

Agenda

Adults and wellbeing scrutiny committee

Date: **Tuesday 29 January 2019**

Time: **10.00 am**

Place: **Committee Room 1, Shire Hall, St. Peter's Square,
Hereford, HR1 2HX**

Notes: Please note the time, date and venue of the meeting.

For any further information please contact:

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Agenda for the meeting of the Adults and wellbeing scrutiny committee

Membership

Chairperson	Councillor PA Andrews
Vice-chairperson	Councillor J Stone

Councillor MJK Cooper
Councillor PE Crockett
Councillor CA Gandy
Councillor JA Hyde
Councillor D Summers

Agenda

	Pages
1. APOLOGIES FOR ABSENCE To receive apologies for absence.	
2. NAMED SUBSTITUTES (IF ANY) To receive details of any member nominated to attend the meeting in place of a member of the committee.	
3. DECLARATIONS OF INTEREST To receive any declarations of interests in respect of schedule 1, schedule 2 or other interests from members of the committee in respect of items on the agenda.	
4. MINUTES To approve and sign the minutes of the meeting held on Tuesday 27 November 2018.	7 - 12
5. QUESTIONS FROM MEMBERS OF THE PUBLIC To receive any written questions from members of the public. For details of how to ask a question at a public meeting, please see: www.herefordshire.gov.uk/getinvolved The deadline for the receipt of a question from a member of the public is Wednesday 23 January 2019 at 5.00 pm. To submit a question, please email councillorservices@herefordshire.gov.uk Accepted questions will be published in an agenda supplement prior to the start of the meeting.	
6. QUESTIONS FROM COUNCILLORS To receive any written questions from councillors. The deadline for the receipt of a question from a councillor is Wednesday 23 January 2019 at 5.00 pm. To submit a question, please email councillorservices@herefordshire.gov.uk Accepted questions will be published in an agenda supplement prior to the start of the meeting.	
7. HEREFORDSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2017-2018 To review the annual report of the Herefordshire Safeguarding Adults Board (HSAB).	13 - 52
8. DOMESTIC ABUSE STRATEGY 2019-2022 To make recommendations to the executive regarding the updated joint domestic abuse strategy for Herefordshire.	53 - 102
9. COMMITTEE WORK PROGRAMME 2018/19 To consider the committee's work programme.	103 - 116

10. DATE OF NEXT MEETING

To confirm the date of the next scheduled meeting in public.



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Minutes of the meeting of Adults and wellbeing scrutiny committee held at Committee Room 1 - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Tuesday 27 November 2018 at 10.00 am

Present: Councillor PA Andrews (Chairman)
Councillor J Stone (Vice-Chairman)

Councillors: MJK Cooper, PE Crockett, DW Greenow, JA Hyde and D Summers

In attendance: Councillors FM Norman and NE Shaw

Officers: Justine Bennett, Audrey Clements, John Coleman, Andrew Lovegrove, Amy Pitt and Stephen Vickers

24. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor CA Gandy.

25. NAMED SUBSTITUTES (IF ANY)

Councillor DW Greenow acted as a substitute for Councillor CA Gandy.

26. MINUTES

RESOLVED:

That the minutes of the meeting held on 2 October 2018 be confirmed as a correct record and signed by the chairperson.

27. DECLARATIONS OF INTEREST

There were no declarations of interest.

28. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public.

29. QUESTIONS FROM COUNCILLORS

There were no questions from councillors.

30. SETTING THE 2019/20 BUDGET, CAPITAL INVESTMENT AND UPDATING THE MEDIUM TERM FINANCIAL STRATEGY

The draft budget for adults and communities was introduced by the Director Adults and Communities (DAC) and the Chief Finance Officer (CFO)

The DAC outlined the priority of the Adults and Communities directorate to establish a strengths based modelling approach to the provision of care services. The approach made an assessment of the need of clients of care services and sought to involve the local community and community-based organisations in the provision of care and support. The policy involved a reduction in cost but customer satisfaction with services had increased. It was explained that a number of existing care clients had been assessed under the old model of provision of care but were still in the system. A weakness in the previous framework and resulting assessments of care had caused a lack of autonomy for care clients and in some cases an over prescription of care packages. Targeted reviews were being undertaken to increase the level of independence to clients to ensure care packages were suitable to meet the level of need. The DAC provided details of the Community Development project to establish the support that existed in local communities and local initiatives which could be undertaken to enhance support.

During the debate the committee raised the comments outlined below:

- It was queried what clients of care were required to provide for themselves before determining what would be included in a care plan. *The DAC explained that the role of families was included in strength-based modelling and an assessment of community support. A holistic offer was made to the client including all suitable support within the local community; the role of the community broker was highlighted as an important feature of access to community support. It was explained that other local authorities were looking at the approach of the Council as a potential example for their provision of care services in the future.*
- The reviews of care packages were queried and the frequency of such reviews. The requirement for delicacy during reviews was highlighted in the communication of any reduction in the provision of care. *The DAC confirmed that 80% of care plans were currently reviewed annually. The need for sensitivity during changes to care packages was acknowledged but it was important that over prescription in packages was addressed to avoid clients becoming dependent on a level of care that was not required. Under the strengths based model a reduction in the care package was mitigated by community support available.*
- In the event that a care package review resulted in an assessment of a requirement for an increase in the provision of care, the committee queried how reactive the service was to respond to this increase in need. *The DAC acknowledged that an improvement to the speed of response was required which the Home First service sought to achieve.*
- The committee queried the number of self-funders for care and whether there was an increasing number that the Council would have to support financially as their level of assets decreased to below £23,000. *The CFO confirmed that the number of self-funders was understood and the capacity that existed in the market place. Occasionally the council had to step in to meet the costs of an individual's care needs but there was not felt to be a worrying trend in the level of self-funders. The DAC confirmed that the risk to the Council of self-funders reaching the threshold was continually assessed. Programmes, such as Home First, which focused on keeping people in their homes and out of residential care would help to reduce the costs of care to individuals and the Council.*
- The notion of co-housing of old people in bespoke communities was raised and the planning and construction of multi-generational homes. *The DAC explained that a range of commissioning options were being considered including remaining at home or in a community of homes enabled by assistive technology. The use of new technology to enable people to remain in their homes was a*

priority and sought to build on the work of the faster shire project. The Cabinet Member Health and Wellbeing explained the range of adaptations that were installed in homes to support independent living.

- The use of assistive technology to support care, enable independence and promote mobility was raised by the committee and an interest in seeing a proposed strategy for technology enabled care was expressed.
- The committee emphasised the importance of activities such as lunch clubs which should be included in plans for community development. *The DAC acknowledged the importance of such community initiatives which helped to address issues of social isolation and loneliness.*
- The committee considered the allocation of section 106 (developer contributions) funding to support local community facilities for adult social care. *The Deputy Solicitor to the Council confirmed that section 106 funding could be utilised for local facilities.*
- The funding from central government to address hospital admissions was raised and the extent of the problem in Herefordshire was queried. The provision of domiciliary services in rural areas was queried and the contribution made to avoiding admissions to hospital. *The DAC explained that the delay of transfer of care was too high. Support for domiciliary services was required and Home First was supporting efforts to prevent admissions and facilitate transfer from hospital settings.*

There was a brief adjournment at 10.55 a.m. The meeting reconvened at 10.58 a.m. and the committee continued the discussion as below:

- The committee questioned care provision for vulnerable adults with significant care needs and sought assurances that the Hillside Centre project could be delivered and sustained in the long term. It was commented that the budget on a capital project such as the Hillside Centre could be subject to flex and overspending. *The DAC explained that in developing the proposal for the Hillside Centre the council had engaged an expert on running care homes, undertaken assessments on the deliverability of the scheme and had ensured the project was robust. The Cabinet Member Health and Wellbeing explained that the need for the centre had been established and it provided a facility into the future when demand for dementia facilities would increase significantly. The DAC explained that the development partner had assessed the figures associated with the cost of the project and a contingency had been built into the budget to address potential increases in cost.*
- The committee raised the public health grant and its importance to the council to support the prevention strategy. *The CFO explained that the grant should be used to its utmost whilst it was available.*
- The committee queried the spend to save initiatives and how the proposals would be delivered. Details of how progress would be reported to committee was requested. *The CFO explained that reporting of the progress of the spend to save changes would be provided to the committee which would be set against the savings proposals.*

The statutory scrutiny officer presented a summary of recommendations emerging from the discussion regarding the draft budget which were approved by the committee.

RESOLVED: that

- 1. The committee supported the proposed budget.**
- 2. The committee would like to see a strategy for investment in technology enabled care and a budget allocated to take this forward**

3. The committee would like to see a review of current commissioning of domiciliary care, especially in our more rural parts of the county
4. The committee would like consideration given to a percentage of section 106 contributions being allocated for adult social care
5. The committee would like to see the spend to save business cases and the timing of when financial savings will be delivered

31. THE HOME FIRST SERVICE

The committee received a report concerning the Home First service, as attached to the agenda. Amy Pitt, Head of Partnerships and Integration (HoPI) introduced the report and provided the presentation in appendix. Justine Bennett, Operational Service Manager (OSM) and David Farnsworth, Wye Valley Trust (WVT) were also in attendance to provide detail on the work of the home first service. The HoPI explained that the service was part of integrated working in Herefordshire to reduce admissions to hospital, address delayed transfer of care through reablement and contribute to the strengths based model.

The committee made those points below in the discussion that followed:

- The challenge in providing two carers to clients who required support was queried. The recruitment of staff who did not drive was questioned. *The OSM provided an update on recruitment to the service with staff now numbering 31. It was confirmed that it could be struggle to allocate 2 carers to attend to clients particularly if they did not drive. People who were suitable to join the service were employed even if unable to drive.*
- The committee questioned those clients who did not need the level of service provided by Home First but were unable to access services of need from alternative providers. *The OSM explained that some clients did not want to leave the service and some private providers were unwilling to take on clients with complex needs.*
- The link to nursing services was also raised. *Mr Farnsworth, WVT, explained that there was a clinical interaction with the service with nurses and therapists. It was outlined that some clients would require the support of a district nurse.*
- It was queried whether recruitment was a problem for the service. *The OSM confirmed that there was no problem in the recruitment of carers to the service.*
- The committee queried whether the service would utilise the electronic appointments facility used by WVT. *Mr Farnsworth explained that the WVT were in discussions with a company to develop a new facility for appointments. The OSM confirmed that currently the Home First service used a paper based appointments facility but there was potential to link to the new system being developed in future.*
- The committee considered the performance of the service against the 91 day checks required. The use of written letters was suggested to increase the level of response by elderly clients. It was queried whether attempts were made to contact next of kin in the event of an absence of response by the client. *The OSM explained that under the performance measures clients must respond within three attempts at contact by the service. It was confirmed that next of kin were approached if their contact details were held. There was contingency planning in place for clients who did not respond to attempts at contact.*
- The committee queried how the service took account of winter pressures and prioritised discharges during visits to clients. *The OSM confirmed that a planning group regularly looked at cases entering and leaving hospital and used indicators to identify when someone could be supported by the Home First service.*

- The committee queried the role of the service to hand over clients to private providers, where they would be a cost implication, once reablement had been completed. *The OSM explained that the service facilitated transfer to alternative providers and in some cases paid-for services.*
- The committee requested details of the training undertaken for employees of the service and the previous experience of members of staff. *The OSM explained that there were 8 mandatory training modules that new staff had to undertake and most had previous experience. A new initiative was underway to offer a two week induction for members of staff with no previous experience but who possessed an aptitude and desire to work in the care sector.*
- It was proposed that work in the service should be publicised to looked after children as a potential opportunity if they were interested in work within the care sector.

Resolved – that:

- 1. The committee would like to see additional steps being taken, to the current phone call clients receive, in connection to the 91 day checks. For example, writing letters or utilising local ward or parish council members to visit clients and to ensure that links are made to local ‘good neighbour schemes’.**
- 2. The committee would like to see children/young people who have been through the care system being offered care training opportunities**

Councillor DW Greenow left the meeting at 12.19 p.m.

32. COMMITTEE WORK PROGRAMME 2018-19

The committee received and noted its work programme for 2018/19. It was explained that as part of the work shop proposed for the forthcoming workshop on 10 December concerning ‘Health and care system leadership, integration and Better Care Fund’ detail was sought on the following:

- What the Health and Wellbeing Board does as the system leader;
- An update on the STP and Integrated Care Organisation;
- A general update on the Better Care Fund; and
- A briefing note in advance of the workshop.

The statutory scrutiny officer outlined planning that was in progress to enable the scrutiny committees to consider any alternative budget that was received from political groups at the Council. All three committees would consider an alternative budget and submit recommendations to the general scrutiny committee.

The meeting ended at 12.30 pm

Chairman



Meeting:	Adults and wellbeing scrutiny committee
Meeting date:	Tuesday 29 January 2019
Title of report:	Herefordshire Safeguarding Adults Board Annual report 2017-2018
Report by:	Independent Chair

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To review the annual report of the Herefordshire Safeguarding Adult Board (HSAB), which addresses the work of the multi-agency partners in Herefordshire in safeguarding and promoting the welfare of adults at risk within the county, including achievements and areas for improvement, and priorities identified for 2018/19 in order to assess how effectively the board is working and to consider recommending further actions to secure improvements.

During the course of 17/18 the Board has strengthened the multi-agency partnership despite the challenges on organisational resources and capacity. We continue to raise the profile of safeguarding in Herefordshire with both citizen and organisations, including delivering sessions to parish council and developing resources for their use and delivering a multi-agency conference. Challenge continues to be the embedding of making safeguarding personal and work will continue on this through 2018/19.

Recommendation(s)

That:

- (a) The committee determine any recommendations it wishes to make to the Independent Chair of the Herefordshire, Safeguarding Adults Board, the executive, or the relevant health body, in order to secure further improvement.

Further information on the subject of this report is available from Anne Bonney

email: abonney@herefordshire.gov.uk

Alternative options

1. There are no alternatives to the recommendation. It is a function of the scrutiny committee to make reports or recommendations to the executive with respect to the discharge of any functions which are the responsibility of the executive, and to review and scrutinise any matter relating to the planning, provision and operation of the health service in its area and make reports and recommendations to a responsible person.

Key considerations

2. The work of the HSAB is a critical element of the ongoing challenge to keep the most vulnerable members of our Herefordshire communities safe from harm. It is well known to the board and the various partner agencies involved in the safeguarding of adults at risk that a number do regrettably come to serious harm. As such, the importance of an effective board and the effective co-ordination of high quality services, as reflected in the annual report, should be recognised.

