

Notice of Meeting

Health and Wellbeing Board



Date & time

Thursday, 13
September 2018
at 1.00 pm

Place

Committee Room C, County
Hall, Kingston upon Thames,
KT1 2DN

Contact

Sharmina Ullah
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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 Sharmina Ullah on 020 8213 2838.

Board Members

Helen Atkinson

Dr Peter Bibawy
Dr Andy Brooks

Dr Charlotte Canniff

Mrs Clare Curran
Mr Mel Few
Dave Hill

Jason Gaskell
Dr Russell Hills
Dr Sian Jones
District Councillor Vivienne Michael
David Munro
Mr Tim Oliver (Co-Chairman)
Kate Scribbins
Borough Councillor Paul Spooner
Dr Elango Vijaykumar (Co-Chairman)

Strategic Director of Adult Social Care and Public Health, Surrey County Council
North East Hampshire and Farnham CCG
Chief Officer, Surrey Heath Clinical Commissioning Group
Clinical Chair, North west Surrey Clinical Commissioning Group
Cabinet Member for Children, Surrey County Council
Cabinet Member for Adults, Surrey County Council
Executive Director of Children, Schools and Families, Surrey County Council
CEO, Surrey Community Action
Clinical Chair, Surrey Downs CCG
Guildford and Waverley CCG
Leader, Mole Valley District Council
Surrey Police and Crime Commissioner
Cabinet Member for People
Chief Executive, Healthwatch Surrey
Leader, Guildford Borough Council
Clinical Chair, East Surrey Clinical Commissioning Group

TERMS OF REFERENCE

The Health and Wellbeing Board:

- oversees the production of the Joint Health & Wellbeing Strategy for Surrey;
- oversees the Joint Strategic Need Assessment; and
- encourages integrated working.

PART 1 **IN PUBLIC**

1 APOLOGIES FOR ABSENCE

To receive any apologies for absence and substitutions.

2 MINUTES OF PREVIOUS MEETING: 7 JUNE 2018

(Pages 1
- 32)

To agree the minutes of the previous meeting.

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

a Members' Questions

The deadline for Member's questions is 12pm four working days before the meeting (*6 September 2018*).

b Public Questions

The deadline for public questions is seven days before the meeting (*5 September 2018*).

c Petitions

The deadline for petitions was 14 days before the meeting. No petitions have been received.

5 BOARD BUSINESS

(Pages
33 - 34)

To update the Board on any key issues relevant to its areas of work, membership and terms of reference.

- 6 FORWARD PLAN** (Pages 35 - 40)
To review and agree the Board forward work program.
- 7 ACTION REVIEW** (Pages 41 - 42)
To review and agree the Board actions tracker.
- 8 SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT** (Pages 43 - 84)
Purpose of the report: The Surrey Safeguarding Adults Board is a statutory board with responsibilities set out in the Care Act 2014. The Safeguarding Adults Board must produce an annual report with an overview of activities undertaken during that year and share with the Local Health and Wellbeing Board.
- 9 CASE STUDY: SUPPORTING YOUNG CARERS IN HEALTH 2017/18**
The Board will be presented with a short presentation on Supporting Young Carers in Surrey 2017/18.
- 10 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIPS UPDATE**
Purpose of the report: To discuss the progress on the Sustainability and Transformation Partnerships (STPs).
- 11 PRIORITY STATUS UPDATE: IMPROVING CHILDREN'S HEALTH AND WELLBEING** (Pages 85 - 94)
Purpose of the report: To update the Health and Wellbeing Board on progress against outcomes under the 'improving children's health and wellbeing' priority within the Joint Health and Wellbeing Strategy. An update is provided to the Board every six months with the last in March 2018.
- 12 PRIORITY STATUS UPDATE: CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING IN SURREY** (Pages 95 - 104)
Purpose of the report: This is a supplementary report to the Improving Children's Health and Wellbeing update report, to specifically address children and young people's mental health and wellbeing in Surrey.
- 13 A COMMITMENT STATEMENT TO SHARE: IMPROVING THE HEALTH AND WELLBEING OF SURREY PEOPLE** (Pages 105 - 112)
Purpose of the report: The following document describes the ambition of Surrey health and care providers and commissioning organisations to develop Personal and Population Health Intelligence that considers the Wider Determinants of Health.

- 14 SURREY SAFEGUARDING CHILDREN BOARD ANNUAL REPORT** (Pages 113 - 176)

Purpose of the report: The Annual Report 2017-2018 reports on effectiveness of safeguarding and child protection practice by partner agencies in Surrey and is presented to Health and Wellbeing Board for information.

- 15 HEALTHWATCH SURREY ANNUAL REPORT** (Pages 177 - 194)

Purpose of the report: Healthwatch Surrey is the local independent champion for service users, families and carers across health and social care.

This Annual Report provides a summary of the organisation's activity, and what it has heard from local people, in 2017/18.

16 DATE OF THE NEXT MEETING

The next meeting of the Health and Wellbeing Board will be on 6 December 2018.

Joanna Killian
Chief Executive
Surrey County Council
Published: Tuesday, 4 September 2018

QUESTIONS, PETITIONS AND PROCEDURAL MATTERS

The Health and Wellbeing Board will consider questions submitted by Members of the Council, members of the public who are electors of the Surrey County Council area and petitions containing 100 or more signatures relating to a matter within its terms of reference, in line with the procedures set out in Surrey County Council's Constitution.

Please note:

1. Members of the public can submit one written question to the meeting. Questions should relate to general policy and not to detail. Questions are asked and answered in public and so cannot relate to "confidential" or "exempt" matters (for example, personal or financial details of an individual – for further advice please contact the committee manager listed on the front page of this agenda).
The Public engagement session held at the end of the meeting is made available to Members of the public wanting to ask a question relating to an Item on the current agenda. Questions not relating to items on the agenda will need to be submitted in advance of the meeting.
2. The number of public questions which can be asked at a meeting may not exceed six. Questions which are received after the first six will be held over to the following meeting or dealt with in writing at the Chairman's discretion.
3. Questions will be taken in the order in which they are received.
4. Questions will be asked and answered without discussion. The Chairman or Board Members may decline to answer a question, provide a written reply or nominate another Member to answer the question.
5. Following the initial reply, one supplementary question may be asked by the questioner. The Chairman or Board Members may decline to answer a supplementary question.

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Those attending for the purpose of reporting on the meeting may use social media or mobile devices in silent mode to send electronic messages about the progress of the public parts of the meeting. To support this, County Hall has wifi available for visitors – please ask at reception for details.

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Use of mobile devices, including for the purpose of recording or filming a meeting, is subject to no interruptions, distractions or interference being caused to the PA or Induction Loop systems, or any general disturbance to proceedings. The Chairman may ask for mobile devices to be switched off in these circumstances.

It is requested that if you are not using your mobile device for any of the activities outlined above, it be switched off or placed in silent mode during the meeting to prevent interruptions and interference with PA and Induction Loop systems.

Thank you for your co-operation

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MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 7 June 2018 at County Hall, Committee Room C.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 13 September 2018.

Elected Members:

*present

- * Dr Elango Vijaykumar (Co-Chairman)
- * Mr Tim Oliver (Co-Chairman)
- Dr Andy Brooks
- * Dr Russell Hills
- * Mrs Clare Curran
- * Helen Atkinson
- Dr Peter Bibawy
- * Dr Charlotte Canniff
- * Dr Sian Jones
- Dave Hill
- David Munro
- Tom Kealey
- * Mr Mel Few
- Borough Councillor Paul Spooner
- * District Councillor Vivienne Michael
- * Jason Gaskell
- * Kate Scribbins

In attendance

Zully Grant-Duff, Chairman of the Health, Integration and Commissioning Select Committee

Bill Chapman, Committee Member of the Health, Integration and Commissioning Select Committee

15/18 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Dr Andy Brooks, Dr Peter Bibawy, Dave Hill, David Munro and Borough Councillor Paul Spooner.

Nicola Airey acted as a substitute for Dr Andy Brooks and Gareth Symonds acted as a substitute for Dave Hill.

16/18 MINUTES OF PREVIOUS MEETING: 5 APRIL 2018 [Item 2]

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

17/18 DECLARATIONS OF INTEREST [Item 3]

There were none.

The Chairman reminded members to complete new declarations of interest forms to allow records to be up to date.

18/18 QUESTIONS AND PETITIONS [Item 4]**MEMBERS' QUESTIONS [Item 4a]**

There were none.

PUBLIC QUESTIONS [Item 4b]

1. The Board received one public question and a formal response was tabled at the meeting (attached as Annex 1).
2. It was noted that the response, did not reference s.15 under the Care Act 2014 detailing the Council's statutory responsibilities.
3. The Strategic Director of Adult Social Care and Public Health highlighted that work was underway to promote the borough and district councils' role in partnership working under the Care Act. It was further highlighted that Tom Kealey, Head of Health and Wellbeing in Reigate & Banstead Borough Council was leading this development and would be driving it forward on a more formal basis.
4. It was noted to endorse this partnership working the Member Co-Chairman agreed to raise its awareness when attending borough and district joint committee meetings scheduled to take place in September 2018.

20/18 PETITIONS [Item 4c]

There were none.

21/18 BOARD BUSINESS [Item 5]**Declarations of interest:**

None

Witnesses:

Sharmina Ullah, Democratic Services Assistant

Key points raised during the discussion:

1. It was noted that the application for a Darzi Fellow to work on a self-care project that was put forward by the Board at its meeting on November 2017 has been successfully selected.
2. The Board were informed that future correspondence would be managed through the Democratic Services inbox to support efficiency; and that the Health and Wellbeing inbox would be removed and deleted from the server.
3. It was highlighted that the next informal meeting scheduled for 5 July 2018 conflicted with the NHS celebrating its 70 years of service. The Board agreed to cancel this meeting.

Actions/ further information to be provided:

The Democratic Services Assistant to circulate cancellation notice of the Board's meeting on 5 July 2018.

RESOLVED:

The Board agreed to cancel its next informal meeting on 5 July 2018 and postpone the formal plan workshop to the following meeting on 4 October 2018.

22/18 FORWARD PLAN [Item 6]

Declarations of interest:

None

Witnesses:

Sharmina Ullah, Democratic Services Assistant

Key points raised during the discussion:

1. The Board were informed that the University of Surrey Medical School case study would no longer be presented at its meeting in October as the bid was unsuccessful.
2. It was noted that the Surrey Safeguarding Adults Board Annual Report had been moved to the Board's meeting in September due to delays with the report publication.

Actions/ further information to be provided:

None

RESOLVED:

The Board reviewed the forward plan and noted the updates.

23/18 ACTION REVIEW [Item 7]

Declarations of interest:

None

Witnesses:

Sharmina Ullah, Democratic Services Assistant

Key points raised during the discussion:

1. The Board received an amended version of the action tracker and reviewed all the ongoing actions in turn.

A34/17

2. The Clinical Commissioning Groups were reminded to update the CAMHS Transformation Plan published on their websites.

A35/17

3. The Board noted it would receive an update on integrated models of care as part of the improving older adult's health and wellbeing priority update in December 2018.

A2/18

4. The Board were informed that a letter of thanks had been drafted and sent to Dr David Eyre-Brooks.

A3/18

5. The Board agreed to consider an item on pharmacies and the health and social care system at its forward plan workshop session in October 2018.

A4/18

6. The Board agreed to remove this action from its tracker as sufficient member oversight and engagement was apparent within the Sustainability Transformation Partnerships (STPs)

A5/18

7. The Board noted that information on young carers in Surrey would be circulated to members via email.

A6/18

8. It was further noted by the Board that Tom Kealey had been appointed as the Health and Borough & District representative on the Accommodation with Care and Support Board.

A7/18

9. It was highlighted that an update on the Children's Health Summit held in May 2018 would be provided in the mental health priority status update relevant to Item 11.

Actions/ further information to be provided:

None

RESOLVED:

The Board reviewed its action tracker and noted the updates.

24/18 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIPS UPDATE [Item 8]

Declarations of interest:

None

Witnesses:

Nicola Airey, Surrey Heath & East Berkshire CCG
 Dr Elango Vijaykumar, East Surrey CCG
 Dr Sian Jones, Guildford & Waverley CCG
 Dr Charlotte Caniff, North West Surrey CCG
 Dr Russell Hills, Surrey Downs CCG
 Kath Cawley, South West London Health and Care Partnership

Key Points raised during the discussion:

1. The Board received PowerPoint presentations on the Frimley Health STP and the South West London Health and Care Partnership (attached as Annex 2).
2. The Board received verbal updates on key themes for the following Clinical Commissioning Group areas;

North West Surrey

3. It was reported that the North West Surrey division were working closely with district and boroughs, improving Integrated Care System (ICS) governance, supporting new children's work stream and were supporting the population by running extending access from 8am to 8pm.

Guildford and Waverley

4. It was noted that the NHS e-referral service in Guildford and Waverley would be going live for the next six months; and that fax and paper referrals would no longer be accepted. It was further noted that work was in development with Primary Care.

Surrey Downs

5. It was stated that the digital strategy for Surrey Downs had gone live in May 2018; and the CCG was also exploring opportunities to work with Primary Care.

Sussex and East Surrey

6. It was reiterated that the alliance formed under the Sussex and East Surrey STP was experiencing challenges and complexities due to the geographical make up and the individual systems. The Sussex and East Surrey representative highlighted that extended access had also been introduced and more appointments had been made available.
7. There was a discussion around public engagement and all STPs informed the Board that although work streams were in place to promote public engagement, this was an area of continuous improvement.

8. The CEO of Surrey Community Action highlighted that support through the voluntary sector could be coordinated to help reach people in isolated areas or situations.
9. Members shared the view that it would be useful for the three STPs to explore further opportunities to work together to promote information sharing and engagement.

Actions/ further information to be provided:

None

RESOLVED:

The Board noted the content of this report.

25/18 DOMESTIC HOMICIDE REVIEWS [Item 9]

Declarations of interest:

None

Witnesses:

Lisa Herrington, Head of Policy and Commissioning, Office of the Police and Crime Commissioner

Key points raised during the discussion:

1. The Board were provided with a legislative background on Domestic Homicide Reviews (DHRs), and were presented with figures outlining the level of domestic abuse in Surrey.
2. The Head of Policy and Commissioning informed members of the progress made in improving the process of undertaking a DHR and embedding the learning into practice.
3. The Board were also presented with a summary on thematic analysis collated from reviews completed so far and a status update of DHRs to date.

Actions/ further information to be provided:

None

RESOLVED:

The Board noted the content of this report.

26/18 DOMESTIC ABUSE STRATEGY [Item 10]**Declarations of interest:**

None

Witnesses:

Lisa Herrington, Head of Policy and Commissioning, Office of the Police and Crime Commissioner

Key points raised during the discussion:

1. The Board were presented with the Surrey Against Domestic Abuse 2018-23 Delivery plan and noted the following three key priorities;
 - i. Community – to break the silence about domestic abuse within our local communities, and remove the barriers that make it hard for survivors and perpetrators to reach support.
 - ii. Professionals – to maximise every opportunity to identify and respond to domestic abuse for survivors and perpetrators.
 - iii. Expert support – to empower specialist expert support to work with survivors, children and perpetrators in a way that achieves safety, with minimum reliance on external resources.
2. It was noted that the Surrey Domestic Abuse Management Board (DAMB) implements the Surrey Against Domestic Abuse Strategy and delivery plan and the Community Safety Board oversee DAMB.
3. Despite having male victims, the strategy recognised domestic abuse as a gendered crime and mentioned comments such as 'I didn't feel like mum was safe'. Members raised concerns with this stereotype and suggested that wording could be more wide ranging to reflect the different types of victims.

Actions/ further information to be provided:

None

RESOLVED:

The Board noted the content of this report.

27/18 MENTAL HEALTH PRIORITY STATUS UPDATE [Item 11]**Declarations of interest:**

None

Witnesses:

Helen Atkinson, Strategic Director of Adult Social Care and Public Health
Garath Symonds, Assistant Director of Commissioning & Prevention

Key points raised during the discussion:

1. The Board were reminded that officers attended a Children's health summit in May to discuss how to tackle the current issues challenging the service in relation to the CAMHS contract.
2. It was highlighted that the CAMHS Interim Plan was developed to address the lengthy waits currently being experienced by children and young people. It was further highlighted that the plan also sought to improve ways of working across the system and identified five priorities to work towards.
3. It was noted that both outstanding actions (perinatal mental health and education delivered to GPs on mental health) relating to the Emotional Wellbeing and Adult Mental Health Strategy have now been progressed.
4. Members agreed that there were areas of the CAMHS contract that was working well, however shared the view that there were better ways of working.
5. Members were informed that the three Sustainability Transformation Partnerships in Surrey had mental health as one of their priorities and were drafting plans to deliver these. It was noted that further reports to demonstrate progress could be provided at a later date.

Actions/ further information to be provided:

None.

RESOLVED:

The Board were asked to;

- a) Note the updates from CAMHS, perinatal mental health and GP Education.
- b) Note the establishment and progress of the mental health workstreams within each STP across Surrey and look to receive reports in the future of their progress.

28/18 DEVELOPING A PREVENTATIVE APPROACH PRIORITY STATUS UPDATE [Item 12]

Declarations of interest:

None

Witnesses:

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

Key points raised during the discussion:

1. The Board received a presentation providing an update on progress against the 'Developing a Preventative Approach' priority in the Joint Health and Wellbeing Strategy since the last update in December 2017 (attached as Annex 3).

2. To improve public awareness in developing a preventative approach, members suggested further signposting to be made available, advising one message to be communicated from all practices.

Actions/ further information to be provided:

None.

RESOLVED:

The Health and Wellbeing Board were asked to;

- Endorse delivery mechanism of ‘Developing Preventative approach’ – through ICSs

MEAM

- Formally agree Multiple Disadvantaged Steering Group is accountable to H&WBB
- Support and advocate the Multiple Disadvantage Steering Group’s ambition for a system-wide solution
- Nominate an executive sponsor from one of Surrey CCGs to join executive sponsors from SCC, the police and the PCCC for the Multiple Disadvantaged Project

Alcohol

- Support the alcohol prevention ‘DrinkCoach’ launch in own organisation and promote Don’t Bottle it Up
- Endorse Surrey-wide buy-in to DrinkCoach pilot to ensure residents can access skype based alcohol support

29/18 COMMUNICATION AND ENGAGEMENT UPDATE [Item 13]

Declarations of interest:

None

Witnesses:

Tom Gurney, Director of Communications and Engagement, Central Sussex and East Surrey Commissioning Alliance

Key points raised during the discussion:

1. It was noted that the report was on progress made on communications and engagement since December 2017.
2. The Director of Communications and Engagement provided the Board with a campaign activity update which included the winter 2017/18 campaign and upcoming campaign activity for 2018.
3. It was highlighted that the Health and Wellbeing Board Communications and Engagement Sub-group were proposing to update the Terms of Reference and membership to reflect a wider remit and extended membership to include providers.
4. The Board agreed to receive continuous six- monthly formal reports on communication and engagement.

Actions/ further information to be provided:

None.

RESOLVED:

It was recommended that the Health and Wellbeing Board noted;

- a) note the progress made on communications and engagement since December 2017,
- b) identify solutions to key challenges, and
- c) note and agree the proposed new way of working for the Communications and Engagement Sub-group

30/18 DATE OF THE NEXT MEETING [Item 14]

The Board noted that its next meeting would be held on 13 September 2018.

Meeting ended at: 3.57 pm

Chairman

Heading Notes for questions to place on agenda for Health and Wellbeing Board meeting on 7 June 2018

These questions come from a resident of Surrey who qualifies as being amongst the possibly 20% of the population who are over 75 years old, may live alone, now need some support to be able to live independently in their own home, but who can no longer drive for health reasons, who do not have any equipment or assistance to obtain information and/or advice to remedy these deficiencies, or who do not want to do so by the use of digital methods.

In 2014 Surrey County Council were concerned in preparing for a Social Care Act the Government would not recognise that it is a 2 tier authority, resulting in specific powers, range of duties and thus financial accountability between the County and its District Councils (plus Boroughs) (B/DCs), and called on the Government to do so. They were successful, and it was confirmed that

- The Government had formally recognised the existence of 2 tier authorities
- That from 1 April 2015 it would be mandatory that all means of communication with individuals must be accessible in all formats, in all locations of personal choice etc; as specified in Section 3
- Confirmed that use of digital means of communication alone would not fulfil the duties of the Council under the terms of the Care Act

The Act itself contains a very detailed range of obligations on both parties in partnerships to secure the rights of all individuals – with whatever limitations they may have – including the right to receive – and have access to – all sources of information and advice in all formats

To secure these rights etc., SCC has supported each/all of the 11 B/DCs in the County to establish a presence – either in or adjacent to their main offices, containing both the local Social Services staff and a police presence, using a range of grants and the Better Care Fund to do so.

Unfortunately, although having provided such an excellent basis to operate and implement the Care Act, the opportunity to create the right partnerships was missed. SCC should have accepted this proper role for their support etc. of the 20% of the population whose needs they must provide for – which is being done to national acclaim, while the health needs of the 80% of the population which are the B/DCs role are not being formally recognised, and thus an excellent opportunity missed.

However, spurred by the debates which took place on the excellent item 108 (Item 8) and 118 (Item 9), and the responses in the Minutes of the meeting,

and building on their view that having a partner-led system of the development of STPs in Surrey

including recognition of the importance and

the value of the wider determinants of health and the role the voluntary sector and districts and boroughs have to lead and to deliver this

My question is in 2 parts:-

- What do the Board propose to initiate to update procedures internally within the County Council's area to complete the formation of partnerships at all levels, including financial accountability in compliance with the Care Act 2014, to recognise the leadership status of the B/DCs?
- Call on the STP to recognise the relevant B/DCs as lead partners within each/all of the 3 designated areas for the CCGs and in parallel with Social Services areas.

RESPONSE:

Part 1

Surrey County Council has the statutory responsibility to deliver the Care Act (2014). Sections 3, 6, 7, 22, 23, 74 and Schedule 3 of the Care Act 2014 covers integration, cooperation and partnerships, including the cooperation of partner organisations and working with housing authorities. The Care Act 2014 states:

"Local authorities must carry out their care and support responsibilities with the aim of joining-up the services provided or other actions taken with those provided by the NHS and other health-related services (for example, housing or leisure services)...

...This duty applies where the local authority considers that the integration of services will:

- promote the wellbeing of adults with care and support needs or of carers in its area
- contribute to the prevention or delay of the development of needs of people
- improve the quality of care and support in the local authority's area, including the outcomes that are achieved for local people" (Department of Health and Social Care, 2016).

Surrey County Council has an Adults and Lifelong Learning Select Committee responsible for scrutinising all adult services which are governed by the Care Act 2014.

The Health and Wellbeing Board (HWB) is a strategic oversight Board comprised of health and social care commissioners and other bodies, including three members representing the 11 borough and district councils in Surrey. The HWB's role is to set the strategic direction of health and social care delivery in the county and therefore it would not be an appropriate forum to update internal procedures relating to the Care Act 2014 as this is the responsibility of Surrey County Council. The HWB do promote partnership working and borough and district councils are a key partner in all discussions at the Board.

Financial accountability sits within individual organisations, and therefore the HWB is not in a position to update procedures relating to financial accountability. However, the Board members who commission services, share budget plans and commissioning intentions annually and borough and district leaders are an equal partner in these discussions.

Recognising the value of borough and district councils as a key partner in promoting the health and wellbeing of Surrey residents and capitalising on the HWB's role to encourage

partnership working, the HWB has gone beyond its statutory responsibility and done the following:

- Invited three members onto the HWB to represent the 11 borough and district councils in Surrey, where they are involved in discussions setting the strategic direction for improving the health and wellbeing of residents in Surrey
- Shared and discussed the commissioning intentions of all commissioners on the Board, including Borough and District Councils plans, to ensure partner organisations have the opportunity to join up services (last item received December 2017).
- Received and discussed the financial plans for all commissioners on the Board providing an opportunity for Borough and District colleagues to comment and influence how finances are spent (last item received January 2018)
- Recommended that Borough and District representation be identified for the Accommodation with Care and Support Board to ensure borough and district colleagues are part of these discussions (April 2018 HWB meeting)

Part 2

Borough and district councils play a vital role in the health and wellbeing of residents as outlined above. This has also been recognised in various ways by the Sustainability and Transformation Partnerships (STPs) and Integrated Care Partnerships (ICPs) in Surrey:

- Borough and district colleagues are members on the Local Joint Commissioning Groups in Surrey
- Borough and district colleagues are increasingly engaged in discussions on the STPs and ICPs locally
- Borough and district colleagues are leading a programme of work relating to the wider determinants of health in Surrey Heartlands Health and Care Partnership. Borough and district leaders have worked with colleagues in public health and wider borough and district stakeholders through the Borough and District Health Leads Group to identify the borough and district role in the wider determinants of health and the impact that they have on the health outcomes of residents. This programme of work has fed into a framework for the wider determinants of health that will be going to Surrey Chief Executives Group for approval.

We will continue to work together to ensure that districts, boroughs and health can work together in a joined up way.

In terms of providing information and advice, The Care Act 2014 is clear that it is the joint responsibility of all health, social care, local authority, voluntary, community and faith sector organisations to provide information and advice about care and support. Surrey County Council (SCC) has a co-ordinating role and duty to understand what the offer is but does not provide all of it and has a duty to improve that local offer. SCC does not have control over channels and access to information.

The HWB knows and acknowledges that we all have a duty to provide information and advice and endorsed the Surrey Information and Advice Strategy in October 2016.

References

Department of Health and Social Care (2016) Care Act Statutory Guidance [Updated February 2018]

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Frimley Health and Care



Frimley Health and Care ICS Update 'Creating healthier communities'

Health and Wellbeing Board
Thursday, 7th June 2018 - 1.00 pm

ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR

Governance

- The ICS has a System Operating Plan for 2018/19
- An approach to the system control total for health for 2018/19 agreed with NHS England and Improvement
- ICS branding and key messages agreed by HWB Alliance Board
- Discussions underway on appropriate role for non-executives and lay members within our ICS
- Care provider role for ICS under consideration

Workstreams

- All workstreams and enabling elements have clear delivery plan for 2018/19
- Social prescribing is now live across the ICS
- Mental health - cross-system approach to the crisis care pathway in mental health being co-designed
- Integrated Care Decision Making –spreading successful model across East Berkshire
- Workforce strategy - implementation plan agreed with leads across workstreams

Frimley Health and Care



Creating healthier communities

– key messages

Your Local Authorities and local health organisations are working together as the Frimley Health & Care System to provide you with a joined up health, care and wellbeing system. This means you will receive the right care at the right time and in the right place.

You and your family will:

- Be supported to remain as healthy, active and independent as you can be
- Know who to contact if you need help and only have to tell your story once
- Have easier access to information and services
- Work together with a care and support team to plan and manage your own care
- Access urgent or emergency care more easily closer to home
- Be treated in the best place for your needs
- Increase your ability and confidence to take responsibility for your own health, care and wellbeing
- Be confident that your care is provided in the best possible way.

Frimley Health and Care



Workstream Aims:

- Prevention and self-care – ensuring people have the **skills, confidence** and support to **self-care** and to **stay well**
- Integrated care decision-making – developing integrated teams of **multi-disciplinary** practitioners providing **single points of access** to services such as rapid response and re-ablement
- GP transformation – laying foundations for a new model of general practice provided at scale to offer a **wider range of services** in the community, including development of GP networks to **improve resilience and capacity**
- Support workforce – supporting the care support workforce so that it is **fit for purpose** and offers good career opportunities across the system
- Care and support – transforming the social care support market and **improved management** of the market by health and social care working more closely together. Helping to make the **best use of the money** available across the Frimley Health and Care system and better plan for the future care support needs of local people.
- Reducing clinical variation – ensuring that the population **has access** to the same **high quality of services** across the system wherever they live
- Shared care record – helping people to **tell their story once** by implementing a shared care record that is accessible to professionals across the footprint

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Frimley Health and Care



Benefits already being seen:

- Health and care workers working more closely together
- An improved patient experience across the system – more joined up care provided in peoples homes
- Plans are continuing to be rolled out
- A greater community involvement and support in health and wellbeing
- Mental health liaison 24/7 has been rolled out across both Frimley and Wexham Park hospitals
- An increase in staff satisfaction, with retention and recruitment supported by the new roles and opportunities being developed
- **GP referrals down by 7% (Note to Andy: Do you want to keep this?)**
- More flexible ways of engaging with your GP
- No increase in A&E activity year-on-year.
- 8am-8pm appointments in primary care
- Fewer people with mental health problems having to travel out of the area for treatment.
- There has been greater investment in the local system

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Prevention Update

7 June 2018

Helen Atkinson

Executive Director of Health, wellbeing and
Adult Social Care

Outline

- Prevention programmes in each ICS / STP
- MEAM
- Fire as a health asset
- Alcohol
- Recommendations

Surrey Heartlands: prevention work stream objectives

	Objective	Programmes/ Areas of work
Healthy Places	Shape environment in which people live to improve and protect H&WB of communities	Urban planning for health; <ul style="list-style-type: none"> - Housing - Mobilising community assets - Air quality
Healthy lifestyles	Address major causes of ill health to prevent development of long term conditions	MECC: Integrating and improving support offer for: Smoking cessation, Alcohol reduction, Healthy weight and Mental wellbeing
Staying independent	Empower citizens to remain independent in own homes	Social prescribing – support for carers
Staying well	Improve health outcomes for people with existing long term conditions	Early diagnosis; Robust management of care; Self-care; wrap around support for people with multiple disadvantage
Healthy workforce	Support for staff to be happy and healthy through creation of healthy workplace and access healthy lifestyle support	Workplace wellbeing strategies; Emotional wellbeing in the workplace

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Surrey Heartlands Health and Care Partnership

- **3 workshops**
 - Smoking
 - Healthy weight
 - Alcohol
- **Clinical academy** session (Feb 18) ensuring prevention is part of all clinical workstreams
- **Transformation funding** granted in 2017/18 for 3 prevention and wider determinants work stream projects:
 - social prescribing
 - MECC (Making Every Contact Count)
 - alcohol

Frimley Health and Care STP

Community Asset Toolkits & Maps

- Collaboration across agencies and resident groups to take place to generate set of online tools aimed at guiding asset based work

Social prescribing

- Work will be undertaken to expand and embed existing programmes across Frimley system and develop new programmes where don't exist

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MECC

- Training to be rolled out for staff across Frimley in behavioural change techniques

Hospital Based Alcohol Services

- Behavioural advice and support offered when patients in hospital for alcohol related reasons.

Physical Activity Initiatives

- Range of accessible opportunities for activity will be developed and promoted with particular focus on community programmes that have proven health benefits

Sussex and East Surrey STP

Wellbeing prescription service

- Wellbeing prescription service operates from East Surrey GPs.
- Wellbeing advisors have helped over 2,500 people
- Supporting newly diagnosed Type 2 diabetics

Hypertension

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- STP wide bid to the BHF for a 2 year project for SECAMB clinicians to assess at least 5000 people each year for hypertension through pop up tents in key areas of deprivation

All Together Better approach in East Surrey is supporting citizens to:

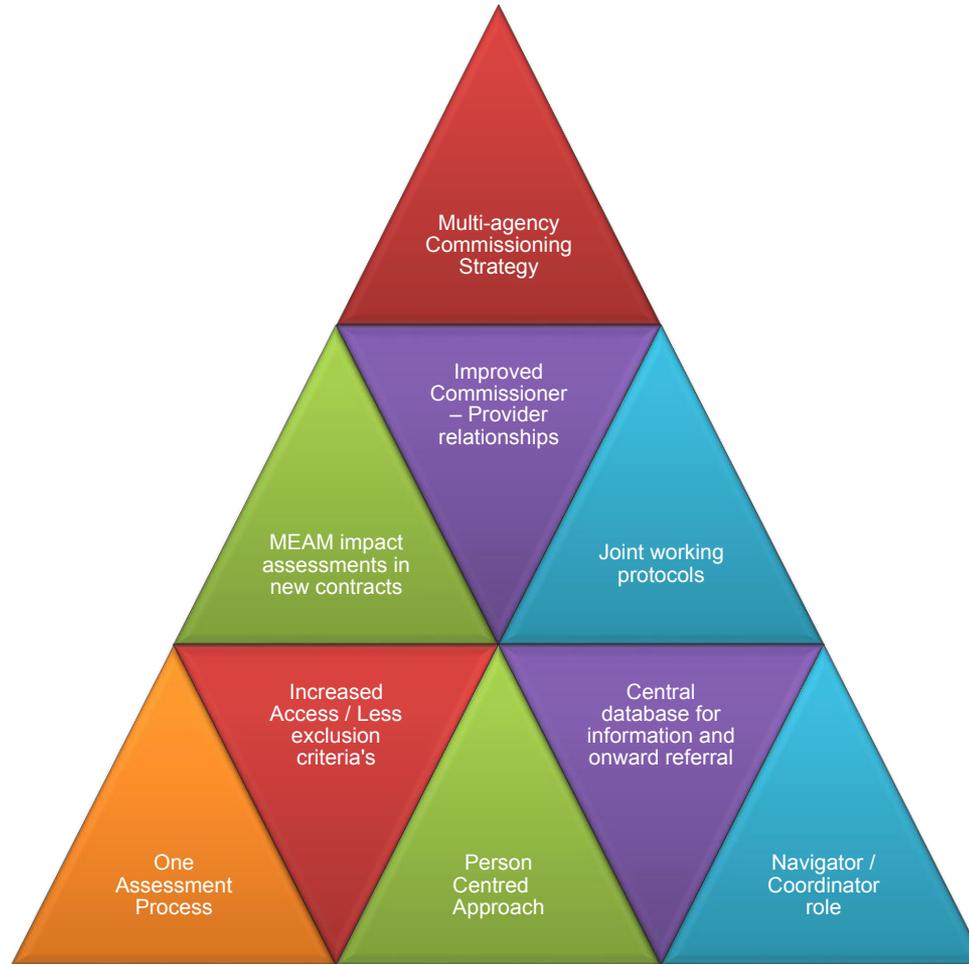
- Build knowledge, resilience and confidence
- Become engaged, involved and active
- Communities to share skills and expertise

MEAM – What have we done so far?

