was in draft form as of March 2017.

2. Members questioned the sustainability of the CSF Commissioning Plan and whether the planned savings were enough to maintain the service. Officers stressed that the financial situation was a complex one, but officers and the Cabinet Member for Schools, Skills and Educational Achievement assured Members that savings were being made within the service and that significant savings prospects had been identified, but that the service was working to identify further opportunities.

3. It was noted after questioning by the Board that the service was working to present savings data more coherently in future to ensure transparency.

4. Officers highlighted that market management was a key aspect of the CSF Commissioning Plan and that the service was looking closely at working in partnership with providers to reduce costs. Members highlighted concerns regarding possible loss of quality of service, however officers stressed that the service was looking into working closely with providers to provide a quality service at a reasonable cost. It was explained that some providers had expressed the wish to work more closely in this way to help deliver key services.

5. It was highlighted by officers that a workstream was underway with regard to demand management, particularly highlighting the Early Help “cusp of care” programme as an example of work undertaken in this area.

6. Members queried the potential danger of poorer outcomes for children as a result of the redistribution of resources. It was stressed by Members that the service needed to consider the outcomes for children as a primary concern. Officers highlighted that this was a key aspect of the CSF Commissioning Plan. It was also noted that the service had a key role in a child’s wellbeing, in conjunction with parents and communities.

7. It was noted that the service was developing a “Family Hub” model, recommended by the Children’s Commissioner for England, of integration of services for children and families. It was highlighted that this scheme would work to reduce costs, through a net reduction in assets, but provide better outcomes for children through an improved and integrated service.

8. The Cabinet Member for Children and Families Wellbeing noted that the service could use the opportunity presented by the CSF Commissioning Plan to look into developing stronger ties with the Voluntary, Community and Faith Sector and provide a more integrated an effective service.

Recommendations:

The Board welcomes the report and additional information provided in reference to the Commissioning Plan. It recommends:

1. That officers draw up an appropriate plan for engagement on each aspect of the commissioning plan, and related changes to services, for the relevant scrutiny board in the new council.

23/17 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 11]

Key points of discussion:

1. The Board noted and approved the current Recommendations Tracker and responses made to recommendations. The Chairman particularly noted the response from the service regarding the MASH and suggested that the relevant scrutiny Board continue to monitor progress. The Chairman and Members of the Board expressed appreciation to Members who were leaving the Board, for their work.

Meeting ended at: 1.05 pm

Chairman

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Minute Item 22/17

Analyse

Operating Context

Financial Imperative

The Medium Term Financial Plan plans for over £70m of savings from £365m (£246m excluding DSG) to be made by CSF by the end of 2020/21

Outcomes Imperative

Vulnerable children in Surrey do less well than their peers and can do **less well** than vulnerable children living in disadvantaged local authorities outside Surrey

Quality of Service

Demand

Our outcomes gap, high need and high cost of service are linked
We know that some children and families experience challenges in their lives and will require extra support to help them achieve good outcomes that are right for them. We must do more to prevent their needs from escalating, supporting them at an earlier stage. If we don't the outcomes gap will remain and demand for high cost statutory services will continue.

Cost Implications of projected increased demand

	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000
LAC	507	1,020	1,538	2,062
CIN (popn growth)	213	429	646	866

Theory of change

We believe that we will achieve good outcomes for all children by focusing our resources on those who are most vulnerable. We will look to **prevent the negative experiences** that lead to poor outcomes and **close the gap in positive outcomes** experienced by our most vulnerable children.

1. Reduce spend

2. Narrow outcomes Gap

3. Prevent

Root causes
- Societal and political constraints
- Social and economic deprivation
- Local service and system failure
- Family resilience, relationships and function
- Complex individual needs

Events we want to prevent
- Low birth weight
- Obesity
- Dental disease
- Feelings of isolation and exclusion
- Self-harm
- Disruptive behaviour
- Substance misuse
- Young people becoming parents before they are ready
- Poor sexual health
- Family breakdown and stress
- Abuse and neglect
- Sexual exploitation
- Children going missing
- Childhood developmental delay
- School absence
- Exclusion from mainstream provision

Poor outcomes
- Poor emotional wellbeing or mental health
- Poor physical health
- Poor educational progress or attainment
- Being educated or cared for a long way from home
- Entering care
- Offending and custody

Outcomes framework

We have identified three outcomes for all children and young people in Surrey

1. Children and young people have good wellbeing
Children and young are empowered and supported to have good social, emotional and physical wellbeing.

2. Children and young people are safe from harm and danger
Children and young people are empowered to keep safe and professionals work together to identify and address safeguarding concerns at the earliest point possible.

3. Children and young people achieve their potential
Children and young people are empowered and supported to reach their potential in everything they do.

Commissioning Intentions

Approach: Outcomes based, co-production, preventative, strengths based and restorative practice, partnership and joint commissioning, support at right time, and target local needs

1) Prevent and reduce the impact of abuse and neglect
a) Prevent and reduce the impact of domestic abuse
2) Increase the educational achievement, progress and engagement of vulnerable children and young people throughout their life course (looked after children, children in need, free school meals, SEND, 'vulnerable groups')
a) Improve school readiness for vulnerable children (looked after children , children in need, free school meals, 'vulnerable groups')
b) Increase participation in education, training and employment post-16 for vulnerable children and young people (looked after children, children in need, free school meals, SEND, 'vulnerable groups')

3) Prevent problems escalating by ensuring children, young people and families needing extra help receive timely support
a) Provide the right early support to promote emotional wellbeing and mental health
b) Promote good physical health
c) Prevent self-harm
d) Prevent risk-taking behaviours that could damage health
e) Increase independent travelling, working, learning and living
f) Provide parents who need extra help with support to meet the needs of their children

4) Provide placements or accommodation for looked after children, care leavers, unaccompanied asylum seeking children that are appropriate, local and value for money

5) Prevent and reduce the impact of child sexual exploitation (CSE) and children who go missing from home and care

6) Provide a positive experience of SEND services and support for children, young people and families

7) Provide educational opportunities for children and young people with SEND in local schools or colleges that offer the best value for money
a) Promote cost-effective models of transport and independent travel for children and young people with SEND

Impact Measures

FOR EXAMPLE:

1. x to y increase in the percentage of good quality support rated good or very good in the POET survey each year
2. X-Y increase in capacity in mainstream and specialist settings in Surrey for SEND
3. X to Y reduction in tribunal rates (and appeals) for SEND

3. X-Y increase in percentage of pupils achieving good level of development at the end of Reception year.
4. X-Y increase in percentage of pupils achieving expected or better progress 8 at Key Stage 4
5. X-Y increase in the percentage of young people in vulnerable groups progressing to further education, employment or training after Key Stage 4