HSAB annual report 2017/18

3. The strategic priorities for the 2017/18 period remain unchanged from 2015/16. These priorities, together with examples of progress made against them and continuing areas for development are detailed below.
4. Priority 1 - Partnership working
 - a. Assessment – Continued progress in this area during 2017/18, with future focus being on developing the effectiveness of performance management, particularly in relation to the partnership beyond the council.
5. There is good multi-agency involvement in the board, case studies are presented at every meeting, leading to discussion and debate about agencies and their roles in safeguarding both individually and collectively. Professionals are encouraged to consider the work of other organisations and invitations are issued to additional agencies or individuals to aid this and to improve knowledge and understanding.
6. A key element to effective performance management is the board's ability to collect the right multi-agency data. The council and health partners provide timely and accurate information, however some agencies and, notably the police as one of the principle partners, are still unable to provide the right information to inform board discussion and decision making. This is a position which is reflected nationally. The Independent Chair is working with the national Police Lead on Adult Safeguarding to secure progress.
7. There is an increasing expectation for 'the community' to look out and care for its own and an increasing need for communities and families to be more involved in the support and delivery of care. The board fully recognises that within this there is potential for safeguarding risk. Added to this, one of the significant challenges is the need to balance the perception of risk with a need to respect and support individuals to live in circumstances, which may in themselves, appear to be risky. The board is working with partner agencies and particularly the voluntary sector to raise awareness and understanding of this balance.
8. Priority 2 - Prevention and protection

- b. Assessment – Steady progress, with an ongoing need to find an effective means to gather the views of those who have been through the safeguarding process, and maximise the opportunity to engage through current partnership activity with those adults who may be at risk, for example fire safety visits by the fire service.
9. The board has approved a prevention strategy, which supports the development of initiatives to improve prevention, identification and response to abuse and neglect. It draws together work from partner agencies and includes a range of activities aimed at promoting general wellbeing and maintaining independence as a means of reducing vulnerability to exploitation, abuse or neglect. Included in this, is a work plan which will be monitored throughout the year by the business unit.
10. During the year, the board has promoted the initiative that will mean that their Herefordshire Fire and Rescue technicians will ask questions about health and wellbeing as well as fire safety during their visits. This has led to individuals being signposted to additional support and services that will maintain their independence and help them to live more safely.
11. Priority 3 - Communications and engagement
- c. Assessment – Steady progress, however communication will always remain a challenge as requirements, messages and workforce are continually changing.
12. During 2017/18 the board has engaged with a number of forums and events in order to promote its work. During the year, representatives attended the Engaging Communities event in Hereford that was hosted by Rhodius and spoke to members of the public about safeguarding. The board also repeated the exercise with parish magazines and requested that they include safeguarding information within their publications.
13. Priority 4 - Operational effectiveness
- d. Assessment – Slow progress, to embed the 'Making Safeguarding Personal' approach across partner agencies in Herefordshire and to roll out the training validation process. Good progress has been made in the overall tracking and delivery of priorities.
14. Making Safeguarding Personal has been slow to embed across partner agencies, several means have been used to promote this including the sharing of the sector specific Association of Directors of Adult Social Services (ADASS) guidance. Further work needs be undertaken on this subject
15. The training validation scheme requires organisations to show how their training is making a difference to the people who use their services and how the competency framework is used in the organisation to ensure a competent workforce. The take up of this has been slow throughout the year and is to be reconsidered.
16. In 2018/19, the HSAB will continue to prioritise the following areas:
- Develop relationships across agencies that deliver positive changes to safeguarding.
 - Ensure Herefordshire residents can recognise safeguarding concerns and know what to do.
 - Deliver the messages from the board and recognise the voice of those we safeguard.
 - Ensure safeguarding knowledge, processes, systems and structures are embedded across all agencies.

Further information on the subject of this report is available from Anne Bonney

email: abonney@herefordshire.gov.uk

17. The HSAB annual report sets out work plans to deliver on the priority areas.

Community impact

18. In accordance with the adopted code of corporate governance, Herefordshire Council must ensure that it has an effective performance management system that facilitates effective and efficient delivery of planned services. Effective financial management, risk management and internal control are important components of this performance management system. The council is committed to promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development, and review.
19. The partners represented on the board have statutory responsibilities for services in Herefordshire that safeguard and promote the wellbeing of adults at risk. The board has a statutory duty to scrutinise, challenge and support this work. The HSAB is a key part of the mechanism for challenge, supporting and promoting improvement of these services. The annual report and priorities going forward not only identify areas of safeguarding that require sustained focus and improvement, but also complement and support the work of the other partnerships in Herefordshire, such as the Children and Young People's Partnership's focus on early help, neglect and safeguarding, and the Community Safety Partnership's focus on domestic abuse.

Equality duty

20. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
21. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. As this paper is factually reporting on progress we do not believe that it will have an impact on our equality duty.
22. The Equality Act 2010 established a positive obligation on local authorities to promote equality and to reduce discrimination in relation to any of the nine 'protected characteristics' (age; disability; gender reassignment; pregnancy and maternity; marriage and civil partnership; race; religion or belief; sex; and sexual orientation). In particular, the council must have 'due regard' to the public sector equality duty when taking any decisions on service changes.
23. The HSAB pays due regard to The Equality Duty on public bodies and others carrying out public functions, specifically that public bodies consider the needs of all individuals in their

day to day work. This is particularly evident for example through the work of HSAB in embedding the 'Making Safeguarding Personal' approach within Herefordshire, so tailoring the service delivered to the individual's particular wants and needs, and ensuring that the voice of the adult informs decisions. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Our providers will be made aware of their contractual requirements in regards to equality legislation.

Resource implications

24. None associated with this report. Any resource implications arising from recommendations made by the committee will inform the relevant decision-makers' response to the recommendation.
25. The HSAB receives contributions from all partner agencies to fund the organisation and the work of the board. The available budget is identified and reviewed throughout the year and any risks identified; these risks are included within the annual report

Legal implications

26. The Care Act 2014 provides that each council must establish a Safeguarding Adults Board. The board has three core duties:
 - a) To develop and publish a strategic plan
 - b) To provide an annual report of how effective the local services have been
 - c) Commission safeguarding adult reviews (SARS)
27. Under statutory guidance the board has a duty to produce an annual report on the effectiveness of safeguarding adults in the area. The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should also identify weaknesses, causes of these and action to be taken to address them
28. Part 3 Section 4 of the constitution sets out the remit of the scrutiny committee.

Risk management

29. None associated with this report. Any implications arising from recommendations made by the committee will inform the relevant partners action planning and be monitored by the board
30. The current identifiable risks to the effectiveness of the board continue to be financial, as the need for contributing partners to identify savings continues.
31. The HSAB runs a joint risk register with the Herefordshire Safeguarding Childrens Board and the Community Safety Partnership in order to monitor and manage these risks where appropriate, and this is subject to regular review.

Consultees

32. None

Appendices

HSAB Annual Report 2017-18

Background papers

None



Annual Report

2017/18

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Foreword

Thank you for taking the time to read this annual report and your interest in safeguarding adults in Herefordshire.

Herefordshire's Safeguarding Adults Board comprises senior leaders from the range of commissioners and provider agencies who are the health sector, the Police, the Fire Service, the Local Authority Adult Social Care, and Public Health and representatives of the voluntary and community sector and residential care providers.



My role is independent of these organisations and my duty as Chair is to ensure that the Board is given adequate assurance that we are all delivering safe services, and that Board Members hold each other to account for this. This is particularly important to ensure that we keep adults safe in Herefordshire as we are all working together in very challenging times. This year has seen unprecedented pressure on partners in terms of resources and capacity and I would like to thank all partners and those who have been involved in the work of the Board, for their time and effort, which continues to make a positive difference.

The report shows what the Board aimed to achieve on behalf of the residents of Herefordshire during 2017-18. We continue to reflect on how effective the Board is, and hold two development sessions each year in a structured manner to hold ourselves to account for progress and efficiency. The partnership continues to develop and strengthen and although there is still much to do, this Annual Report reflects what we have been able to achieve.

At the start of each Board meeting, there is a Personal (anonymised) 'Safeguarding Story' shared by a member to ensure that Making Safeguarding Personal is a focus at each Board.

I am personally committed to ensure that adults who unfortunately have to use the safeguarding system to address risks they face, find the experience as uncomplicated and supportive as possible, in effect a good personal experience. We have done much to begin to achieve this, through being clear that all staff who work on the front line delivering services have good training and support to help them. But it is not a consistent position across all agencies and we have more to do in this regard.

We also have more to do to secure the engagement and feedback from adults who have been involved in safeguarding so that we can learn from their experiences. Healthwatch are leading on this work locally and I am determined that we will build on what has been a slow start for this piece of work.

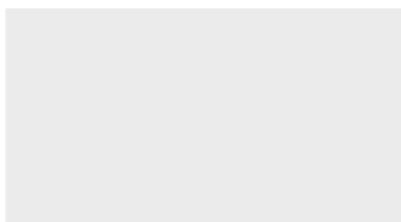
We also need to continue to raise the awareness of adult safeguarding with all of the citizens of Herefordshire, as well as our organisations, particularly if we are to support and promote the ability for people to live as independently as they can and for as long as they choose to do so.

In February 2017 the Board held a conference focusing on Mental Capacity. Delegates heard from a number of key speakers, including a very thought provoking report from a father who shared his and his sons personal experiences. Their circumstances ultimately

resulted in a legal challenge to their local council which resulted in new case law in this landmark case.

We have produced a more compact version of the annual report this year and I hope therefore that you find it useful. If you would like more detailed information about the work undertaken by the board this year, may I direct you to our website

<https://herefordshiresafeguardingboards.org.uk> or please contact Herefordshire's Safeguarding Adult Board Business Unit at admin.hscb@herefordshire.gov.uk



Ivan Powell
Chair of Herefordshire's Safeguarding Adults Board

Strategic priorities

Introduction

A review of the priorities agreed for 2016-17 took place in November 2016 and improvement opportunities were identified for the work plans for 2017/18, these align to the existing priorities:

1. Partnership working
2. Prevention and protection
3. Communications and engagement
4. Operational effectiveness

The following table shows what, as a Board, we were hoping to achieve within the year, and the progress that we have made. Further into this document you will read case studies' showing how the work the board oversees has impacted on people's lives.

PRIORITY 1. Partnership working. To develop relationships across agencies that deliver positive changes to safeguarding	
What did we want to achieve?	What did we achieve?
All partners have a shared and universal understanding of safeguarding	We have introduced case studies at Board which through debate aid common understanding. Awareness raising sessions are being developed.
Define and understand involvement from voluntary sector	We have been working closely with the Board representative for the voluntary sector (hvoss) and are developing a suite of resources for volunteers as well as attending events that we are invited to.
Active participation from all partners	Consistency of organisational representation continues to be a challenge and we endeavor to make all meetings meaningful to ensure that partners stay fully engaged with the safeguarding agenda. All partners have an opportunity at Board meetings to present a case study describing what safeguarding looks like within their organisation and the challenges that present themselves.
Multi-agency focus	We continue to engage with as many sectors as possible, including attending provider forums.
Sharing the right data	As reported last year, some partner agencies are still unable to provide meaningful data to support the safeguarding agenda, this is a national issue which is being progressed by the Chair. The local authority continues to be the main provider of data and analysis with additional intelligence being sought

Shared understanding of other boards priorities	from partners where possible. There continues to be regular dialogue between the chair of the adults' board with chairs from childrens board, the health and wellbeing board, the community safety partnership as well as the director of both adults and childrens services, public health and representatives from the Herefordshire CCG and West Mercia Police.
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PRIORITY 2. Prevention and protection. To ensure that Herefordshire residents can recognise safeguarding concerns and know what to do	
What did we want to achieve?	What did we achieve?
Service user involvement	We are working closely with our partner Healthwatch to engage with service users, this has been a difficult process and we are now planning on working more closely with front line professionals to try and achieve our aims in this area.
Greater focus on prevention	Our Prevention Strategy and accompanying workplan have now been published and are available to view or download from our website. We are working closely with partners and monitor the delivery of the strategy. We have also worked with Herefordshire and Worcestershire Fire and Rescue Service in developing a "Safe and Well Check" for their operatives to use when attending residents homes.

Case Study demonstrating the benefits of a safe and well check

Mrs A rang to self-refer for a visit; she said she was advised to do this however she wasn't sure who the professional who suggested this was. Mrs A gave us the following information:

90 (Mr A) and 88 (Mrs A)

Poor mobility

Memory issues

Husband recently left egg frying

Losing keys

Neighbour changes the battery of existing alarms

Home owner

A Safe and Well visit was completed on the 20.03.18 by a fire service technician. During this visit smoke alarms were tested and advice around fire safety was given. Signposting was identified. The Signposting Co-ordinator contacted Mrs A and it was agreed that

referrals would be made to Age UK for a benefits check and a referral would be made to the Occupational Therapist for aids as Mr A was having difficulties from sitting to standing. Mrs A was interested in the locking cooker valve as she was concerned about her husband switching on the cooker when she went out, the contact details were given so she could ring Cadent direct to book an appointment.

06.04.18 – Telephone call received from Mrs A she was trying to contact someone from the memory clinic. During phone call it was checked if Mrs A had contacted Cadent, she hadn't however she said she would and did want the Signposting Co-ordinator to do this on her behalf.

The Signposting Co-ordinator contacted memory clinic on Mrs A's behalf and asked if the worker could contact her which they said they would.

PRIORITY 3. Communications and engagement. To deliver the messages from the board and recognise the voice of those we safeguard	
What did we want to achieve?	What did we achieve?
Awareness raising	During the previous year we have engaged with councillors with regard to both their responsibilities to their communities and their councils with regard to safeguarding. We have developed a suite of resources for them to use and are planning a series of awareness raising sessions to be delivered over the next year.
Reach to smaller / community organisations	We will continue to develop the resources available and ensure the awareness raising sessions are suitable for these organisations
Understanding the work of the board	Many of the above achievements raise the understanding of the work of the board. The Board is an agenda item at every practitioner forum.
A greater awareness of both Mental Capacity Act and Deprivation of Liberty Safeguards	We held a MCA conference this year which was well attended and well received by front line professionals working in Herefordshire. We developed several new resources over the year, suitable for members of the public and professionals. We will ensure that this subject is included in the planned awareness raising sessions.

Case study demonstrating effective use of Deprivation of Liberty Safeguards

Mrs P is a 75 old female with a diagnosis of Dementia, Parkinson's disease and Schizophrenia. Mrs P had lived alone at home following the death of her husband some years previously and was reported to be self-neglecting and not taking her anti-psychotic and other medications. This had led to an increase in psychosis leading to a high risk of harm to herself and violence to others which resulted in her admission to hospital under the Mental Health Act. Upon discharge Mrs P moved to Care Home A.