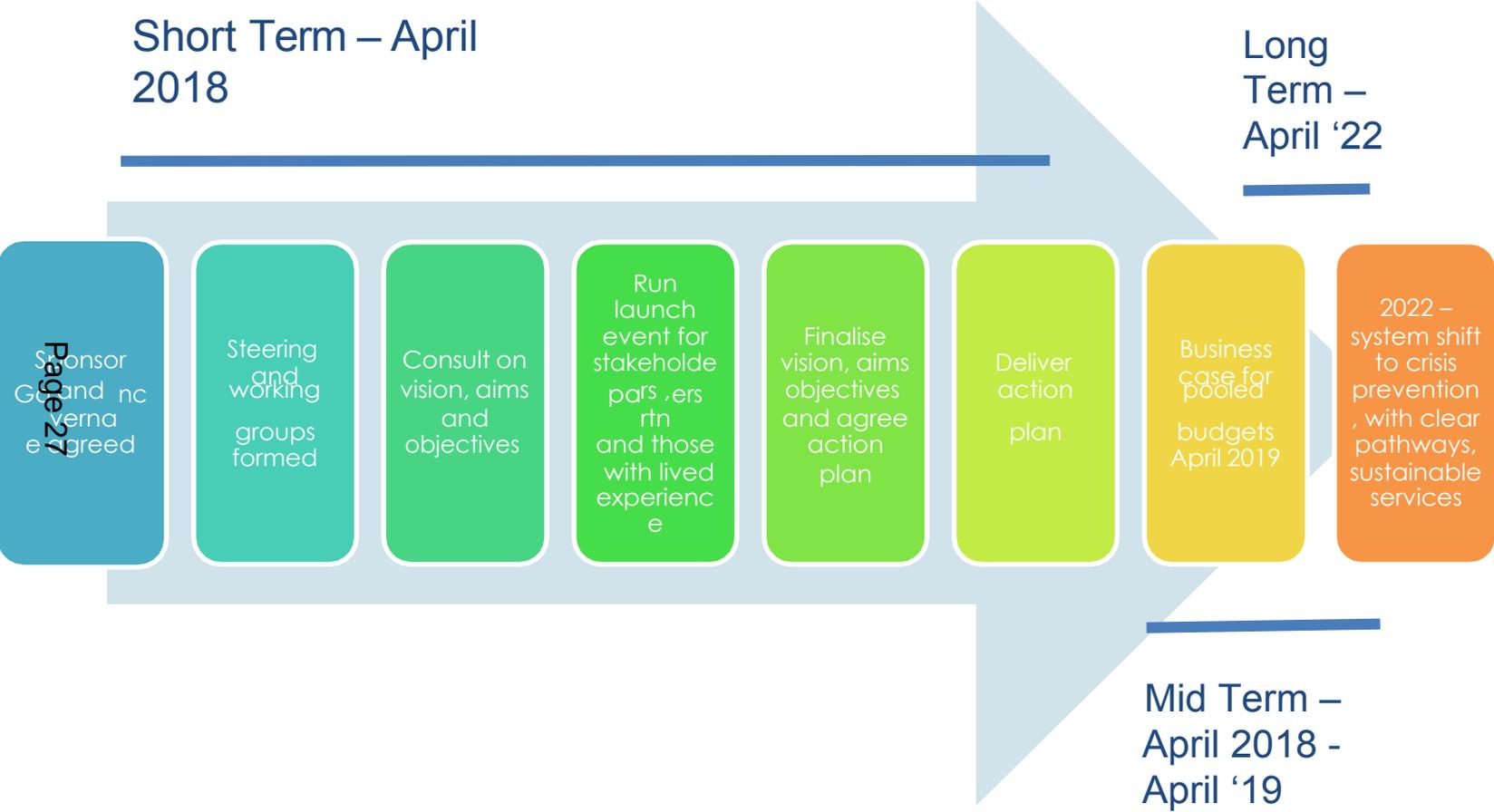
- Secured support and engagement in the national Making Every Adult Matter programme
- Secured a Darzi Fellow- located with the Police
- Widened the engagement and membership of the multiple disadvantage group
- Held initial steering group meeting to clarify and draft the vision and objectives for the work

MEAM – What does good look like?

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MEAM – Next steps and timelines



Fire as a health asset

- SFRS engaged in supporting falls prevention response in Guildford and Waverley and East Surrey
- Exploring opportunities with Public Health to implement 'Making Every Contact Count' programme across SFRS staff

Alcohol Prevention

Why prevent harmful drinking?

- **28%** of adults in Surrey consume more than the recommended limit. This equates to **257,000 harmful drinkers** within Surrey
- Estimated cost of alcohol-related harm in Surrey **£380m a year**
- Alcohol is a causal factor in over **200 medical conditions**
- Alcohol consumption is strongly linked to health, social and economic inequalities

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How can we prevent harmful drinking?

- Improved detection and early intervention
- Screening, Brief Advice and Extended Brief Interventions (EBI)
- Evidence-based approach; recommended by NICE
- Highly cost-effective interventions

DrinkCoach Pilot

What is DrinkCoach?

- Online, skype-based brief treatment service for alcohol.
- Alcohol EBIs for **increasing risk** and **higher risk drinkers**
- Up to six 40 minute sessions
- Free, confidential service
- Accessed via [Don't Bottle It Up](#) (DBIU) along with other referral routes - ie self-referral, GPs, ALNs, wellbeing advisors

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DrinkCoach Evaluation

- An independent evaluation of DrinkCoach pilot commissioned to assess impact/outcomes, service user experience and acceptability
- Public Health is undertaking economic analysis – value for money and ROI.

DrinkCoach Pilot

Next steps

- Soft launch – August 2018
- Full launch – September 2018
- Evaluation – February 2019
- Final report inc recommendations – March 2019

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Recommendations

- Work with East Surrey and Surrey Heath CCG to buy into pilot
- Widespread communication and promotion of DrinkCoach
- Support with referrals into DrinkCoach
- Distribution of alcohol scratch cards
- Engagement in DrinkCoach evaluation

Recommendations

The HWBB is asked to:

- Endorse delivery mechanism of 'Developing Preventative approach' – through ICSs

MEAM

- Formally agree Multiple Disadvantaged Steering Group is accountable to H&WBB
- Support and advocate the Multiple Disadvantage Steering Group's ambition for a system-wide solution
- Nominate an executive sponsor from one of Surrey CCGs to join executive sponsors from SCC, the police and the PCCC for the Multiple Disadvantaged Project

Alcohol

- Support the alcohol prevention 'DrinkCoach' launch in own organisation and promote Don't Bottle it Up
- Endorse Surrey-wide buy-in to DrinkCoach pilot to ensure residents can access skype based alcohol support

Health and Wellbeing Board
13 September 2018
Board Business Update



Purpose of report: To update the Board on any key issues relevant to its areas of, membership and terms of reference.

1. A decision will be taken at the Chief Executive Group meeting on 14 September 2018 to appoint a new officer representative to replace Tom Kealey who has left Reigate and Banstead Borough Council.
2. The Conservative Group Party will nominate a new Mental Health Champion at their meeting on 14 September 2018.

Report contact: Sharmina Ullah, Democratic Services Assistant

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Surrey Health and Wellbeing Board Forward Work Plan 2018

Version control

Version	Date	Who	Change made
2.2	12/12/17	Victoria Heald (requested by Alison Bolton)	Moved Domestic Homicide Review case study from January to April 2018 following county-wide event
3	12/02/18	Victoria Heald	Moved University of Surrey Medical School case study from March to October (requested by Kamila Hawthorne)
3.1	10/04/18	Victoria Heald	Changes made due to cancelled April informal meeting: <ul style="list-style-type: none"> - Prison health/ health needs of people with multiple needs/ domestic homicide review – moved from April to May - Diversity and Inclusion - moved from April to November - Civilian Military Partnership - moved from April to November - Health and Social care integration case study - moved from May to September - Creating a sustainable health and social care system - moved from May to July Moved the Surrey Safeguarding Adults Board Annual report to September due to delays in report publication (requested by Simon Turpitt)
3.2	23/04/18	Victoria Heald	Moved the Surrey Safeguarding Children’s Board Annual Report item to September due to delays in the report publication (Requested by Amanda Quincy) Moved Domestic Homicide Reviews from May to June Added Safeguarding the population: Domestic Abuse Strategy to June Added pharmacies to the July item on creating a sustainable health and social care system (action from Pharmaceutical Needs Assessment item in April 2018) Added young carers as a case study to September following action at the April 2018 meeting (A4/18)
3.3	08/05/2018	Victoria Heald	Updated Board Champions to reflect new Board membership Added Joint Emotional Wellbeing and Mental Health Strategy to September 2018 meeting

3.4	09/08/2018	Sharmina Ullah	<p>The July informal meeting was cancelled</p> <p>The University of Surrey's Medical School case study was removed from the Board's Forward plan</p> <p>The Forward plan workshop session moved to October 2018 meeting</p> <p>The Healthwatch Surrey Annual Report was added to the September 2018 meeting</p> <p>The Information sharing in Surrey Commitment statement was added to the September 2018 meeting</p> <p>The Priority Status update: Improving adult's health and wellbeing has been deferred to the December 2018 meeting</p>		
Item title		Health and Wellbeing Board Champion	The Health and Wellbeing Board will be asked to?		Item type
September 2018 - In Public					
Young carers		Debbie Hustings, John Bangs	N/A		Case study
Sustainability and Transformation Partnerships update		CCG Clinical Chairs	Discuss progress on the Sustainability and Transformation Partnerships		Regular Board update
Priority Status update: improving children's health and wellbeing - Including the Joint Emotional Wellbeing and Mental Health Strategy		Dave Hill, Charlotte Canniff, Clare Curran	Note / discuss progress on the children and young people's action plan; and Endorse the next steps.		Priority update
Healthwatch Surrey Annual Report		Peter Gordon	Note Healthwatch Surrey's Annual report		Regular Board update
Surrey Safeguarding Adults Board Annual Report		Helen Atkinson, Mel Few, Andy Brooks	Discuss the recommendations from Surrey Safeguarding Adult Board Annual Report; and Consider implications for HWB member organisations		Statutory Board responsibility

Surrey Safeguarding Children Board Annual Report	Dave Hill, Charlotte Canniff, Clare Curran	Discuss the recommendations from Surrey Safeguarding Children Board Annual Report; and Consider implications for HWB member organisations	Statutory Board responsibility
Commitment to share information: Improving the health and wellbeing of Surrey People.	Helen Atkinson	Note commitment statement for sharing information	Regular Board Update
October 2018 - Informal			
Focus on the wider determinants of health, including: i) Cardiovascular Disease Secondary Prevention ii) Social Prescribing iii) Planning and Health iv) Housing and Health		Discuss system-wide challenges relating to the wider determinants of health; and identify ways to do things differently by working together. The Board will consider: v) Cardiovascular Disease Secondary Prevention vi) Social Prescribing vii) Planning and Health viii) Housing and Health	Workshop discussion
Board review and forward planning workshop	Co-chairs	Review the progress of the Health and Wellbeing Board over the last year; and plan for 2019.	Workshop discussion
Creating a sustainable health and social care system – including pharmacy	Co-chairs	TBC	Workshop discussion
Seasonal Health	TBC	TBC	Workshop discussion
November 2018 - Informal			
TBC	TBC	N/A	Case study
Diversity and Inclusion	Russell Hills	Discuss diversity and inclusion; and identify ways the Board can do things differently together	Workshop discussion

Learning Disabilities	TBC	Consider the impact of Learning Disabilities on people of all ages; note and endorse different projects happening across the partnership to alleviate these difficulties; and identify new ways to alleviate difficulties and set the strategic view.	Workshop discussion
Civilian Military Partnership	Helyn Clack	TBC	Workshop discussion
December 2018 - In Public			
TBC	TBC	N/A	Case study
Sustainability and Transformation Partnerships update	CCG Clinical Chairs	Discuss progress on the Sustainability and Transformation Partnerships	Regular Board update
Health and Wellbeing Board Communications and engagement update	Co-chairs	Note / discuss progress on Health and Wellbeing Board communications and engagement; and Endorse the next steps.	Regular Board update
Commissioning intentions	Co-chairs	Discuss commissioning intentions and cycles; Identify opportunities and challenges; and Assure itself of alignment of all commissioning intentions with Surrey's Joint H&W Strategy.	Statutory Board responsibility
Priority Status update: Promoting emotional wellbeing and mental health	Mel Few, Elango Vijaykumar	Note / discuss progress on the promoting emotional wellbeing and mental health; and Endorse the next steps.	Priority update

Priority status update: Developing a preventative approach	Helen Atkinson, Helyn Clack, Peter Bibawy	Note / discuss progress on the developing a preventative approach priority; and Endorse the next steps.	Priority update
Priority Status update: improving older adults health and wellbeing (including Better Care Fund)	Helen Atkinson, Mel Few and Andy Brooks	Note / discuss progress on the older adults priority; and Endorse the next steps.	Priority update

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Surrey Health and Wellbeing Board Actions and Recommendations Tracker September 2018

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 meeting. Once an action has been completed and reported to the Board, it will be removed from the tracker.

KEY			
	No Progress Reported	Action In Progress	Action Completed

Actions

Reference	Date of Meeting	Recommendations/ Actions	Responsible Officer/ Member	Response	Status
A35/17	7 December 2017	That the Health and Wellbeing Board receive an update on progress and next steps in one year of the integrated models of care	Improving older adults health and wellbeing priority leads	Update to be given as part of the improving older adults health and wellbeing priority update in December 2018.	Ongoing – Due December 2018
A5/18	5 April 2018	The Board to receive an update report providing figures of the number of young carers in Surrey.	Democratic Services	The Board to receive a presentation at its meeting in September.	Due 13 September

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Surrey Health and Wellbeing Board

Date of meeting	13/09/18
Report author and contact details	Simon Turpitt Contact via Amy McLeod amy.mcleod@surreycc.gov.uk
Sponsoring Surrey Health and Wellbeing Board Member	Helen Atkinson

Item / paper title: Surrey Safeguarding Adults Board, Annual Report 2017/18

Purpose of item / paper	The Surrey Safeguarding Adults Board is a statutory board with responsibilities set out in the Care Act 2014. The Safeguarding Adults Board must produce an annual report with an overview of activities undertaken during that year and share that with the local Health and Wellbeing Board.
Surrey Health and Wellbeing priority(ies) supported by this item / paper	<p>The Annual Report for the SAB details activities taken throughout the year to safeguard adults with care and support needs from abuse and neglect from which they are unable to protect themselves.</p> <p>The SAB has been and continues to be moving towards ensuring safeguarding is seen as something that sits within communities and families, rather than solely the responsibility of professionals. The aim is to improve general awareness of what safeguarding is and in so doing both increase reporting of concerns and prevent abuse and neglect from occurring.</p> <p>The SAB works across health and mental health; community and acute services; voluntary, private and NHS providers; social care and nursing care. The SAB supports these partners who work with adults with care and support needs by setting professional standards and seeking assurance that these are met, improving knowledge and ensuring consistency.</p>
How does the report contribute to the Health and Wellbeing Board's strategic priorities in the following areas?	<p>1. Centred on the person, their families and carers</p> <p>One of the main areas of focus for the SAB is ensuring that adults with care and support needs, their families and/or carers have a voice in any safeguarding enquiry. The SAB monitors the number of safeguarding enquiries which take into account the principles of 'Making Safeguarding Personal', ensuring that any enquiry is conducted with the adult with care and support needs rather than to the adult. This approach involves the person in conversations about their desired outcomes and helps to achieve outcomes which are in the persons best interest.</p> <p>2. Early intervention</p>

	<p>The report explores the level of reporting into the MASH and the proportion of safeguarding activity that follows. This data can help identify trends in referrals, concerns and enquiries and assist in targeting resources for professionals.</p> <p>3. Opportunities for integration</p> <p>The SAB takes a partnership approach to preventing abuse and neglect of adults with care and support needs. The board members work together to ensure a consistent and effective approach which is also efficient for partners and the public.</p> <p>4. Reducing health inequalities</p> <p>The work of the SAB seeks to support people with care and support needs, enabling them to live a life free from abuse or neglect, which they would not otherwise be able to protect themselves from. This work reduces the risk of inequalities which people with care and support needs would otherwise be subject to.</p> <p>5. Evidence based</p> <p>The SAB engages with people with care and support needs to understand their needs, the risks which they face and the effectiveness of the services they receive. This is in conjunction with the quantitative data obtained from the MASH which identifies areas requiring greater awareness and focus.</p> <p>6. Improved outcome</p> <p>The SAB has and continues to undertake work with the aim of raising awareness of what safeguarding is in order that any risks of abuse and neglect are identified and the person with care and support needs is engaged in conversations to improve their outcomes.</p>
<p>Financial implications - confirmation that any financial implications have been included within the paper</p>	<p>The SAB receives an annual pooled budget from partners in police, health and social care. The report details the spend during 2017/18 and the impact of the underspend on the contributions from partners required for 2018/19.</p>
<p>Consultation / public involvement – activity taken or planned</p>	<p>Once signed off, the Annual Report will be shared with partners and also made publicly available via the Boards website and newsletter.</p>
<p>Equality and diversity - confirmation that any equality and diversity implications have been included within the paper</p>	<p>There are no equality and diversity implications within this report.</p>
<p>Actions requested / Recommendations</p>	<p>The Surrey Health and Wellbeing Board is asked to:</p> <ul style="list-style-type: none"> Consider the content of the Safeguarding Adults Board annual report in relation to the Health and Wellbeing strategic priorities.

	<ul style="list-style-type: none">• Notify the SAB of any areas of concern in relation to how the SAB works to keep adults with care and support free from abuse and neglect.• Confirm that the SAB strategic plan for 18/19 is not at odds with the work of the Health and Wellbeing Board.
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Annual Report

2017/18

This has been a year of change for the Board which has been challenging but also rewarding in the outcomes for people at risk in safeguarding process.

Our goal is always to ensure that those adults at risk with care and support needs are better protected. We do this by making sure they are at the centre of what we do which is part of the Making Safeguarding Personal Agenda. It also is about reviewing and improving our processes, getting better and more reliable data that we can turn into knowledge and action, supporting partner agencies to improve the skills of their workforce to better deal with safeguarding concerns. This is a key part of the Care Act and is a central theme to support people. During the year a new permanent Head of Adult Safeguarding was appointed who brings with him great experience which has already added great value to the Board's work. This has been a catalyst via our sub committees for improving and simplifying our policies and procedures, helping to support and build a new competency framework and aligning our training to match this and improve its effectiveness.



The Board commissioned a follow up audit of adult safeguarding practice of social care which highlighted improvements from last time and some areas of strong good practice. However there were some opportunities to improve especially around planning and reporting and the new Head Of Adult Safeguarding has led the drive to address this and get a high standard across all areas of practice.

The Police had a follow up review from the HM Inspectorate-of-Constabulary-and-Fire-Rescue-Services and positively reported that "The force continues to be good at protecting people and supporting vulnerable victims, with the protection of vulnerable people a clear priority for all staff throughout the force."

Health has also recently implemented an Adult Safeguarding audit and though we have yet to see the outcome of this it has shown clear audited evidence of practice.

The challenge for the Board has been that for most of the year the Board has been without key resources of the Board Manager and this has hampered our ability to fulfil some of our objectives which is disappointing however this did not affect our ability to ensure those in need were adequately protected. On the positive side we now have a Board Manager in place who brings with them strong local knowledge, commitment to really make a difference and a drive to improve.

We have made strong effort to improve our working with other Boards primarily the Children's Safeguarding Board where the opportunity to share has resulted in developing towards a joint web site platform to make it easier for anybody to access the Boards web pages, and there are initiatives being developed around joint training platforms, joint learning events and a drive to share activities where appropriate so we can make more effective use of members time.

There has been one Safeguarding Adult Review (SAR) started late in the year and will conclude in the New Year. Part of the drive by ASC in improving practice will bring more potential SAR's to the Board's attention which in itself is a positive step even if they do not meet the threshold for SAR there will generally be some learnings from these that the Board can share and under the new national initiatives we will have more opportunities to look at and share good practice and learnings even from section 42 enquiries.

There has been a drive to clear some outstanding cases on the ASC database and bring these into line with expected turnaround times and this has been positively achieved.

There has been an increase in referrals that become section 42 enquiries and the conversion rate has increased to now match the national average giving us assurance that we are handling these more effectively.

Our data has improved over the year, but this still is an area for improvement and there has been an initiative to set up a stronger assurance programme. This has been done and will come in during the first quarter of next year. This will allow the Board to not only have regular assurance data but on a quarterly basis take a deep dive into a particular area be that Police, Health or Adult Social Care. This will evidence for us how well our strategy is meeting the needs of Surrey as well as driving initiatives to improve and learn from best practice. It also will improve multi agency working and understanding.

This year nationally there have been some SAR cases that highlight the challenges all areas face in Adult Safeguarding and how things can go wrong quickly without effective multi agency working, good communication and that professional curiosity where things don't add up. We continue to work hard to make sure we highlight to all members best national practice and key learnings from the national picture so they influence and improve our prevention initiatives.

This year has been challenging and it would be remiss of me not to thank all those colleagues who have supported the Board outside of their normal commitments. The Board is about its members and their ability to make sure we are protecting those at risk with care and support needs and we continue to keep improving to make sure this happens

Simon Turpitt

Independent Chair, Surrey Safeguarding Adults Board

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Executive Summary

Surrey has had a well-attended multi-agency partnership in place to provide effective services to adults with care and support needs for a number of years. Due to a reduction in dedicated staff working for the Safeguarding Adults Board, the financial year 2017/2018 has been less progressive than previous years. However, attendance and commitment from all agencies involved in safeguarding adults has remained and membership of the Board and its sub-groups has expanded to become more representative of the communities it serves. The lean staffing during 2017/18 has encouraged the desired joint working between the Safeguarding Adults Board and the Safeguarding Children's Board. Additional focus on efficient and effective joint working has been provided as a result of the inter-board protocol which came into effect during this period.

National and local learning has highlighted the need for the board to prioritise its focus on improving the quality and effectiveness of safeguarding reporting. The sub-groups have focused on identifying relevant lessons and developing policy, procedure and guidance with the aim of improving the quality of:

- The details included in initial safeguarding concerns;
- The completion of safeguarding enquiries; and
- The notifications to request a Safeguarding Adult Review.

As a result there has been a positive reduction in the quantity of safeguarding concerns with a subsequent increase in the quality of the reports received. The conversion rate of safeguarding concerns that become enquiries has doubled, evidencing the improvements in quality.

The Board's updated policy and procedure has provided all staff who work with adults with care and support needs with a clear pathway and expectations for referring any concerns. The new documents support practitioners and providers with regards to their responsibilities in reporting safeguarding concerns and completing safeguarding enquiries.

The steady progress made during 2017/18 has laid essential foundations for the members of the board to take forward during 2018/19.

About us

There has been a Safeguarding Adults Board in place in Surrey for over a decade. Until April 2015, it was a voluntary partnership where agencies came together to ensure vulnerable adults, who were at risk of harm, were kept safe.

In April 2015, the Care Act came into effect and made it mandatory for all areas in England to have a Safeguarding Adults Board. The Surrey Safeguarding Adults Board (SSAB) is now a statutory, multi-agency partnership coordinated by the local authority. It is the key mechanism for agreeing how local agencies will work together effectively to safeguard and promote the safety and wellbeing of adults with care and support needs who are vulnerable and/or are in vulnerable situations.

The board sets the strategic direction for adult safeguarding across the Surrey County Council (SCC) area by:

- Agreeing multi-agency priorities,
- Overseeing the collaborative work of partners,
- Developing policies and procedures,
- Undertaking activities to raise awareness of safeguarding.

The Board's main role is to gain assurance that safeguarding arrangements work effectively and that partner organisations are meeting their obligations, both individually and together, to support and safeguard adults in its area who are at risk of abuse and neglect.

The Safeguarding Adults Board has 3 statutory duties to ensure it meets its objective. It must:

- Publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the Safeguarding Adults Board must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan
- Publish an annual report detailing what the Safeguarding Adults Board has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action
- Conduct any safeguarding adults review in accordance with Section 44 of the Care Act.

The Board has an independent chair that is responsible for ensuring that all organisations contribute effectively to the work of the Board. The Chair provides accountability for the work undertaken by the SSAB by way of reports to relevant strategic committees and boards.

The SSAB is made up of wide range of statutory, community and voluntary organisations which includes representatives from Surrey County Council, Surrey Police, Surrey Fire and Rescue, South East Coast Ambulance Service, Clinical Commissioning Groups, NHS providers, District and Borough councils, Independent care providers, Housing, Advocacy, service users and carers.

Figure 1: SSAB Membership



SSAB also has links with a wide range of other strategic forums and partnerships including the Surrey Children’s Safeguarding Board, Community Safety Partnerships, PREVENT Board, Domestic Abuse Partnership, Harmful Traditional Practices Partnership, Learning Disability Partnership, Health and Wellbeing Board and Health Watch Surrey. An Interboard Protocol sets out the strong synergies between the work of the SSAB and many of these forums, it seeks to minimise duplication and maximise efficiencies, particularly as objectives and membership overlap. A copy of the protocol is included in the appendices.

The SSAB aims to promote the involvement and contribution of people with lived experience on the Board and will continue to explore a range of approaches to achieve meaningful engagement with people who use care and support services in order to ensure that the Board is informed by the voice of experience.

Most people in Surrey live safely, free from harm, abuse and neglect. However, some people have care and support needs that make it difficult for them to protect themselves from abuse and neglect. In these circumstances, local authorities have a role to help keep people safe.

The Care Act sets out the circumstances when safeguarding duties apply. The Act says safeguarding applies to adults who:

- Have needs for care and support (whether or not the local authority is meeting any of those needs) and
- Are experiencing, or at risk of, abuse or neglect and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

The six key principles that underpin all adult safeguarding work

There are six key principles that underpin all adult safeguarding work. These are set out below.

Empowerment: People being supported and encouraged to make their own decisions and informed consent.

'I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens'.

Prevention: It is better to take action before harm occurs.

'I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help'.

Proportionality: The least intrusive response appropriate to the risk presented.

'I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed'.

Protection: Support and representation for those in greatest need.

'I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want'.

Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

'I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me'.

Accountability: Accountability and transparency in delivering safeguarding. 'I understand the role of everyone involved in my life and so do they'

Types of abuse and neglect

There are types of abuse and neglect that will always require a safeguarding response when an adult with care and support needs is at risk of experiencing them. These are set out in the Care Act 2014.

Physical abuse	Modern slavery
Domestic violence	Discriminatory abuse
Sexual abuse	Organisational abuse
Psychological abuse	Neglect and acts of omission
Financial or material abuse	Self-neglect

There are other types of harm and exploitation where Adult Social Care (ASC) have a discretion as to whether to conduct a safeguarding enquiry. This is sometimes called a non-statutory enquiry. There is more detail about the types of abuse and neglect in the appendix.



Not all abuse is physical

Margaret's grandson has been taking money from her for years.



If you think someone is being abused, **report it now.**

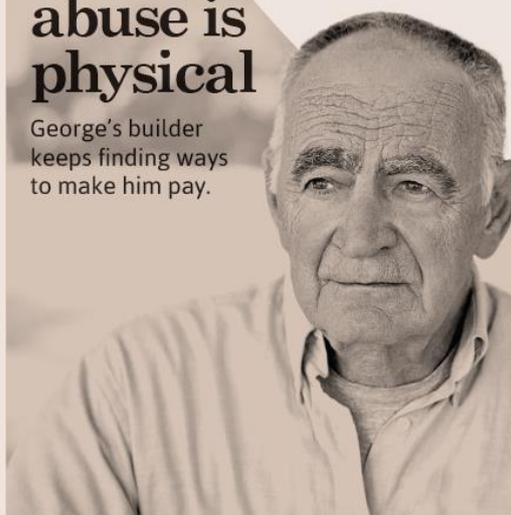


Call: 0300 470 9100 or visit: surreycc.gov.uk/reportingadultabuse



Not all abuse is physical

George's builder keeps finding ways to make him pay.



If you think someone is being targeted, **report it now.**



Call: 0300 470 9100 or visit: surreycc.gov.uk/reportingadultabuse

Safeguarding Adults in Surrey

The vision of the Surrey Safeguarding Adults Board is that all adults in Surrey will live their lives free from fear, harm and abuse. For most adults in Surrey this is true. Information from the national measuring of wellbeing shows the majority of adults in Surrey express high levels of happiness¹.

Some adults do, however, need safeguarding. These are adults whose care and support needs prevent them from protecting themselves from harm. Where there is a concern that the adult is experiencing, or at risk of abuse or neglect, then a response is required from professionals to safeguard them.

The safeguarding response in Surrey always aims to be proportionate, that is the least intrusive response appropriate to the risk presented and it aims to achieve the outcomes that the adult wants. This is called 'making safeguarding personal'. Safeguarding professionals will ask the adult what their desired outcome is from the safeguarding enquiry. Professionals will ensure the adult has the necessary support so they can be fully involved in what happens. This may involve an advocate providing support. A wide range of people may be supporting, representing and advocating for an individual. They may be a friend, family member or an independent advocate. At the end of the safeguarding enquiry, the professional will check whether the adult's desired outcomes have been achieved.

ASC collate information on how many times the safeguarding enquiry has achieved the outcomes desired by the adult. Early indications are that a high proportion of adults in Surrey have an advocate where it is needed and achieve the outcomes they want from the safeguarding enquiry.

¹ [Measuring national well-being dataset](#)

The duty to safeguard adults applies to any adults who cannot protect themselves from abuse and neglect because of their care and support needs.

The below data provides an overview of the number of people in Surrey who have care and support needs.

Age: The ONS mid 2015 estimate was that Surrey's resident population was 1,168,800, of which 8.9% are aged 17-24, 51.8% are aged 25-64 and 18.5% (216,700 people) are aged 65 and over.

The fastest growing age group is age 65 and over, this age group is estimated to grow by 20% over the next 10 years.

Disabilities: 30% of the Surrey population are living with a long-term condition (heart condition, diabetes, musculoskeletal problems), 12% of the population are living with two and 8% of the Surrey population are living with three long-term conditions.

Dementia: It is estimated that in Surrey in 2016 there were 16,169 adults aged over 65 with dementia and a further 303 adults aged 30-64 with early onset dementia. It is projected that by 2025, these numbers will have increased to 20,731 aged over 65 and 344 aged 30-65.

Mental Health: The prevalence of both generalised anxiety and depression in Surrey is less than in the general population however there are small pockets where it peaks above the average. The prevalence of severe and enduring mental illness has increased compared with previous years, this relates to increases in psychosis, personality disorder, suicide attempts and deliberate self-harm.

Deprivation: Surrey has significantly lower deprivation than England. Index of Multiple Deprivation score 9.4 compared to 21.8 for England (2015)

Unemployment: Surrey has a significantly lower percentage of people in long term unemployment than England 0.09% compared to 0.37% 2016.

Mental Health Benefit Claimants: Surrey has a slightly higher percentage of mental health incapacity benefit claimants than England. Incapacity benefit is a measure of the level of severity of mental illness in the community and a direct measure of socio-economic disadvantage in those 'not in work' because of mental illness.

Homelessness: Surrey has a significantly lower level of statutory homelessness acceptances per 1,000 households than England (2015/2016)

Housing: Surrey has a significantly lower percentage of houses that are overcrowded than England; 3.4% (Surrey) compared to 4.8% (England) (2011).

Substance Misuse: Across all categories of drug use, there has been an increase in the number of people accessing treatment for drug misuse. PHE estimate that there are 7798 dependent drinkers in need of treatment in Surrey. At the end of quarter 3 2017/18, 1157 people had accessed treatment for alcohol use.

Crime

- In line with the national picture, Surrey has seen an increase in the total number of recorded crimes (2016/17).
- Surrey has a significantly lower rate of violent crime per 1000 population than England (2015/2016)
- Surrey has a lower rate of violent offences (including sexual violence) per 1000 than England (2015/2016).
- Surrey has a significantly lower rate of emergency hospital admissions per 100,000 population for violent crime (including sexual violence) than England.

Domestic Abuse

- The crime survey for E&W for the year ending March 2017 estimated that 5.9% of adults aged 16 to 59 had experienced domestic abuse in the last year, equivalent to 1.9 million victims.
- Those with a long-term illness or disability were more likely to be victims of domestic abuse in the last year than those without one; this was true for both men (8.5% compared with 3.7%) and women (15.9% compared with 5.9%)
- Surrey has a lower rate of police recorded domestic abuse-related incidents and offences per 1,000 population than comparator police forces. (2015/2016)
- The percentage of convictions in domestic abuse-related prosecutions in Surrey is slightly lower than in comparator police force areas. (2015/2016)
- There were 8837 referrals to DA outreach services in 2016/17 which equates to a 7.4 % increase.

Sources of data:

The [Surrey Joint Strategic Needs Assessment](#)

Data from the Office of National Statistics on [Domestic Abuse in England and Wales](#)

Safeguarding adult's data is collated throughout the year and presented to each Surrey Safeguarding Adults Board meeting. At the end of the year, the data goes through a structured process of verification with the Department of Health. The final data pack is published alongside the data from other Boards on the NHS digital website. The publication usually takes place in late summer.

SSAB has seen information on the key trends in safeguarding data during the year. More detailed data will be available in the next few months and the Board will update this Annual Report when the data is released for publication by the Department of Health. A brief overview of the trends is as follows.

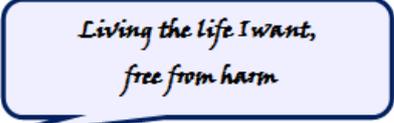
The table below shows the total number of safeguarding concerns received during the financial year 2016/17 compared with 2017/18. Although the number of safeguarding concerns has reduced slightly, the percentage of concerns which result in an enquiry has more than doubled. This indicates that the quality and relevance of safeguarding concerns has improved.

	2016/2017	2017/2018
Concerns Received	5860	5241
Enquiries Started	1317	2426
Conversion rate	22%	46%

The below table provides information on the length of time taken to complete safeguarding enquiries during 2017/18. It can be seen that the majority of enquiries are completed within a 3 month period, however there remain a number which remain open for a prolonged period. In some cases these enquiries have to be placed 'on hold' while police investigations are completed.

Completion period	Enquiries completed	Percentage completed
0-3 months	3117	57%
3-6 months	1294	24%
6-9 months	586	11%
9-12 months	278	5%
12 months +	218	3%

The below table provides information in relation to the objectives of 'Making Safeguarding Personal'. This shows that during 2017/18 a high number of individuals (or their carers) were involved in discussions about their care and the outcomes they wanted to see as a result of the enquiry. In almost all cases, the individual or their carer felt that the outcomes of the enquiry met their requests.

	Q1	Q2	Q3	Q4
% of individuals or individual's representative asked about their desired outcomes	71%	87%	90%	82%
% of individuals or individual's representative who say their desired outcomes were either fully or partially met	92%	95%	97%	98%

What SSAB has done to keep adults safe from harm

At the start of the reporting year, Board members agreed a set of priorities to be taken forward over the next 12 months. Board members identified actions to ensure those priorities were met, put those actions into a plan and the Action Plan was then implemented and monitored. The Action Plan was made public on the Board’s webpages in easy read format together with a more detailed version suitable for professionals who work in safeguarding.

Are people with Care and Support needs in Surrey safer because of actions of the Board?

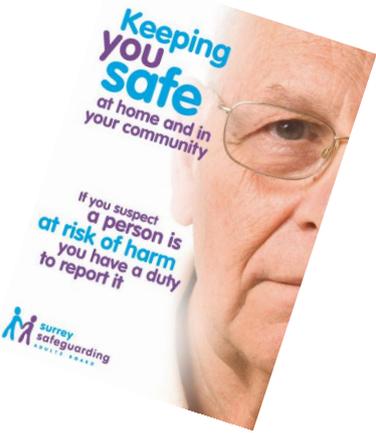
The answer to this would be yes evidenced by better frontline focus and awareness, improved cooperation between agencies, simpler but more effective policies and procedures, stronger assurance systems giving more effective accountability but most importantly making sure that making safeguarding personal keeps the focus on the person not the process.

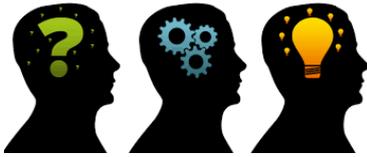
We still have a way to go but we have laid solid foundations and are now building more robustness into our work moving forward.

