

**MINUTES** of the meeting of the **SOCIAL CARE SERVICES BOARD** held at 10.00 am on 7 September 2015 at Ashcombe, County Hall, Kingston upon Thames, KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Friday, 30 October 2015.

**Elected Members:**

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

**Ex officio Members:**

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

**Substitute Members:**

Mr Bill Chapman

**22 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Barbara Thomson, Dorothy Ross-Tomlin and Yvonna Lay.

Bill Chapman acted as substitute for Dorothy Ross-Tomlin.

**23 MINUTES OF THE PREVIOUS MEETINGS: 25 JUNE 2015 AND 9 JULY 2015 [Item 2]**

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

**24 DECLARATIONS OF INTEREST [Item 3]**

There were no declarations of interest.

**25 QUESTIONS AND PETITIONS [Item 4]**

There were no questions or petitions.

**26 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SCRUTINY BOARD [Item 5]**

There were no responses to note.

**27 WORKING TOGETHER TO SAFEGUARD CHILDREN 2015: RESPONSE TO NEW STATUTORY RESPONSIBILITIES [Item 7]**

**Witnesses:**

Caroline Budden, Deputy Director for Children, Schools and Families

Julian Gordon-Walker, Head of Safeguarding

Gordon Falconer, Community Safety Unit Senior Manager

Helen Atkinson, Director of Public Health

**Key points raised during the discussion:**

1. The Board was informed that information sharing had improved between safeguarding partners and as result of the change in Missing and Exploited Children's Conference (MAECC) process. It was highlighted that work was being developed with district and boroughs to improve disruption techniques, and that this work would seek to engage community impact and action groups.

[Marissa Heath arrived at 10.15am]

2. A question was raised about the manner in which voluntary sector organisations could be supported in helping reduce the risk of Child Sexual Exploitation (CSE). Training and awareness raising campaigns such as Chelsea's Choice were highlighted by officers as being particularly significant in assisting in that regard. The Board was informed that engagement with community safety officers in particular had seen an increase in referrals and raised awareness.
3. The Board sought clarity on the numbers of children and young people identified at risk of CSE. It was clarified that 293 had been identified as

having been at risk at one time or another. 96 were identified as being at risk at the time the report had been written. The Board went on to question what measurable outcomes there were in terms of monitoring the effectiveness of safeguarding interventions. Officers responded that there were a number of indicators; these included the number of teenage pregnancies and instances of Sexually Transmitted Diseases being reported. It was also highlighted that the new and evolving responsibilities required shifts in the culture of partner organisations such as health, in order to understand how the safeguarding community could work together to identify those at risk.

4. The Board was provided with an update on the Female Genital Mutilation (FGM) Task and Finish Group, which had been established by the Surrey Safeguarding Children's Board (SSCB). It was agreed that officers would circulate the latest report of this group to the Board outside of the meeting. Initial findings suggested that there were relatively small numbers of the population considered at risk of FGM when compared with the national picture, but that specific targeted work needed to be undertaken to address gaps within the Surrey profile on FGM.
5. Officers highlighted that work had been undertaken in partnership between Surrey and Sussex police in Gatwick, in order to engage with families travelling to countries where there was an increased risk of FGM. In addition the Task and Finish Group was reviewing policies and procedures in line with protocols that had been established in Manchester, an area considered best practice in this regard. Toolkits and guidance were being circulated to schools, with primary schools receiving these as a matter of priority and secondary schools to be updated in the next year. There were also increased efforts to raise awareness with Members. The Board queried what had been done to engage governing bodies in these safeguarding areas. It was highlighted by the Cabinet Member that policies on school safeguarding were being refreshed and that this would also set out advice for governors in this area.
6. The Board was informed that the Council had gained additional responsibilities under the Terrorism and Security Act 2015 in relation to those at risk of radicalisation. Officers told the Board that this was a transfer of responsibilities from the police with no additional funding attached. The Board was informed that Government had recently offered £100,000 as a one off grant for non-priority areas. It was highlighted that processes were being restructured in line with the requirements of the new legislation, and officers gave an outline of the role of Channel Panels in addressing those at risk of radicalisation.
7. Officers highlighted that Surrey Police were responsible for the Counter-Terrorism local plan, and that the organisation shared a partner version with the chief executives of both the county, district and borough councils. The Board was informed that this partner version of the local plan indicated limited, little or no Islamic State of Iraq and the Levant (ISIL) activity. Officers commented that historically radicalisation in Surrey was more likely to be related to far-Right or environmental groups.