6. X-Y reduction in the use of out of county residential placements for children looked after
7. X-Y increase in the percentage of in-house and alternative fostering placements
8. x to y reduction in number of children in need cases per year, where the primary need is 'abuse and neglect'

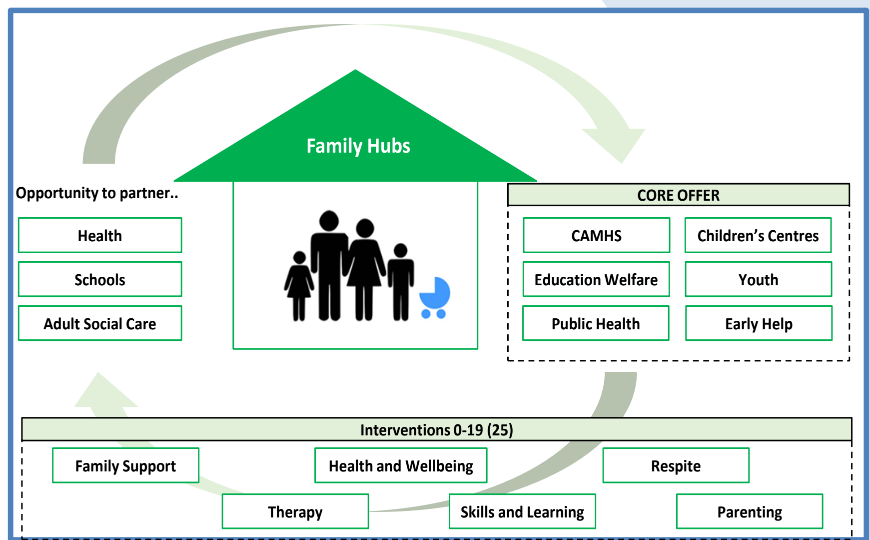
Plan

Early Help Model

Our analysis of need, demand and what works tells us that some families are likely to have better outcomes if we intervene earlier. The number of these 'families in need' in Surrey in 2017/18 is estimated at **3,827**; of these, **2,225** would need specific expert help for additional needs ('universal plus'), and **1,602** would benefit from more intensive targeted support.

The aim of the new service is to integrate and more closely align the support and interventions that will help to build family resilience and includes SEN support. The diagram shows the current services considered to be in scope for transformation for the core offer.

To demonstrate causality and attribution to the work with families and demand reduction we will define a risk of vulnerability indicator (ROVI) using automated risk factors framework.



Projected savings	17/18	18/19	19/20	20/21
Demand Management Target[1] (£000)	480	920	920	920
LAC[2] (£000)	254	513	518	524
CIN[3] (£000)	226	407	402	396

[1] Summation of CSF MTFP demand savings [2,3] Projected cost avoidance from prevention

Commissioning Tools

Commissioning Governance

1. Innovate
2. Align resource to outcome
3. More local / more personal
4. Demand Management
5. Strategic Market Management
6. Hold Inflation

Thematic Commissioning Plans:

- Education and skills
- SEND
- Social care and wellbeing
- Early help
- Health
- Early Years

Projected savings[4]	17/18	18/19	19/20	20/21
"Market Management" [5] (£000)	3,200	3,200	3,200	3,200
SEND inc Transport (£000)	1,499 +	1,500 +	1,500 +	1,500 +
Other	To be agreed though discussions with ADs			

[4] To be agreed with LT and Finance [5] Summation of CSF MTFP

Do

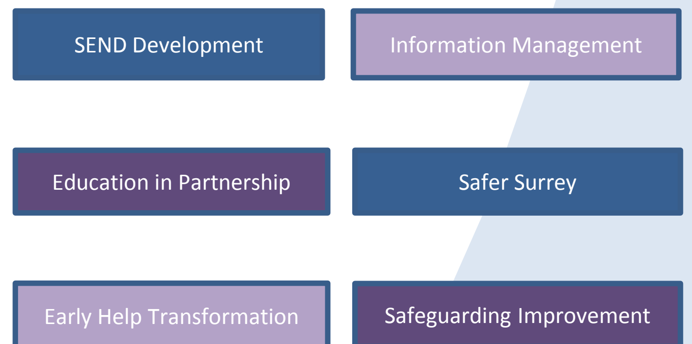
Commissioning Programme

Service area, 17/18 estimated spend and delivery date for commissioning					
Speech and Language Therapy (spend £3.7m) May 2017	Residential parenting assessment (£1.2m) June 2017	Short Breaks (£3.0m) Feb 2018	Individual statemented pupil support budget (£15m) TBD	NMI SEND Placements (£41.5m) TBD	School Effectiveness (£4.9m) TBD
Fostering (£11.3m) May 2017	SEND Transport (£22m) SiB (£0.5) January 2018	Early Help Commissions (£1.6m) April 2018	Children's centres (£10.3m) TBD	Independent Specialist Colleges (£8.1m) TBD	Community Health Services
Return home interviews (£0.1M) May 2017	Domestic Abuse (£0.1m) Feb 2018	Supported Accommodation (£3.1M) April 2018	Fee Educational Entitlement (£39.2m) TBD	External Children's Homes (£8.8m) TBD	CAMHS (£5.5m) TBD

Planned MTFP savings

	2017/18 (£'m)	**2018/19 (£'m)**	**2019/20 (£'m)**
Schools and SEND	-9.5	-5	-5
SEND High Needs	-12.7	-2.9	-3.2
Commissioning and Prevention	-4.0	-4.8	-0.9
Children's Services	-1.6	-3.5	-4.8

CSF Change Programmes



Review

MINUTES of the meeting of the **WELLBEING AND HEALTH SCRUTINY BOARD** held at 10.30 am on 13 March 2017 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, 14 July 2017.

Elected Members:
* Present

*	Mr W D Barker OBE
*	Mr Ben Carasco (Vice-Chairman)
*	Mr Bill Chapman (Chairman)
*	Graham Ellwood
*	Mr Bob Gardner
*	Mr Tim Hall
	Mr Peter Hickman
*	Rachael I. Lake
*	Mrs Tina Mountain
	Mr Chris Pitt
*	Mrs Pauline Searle
*	Mrs Helena Windsor

Ex officio Members:

Mrs Sally Ann B Marks, Chairman of the County Council
Mr Nick Skellett CBE, Vice-Chairman of the County Council

Co-opted Members:

*	Borough Councillor Tony Axelrod
*	Borough Councillor Darryl Ratiram
*	District Councillor Patricia Wiltshire

11/17 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Peter Hickman and Chris Pitt. There were no substitutions.

12/17 MINUTES OF THE PREVIOUS MEETING: 17 FEBRUARY 2017 [Item 2]

The minutes were agreed as an accurate record of the meeting.

13/17 DECLARATIONS OF INTEREST [Item 3]

There were no declarations of interests made.