Priorities for Surrey Safeguarding Adults Board 2017/18

Strategic Theme	Aim
Communications	To ensure there are effective communications with Surrey residents, between professionals, agencies and between different Boards and Partnerships.
Training	To ensure staff and volunteers receive appropriate, high quality training on adult safeguarding that enables them to prevent, recognise and respond to concerns of abuse and neglect.
Embrace a culture of learning	To embed a culture of openness and continuous learning.
Types of abuse and neglect that are frequently hidden from professionals or are hard to detect.	To have a better understanding of how prevalent these types of abuse and neglect are and how best to respond.
Prevention of abuse and neglect	Everyone will be working to prevent abuse and neglect from occurring.
Assurance of safeguarding practices	The Board have assurance there are effective safeguarding practices in place with action plans delivering further improvements.

Key Achievements for Surrey Safeguarding Adults Board 2017/18

Strategic Priority	Key deliverables
COMMUNICATIONS	
	<ul style="list-style-type: none"> ★ Posters and leaflets were updated with new contact details to improve accessibility. ★ SSCB annual conference attended to promote the work of SSAB and the joint work taking place. ★ Financial Abuse multi-media campaign took place during September and October. ★ Newsletters have continued to be used effectively to share information and learning and to promote the work of the SSAB across professional and public audiences. ★ The SSAB had a presence at an induction day for new councillors and exhibited at Surrey Care Association meeting helping to raise the profile of Adult Safeguarding and the Board's role.
TRAINING	
	<ul style="list-style-type: none"> ★ A new competency framework has been developed to support the professional development of all staff involved in safeguarding roles. ★ Existing training materials have been reviewed and new programmes designed to meet the skills identified within the competency framework.

EMBRACE A CULTURE OF LEARNING	
	<ul style="list-style-type: none"> ★ The inter-board protocol provides clarity over roles and responsibilities and encourages joint working for shared priorities. ★ Learning from Safeguarding Adult reviews taking place in other parts of the country have been shared to encourage learning. They are part of agenda's to discuss and learn at SSAB, SAR and the Health Group meetings. ★ SSAB are represented on the strategic boards for Domestic Abuse, Sexual Exploitation & Missing, Preventing Extremism and Harmful Traditional Practices. ★ There has been strong representation from the prison service which has developed better understanding of the differing processes in prisons and a work group set up to ensure better support for families and offenders when they are released.
HARD TO DETECT	
	<ul style="list-style-type: none"> ★ Briefings on different types of abuse and neglect have been written and made available on the SSAB website. ★ Analysis of types of abuse has been completed to inform where under-reporting is suspected.
PREVENTION OF ABUSE AND NEGLECT	
	<ul style="list-style-type: none"> ★ The SSAB policy and procedure has been re-written and reflects best practice in addition to statutory guidance. ★ Healthwatch have become an active member on the SSAB, using the voice of people with lived experience to shape activities. ★ There has been a decrease in safeguarding concerns being received and a higher proportion that result in an enquiry, there is an efficient process in place for the timely management of safeguarding enquiries.

ASSURANCE OF SAFEGUARDING PRACTICES



★ A new reporting template has been developed to provide oversight to the board on adult safeguarding activity. This new methodology will provide more detailed contextual information to support the statistical data.

★ Safeguarding Advisors complete regular audits and reviews of specific enquiries to understand what has worked well and where improvements are required.

What each sub-group of the Safeguarding Adults Board has done

The Board has 5 sub-groups that each work on a particular theme to support the Board. The information below sets out the key achievements and issues for each sub-group during the year.

Quality Assurance and Audit (QA&A) Group

Chaired by Surrey Downs Clinical Commissioning Group this group assists the Surrey Safeguarding Adults Board with developing, promoting and ensuring good quality safeguarding practice.

This year they have:

- Revised the Quality Assurance reporting process, it now covers:
 - 1) Adult Safeguarding Activity
 - a) Concerns received during period
 - b) Enquiries starting and ending during period
 - c) Enquiries in progress at end of period
 - 2) Types of issues being dealt with
 - a) Concerns received in period by source of risk
 - b) Concerns received in period by location of concern
 - c) Concerns received in period by referrer
 - 3) Effectiveness of process
 - a) Timeliness of adult safeguarding enquiries
 - 4) Quality of enquiries
 - a) Results of quality assurance auditing in period
 - 5) Impact of adult safeguarding enquiries
 - a) Enquiries completed in period, by finding
- Identified trends in adult safeguarding concerns.
- Focused on the outcomes of Making Safeguarding Personal to ensure the outcomes requested by the subject of the enquiry are met.
- Reviewed the findings of audits completed by Safeguarding Advisors to identify areas for learning.

Training Sub-Group

This group is chaired by the Head of Adult Safeguarding in Adult Social Care. The group develop, implement, review and update the multi-agency strategy for the protection of adults at risk. It also monitors assesses and evaluates the uptake and impact of safeguarding training across Surrey to ensure it remains relevant and accurate.

This year they have:

- Designed a new competency framework to support the development and professionalism of staff across adult safeguarding work.
- Reviewed all training materials and set new learning objectives to support delivery of the competency framework.

Key challenges:

- Some of the delivery of this work has been delayed while waiting for the policy to be approved.

Policy and Procedures Sub-Group

Chaired by the Head of Adult Safeguarding in Adult Social Care, this group reviews the multi-agency policies, procedures and other protocols / guidance.

This year they have:

- Produced a new policy and procedure document which removes duplication and is based on best practice and statutory guidance.
- Hosted a workshop to engage with SSAB member organisations and ascertain their views.
- Information has been removed from the policy and made available as separate briefings, ensuring the policy focuses purely on safeguarding.

Key challenges:

- Progressing work in a timely manner due to competing priorities across organisations.

Health Sub-Group

Chaired by the Surrey Wide CCG team, this group ensures there is shared understanding and interpretation of current national and local guidance between all health organisations. The group monitors learning from safeguarding adults processes to ensure optimal performance for adults who use health services across Surrey.

This year they have:

- Restructured the meetings to allow a greater focus on sharing learning by aligning the safeguarding board and NHSE safeguarding priorities.
- Workshop sessions have been introduced to enable peer discussions on what works well and what needs changing.
- Doubled the group's membership so all health partners are represented, this includes private hospitals, Acute trusts, mental health trust, community service providers, CCGs, prison healthcare and Surrey County Council.

Key challenges:

- Ensuring effective information flow from the group within the context of a complex health economy.
- Evidencing the impact on frontline practice of the local and national information that is shared through the group.

Safeguarding Adults Review Group

Chaired by the Surrey Police lead for Adults at Risk, this group review all Safeguarding Adult Review (SAR) notifications.

This year they have:

- Increased the frequency of meetings to 6/year with the ability to schedule more when required.
- Strong and stable leadership has helped to stabilise the membership and improved attendance.
- There has been more efficient and timely sharing of information and improved decision making.

Key challenges:

- The group remain concerned that there are too few notifications received.

Further information on the work completed by the SAR sub-group is included below.

Local Safeguarding Adult Groups

In addition to the above sub-groups, the Surrey Safeguarding Adults Board has 5 local groups that are aligned as far as possible with Clinical Commissioning Groups (CCG) and Adult Social Care Locality teams.

- South West Surrey Safeguarding Adults Group – includes the area covered by Guildford and Waverley Clinical Commissioning Group and the Adult Social Care locality teams in Guildford and Waverley.
- North West Safeguarding Adults Group – includes the area covered by North West Surrey Clinical Commissioning Group and the Adult Social Care locality teams in Woking, Runnymede, Spelthorne and Elmbridge.
- Surrey Heath Safeguarding Adults Group – covers the area covered by Surrey Heath Clinical Commissioning Group and the Surrey Heath Adult Social Care locality team.
- Mid Surrey Safeguarding Adults Group – includes the area covered by Surrey Downs Clinical Commissioning Group and the Adult Social Care locality teams in Mole Valley and Epsom and Ewell.
- East Surrey Safeguarding Adults Group – includes the area covered by East Surrey Clinical Commissioning Group and the Adult Social Care locality teams in Tandridge and in Reigate and Banstead.

These groups meet quarterly and provide a forum for each locality to discuss safeguarding issues, share information on effective practice, and learn about new guidance and policies. They are able to report into the main Board any issues they want the Board to take action on or respond to. Representation on these groups comes from a wide range of organisations working with adults at risk of abuse and neglect, including the voluntary sector, housing and advocacy services. The chair for each of the groups is either the Adults Social Care Area Director or a senior representative from the Clinical Commissioning Group.

These groups have not met as regularly during 2017/18 as in previous years, instead virtual routes have been established which have maintained methods for sharing information from the board and for escalating issues back up. The learning from these processes over the last year are being reviewed to improve and enhance the effective sharing of information via virtual routes during 2018/19.

Safeguarding Adults Reviews

It is a statutory requirement under the Care Act that the Safeguarding Adults Boards undertake a Safeguarding Adult Review (previously called Serious Case Reviews) in the following circumstances:

- When an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.
- If an adult in its area has not died, but the Safeguarding Adults Board knows or suspects that the adult has experienced serious abuse or neglect.

There are three purposes to be fulfilled by the Safeguarding Adults Review, namely, to establish whether there are lessons to be learned about the way in which professionals and agencies work together to safeguard adults with needs for care and support; to establish what those lessons are, how they will be acted upon and what is expected to change as a result and to improve inter-agency working and safeguarding of adults at risk including the review of procedures where there may have been failures.



Notifications of cases that may meet the SAR criteria 2017 – 2018

SSAB have received 6 notifications during the 2017/18 year, of these;

- One SAR has been commissioned with a report due by September 2018.
- One SAR has been conducted by NHSE due to the cross-border nature and complexity of the risks.
- One did not meet the criteria for a full SAR however a multi-agency review took place, the learning of which fed into the Health sub-group.
- Three further SAR notifications did not meet the criteria for full SARs to take place however, further enquiries by locality teams were requested with the ability to review the notification again if necessary following completion of the enquiry.

Funding and Expenditure

The estimated running costs of the Safeguarding Adults Board are £288,555 per year. This includes staffing costs, the costs of an independent chair, Safeguarding Adults Reviews and training / events. This was the second year the Safeguarding Adults Board had a pooled partnership budget in place. Agencies agreed to contribute in similar proportions to those made to the Safeguarding Children's Board. This marked a significant commitment on the part of partners to work together and jointly take responsibility for decision making and running the Safeguarding Adults Board.

The chart below shows the financial commitment each agency signed up to:

	Contribution 17/18	% split
Adult Social Care	£117,450.00	40.70%
Clinical Commissioning Groups (split between 5 groups)	£117,450.00	40.70%
Surrey Police	£29,000.00	10.50%
NHS Trusts (split between 8)	£13,050.00	4.52%
District & Boroughs (split between 11)	£11,605.00	4.2%
TOTAL	£288,555.00	

The expenditure of the Safeguarding Adults Board during 2017/18 was £114,713, leaving an underspend of £173,841. This was due to a number of factors namely; staff vacancies, reduced training programme (while awaiting the development of a new competency framework), no safeguarding conference events and the Board not requiring the funds allocated for Safeguarding Adults Reviews (previously called Serious Case Reviews).

The funds in the pooled partnership budget that were not spent have been carried forward to the next year. Agencies that contribute to the budget will therefore be paying a proportionately smaller amount in 2018/19.

Safeguarding adults – areas the Board will continue to progress in the next year

During 2018/19 the Safeguarding Adults Board will continue to deliver against the objectives set out in the overarching 3 year plan and build on the foundations of the work progressed during 2017/18.

Strategic Theme	Aim
Communications	The SAB will continue to work closely with the Safeguarding Children's Board, specifically in relation to awareness raising and publicity. The SAB will seek to improve the experience for people wanting to access information about safeguarding in Surrey.
Training	To embed the new policy and procedure, a new training strategy will be published to guide staff working with adults with care and support needs in relation to the training they require in order to undertake their jobs effectively. Training will be relevant, easy to access and commensurate with the skill levels of staff and their organisations capability.
Embrace a culture of learning	A review of existing meeting structures will be completed to ensure that the process for sharing learning is effective and efficient. The Board will ensure there are opportunities for operational staff to discuss cases and learn from best practice while making best use of time and resources. The voice of people with lived experience will be used to learn and improve services.
Types of abuse and neglect that are frequently hidden from professionals or are hard to detect.	The SAB will work closely with the Domestic Abuse Management Board to ensure that work to tackle domestic abuse, reflects the needs of adults with care and support needs. There will be more engagement with minority communities to understand any specific risks and to ensure that awareness raising materials are accessible to all.
Prevention of abuse and neglect	There will be greater opportunities for engagement, both with professionals and with people who use health and social care services to ensure the work initiated by the board is informed by experience. Focus groups with people who use services and with carers will be completed to understand both good practice and areas for improvement. Learning will be used to influence communication and preventative materials.
Assurance of safeguarding practices	The board will embed a new quality assurance framework to reflect the multi-agency audience and their responsibilities in relation to safeguarding adults. Reporting mechanisms and structures will provide performance products that assure the board of the effectiveness of safeguarding practices in Surrey and drive its agenda and focus going forward.

Appendices

Appendix A – Types of abuse and neglect including signs of harm

Appendix B – The Board: Organogram, Terms of Reference, membership of the Board and attendance at Board meetings.

Appendix C – Terms of Reference

Appendix D – SSAB membership

Appendix E – Surrey Safeguarding Adults Board Annual plan for 2018-2019

Appendix F – Inter-board protocol

Appendix A – Types of abuse and neglect

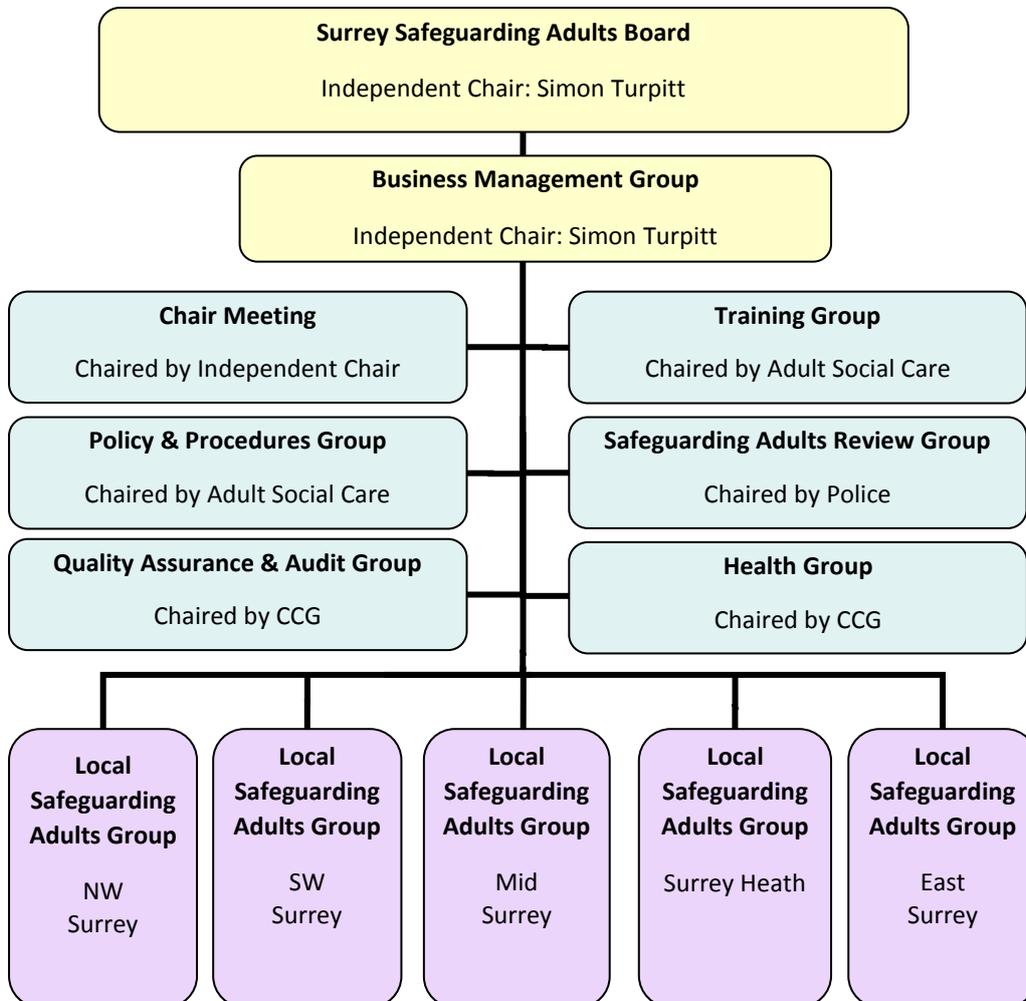
There are types of abuse and neglect that may require a safeguarding response when an adult at risk experiences them. These are set out below.

<p>Physical abuse including:</p>	<ul style="list-style-type: none"> • Assault • hitting • slapping • pushing • misuse of medication • restraint • inappropriate physical sanctions
<p>Domestic violence including:</p>	<ul style="list-style-type: none"> • psychological • physical • sexual • financial • emotional abuse • so called ‘honour’ based violence
<p>Sexual abuse including:</p>	<ul style="list-style-type: none"> • rape • indecent exposure • sexual harassment • inappropriate looking or touching • sexual teasing or innuendo • sexual photography • subjection to pornography or witnessing sexual acts • indecent exposure • sexual assault • sexual acts to which the adult has not consented or was pressured into consenting
<p>Psychological abuse including:</p>	<ul style="list-style-type: none"> • emotional abuse • threats of harm or abandonment • deprivation of contact • humiliation • blaming • controlling • intimidation • coercion • harassment • verbal abuse • cyber bullying • isolation • unreasonable and unjustified withdrawal of services or supportive networks.

<p>Financial or material abuse including:</p>	<ul style="list-style-type: none"> • theft • fraud • internet scamming and postal fraud • coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions • the misuse or misappropriation of property, possessions or benefits
<p>Modern slavery encompasses:</p>	<ul style="list-style-type: none"> • slavery • human trafficking • forced labour and domestic servitude. • traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
<p>Discriminatory abuse</p>	<p>including forms of:</p> <ul style="list-style-type: none"> • harassment • slurs or similar treatment because of: race, gender and gender identity, age, disability, sexual orientation, religion.
<p>Organisational abuse</p>	<p>Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.</p>
<p>Neglect and acts of omission including:</p>	<ul style="list-style-type: none"> • ignoring medical • emotional or physical care needs • failure to provide access to appropriate health, care and support or educational services • the withholding of the necessities of life, such as medication, adequate nutrition and heating.
<p>Self-neglect</p>	<p>This covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding. A decision on whether a response is required under safeguarding will depend on the adult’s ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.</p>

Appendix B – Information about the Surrey Safeguarding Adults Board

SSAB Organogram.





Vision

We will all work together to enable people in Surrey to live a life free from fear, harm and abuse

The Surrey Safeguarding Adults Board is a multi-agency partnership that operates in accordance with the Care Act 2014 and the statutory guidance.

Scope of the Board

- 1) The Board will maintain strategic links with other Boards and partnerships including the Surrey Safeguarding Children's Board, Surrey Health and Wellbeing Board and Community Safety.
- 2) The Board will make materials available to assist members to raise awareness of safeguarding and how to respond to abuse / neglect. These will be available in a variety of formats to ensure the materials can be accessed by people with a range of protected characteristics.
- 3) The Board will involve adults at risk and carers in its work wherever possible.
- 4) The Board will promote the prevention of abuse and neglect in addition to implementing strategies to respond to concerns.
- 5) The Board will approve the terms of reference and work plans for its sub groups and task and finish groups. It endorses the work carried out by them, and oversees the implementation of subsequent developments.
- 6) The Board will produce multi-agency policies and protocols to support the delivery of safeguarding adults in Surrey. These will be kept up-to-date in response to local and national policies, guidance and reports.
- 7) The Board will collect and analyse information and activity data about safeguarding adults and formally report on its work in accordance with governance procedures. It will monitor quality outcomes and performance information to continuously improve practice
- 8) The Board will require member agencies to undertake audits in relation to safeguarding activity.
- 9) The Board will undertake reviews as required by the Board's Safeguarding Adults Review group and as outlined by the Board's policy and procedure.
- 10) The Board will promote learning from Safeguarding Adults Reviews, Serious Case Reviews, Domestic Homicide Reviews and any other review or report that offers opportunities to learn lessons and improve safeguarding practice.
- 11) The Board will implement a training programme to support the delivery of classroom based, multi-agency training.

Constitution

- 1) All members will abide by the Board's Constitution.

Chair

- 1) The Board will have an independent chair who will be appointed on an annual contract.

Budget

- 1) The Board will have a pooled budget made up of contributions from statutory agencies. The Board will agree the relevant contributions from statutory agencies and monitor spend to ensure that monies are spent efficiently and effectively. The Board will receive a financial report at each meeting.
- 2) Surrey County Council will manage the Board's financial transactions unless there is a specific agreement for another agency to commit spend from the Board's pooled budget.

Meetings

- 1) Meetings will take place at least 3 times a year.
- 2) The agenda for each meeting and the associated papers will be circulated at least one week prior to the meeting. Late items will be included at the chair's discretion.
- 3) Prior to discussion of a matter, all Board members to read respective agenda items, identify key lines of discussion/enquiry to be taken up at the meeting, identify potential areas of good practice and shared learning, and establish the relevant position within their own agency as necessary.
- 4) Notes of the meeting will be made and circulated to members as soon as possible after the meeting. These will be agreed by members at the next meeting subject to any requested amendments.
- 5) Highlights of each meeting will be made available to the public on the Board's webpages.
- 6) Quorum of at least 6 members of which 3 must be representative of statutory services (CCG, Adult Social Care and Police)

Executive Group and Sub-Groups

- 1) The Board will have an executive group that meets approximately 6 times each year. This will be called the Business Management Group.
- 2) The Board's strategic and annual work plans will be delivered with the support of sub-groups that will include:
 - Safeguarding Adults Review
 - Quality Assurance and Audit
 - Policy and Procedures
 - Training
 - Health
- 3) In addition, other sub-groups and 'task and finish' groups will be established as required.

Appendix D – SSAB Membership 2017/2018

Voluntary sector / User led organisations	Healthwatch Surrey Action for Carers (Surrey) Age UK, Surrey Surrey Coalition of Disabled People Surrey 50+
Emergency Services	Ambulance Services Surrey Police Surrey Fire and Rescue Service
Housing	Anchor Trust - Housing
Hospital / Acute Trusts	Ashford & St Peters NHS Foundation Trust Frimley Park Hospital NHS Foundation Trust Royal Surrey County Hospital NHS Foundation Trust St Helier & Epsom University Hospitals NHS Trust Surrey & Sussex Healthcare NHS Trust
Community Health providers	CSH Surrey First Community Health & Care Sensory Services by Sight for Surrey Surrey and Borders Partnership NHS Foundation Trust Virgin Care
Regulator, regional and representative organisations	Care Quality Commission NHS England Surrey Care Association
District and Borough Councils	Guildford Mole Valley Tandridge
Surrey County Council	Cabinet Member for Adult Social Care, Strategic Director for Adult Social Services and Public Health, Deputy Director of Adult Social Care, Area Director for Service Delivery, ASC Business Intelligence Manager, ASC Area Directors, Head of Safeguarding for Adults, Head of MASH, Legal services, Public Health, Trading Standards.
Clinical Commissioning Groups	Surrey Downs CCG Guildford & Waverley CCG Surrey Wide CCG

Probation Service	Kent Surrey & Sussex Community Rehabilitation Company Ltd (formerly Probation) National Probation Service
Prison Service	Prison Governor at High Down
Chairs of Local Safeguarding Adults Groups	
Cabinet Member for Adult Social Care, Wellbeing and Independence	
Surrey Safeguarding Children's Board Partnership Support Manager	
Community Safety Partnership	

Key Priorities for Surrey Safeguarding Adults Board 2018/19

1. Making Safeguarding Personal
 2. Domestic Abuse
 3. Shared Understanding
 4. Mental Capacity Act
5. Areas of Improving Knowledge and Understanding

Theme	What does success look like
Making Safeguarding Personal	There is more and better user and carer reported experience data to monitor performance and to understand what good looks like. The experiences of the user and carer improves process and practice.
Domestic Abuse	There will be improved understanding of the prevalence of domestic abuse within safeguarding enquiries. Risks to adults with care and support needs will form part of the county's domestic abuse delivery plan.
Shared Understanding	There is an agreed and consistent approach across Surrey for shared understanding of best practice that delivers improved awareness and practice.
Mental Capacity Act	There will be greater assurance in relation to the development of the skills of staff in their application of the MCA. There will be assurance provided to the Board that DoLS applications are being responded to appropriately and in a timely manner.
Areas of Improving Knowledge and Understanding	There will be easy to access information for public and professionals. Briefing and training materials will be relevant to the audiences, informed by operational needs. General awareness raising materials will be targeted to Surrey's communities.

Appendix F – Inter-Board Protocol

Protocol: Health and Wellbeing Board, Children and Young People’s Partnership, Safeguarding Adults Board, Safeguarding Children Board, Community Safety Board and Surrey Criminal Justice Partnership

This paper sets out the proposed working arrangements between the Surrey Health and Wellbeing Board (HWB), the Surrey Safeguarding Adults Board (SSAB), the Surrey Safeguarding Children Board (SSCB), the Surrey Children and Young People’s Partnership (CYPP) and the Surrey Community Safety Board (CSB). It provides an overview of the roles and responsibilities of the five Boards, identifying interrelationships and ways that successful coherence between all will be achieved. Once agreed by all five Boards it shall be incorporated into the Surrey Health and Wellbeing Board’s Operating Framework.

Health and Wellbeing Board:

The Health and Social Care Act 2012 introduced Health and Wellbeing Boards as a statutory committee of all upper tier local authorities from April 2013. The intention being to provide a forum for collaborative local leadership with the following functions:

- Assesses the needs of the local population and lead the Joint Strategic Needs Assessment and development of a joint health and wellbeing strategy.
- Promotes integration and partnership working between NHS, social care, education, borough and district councils, public health and the police
- Supports strategic joint commissioning and pooled budget arrangements, where appropriate
- Assesses the health, social care and public health commissioning strategies and plans
- Lead on local health improvement and prevention activity.
- Supports residents’ voice and the exercise of patient choice.

Surrey Safeguarding Adults Board:

The SSAB is a statutory partnership. The objective of SSAB, as set out in the Care Act 2014, is to assure itself that, local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria of an adult at risk of abuse and neglect. SSAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect.

SSAB has 3 core duties:

- It must publish a strategic plan that sets how it will meet its main objective and what the members will do to achieve this
- It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan
- It must conduct any safeguarding adults review in accordance with the Care Act.

The functions that support the objectives and duties are:

- Developing a framework of multi-agency policies, protocols and procedures
- Requiring member agencies to provide assurance on their safeguarding activities

- Quality assuring the safeguarding of member agencies
- Implementing a multi-agency Competency Framework and training programme
- Undertaking Safeguarding Adults Reviews and learning lessons from them
- Learning lessons from other reviews including Domestic Homicide Reviews and children's Serious Case Reviews
- Undertaking activities to raise awareness of safeguarding and to support the prevention of abuse and neglect.

Surrey Safeguarding Children Board:

The Surrey Safeguarding Children Board (SSCB) is a statutory partnership with two main objectives as set out in Working Together (2015) and the Children Act 2004 regulations.

1. To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area.
2. To ensure the effectiveness of what is done by each such person or body for those purposes.

The statutory roles and functions which support these objectives are:

- Developing policies and procedures
- Communicating and raising awareness
- Monitoring and evaluating the effectiveness of partners individually and collectively
- Participating in the planning of services
- Undertaking reviews of all child deaths and serious case reviews and disseminating the learning
- Commissioning and delivery of multi-agency training
- Evaluation of single agency and multi-agency training

The Surrey Children and Young People's Partnership:

The purpose of the Surrey Children and Young People's Partnership is to provide strategic direction and leadership of the children and young people's joint commissioning system to deliver better outcomes across the children's system. The Children and Young People's Partnership sets out the strategic joint commissioning priorities for the partnership, and incorporates the Health and Wellbeing Board's priority for children.

The Surrey Children and Young People's Partnership Joint Commissioning Strategy 2017-22 sets out the ambition to address the inequality in outcomes that some of our children and families experience in Surrey. The strategic priorities are:

- Developing and delivering an integrated SEND offer with and for Surrey's children and families
- Developing and delivering an integrated early help offer for children and families in need
- Extending our Safer Surrey strengths-based model of practice: to enable us to continue placing children, young people and families at the heart of our practice (built into all our priorities)
- Supporting our children, young people and families to lead healthy lifestyles and have good emotional wellbeing and mental health
- Getting to good outcomes for our vulnerable children; particularly for our looked after children and care leavers

- Continuing to strengthen and deliver our partnership strategy and priority actions for CSE and missing children
- Building our multi-agency response to domestic abuse and neglect
- Embedding our Multi-Agency Safeguarding Hub (MASH) arrangements

The partnership will work closely with relevant boards to ensure a focus on these strategic priorities particularly from a joint commissioning perspective.

Community Safety Board

The Community Safety Board was created as a result of the Crime & Disorder Act 1998 that requires named responsible authorities to work together to develop and implement strategies for reducing crime and disorder in their area. In two tier authority areas, there is a requirement to have a county-level strategy group to add value and provide strategic co-ordination on county-wide activity. In Surrey, the multi-agency Community Safety Board fulfils this role and is currently chaired by the Police and Crime Commissioner for Surrey. The Board work closely with the eight district and borough based community safety partnerships (CSPs) and the merged CSP (Mole Valley, Reigate & Banstead & Tandridge) in Surrey.

In delivery of its role in delivering strategic co-ordination of county-wide community safety activity and of ensuring effective partnership working the Board:

- Co-ordinates the delivery of a county strategic assessment and in partnership with the CSPs the development of their strategic assessments.
- Establishes its county wide priorities.
- Delivers county wide community safety strategies, policies, guidance, training and communications.
- Leads on 'high harm' issues, for example, domestic abuse, Prevent, Serious Organised Crime, Modern Slavery
- Maintains oversight of domestic homicide reviews (DHRs)
- Disseminating the learning from practice including homicide reviews, anti-social behaviour, domestic abuse and information sharing.
- Supports joint commissioning where appropriate
- Supports the victims voice in areas such as anti-social behaviour and domestic abuse"

Surrey Criminal Justice Partnership (SCJP)

SCJP is the county-wide strategic level Local Criminal Justice Board for Surrey. It undertakes the role of **co-operative working** under Section 10 of the Police Reform and Social Responsibility Act 2011 to provide an efficient and effective Criminal Justice System for the police area.

The key purpose of the SCJP is to set the direction for the delivery of improvements through multi-agency consultation and working. This supports the overall aims of the Criminal Justice System (CJS) to **uphold the law** and **reduce re-offending**.

SCJP Vision:

'A joined-up modernised quality criminal justice service that delivers value for money for the community and inspires public confidence'

This work falls primarily under supporting victims and witnesses through the CJS and to help reduce re-offending.

SCJP identifies its work through developments at a national Criminal Justice Board and through local input from key Surrey partners. Its current constitution states that it will:

- Identify priority areas of work through an annual Delivery Plan
- Identify areas of risk where a multi-agency response is necessary
- Identify performance measures necessary to monitor progress
- Commit appropriate resources in support of partnership working
- Agree a delivery model and identify areas for collaboration
- Agree communications and information sharing guidance
- Respond to consultation requests where resources allow
- Provide reports from meetings with decisions taken
- Provide access to approved non-confidential documents on a public facing website

Proposed working arrangements

1. The HWB will consult the SSAB and SSCB to validate a summary of the Surrey Joint Strategic Needs Assessment and inform the development of the Health and Wellbeing Strategy
2. The Surrey CYP will consult with the SSCB on the Children and Young People's Partnership Plan and its annual review.
3. The SSAB and the SSCB will formally present their annual reports to the HWB on the effectiveness of safeguarding arrangements and the HWB will provide a formal response to both
4. The HWB has identified Cabinet Member for Adult Social Care, Wellbeing and Independence and the Strategic Director for Adult Social Care and Public Health as individuals responsible for ensuring co-ordination of relevant activities and championing safeguarding adults in the work of the HWB
5. The HWB has identified the Cabinet Member for Children and Families Wellbeing, the Strategic Director for Children, Schools and Families as individuals responsible for ensuring co-ordination of relevant activities and championing safeguarding children in the work of the HWB
6. HWB members shall ensure messages and information about keeping adults and children safe are disseminated within partner organisations, including collaborating on stakeholder events where appropriate.
7. The members of the five Boards shall take responsibility to ensure safeguarding action taken by one body does not duplicate that taken by another.
8. Ensuring safeguarding is "everyone's business", reflected in the public health agenda, community safety and related health and social care commissioning strategies.
9. The SSAB and SSCB will share with the HWB, CSB and CYP their strategic plans and priorities for improvement to ensure alignment and best use of resources to protect adults and children at risk
10. SCJP will assist other strategic partnerships by providing a gateway to senior criminal justice leaders and to act as a reference group or consultative group in the wider context of criminal justice transformation.
11. SCJP will work with other senior partnerships to develop better outcomes for victims and offenders whilst reducing demand on the formal justice system. SCJP can contribute to shared-learning across these different fields of specialism.

Signed by all Board Chairs

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Health and Wellbeing Board

13 September 2018

Improving Children's Health and Wellbeing

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

The purpose of this report is to update the Health and Wellbeing Board on progress against the outcomes under the 'improving children's health and wellbeing' priority within the Joint Health and Wellbeing Strategy. An update is provided to the Board every six months with the last in March 2018.

Recommendations:

1. Take note of the strategic and intensive changes taking place in the Surrey County Council Children, Families and Learning Directorate that aims to improve outcomes for children across the system.
2. Review the Children and Young People's Mental Health paper and support the recommendations.
3. Note the ongoing challenges being faced by the directorate and its partners including initial health assessments and dental checks for looked after children and the transformation required for SEND services.
4. Receive a further update for the 'improving children's health and wellbeing' priority against the new set of outcomes, in six months' time.

Context

5. Surrey's Joint Health and Wellbeing Strategy (JHWS) outlines five priorities, the first of which is 'Improving children's health and wellbeing'.

6. The Surrey Children and Young People's Partnership Board and its joint commissioning strategy are the main delivery mechanisms for improving children's health and wellbeing. The Board is currently identifying how it can continue to be most effective and achieve the right outcomes for children.

Performance Overview:

Children have a healthy weight

7. The Children's weight management contract with Alive 'N' Kicking has seen an increase in starters, on their healthy weight programme, in the first 6 months of 2018/19 (147 starters) compared to the first year of the contract (93 starters). 79% of children maintained or decreased their BMI and there additional improvements in self-esteem and physical activity. The service has also supported 453 children through their schools based programme.
8. Child excess weight in 2016/17 has seen a slight rise after a three-year downward trend. In the reception year, 17.3% of children that were measured had excess weight compared to 16.6% the previous year. In Year 6, 26.8% of children had excess weight compared to 26.0% in the previous year. The Surrey Healthy Weight Alliance will focus on the delivery of the National Childhood Weight Management Programme and how to raise the issue of weight earlier in a child's life.
9. According to the Public Health England Local Authority Dashboard, we are 1st out of 16 similar Local Authorities in child obesity ranks.