Within the placement Mrs P appeared to have thrived on the routine and had become mostly independent with many of her activities of daily living including many personal care tasks. She was also taking her prescribed medications. Mrs P was choosing not to engage with other residents within the care home or join in with activities and was consistently stating she would like to go home.

The Best Interest Assessor (BIA) for Deprivation of Liberty Safeguards undertook a mental capacity and best interest assessment following which they recommended a 6 month period of authorisation to enable an urgent re-assessment of Mrs P's needs from Adult Social Care and to support a best interest meeting. The best interest meeting would consider Mrs P's financial resources, her settled presentation and all available options to meet her on-going needs in the least restrictive way. The period was to be used to fully explore the option of her returning home and if this was not possible, if her needs could be better met in a home with others with similar needs and access to activities more in keeping with her past wishes.

The BIA also added a condition that required the care home to review the 2-hourly checks Mrs P was having, to ensure these were necessary to meet her individual needs, as it was felt this was overly restrictive. A paid Relevant Person's Representative (RPR) was appointed to enable Mrs P to apply to the Court of Protection to appeal the authorisation and the RPR fed into the social care review, relaying Mrs P's wishes. The BIA also recommended that Mrs P be supported to record an Advanced Care Plan at a time when she was most able to contribute and express her feelings and wishes about potential future care scenarios. This was accepted as a condition of the authorisation by the Local Authority when they authorised the Deprivation of Liberty.

PRIORITY 4. Operational effectiveness. To ensure safeguarding knowledge, processes, systems and structures are embedded across all agencies.	
What did we want to achieve?	What did we achieve?
Challenge single agency issues	Challenges have been made to agencies whose policies and / or practices do not meet current standards, also to agencies that are not fully engaged with the safeguarding agenda.
Ensure learnings from audits and reviews are shared across the partnership	A new learning tool titled "7 minute learning" has been introduced and this is disseminated across partner agencies.
Embed "Making Safeguarding Personal"	There has been a Board action plan following participation in the national "temperature check" and a local review of MSP. We have disseminated the Local Government Association toolkits to partner agencies for them to use. MSP has also been a session of a Board development day. This area continues to be a priority for the Board and more work will continue on embedding this over 18/19.
Embed competency framework	This document will be revised over 18/19 and work on embedding this across the social care economy continues.

Better tracking of outcomes against priorities	Officers within the Business Unit have taken the lead on ensuring the work of the subgroups delivers the strategic priorities and challenges Chairs where tasks are delayed or would not appear to be relevant.
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Case study demonstrating Making Safeguarding Personal in practise

This is a case relating to a safeguarding referral for Mr G who has a long term health condition that affects him on a daily basis. He lives at home with his wife who is his sole carer. Leading up to and during episodes Mr G's capacity to make decisions and behave rationally is adversely affected.

Mr G when out in the community fell and hit his head causing an injury to his brain. When he was taken to hospital he was in a confused state and was making comments to the staff stating that his wife locked him into their home and that he could not "escape".

Staff at the hospital were concerned by this. Also when the medical team suggested Mr G try new medication his wife was not in agreement. Due to their concerns staff at the hospital raised a safeguarding adults concern with Herefordshire Council's Safeguarding Adults Team. The Safeguarding Adults team appointed a Social Worker to be the enquiring officer. The Social worker spoke with Mr G and explained to him that some concerns had been raised about the care that Mr G was receiving from his wife. Mr G talked to the social worker and used words like "Locked In" and "Escape" when discussing the situation at home with his wife. However when the social worker asked him what he would like to happen when he left hospital, he told her that he wanted to return home to live with his wife, as she was his life and she supported and cared for him.

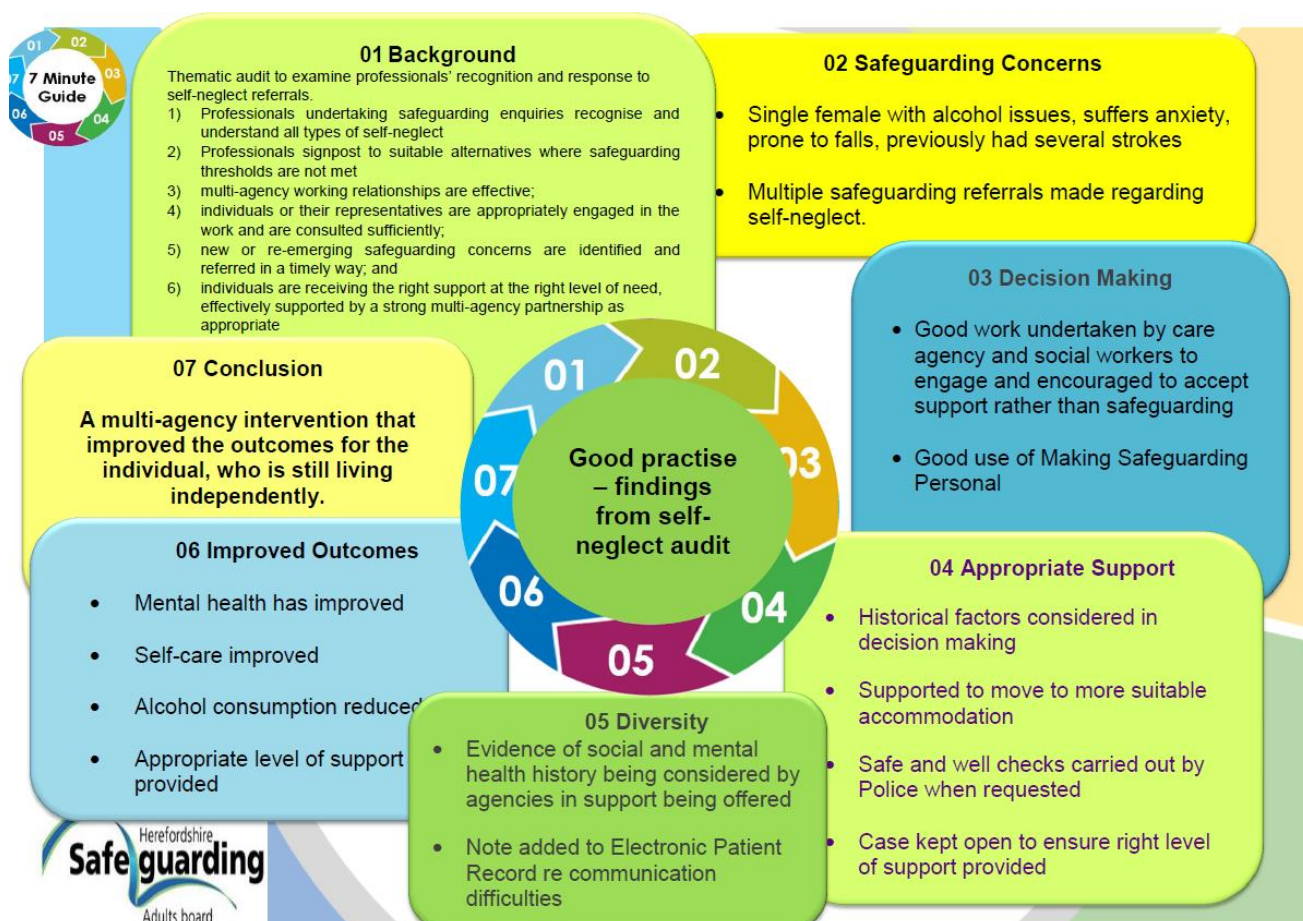
The social worker then also spoke with Mrs G who explained that she did on occasion lock both her and her husband in the house when he became confused and at risk of wandering and could fall and hurt himself. In addition to this Mrs G explained that she had not agreed to the medication that the hospital was suggesting, as he has had this medication before and it had adversely affected him to the point that it was felt that it was not in his best interests to have this medication. Discussion with Mr G's Neuro psychologist confirmed that they had previously agreed with this decision not to give Mr G this medication.

The social worker concluded that Mrs G did not pose any risk of harm to Mr G and that she was acting in his best interests.

The Social worker involved Mr and Mrs G regarding applying to the Court of protection for an authorisation of any times when Mr G was considered as being deprived of his liberty, in his best interests. It was agreed an application to the Court of Protection would be made so that the deprivation of liberty could be authorised by the Court. They also discussed the possibility of Mrs G applying to the court to become her husband's deputy for health and welfare decisions. The social worker also explained with Mrs G how Adult Social Care might be able to provide her support as a Carer.

Mr G was able to return home to live with his wife which had been his desired outcome and his wife was also happy as she felt it was good that she and her husband were now being supported and provided with advice and support from Adult Social Care

Example of “7 minute learning” used to raise awareness of findings from audits, serious case reviews and other findings



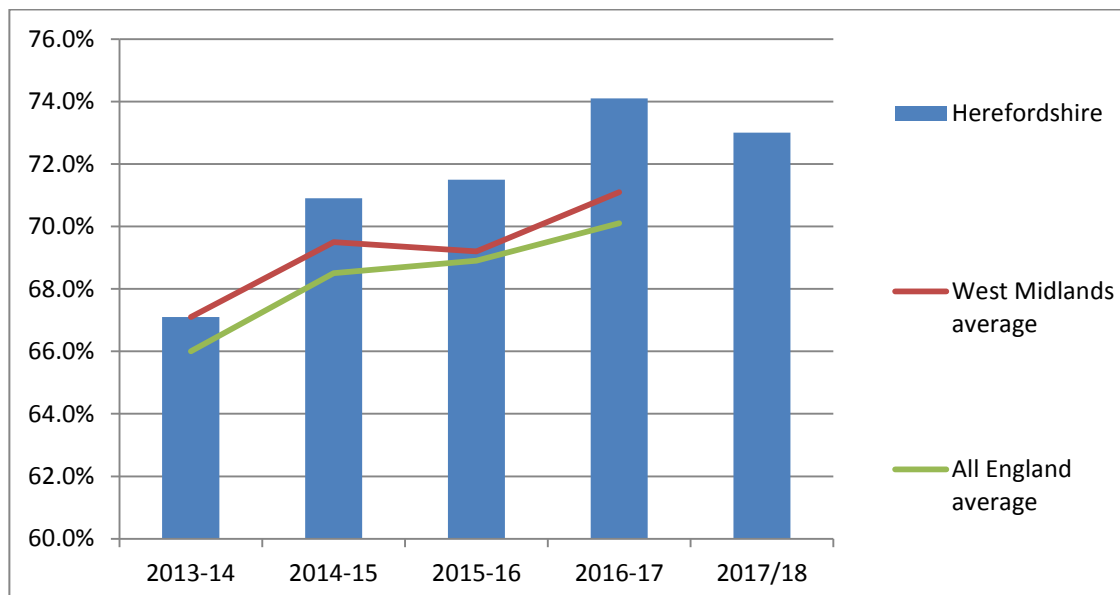
What does safeguarding look like in Herefordshire?

Every year the local council takes part in a survey, commissioned by the government, collecting multi-agency performance data and asking individuals about their experience of care.

Some key highlights are:

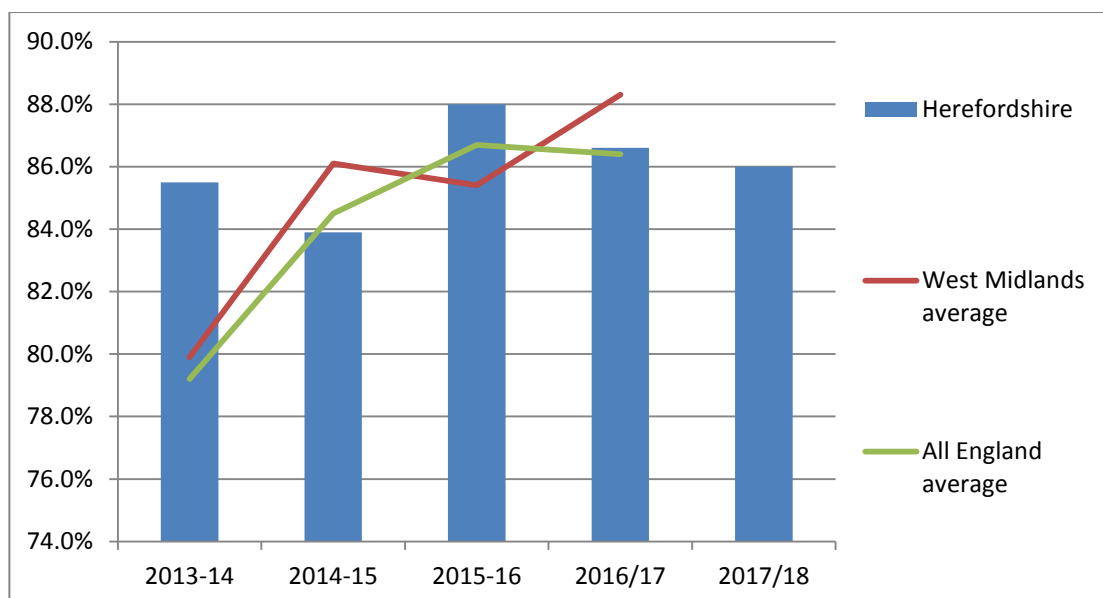
Proportion of people who use services who feel safe

	2013/14	2014/15	2015/16	2016/17	2017/18
Herefordshire	67.1%	70.9%	71.5%	74.1%	73.0%
West Midlands average	67.1%	69.5%	69.2%	71.1%	Not yet available
All England average	66.0%	68.5%	68.9%	70.1%	Not yet available



Proportion of people who use services who say that those services have made them feel safe and secure