14/17 QUESTIONS AND PETITIONS [Item 4]

There were no questions or petitions submitted to the Board.

15/17 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 5]

The Board reviewed the recommendations tracker. There were no comments.

The Chairman informed the Board that item 7 on the agenda, sexual health integrated services, had been deferred at the request of the Strategic Director for Adult Social Care & Public Health due to sensitive ongoing contract negotiations. The Chairman assured the Board that Members would be informed of the outcomes upon completion of the negotiations, and that the item would be placed on the forward work programme for scrutiny by the Board post election. The Chairman stated that despite the uncertainty surrounding the contract, service provision would be in place from 1 April 2017 in line with the original mobilisation date of the new contract.

16/17 A&E WINTER PRESSURES [Item 6]

Declarations of interest:

None

Witnesses:

Daniel Elkeles, Chief Executive, Epsom & St Helier University Hospitals NHS Trust
Caroline Landon, Chief Operating Officer, Epsom & St Helier University Hospitals NHS Trust
Jim Davey, Director of Service Development, Surrey & Sussex Healthcare NHS Trust
Giles Mahoney, Director of Strategy & Partnerships, Royal Surrey County Hospital NHS Foundation Trust
Dr Jonathan Robin, Divisional Director for Acute Medicine & Emergency Services, Ashford & St Peter's Hospitals NHS Foundation Trust
Karen Thorburn, Director of System Redesign, North West Surrey CCG.
Kate Scribbens, Chief Executive, Healthwatch Surrey.

Key points raised during the discussion:

1. The Chairman began by informing Members and witnesses that two additional documents had been prepared by officers; a comparison of 2015/16 and 2016/17 Quarter 3 (October-December) A&E data by Trust and a tabular comparison of Trust responses to the letter sent by the Chairman in January 2017. These documents are attached to these minutes at annex 1. The Chairman invited each Trust to speak of their performance over the winter period. A response from Frimley Health is attached at annex 2.

Ashford & St Peter's Hospitals NHS Foundation Trust

2. The Director of System Redesign at North West Surrey CCG explained that she was the Chair of the Local A&E Delivery Board (LAEDB) and that its purpose was to work with all system partners in order to own their performance and hold partners to account to deliver the 4-hour standard and a resilient system. It was explained that

North West Surrey system partners, including Ashford and St Peter's Hospitals NHS Foundation Trust (ASPH), had analysed performance from the previous two winters and developed a planning and preparation process with a prepared escalation procedure. Alongside a live data system, desktop planning exercises were used to test resilience and support early discharge.

3. Members were informed that the data presented in the Q3 document for ASPH was not accurate as it was data for St Peter's Hospital only and not the combined data for the Trust. The Director of System Redesign informed the Board that the Trust's Q3 4-hour standard result was 90.7%, an improvement on the previous years' result despite increased demand and attendance.

4. The Board was informed that ASPH saw an additional 9 ambulance attendances per day over the Christmas period compared to 2015/16. The LAEDB was currently preparing for the anticipated surges of demand experienced over the Easter period. Members noted that the CCG had invested in additional GP cover and a weekend X-ray service at community hospitals. The witness also explained that patient flow had been sustained through additional funding to provide Adult Social Care packages via Alpenbest to support discharges over the Christmas period.

5. The Director of Acute Medicine explained that the Trust had declared Opel 3, signifying major pressures which were compromising patient flow, twice since January 2017 however the system response to this escalation on both occasions had demonstrated sound resilience.

6. Members enquired whether the 4-hour standard was for a patient to be triaged or for patients to see a doctor. The Director of Acute Medicine explained that the 4-hour standard was from the point of booking into the A&E system until being seen by a doctor. It was explained that the aim was to get patients to see a doctor within one hour of arrival. Furthermore, Members were informed that most instances where the 4-hour standard was surpassed, this was not patients waiting to see a doctor, but instead, patients waiting for a bed due to the lack of availability.

7. Members suggested that the co-location of GPs on site could reduce the number of attendances to A&E. The Director of Acute Medicine explained that this had been considered, however it was difficult to find suitably qualified GPs who, due to demand could commit to such a scheme. Members were informed that local GPs were supportive of the concept but were reluctant to participate as they were already at full capacity within their own practices. The witness went on to explain that locum doctors had been considered however the Trust was of the view that this was an expensive option and did not represent value for money. Furthermore, he explained that the Trust had set up an urgent care centre where highly skilled care professionals were able to see people and advise them according to their symptoms.

8. The witness suggested that increased out of hours GP provision could potentially reduce the number of attendances at A&E departments but this would not guarantee a decrease in the number of admissions.

The Director of System Redesign explained that North West Surrey CCG had a high number of walk-in centres who see up to 200 patients a day with a low rate of patients seen requiring referral to the acute. In North West Surrey, there were 10 GP practices that were currently offering an extended hours service under a national contract thus providing improved access to appointments. This was in addition to the development of the Bedser hub in Woking, providing proactive and reactive care to the over 65s in partnership with the Trust, Primary Care, Surrey and Borders, Virgin Care, Adult Social Care and the voluntary sector. Members acknowledged that work was aligned across the Surrey Heartlands STP footprint to develop and deliver services and improve patient flow.

9. Members enquired about the process following an ambulance arriving at A&E. The partners explained that upon arrival, the patient would be booked in, triaged and seen by an A&E doctor for an investigation. The doctor would then refer the patient to the relevant teams who would decide whether it was necessary to admit the patient. The witnesses explained that when ambulances arrive and beds are not available, this leads to queues of patients waiting on trolleys until beds become available.

Royal Surrey County Hospital NHS Foundation Trust

10. The Director of Strategy & Partnerships at the Royal Surrey County Hospital NHS Foundation Trust (RSCH) explained that the Trust's performance against the 4-hour standard was disappointing, however it was the view of the system that this was due to a lack of preparedness than in previous years. The Trust was confident that it would learn from its 2016/17 performance and with the implementation of some reactive measures, the dip in performance would be improved for 2017/18.

11. Members were informed that the current results for Q4 were looking strong following the implementation of some reactive responses. Members acknowledged that RSCH had invested approximately £1.4million in order to increase GP provision at weekends and to increase capacity by 18 additional beds until the end of March 2017. Patient flow had been managed by some physical moves within the hospital, and the earlier opening time of the discharge lounge now allowed for beds to be freed up earlier in the day, thus improving patient flow.

12. The witness explained that a streaming nurse had been strategically positioned to ensure patient flow was managed and to avoid ambulance stacking. This, combined with 18 additional beds had made a significant improvement to bed availability.

13. Members were informed that the Trust was looking to invest heavily in the A&E department by the end of the calendar year, as well as investing into the community system to support out of hospital care.

14. The witness explained that the Trust was looking to work with neighbouring partners and that they had been to visit Epsom & St

Helier Hospitals to understand more about their Epsom Health & Care model in order to learn from their best practises.