The health outcomes for looked after children and care leavers improve

10. Since March 2018, the performance indicators show there has been a further deterioration in health and care-related indicators for looked after children. The instantaneous performance at a point in time may be affected by data recording practices such as delays in recording health checks, so the areas that are substantially off target are more concerning than areas where there have been small changes in performance. There is ongoing work to ensure records are kept up to date throughout the year.
 - The number of looked after children with a completed Initial Health Assessment has not significantly changed since March 2018, and is below target. 62% of looked after children have a completed initial health assessment compared to a target of 80% however the vast majority of these take place outside of the 30 day standard.

- There was an improvement in the performance of Review Health Assessments for children who have been in care for 1 year or more, but this trend has now stabilised at 87% (13% are overdue).
- The performance on dental checks for children who have been in care for less than one year has declined from 61% of children having had dental checks in March 2018 to 51% in June.
- The performance on dental checks for children who have been in care for 1 year or more remains stable with 84% of children having had a dental check.
- Performance on Pathway Plans for looked after children at age 16 and 3 months is significantly below the target of 95% of children having a plan in place. Currently only 28% have a plan in place at this age, although the performance improves for Care Leavers. There are only 4 Care Leavers who do not have a completed Pathway Plan.

Children with special educational needs and disabilities (SEND) have their educational, health and care needs assessed and met

11. There has been a steady improvement in the timeliness of new EHCPs completed within 20 weeks: from 28% in January 2017, to 58% in December 2017, to 63% in May 2018 (cumulative 12 month total). This compares with an England average of 64.9%, and is in spite of increased numbers of requests for EHCPs, which is in line with the national trend. There is continued work to put in place more effective multi-agency practice, including stronger performance management arrangements and tools, and resources to drive further improvements in timeliness. In-month timeliness is expected to rise to 85% by December 2018.
12. 99.7% of the transfers of statements to EHCPs were completed by the statutory deadline of 31 March 2018. For the transfers that remained in April 2018, teams worked with each of the families to finalise the process as quickly as possible, and in the meantime maintained provision for each child exactly as it had been. The additional caseworkers brought in to complete the EHCP transfers have been retained, to augment staffing levels in SEND teams, bringing additional capacity to the work with families.

Key Achievements and Outcomes

Family Resilience Programme in Surrey County Council

13. This service has embarked on an ambitious programme of work aimed at changing culture and practice in pursuit of consistently better outcomes for children young people and their families. This programme cuts across a number of the Health and Wellbeing strategic priority areas as there is a strong emphasis on prevention, improving the health outcomes of children through the reduction of harm and promoting positive parenting approaches. The improvement programme is far reaching and not simply a narrow response to the recommendations of the recent Ofsted inspection. Regular monitoring visits from Ofsted will take place alongside the wider improvement work. The following initiatives have already been announced under the Family Resilience Programme, and more will follow in the Autumn.
14. The Family Safeguarding Model is a new approach to safeguarding for children at higher levels of need, pioneered by Hertfordshire County Council. It involves co-located multi-agency teams including social workers, mental health, probation and substance misuse workers. The evaluation of this approach in Hertfordshire found a significant reduction in children being placed on child protection plans, and fewer children entering the care system. A core element of the model is a positive practice approach, working with families and using motivational interviewing techniques to encourage and support people in making changes to their behaviour.
15. No Wrong Door is a new preventative approach for older children aged 12 and above who are in care or on the edge of care, or have recently moved to supported or independent accommodation. The No Wrong Door (NWD) approach was introduced in North Yorkshire County Council providing an integrated service for young people, trying to ensure that teenagers can live in their own families and communities wherever possible. This was found to contribute to improving health outcomes of young people including a reduction in high risk behaviour, improved wellbeing and resilience.
16. The signs of safety practice model will be replaced by an alternative strength based model underpinned by systemic thinking and relationship based work, in order to create a unified approach across the service.
17. These initiatives are at an early stage and detailed design work is currently underway to determine the organisation and methods of the proposed new teams.

Surrey Heartlands Health and Care Partnership Women and Children's workstream

18. Priority areas are improving pre-conception health and wellbeing; reducing smoking in pregnancy; breastfeeding; access to contraception and maternal mental health. The

workstream is also working through how to ensure women and their families requiring additional support are identified early through maternity and wider universal community health services. This will be in-line with the developing system-wide transformation programmes.

19. These priorities fit with the drive from Surrey Heartlands to improve outcomes within the First 1000 Days of life, a concept that is being welcomed by acute trusts and community health providers.

Suicide prevention strategy

20. The strategy's aim is "to reduce suicide by 10% by 2021 through the coordinated actions of our respective organisations". It outlines six priority areas for action which are:
 - understanding suicide and attempted suicide in Surrey
 - tailoring approaches to improve emotional wellbeing in particular groups
 - reducing access to means by promoting suicide safer communities
 - reducing attempted suicide among children and young people
 - providing better information and support to those bereaved by suicide
 - Preventing suicide among identified high risk groups, particularly those with known mental ill health.
21. A consultation is taking place which you can read further about here: <https://www.surreysays.co.uk/adult-social-care-and-public-health/suicidepreventionstrategy/>

Children have a healthy weight

22. Additional programmes supporting children to have a healthy weight included the new Eat Well Start Well award for nurseries. A healthy eating accreditation for Early Years settings e.g. nursery schools, using the Children's Food Trust Healthy Eating Guidelines for under 5s.
23. We continue to develop support for mothers choosing to breastfeed. Four out of five hospital trusts, the Children's Community Health provider and over half of Surrey's Children Centres have been accredited within the UNICEF Breastfeeding Friendly Initiative. This is a huge achievement, however, challenges remain in women maintaining breastfeeding. Currently there is approximately a 20% decrease from delivery through to 6-8 weeks.
24. Through the Local Maternity System the issue of maternal weight has been raised. Public Health in-conjunction with

local partners will develop a Pre-Conception health and wellbeing plan that promotes healthy weight alongside other key healthy behaviours.

25. We are 8th out of 16 similar local authorities with regards to the best start in life summary rank.

Children with special educational needs and disabilities (SEND) have their educational, health and care needs assessed and met

26. The improved timeliness of new EHCPs and transfer completion are significant as we know from our work with families this is a key driver of their satisfaction with the assessment process. We also know from our survey of 1269 parents of a child with an ECHP in Autumn 2017 that 71% are satisfied with the outcomes delivered through the provision in the ECHP and feel that their child is making progress.

Key Challenges

Ofsted re-inspection services for children in need of help and protection, children looked after and care leavers

27. The re-inspection report of services for children in need of help and protection, children looked after and care leavers was published in May 2018. The service overall was judged to be inadequate, with adoption performance being the only area judged to be good. The inspectors made one comment about the Health and Wellbeing Board, that it had been too adult-focused and, until recently, was not focused enough on the experiences of the most vulnerable children.

Table 1: Ofsted Inspection Judgements for Surrey County Council Children's Services, May 2018

Children who need help and protection	Inadequate
Children looked after and achieving permanence	Requires Improvement
Adoption performance	Good
Experiences and progress of care leavers	Requires Improvement
Leadership, management and governance	Inadequate

Transformation of SEN Services

28. Increasing numbers of pre-school age children in Surrey are being identified as having SEND needs which may indicate

children's needs are being spotted earlier. September 2017 saw the largest number of SEN Support notifications to date, the majority of which were at National Curriculum Year -1. There are also emerging needs in NCYs -2 and -3. Children aged 0-5 on SEN Support or with an EHCP make better progress in Surrey early years settings than the national average.

29. There is clearly more to do to transform the SEND system so that so that children and young people can be supported at the first opportunity in order to improve their outcomes. The County Council is developing an ambitious SEND transformation programme, with a strengthened 'front door'.
30. Providing a suitable place for every child with SEND has proven challenging. Following feedback from families, we are implementing a new admissions process for primary, secondary and post 16 SEN school placements beginning in September 2019. This will give parents greater certainty over their child's school place at key transition points, building in earlier and increased engagement with families throughout the process. It has been 'road-tested' with our DfE adviser to ensure it is fit for purpose.
31. There is also more to do to strengthen relationships with parents. Families have expressed their concerns to us frankly and openly. We have begun a conversation with service users and families in order to work through the challenges of sustainable SEND resourcing.
32. There are continued challenges with rising demand and complexity of needs and the need to expand provision to keep pace with demand growth. Transformational changes are necessary to bring about a sustainable SEND system - one that meets children's and families' needs earlier, helping them to become resilient and independent so that they can lead fulfilling lives in their own communities.

Mental Health and Wellbeing

33. Child and Adolescent Mental Health Services (CAMHS) commissioned by the Surrey CCGs and Surrey County Council have been under significant pressure. An Interim Plan is in place to address immediate concerns around waiting times. In the future, we will take a whole systems approach to delivering good mental health and emotional wellbeing for every Surrey child. The transformation of this service area is outlined in more detail in the attached paper.

Health visiting and school nursing (0-19 service)

34. The service has completed its workforce consultation which has been challenging for staff and contributed to slower progress and in some areas of performance a decline in number of contacts made. The service has ensured families with higher levels of needs are prioritised and needs met. Improvements have been made around the new birth visit and 96% of babies receive a check. However improvements are still required for the 2.5 year check, with data for the last quarter showing a 58% uptake of this developmental review.

Conclusions:

35. It is critical that we continue to respond to what we hear with passion and purpose and work better together to keep our children seen, safe and heard, not just some of the time, but all of the time. We can achieve this by ensuring our best practice becomes consistent practice for children and families in Surrey.
36. We have made some progress working in partnership to improve the health and wellbeing of children in Surrey however a number of practice shortfalls and joint partnership challenges remain in particular around performance issues in CAMHS and mental health support for children, and Independent Health Assessments and dental checks for children in care.

Next steps:

37. The partnership will continue to drive the improvement for children and young people. This will be seen through the Children and Young People's Partnership Board, the Children and Education Select Committee, Surrey Safeguarding Children's Board, Corporate Parenting Board and all Members – particularly in the role of Corporate Parents - will continue to play a vital role in ensuring we continue to improve to deliver in our outcomes for children.
38. We will continue to monitor and scrutinise performance and improvement activity for individual children and at a 'system-wide' level utilising our improved Tableau reporting system.
39. To improve our SEND services we will continue to work closely with families, young people and our partners in health and education to prioritise the activity that will have the biggest impact.
40. Whilst there are challenges with the ongoing perception of CAMHS and mixed performance, the commissioners and providers will continue to work together to address challenges and develop the services to meet need.

Report contact: Flora Wilkie, Commissioning Manager, Service Design

Contact details: 01372833163

Sources/background papers: Children and Young People's Mental Health and Wellbeing in Surrey

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Health and Wellbeing Board

13 September 2018

Children and Young People's Mental Health and Wellbeing in Surrey

Purpose of the report: Policy Development and Review

This is a supplementary report to the Improving Children's Health and Wellbeing Update report, to specifically address children and young people's mental health and wellbeing in Surrey.

Recommendations:

1. Note progress to date on addressing performance issues through the CAMHS Interim Plan
2. Note emerging conclusions from the Joint Independent Review which will inform future commissioning options
3. Provide strategic oversight and approval of the emerging principles for the Joint Children and Young People's Mental Health and Wellbeing Strategy, including the Children and Young People's Mental Health Charter, which will be presented to the Health and Wellbeing Board in December for approval

Context

4. During 2015, Surrey Clinical Commissioning Groups and Surrey County Council engaged in a joint procurement process for Surrey CAMHS, leading the award of contracts to Surrey and Borders Partnership NHS Foundation Trust (SABP), with the Surrey Mindsight service commencing April 2016. Overall, the system has failed to meet the needs of children and young people during this time. Contract performance has been below target for the first two years of the CAMHS contract, with performance notices issued by commissioners during 2017. Referrals into CAMHS Community Services, Primary Mental Health Service and the

Behavioural, Emotional and Neuro-developmental Service have been high during the past year, resulting in some children and young people experiencing lengthy waits for routine assessments and appointments.

5. In response to these challenges, Surrey and Borders Partnership NHS Foundation Trust is working in collaboration with the NHS Clinical Commissioning Groups and Surrey County Council along with a representative from the school sector to implement an Interim Plan to ensure children and young people do not experience further delays. A joint independent review of the service has already been completed with specific recommendations.
6. Building on the Independent Review, we will move away from the notion of commissioning child and adolescent mental health services towards developing an integrated offer of emotional wellbeing and good mental health for every Surrey child. This approach will require radical transformation. As a system, we will seek to shape an integrated offer of early help, early intervention and transformation, shaped by children, young people, their families and carers. We will build on the ambitions set out in the Government's green paper on children's mental health, joining up support between health and education, providing earlier support in or near schools and colleges and a greater focus on improving access to NHS services for those who need specialist support. We will begin by jointly developing a Mental Health and Wellbeing Strategy that will inform a redesign of the whole system, focussed on outcomes and the lived experience of children, young people and their families. This will be presented at the Health and Wellbeing Board for ratification in December.

CAMHS Interim Plan

7. The CAMHS Interim Plan has been developed to address the lengthy waits currently being experienced by some children and young people. The Interim Plan started on the 4 June 2018 and will end on 21 September 2018.
8. There are five workstreams working concurrently to address these issues:
 - a) Changes to CAMHS Access criteria and support pack for professionals
 - b) Optimise access to Clinical Advice and Guidance
 - c) Improve access to Early Help
 - d) Provide alternative routes and capacity for children and young people waiting for access to mental health services for a time limited period
 - e) Review case management criteria in order to reduce caseload for clinicians to safe and manageable levels

9. The Interim Plan is monitored by a joint Project Board which is currently reviewing options for next steps. The following conclusions and recommendations in relation to the Interim Plan were drawn out as part of the Independent Review:

The Interim Plan so far...		
Workstream	Progress	Recommendations on further development of the workstreams
To review CAMHS Access criteria and develop support pack for universal professionals (schools, Social Care and GPs)	Early indication is that routine referrals are decreasing and that CYP and families are being signposted to other services	Further engagement with schools and primary care to support appropriate referrals and signposting. Workshops with GPs to discuss case examples
To optimise access to Clinical Advice and Guidance	Only 17 calls have been received on this line at time of writing	Ongoing communication to primary care about availability and benefits. Comms directly to GPs, rather than to practices.
To improve access to Early Help	Footfall is relatively low at 40 service users/families across 11 sites and six weeks	Ongoing communication and promotion to schools and primary care to raise awareness
To provide alternative routes and capacity for children & young people waiting for to access mental health services for a time limited period	Mixed progress of the delivery of assessments with a inconsistency in numbers carried out per week (100 vs 17)	Transparency of progress and continued focus on building pace and momentum of assessments
To review case management criteria in order to reduce caseload for clinicians to safe and manageable levels	No evidence that caseloads are reducing	Dialogue with SABP to understand reasons for challenge. Explore speedy implementation of shared care with practices (e.g. NW Surrey model)

Joint Independent Review

10. Surrey County Council, Surrey and Borders Partnership Trust and the Surrey Clinical Commissioning Groups commissioned an independent review of Mindsight Surrey CAMHS. The Review aimed to identify challenges impacting on the service, within the context of the wider system, and propose solutions. The review will be used to inform decisions on how services are delivered following the period covered by the Interim Plan, to agree improvement activity and inform future commissioning options.
11. **Strategy**
- Commissioning of CAMHS is fragmented and not aligned to wider services that support children
 - Demand for the CAMHS service has been greater than that projected by commissioners and the provider
 - The actual demand is in line with national benchmarks
12. **Service**
- Service is strong in parts (for example, Hope, Extended Hope and Eating Disorder Service) but under significant pressures in others (Behavioural Neuro-developmental Disorder Pathway – BEN)
 - Mindsight Surrey was configured to manage too few referrals, especially for BEN
 - Capacity is too low for the number of referrals experienced in the One Stop singular triage function commissioned by SABP
 - Timeliness of the triage function has been below expectations

- Slow mobilisation and communication of the Mindsight Surrey service model, lack of clear pathways, poor integration with wider agencies and provider partners, lack of operational data and non-medical clinical leadership have contributed to the underperformance of the service and the high waits, backlogs and case loads

13. Resources

- Funding is on par with the national average when benchmarked against other services in England
- Workforce issues, particularly recruitment and retention are contributing to service issues noted above
- Poor data is inhibiting the ability of managers and commissioners to fully understand the service and the outcomes it is delivering
- Lack of capacity and capability to record and report in a way that allows the provider to manage the business and evidence that children are safe

Emotional Wellbeing and Mental Health Strategy

14. Surrey County Council and Surrey Clinical Commissioning Groups will introduce a new approach to Emotional Wellbeing and Mental Health (EWMH) in Surrey. This approach will be informed by the views of children, young people and their families to ensure response to their needs are timely and effective. This insight will be used to formulate a new Children and Young People's Mental Health Charter and a joint commissioning strategy. Analysis will be undertaken to produce a series of journey maps highlighting children's experiences through the system to feed into a whole system redesign of our mental health and wellbeing model and future commissioning. The emerging themes are described below.

Key Challenges

15. Based on feedback from children, young people, their families and professionals¹ we know that there are some key challenges that we need to address in Surrey.

<p>Poor access and long waits for support, including specialist mental health care</p>	<p>On-going difficulties experienced by CYP with safeguarding needs such as children in care and care leavers</p>	<p>Early interventions are not consistently available to new and expectant mothers or to younger children</p>
<p>The growing impact of social media usage, including cyberbullying</p>	<p>The unmet needs of CYP who face disadvantage, such as poverty CYP that come from BME, LGBTQI+, Gypsy and Roma Traveller backgrounds</p>	<p>The lack of support associated with increased identification of those with multiple and complex needs such as autism or behavioural disorders</p>

DRAFT Surrey's Children and Young People's Mental Health Charter

16. This Charter is being developed with input from children and young people across Surrey who participated in engagement events. To date, we have engaged around 60 children and young people from the following cohorts:
- a) CAMHS Youth Advisors (CYA)
 - b) SEND Youth Advisors in Surrey (SYAS)
 - c) Youth Council
 - d) Care Council
 - e) Surrey Young Carers
17. Following the summer break, we will engage with children and young people on the draft Charter for final publication with the strategy in December 2019. Surrey County Council and

¹ Engagement events with stakeholders were conducted and analysed which informed Surrey's Joint Strategic Needs Assessment

Surrey's Clinical Commissioning Groups will promote the Charter across Surrey, encourage partners to sign up and establish a mechanism to implement and monitor progress.

Working Draft Charter Statements

By 2022:

- 1) **The stigma surrounding mental health will be reduced by raising awareness and promoting positive mental health, resilience and wellbeing in children, young people and their families**
- 2) **Children and their families will be helped to become more resilient so that they can manage future life challenges independently**
- 3) **Children and young people will have opportunities to participate and inform decisions, including having a say in their care**
- 4) **Children, young people, families and professionals will have access to high quality advice and information about mental health and wellbeing**
- 5) **There will be a greater focus on the prevention of emerging or escalating mental health problems**
- 6) **Poor wellbeing and mental health will be identified earlier and interventions will be timely**
- 7) **Children and young people will have access to suitable, timely and age-appropriate support that leads to improved outcomes**
- 8) **Joined up care will be provided to children and young people with multiple or complex needs**
- 9) **Children and young people with urgent needs or experiencing crisis will have rapid access to support based in the community**
- 10) **There will be smooth transitions between services and between child and adult mental health and wellbeing services**
- 11) **Professionals working with children, young people and families will be equipped with the right knowledge and skills and feel confident in dealing with mental health problems**

Our Principles

18. We want to develop a shared vision across the various agencies working with children and young people in Surrey to ensure mental health and wellbeing is **'Everybody's Business'**. This requires a whole system approach that works well together where children and young people's needs are met at lower levels.
19. Our principles are guided by the national framework and initiatives set out in the Government's Children and Young People's Mental Health Green Paper (2018), Future in Mind (2015) paper and by the NHS Five Year Forward View for Mental Health (2016).
20. **Emerging Principles**
- 1. Promoting resilience, prevention and early intervention**
 - Across the system we want to do more to promote positive mental health and to help children, young people and their families build resilience so that they are better equipped to manage and overcome adversity
 - We want to enhance our early help offer so that the needs of children and young people with emerging problems are identified earlier and met more effectively. We will take a life course approach working with families from birth through to transitions into adulthood.
 - 2. Improving access to effective support**
 - We will increase the use of evidence based interventions and programmes to help improve the quality of care and outcomes for children and young people.
 - We will ensure services are in place that are both responsive and flexible, including the greater use of outreach and digital technologies.
 - Children and young people, their families and professionals will have access to good quality advice and information about mental health and wellbeing, including what support is available locally.
 - 3. Care for the most vulnerable**
 - Ensure vulnerable children, young people and families receive the support and services they need, recognising that this is often through mental health services working alongside education, social care, voluntary and community based provisions.
 - 4. Accountability and transparency**
 - Improve the quality and use of data to deliver adequate and high quality support to children and young people. As part of this, we will ensure data collection is purposeful and accurate and embed the use of routine outcomes measures.

- We will use our governance arrangements to review and challenge implementation progress, spending and impact of our transformation ambitions.

5. Children and young people at the heart of whole system change

- The views of children, young people and their families will be integral to the planning and delivery of a radically different new model of care.
- We will work as a whole system to co-design, plan and deliver services, including integrating and collaborating with key local commissioners and providers.
- Using rich insight from children and young people, their families and professionals, we will shift towards a model of mental health and wellbeing support that is led by needs and choice and not by tiers of provision.

6. Developing the workforce

- Surrey Clinical Commissioning Groups and Surrey County Council have recently developed a comprehensive long-term Workforce Strategy that provides innovative and creative solutions to bridge the workforce gaps identified locally.

Next steps:

A full Emotional Wellbeing and Mental Health Strategy will be presented at the Health and Wellbeing Board in December 2019, for approval.

Stage	May	June	July	August	September	October	November	December
Development	Planning and needs analysis completed 		Independent review of CAMHS due + Govt' white paper on CYP MH 					
Engagement and consultation		Engagement with CYP 		Consultation via Surrey Says 				
			Journey mapping and pen portraits developed 					
			Engagement with stakeholders 					
Commissioning and procurement		Committee in Common – decision re contract extension 	Establish a Recommissioning /Procurement Board 	Finalise options paper and sign off 	Committee in Common – decision re longer term 			
Sign off and Publication					Review and amend strategy 			Sign off by HWB 

Report contact: Hannah Futter, Senior Strategy Officer,
Commissioning & Prevention

Contact details: hannah.futter@surreycc.gov.uk



Health and Wellbeing Board

13 September 2018

A Commitment to Share Information: Improving the Health and Wellbeing of Surrey People

Purpose of the report:

The following document describes the ambition of Surrey health and care provider and commissioning organisations to develop Personal and Population Health Intelligence that considers the Wider Determinants of Health; enabling people and their carers to experience deeper insights into their own health and wellbeing, and allowing professionals to offer a more personalised and coordinated experience and achieve better outcomes. It seeks a commitment in principle, by the relevant organisations, to the lawful and appropriate sharing of data and information to support the delivery of these ambitions for the people of Surrey.

Recommendations:

Sharing for information and to seek endorsement.

Next steps:

Communication, engagement and distribution to Chief Executives of listed organisations (September 2018)

Custodian, Surrey Information Exchange Board (inaugural meeting September 2018)

Publication of final document on Healthy Surrey website (November 2018)

Report contact: Kat Stolworthy, Associate Director for Digital Transformation.
Surrey Heartlands Health and Care Partnership

Contact details: kat.stolworthy@nhs.net; tel: 07903 777 995

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A Commitment to Share Information: Improving the Health and Wellbeing of Surrey People

Surrey Health & Wellbeing Board
September 2018

**Kat Stolworthy, Associate Director for Digital Transformation
Surrey Heartlands Health and Care Partnership**

The following document describes the ambition of Surrey health and care provider and commissioning organisations to develop Personal and Population Health Intelligence that takes into account the Wider Determinants of Health; enabling people and their carers to experience deeper insights into their own health and wellbeing, and allowing professionals to offer a more personalised and coordinated experience and achieve better outcomes. It seeks a commitment in principle, by the relevant organisations, to the lawful and appropriate sharing of data and information to support the delivery of these ambitions for the people of Surrey.

Context

What are integrated care and population health?

Integrated care happens when NHS organisations work together to meet the needs of their local population. Advanced forms involve local authorities and the third sector working towards these objectives alongside NHS organisations. The Care Act (2014) and the Better Care Fund promote the active and safe sharing of health and social care information as essential to the provision of seamless person centred care. This aligns with the Government's commitment to the integration of health and care services and the revised Caldicott principles that indicate *"the duty to share information can be as important as the duty to protect confidentiality"*.

According to the "Narrative for Person-Centred Coordinated Care" (National Voices/TLAP 2013) care is integrated when we can say the following:

- *I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.*
- *I tell my story once.*
- *The professionals involved with my care talk to each other. They all work as a team.*
- *When I use a new service, my care plan is known in advance and respected.*
- *When I move between services or settings, there is a plan in place for what happens next to me.*

The most ambitious integration plans look to improve **Population Health**. Public Health England and NHS England define population health (2018) as *an approach aimed at improving the physical and mental health outcomes and wellbeing of people whilst reducing health inequalities within and across a defined population. It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health*. This means building on work already being led by local authorities and the third sector, to address these grand challenges. The Marmot Review (Fair Society, Healthy Lives 2010) raises the profile of wider determinants of health, emphasising the link between social inequalities and disparities in health outcomes. People living in the poorest neighbourhoods not only die sooner than those living in the more affluent ones, but spend more of their lives with disability. Many inequalities are preventable, and action across social determinants like education, occupation, and income, will have a significant impact on improving the quality of life and outcomes of people.

What do we want for Surrey?

In Surrey ambitions are high. We are developing systems and place-based partnerships made up of NHS, local authority and third sector people, committed to working together, with communities, to reduce inequalities, and achieve the **Triple Aim** for health and wellbeing. Pursuit of the Triple Aim means new activities and services in development, simultaneously pursue three dimensions:

- *Improving the personal experience of care (including quality and satisfaction);*
- *Improving the health of populations; and*
- *Reducing the per capita cost of care.*

To achieve this, traditional organisational business intelligence will have to evolve to support a **population health intelligence** approach.

What will this enable us to do?

This shared intelligence and insight will:

- *Inform the planning, design and implementation of a range of co-ordinated, evidence-based, cost-effective health, care and societal interventions for a person and/or a population (i.e. at neighbourhood, community, place and system level).*
- *Allow us to monitor and evaluate those interventions to learn what works for whom, where and why.*
- *Help us to provide continual improvements for citizens, patients and the taxpayer.*

What do we need to do to make this a reality for Surrey?

As leaders, we support this ambition, and pledge our commitment to share data and information to meet these shared strategic priorities and purposes, under the appropriate lawful basis, for the people and populations we jointly serve.

Leaders of public services across Surrey are signing-up to the following commitment:

We are committed to serve and protect the people of Surrey, particularly the most vulnerable in our society who depend on our services.

We recognise that we cannot achieve this in isolation – we need to work closely and effectively together and this can only happen if we actively and safely share data and information we hold.

It is important that we protect people's personal information and adhere to the legal right of confidentiality but vital that we do not let this prevent us from providing the joined up services that people expect, or stand in the way of protecting people from harm.

We are therefore committed to creating an environment in our organisations where staff feel encouraged and supported to share information proactively and appropriately with partners to improve our services and protect vulnerable people across Surrey and its borders.

This commitment statement will be underpinned a set of Information Sharing Protocols that will set out purposes, principles, standards and governance, between identified partner organisations to provide a secure and transparent framework for the sharing of information.

Accordingly, we will ensure through the adherence and ongoing development of these protocols and the agreements made under them, that data and information is shared by our staff and shared legally, safely and with confidence where it is in a citizen's interests to do so.

This is our collective commitment, as leaders of public services in Surrey.

A Commitment to Share Information: Improving the Health and Wellbeing of Surrey People

	Organisation	Type	Signatory	Signature	Date Signed
	East Surrey Clinical Commissioning Group	CCG	(signatory name)	<i>(insert here)</i>	##/##/##
	Guildford & Waverley Clinical Commissioning Group	CCG	(signatory name)	<i>(insert here)</i>	##/##/##
	North West Surrey Clinical Commissioning Group	CCG	(signatory name)	<i>(insert here)</i>	##/##/##
	North East Hampshire & Farnham Clinical Commissioning Group	CCG	(signatory name)	<i>(insert here)</i>	##/##/##
	Surrey Downs Clinical Commissioning Group	CCG	(signatory name)	<i>(insert here)</i>	##/##/##
	Surrey Heath Clinical Commissioning Group	CCG	(signatory name)	<i>(insert here)</i>	##/##/##
	Central Surrey Health	Community Services Provider	(signatory name)	<i>(insert here)</i>	##/##/##
	Healthwatch Surrey	Community Services Provider	(signatory name)	<i>(insert here)</i>	##/##/##
	First Community	Community Services Provider	(signatory name)	<i>(insert here)</i>	##/##/##
	Surrey County Council	County Council	(signatory name)	<i>(insert here)</i>	##/##/##
	Elbridge Council	District/Borough Council	(signatory name)	<i>(insert here)</i>	##/##/##
	Epsom & Ewell Borough Council	District/Borough Council	(signatory name)	<i>(insert here)</i>	##/##/##
	Guildford Borough Council	District/Borough Council	(signatory name)	<i>(insert here)</i>	##/##/##
	Mole Valley Council	District/Borough Council	(signatory name)	<i>(insert here)</i>	##/##/##

A Commitment to Share Information: Improving the Health and Wellbeing of Surrey People

Organisation	Type	Signatory	Signature	Date Signed
 Reigate & Banstead Council	District/Borough Council	(signatory name)	<i>(insert here)</i>	##/##/##
 Runnymede Borough Council	District/Borough Council	(signatory name)	<i>(insert here)</i>	##/##/##
 Spelthorne Council	District/Borough Council	(signatory name)	<i>(insert here)</i>	##/##/##
 Surrey Heath Council	District/Borough Council	(signatory name)	<i>(insert here)</i>	##/##/##
 Tandridge Borough Council	District/Borough Council	(signatory name)	<i>(insert here)</i>	##/##/##
 Waverley Council	District/Borough Council	(signatory name)	<i>(insert here)</i>	##/##/##
 Woking Council	District/Borough Council	(signatory name)	<i>(insert here)</i>	##/##/##
 Surrey & Sussex Local Medical Council	Local Medical Council	(signatory name)	<i>(insert here)</i>	##/##/##
 Ashford & St. Peter's Hospital NHS Foundation Trust	Trust	(signatory name)	<i>(insert here)</i>	##/##/##
 Epsom & St Helier's Hospital NHS Foundation Trust	Trust	(signatory name)	<i>(insert here)</i>	##/##/##
 Frimley Health Foundation Trust	Trust	(signatory name)	<i>(insert here)</i>	##/##/##
 Royal Surrey County Hospital NHS Foundation Trust	Trust	(signatory name)	<i>(insert here)</i>	##/##/##
 Surrey & Borders Partnership NHS Foundation Trust	Trust	(signatory name)	<i>(insert here)</i>	##/##/##
 Surrey & Sussex Hospital NHS Foundation Trust	Trust	(signatory name)	<i>(insert here)</i>	##/##/##

A Commitment to Share Information: Improving the Health and Wellbeing of Surrey People

Organisation		Type	Signatory	Signature	Date Signed
	Surrey Fire & Rescue	Blue Light Service	(signatory name)	<i>(insert here)</i>	##/##/##
	Surrey Police	Blue Light Service	(signatory name)	<i>(insert here)</i>	##/##/##
	South East Coast Ambulance NHS Foundation Trust (SECAMB)	Blue Light Service	(signatory name)	<i>(insert here)</i>	##/##/##

Surrey Health and Wellbeing Board

Date of meeting	13/09/18
Report author and contact details	Claire Burgess Contact via Amanda Quincey: amanda.quincey@surreycc.gov.uk
Sponsoring Surrey Health and Wellbeing Board Member	Dave Hill

Item / paper title: Surrey Safeguarding Children's Board, Annual Report 2017/18

Purpose of item / paper	The Annual Report 2017-2018 reports on the effectiveness of safeguarding and child protection practice by partner agencies in Surrey and is presented to Health & Wellbeing Board for information
Surrey Health and Wellbeing priority(ies) supported by this item / paper	The paper supports the delivery of the Safeguarding the population priority by demonstrating how SSCB has fulfilled its statutory responsibility to co-ordinate and ensure the effectiveness of what is done by each person or body represented on the board, for the purpose of safeguarding and promoting the welfare of children within Surrey. It also supports the priorities Improving Children's Health and Wellbeing so that every child has the best start in life and supporting children and young people to achieve the best health and wellbeing outcomes possible and Developing a preventative approach so that people (children, young people and adults) with multiple needs have better health outcomes
How does the report contribute to the Health and Wellbeing Board's strategic priorities in the following areas?	<p>In addition to fulfilling the objectives of the SSCB as set down in 'Working Together to Safeguard Children 2015' (Updated in July 2018) to:</p> <ul style="list-style-type: none"> • Coordinate what is done by each person or body represented on the board for the purposes of safeguarding and promoting the welfare of children in their area; and, • Ensure the effectiveness of what is done by each such person or body for that purpose. <p>The SSCB has carried out a wide range of responsibilities across the Surrey area that include:</p>

	<ul style="list-style-type: none"> • Reviewing and monitoring thresholds for the provision of services by partner agencies, including early help • Developing policies and procedures for safeguarding and promoting the welfare of children in the area • Commissioning and evaluating single and multi-agency training • Establishing specific local protocols to reflect local priorities • Communicating and raising awareness of how to safeguard and protect children in the area • Monitoring and evaluating the activities of partners through S11 and auditing activity • Undertaking reviews of child deaths and conducting serious case reviews to identify lessons to be learned • Maintaining and implementing a Learning and Improvement Framework • Supporting the improvement of children's services in Surrey.
Financial implications - confirmation that any financial implications have been included within the paper	The activities of the Board are funded through a pooled budget contributed to by Statutory Partners. Financial contributions to the SSCB budget for the financial year 2017-2018 total £360,385.00
Consultation / public involvement – activity taken or planned	Once signed off by the Full Board on 24 September, the Annual Report will be sent to the Chief Executive of Surrey County Council, the Leader of Surrey County Council and the Police and Crime Commissioner for Surrey. It will also be shared with partners and made publicly available via the Board's website and newsletter.
Equality and diversity - confirmation that any equality and diversity implications have been included within the paper	All aspects of the work of the SSCB pay due regard to equality and diversity
Actions requested / Recommendations	<p>The Surrey Health and Wellbeing Board is asked to:</p> <ul style="list-style-type: none"> • Consider the content of the Surrey Safeguarding Children Board Annual Report in relation to the Health and Wellbeing strategic priorities. • Notify the SSCB of any areas of concern in relation to how the SSCB works to ensure that agencies work together to safeguard children.

	<ul style="list-style-type: none">• Confirm that the SSCB strategic plan for 2018-2019 is not at odds with the work of the Health and Wellbeing Board.
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Annual Report 1 April 2017 to 31 March 2018

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Introduction



I am pleased to present the Annual Report of the Surrey Safeguarding Children Board (SSCB) 2017-2018. I have been the Interim SSCB Chair since December 2017 and therefore much of the time covered by this report was under the chairmanship of Elaine Coleridge Smith who I would like to thank for her contribution on behalf of the partnership.