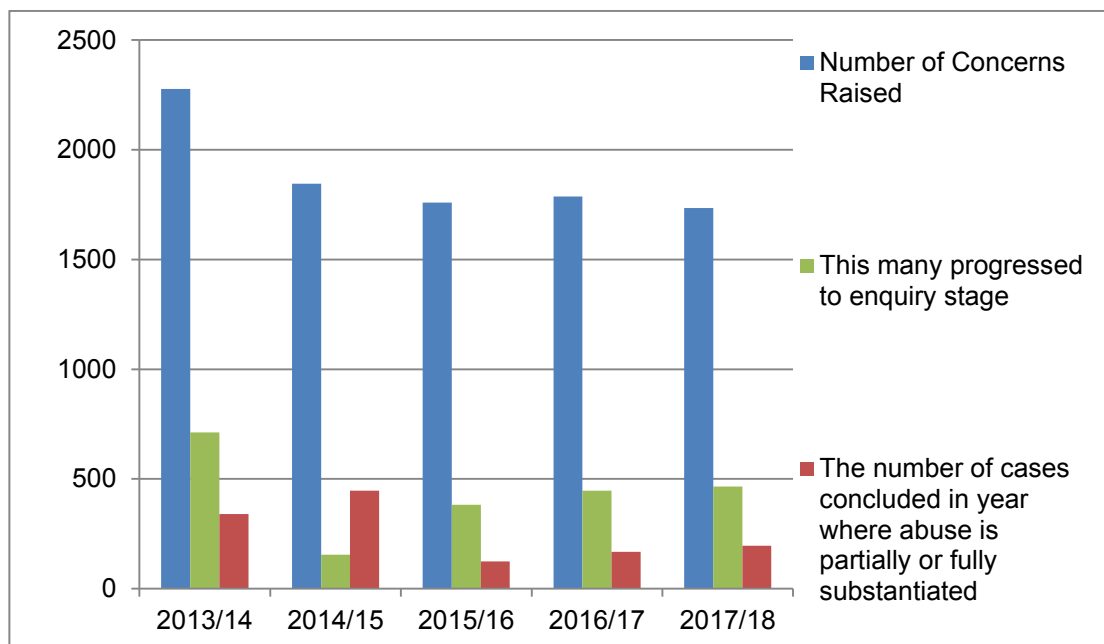
	2013/14	2014/15	2015/16	2016/17	2017/18
Herefordshire	85.5%	83.9%	88.0%	86.6%	86.0%
West Midlands average	79.9%	86.1%	85.4%	88.3%	Not yet available
All England average	79.2%	84.5%	86.7%	86.4%	Not yet available



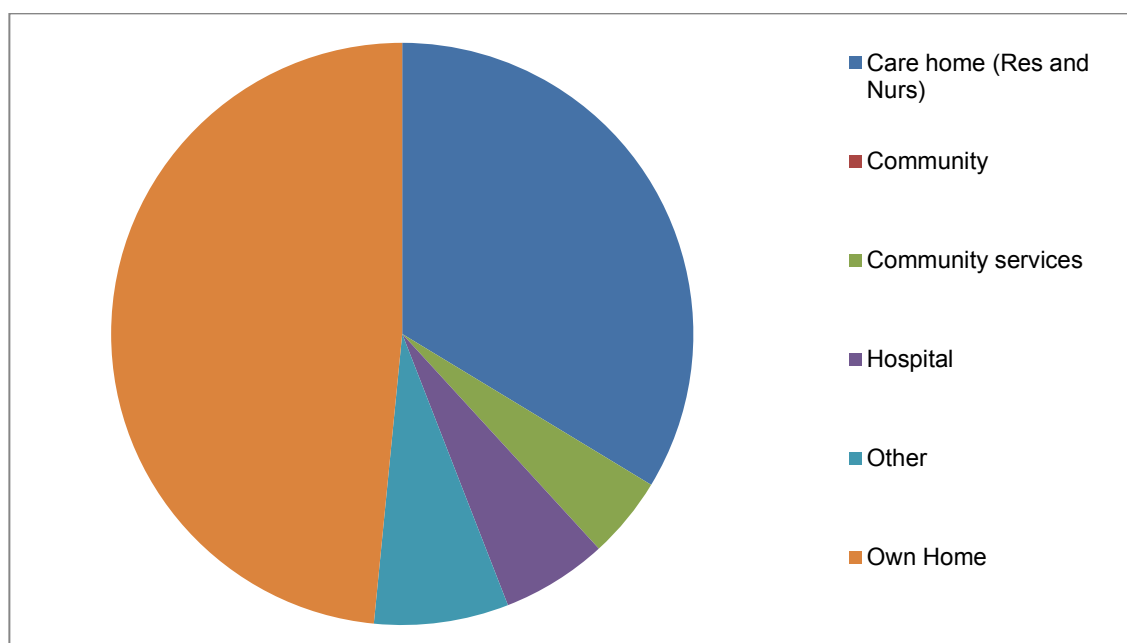
* Figures for 2017/18 are not yet finalised and may be subject to change
(Source NHS digital)

The following graphics relate to circumstances where safeguarding concerns were raised.

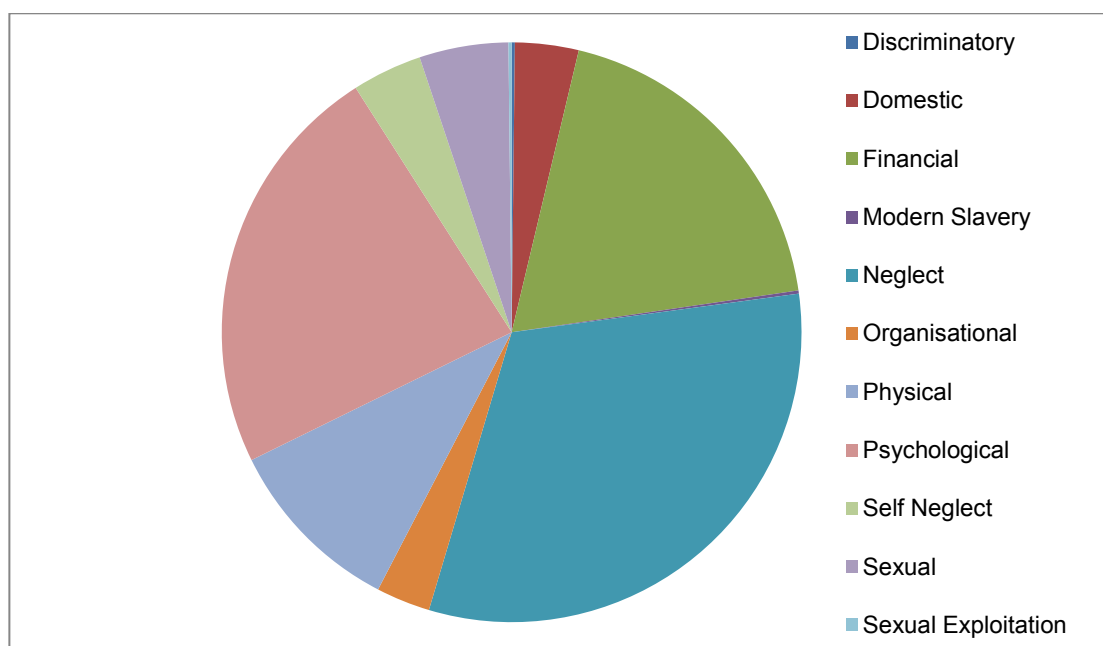
About the concerns regarding abuse that have been raised



Where abuse has occurred



What type of abuse has been reported?



How the Board works to deliver results

The Board brings together representatives from:

- Herefordshire Council social care and public health teams
- Herefordshire Clinical Commissioning Group (responsible for the purchase of health care)
- Wye Valley NHS Trust and 2Gether NHS Foundation Trust (health care providers)
- Healthwatch
- West Mercia Police
- National Probation Service
- Community Rehabilitation Company
- Herefordshire Housing
- West Midlands Ambulance Service NHS Foundation Trust
- Hereford & Worcester Fire and Rescue Service
- Members from provider and voluntary services

This multi-agency approach ensures that all partner organisations work cohesively, using the same information and communicate consistent messages to provide the strategic direction for the work undertaken on their behalf.

It is the task of the strategic Board to agree the priorities for the year, in consultation with Healthwatch and the community and to inform the executive group of these.

Sub groups develop work plans which contain the activity required to deliver the priorities. Each sub group chair is responsible for reporting successes, developments and any barriers to progress to the executive.

What the sub groups have delivered this year

Performance and quality assurance

Terms of reference:

This group is responsible for data quality, audit and effective information systems to meet current and future expected national and local data reporting requirements and enable performance to be managed and reasonable assurance secured on the quality of local safeguarding.

Chairs update

Performance data continues to be scrutinised at meetings, we continue to have problems with accessing meaningful narrative from some agencies but work is ongoing to address this.

During the year the group has carried an audit into self-neglect (neglecting to care for one's personal hygiene, health or surroundings) which showed that although staff were not aware of the policy that had been approved by board, professionals were competent in recognising and responding to signs of self-neglect.

The group continues to receive regular updates regarding the quality of care in residential and nursing homes and as a result of the significant concerns in one home carried out a round table review, involving many of the professionals who had supported the individuals in the home. The findings from this round table review were in the main for the care home to action. The home was monitored for some time to ensure that the actions were put into practise.

We once again issued our bi-ennial self-assessment to all partners of the Board. This has been updated to incorporate areas where additional assurance was sought following audits and reviews including safeguarding supervision, female genital mutilation, modern slavery etc.

Policies and procedures

Terms of reference:

This group aims to ensure there is a comprehensive catalogue of policies which underpin the multi-agency safeguarding procedures. Its goal is that staff across the partnership have access to the necessary range of multi-agency safeguarding and adult protection policies and procedures and that these are embedded into practice. It also includes the review and maintenance of existing policies.

Chairs update

Adrian Turton on behalf of **Alison Feher**

Safeguarding Lead, 2gether NHS Foundation Trust

Between April 2017 and the end of March 2018 the HSAB Policies and Procedures Sub group (HSAB P&P) met on four occasions. HSAB is part of the West Midlands Multi-Agency Safeguarding Adults Policy consortium, developing and driving forward regional safeguarding policies. The overarching West Midlands Safeguarding Adults Policy was updated in September 2016 with amendments due in 2018.

Notable developments for the HSAB P&P group over the 17/18 financial year include; amendments to the West Midlands Position of Trust (POT) Toolkit which was localised for Herefordshire in 2018. The HSAB Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DOLS) policies were developed alongside the MCA/Dols subgroup and published in January 2018. The HSAB Professional Disagreements Policy,

Organisational Failure and Abuse Policy, and the Out of Contact Guidance were all developed, agreed and implemented by the HSAB P&P group in 2017/18.

The HSAB P&P sub group has matured and will drive policy development into 2018/19. The key to success will be consistent agency representation on the HSAB P&P group and a strong relationship with the West Midlands policies and procedures consortium. Key items on the work plan for 18/19 include the development and agreement of the Regional Self Neglect policy and the Herefordshire Making Safeguarding Personal (MSP) guidance. All organisations will need to be made aware of their responsibilities regarding complaints concerning people in positions of trust. HSAB P&P will work alongside the Joint Training and Workforce Development Subgroup to achieve a universal understanding of the Positions of Trust guidance approved for Herefordshire

During 2018 the sub group will strengthen the governance of HSAB policies and procedures. There will be enhanced version control of the documents, and agreed pathways for policy development and adoption.

Mental Capacity Act and Deprivation of Liberty Safeguards

Terms of reference:

This group provides clear leadership on the promotion of the application of the Human Rights Act, Mental Capacity Act and the Deprivation of Liberty Safeguards in everyday clinical practice and ensures that a framework is in place to support staff in relation to their responsibilities and monitor compliance with this legislation.

Chairs update

Jane Higgins

Mental Capacity Act and Mental Health Manager, Herefordshire Council

The group continued to meet over the year to share information with regard to changes from case law.

The Chair met with GP's to help raise the understanding of their responsibilities with regard to the legislation.

Several new leaflets were published including information regarding the Court of Protection and Lasting Power of Attorney. All resources are available on the website.

The highlight of our year was the conference which was held in February, we had some well renowned speakers including Mark Neary whose case against Hillingdon Council is well known and changed case law, Rachel Griffiths who advised CQC in respect of their inspection regime with regard to Mental Capacity and others. It was attended by 78 delegates. Feedback was really positive and comments include

- I am looking forward to further conferences arranged by Herefordshire. I felt privileged to have attended this day and shared with others such strong messages.
- A good day with some good networking too, thank you to all who organised it.
- This was a very enjoyable event, hosted by very informative experts coming from very different perspectives. It was also an excellent opportunity to hear the points of view of delegates from many different areas of health and social care.
- It was a very well put together event which ran smoothly and on time. Thank you



This sub group of the Board has now been dissolved as the strategic objectives have been met. The ongoing embedding of Mental Capacity Act and Deprivation of Liberty Safeguards in policies and professional practise will continue through the remaining sub groups.

Joint training and workforce development

Terms of reference:

This group is responsible for developing and maintaining Herefordshire's competency framework and provides evidenced assurance that partner agencies are meeting the requirements of the framework.

The group has particular responsibility to ensure that multi-agency development opportunities exist for all practitioners. By undertaking such activities, the group will ensure people working with or engaging with adults at risk in Herefordshire understand their responsibilities.

Chairs update

Alison Chambers

Project Officer, Training and Development, Hoople Ltd (On behalf of AWB)

The Multi-Agency Workforce Strategy which determines the workforce development plans for all who work with adults at risk to ensure that they are skilled and competent. It includes learning from safeguarding adults reviews, practice learning reviews and changes to legislation.

Care Act Guidance requires all commissioners and providers to ensure that staff have the necessary competencies and training in place to ensure that their staff are able to deliver the service in relation to the safeguarding of individuals. To support this, a Validation Process has been put in place so that agencies and providers can be assured that they are meeting the requirements to ensure staff are trained and competent.

The Joint Safeguarding Practitioner Forums continue to have good attendance with professionals drawn from a wide range of agencies / sectors. 90 practitioners have attended over the 4 sessions this year representing 31 agencies. This forum programme included dissemination of learning from reviews, informing practitioners about the work of the board, as well as presenters who covered the following subjects:

- Learning Disability & dementia Project
- CAHMS Service
- Adult Community Disability Service Overview supporting Adults at risk
- Impact of sexual exploitation on families

- Prevent & disrupt
- CSE Services – What is available in Herefordshire
- Work of the LADO
- Update on Position of Trust policy
- Embedding the Competency framework into practice and training
- See Past the Obvious – Police vulnerability strategy

Specialist conferences were supported this year with the first being Domestic Violence Conference in Nov 2017 which 88 people attended. The second was the MCA Conference in February 2018 with 78 people attending.

The group is looking at how to support the delivery of Supervision Training as a Multi-Agency training offer. Options being looked at are a joint commissioned approach to provide high quality training in a manner that is affordable to a wide range of agencies.

Joint Case Review (JCR)

The Board has a legal duty to undertake a review of cases where an adult at risk has died or suffered serious harm, as set out in the Care Act 2014. The reviews involve all agencies which were, or should have been, working with the adult and are used to identify learning outcomes for practitioners.

Chairs update

Mandy Appleby

Principal Social Worker, Herefordshire Council

Activity for the joint case review during 2017/18 was divided between completing actions from the previous year and processing four new referrals. The JCR considered the referrals and this resulted in the following agreed outcomes available to the group within its terms of reference.