Surrey and Sussex Healthcare NHS Trust

15. The Director of Service Development began by informing the Board that the Trust was currently testing their resilience plan for the second time this winter. The plan was tested at regular intervals to address blockages within the system and shortages as well as assessing quality, performance and outcomes.

16. The witness explained that Surrey and Sussex Healthcare NHS Trust (SASH) had implemented GP cover from 10am until 8pm seven days a week, and the Trust was of the view that this had made a significant difference to patients. Members acknowledged that GPs were able to assess patients as well as educate them regarding the alternatives to A&E which they felt was important in order to divert unnecessary attendances.

17. The Board was informed that the Trust had set up a Frailty Unit with six trolleys for patients over the age of 76 which was accessible by GP referral, saving the elderly population needing to go through the A&E system. In addition, there was an Ambulatory Care Unit with a larger therapy offer, providing same-day turnaround care and addressing social and health issues.

18. The Director of Service Development explained that the Trust's year to date performance to the 4-hour standard was at 94%. The Trust welcomed the announcement of additional government funding into adult social care, given the high level of packages of care required which would reduce the delays of discharge.

19. Members enquired about the length of wait experienced by the ambulances upon arrival at the hospital. The witness explained that, on average, the Trust would receive 300 attendances a day, 100 of which would be ambulance arrivals. The Director of Service Development indicated that no more than one ambulance per day had to wait for more than an hour. The witness explained that fines were imposed on Trusts for delayed ambulance intake, so it was in their best interests to manage them, and they had turnaround nurses in place to support the patient flow process.

20. Members noted that the Trust had pharmacists on wards in order to improve the dispensation process and reduce delays to people upon discharge. The witness explained that they also had a Boots the Chemist on site in order to speed up the process upon discharge. The witness explained that every pharmacist has a formulary list of all the drugs stocked at the site and that it was rare for a patient to be prescribed something that was not on the formulary.

21. The witness explained that the Trust conducted a patient satisfaction survey and there was a feedback section on their website, and that they were committed to responding to all comments, positive or negative. The partner informed the Board that as part of a recent

audit, one of the key questions asked was “why did you come to A&E?” and the most common response was “lack of GP availability”.

22. The Director of Service Development explained that the East Surrey Hospital site had seen an increase of attendance at A&E due to the ongoing redevelopment of the Royal Sussex County Hospital in Brighton. GPs had also been referring patients to East Surrey Hospital for elective surgery and the hospital was currently in dialogue with colleagues in Brighton in order to manage these additional pressures.

Epsom & St Helier University Hospitals NHS Trust

23. The Chief Executive of Epsom & St Helier University Hospitals NHS Trust (ESTH) explained that the Trust was currently performing ahead of the 4-hour standard target at 95.15% year to date. The Board was informed that last year, having missed target for five months in a row, the Trust redesigned the care pathway by applying business thinking to hospital practises.

24. The Board acknowledged that the Trust had set up an integrated care model, Epsom Health & Care, which involved 20 GP practises in Epsom, along with Central Surrey Health as community provider and this council, with a view to providing alternatives to hospital care. The model focused on reducing inpatient stay and had so far reduced length of stays by a day.

25. The Chief Executive of ESTH informed the Board that out of 1000 patients, only 11 experienced delayed discharge and this was usually down to the arrangements surrounding continuing care packages.

26. The Board was informed that as part of planning for the anticipated surge of demand over the upcoming Easter Bank Holiday weekend, the Trust were looking to run the Bank Holiday Monday as if it was a normal working day with a view of analysing how this staffing concept could benefit the Trust going forward.

27. The Chief Executive of ESTH explained that whilst it had previously been difficult to recruit and retain workforce, it was hoped that the positive results delivered by the Trust would allow for a successful upcoming recruitment drive to attract more candidates for vacant consultant roles.

28. The Board noted that the focus of the redesign of the patient flow had enabled a view to be taken in the middle of the day regarding bed availability, allowing for actions to be taken to improve this the same day.

29. The Chief Executive of ESTH explained that multi-disciplinary team meetings were held on wards every day to discuss every patients current care programme and their next steps were noted on a whiteboard. Whilst this could be seen to be a laborious administrative task, it allowed for attention to detail to be given to every patient and for informed decisions to be made regarding their ongoing care needs.

30. Members were informed that the Medically Fit for Discharge ward was for patients for whom the hospital had done all they could do, and their ongoing rehabilitation was dependant on receiving continued care out of hospital. The Chief Executive explained that prior to the creation of this ward, patients at this stage of care were dotted around the hospital dependant on where beds were available, leading to an un-coordinated view on how to appropriately manage the discharge of these complex patients. The Chief Executive of ESTH explained that the Medically Fit for Discharge ward had made a positive impact on reducing length of patient stays and it had been particularly successful at their St Helier site, where the ward was run by GPs and managed by a therapist.

31. The Board was informed that ESTH had a block contract with commissioners rather than a Payment by Results (PbR) contract. This allowed shared control to address nuances and discrepancies and the Chief Executive considered this to be an important element of the ESTH system.

Rachael I Lake left the meeting at 11:50am

32. The Chief Executive of ESTH explained that the Trust had a lot of buildings which were not seen to be fit for purpose. The Trust was of the view that the Epsom Health & Care model would enable better availability and accessibility to all care services by locating services of key partners on the Epsom site, creating a modern, purpose-built campus of care services.

33. Members enquired how useful the NHS111 service was in order to divert minor injuries away from emergency departments. The Chief Executive of ESTH explained that NHS111 had two different providers covering the Trust. It was noted that the London provider was better connected to other services and was GP led, allowing for more relevant decisions to be made.

34. Members were informed that North West Surrey CCG was the lead commissioner for the NHS111 procurement and the mandate was to work towards integrated services, with a clinical hub and integrated out of hours provision.

Tim Hall left the meeting at 12:05pm

35. The Chief Executive of Healthwatch Surrey commented that some residents were unaware of alternatives to attending A&E and vulnerable groups had low awareness of the NHS111 service. It was suggested that educating residents via communications campaigns could have a positive impact in increasing awareness and reducing pressures on emergency departments unnecessarily.

Recommendations

That the Chairman follow up the item with Frimley Park and Kingston Hospital and report back to the Board;

That health scrutiny take a future item on the role of the whole system in reducing winter pressures, exploring both:

- The role of GPs, walk-in centres and other initiatives in reducing attendances;
- The role of partners and initiatives to improve timely discharge and create bed capacity across acute services;

That the acute trusts provide a short briefing detailing how they have worked with the ambulance trust to reduce down-time;

That representatives from the acute trusts are invited to attend in autumn 2017, in order to outline how shared learning from 2016/17 has informed planning for 2017/18.