This Annual Report provides a detailed description and analysis of the significant work that has been undertaken by the SSCB Partnership in Surrey during 2017-2018, identifying both the successes but also the challenges and areas for improvement.

Throughout this period the local authority children's services have been the subject of a Department of Education Improvement Notice, issued following the publication in 2015 of a report by Ofsted which judged the overall effectiveness of children's services to be inadequate. A re-inspection in March 2018 found that services remain inadequate.

This has, inevitably, been challenging to all the partners in Surrey and the safeguarding partnership has not been as strong as it has needed to be in driving, implementing and challenging improvement progress. It must, however, be recognised that all partners are committed and have worked hard to improve safeguarding in Surrey and this is reflected throughout this report. Following an external review by a Local Government Association (LGA) associate, followed by a development day in February 2017, changes have been made both to the structure and processes within the SSCB, with a focus on being able to evidence impact on the lives and experiences of children and young people in Surrey. This is still work in progress.

Looking forward, the partnership is preparing to move to local Safeguarding Partnership arrangements, under the Children and Social Work Act 2017. Working Together 2018 clearly sets out the new arrangements and duties for the Police, Health and the Local Authority, along with other relevant partners agreed locally, but with increased freedom as to how these arrangements will work. During this period of transition a Business Plan has been developed also identifying the SSCB priorities for 2018-2019, with the aim of keeping up the momentum for further development.

Finally, I cannot finish this introduction without recognising and thanking all the SSCB member agencies, the chairs and members of the sub-groups, our lay member and the very experienced and dedicated SSCB team for the commitment and work they do to improve safeguarding for children in Surrey. The SSCB as it currently exists, and as it moves into the new Safeguarding Partnership arrangements, has much to do but I feel confident that the partnership will continue to work together, with renewed focus, to improve safeguarding in Surrey with a collective commitment to improving outcomes for children.

A handwritten signature in black ink that reads "Claire Burgess". The signature is written in a cursive, flowing style.

Claire Burgess
Interim Independent SSCB Chair.



What is a Local Safeguarding Children Board?

The Local Safeguarding Children Board (LSCB) is an independent body as defined in Working Together 2015. It should not be subordinate to, nor subsumed within other local structures.

Through the Board structure the LSCB provides the strategic direction for safeguarding children and young people and through the operational structure carries out the continuous monitoring and challenge of performance across relevant agencies in Surrey. The Board produces a Business Plan which sets out the priority improvements required in the safeguarding partnership and produces an Annual Report, which is a retrospective look at the previous financial year.

In accordance with statutory guidance the Board funds an Independent LSCB Chair who provides leadership and challenge to the Board via effective chairing of meetings and representation of the LSCB in the public domain and at other relevant governance boards.

In Surrey the Surrey Safeguarding Children Board (SSCB) was established to carry out this statutory role.

Objectives

Section 14 of the Children's Act 2004 sets out the statutory objectives and functions of the LSCB's as being:

- To coordinate what is done by each person or body represented on the board for the purpose of safeguarding and promoting the welfare of children in the area; and
- To ensure the effectiveness of what is done by each such person or body for those purposes.

Our Vision

For the SSCB to work together as an open and transparent safeguarding partnership, where a co-ordinated approach to our strategic and operational work ensures that Children in Surrey are seen, safe and heard.

Our Behaviours

Partners agreed in February 2018 the most important behaviours of the SSCB moving forward to be:

- Every member will understand their role, responsibility and accountability within the SSCB and seek opportunities to combine resources to achieve priorities;
- The SSCB will ensure that there is a co-ordinated system wide approach to planning and implementation of change, with consideration being given to the impact of change across the partnership;
- Partners will be open and transparent about performance identifying areas for improvement as well as areas of good practice;
- Equity in membership to utilise the collective strengths of the partnership with a focus on listening to the contributions of the views of children and families.

Membership

The LSCB Partnership in 2017-2018 was made up of a number of key agencies that work in the Children's Sector. The agencies represented at the Board were as follows:

Surrey Children's Schools and Families
 Surrey Police
 Borough and District Councils
 Kent and Sussex CRC Ltd
 National Probation Service, South East and East Division
 HM Prison Service
 CAFCASS
 Surrey Fire Service
 NHS England
 Guildford and Waverley Clinical Commissioning Group
 First Community Health and Care
 Central Surrey Health
 Surrey and Borders Partnership
 Public Health
 Surrey Acute Hospitals
 Army Welfare Service
 Homestart Surrey
 Education Phase Councils: Primary, Secondary and Special Schools
 Further Education Sector
 Independent Preparatory Sector
 Adult Social Care
 Surrey Youth Focus
 Surrey County Council Schools and Learning
 Lay Member
 Also Invited:
 SCC Cabinet Member for Children and Families Wellbeing
 Surrey Safeguarding Adult Board
 Senior Principal Lawyer Surrey County Council

What the membership said about the SSCB?

As part of the Chair's role Claire Burgess has met with all the members of the SSCB. The feedback from these meetings and partners' feedback, provided as part of the Peer Review, has been used to ensure that the SSCB going forward is structured appropriately and works effectively to achieve its key priorities. This development work to strengthen the partnership is reflected in the revised business plan, which brings together the existing improvement plans and defines the SSCB focus for the next year.

What is working well?

- Positive relationships and commitment to the work of the Board
- Improved communications/relationships
- Partnership working in some sub-groups
- Learning & development
- Section 11 process improved with greater challenge
- SSCB summary dashboard
- Support to the Board

What are we worried about?

- The voices and views of children and young people are not informing and shaping what we do;
- Sustainability and impact;
- Finding a practical solution to information sharing;
- Over emphasis on process and a lack of forensic focus/analysis;
- Responsive rather than proactive in forward thinking;
- Communications;
- Attendance at some sub-groups – too many meetings;
- Governance and accountability between Statutory Boards;
- Link between strategy and practice not always evident;

Things that we would like to change:

- Children and young people representation and contribution to the work of the Board and sub groups;
- Develop a closer working relationship with the Surrey Safeguarding Adults Board to avoid duplication and better manage resources;
- Review and improve the Board structure and sub groups;
- Work as a 'whole system'; not in silos;
- Greater accountability and assurance between partners, particularly following statutory inspections;
- Setting of core priorities with measures of success;
- Focus on performance of all agencies and achieve impactful outcomes for children and young people;
- Strengthen governance relationships with other strategic boards.

SSCB Governance Structure

The SSCB has a Business Plan, agreed by partners which is aimed at delivering the statutory requirements of the legislation governing the work of LSCB's and the needs of local children and young people. In order to achieve this, set direction and monitor progress, the SSCB has an established sub group structure and some short term task and finish working groups, which are accountable to the Board.

As part of the LGA Peer Review partners reported that the structure of the architecture of the SSCB Sub Groups and its relationship to other Boards required clarification and review. Partners reported finding it increasingly difficult to attend the numerous meetings due to resourcing issues in their individual agencies and in some sub groups partners felt that work was not progressed at an appropriate pace, with some actions being carried forward from one meeting to the next.

Chairs of individual sub groups and partners contributed to discussions and a proposed structure which was shared with the SSCB membership in February 2018. This is set out in the structure diagram below. The restructuring of the sub groups was agreed in principle in March 2018. In the diagram below a number of sub groups are identified as being under review or have a specific timescale for future review.

Following further discussion with partners the following decisions were made:

- Area Groups were recognised as being the interface of the Board with practitioners and have historically had an important role in the taking forward the business priorities of the SSCB into operational practice; dissemination of learning from audits and case reviews; updates on policy and procedure changes and to provide a networking opportunity between the wider partners. Following the peer review each area group has been asked to review their roles and identify whether as a multi-agency partnership group they benefit from their association with the SSCB.
- Neglect Task and Finish Group: This group is proposed to continue as a sub group of the SSCB with a defined scope of work and its continuation will be reviewed in March 2019 following a review of progress against its work plan.
- Online Safety Group: This group is proposed to continue in its current format until discussions have been held with partners to agree the best approaches to take to develop this group into a forum led by young people. Initial contact has been made with partners to progress this work
- Learning and Development Group: The role and functions are to be reviewed and decisions made about its continuity.

The roles of Sexual Exploitation, Assault and Missing Management Board (SEAMMB), the Health Sub Group, Education Sub Group and Policies and Procedures Group are proposed to continue in their current format until local safeguarding partnership arrangements are agreed under the new Working Together to Safeguard Children 2018 Guidance and the role of the SSCB going forward is better understood. Transitional arrangements for the SSCB will be in place until local safeguarding partnership arrangements are implemented, by September 2019.



Revised Roles and functions of the SSCB Groups

Working Together to Safeguard Children 2018 will provide further guidance on the development of local safeguarding partnership arrangements which will inform the future role of the SSCB and the governance and structure of sub groups

In the interim, as part of the re-focussing and re-defining of the partnerships role, the Board approved the following changes which will be implemented incrementally during 2018:

Executive:

In preparation for the new safeguarding partnership arrangements this new strategic group, with membership drawn from Children's Social Care, Police, Health and Education, will support the transitioning arrangements under the new Working Together statutory guidance 2018. It is anticipated that this group will meet in September 2018 to agree terms of reference and membership.

SSCB:

The main Board for the LSCB is constituted in accordance with statutory guidance (Working Together to Safeguard Children 2015). Revised statutory guidance, Working Together to Safeguard Children 2018, published in July 2018, will inform the future role and function of local safeguarding arrangements and provide the framework for discussion by the Executive Board. Until this guidance is published the SSCB Board has strategic accountability for performance monitoring and assurance to discharge its statutory responsibilities; receives analysis reports/exception reports from the Quality Assurance and Performance Group and will continue to provide a forum for challenge and problem solving; providing challenge and giving actions to sub groups.

Business Group:

In March 2018 the Business Group replaced the former Chairs' Executive Group in the previous structure. It will have revised terms of reference which will define the role, responsibility and accountability of this group to take forward the SSCB Business Plan Priorities, provide challenge and scrutiny to other sub groups of the Board and to report to the SSCB on progress against the 2018-2019 Business Plan.

The group will also be responsible for providing challenge to the SSCB on key matters arising from the day to day business of the Board.

The core membership consists of the Chairs of every sub group. The group is chaired by the SSCB Independent Chair and provides opportunity for the Chair to hold the sub groups to account on behalf of the SSCB Partnership.

Child Death Overview Panel (CDOP)

CDOP and SCRG will remain in the proposed structure as the Statutory Sub Groups of the Board fulfilling their roles and responsibilities as set out in statutory guidance.

The role of CDOP is to:-

- Receive and critically examine reports of all child and neo natal deaths in Surrey and ensure that significant cases are identified and referred to the Strategic Case Review Group for further consideration
- Publish an Annual Report
- Collate and oversee national returns
- Ensure full analysis of all Child Deaths in Surrey to ensure that learning from these cases is captured for professionals to inform future practice or safety campaigns

Strategic Case Review Group (SCRG)

The role of SCRG is to:-

- Examine individual cases referred to the SSCB and make a decision as to whether criteria for a Serious Case Review (SCR) to be commissioned are met or consider whether an alternative Learning Review should be undertaken to inform practice improvement within the partnership;
- Make recommendations to the Chair of the SSCB on the partnership response to the referral
- Commission and contribute to SCR's and other Learning Reviews
- Oversee Surrey contributions to SCR's and Learning Reviews commissioned by other LSCB's
- Oversee action plans arising from completed reviews
- Agree draft review reports with authors prior to presentation to the Board

Quality Assurance and Performance Group

Formerly known as the Quality Assurance and Evaluation Group.

This group is reviewing its terms of reference and membership and will have as a key function in the analysis of the SSCB Report Card; measuring progress against the Business Plan and the work of other sub groups; providing challenge to partners for assurance purposes. The group will receive responses to challenges for inclusion into the quarterly report to SSCB and also respond to challenges/questions from the SSCB Board and Improvement Board.

Neglect Sub Group

This former task and finish group will become a full sub group of the SSCB until a further review is undertaken in March 2019.

The early recognition of Neglect and the response to Neglect in Surrey is a concern of the SSCB and this is evidenced in the Serious Case Reviews commissioned by the Board, data shared by partners as part of the SSCB Report Card and through SSCB audits of Neglect. The continuing business priority of the Board to improve outcomes for children at risk of experiencing neglect remains a key priority.

To enable a greater focus on Neglect the terms of reference and membership of this sub group will be refreshed to ensure that:

- It can lead on the there being a shared understanding of 'Neglect' across the partnership
- Support the development and implementation of assessment tools to identify and respond to Neglect at an early stage
- Develop a shared way of working across the partnership, where good practice is shared and practice that requires improvement is challenged.

Early Help Task and Finish Group

This new, short term, task and finish group has been established to start to influence and progress the thinking around the development of the Early Help system in Surrey, including the Multi-Agency Safeguarding Hub (MASH) and to ensure that the Early Help pathway works to provide a co-ordinated and timely response to children and young people across the levels of need.

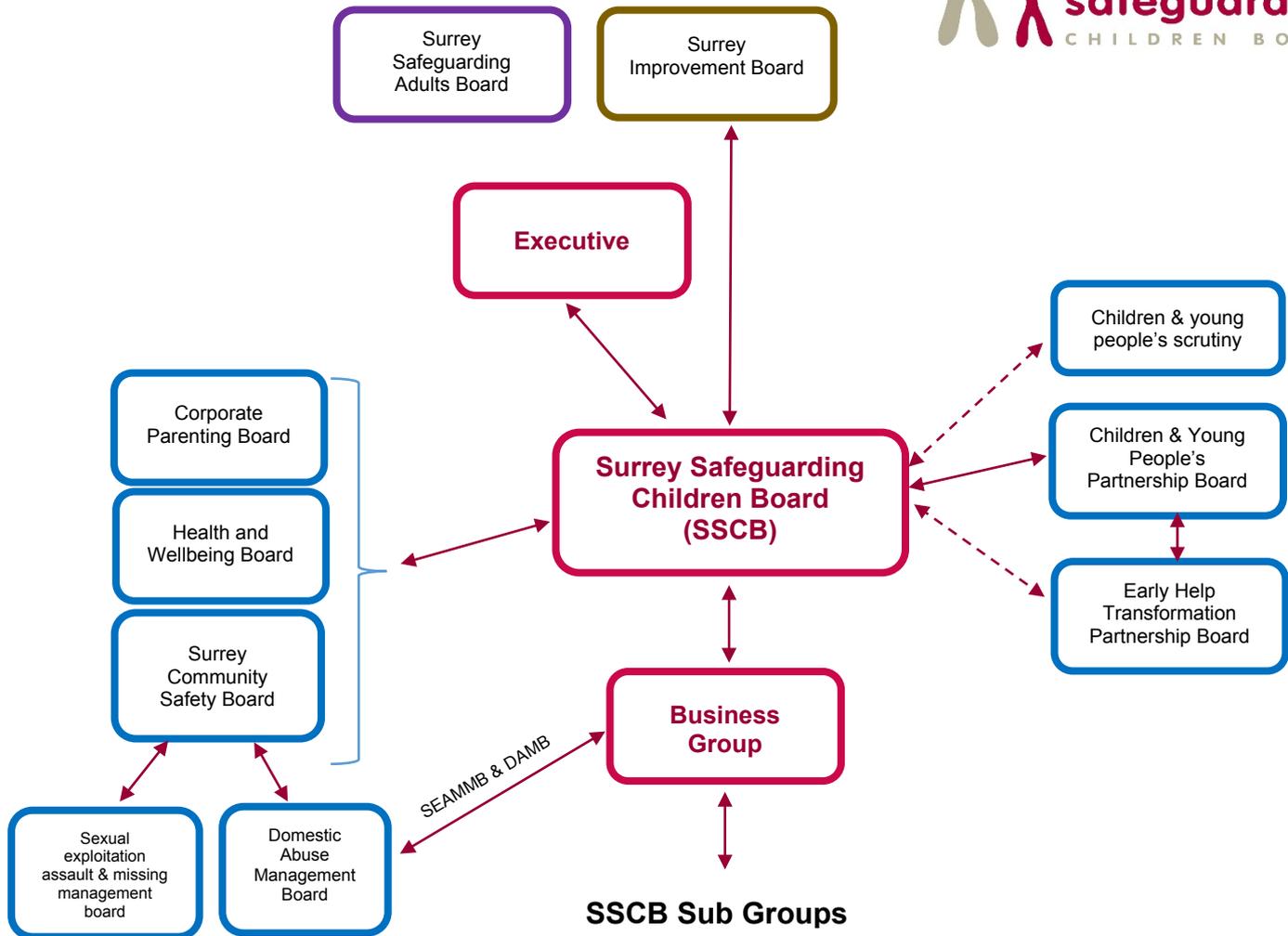
It was established following a discussion at the Surrey County Council Improvement Board which highlighted the SSCB's concerns around the current arrangements for Early Help intervention in Surrey and support for families when issues start to emerge. It is a short term group expected to conclude its work in September 2018, by which time it is anticipated that new arrangements will have been introduced in Surrey to address the concerns highlighted by both the SSCB in November 2017, following the audit of the MASH and Early Help Pathway, and by Ofsted in their February – March 2018 inspection.

This group will work closely with change leaders in Surrey and will influence the Surrey Level of Needs document which defines the thresholds for access to services across the Surrey system.

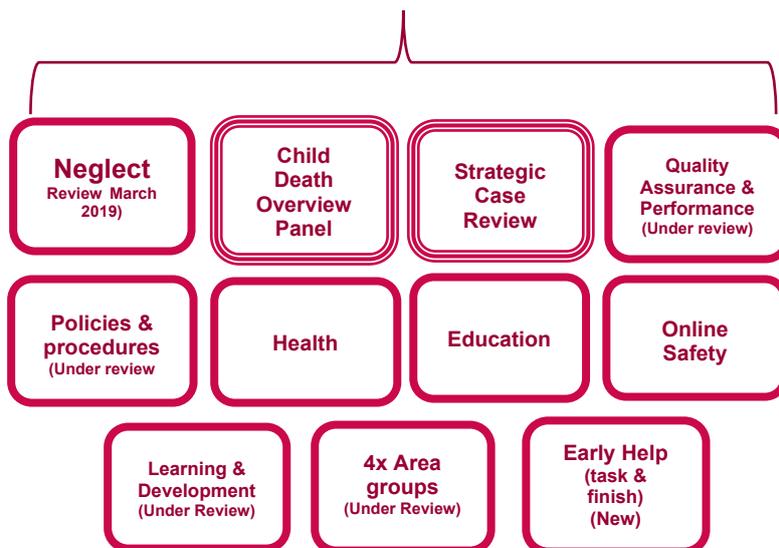
Surrey County Council Improvement Board

Over the last three months the Improvement Board's scrutiny relationship with the SSCB has been reset and their respective roles are now more clearly understood by partners. Going forward the strategic partnerships will be better aligned and the SSCB will be increasingly held to account for improvement activity across the partnership. The Improvement Board will task the SSCB to undertake key pieces of work to understand more about areas of concern or to enable the Improvement Board to be reassured of the impact of improvement work within the partnership. A current example of this work being an analysis of the attendance of schools at S47 strategy meetings following a challenge from schools that they are not invited and engaged in early discussions about children.

Proposed Surrey Safeguarding Children Board Structure 2018-2019



SSCB Sub Groups



Key
 Keep Informed - - - - -
 Reports to - - - - -
 Statutory Group = = = = =

Business Planning Processes

The Business Plan 2016 to 2018 agreed four areas of focus relating to the effectiveness of:

- Early Help for children, young people and families who do not meet the thresholds for statutory intervention and support by Children's Social Care
- Current Child Protection process in protecting those children identified as in need of protection and who are looked after (LAC). To include consideration of Neglect.
- The response and impact of partners work to protect children and young people at risk of Child Sexual Exploitation (CSE)
- The impact of Domestic Abuse Services in reducing the incidences of Domestic Abuse and protecting children and young people from harm.

Progress against the 2016-2018 Business Plan Priorities

Priority 1: To monitor and challenge the effectiveness of Early Help for children, young people and families who do not meet the thresholds for statutory intervention and support by Children's Social Care. To ensure that the voice of children and young people is heard.

What is Early Help for Children Young People and Families?

“Early Help means providing support as soon as a problem emerges, at any point in a child's life, from foundation years through to the teenage years. Providing Early Help is more effective in promoting the welfare of children than reacting later.”

(Working Together to Safeguard Children, HM Government, March 2015)

What is working well?

- The Multi Agency Safeguarding Hub (MASH) and Early Help Coordination Hubs are starting to embed into practice since their launch in October 2016; the MASH is overseen by the MASH Executive Board and the Early Help Transformation Board oversees the Early Help offer;
- Surrey Family Services launched as a new service in May 2017, bringing together a number of services under one Head of Service;
- Recruitment of Staff to the Early Help Coordination Hubs went well with the majority of roles been successfully recruited to by August 2017;
- Strategic leads within Surrey Family Services continued to build upon the Partnership Events held in 2016 to develop a local response to children and families with emerging needs;
- The SSCB audit of the MASH and Early Help Pathways was scoped and agreed to be carried out in October /November 2017, twelve months after the re-launch of services;
- Improved data collection across Early Help Services within Surrey Family Services is starting to enable a more informed analysis of impact.



What are we worried about?

- The lack of clarity of what the vision for Early Help 'going forward' looks like. At SSCB led focus groups for partners there was confusion about the 'referral pathway' into services and partners roles and responsibilities within the Early Help system;
- The sustainability of the MASH without further reform; the MASH received 62,310 contacts in 2017-2018, of which 20% were identified as requiring Early Help support and 20% were progressed to Children's Social Care; approaching 60% of referrals were for information advice and guidance;
- Data from the MASH shows an overwhelming number of contacts at Level 1 being made to the MASH, some 29,000 level 1 contacts were received over the reporting period;
- The application of the Level of Needs / Threshold Document by partners in some sectors is not well understood which is evidenced in some poor quality referrals into the MASH from the partnership;
- Unclear messages being disseminated throughout the partnership about how to make a referral and whether this should be to an Early Help Coordination Hub directly or through the single front door of the MASH;
- The use of additional threshold descriptors in Early Help that were not reflected in the published Level of Needs document leading to confusion in the partnership, particularly within Universal Services;
- The quality of contacts being made by partners to the MASH and their expectations of 'what happens next' was found in audit to be unrealistic in some cases;
- Backlogs of contacts in the MASH, particularly in referrals into the MASH from Police;
- The voice of children not being heard and responded to by practitioners, and the child's voice not sufficiently influencing practice within the partnership;
- In August 2017 Ofsted found that insufficient analysis of family history or over optimism about parents' capacity for change has led to families initially being offered Early Help when a social care assessment is needed.

The SSCB responded to these concerns through the testing of practice in audits carried out by the Quality Assurance and Performance Group; through challenge to partners; by convening meetings with partners and sharing findings from audits to challenge thinking; by listening and responding to concerns and by sharing learning from audits and SCR's with partners. The impact of this work is commented upon later in the report.

Priority 1 SSCB Data Set Information to 31 March 2018

Conversions of MASH contacts received between 1 April 2017 to 31 March 2018

Child in Need Pathway	Quarterly				Last 3 Months			Year to Date								
	Front Door		Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	January		February	March						
MASH Contacts Received			15,220	14,814	16,286	15,990	5,809	4,881	5,300	62,310						
<i>of which:</i>																
New Contacts	-	-	-	-	15,722	97%	15,659	98%	5,694	98%	4,776	98%	5,189	98%	-	-
Information on an exiting case	-	-	-	-	564	3%	331	2%	115	2%	105	2%	111	2%	-	-
<i>Outcome of contact:</i>																
Progress to Childrens Social Care	3,080	20%	2,804	19%	3,140	19%	3,364	21%	1,177	20%	984	20%	1,203	23%	12,388	20%
Information and Advice	8,837	58%	7,865	53%	9,591	59%	9,580	60%	3,722	64%	2,983	61%	2,875	54%	35,873	58%
Progress to Early Help	2,015	13%	2,380	16%	2,087	13%	1,659	10%	536	9%	543	11%	580	11%	8,141	13%
Continue with Early Help Episode	998	7%	1,418	10%	1,132	7%	918	6%	288	5%	290	6%	340	6%	4,466	7%
MASH Enquiry	276	2%	332	2%	325	2%	244	2%	84	1%	74	2%	86	2%	1,177	2%
Not Recorded	14	0%	15	0%	11	0%	225	1%	2	0%	7	0%	216	4%	265	0%



Targeted Priority 2: To ensure professionals and the current child protection processes effectively protect those children identified as in need of protection and who are looked after (LAC). To ensure that the voice of children and young people is heard

What are the Statutory Responsibilities of Local Authorities and Partner Agencies?

Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people who live in their area. They have a number of statutory functions under the 1989 and 2004 Children Acts which includes specific duties in relation to children in need and children suffering, or likely to suffer, significant harm. The Director of Children's Services and Lead Member for Children's Services in Surrey are professionally and politically accountable for the effective delivery of these functions.

Under the Children Act 1989, Surrey Children's Services are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Local agencies, including the Police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.

Surrey County Council have responsibility as corporate parents to ensure the wellbeing of children in care, with the primary responsibility to ensure that those children who are growing up in care or who are care leavers, have the best possible opportunities and support available to them to achieve their full potential. Scrutiny of services provided to children in care in Surrey is overseen by the Social Care Services Board.

The SSCB receives the Annual Report of the Corporate Parenting Board, which is a retrospective report covering the previous reporting year. The report for 2017-2018 is due to be presented to the SSCB Full Board in July 2018. In order to receive assurances about the current reporting year the SSCB relies upon the analysis of data provided to the SSCB and the Surrey County Council Improvement Board, which is attended by the SSCB Independent Chair and provides the opportunity to challenge current data and seek assurances through Surrey County Council of areas of concern.

What is working well?

- The support provided to Care Leavers results in better outcomes in Surrey than other authorities, with increased numbers achieving employment or training/apprenticeships;
- There is a pro-active and effective Care Council which meets monthly and is a group of care experienced children aged 13-24;
- There are a range of ways that looked after children and care leavers can share their views and have an impact on changing practice and services;
- The number of children on Child Protection plans for over 18 months have reduced from 6.1% to 4.8% in the last twelve months, and those on plan for 2 or more years has reduced from 2.7% to 2.0% which is now below the regional average of 2.6%;
- 886 out of 944 (94%) of Looked after Children have up to date reviews;
- Between March 2017 and August 2017; 78.7% of children and families involved in Child Protection conferences completed a quality assurance form which will inform practice improvements;
- In April 2017 Ofsted reported that children live in safe and stable placements and have contact with their family particularly brothers and sisters and social workers know the children well.

What are we worried about?

- The number of children who are looked after has increased from 869 in March 2017 to 944 at 31 March 2018, representing an 8.6% increase;
- 242 (26%) Looked After Children in Surrey are placed out of area and live more than 20 miles outside of the County. This is significantly greater than the national average of 14%;
- Initial Health Assessments (IHAs) are worrying low with only 63% being completed and of these only 13% were completed within timescales. 131 children at March 2018 have therefore not received their Initial Health Assessment and this has been challenged by partners in both the Quality Assurance and Performance Group and the Surrey County Council Improvement Board to understand why these assessments are not taking place;
- Adoption teams are very effective in placing complex children and achieving permanency;
- Learning from serious case reviews shows that the step up and step down processes to / from Child Protection Plans is not sufficiently robust leading to re-referrals;
- 26% of children in Surrey are subject to repeat Child Protection Plans which has increased from 23.25% in the previous year;
- Professionals being over optimistic about a families capacity to sustain change;
- The high number of referrals to the Strategic Case Review Group (SCRG) where Neglect is a concern;
- 69% of children on Child Protection Plans in Surrey are under the category of Neglect compared with 66% in 2016-2017
- Ofsted in April 2017 highlighted concerns that management oversight and scrutiny of Independent Reviewing Officers (IRO's) was inconsistent and 'not driving children's plans';
- Permanency plans are insufficiently robust;

- Too many children experience drift and delay and spend extensive periods of time at the pre-proceedings stage.

Priority 2 SSCB Data Set Information to 31 March 2018

In the 12 months to 31 March 2018 5844 Strategy Discussions took place of which 4247 (73%) led to Section 47 enquiries being undertaken; 1443 (33.9) of which led to an Initial Child Protection Conference (ICPC) being convened.

Outcomes from ICPC show that 1,139 of cases led to a Child Protection Plan and a further 264 received services to support the family. 40 (3%) required no further action.

This data demonstrates that only 24% of the original number of strategy meetings held, resulted in the child being put on a Child Protection plan or receiving services.

The SSCB Quality Assurance and Performance Group are undertaking audits on a sample of Strategy Meetings as there is concern that a significant proportion of Strategy Meetings held do not include key partners in Education and Health. The findings from this work will be presented to the Surrey County Council Improvement Board.

At 31 March 2018 1011 children were on a Child Protection Plan in Surrey, compared to 836 in March 2017. This represents a 20.9% increase over the past twelve months.

The best hypothesis for this increase, as there is no notable change in demographics in Surrey, is that there is either more effective risk evaluation in the system, which has led to an increase in the number of children going to conference; representing a ‘re-setting of the system’ or that the system has become more risk averse; or a combination of both.

Total number of Child Protection Plans and new Child Protection Plans in the month.



	Surrey in Context				
	Surrey 2016/17	Surrey Latest	Stat Nbr 2016/17	Region 2016/17	National 2016/17
Rate of CP Per 10,000 Pop	32.5	39.0	39.0	41.3	43.3

Children's Involvement in Conferences

Children's participation at conferences has been highlighted as an area for improvement within the service. In the first six months of the reporting period, 313 children received invitations to attend conference of which 125 attended.

A plan to address children's participation was completed in December 2017 with a review to measure the impact of this work six months after full implementation. The SSCB Business Plan for the next 12 months has reflected the need for partners to ensure that the voices and lived experiences of children are taken into account by services and are integral to the work undertaken with families. The SSCB will conduct a mapping exercise and analysis of children's engagement with partners to understand the systems currently in place, their impact and effectiveness and to support the partnership to make improvements.

Ofsted noted in April 2017 that "Children are actively encouraged to participate in their reviews.... and in some cases children are supported to chair their own meetings".

	2016			2017												2018		
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Number of Looked After Children (LAC)	898	894	876	869	864	860	867	874	883	892	928	938	944	951	946	944		
- Of whom aged 18	0	0	0	1	0	1	1	1	1	2	2	5	8	21	15	14		
Rate of Looked After Children per 10,000 pop	34.7	34.5	33.8	33.6	33.4	33.2	33.5	33.7	34.1	34.4	35.8	36.2	36.4	36.7	35.9	35.9		
Number of UASC supported	153	159	157	145	144	142	133	130	121	122	129	128	127	113	111	106		
Number of Care Leavers supported	479	488	491	498	510	507	510	515	524	517	517	518	502	509	516	534		
Number of Care Leavers that are UASC					196	196	195	200	210	206	205	205	209	211	215	226		

	Surrey in Context				
	Surrey 2016/17	Surrey Latest	Stat Nbr 2016/17	Region 2016/17	National 2016/17
LAC Per 10,000 Pop	34.0	36.4	41.5	51.0	62.0
Care Leavers per 10,000 pop	19.2	20.6		Not Available	

As already stated by 31 March 2018, 944 children were Looked After Children compared to 869 in March 2017. This represents an 8.6% increase over the past twelve months. Despite this increase Surrey rates per 10,000 of the population remains statistically lower than statistical neighbours and significantly lower than the national average.

The number of LAC with a completed Initial Health Assessment is 63%, significantly below the target of 80%. The trend line for IHA shows an improvement in performance between December 2017 and February 2018 but in the last three months there has been no significant change in the completion of IHAs.

Review Health Assessments for LAC in care for 1 year or over is 87%. Data has shown an improvement between December 2017 and March 2018. Performance data on Dental checks for LAC in care for over 1 year shows that the figure remains consistent at 83% but this figure reduces to only 63% for children who are in care for less than a year. The SSCB and Improvement Board are continuing to monitor these trends in 2018 to understand why improvements in the spring of 2018 have not been sustained



Priority 3: To challenge and scrutinise the effectiveness of the response and impact of partners work to protect children and young people at risk of Child Sexual Exploitation (CSE). To ensure that the voice of children and young people is heard.

What is working well?

- Sexual Exploitation, Assault and Missing Management Board (SEAMMB) is an effective and well attended multi agency meeting that has strategic oversight of Child Exploitation in Surrey;
- The new Return Home Interview Service, delivered by Surrey Family Services, is beginning to embed into practice and there has been a positive impact evidenced in an increase in the uptake of interviews by children and young people who go missing;
- Risk Management Meetings, which meet weekly, were introduced in July 2017, ensuring that conversations are more timely around missing and at risk children;
- The role of Child Exploitation, Missing and Hidden Crimes Coordinator role has been recruited to and will lead to a more flexible resource being available within the partnership;
- The Office of Police and Crime Commissioner (OPCC) have continued to provide 50% of the funding for the Partnership role to support work involving Child Exploitation;
- SEAMMB receives update reports from the OPCC office which allows the voice of victims to be heard;
- Sexual Assault referral Centre (SARC) supports children who have been the victims of sexual assault or abuse
- A Child Independent Sexual Violence Advisor (ISVA) provides emotional and practical support for children; working in partnership with families and agencies, to ensure that Children's needs are met;
- Direct 1 to 1 or group therapeutic support is provided by the Sexual Assault Recovery Service (STARS) to children affected by sexual abuse.
- Partnership procedures, when managing allegations of Harmful Sexual Behaviour, have been reviewed and updated to reflect current good practice, as a direct response to a complaint raised by a family with Police and new systems are in place and proving to be effective;

- There is evidence, supported by Ofsted, of an improved partnership response to children experiencing or at risk of Child Sexual Exploitation in Surrey;
- Surrey Police is relaunching and increasing awareness of the [Partnership Intelligence Form](#); a means for partners to quickly and efficiently share information with Police; the impact of this initiative is an increase in reports from 10 a month to between 40 and 50 per month.
- Engagement with children has been scoped against the 'See me, hear me' framework, which will inform practice and lead to improved engagement with children and young people;
- The missing children performance data set has been refreshed to look at the most at risk children and links to other factors such as crime, exploitation and domestic abuse. This provides a broader picture of the child but is not yet fully effective and will be developed further in 2018.

What are we worried about?

- Information sharing between agencies in Surrey still requires improvement and barriers to information sharing need to be addressed;
- The local Problem Profile of Child Exploitation in Surrey is not sufficiently developed;
- The powers of Community Safety Partnerships have not been sufficiently utilised to disrupt perpetrators in the local community and stronger links are required between the SSCB/SEAMMB and the Community Safety Partnership Board to enable this work to progress;
- There are low numbers of referrals of perpetrators to Community Harm and Risk Management Meetings (CHARMMS);
- Children involved in sexual abuse cases are not being referred to the Sexual Assault Referral Centre (SARC) particularly the under 13's;
- SARC are not routinely invited to attend or contribute to Strategy Meetings;
- Not enough is known about criminally exploited children in Surrey and there is currently a gap in this intelligence;
- The wider partnership are insufficiently aware of the links between criminal exploitation, missing episodes and Child Sexual Exploitation and there is a training / awareness raising need;
- There is no specific measurement of progress which demonstrate the impact of the considerable work that the partnership has undertaken and in 2018-2019, key performance indicators need to be agreed to track progress and measure impact;
- The impact of Gangs and County Lines in Surrey is not fully understood by the partnership and awareness raising is at an early stage;
- Improved processes are in place to engage children who go missing in return home interviews however they are not yet being used effectively to assess risk and keep children safe.