- 1 Practice Learning Review (PLR)
- 1 Single Agency Review
- 1 Deep Dive Review
- 1 Referral to Public Health

PLR

Subject: A young male adult who was known to MAPPA (Multi-Agency Public Protection Arrangements) for criminal damage and possession of a firearm. A referral was made due to transitional shortcomings from Children's Social Care to Adult Social Care, as he was formerly supported by the Children with Disabilities Team. It was agreed that this met the criteria for a PLR and the CCG would chair this. The report is expected by the end of July 2018 and any learning will be reported in next years annual report

Single Agency Review

Resident of residential home deliberately set fire to papers in bedroom and later died in hospital.

It was agreed that this met the criteria for a single agency review only and this has been carried out by the local authority.

A number of recommendations were made and completed.

Review of involvement (Multi-agency input)

Adult male released from prison with no fixed abode and no accommodation plan. The individual was arrested in relation to theft and criminal damage later released and later found in the area of Hereford County Hospital. The referral focused on the level of multi-agency coordination and planning prior to release from prison. The referral was discussed

in depth at JCR where it was agreed that this case did not meet the threshold criteria for SAR, however, there were enough concerns regarding HMP's duty of care upon his release to require a review of input from agencies involved. This has now been completed and the recommendations from key agencies involved are being put forward for the executive board.

Referral to Public Health

Father found deceased in River Wye. It was agreed that this case did not meet the threshold for SAR and a request was made to Public Health to investigate the circumstances under their regulatory powers.

Domestic Homicide Review (DHR)

The JCR subgroup also receives referrals for Domestic Homicide Reviews. One was received in 2017/18.

Female found murdered at home by Police responding to a previous incident requiring them to locate next of kin. It was agreed that this met the criteria for DHR and this is in progress. Findings from DHRs are published on the Herefordshire Council website.

Agencies have been referring in with appropriate cases and there have been healthy discussions regarding the threshold.

Action Plans for all reviews have been have been monitored at every meeting. The learnings have been the subject of a joint HSAB/HSCB Practitioner Forum.

We will also review how each agency feeds back the multi-agency learnings from all reviews commissioned. A new "Learning Lessons" feedback sheet to confirm dissemination is being developed by the Business Unit, and will be added to the Case Review Toolkit.

What the sub groups will deliver next year

2015-18 BUSINESS PLAN – year 3

Introduction

A review of the 17/18 Business Plan has been undertaken and additional recommendations have been made with regard to the actions arising from the board development day. This document now forms the basis for the 18/19 Business Plan.

The Business Plan is an addendum to the Strategic Plan 2015-18 and forms the foundation for the work of the sub groups to deliver the outcomes. The Strategic Plan will require a refresh.

This Business Plan is developed to enable the Safeguarding adult board to carry out its functions as set out in legislation and guidance. This includes ensuring the protection of adults in the following circumstances:

- (a) Has needs for care and support (whether or not the authority is meeting any of those needs),
- (b) Is experiencing, or is at risk of, abuse or neglect, and
- (c) As a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it.

The way in which a SAB must seek to achieve its objective is by coordinating and ensuring the effectiveness of what each of its members does to safeguard vulnerable adults. HSAB achieves this through scrutiny, challenge, learning and support. The key outcomes and actions in this plan are designed to help us demonstrate **Strong Partnership**, which is an essential part of ensuring strong and effective working together to safeguard vulnerable adults.

Partnership working	
To develop relationships across agencies that deliver positive changes to safeguarding	
Define and understand involvement from voluntary sector	Clarify representation of voluntary sector through the membership and work of the HSAB.
Develop a more qualitative approach to performance monitoring (Outcome from board development day March 17)	Establishment of multi-agency case audit process against boards priority areas. For the board to be clear about what we need to know to be able to be assured about progress in priority areas and develop multi-agency performance information against these priorities

Prevention and protection	
To ensure that Herefordshire residents can recognise safeguarding concerns and know what to do	
Service user involvement	Continue to develop the work already commended of service user feedback through Healthwatch.
Monitor Prevention Work plan	The HSAB to receive scheduled updates and reports on the progress of the prevention work plan.

Communications and engagement	
To deliver the messages from the board and recognise the voice of those we safeguard	
Raise awareness of safeguarding, MCA and DoLS across councils, communities and smaller organisations	To be included in sub group work plans and reported to the executive on work and actions taken and a view on impact. Business unit to retain a log of communications, and link in to One Herefordshire.
Develop effective arrangements for delivering messages to and from the board	Review terms of reference of practitioner forums to maximise this process as an approach to messages from front line practice.

Operational effectiveness	
To ensure safeguarding knowledge, processes, systems and structures are embedded across all agencies	
<p>Single agency assurance reporting to Exec"</p> <p>Suggested themes:</p> <ul style="list-style-type: none"> ❖ Assurance of right referral for right reason ❖ Activity against prevention agenda ❖ Board and sub group contributions ❖ Compliance with care act / MCA / DoLS / competency framework <p>Messages from the board are disseminated</p>	<p>Assurance reporting from single agency to be scheduled in to the business cycle of HSAB.</p> <p>Partners need to provide evidence, including through assurance reporting, that the relevant messages identified through the board are being disseminated in their agencies.</p>
Ensure learnings from audits and reviews are shared across the partnership	Develop approaches to achieve timely dissemination of messages from reviews and audits, with single agency partners taking responsibility and contributing to this. Details to be included in sub group work plans.

Operational effectiveness	
To ensure safeguarding knowledge, processes, systems and structures are embedded across all agencies	
<p>Consideration of ADASS “Making safeguarding personal for safeguarding adult’s boards” report.</p> <p>Consideration of ADASS Making safeguarding personal for individual agencies report.</p> <p>Monitoring of Board MSP action plan</p>	<p>The Board is using this report to gain assurance that it is indeed making safeguarding personal.</p> <p>Policy and Procedure sub group to lead and guide single agencies development of MSP guidance in their organisations</p> <p>MSP action plan to be scheduled in to business cycle of HSAB executive for regular update on progress and any risks.</p>
Develop self-assessment for partner agencies based on Competency Framework	
Examine effectiveness of sub groups	<p>The sub groups to report to the executive group on the commitment of partners to the working of the sub groups, progress on core business and priorities of the HSAB.</p> <p>The Executive will lead on recommendations for improvements of the effectiveness of the sub groups.</p>
<p>Effectiveness of the broader safeguarding system</p> <p>Suggested themes:</p> <ul style="list-style-type: none"> ❖ Provision of advocacy and access to it ❖ Addaction <p>(identified from development day)</p>	Executive to recommend for the board how these areas should be monitored, for example for inclusion in case auditing and assurance reporting
<p>Increase HSAB engagement with regional and national work and developments</p> <p>(identified from development day)</p>	The board to identify specific areas to highlight and evidence.

Appendix 1

% Meeting attendance

Meeting	Boar d	Exec	PAQ A	MCA	TWD	Pan dP	JCR
Meeting	4/12	4/12	8/12	4/12	6/12	9/12	9/12
Agency							
2gether NHS Foundation Trust	100	75	83	100	57	Chai r 66	100
Adult and Wellbeing	75	Chai r 100	100	Chai r 100	Chai r 86	33	Chai r 100
Community Rehabilitation Company	DNA				DNA		As require d
Healthwatch	50		50				
Hereford and Worcester Fire and Rescue Service	50						
Herefordshire Carers Support	25						
Herefordshire CCG	75	25	Chai r 67	25	28	DNA	64
Herefordshire voluntary organisations support service	75	75			14		
LA Governance	As required						
Lead Member	50						
Legal services rep	As required						
National Probation Service	DNA				DNA		18 As require d
Public Health	25						
West Mercia Police	100	100	83			100	91
Wye Valley NHS Trust	100		83	100	57		100

DNA – Member invited, but does not attend

Appendix 2

To deliver the above, the Business Unit is used, which is a multi-agency funded team overseeing the work of the Board and its sub groups. The unit is funded as follows:

Contributions from statutory partner agencies for 2017/18 remained the same as in previous years at a total of **£383,964**.

AGREED BUDGET FOR 2017-18	
Children's Wellbeing	133,569
Adults Wellbeing	103,000
CCG	80,190
Police	53,510
Probation/CRC	6,136
CAFCASS	550
YOS	1,144
TOTAL GROSS BUDGET	378,099

Note: This total contribution is for the support of the Herefordshire Safeguarding Adults Board, Safeguarding Children Board and the Community Safety Partnership

Budgeted costs 2017/18

Category	Budget
Salary Costs	275,899
Agency costs	0
Transport costs	750
Independent chair costs	38,520
Serious Case Review costs	10,000
Training expenses	22,000
Office expenses (includes local authority recharge)	37,930
Training income	-7,000
Total	378,099

Position Statements for HSAB Annual Report



With the implementation of the Care Act 2014 and the new statutory duties placed upon Local Authorities, Herefordshire Council continues to place greater emphasis on working with our partners, communities and citizens to encourage, support and facilitate the safety and wellbeing of those who are exposed to or vulnerable to abuse, exploitation and discrimination in all its forms. In 17/18 the safeguarding board reaffirmed the commitment to Making Safeguarding Personal (MSP) which had been introduced by Herefordshire Council in readiness for the Care Act in January 2015.

In the 2016/17 annual account Herefordshire Council reported its participation in the National MSP evaluation. This has assisted us to develop our safeguarding approach alongside progress made nationally with one of our key priorities being to capture the opinions and experiences of individuals and their families who have required safeguarding to improve our services. The council has consequently changed its client record systems so that expectations of individuals and how effective the Council is in safeguarding can be better evidenced. The council is also supporting initiatives of Herefordshire Safeguarding board to encourage independent feedback from our customers. This approach we think will support greater transparency and continuing improvement.

In the 2016/17 annual report the council informed of our plans to train all operational and commissioning staff in the principles of strengths based practice and commissioning. This training has successfully been concluded and we have been able to evidence that customer experience of our services has improved. We think that our commitment to working with and supporting communities lays the best foundation for supporting our most vulnerable citizens, now and in the future. Within adults and well-being new posts have been developed to connect our local community resources to our customers who are vulnerable, isolated and whom always have something positive to offer in return.

The nature of safeguarding challenges continues to evolve and in 17/18 we have been working with our partners on developing knowledge and skills to respond to emerging issues in Herefordshire of adult sexual exploitation, human trafficking and modern slavery to name just some of the many facets of modern society that we along with our partners are required to respond to.

Our work continues nationally, regionally and locally to lead and develop personal and responsive safeguarding services. Stephen Vickers who until his recent appointment as the interim Director of Herefordshire Adults and Wellbeing, continued as the appointed Chair of the Association of Directors of Adult Social Services (ADASS) West Midlands Safeguarding Network in leading the West Midlands approach. Stephen due to his new responsibilities has stepped down although senior officers continue to be involved sharing best practice and ideas. A new Principal Social worker, Jane Higgins has also been appointed and other key professionals remain in post who provide specialist leadership, training and advice that is available to the HSAB partnership and our own workforce.

Introduction



Safeguarding for children and adults means protecting a child or children's; as well as adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the child or adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action ('VOICE of the CHILD' and 'Making Safeguarding Personal' for adults).

Therefore, the purpose of the Safeguarding Annual Report for 2017-18 is to provide assurance to the Governing Body on how HCCG is meeting its statutory requirements for Safeguarding Children and Adults at Risk of abuse and neglect;

Provides an overview of the progress made during the year 2017-18, and the key challenges to be addressed to ensure the CCG and its commissioned health providers are compliant with National and local requirements including those set by NHS England.

The report illustrates how HCCG has continued to improve outcomes for Children and Adults at Risk through governance and assurance processes; with an overview and summary of safeguarding activities across NHS Commissioned Health Services and within the CCG during 2017-18 and reduces the following;

- The risk in relation to safeguarding children is that failure to meet statutory responsibilities including NHS England safeguarding monitoring tool (SATs) will lead to poor quality of care.
- The risk in relation to adults is that failure to sustain compliance with the Care Act 2014 implemented 2015; and NHS England Assurance Framework across all the services that we commission.
- The risk Mental Capacity Assessments (MCA) and Deprivation of Liberty Safeguards (DOLs) not being applied or implemented in clinical practice; impact being treatment interventions not in the patient's 'Best Interests'.

Background

Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework (NHS Commissioning Board 2013 and NHSE June 2015).

The framework describes the Safeguarding roles, duties and responsibilities of NHS England, Clinical Commissioning Groups, NHS providers and various other bodies in the health economy.

Therefore, this report aims to provide assurance in regards to the framework; and highlight areas of improvement and or risks and how these will be mitigated for.

Key Achievements (2017-18);

1) Partnerships and multi-agency working

During 2017/18 Herefordshire CCG have further strengthened its governance and assurance arrangements regarding safeguarding across Herefordshire; through further developing our relationship working with commissioned providers, NHS England, Local Authority, CQC and NHS Improvement colleagues and wider health economy organisations. Partnership approaches with Local Authorities, other Arm's Length Bodies and emerging STPs/ICSs have continued, and do so as we move into next year's schedule of work.

2) Leadership and Accountability

The CCG has strengthened its structure with clear leadership e.g. Chief Nursing Officer as the Executive lead for safeguarding; Head of Safeguarding/Designated Nurse for Safeguarding and supporting safeguarding specialist nurses and leads. The CCG also has a presence in the MASH which strengthens information sharing and support for the commissioned services i.e. Wye Valley Trust and 2Gether Trust.

The HCCG over the reporting year have successfully completed section 11 for safeguarding children compliance; the adults safeguarding self-assessment using 6 principles; and the NHS England Safeguarding Assurance Tool and have action plans where there are identified ambers as reflected below in the key objectives for 2018-19.

3) Governance

The CCG has internal safeguarding integrated meetings weekly with the Quality team which enables sharing information; discussing key themes and concerns and how these are being supported. This meeting then reports to the Quality and Safety Committee which then reports to the CCG Governing Body.

Externally CCG leads on a BI-monthly health Leads meeting where information is shared including lessons learnt from e.g. SCRS/DHRs and or SARs. This meeting enhances learning and communication between CCG and providers of services including discussions around new legislation and guidance.

The CCG effectively engages with the local HSAB/HSCBs and their sub-groups. However, there is further work to be done to ensure the CCG engage with sub-groups where they add value working with the whole health economy to ensure effective resource management.

4) Enablers

HCCG supports commissioned service providers Named Nurses and Safeguarding Leads including LAC with safeguarding supervision and training for GPs as well as Continuing Health Care staff (CHC). This has been impacted on slightly over the reporting year due to resource implications.

Key Objectives for 2018-19

1. To develop a safeguarding training strategy for CCG and ensure training compliance is monitored.
2. For providers Wye Valley and 2Gether to produce a Training Needs Analysis that supports training compliance including Prevent
3. Review safeguarding structure to ensure effective support for commissioned services; and engagement with safeguarding Boards and their sub-groups
4. Implement safeguarding supervision structures for commissioned Named professionals
5. Support the implementation of CP-IS in WVT
6. Develop effective pathways for LAC especially out of area placements
7. Develop pathways for Nursing Homes safeguarding referral processes
8. Review NHS England SATs action plan and complete

Conclusion

Safeguarding is everybody's business driven by effective Leadership; Accountability; Governance and clear enablers.