The Chairman thanked the Board, his Vice-Chairman, officers and witnesses for their support over the council term. A Member of the Board offered thanks to the Chairman for the work he had undertaken on behalf of the Board over the past four years.

17/17 INTEGRATED SEXUAL HEALTH SERVICES [Item 7]

The Chairman informed the Board that this item had been deferred at the request of the Strategic Director for Adult Social Care & Public Health due to sensitive ongoing contract negotiations. The Chairman assured the Board that Members would be informed of the outcomes upon completion of the negotiations, and that the item would be placed on the forward work programme for scrutiny by the Board post-election. The Chairman stated that despite the uncertainty surrounding the contract, service provision would be in place from 1 April 2017 in line with the original mobilisation date of the new contract.

Meeting ended at: 12.15 pm

Chairman

A&E Attendances and Emergency Admissions Annex 1

Please note this covers Quarter 3 – October to December – and does not show admissions for the full winter period

Quarter 3 2016-17

Name	Total attendances	Total Attendances > 4 hours	Percentage in 4 hours or less (all)	Total Emergency Admissions	Number of patients spending >4 hours from decision to admit to admission
Ashford And St Peter's Hospitals NHS Foundation Trust	30,093	3,729	87.6%	6,659	970
Epsom And St Helier University Hospitals NHS Trust	38,393	1,657	95.7%	10,157	237
Frimley Health NHS Foundation Trust	59,810	4,997	91.6%	22,821	959
Royal Surrey County Hospital NHS Foundation Trust	17,656	2,547	85.6%	7,874	0
Surrey And Sussex Healthcare NHS Trust	25,086	1,665	93.4%	9,124	842

Quarter 3 2015-16

Name	Total attendances	Total Attendances > 4 hours	Percentage in 4 hours or less (all)	Total Emergency Admissions	Number of patients spending >4 hours from decision to admit to admission
Ashford And St Peter's Hospitals NHS Foundation Trust	28,337	3,713	86.9%	6,161	745
Epsom And St Helier University Hospitals NHS Trust	38,088	2,291	94.0%	9,830	597
Frimley Health NHS Foundation Trust	57,278	2,513	95.6%	20,936	493
Royal Surrey County Hospital NHS Foundation Trust	16,155	1,216	92.5%	5,379	0
Surrey And Sussex Healthcare NHS Trust	22,883	1,227	94.6%	8,830	555

Source: https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ (accessed 8 March 2017)

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A&E WINTER PRESSURES- RESPONSES FROM ACUTE TRUSTS Annex 1

	RESPONSE TO Q.1	RESPONSE TO Q.2	RESPONSE TO Q.3	RESPONSE TO Q.4	RESPONSE TO Q.5	STRATEGIC BODIES
ASPH	• Local A&E Delivery Boards (LAEDBs) dedicated to undertake exercises to test resilience, resulting in updates to the whole system surge and escalation plan. • Two “Ready for Winter” days held at the hospital • LAEDBs scheduled weekly during December and January. • Daily system calls scheduled over weekends and bank holidays over Christmas and New Year. • A number of resilience initiatives were agreed (details in annex 2) • Public communications campaign, covering social media, online	• LAEDB interim review to identify immediate improvements required. • A comprehensive review of the winter period to be undertaken in due course	• Increase in national communications around winter pressures, self-care information and support. • National patient education programme to support the public to self-care • Investment in primary care services to facilitate improved access to urgent appointments as an alternative to A&E	• Recruitment and retention difficulties within A&E and the wider hospital. • Current A&E infrastructure is not conducive to managing peaks in attendance at current levels of demand. • Managing social care demand within existing funding is extremely challenging • Change in Community Services provider from 1st April 2017 likely to disrupt the system.	• Continued strong partnership working and engagement from all system partners.	• Local A&E Delivery Board- comprising senior representatives from all health system partners.

	ads, local paper ads.					
ESTH	• Developed an enhanced @home service within Epsom Health & Care alliance to provide over 65s at risk of admission to alternatives to inpatient stay. • Re-designed site-specific bed meetings to ensure whole-hospital engagement • Twice daily director-led cross-site conference calls to implement actions to support effective patient flow. • Established an Urgent Care Board with wide clinical involvement • Additional consultant and junior doctor support implemented over weekend period to	• Changes to managing patient flow will allow for successful management of future increased demand. • Continuing to work closely with health and social care partners to further develop existing systems to better manage admission		• Likelihood of increased demand throughout 2017/18	• Continued focus to further improve existing systems and processes • Continued partnership working with health and social care partners.	• Epsom Health & Care- comprising of GP Health Partners, CSH Surrey, SCC & the Acute Trust. • Urgent Care Board

	support assessment of patients for discharge.					
FPHT	• A number of initiatives were implemented to try to improve bed availability. • New Ambulatory Care facility opened to reduce inpatient admissions • New service introduced, working with Hants Social Care to provide packages of care	• 22 additional beds at Frimley to rebalance workload and capacity • Restructure of consultant rotas to allow for improved weekend and evening cover to best match patient flow. • Integrated care teams to be implemented across Hants, which should result in a decrease of workload as more patients will be managed at home.	• Implementation of 8-8 service (currently operating in Surrey Heath) across the STP and roll-out of integrated care teams in order to reduce inpatient admissions as they seek alternatives to ED. • Re-education of general public around the alternatives to A&E	• Increased demand throughout 2017/18 would be a risk • Timely discharge-delays will affect bed-availability. • The availability of experienced ED doctors is low and it is becoming increasingly difficult to staff the rotas	• Additional funding announced in the Budget should provide a shot in the arm for social care services. • Scope for joint venture approach in providing nursing home care • Continued partnership working across the system.	
RSCH	• Extra meetings were called by the Guildford & Waverley LAEDB to determine what responses could be made to the significant increased demand. • Daily operational phone calls and	• Challenge of having effective plans in place to meet the annual spikes of demand in winter (detail in annex 2) • Funding arrangements should be retrospective and	• National and local regional communications informing patients of the alternatives to A&E. • Investment in community services to support people staying within the community.	• Lack of community health and social care capacity to keep people in their own homes. • Lack of flexibility in patients ability to access community beds • Processes for the	• Support all assessments for care outside of the hospital, including CHC.	• Part of the Guildford and Waverley Local A&E Delivery Board- comprising of all local health and social care partners.

	usual contact between practitioners.	secondary to patient safety which isn't currently the case.	• Assessment of need in residential homes for escalation to nursing care to prevent homes using A&E as a place to shift pressures.	management of continuing care are cumbersome and result in delays		
SASH	• Active within the South East Coast System Resilience group, undertaking the assurance of service delivery and performance. • Urgent Care and Emergency Care Delivery Board has been active throughout the year, planning for capacity required to ensure delivery. • Winter plan in place (see annex 2 for component detail)	• The Delivery Board has adopted the mandated initiatives as outlined by the National Delivery Improvement Plan • Streaming at the front door • Ambulance response programme • Discharge • NHS 111 • STP new priorities (see annex 2 for detail)	• Easily recognisable and consistent provision and labelling of non acute care centres to discourage attendance at A&E as the relied upon default. • Better promotion by the NHS 111 service of alternative centres for minor injuries and advice (pharmacies)	• Ambulance conveyancing not being centrally co-ordinated to spread demand after dispatch. • Delays to discharge that impact on flow and number of acute beds available	• Discharge to assess models • KPIs should be agreed across the health and social care system that are consistent and not conflicting. • Gap analysis should drive provision.	• Member of the South East Coast System Resilience Group-comprising of all local health and social care partners.