Priority 3 SSCB Data Set Information to 31 March 2018

Missing Children
Children with a missing episode and Return Home Interviews in the month



	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Children starting a missing episode	162	116	165	202	180	196	136	153	195	166	146	147	129
Children offered a return home interview	62	75	131	130	117	163	113	121	156	131	112	140	113
% offered a return home interview	38%	65%	79%	64%	65%	83%	83%	79%	80%	79%	77%	95%	88%
Children accepting a return home interview	48	68	84	98	67	85	64	69	79	86	88	117	83
% offered that accept a return home interview	77%	91%	64%	75%	57%	52%	57%	57%	51%	66%	79%	84%	73%

Missing Children
Children with a missing episode and Return Home Interviews in the month

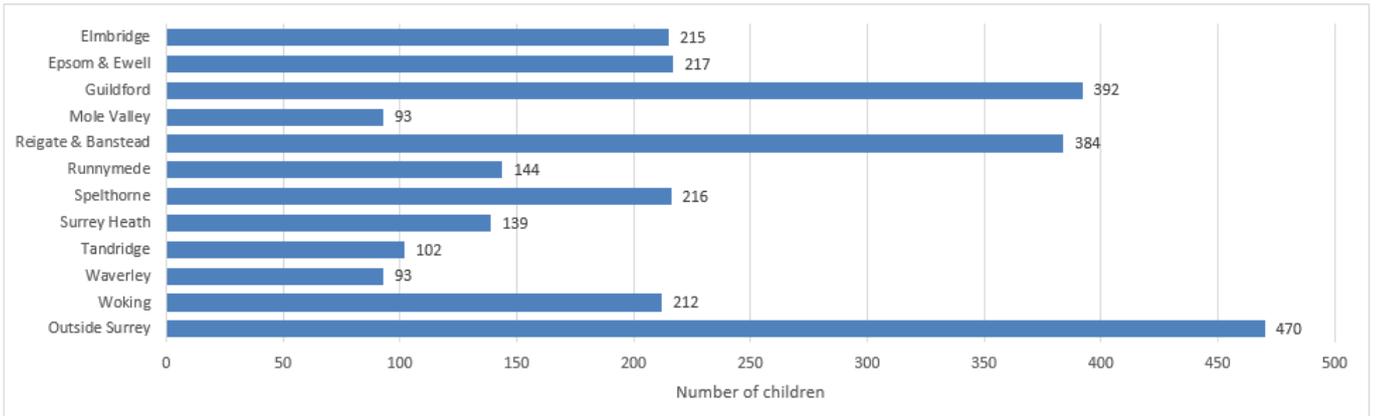


	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Children starting a missing episode	162	116	165	202	180	196	136	153	195	166	146	147	129
Children offered a return home interview	62	75	131	130	117	163	113	121	156	131	112	140	113
% offered a return home interview	38%	65%	79%	64%	65%	83%	83%	79%	80%	79%	77%	95%	88%
Children accepting a return home interview	48	68	84	98	67	85	64	69	79	86	88	117	83
% offered that accept a return home interview	77%	91%	64%	75%	57%	52%	57%	57%	51%	66%	79%	84%	73%

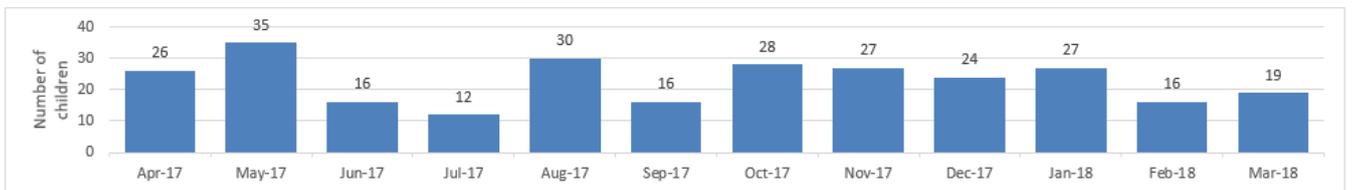
Children missing from home, care or education are not automatically at risk of child or sexual exploitation, however, there is insufficient analysis in Surrey of the ‘push pull factors’ and risks associated with missing episodes.

In Surrey the Exploited and Missing Children Delivery Group is co-chaired by Police and the SCSB. A key priority for 2018-2019 is to develop the Missing Children Dashboard to include Education Data.

Current work mapping the Borough and Districts where children go missing from is beginning to improve understanding and local intelligence but greater improvement is required. Data is also presented in the table below which shows 470 missing episodes relating to children living outside of Surrey.

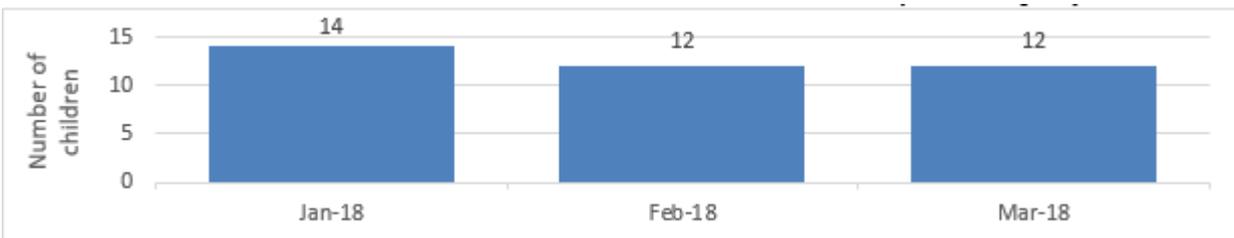


Missing children at risk of Child Sexual Exploitation (CSE)



This chart shows the number of children who have had missing episodes in the month and who are also on the Children’s Service CSE list and are reviewed at the Area Risk Management Meetings.

Missing children at risk of criminal exploitation (data only reported from January 2018)



Unaccompanied Asylum Seeking Children (UASC)

There are 67 open referrals to UAS Children in Surrey; 57 are aged under 18 and 10 are aged 18 plus. 3 are female and the remaining children and young people are male. The children are from 12 regions of the world, the majority are Eritrean (17), Sudanese (12) Afghan (10) Iranian (8) Iraqi (4). 9 of the over 18’s are care leavers.

Priority 4. To monitor and challenge the effectiveness and impact of Surrey Services in reducing the incidences of Domestic Abuse and protecting children and young people from harm. To ensure that the voice of children and young people is heard.

What is working well?

- Surrey County Council on behalf of funders of domestic abuse services in the County including the Police, the Office of the Police & Crime Commissioner, Surrey County Council and District and Borough councils, have commissioned 'Safe Lives' (a national domestic abuse charity) to support the development of a joint commissioning strategy;
- Women's Aid Change That Lasts (CTL) pilots are running in east Surrey to pilot the 'Trusted Professionals' initiative and develop family hubs to support children and victims of domestic abuse;
- Operation Encompass is embedding into practice and improving information sharing with schools, to enable children to be better supported;
- Surrey is recognised as being innovative and committed to taking a needs led, strengths-based and trauma informed approach with domestic abuse;
- In January 2018 a countywide conference was held to bring together professionals who have a role in reducing domestic abuse and those supporting victims / survivors and their children;
- Improved information sharing in the partnership;
- There are 50 Specialist Domestic Abuse Champions across Children's Social Care, and the 11 Borough and District Councils in Surrey;
- Surrey was awarded White Ribbon Status in 2018;
- The conviction rate for offences (rolling year data) is 78.6% and continues to improve month on month. This represents an improvement of 5% compared to the same period in 2016-2017;
- A new strategy against domestic abuse in Surrey for 2018-23 has been approved, with a vision for every adult and child experiencing domestic abuse to be seen, safe and heard and free from the harm caused by perpetrator behaviour and will be effective from April 2018.

What are we worried about?

- Domestic abuse is the highest reported violent crime in Surrey and yet numbers show that domestic abuse is still a 'hidden' crime;
- The most vulnerable children and adults at risk of harm from domestic abuse, neglect and abuse are not identified early enough in the current system;
- The need for a 'Domestic Abuse Referral Pathway' through the MASH to enable better recognition and decision-making has not been developed;
- The national charity Safe Lives estimates there are 35,400 victims of domestic abuse in Surrey, with approximately, 3,300 children living in households where their parent is at a high or medium risk of serious harm or homicide;.
- 60% of child protection concerns relate to domestic abuse and 20% of all referrals from the MASH to Early Help Coordination Hubs are for domestic abuse;

- 7 out of the last 10 published Serious Case Reviews and Partnership Reviews in Surrey included domestic abuse – two of which were linked to serious financial difficulties within the family;
- There have been two jointly commissioned Domestic Homicide Reviews and Serious Case Reviews commissioned in Surrey involving children where domestic abuse was a significant factor;
- 90% of users of Surrey Domestic Abuse Services are also in contact with other agencies, most notably Surrey Police, GPs, mental health services, courts and children’s services;
- Surrey Police have recorded a 9.7% increase in the volume of domestic abuse recorded incidents compared to the same period in the previous year (+100 offences)
- Since January 2018, Surrey has experienced month on month increases in Repeat Offender / Repeat Victims, over 1/3 of recorded offences being a repeat offence;
- MARAC referrals where children are in the household increased from 53 in March 2017 to 59 in March 2018, affecting 115 and 112 children respectively;
- The total number of children recorded by Surrey Police as being involved in domestic abuse incidents was 740 at March 2018 (850 March 2017);
- Learning from SCRs in Surrey shows that professionals do not use professional curiosity to explore concerns around domestic abuse more fully;
- Safe Lives (2017) estimate that the full cost of providing domestic abuse services in Surrey based on visible need would cost approximately £5,970,000. Current funding is £1,543,000 across the partnership;
- DHRs and SCRs in Surrey show that risks associated with domestic abuse are not fully recognised and understood and escalating risk is not thoroughly explored by professionals;
- Coercive control and violent resistance are not well understood.

Governance and SSCB Engagement in Domestic Abuse Priorities

In Surrey the governance of the Domestic Abuse Strategy (2013-18) sits with the Community Safety Board (CSB).

The Surrey Domestic Abuse Management Board (DAMB) leads the Surrey Against Domestic Abuse Strategy, with delivery managed through the Surrey Domestic Abuse Delivery Group. These are multi-agency boards that work to prevent domestic abuse occurring; to ensure agencies intervene and provide support at the earliest opportunity.

There is an updated [Inter-Board Protocol \(2017\)](#) which sets out the proposed working arrangements between the Surrey Health and Wellbeing Board (HWB), the Surrey Safeguarding Adults Board (SSAB), the Surrey Safeguarding Children Board (SSCB), the Surrey Children Young People’s Partnership (CYPP), the Surrey Community Safety Board (CSB) and the Surrey and Sussex Criminal Justice Partnership Board. The Protocol recognises that domestic abuse is a whole community issue and that Board priorities need to be aligned and clearly articulated to ensure that work is effective, impactful and not duplicated.

Financial Support for the SSCB

The SSCB is well supported by partners in terms of financial and non-financial support. The operational budget for 2017-2018, after accruals, showed a £1000 overspend over the 12 months to 31 March 2018, resulting in a partner carry forward to 2018-2019 of £136,960. Training revenue for the year was £103,890. Training costs have been well managed with venue costs for the year being £7,000 compared to £21,000 in 2016-2017. The costs of private trainers remains at approximately £25,000.

Costs associated with SCRs were lower than forecast due to delays in commissioning which has led to a significantly higher budget allocation for SCRs in the 2018-2019 financial year.

Organisation	Contribution
CCGs	£134,490.00
Surrey County Council	£164,100.00
Surrey Police	£28,320.00
NHS trusts	£15,300.00
District and boroughs	£11,220.00
Probation	£6,405.00
Cafcass	£550.00
Total Contributions	£360,385.00
Training contributions	£16,888.00
TOTAL Contributions	£377,273.00

Surrey County Council Re-inspection of Services for Children in Need of Help and Protection, Children Looked After and Care Leavers

During February / March 2018 Ofsted re-inspected the Local Authority services for children in need of help and protection, children looked after and care leavers. The OFSTED report was not published within the timeframe of this report but is now accessible at [Ofsted Report Published May 2018](#)

Ofsted judged Children's Services as inadequate with the following grade profile:

1.Children in Need of Help and Protection	Inadequate
2.Children looked after and achieving permanence	Requires Improvement
2.1 Adoption performance	Good
2.2 Experiences and progress of care leavers	Requires Improvement
3.Leadership, Management and Governance	Inadequate

Ofsted made a total of 18 recommendations:

RECOMMENDATIONS

1. Leaders should urgently review the alignment of strategic and operational plans with improvement board objectives to ensure that these are streamlined and complementary. These efforts should aim to quicken the pace of providing consistently safe and effective services for the most vulnerable children.
2. The local authority should put children's voices at the centre of its improvement work and further embed the recently developed systemic quality assurance framework to prioritise improvements in frontline practice. The feedback provided by children, such as their dislike of the frequent changes of social workers and living in foster placements too far from their family homes, should attract concrete responses, as well as acknowledgements.
3. Leaders should urgently renew efforts to engage universal partner services, such as schools and health, to undertake lead professional roles and to form teams around children and families when difficulties emerge. These measures should aim to reduce the number of children requiring local authority targeted Early Help and the high volume of inappropriate low-level referrals to the MASH.
4. Improve the quality of management oversight across all services, and specifically assure that the family history, the impact of previous interventions and any delays are always considered and addressed. Frontline managers should only step down or close cases when there is substantial evidence that children's circumstances and outcomes have improved and that these improvements are likely to last.

5. Improved management decision-making should include more visible responses to alerts and escalations by child protection conference chairs, independent reviewing officers (IROs) and actions arising from multi-agency risk assessment conferences (MARAC) and multi-agency public protection meetings (MAPPA).
6. Senior managers and leaders should scrutinise and measure performance more effectively and ensure that compliance with important statutory requirements is met. These requirements include ensuring that information from all agencies involved with children is considered at strategy meetings, that initial child protection conferences are held promptly and that children who come into care have their health assessed within the first month.
7. Senior leaders and managers must improve the understanding and application of internal thresholds and transfers of cases across the service. These measures should include stopping inappropriate transfers for assessments from the MASH which are subsequently cancelled or discontinued. When safeguarding issues are identified for children with disabilities, they should receive skilled and well-informed risk assessments from social workers who know them.
8. The timeliness and oversight of work for children in the PLO pre-care proceedings phase should be quickly strengthened to reduce a long-established pattern of delay for many of the most vulnerable children.
9. The local authority should ensure rigorous adherence with Surrey Police to the joint Surrey protocol for the provision of local authority accommodation when children are charged and denied bail in custody, in accordance with the provisions of the Police and Criminal Evidence Act 1984.
10. The quality of assessments and plans for children should be improved. Assessments should analyse the already helpful collation of risks and needs with greater coherence and clarity to inform well-defined and measurable child protection and child in need plans.
11. All staff should receive training on the assessment of neglect, and use specific tools in their direct work with children experiencing neglect. Child in need, child protection reviews and core group meetings should evaluate children's progress more concisely, in addition to sharing and updating information.
12. The local authority should strengthen early planning for children who may need permanent care, with a sharper focus on all options, including foster to adopt.
13. The local authority should urgently improve the quality of personal education planning for children in care and closely analyse the impact of the pupil premium in improving children's educational progress.
14. Managers should improve the knowledge and confidence of social workers regarding the suitability and application of statutory guidance concerning connected person's assessments. Decisions concerning the prompt temporary approval of family and friends carers should be strengthened.

- 15.** Children and young people who are on child protection plans or in care should understand the role of independent advocates and have easy access to them if they choose to seek their help.
- 16.** Young people in care who are aged 16 and 17 should be offered better support by personal advisers to prepare pathway plans for their arrangements when they turn 18 years of age.
- 17.** The care leavers' service should provide all young people with clearer information on their entitlements and their health histories. Personal advisers should routinely check that young people are aware of their detailed entitlements when important changes are in process, such as moving into independent accommodation and starting a further or higher education course.
- 18.** The workload of personal advisers in the leaving care service, and social workers in some parts of the children's service, should be reduced. Caseloads should be manageable and allow time for frontline workers to regularly meet with children and young people and complete all the necessary work.

Learning from Reviews

The SSCB has a robust and well defined case review process in order to support a culture of continuous learning.

Not all of the case referrals to the Strategic Case Review Group (SCRG) were completed within the required timescales, due to significant delays in the decision making processes during the autumn of 2017. It was the first priority of the Interim Independent Chair in January 2018 to consider SCRG's recommendations for the commissioning of reviews; these were agreed and the outcomes shared with the National Panel of Independent Experts on SCR's.

The SSCB [Learning and Improvement Framework](#) details the various mechanisms used by the SSCB to share the learning from case reviews and audits.

Serious Case Reviews

There is a statutory requirement for LSCBs to undertake reviews of serious cases in specified circumstances.

The criteria for case reviews are set out in Working Together to Safeguard Children 2015 as follows:

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the functions of LSCBs. Regulation 5(1)(e) and (2) set out an LSCB's function in relation to serious case reviews, namely:

5 (1)(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

(2) For the purposes of paragraph (1) (e) a serious case is one where:

(a) abuse or neglect of a child is known or suspected; and

(b) either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

In Surrey the Strategic Case Review Group (SCRG) is responsible for reviewing all referrals from partner agencies and making recommendations to the Independent Chair as to whether the above criteria are met.

Statistical Data in Surrey

In the reporting period SCRG received 10 new referrals, one re-referral for consideration and one notification from another LSCB of a review being undertaken, which related to a child who formerly lived in Surrey. SSCB were not required to contribute to this out of area review.

The recommendations of SCRG were as follows:

- One of the referrals was an escalation of a concern about the handling of a referral and professional decision making which should have been progressed through the SSCB Escalation Procedure.

- One resulted in the commissioning of a single agency review within Health
- One combined DHR/SCR was commissioned and three Serious Case Reviews.
- Of the remaining referrals there were two Partnership Reviews commissioned, each for two cases with similar issues to be explored. One of these referrals was considered in March 2017 by SCRG and was then re-referred, and it therefore does not form part of the current year dataset.
- The final referral was commissioned as a Partnership Review.

The SSCB concluded the following reviews during 2017-2018:

Child CC: Jointly commissioned DHR/SCR: Published in November 2017

Child FF: Was exempted from publication by the National Panel

Child GG: Published in October 2017

Child MM: Partnership Review: Published April 2017

Child CC's Story:

The SSCB jointly commissioned a Serious Case Review/ Domestic Homicide Review in relation to a 14 year old child known, for the purposes of the review, as Child CC.

Child CC's father collected the child from school and later that evening emailed the school to inform that due to a family tragedy Child CC would be absent from school until 29 June. In the early hours of 18 June the father travelled to France, where, on 27 June, he disclosed to a friend the deaths of his wife and daughter. On 28 June, the father took his own life in France. On 29 June the friend contacted Surrey Police to advise of father's suicide and register concerns about the wellbeing of mother and Child CC. On the same day the school contacted Surrey Police to report concerns about Child CC as she had not returned to school. Police attended the home address and found the mother and Child CC deceased inside the family home. In November 2015 the Coroner returned verdicts of unlawful killing in respect of the mother and Child CC.

Good Practice

- School contacted Police when Child CC did not return to school on the expected date;
- Surrey Police deployed an officer to visit the home when the mother called to report domestic abuse and hung up.

Summary of Key Recommendations

- Partnership responses to domestic abuse require review and better co-ordination;
- Domestic Abuse, Stalking and Harassment (DASH) risk assessment tools should be routinely completed;
- Improved referral pathways where there are concerns about domestic abuse;
- Improved signposting of victims to locally available specialist domestic abuse support services;

- Independent Schools should include domestic abuse awareness into their training and to integrate the Spiralling Toolkit into PHSE lessons;
- SSCB to challenge NHS England to resolve the issue of private health providers not sharing health records to support SCR / DHR's which may threaten the safety of children and adults at risk of domestic abuse;
- Debt advisory services to develop a system whereby individuals with County Court Judgements relating to debt are provided with information about domestic abuse services.

Child GG's Story:

The SSCB commissioned a Serious Case Review in relation to a 16 year old child known, for the purposes of the review, as Child GG.

Child GG was placed in police protection and was subsequently voluntarily accommodated, i.e. became looked after with parent's agreement, due to concerns that the child was being sexually exploited by adults. Child GG's parents had been raising concerns about vulnerability however services that were provided had an emphasis on mental health support and substance misuse.

Concerns that Child GG was being sexually exploited were discussed at 6 multi-agency meetings prior to Child GG being taken into Police protection. There were issues around threshold for access to service and a lack of co-ordinated response to Child GG's and the family's needs. There was evidence of relationship based practice providing consistent, clear and structured relationships however not all professionals fully understood the impact of ADHD and ASD on behaviour. The review highlighted a lack of management oversight, drift and delays in assessments being completed. However assessments that were completed were of good quality.

Good Practice

- Professionals had an understanding of Child GG's vulnerabilities and risks of CSE;
- Although frequently excluded, schools kept Child GG on roll and when permanently excluded, arrangements for alternative provision were made taking into consideration the family's wishes to avoid use of online provision to minimise risks to the child;
- There was evidence of relationship-based practice by the Family Support Services (at the time Youth Support Service), Surrey Police (SPOC) and Catch-22;
- When assessments were completed, they were of good quality;
- Evidence of improvement in disrupting perpetrators.

Summary of Key Recommendations

- SSCB partnership needs to assess the current knowledge and practice around CSE and work with partners to improve understanding of adolescent behaviour, ADHD, ASD;
- Relationship based practice should be encouraged, particularly with hard to engage children
- SSCB to audit the extent to which effective, reflective supervision and management oversight is implemented across agencies;
- Partners to address the use of blaming language and improve record keeping to reflect this;

- Improve and embed MAECC and triaging processes (now known as risk management meetings);
- Raise awareness of CSE with taxi drivers, hotels, after school clubs, youth groups, park wardens and sports clubs;
- Mapping the range of specialist and voluntary services that are provided and commissioned to assist children and sharing this information with professionals working with young people;
- Partnership to ensure that assessments are completed within timescales and are of good quality.

Learning Leaflets and the published reports are available at: [Learning from Local Reviews](#)

Child MM's Story:

Child MM is a child in Surrey's care and was 13 years old at the time of the review. Child MM had escalating emotional and behavioural difficulties to the extent that no community provision could be identified to keep them safe, no secure care was available. Child MM experienced emotional and physical harm and was accommodated in 2009 following periods on Child in Need and Child Protection Plans. Child MM suffered severe neglect and has acute attachment issues.

Professionals worked tirelessly as Child MM's needs escalated, but suitable placement options became fewer over time until, at the end of 2015 it was more of a case of who was willing to accept Child MM rather than finding a carefully matched placement. In November 2015 no one would accept Child MM and Surrey Children's Services were left managing a child in crisis, with no available placement. A range of emergency measures were put in place to accommodate Child MM with at times up to six social care and police staff managing behaviours, which required frequent restraint. Staff felt impotent to meet Child MM's needs and the care Child MM received in response to their needs was inappropriate and very distressing.

Good Practice

- Staff worked in extremely challenging and risky circumstances to try to find a suitable placement, despite some experiencing severe injury;
- Professionals in Social Care and Police kept Child MM's wellbeing and safety central to their work;
- In recognising the risk that Child MM posed to herself and others a secure welfare order under s25, Children's Act 1989 was successfully applied for through the family court; although this also had the impact of dis-barring non secure placements.

Summary of Key Recommendations

- There were significant failings in a system that rather than protecting Child MM, having secured a S25 order, failed to recognise the needs of the most complex and vulnerable children by ensuring that a secure placement is available. The Department for Education need to review and commission appropriate placements where a s25 order has been made;

- That NHS England, CCG's and Local Authorities develop joint commissioning arrangements responsive to local need; that integrates tier 3 and 4 CAMHS provision; improves access to mental health secure provision;
- That an integrated response to complex and vulnerable children in crisis is developed which, recognising the common experiences of Children in crisis, brings together services and care pathways;
- Local authority and CCG's together with local health providers develop provision for emergency care for children unable to access secure mental health or welfare settings;
- Police, Health and Local Authority chief officers should agree an inter-agency children's escalation protocol where they, or officers directly authorised on their behalf, should be informed and make decisions in relation to the most serious cases.
- SSCB and partners should identify multi agency training and development opportunities to support the need for professionals to maintain a focus on the needs of the child at times of crisis when inter-agency relationships are most tested.

Parsons Green Incident:

On 15 September 2017 an Unaccompanied Asylum Seeking Child (UASC) in the care of Surrey Children's Services, detonated an explosive device on the London Underground at Parsons Green. A review of the background and events leading to this incident was commissioned by Surrey Police, Surrey County Council and the National Counter-Terrorism Police HQ.

The review identified a number of learning points and recommendations which have been taken forward by the commissioning agencies and the Home Office. The detailed recommendations and responses can be accessed at: [Home Office letter, June 2018](#).

The SSCB will seek assurances from the Prevent Executive Board on the progress of the action plan in Surrey.

Key themes in Serious Case Reviews and Domestic Homicides in Surrey 2016-2018

A summary of learning from Case reviews and audits shows that key themes are:

- In 10 out of 12 cases professionals had not sufficiently considered historical information;
- In 8 out of 12 cases domestic abuse was either not recognised or was not considered to be a risk factor, but was evident in the family;
- In 9 of the cases reviewed there was a lack of dynamic risk assessment, where a significant change of family circumstances did not lead to professionals revisiting earlier assessments;
- Emerging themes include the impact of family debt on the safety of children within the family and was the most significant factor in two recently concluded Domestic Homicide Reviews;
- Over time case reviews showed that the role of male carers and understanding of the context of male carers within families improved; however, in 5 of 8 reviews concluded between 2016-18, and some currently commissioned reviews, it is the impact of changes in

partners and short term relationships, introducing males into the household, that is becoming more significant.

Child Deaths in Surrey

The death of a child is a devastating loss that profoundly affects bereaved parents as well as siblings, grandparents, extended family, friends and others who were involved in caring for the child. Families experiencing such a tragedy need to be met and supported with empathy and compassion. They need clear and sensitive communication. They also need to understand what happened to their child, and want to know that people will learn from what happened. The process of systematically and expertly reviewing all children's deaths is grounded in deep respect for the rights of children and their families, with the intention of preventing future child deaths.' Child Death Review, Statutory Guidance 2017.

Child and Neo Natal deaths in Surrey are reviewed by a multi -agency panel; the Child Death Overview Panel. The role of this panel is set out in [Working Together 2015](#).

Statistical Data in Surrey

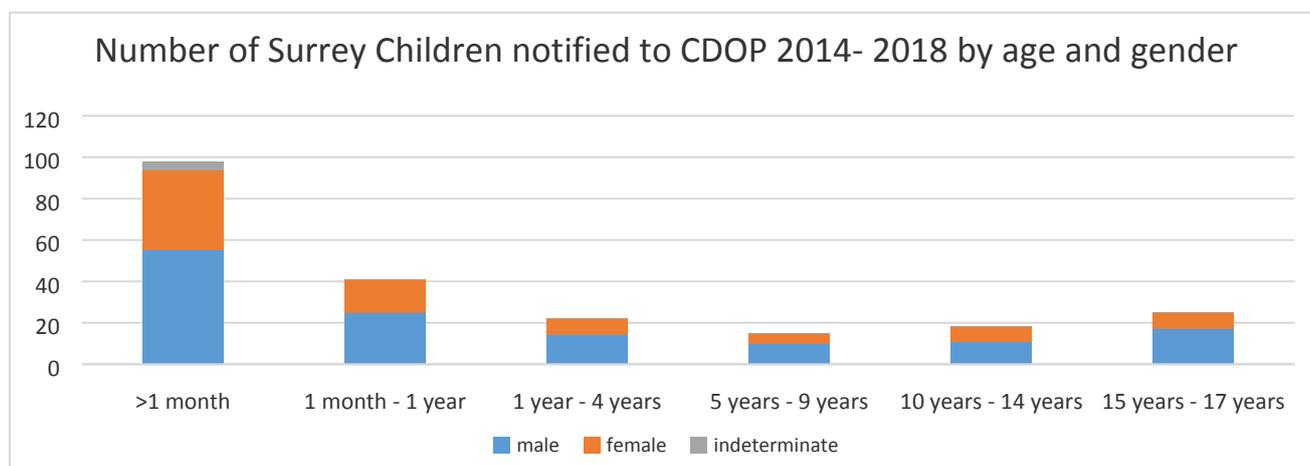
Between 1st April 2014 and 31st March 2018, Surrey CDOP was notified of 299 deaths of which 219 were children who were resident in Surrey.

From the available data of the 219 Surrey child deaths notified to CDOP between 1st April 2014 and 31st March 2018:

- 135 were male and 83 were female, 1 was indeterminable (Neo-natal);
- There were 98 neonatal deaths (infants who die before reaching 28 days of age);
- A further 41 were aged between one month and one year of age.

The infant mortality rate in Surrey (which is the rate of deaths in infants aged under 1 year) is 2.5 per 1000, compared to an England average of 3.9 per 1000, these figures mean that Surrey is performing statistically significantly better than the national average.

In the reporting period Surrey CDOP were notified of 91 child deaths, of which 33 were children who lived outside of Surrey.



Learning from Child Deaths

Themes identified by CDOP which were shared widely within the SSCB Partnership include:

- Early recognition of Sepsis;
- Sudden Unexpected Death in Infancy and the associated known risk factors (alcohol, drugs, smoking, co-sleeping, sleeping position and use of duvets);
- Assessments of the home environment need to include fire safety;
- Use of petrol generators in enclosed spaces – need for ventilation;
- Water safety awareness in schools/community: swimming in dangerous rivers.

All [professionals](#) and [families](#) in Surrey have access to CDOP information via the SSCB website or through the CDOP information leaflet which is widely circulated to the acute hospitals, community providers, GP surgeries, Children's services, Police and the Coronial Service.

In Surrey a Specialist Nurse proactively contacts families affected by a child death and offers them support and the opportunity to contribute to the Child Death Review Process to enable the families voice to be heard.

When a child dies from potentially modifiable factors, Surrey CDOP researches public health data and evidence of best practice around reducing these child deaths. This evidence is then used to inform practice across the County.

Quality Assurance and Performance

The SSCB delivers a robust Quality and Assurance programme to assure itself of the quality of safeguarding practice in Surrey. The Quality Assurance and Performance Sub group develop an annual audit plan which focusses on the SSCB Business Plan priorities. This has been identified as an area for further development in 2018 – 2019.

Non-statutory Section 11 Audit

What is a Section 11 Audit?

Section 11 of the Children Act 2004 requires each person or body to which the duties apply to have regard to any guidance given to them by the Secretary of State and places a statutory requirement on organisations and individuals to ensure they have arrangements in place to safeguard and promote the welfare of children.

Working Together to Safeguard Children 2015 states the following as Section 11 standards:

- A clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children;
- A senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements;

- A culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services. Arrangements which set out clearly the processes for sharing information, with other professionals and with the Local Safeguarding Children Board (LSCB);
- A designated professional lead (or, for health provider organisations, named professionals) for safeguarding;
- Safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check;
- Appropriate supervision and support for staff, including undertaking safeguarding training;
- Clear policies in line with those from the LSCB for dealing with allegations against people who work with children;

Section 11 Safeguarding Audits of Statutory Partners are conducted on a biennial cycle in Surrey, with the year between audits being used to receive updates from Statutory Partners on their progress against their respective action plans.

In 2017-2018 the SSCB undertook an additional Section 11 Safeguarding Audit of Third Sector Organisations, Early Years Providers in the Private Sector, Sports Clubs and Faith Organisations. These are important partners in Surrey, providing a wide range of services to children and young people. Whilst Section 11 does not place statutory obligations on these organisations, it represents a standard of good practice and will help organisations improve their arrangements in keeping children and young people safe.

88 organisations across Surrey completed the on-line survey including faith organisations, early year's providers, leisure centres, sports clubs, various other clubs, information centres, support services for families and vulnerable children, mediation service, home start, outreach providers and many more.

Summary Findings

- 91 % of organisations had a designated safeguarding lead or staff trained in safeguarding with supporting procedures in place;
- 94% of respondents have either their own safeguarding policies or use the SSCB policy;
- The majority of organisations hold DBS checks for their staff and volunteers and offer staff training and were confident that their staff follow safeguarding procedures;
- Organisations would contact either the Local Authority Designated Officer (LADO) or escalate to a related body / organisation any concerns about unsuitable practice or behaviours by staff / volunteers. If organisations are worried that a child is being harmed outside the organisation, they are most likely to phone Surrey's Multi-Agency Safeguarding Hub (MASH). Organisations also stated that they would like to receive timely updates and feedback once referrals have been made;
- 78% of organisations who completed the survey are fully confident that all staff / volunteers who work directly with children would know where to escalate a safeguarding issue;

- 77% of organisations stated that they are ‘confident’ and 17% stated that they are ‘somewhat confident’ that staff / volunteers who work directly with children know how to share information securely and in a timely manner;
- Generally, children were not involved in creating safeguarding policies and procedures as 53% of the organisations stated “No” and 25% stated “Don’t know”. Organisations who involved children stated that their safeguarding policies help staff to develop positive relationships with children;
- Overall, staff/volunteers who work directly with children recognise the signs of Child Sexual Exploitation (CSE) and are aware of the process if they suspect a child is at risk or a victim of CSE. Seven organisations, mainly sports clubs, stated that they are not confident about the recognition and reporting of CSE.
- Organisations who completed the survey are generally able to identify opportunities to discuss concerns with their safeguarding lead / or anyone else. They stated that their staff / volunteers can identify safeguarding strengths and improvement in safeguarding practices.

The following activities were carried out during 2017 – 2018 as part of the SSCB’s quality assurance functions:

From April 2018 - Follow up work from the Family Support Programme (FSP) audit carried out in February 2017

The SSCB conducted a case study audit of the Family Support Programme (FSP) in February 2017 to explore its impact and effectiveness as part of the Surrey Early Help system.

The main findings and areas for improvement were around the:

- Lack of a central data recording system;
- Lack of available information to explore the impact of the FSP work on families;
- Lack of knowledge of whether progress achieved during intensive support is sustained six months after the initial intervention?
- Lack of clarity around the services offered by FSP;
- Issues around interagency communication and engagement of other services;
- Effectiveness of the work of FSP on families with more complex needs (i.e. Children in Need).

In 2017/18, an action plan based on the findings from this audit has been developed by the FSP teams based in Boroughs and Districts. The plan addressed each of the recommendations with specific actions and outcomes. The SSCB QA&P group regularly monitor the progress of the action plan and the countywide FSP lead reports the progress to the QA&P group.