Wye Valley NHS Trust (WVT) was established in April 2011 and is the provider of healthcare services at Hereford County Hospital, along with a number of community services for Herefordshire and its borders. We also provide healthcare services at community hospitals in the market towns of Ross-on-Wye, Leominster and Bromyard.

Safeguarding vulnerable adults is everyone's business and WVT is committed to safeguarding adults across the organisation. The welfare of people who come into contact



with our services either directly or indirectly is paramount and all our staff have a responsibility to ensure best practice is followed and integral to everyday practice. As part of the Trusts commitment to safeguarding adults throughout all its services, we have a dedicated adult safeguarding Lead Nurse and in February 2018 appointed a Lead Nurse for Mental Capacity (MCA) and Deprivation of Liberty Safeguards (DOLS) on a permanent basis. The Director of Nursing is the Executive Lead for safeguarding and has clear oversight of safeguarding activity.

In line with the Care Act 2014, WVT has continued, over the last twelve months, to work closely with partner agencies and is a key member of the Herefordshire Safeguarding Adults Board (HSAB) and associated sub groups. We are committed to working collaboratively with other agencies, sharing information in a safe and appropriate manner. WVT produces an adult safeguarding annual report which is also shared with partner agencies.

We have a safeguarding training programme in place to ensure staff are aware of their roles and responsibilities and act appropriately and proportionately to any safeguarding concerns raised. The WVT adult safeguarding team see it as a priority to support staff in clinical practice with the aim to achieve an appropriate outcome for the individual at risk. WVT has signed up to the HSAB safeguarding policies and procedures which are available to all staff and there are local flowcharts in all clinical areas as an immediate guide to support staff in their decision making.

During 2017-18 Making Safeguarding Personal (MSP) has remained a high priority for the Trust in ensuring the adult, their wishes and desired outcomes are at the centre of the safeguarding process; additional information about MSP has been added to the Trust adult safeguarding intranet page and has been incorporated into the adult safeguarding flowcharts. MSP has been a shift in culture and practice and we have recognised the importance of a patient centred approach to safeguarding and have made progress in promoting and embedding the principles of MSP.

Cath Holberry
Lead Nurse Adult Safeguarding

2g continues to play an active part and is fully committed to multi-agency working, with all partners at the Herefordshire Safeguarding Adult and Children Board, in order to safeguard children and adults at risk of abuse or neglect.



Achievements 2017/18

2g has continued to improve the take up of training for safeguarding adults and children within a 'Think Family' approach. This involved Making Safeguarding Personal (MSP) and incorporated safeguarding children within the adult's social network.

2g has contributed to the Safeguarding Boards' training pool; jointly delivering training on recognising neglect in families, and has included level 3 Prevent e-learning as statutory training requirement.

Staff working within Adult Teams, have received improved access to internal safeguarding supervision via the Trust's Safeguarding Team. This is modelled on reflective practice as advocated within children's safeguarding and includes formal group and one to one sessions.

In line with the Boards' objectives, 2g has specifically shared learning from Safeguarding Adults Reviews, Serious Case Reviews and other learning models, and shared learning from multi-agency and single agency (internal) audits. 2g particularly focussed on Modern Day Slavery, improving documentation of safeguarding activity, Self-neglect, MAPPA and the Prevent agenda.

2g has actively participated in Board and sub group activity, ranging from chairing sub groups to front line staff keenly partake in learning events / audits.

Priorities for 2018/19

2g plans to continue working in partnership to improve overall safeguarding activity. This will involve participation in all sub groups, focusing on learning from multi-agency and internal single agency audits; learning from Domestic Homicide Reviews, Safeguarding Adult Reviews, Serious Case Reviews and other learning models (e.g. Practice Learning Reviews). 2g will also concentrate on increasing the provision of safeguarding supervision to teams working with children and adults; improving the quality of safeguarding referrals for adults by evidencing 'MSP' and children (evidencing Levels of Need guidance); increase awareness around Domestic Abuse and Sexual Violence; Prevent, MAPPA - and to include early help for children and families.

In order for us to ensure we have the capacity to deliver all requirements we have recruited substantively for another Specialist Safeguarding Practitioner within the Safeguarding team.

Safeguarding Children and Adults remain a priority in the delivery of Mental Health services, irrespective of financial demands and constraints in the current economic climate.

Quality Assurance - 2g will continue to provide assurance to the Board that Safeguarding Priorities are in line with best practice and evidences positive outcome for families. Through our own internal Safeguarding Subcommittee we will monitor our objectives to ensure they are delivered in line with the Safeguarding Board strategic agenda.



West Mercia Police are committed to their vision to protect people from harm. To achieve this, our focus and priorities puts the public at the centre of everything that we do. A key element within the delivery plan locally is to be able to identify the most vulnerable and to work with our partners to achieve the best outcomes for the public. This will include aligning strategies, intelligence and resources to optimise the public pound.

A vulnerability strategy under the corporate branding of 'see past the obvious', encourages Officers and Staff to be professionally curious in situations where adults may appear vulnerable for a whole range of reasons. It further raises awareness that we need to understand the situation and circumstances of every person that we come into contact with. A range of training opportunities has given staff the confidence to be able to respond appropriately to individual needs and to work in partnership with other agencies. An innovative mobile phone application is available to staff to have ready access to legislation, information and tools to assist them in their daily work including how to signpost to other agencies who may be able to offer support.

Whilst we have dedicated staff who work closely with other agencies especially in terms of referrals and joint decision making, we have moved further to ensuring that protecting vulnerable adults is everyone's responsibility. A model known as THRIVE (Threat, Harm, Risk, Investigation, Vulnerability, Engagement) is embraced by all staff to identify the most appropriate response and ongoing ownership which is overseen, with daily scrutiny, by Senior Management Team. A new policing model was implemented earlier this year which has introduced staff working within an Integrated Victim Management team who focus on the most vulnerable and those who have been unfortunate to be repeat victims

The six statutory safeguarding principles are defined as core to Making Safeguarding Personal and there is an emphasis on wellbeing alongside safety. These principles are made clear to all police officers. Alongside our Code of Ethics and Values, the six safeguarding principles of empowerment, prevention, proportionality, protection, partnership and accountability are at the heart of what Officers do in their day to day business.

We have a range of policies and procedures which promote and support the development of MSP. From the Police and Crime Commissioner's (PCC) plan to the local delivery plan, there is emphasis on the victim's code which summarises our responsibilities to support victims and their rights and to manage their expectations. In Herefordshire, we have made good use of restorative justice to address and meet victim's wishes.

We work hard with our intelligence to ensure that those deemed most vulnerable from serious and organised crime are protected. For example, we have issued a number of "Cuckoo" notices to protect those deemed most vulnerable to abuse from County Lines drugs activity. We lead on key elements of the Community Safety Plan for Human Trafficking and Modern Day slavery and give an enhanced service to victims of hate crime.

Hereford & Worcester Fire and Rescue Service have this year reviewed their Safeguarding Policies and Safeguarding Training and have introduced a quarterly safeguarding meeting to monitor that the service is meeting its obligation in regards to Safeguarding.



Hereford & Worcester Fire and Rescue Service have completed their pilot Safe and Well visit project and this is currently being evaluated. Early signs are that the project has been well received by staff and those they visit. The Safe and Well visits not only focus on fire safety but on the wellbeing of the occupier which means the service can signpost to other services if additional needs are identified.

The Safeguarding Team provides expert, evidence based clinical leadership on all aspects of the safeguarding agenda. The team have a responsibility for the development and implementation of systems and processes, working with partner agencies in line with local and national standards and legislation.



The team ensures the implementation of appropriate Care Quality Commission core standards, and other relevant external targets and standards, contributing to national and local inspections and assessments of safeguarding arrangements. The safeguarding team works with the Local Safeguarding Children Boards (LSCB's), and Adult Safeguarding Boards (LSAB's).

The team also provides information and support to partner agencies for example safeguarding investigations, Serious Case Reviews (SCR's) for both children and adults, Safeguarding Adult Reviews (SAR's), Court Orders, Child Death Overview Panels (CDOP's), Section 42 enquiries and Domestic Homicide Reviews (DHR's) - this list is not exhaustive.



Herefordshire Safeguarding Adults Board
Council Offices
Hereford HR4 0LE

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Meeting:	Adults and wellbeing scrutiny committee
Meeting date:	Tuesday 29 January 2019
Title of report:	Domestic Abuse Strategy 2019-2022
Report by:	Senior commissioning officer

Classification

Open

Decision type

This is not an executive decision

Wards affected

All wards

Purpose and summary

To make recommendations to the executive regarding the updated joint domestic abuse strategy for Herefordshire.

The revised strategy builds upon learning from the former strategy. It includes a shared vision, priorities and outcomes developed collaboratively with partner organisations and service users, updated national and local context and clarified governance arrangements to ensure delivery of the strategy.

Members of the Adults Wellbeing Scrutiny Committee and Children and Young People's Committee attended a workshop in July 2018 to review research and engagement completed to develop the strategy and to offer comment on the content.

Recommendation(s)

That:

- (a) the committee determines any recommendations it wishes to make to the executive regarding the draft joint domestic abuse strategy for Herefordshire.**

Alternative options

1. None. It is open to the committee to determine any recommendations it wishes to make to the executive for improvement.

Key considerations

2. In relation to the development of the council's approach to matters not forming part of its budget and policy framework, a scrutiny committee may make proposals to the cabinet in so far as they relate to matters within its terms of reference.
3. The Adults Wellbeing Scrutiny Committee and Children and Young People's Scrutiny Committee requested the opportunity to help shape the domestic abuse strategy at a workshop, hosted in July 2018. Furthermore, the committees requested to review the draft strategy prior to the decision to adopt the strategy being taken to cabinet in March 2019.
4. The domestic abuse strategy for Herefordshire adopted in 2014 is due for renewal and a new joint strategy, is required. The updated strategy will build upon the learning over the past four years and recent developments in practice and policy nationally.
5. It is recognised that the various factors which culminate in domestic abuse in all its forms are complex and sometimes unpredictable. This places a responsibility on all public and emergency organisations to identify adults and children at risk of experiencing domestic abuse and invoke a proportionate response which:
 - minimises risk
 - connects victims of abuse and their children to sources of support
 - educates and builds resilience to break the cycle of abuse
 - brings perpetrators to justice

Therefore a revised multi-agency approach with a clear vision, priorities and outcomes has been developed within the revised strategy.

6. In October 2018, cabinet approved an outline domestic abuse strategy for Herefordshire along with the re-commissioning of the domestic abuse support service for Herefordshire.
7. The revised strategy has been developed primarily through engagement with stakeholders through workshops and more specific engagement activity. The strategy has also been informed by research, including the law, local and national policy and guidance, data and research analysis, review of comparative strategies and learning from the former strategy as set out in appendix 1.
8. The research has been presented to stakeholders through engagement discussions, stimulating views on good work and areas for improvement in Herefordshire. Stakeholders included people who have used the local domestic abuse support service and professionals from partner organisations including the police, providers of health services, housing, social care and probation. The feedback provided has been grouped into four broad themes which informed the priorities; prevention, provision of services, partnership working and pursuing perpetrators. Feedback has been consolidated into objectives and

outcomes under the four priority areas and the objectives are further broken down in a table as appendix 1 to the strategy to ensure all feedback has been captured.

9. This approach ensures that views from stakeholders are captured effectively and can be translated into actions pertinent to some or all organisations, while ensuring all organisations have a shared strategic vision and priorities.
10. The strategy sets the direction and vision for tackling domestic abuse in Herefordshire over the next three years. Strategic delivery and leadership will be provided by the Community Safety Partnership (CSP). The Domestic Abuse Delivery Group (DADG), consisting of key professionals from across partner organisations, will lead on delivery. The DADG will deliver specific actions and report to the CSP on a quarterly basis.
11. The CSP will task the DADG to develop and implement annual detailed action plans, building on the objectives to implement this strategy.
12. The DADG will develop a live action plan for each year of the strategy, identifying the most important objectives and actions for that year. This action plan will build upon the table provided in appendix 1 of the strategy and will be agreed with the CSP. Action plans will need to take account of plans, opportunities and resources available within each partner organisation, as well as identifying data available as a benchmark to measure success against each action. The action plan is intended to be a working document which is subject to regular review and adaptation while ensuring accountability.
13. It is not possible to set an overall effectiveness measure for the strategy itself as this will depend on the annual work progress, plans and resources available within each partner organisation. Additionally, measures are specific to actions; there is no uniform approach which can be adopted. For example, domestic abuse is under-reported; a successful awareness campaign would result in increased reporting, therefore an increase in numbers would be a positive indicator. However, other prevention measures may require a reduction in numbers to denote success.
14. Appendix 1 sets out learning from the former strategy. The revised strategy has retained the previous four key priorities in recognition that they are golden threads to tackling domestic abuse and remain relevant given feedback during engagement and current research. However, aside from updated data and research, a key change in the revised strategy is the use of a specific plan to ensure delivery and accountability, which is aligned to the priorities and which have informed the outcomes.

Community impact

15. In accordance with the adopted code of corporate governance, the long-term nature of many of Herefordshire Council's responsibilities means that we should define and plan outcomes and that these should be sustainable. Decisions should further the council's purpose, contribute to intended benefits and outcomes, and remain within the limits of authority and resources. The council is committed to promoting a positive working culture that accepts and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development, and review.
16. The council's corporate plan includes a commitment to enabling people to live safe, healthy and independent lives. A collaborative approach with other public and emergency service organisations with a shared vision and priorities is therefore key to ensuring

victims of domestic abuse and their children are safe, identified at the earliest possibility, offered good quality advice and support and enabled to build their resilience to avoid the cycle of abuse being perpetuated.

17. The revised strategy will have a positive impact upon the role of the council as a 'corporate parent' to 'looked after children'. The strategy provides a focus on early identification of children exposed to domestic abuse and interventions which reduce the impact.
18. The revised domestic abuse strategy will support the achievement of the Health and Wellbeing Strategy, the Adults Wellbeing Plan 2017-20 and the Children and Young People's Plan 2015-18 by:
 - enabling people affected by domestic abuse to lead fulfilling lives, to be emotionally and physically healthy and to feel safe and secure through prevention, education and services which enable them to cope and manage the risks;
 - offering children and families affected by domestic abuse access to early help and the troubled families programme;
 - ensuring intelligence is shared promptly between agencies where children and their families are in need of safeguarding.