Annex 2

Received by email
9th March 2017

Dear Bill,

Please accept my apologies for the delay in responding to you. Unfortunately I mislaid your letter. It has certainly been the most challenging winter that I have experienced since the 4hr standard was introduced and the staff have worked tirelessly often under the most difficult of circumstances to do their best for patients. We have traditionally prided ourselves on delivering the 4 hr standard and while our performance for the financial year has been 91.7% year to date, Trust wide it did dip to 84.7% in January. I will respond to your points in the order you have listed them.

1. While we continue to work collaboratively with all of our partners across several counties, the combination of increased activity and a spike in the acuity of patients did give significant operational problems and the process of getting people out of hospital who were medically fit compounded matters. There were delays in securing timely packages of care and social care and continuing care placements. Also we had particular challenges in expediting discharge with private funders for nursing home care. A cohort of patients spent longer in hospital than they should have, which resulted in delays in admitting the incoming patients. All of our partners worked hard to support us but the constraints on funding and not having sufficient capacity to move patients was a constraint.

We did improve our flow through the ED with a number of initiatives to try and turn around patients we could treat relatively easily and we have just opened a new Ambulatory Care facility on the Frimley site which is geared to avoid inpatient admissions for a number of conditions. We also introduced a new service with Hants Social Care to provide packages of care. We now employ 10 care assistants to provide packages of care which has proved to be successful as hitherto Hants could not identity sufficient providers to offer a service at the Hants rate. We also have the Community integrated care teams who focus on pulling patients out of hospital and supporting people at home which has been successful in Surrey and Hants. These teams have also been focussed on keeping the high risk patients out of hospital.

We also took on the community services in NE Hants and have merged the hospital and community teams to help keep patients out of hospital and support high risk patients at home. This service is currently looking after 85 people.

2. We are keen to work more closely with social care to joint manage the discharge plans of complex patients. We have also opened 22 more beds on the FPH site to rebalance workload and capacity. The integrated care teams are to be implemented across Hants which should, over time, reduce hospital workload as they are focussed to managing high risk patients at home. We are restructuring our

consultant rotas to have a greater presence at weekends and evening so that there are more senior decision makers in duty to better match the inflow of work.

3. We have experienced a slow-down in the growth of attenders in ED since the start of this year, and the message of keeping away from ED unless you are very sick seems to have had an impact. Also Surrey Heath GPs have started to offer an 8 to 8 service Mon to Fri which has helped and NE Hants are about to do the same during 2017. Some people attend ED because they can't get an appointment quickly and if we can offer this enhanced service across the Trust's catchment which is in our STP, It should have a positive impact. We have a massive re-education process to undertake with the general public around using alternatives to ED.

4. The main risks to our ED performance are increases in workload and delays in getting medically fit patients out of hospital. We have enough beds if we can maintain a good patient flow through the hospital. Also, the supply of experienced ED doctors is a risk as most hospitals are finding it increasingly difficult to staff the rotas.

5. The extra money just announced in the Budget should be a shot in the arm for Social Care but I believe funding will still be tight. We need to continue the good work with social care to speed up the discharge process for patients who need packages of care and nursing home support. Also there may be some scope for a joint venture approach in providing nursing home care for patients and care packages. We can recruit care assistants quite easily and we do not seek to make a profit from such activity.

The STP is keen to roll out the 8 to 8 offering from GPs to divert activity from ED and the roll out of integrated community teams should provide more care at home and avoid admission. By working together more closely with all partners we can make better use of a pooled resource. I think there is much more we can do with the voluntary sector to collectively help us.

I hope these comments are useful in your deliberations.

Kind regards

Andrew

Sir Andrew Morris
Chief Executive,
Frimley Health Foundation Trust
Frimley Park Hospital.

Adults and Health Select Committee
14 July 2017
Housing Related Support

Purpose of report: Proposals for the future funding of Housing Related Support are explained and the Adults and Health Select Committee is invited to input into this process.

Introduction:

1. This paper describes the current context and what Housing Related Support services deliver for Surrey residents. It sets out the current provision of these services in Surrey together with the approach taken by other local authorities. Proposals for the future funding of Housing Related Support are explained and the Adults and Health Select Committee is invited to input into this process.

Context

2. 'Supporting People' as it was originally branded, was launched on 1 April 2003 as the government's national programme for housing related support. It was a partnership programme of joint working relationships with service providers and partner agencies such as boroughs, districts, probation and health. The programme was initially managed by a discrete team of commissioners and a national monitoring system.

3. The funding was originally ring-fenced by government but this has since been removed. In 2012 a decision was made to bring housing related support and the associated budget into Adult Social Care.

4. Continued cuts to funding from government, rising costs and increasing demand for key services means that the need for Surrey County Council to find savings has reached unprecedented levels.

5. Adult Social Care has delivered £246m of savings over the last seven years, an average of £32m per year. Adult Social Care has a savings target of £26m for 2017/18. This has meant a relentless focus upon efficiencies and changes to delivery to provide the services our residents need within available resources. Alongside this, lots of local information and support is now available online and in local communities. We believe it is the right time to

review how we fund Housing Related Support although it will mean some difficult decisions.

What is Housing Related Support?

6. Housing Related Support is a non-statutory support services for vulnerable adults in Surrey including older people, people with disabilities, mental health issues, people with an offending history and people who are homeless.

7. In Surrey, the borough and district councils are the ‘local housing authority’ and consequently have a statutory strategic housing role. The County Council has no such role but has worked in partnership with borough and district councils seeing Housing Related Support as part of its universal preventative offer.

8. Housing Related Support is provided in purpose-built schemes or by visiting support in the community. The majority of providers are voluntary and community organisations, ranging from small providers delivering a single service to larger providers with several services. Other service providers include housing associations, borough and district councils.

9. Different people need different types of housing related support including help with obtaining benefits and managing their money; support to improve their safety, health and wellbeing; support to avoid feeling socially isolated; support to access mainstream services and manage everyday tasks; help to develop new skills and move into employment.