8. The Board raised a series of concerns about the thresholds for what would be considered radical activity. It was explained that there were defined thresholds for police assessment in order to ensure that any response was proportionate to the level of risk. Officers highlighted the changing nature of terrorism, with more attacks being carried out by individuals rather than organised cells. It was recognised that this, as well as the increasing role of the internet in radicalising individuals, posed a significant challenge for services.

### **Recommendations**

The Board recommends:

- That an assessment is undertaken to establish the Council's expenditure for recent additional responsibilities to the Council following the Counter-Terrorism and Security Act, 2015 passing into law.
- That officers work with key partners in the voluntary, community and faith sector to identify possible training gaps for front-line agencies in relation to CSE, FGM and Radicalisation.
- That the latest report of the FGM Task and Finish Group is shared with the Board and a further update brought in 12 month's time.
- That progress on the County's Prevent Strategy Action Plan be brought to the Board in 12 month's time

## **28 CHILDREN, SCHOOLS AND FAMILIES STRATEGIC DIRECTOR UPDATE [Item 6]**

### **Witnesses:**

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

### **Key points raised during the discussion:**

1. The Board was informed that the Ofsted Improvement Plan would be agreed on 9 September. The Improvement Board that had been established in December 2014 would be expanding its membership to health, police and school partners. The Department for Education had also appointed Rose Collison to support the Council to deliver its improvement plan, and she would be joining the Improvement Board.
2. The Board was informed that Ofsted would conduct monthly case audits for the next 12 months as part of the improvement plan. There would also be quarterly updates to Ofsted on progress, followed by a public report in 6 months. After 12 months the Council would be subject to a further inspection. The Board was told that no improvement notice had been issued by the Department for Education to date.
3. The Board raised a question about transition and what progress had been made in progressing a task group in this area.

4. The Board queried what impact the current refugee crisis was having on demand for services. Officers outlined that there was an increased number of unaccompanied asylum seeking children from Syria and other areas of conflict. There had been a 50% increase in the number compared to the same point the previous year. There was also external pressures as other Local Authorities such as Kent struggled to identify placements for children. The role of Adult Social Care was also highlighted in regard to families, and officers commented that the Association of Directors of Adult Social Care would be meeting to consider how the region can respond collectively.
5. The Board raised the question of how volunteers offering their homes to refugees would be vetted. It was clarified that unaccompanied children would not be placed in family homes without following the appropriate policies and procedures for children who are Looked After. It was also highlighted that there was no current national view on how volunteers could best support families seeking refuge in regard to offering housing.

## **29 ADULT SOCIAL CARE STRATEGIC DIRECTOR'S UPDATE [Item 8]**

### **Witnesses:**

Dave Sargeant, Strategic Director Adult Social Care  
William House, Strategic Finance Manager

### **Key points raised during the discussion:**

1. The Board was advised that the Strategic Director would introduce the Better Care Fund (BCF) on behalf of the Surrey-wide Better Care Fund Board. The purpose of the Fund was to manage down demand on the health service through prevention approaches, protection of social care and a shift in activity away from the acute sector. A single pooled budget between health and social care was to be created, in Surrey there are seven. The fund has not come from 'new' money instead coming from existing Clinical Commissioning Group (CCG) budgets.
2. The Strategic Director explained that the Surrey Better Care Board had oversight of the single Surrey plan operating on behalf of the Surrey Health and Wellbeing Board. It was stated Six Local Joint Commissioning Groups (LJCGs) were responsible for the development and agreement of local plans, determining how the fund is spent in that area. A number of areas that were developed on a countywide basis these were; workforce, equipment and information sharing.
3. The Board were given an overview of the finances behind the BCF detailed in the agenda papers. Adult Social Care received £25m from the Fund to 'protect' social care; this investment will be focused on preventative services. The BCF includes support for Adult Social