Equality duty

19. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
20. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Domestic abuse is experienced by people across all parts of the population including those with protected characteristics.
 21. Research for the revised strategy included the domestic abuse needs assessment undertaken in 2013 and subsequently updated in 2017. The assessment included specific demographic data around victims and perpetrators of abuse in Herefordshire. The revised strategy considers the needs of domestic abuse victims with protected characteristics based upon the specific demography of Herefordshire, including:
 - older people affected by domestic abuse. Herefordshire has an older age structure than England and Wales, with 24 per cent of the population aged 65 years or above compared to 18 per cent nationally. Recent local domestic homicide reviews have included dementia as a feature.

- Herefordshire's Black and Minority Ethnic (BAME) population (6.4% compared to 19.5% nationally)
- Pregnant women and new mothers, who can be at increased risk due to a sense of loss of control or jealousy from current or ex partners
- same-sex couples
- advice and signposting for male victims
- disabled people, who can be at additional risk as a result of a reliance upon their partner for support

Resource implications

22. There are no direct resource implications arising from the recommendations. The resource implications of any recommendations made by the committee will inform the executive's response to those recommendations.

Legal implications

23. There are no specific legal implications associated with the recommendations. The legal implications of any recommendations made by the committee will inform the executive's response to those recommendations.

Risk management

24. Implementing the strategy relies upon a commitment from stakeholders to actively engage, which could be impacted by conflicting demands placed on resources. **Mitigation:** Engagement with stakeholders in developing the strategy has secured a commitment to implementing the priorities and action plan. A pragmatic approach has been taken to minimise demand upon resources. Oversight of implementation of the strategy will be led by the Community Safety Partnership, with support from the Domestic Abuse Delivery Group and Safeguarding Boards.

Consultees

25. Engagement with stakeholders has formed the basis of the strategy. All views acquired during engagement have been taken into account and recorded explicitly within the action plan, with themes being captured in the priorities and outcomes.
26. People who had accessed related domestic abuse support or services provided insight into their experiences of universal and specific domestic abuse services. Ten service users attended; the feedback was used to inform stakeholder workshops, commissioning and the revised strategy. Emerging themes included concerns about communication between

organisations, lack of confidence in the criminal justice system and the importance of the domestic abuse support service.

27. Professionals from West Mercia Women's Aid were asked for their insight into successes and where improvements could be made across organisations under the four priorities. Their feedback was used to inform the strategy action plan. Feedback included a general sense of good local partnership working but challenges around raising awareness amongst professionals and also locating suitable housing.
28. Eight West Mercia Women's Aid service users attending a programme of support and parents attending groups at children's centres in Hereford, Leominster and Ross provided feedback on the priorities within the draft strategy in December 2018. Their feedback corroborated the approach in the strategy and the outstanding actions within the action plan. Emerging themes included a misunderstanding of the role of children's services and the impact of controlling behaviour by perpetrators not being fully understood by professionals.
29. A workshop for joint Scrutiny Committee Members was completed in July 2018. This provided background into the national and local context and invited comments on the commissioned service and the approach to developing the strategy. A further workshop for all Members was completed in October 2018. At this workshop, Members were given the opportunity to discuss and feed into the identified priorities. Specific comments were received around the importance of education for professionals and children, creating the environment for victims to disclose abuse and technology.
30. Two stakeholder workshops, including the police, probation, fire and rescue, housing, social care and health services were completed in July and October 2018. This directly informed the shared vision, the four draft priorities and the draft action plan.
31. Political groups were consulted in August 2018 on the both the proposed recommissioning and the outline of the revised strategy. No comments were received with regard to the strategy.

Appendices

Appendix 1 - Learning from the former Herefordshire Domestic Abuse Strategy

Appendix 2 – Presentation for Scrutiny Committee

Appendix 3 – Draft Domestic Abuse Strategy for Herefordshire 2019-22

Background papers

None identified

Appendix 1 – Domestic Abuse Strategy for Herefordshire 2019-22

Learning from the Former Herefordshire Domestic Abuse Strategy

The 2014-2017 Domestic Abuse Strategy for Herefordshire contained **four outcomes** and **four objectives**:

Outcomes	Objectives
Prevention: to raise awareness of domestic violence and abuse and to provide advice and guidance on healthy, respectful relationships	Victims of domestic violence and abuse are protected and live in safety
Provision of Service: to ensure that people affected by domestic violence and abuse have access to appropriate advice and services	Fewer children and young people experience domestic violence and abuse
Partnership Working: to ensure that partner agencies work together, taking a whole system and family centred approach to dealing with domestic violence and abuse	Perpetrators of domestic violence and abuse control their behaviour
Criminal Justice: to ensure effective use of the criminal justice system in bringing perpetrators to account, as well as to ensure that victims are given the support they need on their journey through the criminal justice system.	Increased awareness of domestic violence and abuse, which leads to a culture where it is not accepted.

In the broadest sense, the outcomes detailed in the 2014-17 strategy remain current and aligned to national priorities. This is not indicative of any failures but recognition that the four outcomes are ongoing 'golden threads' to tackling domestic abuse.

When the learning is considered in more detail, analysis of the local action plan in relation to domestic abuse provides a fuller picture. The action plan was informed by both the former Domestic Abuse Strategy and a local domestic abuse needs assessment completed in 2013 (updated in 2017) and resulted in the following new or increased services:

- A new refuge building (9 self-contained units)
- Helping Hands and CRUSH programmes delivered to children
- Improved domestic abuse data recording across agencies
- A triage worker in the Multi-Agency Safeguarding Hub to support the flow of information

Appendix 1 – Domestic Abuse Strategy for Herefordshire 2019-22

- Ongoing support for families through Early Help and the Troubled Families Programme
- Amendments to the Housing Allocations Policy to ensure domestic abuse victims have higher priority
- A specific worker within the Housing Solutions Team with specialist knowledge around domestic abuse
- A perpetrator programme, trialled in Herefordshire
- A draft multi-agency domestic abuse risk and referral pathway was created
- The creation of a Domestic Abuse Delivery Group to drive forward partnership working
- Implementation of 'Operation Encompass' where the police inform the MASH about domestic abuse cases and the MASH alerts the school.
- Multi-Agency Risk Assessment Conference (MARAC) training has been rolled out to professionals.

The following actions remain outstanding:

- A specific local domestic abuse service for males.
The level of need for male victims remains poorly understood nationally. In Herefordshire the current local domestic abuse helpline provides initial advice to male victims and signposting to relevant local or national organisations. All organisations will be expected to raise the profile of male victims in order to encourage disclosures and build a more accurate picture of demand.
- Awareness raising and education for professionals and in the full diversity of Herefordshire communities.
People with protected characteristics and those living rurally are at higher risk of isolation. The revised strategy considers which tools are required to enable professionals to identify those at risk of domestic abuse and how respond to disclosures.
- Clarity around various assessments used and how they translate between services.
There is recognition that different assessment tools are used across organisations which is sometimes unhelpful in terms of understanding thresholds. The revised strategy includes actions around sharing of information, shared pathways and mutual understanding of roles and remits.
- Better information sharing arrangements between key agencies (substance misuse services, sexual health services, general health services, social care, schools etc.), including data protection considerations.

Appendix 1 – Domestic Abuse Strategy for Herefordshire 2019-22

Improvements are already underway with compulsory joint working across commissioned health services being written into service specifications. However, there is a recognition that information sharing becomes challenging where safeguarding does not apply and the revised strategy explores how information can be shared legally and proportionately.

The revised strategy considers the outstanding actions set-against the current national and local context. Since the former strategy was written in 2014, there has been a significant change to the way partners such as the police and health services deliver their services both strategically and operationally. Revising the strategy has provided the opportunity to review the way partners deliver services, ensuring there is a shared sense of purpose.

Additionally, learning has come from professional stakeholder engagement. It is clear that all organisations understand the risks associated with domestic abuse and the necessity to address the associated challenges collectively. It has also been recognised that a commitment from leaders across organisations is required to ensure the priorities and actions within the strategy are driven through to implementation.

Scrutiny Committee:
Domestic Abuse Strategy
29th January 2019

Agenda

- Context
- Research to inform the strategy
- Engagement to inform the strategy
- Update on 2014-2017 strategy
- Local data
- Four priorities and shared vision
- Implementation
- Views, comments and questions

Context

- Domestic abuse is a complex, multi-faceted challenge with no particular organisation 'owning' responsibility
- A collaborative approach with a shared vision and priorities is required across organisations
- From engagement, domestic abuse is a high priority across the public sector and emergency services. The commitment is there.
- No additional resources are available for implementing the strategy – this will need to be completed within existing budgets

Research to inform the strategy

- Review of the Domestic Abuse Strategy 2014-17
- Research of:
 - The law
 - Local and national policy and guidance
 - Data and research analysis
 - Domestic abuse strategies from other areas
 - Existing governance and leadership arrangements

Engagement to inform the strategy

- Service users from West Mercia Women's Aid
- Families attending groups at Children's Centres in Hereford, Ross and Leominster
- Two Scrutiny Committee workshops
- Two stakeholder workshops to co-produce the strategy. Included police, health trusts, CCG, probation, housing associations, fire and rescue, social care professionals, elected members, domestic abuse and sexual abuse support services.
- Joint Committee Chairs (HSAB, HSCB, CSP)
- Community Safety Partnership
- Multi Agency Risk Assessment Conference

Update on the Domestic Abuse Strategy 2014-17

- Priorities were informed by both national policy and the 2013 local Needs Assessment
- Needs Assessment updated in 2017, informing the revised strategy
- The ethos and priorities are largely unchanged within the revised strategy, aligned to the current national priorities, although in wording they are quite different.
- Significant progress was made to achieving the outcomes in the former strategy (detailed in the revised strategy). Outstanding actions, incorporated into the revised strategy, are also detailed.

Local data – slide 1

- Many incidents are known to not be reported to the police.
- In the year ending March 2017, West Mercia police recorded 3,071 victims in Herefordshire: 2,024 (66%) females and 1,047 (34%) males
- Estimated through applying national self-reported prevalence rates that in 2016/17 there were 5,900 victims aged 16-59 in the county.
- Number of children exposed to domestic abuse in has been estimated to be 300-400 children per month locally (some of these will be repeat exposures for the same children).

Local data – slide 2

- In England and Wales, 16 to 19-year-olds were the most likely to say they had experienced domestic abuse in the last year. Herefordshire has an older age structure: expected to also have an older age profile of potential domestic abuse victims.

The shared vision

Our shared vision is that domestic abuse and the harm it causes will be prevented as people and communities:

- Understand and have the skills to establish healthy relationships
- Recognise and reject all forms of domestic abuse
- Seek, are offered and receive effective help and support early

Four priorities – slide 1

- **Priority 1 – Prevention**

- requires individuals and communities to understand domestic abuse and the harm it causes and have the skills to build, and a culture that supports, healthy relationships

- **Priority 2 - Provision of Service**

- When domestic abuse is disclosed, identified or reported, those affected by domestic abuse need to be able to access information, advice and support that is timely and effective. This support should meet the needs of the affected individual and any children, seeing them as a unit to be supported.

•

Four priorities – slide 2

- **Priority 3 - Partnership Working**

- There is no single place that a person might disclose domestic abuse, including community members, and no single agency that can provide a full response. Close partnership working is essential, with a shared vision, strong leadership and clear pathways.

- **Priority 4 - Criminal Justice**

- Tools available to the police and court system to prevent and deter perpetrators from domestic abuse must be used effectively and consistently. Those experiencing domestic abuse should see the police and criminal and civil legal systems as working to protect them and their children.

Implementation

- The Community Safety Partnership (CSP) - responsible for strategic leadership and the delivery of this strategy. Will retain strategic oversight
- The CSP shares members with the Herefordshire Safeguarding Adults and Children's Boards ensuring consistency.
- The CSP will task the multi-agency Domestic Abuse Delivery Group to develop and implement annual detailed action plans with set objectives, outcomes and timescales , building on the outline plan to implement this strategy (detailed in appendix 1 to the strategy)
- Delivery Group will report to the CSP on a quarterly basis
- Delivery Group will deliver and monitor the effectiveness of identified actions.

Objectives and outcomes

- Co-produced with organisations who attended the stakeholder workshops
- Informed by feedback from service users and research
- Themed in accordance with the four priorities
- Captured in detail in appendix 1 to the strategy
- Pragmatic and tangible – provides focus and a basis for the CSP and Delivery Group to create action plans
- Auditable and ensures accountability

We welcome any comments, questions and suggestions on the draft strategy and implementation plan

Herefordshire Domestic Abuse Strategy 2019-22

Add organisations who are signed up to the strategy

Acknowledgements

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1. Foreword

Domestic abuse has a huge impact on society and is one of the most pervasive of all social problems. It causes pain and suffering for those affected and their family, and has a significant cost to public services and the local community. It is often a hidden crime, with people experiencing domestic abuse reluctant to report their situation and friends, neighbours or family hesitant to get involved.

People who have experienced or are experiencing domestic abuse may be affected in a number of ways, including poor health (from physical injury as well as emotional/psychological effects), homelessness, loss of income or work and isolation from families and friends. Children can experience both short and long term cognitive, behavioural and emotional effects as a result of witnessing domestic abuse. The breadth of the impact on individuals and families results in needs arising across a wide-range of public services, from police and health care through to education, housing support and criminal justice. We recognise that a collaborative approach to developing and delivering the priorities is fundamental to preventing and responding to domestic abuse in the most effective way.

This multi-agency strategy and accompanying live action plan builds on learning from the 2014-17 strategy. The documents have been developed through multi agency stakeholder workshops and engagement with those who have been affected by domestic abuse. Agencies need to work together to ensure a robust approach to tackling domestic abuse. This strategy aims to bring a strategic direction to the work to tackle domestic abuse.

Partner agencies who have adopted this strategy and will be instrumental to its delivery are:

- Herefordshire Council
- West Mercia Police
- Wye Valley Trust
- 2gether Mental Health Trust
- The Clinical Commissioning Group
- Taurus Healthcare GP Federation
- West Mercia Women's Aid
- West Mercia Rape and Sexual Abuse Centre
- National Probation Service
- West Mercia Community Rehabilitation Company
- West Mercia Police and Crime Commissioner

[DN: only those agencies who have confirmed adoption of the strategy will be listed at the time of publication. No agencies have adopted at present]: Herefordshire Council.