10. Housing Related Support services do not provide personal care. The current budget is around £9 million. Providers have rolling contracts with 6 month notice and on-going service reviews.

The proposals for future funding of Housing Related Support

11. An options appraisal was shared with providers in March 2016, when the following options were evaluated:
    - Continued funding of all Housing Related Support services at current contract price
    - Decommission all Housing Related Support services
    - Across the board % reduction in contract price
    - Across the board renegotiation of rates and/or ways in which service models are delivered
    - Decommission Housing Related Support services by service type

12. Surrey opted for an across the board renegotiation as part of the Adult Social Care contract and grants review during summer 2016. Housing Related

Support for disabled and older people achieved a 21% saving of £1,168,000, whilst renegotiations for Housing Related Support for the social excluded achieved a 7% saving of £372,000.

13. In November 2016, in response to the need to find further savings across the Council, Cabinet agreed two proposals from Adult Social Care.

14. The **first** of these proposals was that we decommission all housing related support funding for services for people with learning, physical and sensory disabilities and services for older people. Future funding will be provided via a 'personal budget' where an individual is assessed as having eligible needs qualifying for support under the Care Act eligibility criteria.

15. This is the proposal we are currently consulting upon with residents and other stakeholders who have an interest in the future funding of Housing Related Support. Should the proposal be agreed, then Housing Related Support funding will cease from 1 April 2018.

16. Adult Social Care's planning assumption is that the proposed changes would save the County Council £2,858,000, which represents 70% of the Housing Related Support budget for older people and people with disabilities. This is based upon an assumption that services will be decommissioned and 30% of the current budget will still be required in the Adult Social Care locality teams to meet eligible needs. As we work through the individual assessments, it could transpire that more or less of the current budget is required to meet eligible needs.

17. The **second** of the proposals was that we design a new approach for housing related preventative services for socially excluded and disadvantaged people who are less likely to be in contact with statutory health and social care services. This includes those with mental health issues, ex-offenders and people who are homeless.

18. Options for this proposal are currently being evaluated with providers and other key stakeholders. Any changes that are agreed will be implemented from 1 April 2018. The planned saving for these services is £925,000, which represents 20% of the Housing Related Support budget for the socially excluded.

19. These two elements of savings, together with £4,000 already achieved, make up the Housing Related Support saving of £3,787,000 in the Adult Social Care Medium Term Financial Plan. An Equality Impact Assessment of these proposals has been completed and is published on the Council's equalities webpage.

20. Housing Related Support providers are facing cuts as a result of the government's ongoing supported housing welfare benefits reforms – further details are included in Annex 1. Providers are also concerned that an unintended consequence of our proposals will be that it may impact on their

'exempt accommodation' status for housing benefit entitlement. This is a complex area and further details are included in Annex 2.

Housing Related Support provision in Surrey

21. There are approximately 4,477 older people and people with disabilities in Surrey who are currently in receipt of Housing Related Support services (4,095 older people + 287 people with a learning disability + 95 people with a physical sensory disability).

22. A further approximate 1,247 people are in receipt of Housing Related Support services for the socially excluded (327 mental health + 895 single homeless + 25 ex-offenders).

Figure 1 – Housing Related Support provision in Surrey

	Number of services	Number of people
Older People	22	4,095
People with Learning Disabilities	15	287
People with Physical & Sensory Disabilities	5	95
Sub Total	**42**	**4,477**
Socially Excluded:		
Mental Health	11	327
Single Homeless	15	895
Ex-offenders	1	25
Sub Total	**27**	**1,247**
Grand Total	**69**	**5,724**

Housing Related Support for older people and people with disabilities

23. We held a number of engagement events with providers to help shape the proposal for the future funding of Housing Related Support services for older people and people with disabilities. The proposal we are consulting upon with residents is that 'Surrey County Council will no longer provide funding for Housing Related Support. This may mean your Housing Related Support will cease. If you have an on-going need for support you will be able to ask Adult Social Care for an assessment of your needs. If, as a result of this

assessment, you qualify for support under the Care Act eligibility criteria, you will receive funding through a personal budget from Surrey County Council'.

24. Faced with the challenging financial context, the Adults Leadership Team decided upon this proposal on the basis of:

- Equity of approach across all providers, client groups and areas of Surrey.
- Ceases any dual funding and assesses people based on their current need.
- Provides clarity and enables providers to plan for the future.
- It became clear through engagement with providers that a 'trusted assessor' model is not viable on this scale
- It is unlikely other partners would contribute towards the on-going funding of Housing Related Support

25. This proposals will mean a shift from the current universal offer to targeted support for those adults with eligible needs. Housing Related Support funding is no longer ring fenced so we will be guided by our duties under the Care Act and the wellbeing principle.

26. We are holding an eight week provider-led consultation from 19 June to 13 August 2017. This includes:

- A message to leaders across the Surrey health and social care system
- Letter, questionnaire and pre-paid envelope to all residents who currently receive Housing Related Support services funded by Surrey County Council – these have been distributed by providers
- Consultation events for residents supported by their provider and the Adult Social Care Commissioning Managers
- On-line questionnaire and Frequently Asked Questions
- A response to any questions/letters that come to Housing Related Support mail-box
- Consultation event with providers, borough and district councils and Clinical Commissioning Groups

27. The questionnaire seeks to gather the views of all residents currently in receipt of Housing Related support services. It includes the following questions with a series of options from which people can select:

Q1 What really matters to you in relation to helping you meet your Housing Related Support needs?
Q2 In the last month how often have you had help to meet your Housing Related Support needs?
Q3 To what extent do you agree, or disagree, with the proposal?
Q4 If Surrey County Council's proposal is agreed, and your Housing Related Support ceases, will you ask Adult Social Care for an assessment of your care and support needs?
Q5 If Surrey County Council's proposal is agreed, how do you think this will impact on you?

Housing Related Support for socially excluded and disadvantaged people

28. Adult social care commissioners are working with providers, chief housing officers, people who use services and carers and other key stakeholders to agree the best way to save 20% from the Housing Related Support socially excluded groups total budget - this equates to £925,000. This includes contracts held across Surrey for the following groups:

- Mental health
- Single homeless, including single homeless women
- Ex-offenders
- Floating support: including generic, learning disability and Gypsy Roma Traveller (GRT) groups

29. There are six options being evaluated. Options 1-3 are commissioning models whilst options 4-6 are options for funding reductions as follows:

- Option 1: Joint commissioning model: District and borough councils take the lead on commissioning Housing Related Support services for socially excluded groups
- Option 2: Joint commissioning model: Adult Social Care continue to take the lead on commissioning services and works with district and borough councils and health to join up and maximise funding streams related to homelessness, health and supported living for socially excluded groups
- Option 3: Local lead provider model
- Option 4: Decommission all floating support services
- Option 5: 20% off all contracts across the board
- Option 6: Service rationalisation: a mixed approach

Other local authorities

30. The table below summarises the approach taken by other local authorities to their Housing Related Support provision. It shows that most have already ceased their Housing Related Support provision for disabled and older people but retain some floating support and provision for the socially excluded groups. Floating support services are short term and have the flexibility to support people wherever they live. These services are temporary and 'float away' when no longer needed.