Care's new Care Act duties and replaced what was known as Whole System Funding. That money is now overseen by LJCGs and used, for example, to provide social care teams in hospitals. Payment of £1.5m for performance of the BCF in reducing non-elected hospital admissions by 1% would be released in 2016.

### **30 BETTER CARE FUND POSITION STATEMENT [Item 9]**

#### **Witnesses:**

Dave Sargeant, Strategic Director Adult Social Care  
William House, Strategic Finance Manager  
Helen Atkinson, Director of Public Health  
Richard Bates, Chief Finance Officer, East Surrey CCG  
Karen Parsons, Chief Operating Officer, Surrey Downs CCG  
Sonya Sellar, Mid Surrey Area Director, Adult Social Care  
Elaine Newton, Director of Governance and Compliance, Guildford and Waverley CCG  
Shelley Head, North West Area Director, Adult Social Care  
Lisa Compton, Operations Director, Locality Hubs, North West Surrey CCG  
Sue Robertson, Head of Collaborative Programmes and Partnership, North West Surrey CCG  
Sarah McBride, Director of Delivery, North East Hampshire & Farnham CCG  
Jean Boddy, Surrey Heath and Farnham Area Director, Adult Social Care  
Nicola Airey, Director of Strategy, Surrey Heath CCG

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

Helyn Clack, Cabinet Member for Wellbeing and Health

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

#### **Key points raised during the discussion:**

##### **East Surrey LJCG**

1. The Board were advised that there is a plan to develop Health and Social Care hubs across East Surrey to breakdown barriers to see improvements in number of patients ready for discharge. The Chief Finance Officer noted that the LJCG members are beginning to learn how they work and that the 2015/16 year will hope to see how the progress goes with the challenge of measuring delivery benefit of individual schemes. The first-quarter results of their work have been released and have started to show evidence of delivery of the BCF metrics.
2. East Surrey CCG is financially challenged and not currently assured by NHS England therefore it is under increased scrutiny. The CCG's recovery plan indicates a return to financial balance in 2016/17. The financial challenge has been a catalyst for a stable health and social care system and the development of a pragmatic relationship with the Area Director, Surrey and Sussex Healthcare NHS Trust (SASH), the Ambulance Service and the First Community Health and Care.

3. The Scrutiny Board Chairman asked for confirmation of the financial challenge faced by East Surrey CCG. It was stated that this was £20 to £25 million in savings by the end of the 2015/16 with the target of decreasing the annual budget from £180 million to just under £120 million in 2017.
4. The aim for the LJCG is to develop hubs including primary care and social care to provide support for early discharge and to reduce inappropriate admissions. East Surrey has seen a reduction in the number of non-elective admissions and progress is being made with SASH on patient flow and discharge. The Chief Finance Officer emphasised the need to focus on overcoming the barriers to integration and they are considering how to integrate the separate commissioning teams through co-location and joint procurement and the challenge of measuring the benefits of individual schemes.

### **Guildford & Waverley LJCG**

5. The Director of Governance and Compliance advised that the CCG is assured with support and has a challenge savings programme. It has agreed a variable base contract with its acute hospital – Royal Surrey County Hospital – which puts a cap on their overall risk. The CCG have forged links with the Adult Social Care Area Director who is now part of the CCG's executive management team.
6. There are five General Practitioner hubs titled 'My Care, My Choice' with a multi-disciplinary team to provide for high risk patients and there is a pilot in East Waverley underway. A challenge exists around measuring benefit necessitating constant monitoring and review.
7. The LJCG have developed a discharge response strategy and has identified a core group of residents to test the model which is set to begin in autumn with a review across the winter period to provide proof of concept and build schemes based on evidence.