Some of the outcomes in the action plan cover:

- Improved information sharing;
- More accurate evidence of progress made and sustainability;
- Reduction in family support referrals;

- Improved and sustained progress against Department for Communities and Local Government (DCLG) outcomes;
- Wider awareness of services and scope of FSP to partner agencies and general public;
- Increased appropriate and more timely referrals to FSP to support families;
- Improved regularity, attendance by agencies and quality at TAF meetings and reports to TAF are effective and timely in return;
- Families feel supported to provide stable, consistent and appropriate care for themselves (measured by family feedback);

Some of the actions have now been completed and the SSCB QA&P group is working with Surrey Family Services (SFS) to support and challenge outstanding actions.

From April 2018 - Follow up work from the SSCB Audit of Children on a Child Protection (CP) plans under the category of neglect carried out in March 2017 will be undertaken.

The SSCB carried out a case file audit on CP plans under the category of neglect in March 2017 and the main recommendations from the audit included:

- A clear and consistent neglect risk assessment tool is required, to be rolled out across the partner agencies and support earlier recognition and assessment;
- Reduction in the significant delays in getting specialist assessments completed in the PLO process;
- The CP step down process requires special consideration to ensure that the improvement achieved while a child is on a CP plan is sustained;
- The SSCB training team and partner agencies need to continue to emphasise the importance of the voice of child and continue to provide training on disguised compliance;
- SSCB to undertake a review of Core Groups;
- Explore how to engage families who are not able to see the benefits of some of the services, especially with parents who may have mental health issues or are experiencing domestic abuse.
- Develop a dataset to understand the prevalence of neglect in Surrey as well as to measure the impact of some of the work being carried out.

An action plan has been developed by the SSCB Neglect Group based on the findings from this audit. The actions are monitored by the SSCB Neglect Group as part of Neglect Strategy and action plan. Neglect Group reports to the SSCB Business Group on progress.

Progress made to date:

- Work has continued on developing a dashboard that will form part of the SSCB report card to understand why Surrey has a high proportion of children on a CP Plan under the category of Neglect;
- A guidance document to accompany the SSCB Neglect Risk Assessment Tool has been developed, ratified and published;

- The Surrey Neglect strategy is being reviewed in order to reflect the Signs of Safety model with an increased focus on early help. The outcome measures are being revisited as part of this work;
- The Neglect Group has been considering the various neglect assessment tools in use across Surrey. Recent discussion included an update on the Graded Care Profile tool that has been used by a small group of social worker practitioners under guidance. Overall it was felt that we should initially embed Signs of Safety within the organisations, raise awareness of the current toolkit that has been ratified;
- Work has started with the L&D Group to develop a training pathway for neglect that incorporates Signs of Safety;
- Work has started on a proposal for getting feedback from young people about their experience of neglect, led by Children's services;
- Work is underway within Early Help to identify and explore services available to children and families to address neglect within Surrey;
- Following this audit, the Children's Services Quality Assurance team also reviewed the cases selected for the audit by working with social workers in order to address issues around those cases.

May 2017: Core Group Focus Groups

Multi-agency audits of Core Groups were carried out by the SSCB every year from 2012 to 2015 to identify any practice issues and to make recommendations for practice improvements over time. Although some improvements were identified, most of the findings were similar without any significant improvement being recorded.

Due to the remaining concerns that identified improvements were not embedding into practice the SSCB took a different approach to reviewing Core Groups in 2017; hosting a series of practitioner focus groups to explore the first-hand experiences of practitioners involved in Core Groups and understand more about current practice and barriers to practice improvements within the partnership.

Main recommendations from the practitioners' events include a need for:

- More administrative support;
- Better understanding of professionals' roles and responsibilities;
- Consistent guidance, contingency plans and standard template/structure;
- A standard template for submitting reports for professionals who are not able to attend a Core Group meeting;
- Times and venues of meetings need to be better considered and relate to each families circumstances;
- Social workers to meet and communicate with the family before the first Core Group meeting;
- Changes of professionals to be minimised to ensure consistency where possible;
- Everyone to take responsibility to share the voice of the child with the Core Group members;
- Professionals to take responsibility in making notes of their actions and delivering them;

- Actions from Core Group meetings to be clear and achievable. Child Protection Plans also need to be clear and achievable in order for Core Groups to progress that plan;
- The right professionals to be involved throughout.

The Core Group audit was presented to the full board meeting in July 2017. The board members agreed that Children's Services are in the best position to act as a lead agency and to work with partners to take the recommendations forward.

The procedure, guidance and templates of the Core Group meetings have now been revised and updated based upon the recommendations from this audit. This also includes a standard template for submitting reports for professionals who are not able to attend and clarifications on Core Group members' roles and responsibilities.

The findings have also been shared with the SSCB Learning and Development group and were incorporated into the SSCB foundation module training.

The general issues around administrative support have been acknowledged by the Assistant Director Children's Services in the Mighty Meeting on 16 January 2018. Children's Services are currently exploring how they can support the staff better to address issues around administrative support. However, there are still some issues highlighted by professionals that have not been addressed and remain unresolved.

There is a plan to undertake a piece of work in 2018 to gather the views of families and children to find out their experiences of Core Groups and how they support the family throughout the Child Protection process.

October/ November 2017 - MASH and Levels of Need Focus Groups

In October 2017 SSCB undertook a planned review of the MASH, 12 months after its launch. The review focused on the effectiveness of the interface between the MASH, Early Help and the SSCB Threshold Document. Four focus groups were facilitated - one with the practitioners who work within the MASH and three with practitioners who refer into the MASH. Practitioners' feedback was gathered on their experiences of the referral process, MASH processes and the SSCB Levels of Needs document.

The main recommendations by the practitioners included:

- Clarity to the partnership regarding the pathways ;single front door and one contact number for all routes into Early Help and Children's Social Care;
- Better communication and feedback processes from referral through to outcome;
- Summary page for Levels of Need document: Structure of Level of Needs document;
- Clear guidance on Escalation process;
- Accessibility to Multi Agency Referral Form (MARF) and online electronic MARF;
- Education around when to contact the MASH should it continue to be rolled out;
- Positive reviews to share with professionals; case reviews when processes worked well;
- Streamline process (stop changing process);
- Respect amongst professionals.

The findings were shared with all those who participated in the focus groups in a feedback session on 15th November 2017. A response was invited from Assistant Director Children's Services, the Head of MASH and the Head of Early Help & Family Services during the feedback session.

The SSCB partnership manager, the Head of MASH and the Head of Early Help worked together to address the issues highlighted by the practitioners and an update on the progress has been presented at the SSCB board meeting in January 2018. This includes:

- MASH and Family Services (Early Help) have integrated processes making them more efficient and decision-making more consistent. They have also split the MASH email addresses (one for children and young people and one for adults) so they can update on referrals as quickly as possible;
- Based on feedback from practitioners, single front door approach has been taken into account and one contact number for any safeguarding concern has been finalised;
- Based on feedback, the SSCB will be redesigning the levels of need document to make sure it is clearer on risk and harm, and to better identify the types of early help available in Autumn 2018;
- MARF (multi-agency referral form) will be reviewed by a multi-agency task and finish group overseen by the SSCB Policy & Procedure group;



Learning and Improvement – including Multi Agency Training

The SSCB offers a wide range of training programmes to partners and operates a commissioning and delivery model. The Training commissioners design course materials and plan the bi-annual training programme around the SSCB priorities, audit findings, learning from reviews, including SCR's and learning from child deaths. The training commissioners also work closely with partners to develop specialised programmes to support the SSCB priorities around Child Exploitation and Domestic Abuse. Since January 2018 the SSCB has jointly delivered with the Local Authority Signs of Safety Briefings to support the roll out of the strengths based practice model in Surrey.

What is working well?

- 34 different course programmes have been delivered to the multi-agency partnership;
- 201 training sessions have been delivered in the last twelve months;
- 2969 delegates attended the SSCB Training programmes and Learning Events;
- 495 delegates attended the SSCB Annual Conference;
- 45 delegates attended the CDOP Professional Development Day;
- Surrey CC, Education and Health engagement in the SSCB training programmes;

What are we worried about?

- 630 cancellations / no shows for training in the last twelve months;
- High numbers of no shows on courses offered free of charge;
- Early Help training courses were cancelled at short notice and the training offer in Early Help put on hold;
- Delegates being pulled off training at short notice due to operation priorities;
- 37 trainers cancelled at short notice; SSCB kept course cancellations to 5 by reallocating team resources to enable SSCB Training Commissioners to cover these cancellations;
- Insufficient capacity within the SSCB support team to meet partnership demand; the trainers pool is 19 internal trainers (from within Surrey County Council) and 4 external trainers.

Statistical Data

- Foundation Module 1 and Foundation Modules 2 were delivered on 47 and 46 occasions, respectively, during 2017-2018 ; 2056 delegates were trained;
- Learning from Serious Case Reviews and Audits was delivered on 9 occasions to 106 delegates;
- Introduction to Signs of Safety was offered 17 times from January 2018 to March 2018 and was attended by 149 delegates;
- Child Exploitation, Missing and Hidden Crimes training was attended by 153 delegates;
- Early Help Training was delivered to 238 delegates in the period September 2017 to January 2018, when the programme was put on hold by Surrey County Council;
- 521 delegates completed Domestic Abuse E-Learning;
- 788 delegates completed Working Together to Safeguard Children;
- 311 delegates completed CSE Level 1 E-Learning.

SSCB Conference ‘Under the Radar; Young Minds – Safeguarding their Future’

The conference held on 22 November 2017 was well attended by 495 professionals from 36 agencies. The focus of the day was adolescent mental health and wellbeing. Three key note speakers explored the themes of adolescent brain development, co-ordination of mental health and wellbeing support in schools and prevention of radicalisation of young people.

A theatre production company presented a play ‘Tough Love’ which explored the theme of Peer on Peer abuse.

Workshops included; the experiences of children who are looked after (Total Respect); modern slavery and trafficking; peer on peer abuse; CAMHS services with a focus on self-harm; YMCA Heads Together .

Impact of Training:

In 2016 the SSCB adopted the Kirkpatrick four stage model of evaluation to measure the impact of training.

In 2017-2018, a full year of training data was available; from this a sample of fourteen courses, delivered between January 2017 and July 2017 were analysed.

507 delegates were invited to contribute to the analysis: 73 responded, a return ratio of 14.39%

Of this number we asked how many delegates would be happy for the SSCB to contact them to discuss the training further: 42 said yes (57.5%) 31 said no (42.5%).

In the context of the sample size of 507, which represents 17% of the total delegates trained by the SSCB, this low response rate of 8% of respondents who were happy to be consulted further is problematic and does not adequately inform the SSCB whether training is meeting the needs of professionals and in ensuring that the training content is relevant to professionals in the multi-agency partnership.

Feedback from the sample suggests that SSCB training is highly regarded and of the original 73 respondents 95.89% said that they would recommend this training to others; 73% said that they had shared the learning with other colleagues or managers and 90% said that they had made changes to their practice as a result of the training that they had received.

86% of professionals who took part in the survey reported that their knowledge and skills in working with children and families had increased, which correlates with an analysis of 2016-2017 data, (89%).

The SSCB training team will continue to develop the evaluation process and an external review of the SSCB training offer is due to report in July 2018.

SSCB Business Plan April to September 2019

The SSCB priorities for the next eighteen months are included in the plan below. This plan will be managed and monitored through the SSCB Business Group

Key OFSTED Rec.	What difference will this make to children in Surrey?	Lead Subgroup/ Agency	Action No.	Action	Timescale	Status RAG
Priority 1: Ensure that the child's voice and lived experience is integral to all the work that the SSCB and its partners undertake and that partner agencies proactively respond to direct feedback from children to improve their experiences						
2	Children and young people's views and wishes are heard by professionals using practice models that can be widely shared; monitored for impact and improved over time	SSCB QA & P All partner agencies	1.1	To undertake a mapping and analysis across the partnership to understand the systems in place for ensuring that the child's voice is heard? How their views are taken into account and actioned and what impact on practice can be evidenced?	By 30 September 2018	Amber
			1.1a	Independent Chair to meet with third sector representative and convene a meeting to discuss taking key engagement work forward	By 30 September 2018	Amber
			1.1b	Single and Multi-agency audit shows evidence that children's views have	By 31 December 2018	

Key OFSTED Rec.	What difference will this make to children in Surrey?	Lead Subgroup/ Agency	Action No.	Action	Timescale	Status RAG
				informed positive practice change		
10, 20, 25,27	The lived experience and views of C&YP are clearly evidenced when events/circumstances have put them at risk and where there is learning for all the people supporting them about what they could have done differently.	SSCB Strategic Case Review Group (SCRG)	1.2	Referrals to SCRG to include the child's views and wishes if these have been sought and the child's voice to form part of any review subsequently commissioned.	By 30 September 2018	Amber
			1.2a	Terms of reference for SCR's/partnerships reviews focus on professional curiosity and past family history when reviewing the child's lived experience	With immediate effect	Green: Completed
106	Services will be assured by young people from their perspective with recommendations on how they can be improved within the partnership.	SSCB QA & P Group	1.3	Scope a Young Inspectors programme to provide assurance from a young person's perspective of the effectiveness and impact of services.	By 31 December 2018	
2, 27	Strengths based practice is leading to increasing evidence that children's views are informing safety plans and helping them to build resilience.	SSCB QA & P Group	1.4 links to 2.10	Audit of initial Child in Need Plans; Child Protection plans and review of plans at conferences/ core groups, including feedback from participants in	By 31 December 2018	

Key OFSTED Rec.	What difference will this make to children in Surrey?	Lead Subgroup/ Agency	Action No.	Action	Timescale	Status RAG
				conferences and sub groups shows that the child's voice and wishes are heard and inform safety planning.		
	The voice of children and young people will inform and advise on safeguarding developments in Surrey	All partners; Surrey Youth Focus and partners Education sub group	1.5	Scope a reference group of children and young people to inform and consult on strategies, practice developments and inform the work of the sub-groups as appropriate.	By 31 December 2018	
Priority 2: Hold partners to account for the development of an Early Help system which supports children with emerging needs through to the provision of statutory support and intervention						
3, 20, 21, 93	Professionals within Universal services provide support to children and families with emerging support needs	SSCB Business Group	2.1	SSCB will lead on partnership focussed actions to support senior leaders in empowering partners in universal services to undertake lead professional roles and form teams around families in	Draft scoping by 30 September 2018	Amber On Track

Key OFSTED Rec.	What difference will this make to children in Surrey?	Lead Subgroup/ Agency	Action No.	Action	Timescale	Status RAG
				response to emerging support needs		
22, 93	Improved quality of information sharing and decision making between agencies, at the earliest opportunity, when notification of possible harm to a child is received which then leads to a co-ordinated plan for assessment and intervention.	SSCB Business Group	2.2	SSCB will lead on Partnership focussed actions to establish and be assured of the role and function of the MASH going forward.	Review by 30 September 2018	Amber: Under review as part of transformation plan
24	Risk to Children is fully understood by engaging with all partners working with the family to ensure that they contribute/attend Strategy Meetings	SSCB QA Officer	2.3	SSCB will undertake an analysis of CSC data re invitations and attendees to S47 meetings between Nov 17 and Feb 18 for reporting to the IB May 2018	By 30 April 2018	Green: Completed
			2.3a	Audit of a sample of 20 cases identified from the above data set, where no representative from Health and/or Schools is recorded as attending to explore reasons for non-attendance and whether contributions were received in any other format	By 9 July 2018	Amber:

Key OFSTED Rec.	What difference will this make to children in Surrey?	Lead Subgroup/ Agency	Action No.	Action	Timescale	Status RAG
3,7,10,11, 20,22,25,26 31,	<p>Children are kept safe by Practitioners with a clear understanding of :</p> <ul style="list-style-type: none"> the role and function of the MASH their individual professional roles & responsibilities within Early Help and Statutory Services including their role as lead professionals thresholds of how to ensure that concerns/worries about a child are appropriately referred/stepped up 	SSCB Business Group	2.4	<ul style="list-style-type: none"> Clarify the pathway through the Early Help system and the role and contributions of the locality support arrangements in assessing need and managing risk. Define and communicate across the Early Help system the pathway and step up /step down procedures across the levels of need. Define and communicate within the Surrey partnership the role and function of the MASH 	Progress review by 30 September 2018	Amber: On going work within Children Social Care /JB change Director
4,10,11, 20,25	<p>Children are kept safe by a confident workforce who can make decisions about the right level of support to meet needs and manage risk.</p>	SSCB Business Group and Learning and Development Group All partner agencies	2.5	<p>Identify the workforce development needs and develop multi-agency training programmes to support practitioners in universal services to enable them to access appropriate tools to assess</p>	Progress review by 30 September 2018	

Key OFSTED Rec.	What difference will this make to children in Surrey?	Lead Subgroup/ Agency	Action No.	Action	Timescale	Status RAG
				emerging needs and develop an Early Help Plan.		
			2.5a	Partner agencies use effective triage when making a contact/submitting a Multi-agency referral form (MARF) to the MASH to ensure that an appropriate threshold decision has been made by practitioners	Progress review by 30 September 2018	Amber: On-going development work in Children's Social Care
3,10,20,22	Children receive support across a continuum of need that ensures that their emerging needs are recognised at the earliest opportunity and appropriate support is available to them in a timely manner	SSCB / Business Group	2.6	Develop a revised partnership Threshold Document /Level of Needs covering the whole of the Children's System	By 30 September 2018	Amber: On track
	Good information sharing protects children at risk of harm by removing the barriers that prevent informed decision making and robust safety planning	SSCB Business Group SSCB QA&P Group	2.7	Commissioning of a review of the Multi Agency Information Sharing arrangements to: <ul style="list-style-type: none"> Identify barriers to be overcome and work with partners to address 	By 30 September 2018	

Key OFSTED Rec.	What difference will this make to children in Surrey?	Lead Subgroup/ Agency	Action No.	Action	Timescale	Status RAG
				<p>these through protocols and systems</p> <ul style="list-style-type: none"> Test the impact of learning from Multi-agency case audits, SCR's and Learning Reviews in changing practice 		
23	Level of Needs Document/ Threshold guidance for professionals is clear on when consent is required /where confidentiality is a consideration or the need is overruled by the level of risk	SSCB Business Group	2.8	Clear guidance to be developed on when consent is required from parents; children and young people, who should gain this consent and how it should be recorded; Clear articulation of when risk outweighs the need for consent and confidentiality of records.	By 30 September 2018	Amber: On track
3, 22, 97	Reduction in the number of inappropriate/ incomplete referrals to MASH ensures that children are kept safe by timely and appropriate intervention.	SSCB Learning & Development sub-group	2.9	Professionals are supported through training and awareness raising to use appropriate tools to identify an escalating risk and make complete and appropriate referrals into MASH/ statutory services	By 31 December 2018	

Key OFSTED Rec.	What difference will this make to children in Surrey?	Lead Subgroup/ Agency	Action No.	Action	Timescale	Status RAG
106	Children are seen their wishes heard and are kept safe in an effective countywide Early Help System.	QA & P Group	2.10 links to 1.4	Audit of Early Help 'contacts/referrals' across Surrey evaluates the impact and effectiveness of the Early help System from Universal Services to Statutory interventions and practice shows that in Early Help Assessments and through the monitoring of outcomes there is evidence that children have been seen and heard.	By 30 September 2018	
3,4,5,7,10,11, 20,22,23,25, 29,31	Practitioners are equipped through robust Multi agency training to support high quality decision making that keeps children safe from harm and holds risk at the right level in the children's system.	SSCB Learning and Development Group / SSCB Training commissioners/ QA & P group	2.11 & 3.2	Multi-agency training ensures that professionals are trained in:	By 30 September 2018	
				<ul style="list-style-type: none"> Using Thresholds/Levels of Need to support decision making; 		
				<ul style="list-style-type: none"> Use of single agency triage/management oversight to discuss concerns and support decision making; 	By 30 September 2018	
				<ul style="list-style-type: none"> Professionals understand their roles and 	By 30 September 2018	

Key OFSTED Rec.	What difference will this make to children in Surrey?	Lead Subgroup/ Agency	Action No.	Action	Timescale	Status RAG
				responsibilities in the Early help System;		
				<ul style="list-style-type: none"> Referrals to the Multi Agency Safeguarding Hub (MASH) using the Multi Agency referral Form (MARF) are of consistently high quality and detail to ensure that Triage in the MASH is effective and timely; 	By 30 September 2018	
				<ul style="list-style-type: none"> Role of professionals in S47 enquiries, strategy meetings, conferences 	By 30 September 2018	
				<ul style="list-style-type: none"> Quality of assessment including the inclusion of family history and lived experience of the child 	By 30 September 2018	
				<ul style="list-style-type: none"> Supervision/ management oversight/ Escalation procedures are used routinely to challenge decision making when appropriate. 	By 30 September 2018	

Key OFSTED Rec.	What difference will this make to children in Surrey?	Lead Subgroup/ Agency	Action No.	Action	Timescale	Status RAG
4, 20,22,24,25 30	C&YP are being supported in the right part of the children's system to meet the level of risk and needs that they are experiencing.	QA & P Group Partnership data teams	2.12	Data, and quality assurance activity evidences the timeliness of response to C&YPs needs, identification of risk and evidence of decision-making and management oversight to ensure that their needs are being met at the right level.	By 31 December 2018	
Priority 3: Reduce harm to children and young people in vulnerable groups at risk of exploitation						
26,	Children at risk of exploitation are supported by well trained professionals skilled in identifying exploitation and in understanding and managing risk to vulnerable children	SSCB Strategic Case Review group / Neglect group/ SEAMMB / DAMB	3.1	Review learning from audits, inspections ,case reviews and JTAI reports to identify where additional support to professionals is required in: recognising risks and in identifying children at risk of exploitation	By 31 July 2018	Amber: On track
		SSCB Learning and development Group	2.11 & 3.2	Review and update training materials to reflect the findings of 2.1 & 2.2, and OFSTED findings and ensure that practical exercises within training sessions support	By 30 September 2018	

Key OFSTED Rec.	What difference will this make to children in Surrey?	Lead Subgroup/ Agency	Action No.	Action	Timescale	Status RAG
				professionals in conducting dynamic risk assessments and using thresholds to support professional judgements when identifying next steps.		
10, 11,	Children's needs are assessed using evidence based tools which use a strengths based approach to provide consistent practice and good outcomes for families across Surrey.	SSCB Neglect Group/ Policy and Procedures QA & P Learning and Development	3.3	Agree within the partnership which evidence based tools will be used, when and by whom and to support practitioners in the assessment of risk at all levels of the children's system.	By 31 December 2018	
4,7,10,20,24,35	Assurance that within the partnership children are kept safe and that interventions to support escalating risks for children & families are effectively managed.	SSCB Business Group	3.4	To oversee a focussed piece of work on Risk: including 'holding of risk within the Children's system'; conducting dynamic risk assessments; management supervision in response to changes in risk.	By 31 March 2019	
102	Evidence of good information sharing across key partner agencies that enables an	SEAMMB	3.5	Develop a profile of children considered at RM meetings that enables the risk to children across multi	By 31 December 2018	

Key OFSTED Rec.	What difference will this make to children in Surrey?	Lead Subgroup/ Agency	Action No.	Action	Timescale	Status RAG
	effective and informed response to children at risk of exploitation.			vulnerabilities to be mapped, analysed and shared with Police, CSC and Health to inform statutory interventions		
	A comprehensive problem profile identifies children at risk, hotspots and informs disruption activities and enables targeted intervention to keep children safe from exploitation.	SEAMMB	3.6	Analysis of the integrated missing data identifies the push/pull factors affecting individual children and allows problem profiling to be more comprehensively developed.	By 14 December 2018	
		SEAMMB	3.7	Develop Understanding within the partnership of exploitation in Surrey, where it occurs by locality, gender, ethnicity/group, type of harm and frequency.	By 30 September 2018	
	SSCB Dataset and audits shows the impact of improved management of risk; better analysis and interpretation of RHI data and compliance with statutory guidance improves outcome for children known to be at risk of exploitation.	QA & P Group Exploitation & Missing Delivery Group	3.8	Development of the SSCB Scorecard and audit programme to provide assurance and challenge to the system on how well vulnerable children and young people are being protected and the	By 30 December 2018	Amber: On track

Key OFSTED Rec.	What difference will this make to children in Surrey?	Lead Subgroup/ Agency	Action No.	Action	Timescale	Status RAG
				interdependencies between risk factors are recognised and responded to appropriately in a timely way.		
Priority 4: Ensure that all partners working with Children and Young People in Surrey recognise and respond to the needs of children and young people living with domestic abuse, substance misuse, neglect and mental health concerns to improve their outcomes and keep them safe.						
	A strategy that supports professionals to deliver Change that Lasts and the development of sustainable and cost effective Domestic Abuse service across the County that improves outcomes for families and keeps children safe	Domestic Abuse Management Board / Learning & Development Group	4.1	Refresh of Domestic Abuse Strategy reflects the findings of the Safe Lives review, legislative changes, the OPCC cost benefit analysis and learning from survivors / case reviews	By 30 September 2018	Green: Completed
	Professionals demonstrate understanding of the impact of coercive control and Domestic Abuse, and support survivors and their families to engage with services and get the 'right help' at the 'right time'	Domestic Abuse Management Board	4.2	Raise awareness with professionals and families of the impact of domestic abuse & coercive control on outcomes for children.	By 31 December 2018	
10 & 11	Assurance that children's wellbeing is central to risk assessments and safety	QA&P, Neglect Group, Health Group,	4.3	Multi-agency audits and case tracking/reviews show professionals are confident	By 31 March 2019	

Key OFSTED Rec.	What difference will this make to children in Surrey?	Lead Subgroup/ Agency	Action No.	Action	Timescale	Status RAG
10& 11	planning.	Education Group		in assessing the risks and impact on a child's wellbeing of mental health, substance abuse, DA,		
			4.4	Family Resilience and strength based practice enables professionals to raise awareness of risk, build resilience and keep children safe.	By 31 March 2019	
	Assurance that the Domestic Abuse Strategy is achieving its objectives and that children in Surrey are seen safe and heard.	Domestic Abuse Management Board	4.5	Regular updates on progress against Surrey's response to JTAI are provided with supporting data to the QA & P Group.	By 30 September 2018 and 31 December 2018	Amber On track
10	Neglect Strategy and guidance supports professional practice to recognise and respond to emerging concerns of Neglect at the earliest opportunity.	Neglect sub Group	4.6	Launching and embedding the strategy and guidance and ensuring that neglect assessment tools are used consistently to identify risk and inform plans for intervention.	By 30 December 2018	Amber On track
10, 11,24,26,31	Children at risk of neglect or serious harm are kept safe by practitioners who understand and can consistently implement	SSCB Learning and Development Group / Quality	4.7	Evaluate, review and revise the Multi agency training provided to practitioners to ensure that it is fit for	By 30 September 2018	

Key OFSTED Rec.	What difference will this make to children in Surrey?	Lead Subgroup/ Agency	Action No.	Action	Timescale	Status RAG
	threshold guidance, and who use appropriate SSCB Tools & Guidance to identify, prevent and reduce neglect	Assurance and Performance (QA&P)		purpose and includes use of EH Tools/ supervision & management oversight and supports early identification of Neglect and/or significant harm.		
29,	Risks associated with neglect, children living with DA, parental substance misuse and the mental ill health of parents are kept safe within an early help system that identifies, assesses risk and provides the right support at the right time, at the right level	SSCB / Business Group, (QA&P) Neglect Group / P & P Group	4.8	The SSCB is assured that the whole of the Children's System supports the identification and holding of risk for vulnerable children & young people in the right part of the system and ensures timely of risk and need when circumstances change.	By 31 March 2019	

Appendix A

Recommendations from the LGA Peer Review

- Review the functions and membership of the SSCB Full Board in readiness for the changes in Working Together to Safeguard Children 2018-2019, including the frequency of meetings;
- Review with a view to reducing the number of sub groups including the alignment with other partnership boards;
- Establish a Strategic Executive of the three main partners, Surrey County Council, Clinical Commissioning Group and Surrey Police;
- Clarify the roles of CDOP and Strategic Case Review Group (SCRG) including the referral process to SCRG;
- Integration of SSCB Plans;
- Board members look at undertaking joint or individual visits to partner organisations;
- Develop a culture of continuous improvement based on confident and respectful challenge;
- Use performance information to better inform priorities and measure impact along the child's journey.

Surrey Health and Wellbeing Board

Date of meeting	13/09/18
Report author and contact details	Kate Scribbins, CEO, Healthwatch Surrey Kate.Scribbins@healthwatchsurrey.co.uk
Sponsoring Surrey Health and Wellbeing Board Member	N/A

Item / paper title: Healthwatch Surrey, Annual Report 2017/18

Purpose of item / paper	<p>Healthwatch Surrey is the local independent champion for service users, families and carers across health and social care.</p> <p>This Annual Report provides a summary of the organisation's activity, and what it has heard from local people, in 2017/18.</p>
Surrey Health and Wellbeing priority(ies) supported by this item / paper	<p>Healthwatch Surrey's role includes:</p> <ul style="list-style-type: none"> • Information, signposting and advice about local services • Independent NHS complaints advocacy services • Community engagement • Research • Championing the involvement of local people in the delivery of services <p>Through this role – and its statutory seat on the Health & Wellbeing Board – Healthwatch Surrey has directly contributed to all 5 Health & Wellbeing Board strategic priorities in the past year.</p>
How does the report contribute to the Health and Wellbeing Board's strategic priorities in the following areas?	<p>1. Centred on the person, their families and carers</p> <p>Example: Having heard from local people that discharge from hospital was an important issue, we worked in collaboration with local hospitals, visiting wards to talk to patients and conducting an online survey. We found that lack of clear information caused unnecessary worry and in some cases there was inadequate planning for the return home. We made six recommendations for improvements and have developed a patient/family/carer-centred checklist to help enable patients to take more control and be more empowered during the discharge process.</p> <p>2. Early intervention</p>

Example: We have been very active in the last year in sharing what we heard from the public about child and adolescent mental health services, enabling some families to get their voices heard, sharing our insight with the Children's Health and Education Select Committee and contributing to the Independent Review, as well as sharing individual concerns with the provider.

3. Opportunities for integration

Example: We were delighted to be able to work closely with the Epsom @ Home team to conduct an evaluation from the patient perspective of this integration initiative. Our findings were presented to the hospital Board and more patient feedback mechanisms have been put in place as a result of our collaborative work.

4. Reducing health inequalities

Example: Our work to amplify the voices of users of HIV and sexual health services and to ensure they were heard as those services changed in Surrey. Healthwatch acted as a conduit for individual patients who needed help and support in raising concerns about their care, as well as sharing these concerns more generally in a patient working group.

5. Evidence based

One of our key goals as an organisation is to ensure our work is based on sound evidence. This year local people shared almost 4,000 detailed experiences of health and social care services with us. All our reporting is based on insight that we gather from the public.

6. Improved outcomes

As a result of our work:

- Almost 3,000 local people have received advice and signposting to help them access health and social care services.
- Over 250 people were supported through the NHS complaints process by our advocacy service.
- As a result of our Enter and View visits to care homes and our summary report, the majority of homes who responded to our impact assessment told us they had reviewed their provision of meaningful activities, and explored ways that families, friends and volunteers could get involved in these activities.
- Following our report "My GP Journey", about the barriers some people face in accessing appointments, the majority of GP practices who responded to our impact assessment said they planned to incorporate our findings in some way. This

	<p>included one practice manager who is using our video as part of disability awareness training.</p> <ul style="list-style-type: none"> • Vulnerable patients with complex HIV and sexual health conditions were enabled to have their voices and concerns heard as the service moved to a new provider. • The patient and service user voice is being heard across seven workstreams of the Surrey Heartlands STP as a result of our recruitment and support of 'Citizen Ambassadors' who bring an independent perspective to the work of these programmes to improve healthcare in priority areas.
Financial implications - confirmation that any financial implications have been included within the paper	N/A
Consultation / public involvement – activity taken or planned	N/A
Equality and diversity - confirmation that any equality and diversity implications have been included within the paper	N/A
Actions requested / Recommendations	<p>The Surrey Health and Wellbeing Board is asked to:</p> <ul style="list-style-type: none"> • Note and endorse this Annual Report. • Promote this Annual Report and the role and services of Healthwatch within their organisations. • Promote the engagement of local people and service users, and the involvement of patients as partners in service development, as widely as possible across the system as integration and change develops. • Maximise all opportunities to make best use of Healthwatch's insight and expertise in engaging with local people, so that the whole system benefits from hearing more, and sharing what we hear.

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Our year in review 2017/18



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We will be making this annual report publicly available on 30 June 2018 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Groups, Health and Wellbeing Board, Adults and Health Select Committee and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us (details on back page).



Thank you from our Chair and Chief Executive

Healthwatch Surrey's success in championing the views of local people relies upon building trust and respect with all individuals, groups and partners with whom we interact to collect and share information. As we have extended our activities in the past year, we are particularly pleased with the progress made in our relationships with health and social care system partners. Both the breadth and depth of our involvement has increased and this has led to more issues being raised and positively addressed.

More broadly across the system, joint decision-making and working is driving integration of services and accelerating change. This needs to go hand in hand with greater local accountability, and progressively more and different engagement and involvement of local people. This is essential if services are to be fully fit for those who use them.

Genuine engagement is not easy. It can be challenging to reach a diverse range of people and secure the necessary and timely inputs required to help shape, refine and change services.

We have seen encouraging moves away from tokenistic, 'tick-box' engagement exercises, and Healthwatch Surrey has been active during the past year in highlighting both good and bad practices. This we will continue to do; challenging poor practice as a 'critical friend' and being an enabler and partner to help achieve better engagement wherever that is necessary.

'Hearing more and sharing more' is another key contribution that Healthwatch Surrey can make as part of the drive for improved health and wellbeing for the county's people and communities. To pursue this, we are rolling-out area groups as the next stage of our development, following the successful trial of the area group of volunteers approach in Surrey Heath. The next area group

being established is in Guildford and Waverley and others will quickly follow to achieve full coverage of Surrey. Area groups deliver two main benefits: they take us deeper into local communities so we hear more, especially from the 'seldom asked', and they let us reach deeper into system decision-making structures, enabling us to share more. Area groups will therefore provide more quality feedback, leading to more things being progressed, with many able to be dealt with quickly at the local level.

A great deal has been achieved over the past year, as you will see as you read on. These achievements, together with the learning gained as we have progressed, provide great foundations for our future development and contributions. So we recognise and are grateful to all those who have made this possible. We thank everyone who has shared an experience with us, giving us the independent insight we depend on to do our job. We also thank our partners in the NHS and social care who have welcomed our presence and valued our feedback.

Finally, a huge thank you goes to all our volunteers, without whom none of what follows in this report would have been possible.

Peter Gordon, Chair
Kate Scribbins, Chief Executive

What we do

We are an independent organisation that gives people a voice to improve and shape services and help them get the best out of health and social care services.

We engage with and listen to what people from all parts of the community say so that we can offer reliable evidence that can be trusted. That way, we will have the credibility to speak with a voice that is heard and taken seriously by decision makers.

Getting out and about and hearing from the people of Surrey

Our community engagement work enables people to share their views and concerns about local health and social care services. This can include using our 'Enter and View' powers to visit health and social care services across Surrey.

Influencing change and improvements

We provide evidence-based feedback to commissioners and providers to influence, inform and, if necessary, challenge decisions and plans. This includes reports and recommendations to influence the way services are designed and delivered.

We can also report concerns about the quality of care to the Care Quality Commission so they can take action.