Figure 2 – Housing Related Support benchmarking

Local authority	Approach
Birmingham	Birmingham have cut their provision of HRS from 40,000 to 11,000 residents. They provide this support through both accommodation based and floating support. Funding has been cut by over £25 million (over half of the budget) and they have

	further savings to make of £7 million.
East Sussex	There has been a reduction in the accommodation support that East Sussex provide but they do offer support for socially excluded groups, such as the homeless and domestic abuse survivors. They operate two county-wide floating support services.
Leicestershire	Leicestershire has reduced provision of Housing Related Support. They provide accommodation support for domestic abuse survivors and the homelessness. They do provide a floating support service but only for homelessness prevention.
North Somerset	North Somerset has never had accommodation based support relying on floating support instead. They have reduced this support by 10% this year and will be looking to reduce it further in the future.
Oxfordshire	Oxfordshire have integrated various sections of their Housing Related Support with other services such as public health and social care. Domestic abuse and homelessness are still under the Housing Related Support budget but these are being cut, homelessness by a third every year. Floating support is provided but this has been cut by over 50%.
Sutton	Sutton provides accommodation based support for a range of vulnerable adults and also offers floating support aimed at helping residents to maintain their tenancies. They have yet to cut their budget, but are looking at reducing it by £1m over the next two years, which amounts to around a third of their current budget.
Warwickshire	Warwickshire stopped funding Housing Related Support for disability, mental health and older people services in 2016. Since then, housing benefit departments picked up some of the costs.
West Sussex	West Sussex have cut their accommodation based support for all groups except for young people and the homeless. For older people, they provide floating support. The budget for HRS services has been cut by a third over three years.
Worcestershire	Worcestershire no longer fund sheltered housing. They do fund alarms, but only if they are part of someone's eligible care need.

Case Study - Warwickshire

- Ceased all disability/mental health and sheltered HRS funding 2015/16
- Assessed/reassessed all clients of disability and mental health services (between 300-400 people)
- Did not assess all the sheltered clients but advised providers to request social care assessments in the normal way where client were felt to be in need. Anticipated lots of referrals but in reality this did not happen
- For sheltered some borough and districts agreed to pay for 'intensive housing management' costs
- Worked with providers where required to help them plan for withdrawal of HRS (support mostly needed from small alms-house providers rather than large registered social landlords)
- Plans included a combination of increased service charges by providers, or providers implemented a revised business model to absorb some of the costs

Conclusions:

31. The proposal is to decommission all housing related support for people with learning, physical and sensory disabilities and for older people. Future funding will be provided via a 'personal budget' where an individual is assessed as having eligible needs qualifying for support under the Care Act eligibility criteria. This proposals will mean a shift from the current universal offer to targeted support for those adults with eligible needs. The planning assumption is that this proposal would save £2,858,000, which represents 70% of the Housing Related Support budget for disabled and older people with 30% of the budget being retained in Adult Social Care locality teams to meet eligible needs.

32. Funding housing related support services for socially excluded groups plays a vital role in supporting the most vulnerable Surrey residents. The implementation of the preferred option will enable Adult Social Care to commission these services in the most efficient manner, saving £925,000.

Recommendations:

33. It is recommended that the Adults and Health Select Committee:

    - Provide input as part of the consultation process, on proposals for the future funding of Housing Related Support for people with learning, physical and sensory disabilities and for older people.

    - Provide input into the six options being evaluated for the Housing Related Support socially excluded groups.

Next steps:

34. If the proposal for Housing Related Support for people with learning, physical and sensory disabilities and older people is agreed by Cabinet in September 2017, the timeline will be:

    - 1 October 2017 – 6 months' notice given to providers to no longer provide funding for Housing Related Support
    - 1 October 2017 to 31 March 2018 – undertake assessments upon request
    - 1 April 2018 – Housing Related Support funding ceases for older people and people with learning, physical and sensory disabilities

35. If the proposals for Housing Related Support for socially excluded groups is agreed by Cabinet in September 2017, the timeline will be:

    - 1 October 2017 – 6 months' notice given to providers of changes to funding
    - 1 April 2018 – Housing Related Support funding changes for socially excluded groups

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Sources/background papers:

Annex 1 – Government Supported Housing Welfare Benefits Reforms

Annex 2 – Exempt Accomodation

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Annex 1

Government Supported Housing Welfare Benefits Reforms

HRS providers face cuts as a result of Government's ongoing supported housing welfare benefits reforms:

- Rent reductions applied to supported housing schemes so rents will decrease by 1% per year for 3 years, up to and including 2019/20
- From 2019/20 cap on the amount of rent Housing Benefit will cover in supported housing sector to the relevant Local Housing Allowance level (LHA) (rate paid to most private renters on Housing Benefit)
- Providers of supported housing argued, given higher rent levels and slim operating margins, measures would have detrimental impact on revenue and threaten viability of existing and future schemes
- From 2019/20 new funding model will be introduced and local authorities will receive ring-fenced funding to meet the shortfall between the LHA rates and the cost of provision
- Supported housing sector argue ongoing uncertainly is having a detrimental impact on investment with doubt whether the proposed system will place supported housing on a sustainable footing
- Government published a consultation paper on new funding model which ended 13 February 2017 - SCC responded. Joint committees report made recommendations on 1 May 2017. Government expect to publish a supported housing green paper in 'late spring' 2017

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Exempt Accommodation

Providers are concerned an unintended consequence of our proposal will be that it may impact on their 'exempt accommodation' status for the purpose of housing benefit entitlement

Exempt Accommodation applies to most Supported and Sheltered Housing. For an Exempt Accommodation scenario to exist ALL of the following 4 criteria must be fulfilled:

- Landlord must be a non-metropolitan county council; voluntary organisation, charity or Registered Provider (housing association)
- Landlord must have legal interest in the properties concerned (ownership or lease)
- Tenants must need "care, support and supervision" (in case law terms this means "more than normal property management functions")
- Additional services to meet those needs must be provided by the landlord or an agent on its behalf

Exempt Accommodation:

- Entitles a social landlord to recover the costs of providing additional services to residents with additional needs via Housing Benefit
- Enables local authorities to fund enhanced levels of Housing Benefit, subject to a properly evidenced claim

Exempt Accommodation protects tenants from Welfare Reform Act provisions such as:

- Benefit Cap
- Spare Room Subsidy ("Bedroom Tax")
- Direct payment of rent

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