### **Surrey Downs LJCG**

8. The Board were informed that the Surrey Downs CCG has a financial recovery plan under the direction of NHS England. The CCG's financial challenge is saving of £18 million in year one to break even in 2017/2018. Of the CCG's budget, £16.4 million is part of the Better Care Fund with £15.2 million closely monitored.
9. The CCG faces three health economies including three Acute Hospitals – Epsom and St.Helier, Kingston and SASH. The local partners actively engage and work through the Transformation Boards. They have developed a strategy that focuses on out-of-hospital care. The Epsom General Practices have been successful in gaining funding from The Prime Minister's Challenge Fund to invest further in primary care and as a result, they have developed an enhanced GP service. This work aims to decrease the amount of hospital admissions and improve the discharge process.
10. The Area Director for Mid-Surrey noted that a community hub model has been developed. This provides an integrated approach to deliver

Health and Social Care, initially focusing on people over 75 years. This will then be rolled out to support adults over 65 and adults with long term conditions. The enhanced GP services will provide dedicated medical support to the hubs. The Elmbridge Hub has been launched with the Epsom and Dorking Hub soon to follow.

11. The Adult Social Care Commissioning Managers work closely with Surrey Downs CCG and have a base in the CCG offices. This has helped to develop local joint working and has for example, last year helped to secure the nursing places to respond promptly with pressure on the system over winter.
12. The rapid response model has now evolved into a GP led, Community Assessment and Diagnostic Unit (CADU), based at Epsom Hospital. This will provide a seven day GP led service, with same day diagnostics being available and support from Social Care and Community Health to respond quickly and help to prevent people needing admission to hospital. We have planned a simulation event with local residents to test the model, prior to implementation and will be continuously revising the effectiveness of the approach throughout winter.
13. Enhanced GP services will provide more medical support to hubs to deal with complex cases and provide medical services in a community setting. The rapid response model aims to provide community assessment and diagnostics following GP referral to avoid admissions and will operate seven days a week. The Adult Social Care Commissioning Managers work closely with Surrey Downs CCG often in the CCG offices. This helped to secure the nursing places to cope with the winter pressures in a quick manner.
14. The Adult Social Care Commissioning Managers work closely with Surrey Downs CCG and have a base in the CCG offices. This has helped to develop local joint working and has for example, last year helped to secure the nursing places to respond promptly with pressure on the system over winter.

### **North West Surrey LJCG**

15. North West Surrey is the largest area in the county encompassing more than 300,000 residents, four boroughs, 42 general practices and the Ashford & St. Peter's Hospitals Foundation Trust. The CCG has had issues achieving a stable senior management structure and there were lots of lessons learnt and knowledge developed that had come from the winter pressures faced by the system in 2014. The savings target for 2015/16 is £15.9 million.
16. The LJCG has identified six transformation areas: Planned Care, Children and Young People, Mental Health, Urgent Care, Integrated Care (for the age 75 plus cohort) and Targeted Communities. The latter three relate to the BCF. To deliver the BCF metrics three locality hubs are being created with a Woking hub up that will be running before Christmas and the other two hubs operating in 2016.



17. The LJCG's key development is these Locality Hubs and sourcing three buildings for the hubs has been a significant challenge as has information governance. The main aims of the hubs are preventing increased frailty and hospital admissions. The hubs focus on a specific cohort (aged 75 plus) but the model is scalable. The hubs will include new staff roles that fall between primary and secondary care and GPs to offer a joined-up approach. They will also include the voluntary sector to offer social prescriptions such as exercise classes and to offer transport to patients to become a 'one stop shop' to break the cycle of hospital admissions.
18. A question was raised regarding the locality hubs of the NW Surrey group and how these would provide for mental health. The response was that they have a scalable model and are working closer with colleagues when the service is up and running to take referrals for different age groups and needs as well as providing services to those groups .