Information, signposting and advice

We provide, or signpost to, information about local services and how to access them through our telephone Helpdesk (0303 303 0023), local Citizens Advice, website and social media.

Independent health complaints advocacy

In partnership with Surrey Independent Living Council (SILC), we are able to provide free, independent support and assistance to people who might need support to make a complaint about an NHS service. We work to ensure people can represent their own interests as far as possible and not to offer advice on how we think an individual should act.



We make a difference based on your feedback

This year...

- Local people shared **3,824** detailed experiences with us
- We raised **210** issues and concerns with commissioners and providers of health and social care services
- We helped **476** local people through our Helpdesk (0303 303 0023)
- Our Healthwatch Champions in local Citizens Advice offices helped **2,381** people
- Our Advocates helped **255** people to make a complaint about NHS services
- Our volunteers contributed **1,697** hours
- 59** people shared their experiences of discharge from hospital and as a result we created a hospital discharge checklist which is being trialled by Royal Surrey County Hospital (see page 17)
- 237** care home residents and their families shared their care home experiences with us (see page 16)

And this has led to...

- More opportunity for voices of vulnerable patients with complex HIV and sexual health conditions to be heard as the service transitions to a new provider (see page 9)
- Additional arrangements were put in place for patients with complex HIV and sexual health conditions when service provider changed
- Assurance that improvements are being made with the NHS 111 service and Public Health to improve signposting and access to services
- More children and family voices heard as a result of our work to highlight concerns with child and adolescent mental health service waiting times
- Funding secured for four Surrey-based Safe Havens and one in Hampshire (see page 16)
- Community Matron employed to assist care homes with identifying areas for improvement (see page 16)

Collaboration with the 'whole system' to embed the public's voice in service planning

We were selected by Surrey Heartlands Health and Care Partnership to recruit seven 'Citizen Ambassadors' to enable local people's voices to be properly heard as health and care leaders shape the future of NHS and social care services in Surrey.

Citizen Ambassadors are paid roles for up to 10 hours a month who are able to bring a constructive and independent perspective to the work of seven transformation programmes.

We are really excited that the health and social care system recognises the value that our independence and experience will bring in helping to ensure the voices and needs of local people - citizens - remain at the heart of discussions and plans about the future of services.

Kate Scribbins, Healthwatch Surrey Chief Executive

Progressing your priorities

Improving the experience of making a GP appointment

“We will work with local CCGs to ensure that [My GP journey] findings are shared with all local GP practices, so that they can take this feedback into account in the provision of care for their patients.” NHS England

Early intervention in mental health

We have seen a number of positive outcomes from our work with Safe Haven service users (see page 16).

Amplifying the voice of care home residents

Care homes pledge to significantly improve their activities for residents following ‘My way, every day’ report.

Improving the experience of hospital discharge

Our hospital discharge checklist is being trialled at the Royal Surrey County Hospital.

Find out more on pages 15–17

Sharing our learning - awards, recognition and publication

During 2017/18 we created a number of opportunities to share our learning nationally and with other Local Healthwatch.

Presenting our work at national conference

We delivered three workshops at Healthwatch England’s annual conference to share our escalation process, how we measure impact and our Patient Leaders work. Our work on impact was particularly well received and for weeks after the conference, we continued to receive requests for help and information from other Local Healthwatch.

Case study in national guidance

We were featured in Healthwatch England’s guidance on engaging with Overview and Scrutiny Committees. Our case study described the protocol we have with Surrey Health and Wellbeing Board and Adults and Health Select Committee (previously Surrey County Council Wellbeing and Health Scrutiny Board) and the work we do to build our relationship with officers and councillors and keep them up-to-date. A link to our protocol was also included in the guidance.

Evidence contributed to new best practice guidelines on care homes

We submitted evidence from our work to amplify the voice of care home residents (see page 16) as part of the National Institute for Health and Care Excellence’s (NICE) guidance document: *People’s experience in adult social care services: improving the experience of care and support for people using adult social care services*. The guidance can be seen at: nice.org.uk/guidance/ng86

Highly commended for Safe Havens work

We are delighted to have been ‘highly commended’ for a national ‘Diversity and Inclusion’ award that celebrates the difference local Healthwatch have made to health and social care for our work highlighting the experiences of people living with mental ill health in Surrey and the ‘life saving’ work of the Surrey Safe Havens (see page 16).



We support community groups and projects

We have continued our Community Cash Fund, a small grants scheme that enables groups and individuals to apply for up to £1,000 of funding to deliver projects that will help local people to speak up about local health services and boost their wellbeing. In 2017/18, we awarded funding to five projects:



The East to West Trust - relational support work groups

The Trust ran 10 groups across seven schools in Surrey to support young people who are showing signs of low self-esteem and deliver interventions for 60 of the most vulnerable students.

Oxted Young Persons Theatre - inclusive theatre for the community

Weekly workshops for people over the age of 65, exploring areas of drama, music, storytelling, socialisation, writing for theatre stage, poetry, stage makeup and work towards a performance.

Ash Parish Dementia Action Alliance - The Creativity Box

A craft initiative to enable people living with dementia and their carers to enjoy expanding their creative skills using hands, eyes and minds. The Creativity Box has also created a scrapbook on film of artwork and craftwork with quotes about how living with dementia has impacted their lives.

Dyscover - Aphasia Ambassadors Group - Health phase

Aphasia Ambassadors visited a number of health settings within the local community to present to the staff and care teams their personal experiences of aphasia, the impact upon them and provide information on what strategies can help people to communicate effectively.

Friends of Bushy Hill Junior School - Bushy Hill family recipe book

Children and their families at Bushy Hill School created a healthy eating recipe book to include recipes with the vegetables available on the school allotment. The book has information and advice about healthy lifestyles and includes signposting to a range of local health services. Each book also contains a survey and links to an anonymous online version.

We also held a celebration event, compered by Mark Carter from BBC Surrey, to enable 2016/17 projects to present their work.

More information about the Community Cash Fund projects can be found on our website:

healthwatchesurrey.co.uk/our-work/community-cash-fund/

We listen to local people in a range of ways

Our community engagement work enables people to share their views and concerns about local health and social care services which we can use to improve services.

Listening events

We have increased the number and the variety of events we have organised and attended to help raise awareness and give a wider group of people the opportunity to share their views. We have also organised events to support specific projects including the GP online work (see page 15).

Throughout the last year, we have visited family fun days and school summer fairs, high streets and shopping centres, GP practices, hospital reception areas and outpatient departments. We also heard more than 300 experiences during our Spring 'listening tour' when we held 24 events across Surrey at district and community hospitals, hubs, council offices and high streets.

New ways to engage

In addition to our established methods of engagement, we have introduced some new initiatives to enable us to meet more people and react to what we are hearing.

Reactive engagement

Last year we pioneered a reactive approach to engagement that enabled us to visit service providers that we may have concerns about to gather more evidence and enable us to take more robust action.

Patients sharing their experiences while in hospital

Our staff and volunteers visited three medical wards at St Peter's Hospital to gain further evidence and insights from patients while they were still within the hospital following two patient experiences shared with us. They gathered 80 positive and negative experiences

which were themed around staff shortages, positive attitudes of staff, disturbances on the wards at night, discharge planning and communication with patients.

Our findings and recommendations were shared directly with the hospital and we received a detailed response from their Chief Nurse that outlined the work the Trust is doing to address the issues we raised.



Engagement allows us to have an ear to the ground to find out what is happening and react as needed.

Jade Vlada,
Healthwatch Surrey Engagement Officer

Sexual health service change consultation process challenged

We attended an event in May 2017 to listen to views about proposed changes to the location of services affecting people with HIV and sexual health conditions and the potential closure of Blanche Heriot Unit at St Peter's Hospital following a change of NHS provider, from Ashford and St Peter's NHS Foundation Trust to Central and North West London NHS Foundation Trust. 81 people attended the meeting and during that time, 48 experiences were shared with us.

We shared the feedback with commissioners and challenged their level of engagement and consultation around the service change. We also used our legal power to challenge the process by referring it to the Adults and Health Select Committee.

As a result of our intervention, additional public meetings were held and additional transition arrangements were introduced, particularly for patients with more complex needs.

Care Quality Commission inspections

We took part in a new method of Care Quality Commission (CQC) inspection which involved us facilitating focus groups with children, young people and adults in mental health hospitals and rehabilitation services. During sessions about the privately-run child and adolescent mental health service unit at Cygnet Hospitals, Woking, we heard that experiences from the children and young people using the service were poor and major issues around safeguarding and staff culture were uncovered. As a result, the young people's ward was temporarily closed by NHS England and the CQC whilst a review was carried out.

I have been receiving rave reviews about your engagement sessions this week and thank you for your excellent contribution to our inspection process and the rich material you gathered.

Russell Hackett, CQC Mental Health Inspector

Commissioned work

As a social enterprise we look for opportunities to secure additional sources of income by offering services that are complementary to those of our main Healthwatch contract. As a result of this and our recognised engagement expertise, we were commissioned by Epsom and St Helier University Hospitals NHS Trust to develop opportunities for Surrey residents to share their views on where a new health facility for the sickest people might be built.



We ran showcase events at Epsom Downs Racecourse, held drop-in events at community, hospital and high-street locations across the local area and hosted an online survey to get a wide range of views. We were then able to independently review and share the feedback for consideration by the Trust. We spoke to 2,058 people at our engagement events, 8,948 saw our facebook adverts and 5,144 viewed our dedicated web page.

Volunteers

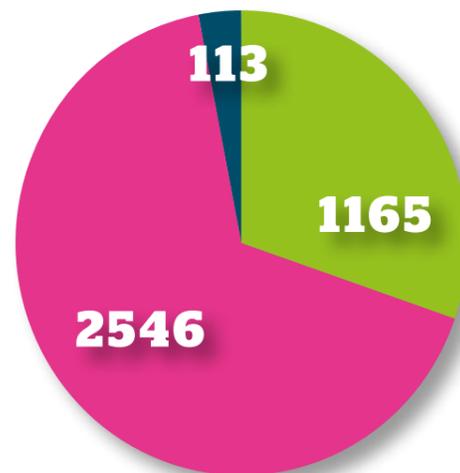
In addition to the volunteers who already support us at engagement events, we have now trained our volunteer group in Surrey Heath to hold their own engagement events and use their local knowledge to seek out the most seldom-heard voices in their local community.

We analyse what we've heard

We heard **3,824** detailed experiences during 2017/18 - through our Helpdesk, our Healthwatch Champions in Citizens Advice offices and at our various engagement events and meetings.

Just over two thirds of experiences (67%) were negative. The majority of experiences were about hospitals (44%) and GPs (28%).

The highest proportion of **positive** experiences from the most talked about service types was about emergency care. The highest proportion of **negative** experiences was about mental health.



- Positive
- Negative
- Neutral

What we've heard most about

Service	Positive	Negative	Neutral	Total
General practice	411	606	37	1054
Mental health (adult)	30	171	7	208
A&E	86	83	6	175
Inpatient care	20	125	2	147
Sexual health	30	84	0	114

There was a significant increase in feedback about sexual health services - rising from one experience in 2016/17 to 114 in 2017/18. Just under three quarters (74%) of these were negative sentiments, compared with an overall average of 67% negative sentiments. See page 9 for information about our work on sexual health services.

Communication to patients and hospital discharge were the topics with the highest proportion (78%) of negative experiences

See page 17 for information about the work we have done to review and improve communication around hospital discharge.

81% of what we've heard about **residential care homes** was negative.

See page 16 for more information about our work with care homes.

95% of experiences we heard about **child and adolescent mental health services** were negative.

See pages 9, 14 and 16 for more information about our work in this area.

Hospital (1691)

64% Negative, 34% Positive

GP (1056)

58% Negative, 39% Positive

Mental Health (305)

87% Negative, 10% Positive

Social Care (292)

83% Negative, 15% Positive

Emergency Care (90)

28% Negative, 59% Positive

Negative experiences **Positive experiences**

(As a proportion of all comments about the topic. Other comments received had a neutral sentiment.)

We raise issues and concerns as a result of what you told us

We use our evidence-based feedback to influence, inform and, if necessary, challenge the way services are designed and delivered.

We hold regular 'What we've heard' meetings with commissioners and providers to enable us to raise issues and concerns directly and ensure specific action is taken to improve a particular service.

In addition to our regular meetings with commissioners and providers, we also take the voice of local people to a wide range of decision-making forums and monitoring groups including:

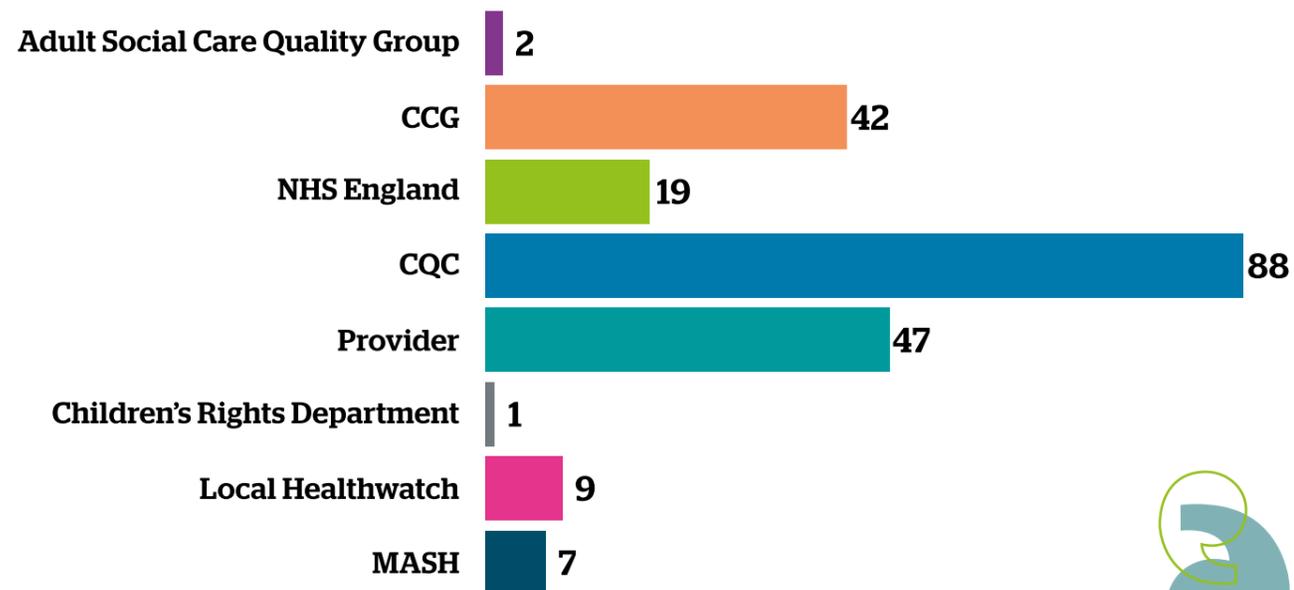
- Health and Wellbeing Board
- Adults & Health Select Committee
- NHS England Quality Surveillance Group
- Children's & Young People Partnership Board
- Safeguarding Adults Board
- Surrey Priorities Committee
- North West Surrey Primary Care Co-Commissioning Board
- Surrey Quality Assurance Group (Adult Social Care).

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Escalating concerns and issues

Our Escalations Panel, which comprises volunteers, Board members, staff, and Helpdesk advisers meets every month to agree which issues need to be shared and how. However, urgent issues regarding safeguarding and patient safety are escalated immediately to the relevant organisation or group such as the Care Quality Commission (CQC) or the Multi-Agency Safeguarding Hub (MASH).

During 2017/18 we shared **210** issues.



Unsafe discharge

When we gathered people's experiences of the Epsom@Home service (see page 17) we had concerns for the welfare of a lady who had been discharged from hospital to a supported living environment as she was worried that her mobility problems would affect her ability to escape in an emergency. We raised our concerns to the Multi-Agency Safeguarding Hub who referred us to the locality social work team. We chased the team on a number of occasions before escalating it to two separate area directors. Our alert was combined with two other safeguarding referrals (one from the housing provider and one from the ambulance service). As a result, the fire service visited and confirmed that the lady was safe and a package of care has now been put in place.

'My GP Journey' video used by Moathouse Surgery in disability awareness training



The Practice Manager at Moathouse Surgery in Merstham ran a disability awareness training for all staff and used our 'My GP Journey' video as part of the training. We were also invited to talk about the report and the recommendations during the training session.

The video can be viewed by visiting our YouTube channel - search **Healthwatch Surrey**. See page 15 for more information about our report.

Mental health support following adult sexual trauma

We heard from three people who have had difficulties accessing appropriate mental health support after experiencing rape or sexual abuse as an adult or a child. They had tried to seek support for their mental health and felt they'd been let down by the NHS. One person felt her GP had offered no meaningful help, she couldn't access face to face specialist advice and was told that help with sexual abuse is not offered by the NHS. Another had been passed from pillar to post and waited for months until she eventually sought help privately.

We tried to clarify the situation with NHS commissioners. They told us that face to face assessment for IAPT should be available when needed and have taken this up with the provider. The commissioners also confirmed that information on mental health services about sexual trauma available to GPs is not comprehensive, and that as a result doctors may not be aware of what support is available or how to access it. They told us that complex commissioning arrangements involving Public Health and charities as well as NHS services create challenges and are taking steps to provide clearer information around this.

We have been assured that work is underway to improve the directory of mental health services used by the NHS 111 service (as part of the specification for the new service) and that commissioners are working with Public Health to redesign functions and develop an easy-read map of mental health services in Surrey to improve signposting and access to services.

Additionally, a new service is now being developed for sexual trauma and we have recommended that the patient voice is included as it develops.

Ear wax clinic

We identified multiple experiences of people being turned away for treatment by GPs in North West Surrey who were not aware that the microsuction services for ear wax are now provided at Ashford and St Peter's hospitals. We escalated the issue to the local Clinical Commissioning Group who took action to promote the service through its monthly e-newsletter to GPs.

Long waits for Child and Adolescent Mental Health Services (CAMHS)

We raised concerns about the lack of timely access to CAMHS with senior NHS staff and shared our evidence with local politicians at the Children's Health and Education Select Committee. We then actively worked with the local media to amplify the voices of children experiencing issues with emotional wellbeing. We supported parents and carers to share their experiences with BBC Surrey, Eagle Radio, Get Surrey and the Surrey Advertiser.

An independent review of CAMHS is being conducted and we are sharing our insight. The Committee also increased its scrutiny of the services and called for more evidence around the experience of children and families.



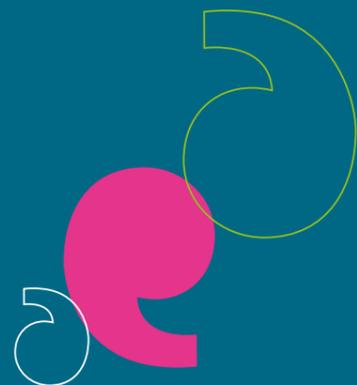
Our Priorities

In order to maximise our impact, we focus our work on a number of priority areas. We review these each year to ensure the issues remain relevant and we are able to have a positive effect on services on behalf of people in Surrey. We also use the database to inform our priorities, based on what people are telling us.

Our priorities this year were:

- Improving the experience of making a GP appointment
- Early intervention in mental health
- Amplifying the voice of care home residents
- Improving the experience of hospital discharge

Information about these projects can be found on the next page.



We work on projects based on local feedback

Changes and improvements have also been made as a result of our project work around four priority areas.

Improving the experience of making a GP appointment

My GP Journey

Our 'My GP Journey' report explores the GP experiences of 120 people from seldom heard and vulnerable patient groups (such as those with long term conditions or a disability). The experiences cover all stages from registering and booking an appointment, through to attending the surgery and getting treatment.



Key themes that came out of the report included: difficulty booking appointments, lack of staff awareness about their particular conditions and low uptake of online booking.

Following the report, we found:

- 90% of the GP surgeries who took part said the findings were very helpful or helpful.
- 34 out of the 37 practices said they planned to make changes or to incorporate the feedback into their practice in some way.
- 67% of the practices said they are now considering how patients with long term conditions can visit staff training sessions to talk about living with their condition.

A summary of the responses we had to our report can be seen in the Impact Report on our website.



"We will work with local CCGs to ensure that [My GP journey] findings are shared with all local GP practices, so that they can take this feedback into account in the provision of care for their patients."

NHS England



GP Online

Our volunteers teamed up with eight GP practices across Surrey to help raise awareness of online GP services and gather views on how the current system is working as part of a national campaign to help more people make the most of the internet.

We spoke to almost 300 people during the week, including views gathered from over 150 people through an online and freepost survey. We heard about the benefits of using GP's online services, why people don't use them and what improvements are needed to increase the use of them.

Our findings can be seen in our report: 'GP online: Even better if... People's experiences of GP online services' and a summary of the report 'GP online: understanding and increasing the use of online GP services in Surrey'.

Early intervention in mental health

Safe Haven Impact Report

In April 2017 we published our report 'Keeping the Light On' to give Safe Haven service users the chance to share their views on mental health services and the way the Safe Haven service is provided.

This was followed by our Impact Report which was published in October 2017 to share the positive feedback the report received along with several positive outcomes, including:

- Woking Safe Haven have adopted recommendations from service users to show pictures of the inside of the Safe Haven so they know what to expect
- The central risk assessment used by all Safe Havens will be updated in response to an incident of assault we reported at one local Safe Haven

We also shared our report with Healthwatch Norfolk to help them understand how people using crisis cafes feel about the service, as part of their work with local commissioners.

Amplifying the voice of care home residents

My Way, Every Day – Impact Report

In the Summer of 2017, we published an Impact Report for 'My Way, Every Day'; our report looking at how care homes in Surrey provide activities for care home residents.

As a result of our report, a community matron has been employed to assist care homes with identifying areas for improvement and care home providers have told us:

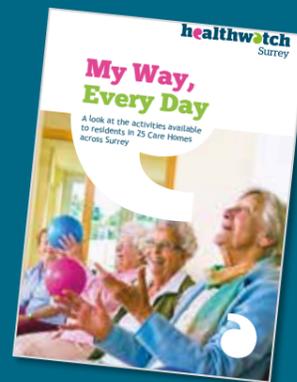
- 85% have reviewed their activity provision to make sure people can participate in activities in a flexible way, overcoming any health limitations.
- 71% have reviewed their recruitment processes, induction planning and job specifications to ensure that 'meaningful activities' is integrated into every care worker's job role.
- 76% have explored ways in which family, friends and volunteers could get involved in meaningful activities.

We also carried out a series of 20 Enter and View visits to care homes across Surrey in January and February. The individual reports are on our website and a full report will be published in May 2018.

Our work with the users of Safe Haven was Highly Commended in a national Healthwatch England award for working with seldom heard groups.

- Mainstream funding from Clinical Commissioning Groups (CCGs) is being used to support four Surrey-based Safe Havens and one Hampshire Safe Haven, following successful piloting.

Our escalation of safety concerns about a care home we visited in East Molesey resulted in it being closed by the Care Quality Commission.



Investigating the experience of hospital discharge

Hospital discharge report

We worked with local acute hospitals to gather older people's experience of being discharged from hospital. We visited wards at a number of hospitals to talk to patients about their experience of communication around hospital discharge processes and also conducted an online survey encouraging people to share their experiences.



We found that a lack of clear information and communication is causing unnecessary worry for people leaving hospital. This includes inadequate plans for transport home and relatives not receiving information about changes to care, such as new medication being prescribed.

We analysed the in-depth experiences of 59 older people and their relatives, before and after being discharged home from hospital in a report about what people told us about their expectations, needs and experiences throughout the process of leaving hospital. Our report, 'It's difficult to know what to ask', included six recommendations directed at hospital staff, hospital discharge teams, social care teams and providers of residential care.

The report also led to an interview on BBC Surrey with our CEO Kate Scribbins, to help raise awareness of the issues people face when leaving hospital.

A summary of the responses we received about our hospital discharge report from the commissioners and providers can be found in our Impact Report:

<https://www.healthwatchesurrey.co.uk/wp-content/uploads/2017/06/Hospital-Discharge-Impact2018-HWSy.pdf>

Hospital discharge checklist for patients

We took our findings and worked closely with hospitals, patients and other organisations to design a checklist of key questions raised by patients as being important to consider before leaving hospital.

The checklist, 'Leaving hospital - What do I need to know?' is available as a printed copy and online at:

healthwatchesurrey.co.uk/our-work/reports-and-papers/project-reports/

The checklist is being trialled at the Royal Surrey County Hospital.

"I think it's useful to have these questions there. There are things you like to know so you have to ask. It's easy to read through it all and it would help me to get things straight."

Patient

Epsom Health and Care @Home

The Epsom Health and Care @Home team provides integrated care for patients over 65 who are being discharged from hospital. We worked with them to supplement their own evaluation to understand what is being done well and what could be done better from a patient (and carer/relative) perspective.

As a result of the evaluation the Epsom Health and Care @Home team have started to make telephone calls to follow-up with patients and provide a method of feedback.

We provide information and advice about health and social care

Our information and advice service helps to signpost people to the right health or social care service or organisation for their needs (such as: Age UK, Mind, Care Quality Commission and Social Services). We can also offer information if they want to share their experience or make a complaint.

Our specially trained Healthwatch Champions can give face-to-face advice from five Citizens Advice offices, as well as a dedicated Helpdesk telephone number for people to call in confidence.

 **0303 303 0023**

2,857 people have received help via our Helpdesk and our Healthwatch Champions this financial year.

Face-to-face 2,381 2017/18

Helpdesk 476 2017/18

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Case Study - Help with concerns over care provision

A lady had become unhappy over the last year due to more than 30 changes of live-in carer, and the significantly reduced quality of care. She hadn't complained as she was concerned that the agency might remove the care services completely if she did. Our Helpdesk explained the responsibilities of the provider to ensure care was provided which gave her the confidence to raise her concerns.

This financial year we moved our telephone Helpdesk service to one of our local Citizens Advice offices, who already provide our face-to-face information and advice service.

Case Study - Homeless man helped to access GP services by Healthwatch Champion

A man in his early 60s visited Citizens Advice after coming back to the UK from living abroad. He was homeless, living off friends, in poor physical health and relying on a local food bank.

He told our Healthwatch Champion that he couldn't access GP appointments at local surgeries because he had no proof of address to give them. The champion found the nearest GP surgery which was taking homeless patients and contacted them on his behalf.

They advised him of the process and the man said he would go back to the GP centre to register with them.

We help and support with NHS complaints

Our independent health complaints advocacy service helps people to make complaints about an NHS service. We provide free, confidential, independent support and assistance to anyone living in Surrey who needs to make a complaint.

People can use the service to make complaints about hospitals, GPs, mental health services, nurses, pharmacists, dentists, opticians, 111, walk-in centres, NHS-funded private care and more.

During the 2017/18 financial year, we provided the service in partnership with Advocacy in Surrey whose trained advocates helped explain the options available and support individuals to pursue a chosen course of action throughout the complaint process. Our advocates don't offer legal or medical advice but they can offer help and support.

The most common complaints our advocates helped with were around hospital services, GP services and mental health services.

People supported through the complaint process

2017/18 255

2017/18 163

New referrals

My advocate always supported me and I know I would have found it hard to sort out things on my own. Advocacy service client

Case Study - Patient struggling after husband's death in hospital receives advocacy help

A lady whose husband died from a diabetes-related illness contacted our advocacy service as she felt the hospital had some responsibility for his death and she couldn't grieve properly as a result.

An advocate met with her at home to explain the NHS complaints process and helped her to write a complaint letter to the hospital in question. However, she was not happy with the answers they gave her.

A Local Resolution Meeting (LRM) was then arranged and the advocate helped both the lady and her daughter through the process of preparing for, and attending, the meeting.

The staff were very helpful and answered all of the questions, after which the lady felt much happier and better understood the hospital's decisions.

New advocacy provider

Our advocacy service is now provided by Surrey Independent Living Council (since April 2018).

Tel: 01483 310500

SMS: 07704 265377

Email: nhsadvocacy@surreyilc.org.uk, www.surreyilc.org.uk

We couldn't do any of this without our volunteers

Volunteers are fundamental to our work and are at the heart of everything we do. They bring huge experience, knowledge, dedication and enthusiasm and make our work to improve services possible.

Our local volunteer groups help us to increase local engagement with people throughout Surrey, set up events and help us achieve our outcomes by providing us with valuable knowledge and intelligence.

We are becoming more volunteer-led as we create much broader opportunities for people to join us, based on their skills and passions, rather than trying to fit people into specific roles. This includes volunteers who help with admin duties in our delivery team office. To support this, we have been working to get to know our volunteers better and held a lunch 'n' learn session with volunteers and staff to highlight all of the ways volunteers can get involved in our work.

Contribution to Projects

Volunteers are actively involved in all aspects of our project work - from planning to implementation - and play an integral part in the development of projects across all of our key priorities (hospital discharge, care homes, GP access and mental health).

Involvement in Escalations Panel

Additional volunteers have joined our Escalations Panel to help share their advice and experiences. The Panel decides what action to take and/or which issues to prioritise for further/specific action around services with high levels of negative experiences, as well as in individual cases which cause concern.

If you are interested in volunteering with us, please contact us:

healthwatchesurrey.co.uk/get-involved/volunteer

Celebrating success with a Christmas party

We can't emphasise enough the value which the work of our volunteers brings to the organisation, so to say thank you we got all of them together for a Christmas party in December. It was a wonderful event, with over 20 volunteers attending, to celebrate all of the hard work they carry out throughout the year.

Learning from volunteers in Patient Leaders to shape Citizens Ambassadors

We used our experience of training volunteers to be 'Patient Leaders' to create seven new Citizen Ambassador roles to work with Surrey Heartlands Health and Care Partnership this year. These paid roles will bring their own insight and views from the local community into discussions across service transformation programmes comprising: Mental Health, Women and Children's Services, Cancer and Digital, MSK, Out of Hospital and Cardiovascular.



Our volunteers contributed **1697 hours** the equivalent of **45 working weeks** during 2017/18

Surrey Heath Volunteer Group

We have provided training for our volunteers in Surrey Heath to enable them to carry out their own volunteer-led engagement events in the area. This has enabled them to forge relationships and establish local community connections. The group have been holding regular meetings and held a successful engagement event in Camberley Mall.

Patient-led assessments (PLACE)

Several of our volunteers have helped to support two acute trusts and four community hospitals to carry out Patient Led Assessments of the Care Environment (PLACE). These assessments give patients and the public a voice to discuss the local standards of care.

Apprenticeships

Following the success of our first Business Administration and Marketing Apprentice, who completed her apprenticeship in September 2017, we have recruited a new Apprentice to join us.

Sexual health services feedback



Liz Sawyer is a volunteer who represents us on the Central North West London NHS Foundation Trust and Surrey County Council Patient Working Group (Sexual Health). Liz explains why she got involved:

"When I heard local sexual health clinics were being closed due to Public Health budget cuts I was very concerned that local vulnerable groups would not be able to access health services that they continue to need. "A stitch in time saves nine". These preventative public health services are key to containing costs in other health services.

"Through a long career in IT technology services I have successfully challenged the 'status quo' and transformed the way services are delivered. In my view the radical transformation we are seeing in public health needs commissioners and service providers to actively listen to service users and develop a trusting relationship to be effective."

Liz's work has helped to open communication channels, making Healthwatch Surrey a conduit for patients who want to provide feedback on the new sexual health services.

Governance and decision making

Healthwatch Surrey is governed by a Board that meets in public every quarter and members of the public are encouraged to attend the meetings and ask questions. The Board reviews all of our thematic priorities at the end of each year and uses what the people of Surrey tell us, to drive continuous improvement in the health and social care services. They combine consultation and engagement work with assessment of national issues to make sure our views and priorities are always balanced.

The current members of the Board, the majority of whom are independent Non-Executive Directors, are:

- **Peter Gordon** (Chair)
- **Jason Davies** (Deputy Chair)
- **Lynne Omar**
- **Wanda Jay**
- **Deborah Mechaneck**
- **Richard Davy** - Director appointed by Surrey Independent Living Council
- **Mark Sharman** - Director appointed by Help and Care
- **Laurence Oates** - Director appointed by Citizens Advice Surrey

Kary Backhouse was a Non-Executive Director until October 2017.

We listen to your concerns to plan our future work

Our project work enables us to find out more about a particular issue or service and make recommendations for change or improvements.

Projects are based on themes that are influenced by what people are telling us (e.g. through feedback on our website, through our Helpdesk or attendance at our listening events). We take account of what we hear about most frequently and also whether what we hear is good or bad. These form our priority areas and help us to focus our project resources on areas where we feel we can have the most impact for local people.

Each theme usually guides our work for three years, however we do have an annual review of whether our priorities still fit with what local people are saying.

We published a report summarising the process for reviewing our priorities and what people told us as part of the review in January 2018.

The report can be seen on our website:

www.healthwatchesurrey.co.uk/about-us/our-priorities/

More than **150** people took part in our review of priorities in November 2017.

As a result of this year's review of priority areas, our Board agreed to retain the priorities which are mid-way through a three-year cycle for 2018/19. These priorities are:

- early intervention in mental health (which will cover the concerns raised during our review about a lack of support for people living in the community with mental health issues)
- amplifying the voices of care home residents
- investigating the experience of hospital discharge.

The Board also agreed to replace the priority area 'improving the experience of making GP appointments' (which has been a priority since 2014) with a new priority area:

- care services for vulnerable and older people living at home.

Our finances

Summary of Healthwatch Surrey's financial activity (subject to independent audit) for the year 2017/18

Below is a summary of Healthwatch Surrey's financial activity (subject to independent review) for the year 2017/18.

Income	£
Funding received to deliver local Healthwatch statutory activities in Surrey and the county's Independent Health Complaints Advocacy Service	601,282
Expenditure	
Operational costs	258,346
Staffing costs	303,984
CIC costs	9,248
Total expenditure	571,578
Balance brought forward	29,704

Note to 2017/18 figures

The Healthwatch Surrey CIC Board decided to carry forward the £29,704 end of year balance to meet commitments to move to new office accommodation, pay outstanding Community Cash Fund invoices, and provide additional staff resource on increased activity in delivery of our work plan.

Our reserves balance as of March 2018 stands at £69,441. The Board keeps the Company's Reserves Policy under review and considers this is the level currently required to ensure we can provide financial stability and fulfil our continuing obligations.

Healthwatch Surrey C.I.C. contractors

Surrey Independent Living Council, Astolat,
Coniers Way, Guildford, Surrey, GU4 7HL

Advocacy in Surrey, Surrey Disabled People's
Partnership, 51 Commercial Way, Woking,
Surrey, GU21 6HN (until 31 March 2018)

Citizens Advice Runnymede and Spelthorne,
The Old Library, Church Road, Addlestone,
Surrey, KT15 1RW

Citizens Advice Waverley, 36 Bridge Street,
Godalming, Surrey, GU7 1HP

Citizens Advice Reigate and Banstead District,
24 Cromwell Road, Redhill, Surrey, RH1 1RT

Citizens Advice Woking, Provincial House, 26
Commercial Way, Woking, Surrey, GU21 6EN

Citizens Advice Surrey Heath, Knoll Road,
Camberley, Surrey, GU15 3SY

About Healthwatch Surrey

Healthwatch Surrey is an independent local watchdog that gives the people of Surrey a voice to improve, shape and get the best from health and social care services.

Contact us

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