### **Surrey Heath LJCG and North East Hampshire & Farnham LJCG**

19. Both Surrey Heath and North East Hampshire & Farnham LJCG share acute and community provider systems. North East Hampshire & Farnham work with two County Councils and consist of 24 member practices. The CCG have been chosen as one of the national vanguard sites to accelerate progress towards integration and reducing hospital admissions.
20. Surrey Heath CCG is the second smallest group in England and the Director for Strategy outlined the positives of that size to the board being that they are able to take decisions quickly, promote innovation and have been encouraged to work collaboratively to achieve economies of scale.
21. Surrey Heath has integrated teams with GPs and Community Nurses working 8am to 8pm, seven days a week. The CCG will deliver a budget surplus this year but the same challenges are prevalent such as non-recurrent funding and demand at acute level that will put the CCG into deficit in the year 2016/2017. It was noted that the relationships with providers are well established which allows for more mature conversations regarding change.
22. The Director of Strategy outlined three key challenges for Health and Social Care systems for the board:
  - How to allow money to follow people, the current system needs to go further in its encouragement of joint working.
  - Health and Social Care Systems need to build on the successes of BCF to share risks and successes beyond the established boundaries to break down cultural assumptions.
  - How to include the economic determinants of healthcare in prevention plans and achieve a balance between

centralism, localism and engaging communities in the development of services.

23. Adult Social Care the Surrey Heath CCG's Inner Area Director has been covering both Surrey Heath and North East Hampshire & Farnham CCGs. The NE Hampshire and & Farnham CCG's annual budget is £246 million and have introduced a new vanguard system with 24 member practices. The Chairman raised concern of the finance and asked the question of enforced reductions. Their savings target is £7.5 million this year. Further to this, the CCG will deliver a budget surplus this year but the same challenges are faced. The non-recurrent funding and demand at acute level that will be put the CCG into deficit in 2016/17.
24. It was noted that as well as to get budgets separately, sharing risks and success within the CCG as well as the implementation of devolution is both important to health and social care. The Surrey Heath CCG is also looking into a collaborative, joint commissioning as well as encouraging members to be active locally by offering an open invitation to members.
25. The Director of Public Health noted how the Social Care Services Board could use the BCF metrics to ensure the board scrutinise evidence-based outcomes of the LJCG's plans.
26. The Chairman of the Surrey Coalition of Disabled People sought to remind the Health and Social Carer Commissioners of the importance of the inclusion of mental health services in their hub models as well as to consider the needs of young carers as there was a feeling that they can be missed by the NHS and both Social Care and Health support. It was additionally noted that patients and carers more widely should be at the centre of plans for the Better Care Fund.

## **Recommendations**

The Board:

- That the Cabinet Members for Adult Social Care and Health and Wellbeing write to the Secretary of State for Health to outline the Government's rationale for asking Surrey CCG's to make 5% savings in their budgets this year as well as proposed reduction to ASC and Public health funding

Actions / further information to be provided:

- The Board encourages Local Joint Commissioning Groups to involve Local Committees in the development of health and social care integration in their areas.

Board Next Steps:

- A joint session is convened with the Wellbeing and Health Scrutiny Board in early 2016 to consider the outcomes of the six local plans outlined at this meeting.

**31 FAMILY, FRIENDS AND COMMUNITIES PROGRAMME UPDATE [Item 10]**

**Witnesses:**

Shelley Head, Area Director North West, Adult Social Care  
Garath Symonds, Assistant Director for Young People, Children, Schools and Families

**Key points raised in the discussion:**

1. The Board were advised that a marketplace that featured the various projects that form part of family and friends support programmes was set up for Members of the Board to visit and learn more about.

**Recommendations:**

None

**32 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 11]**

**Declarations of Interest:**

None

**Recommendations:**

None

**Actions/ further information to be provided:**

None

**Board next steps:**

None

**33 DATE OF NEXT MEETING [Item 12]**

The next meeting of the Committee will be held on 30 October 2015 at 10am

Meeting ended at: 1.28 pm

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**Chairman**

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