2. The Shared Vision

The shared vision is that domestic abuse and the harm it causes will be prevented as people and communities:

- ***Understand and have the skills to establish healthy relationships***
- ***Recognise and reject all forms of domestic abuse***
- ***Seek, are offered and receive effective help and support early***

Two outcomes of importance are:

- Increase in the proportion of domestic abuse cases that are reported
- Reduction in the harm caused by domestic abuse, through early intervention and access to support

A further desirable outcome is a reduction in incidents of domestic abuse. Such an outcome is however difficult to quantify and long term, likely beyond duration of this strategy. The objectives and outcomes within this strategy will ultimately contribute to the overall impact of reducing the number of domestic abuse incidents in Herefordshire.

3. The Priorities

There are four priorities under our shared vision:

- Priority 1 – Prevention
- Priority 2 – Provision of service
- Priority 3 – Partnership working
- Priority 4 – Pursuing perpetrators

3.1. Priority 1 – Prevention

The aim is that individuals and communities understand domestic abuse and the harm it causes and have the skills to build, and a culture that supports, healthy relationships. Preventing domestic abuse is key to delivery of our vision.

Objectives:

Partner agencies will:

- Use data effectively to create a shared understanding of domestic abuse in Herefordshire.
- Work collaboratively across organisations to support culture-change in the population to be one that recognises and rejects all forms of domestic abuse.
- Create an environment throughout universal services and others that supports early disclosure of domestic abuse by those affected and provides high-quality and consistent initial response.
- Increase awareness amongst those who work with people with additional vulnerabilities to ensure domestic abuse is identified with an effective initial response.
- Support young people, children and families to recognise the signs of domestic abuse and understand that harm it causes as well as the positive impact of disclosing abuse.

Outcomes for Priority 1:

- Increased recognition by the population of all forms of domestic abuse and the harm it causes to children
- Increased understanding by professionals of the signs, symptoms and appropriate response to domestic abuse

3.2. Priority 2 - Provision of Service

The aim is that when domestic abuse is disclosed, identified or reported, those affected by domestic abuse can access timely and effective information, advice and support. This support should meet the needs of the affected individual and any children, seeing them as a unit to be supported.

Objectives:

Partner agencies will:

- Ensure that those experiencing domestic abuse can easily and safely contact and access specialist domestic abuse services, including those with additional barriers
- Ensure that children exposed to domestic abuse are supported in the best possible way
- Ensure that housing advice, emergency and other appropriate housing solutions are available to those experiencing domestic abuse, and where appropriate support those affected by domestic abuse and their children to remain in their homes safely.

Outcomes for Priority 2:

- Those affected by domestic abuse and their families are supported to improve their resilience and to understand healthy relationships.
- Those affected by domestic abuse and their families are safe from harm.

3.3. Priority 3 - Partnership Working

Domestic abuse has impact across multiple agencies who therefore each play a key role. These include primary and secondary health care, police, early years, children's social services, adult's social services, schools, courts and probation. There is no single place that a person might disclose domestic abuse and no single agency that can provide a full response. Close partnership working is essential, with a shared vision, strong leadership and clear pathways. **The aim is to work together across organisations in an efficient and effective way to prevent, and protect those experiencing, domestic abuse, ensuring that organisational barriers do not have impact on those affected by domestic abuse.**

Objectives:

Partner agencies will:

- Ensure there is strong leadership across all organisations on domestic abuse.

- Work collaboratively across organisations to create clear pathways for supporting those experiencing domestic abuse.
- Ensure that front line staff
 - i) have a good understanding of domestic abuse;
 - ii) see it as their role and responsibility to reduce the harm of domestic abuse; and
 - iii) understand the tools/resources available to them to do so.

Outcomes for Priority 3:

- Improved shared understanding of the whole system response to domestic abuse.
- Reduction in cross organisation barriers to an effective response to domestic abuse.

3.4. Priority 4 – Pursuing perpetrators

There are many tools available to the police and court system to prevent and deter perpetrators from domestic abuse. Our aim is that the tools available are used effectively and consistently and those experiencing domestic abuse see the police and criminal and civil legal systems as working to protect them and their children.

Objectives:

- We will support those experiencing domestic abuse to use the various tools available to prevent further offending (e.g. Domestic Violence Disclosure Scheme (Clare's Law), Domestic Violence Protection Notices and Domestic Violence Protection Orders).
- We will use the criminal justice system to its full effect to deter offending and bring perpetrators to justice.
- Where perpetrators have the capacity to change, we will make available effective, evidence-based programmes to help change perpetrator behaviour.

Outcomes for Priority 4:

- More perpetrators are deterred from offending
- Victims of domestic abuse are aware of the range of prevention tools available and supported to access them

The vision, priorities and objectives have been developed through working with and gaining the views of professionals, stakeholders and groups from across Herefordshire, and those who have experienced domestic abuse.

Appendix 1 gives further detail on each of these objectives. These details capture the input from stakeholders in developing the strategy and will be used as the basis for action planning.

4. Delivering the Strategy

4.1. Strategic Leadership and Delivery

Domestic abuse is not an issue which can be meaningfully and sustainably tackled by any single organisation working alone. To most effectively prevent and respond to domestic abuse, strong leadership is required across the system and within organisations to prioritise this work. Organisations (include providers and commissioners, specialist and non-specialist services) must work in partnership, both at the strategic and operational level.

Key components of the strategic leadership and delivery of this strategy are:

- Community Safety Partnership (CSP) will be responsible for strategic leadership and the delivery of this strategy
- CSP will task the Herefordshire Domestic Abuse Delivery Group (previously called the Domestic Violence and Abuse Group) to develop and implement annual detailed action plans, building on the objectives to implement this strategy
- CSP will retain strategic oversight and provide leadership to the delivery group
- The DA Delivery Group will report to the CSP on a quarterly basis.
- The DA Delivery Group will deliver and monitor the effectiveness of identified actions.

The CSP and Herefordshire Domestic Abuse Delivery Group are multi-agency groups.

4.2. Action Planning

The multi-agency Domestic Abuse Delivery Group will develop a live action plan for each year of the strategy, identifying the most important objectives and actions for that year. This action plan will build upon the objectives and further detail included in this strategy. These objectives have been developed with the input of partners working across the system and from discussions with those affected by domestic abuse and key groups. The action plan will be agreed with the CSP. Action plans will need to take account of plans, opportunities and resources available within each partner organisation.

Successful delivery of the action plans, will depend upon a continued commitment and engagement from several partner organisations, including the allocation of professionals' time and a review of, and willingness to change, practices.

4.3. Measuring impact

The key outcomes are defined as:

- Increase in the proportion of domestic abuse cases that are reported
- Reduction in the harm caused by domestic abuse, through early intervention and access to support

These are outcomes which are difficult to accurately and truly quantify and are inter-related. For example, domestic abuse is under-reported; a successful awareness campaign would result in increased reporting, therefore an increase in numbers would be a positive indicator. However, other prevention measures may require a reduction in numbers to denote success.

It is important that caution is applied in interpreting the available data on domestic abuse; such data can only be used as a marker of the levels of support provided and action taken by the relevant organisations; it cannot be used to measure the true extent or patterns in domestic abuse.

The action plan will specify for each action, the outputs and logic by which these outputs are expected to impact on one or more of the above outcomes.

5. Definition of domestic abuse

The cross-government definition of domestic abuse is given in Box 1. This strategy adopts this definition, which recognises that abuse takes many forms including coercive and controlling behaviour and that abuse can occur not just between partners and ex-partners but includes other family relationships. This definition includes so called 'honour' based violence (HBV), female genital mutilation (FGM) and forced marriage, and is clear that domestic abuse is not confined to one gender or ethnic group.

Herefordshire's response to HBV, FGM and forced marriage is co-ordinated under the domestic abuse agenda by the Community Safety Partnership.

Box 1. UK Cross Government Definition of Domestic Abuse, revised 2012:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- economic
- emotional

Controlling behaviour can involve a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

6. Domestic Abuse in Herefordshire

6.1. Domestic abuse incidence and prevalence

Domestic abuse is often a hidden crime and many incidents go unreported. Using data from different sources enables a fuller picture to be understood, including reported crime, self-reported histories and service use data.

In the year ending March 2017, West Mercia police recorded 3,071 victims in Herefordshire: 2,024 (66%) females and 1,047 (34%) males (these counts are not unique victims, but rather include multiple counts of repeat victims). Many incidents are known to not be reported to the police.

A more accurate prevalence can be estimated by applying national, self-reported prevalence rates to Herefordshire population. Through this method, it was estimated that in 2016/17 there were 5,900 victims aged 16-59 in the county; nearly double the number of victims recorded by the police.¹

Key facts from the Crime Survey for England & Wales, year ending March 2018²:

- 7.9 per cent of females aged 16-59 and 4.2 per cent of males aged 16-59 experienced domestic abuse during the last year in England and Wales.
- Since the age of 16 year, 28.9% of women and 13.2% of men experienced domestic abuse at some point.
- Partner abuse is most common form of domestic abuse.

In Herefordshire, over a six year period (2011/12-2016/17) there were five domestic homicides. In England and Wales, over the last three years of available data there have been a total of 400 domestic homicides (average 133 per year), representing 25% of homicides of over 16 year olds.³ The majority of victims were female (73%, 293). 82% of female victims of domestic homicides were killed by a partner or ex-partner and 18% by a family member, whilst for males 42% were killed by a partner or ex-partner and 58% by a family member.

The number of children exposed to domestic abuse in Herefordshire has been estimated to be 300-400 children per month (some of these will be repeat exposures for the same children). Around 850-900 children are known to be in the households of those accessing

¹ DRAFT Domestic Violence and Abuse: Evaluation of the local response in Herefordshire, 2017, Herefordshire Council

² Domestic abuse: findings from the Crime Survey for England and Wales: year ending March 2018. Office for National Statistics
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusefindingsfromthecrimesurveyforenglandandwales/yearendingmarch2018>

³ Domestic abuse in England and Wales: year ending March 2018. Office for National Statistics.
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018>

domestic abuse support services each year, including around 250-300 children in households of high risk cases discussed at the Multi Agency Risk Assessment Conference each year.

Local data suggests that the number of reported incidents is increasing over time, as also seen nationally. This is likely to reflect an increase in reporting rather than incidents, and indeed national survey data suggests a very slightly decreasing trend in incidence.

Evidence suggests that anyone is vulnerable to domestic abuse. There are however certain circumstances known to increase the risk of domestic abuse. These include pregnancy, mental health conditions, alcohol and substance misuse, low income, separation.⁴

Of all age groups, the Crime Survey of England and Wales found that in 2016/17, 16 to 19-year-olds were the most likely to say they had experienced domestic abuse in the last year (11% women, 7% men). Herefordshire has an older age structure than England and Wales as a whole, meaning that Herefordshire is expected to also have an older age profile of potential domestic abuse victims compared with nationally. Older people experiencing abuse are considered a hidden group. Barriers faced by older people include carer relationships, abuse being hidden behind other physical and mental health conditions, services typically being set up with younger clients in mind, older people being less likely to call 999, cultural or generational attitudes towards marriage and family life, and a lack of awareness among some professionals.⁵

Herefordshire is a rural county which brings additional barriers for those experiencing domestic abuse, including recognising abuse, asking for help, accessing support and fleeing the abusive relationship.⁶ Domestic abuse in rural communities is no less prevalent but can be less visible. Rural women have been found to particularly value the importance of health practitioners, especially GPs, in providing confidential and safe services for women compared to urban women. Rural women have been found to express concern about the confidential nature of services they received in their community, not echoed by urban women.⁷

These data suggest that key issues for Herefordshire include:

- Recognition that domestic abuse is under-reported and this might be even more so in certain population groups and due to rurality which is likely to have a big impact in Herefordshire
- Whilst young people are most likely to experience domestic abuse, the demographics of Herefordshire mean there will be a high number of older people affected by domestic abuse

⁴ SafeLives. Who are the victims of domestic abuse? <http://safelives.org.uk/policy-evidence/about-domestic-abuse/who-are-victims-domestic-abuse>

⁵ SafeLives. Guidance for multi-agency forums: older people. http://www.safelives.org.uk/sites/default/files/resources/NSP%20Guidance%20Older%20People%20FINAL_0.pdf

⁶ SafeLives Herefordshire MARAC review, 2018

⁷ McCarry M and Williamson E. Violence against women in rural and urban areas.

https://www.thewi.org.uk/__data/assets/pdf_file/0005/49874/vawruralandurbanareas.pdf

- Many children experience domestic abuse (see impact section)
- There are key vulnerable populations in Herefordshire who might find it harder to recognise or escape abuse, including, traveller communities, rural communities older adults (e.g. dementia)

Groups with Additional Vulnerabilities in Herefordshire

Older people experiencing abuse are considered a hidden group. Barriers faced by older people include carer relationships, abuse being hidden behind other physical and mental health conditions, services typically being set up with younger clients in mind, older people being less likely to call 999, cultural or generational attitudes towards marriage and family life, and a lack of awareness among some professionals.

Ethnic groups might have to face additional challenges in addressing domestic abuse. Key communities to consider in Herefordshire include the Eastern European and Traveller populations. People affected by domestic abuse in both these communities might face additional challenges, which make it harder to identify abuse for both the person affected and agencies, and more difficult to leave.⁶ For example, lack of trust in police and other professionals, being ostracised from their own community if women leave a marriage, traditional established roles for men and women, lack of culturally-appropriate refuge accommodation.

Local data provided by West Mercia Women's Aid shows low numbers of men and people in same-sex relationships accessing the service. The West Mercia and Warwickshire Police Draft Domestic Abuse Threat Assessment 2017 details that for all offences across the policing area footprint, 74 per cent of perpetrators were male and 26 percent were female. For couples in a same sex relationship, females accounted for seven per cent of reported offences and males for eight per cent. This would indicate that proportionately, men and those in same sex relationships are not accessing domestic abuse support services.

A new approach is required across organisations to ensure people with additional vulnerabilities and those who are harder to reach are given special consideration. They must be enabled and encouraged to access services, and the system must be prepared to respond to their individual needs and vulnerabilities.

6.2. Impact of domestic abuse

Domestic abuse is devastating to those affected and their families.

For the person directly affected the impact can be physical and mental.⁸ Physically there can be short term injuries and long-term physical health problems for example, asthma, bladder and kidney infections, cardiovascular disease and reproductive health problems have all been associated with domestic abuse. Mental health issues are extremely common (40% of

⁸ SafeLives. How widespread is domestic abuse and what is the impact? [http://safelives.org.uk/policy-evidence/about-domestic-abuse/how-widespread-domestic-abuse-and-what-impact#physical impact](http://safelives.org.uk/policy-evidence/about-domestic-abuse/how-widespread-domestic-abuse-and-what-impact#physical%20impact)

high risk people affected by domestic abuse reported mental health issues and 16% reported having considered or attempted suicide). Psychological problems include anxiety, depression, suicidal behaviour, low self-esteem, lack of ability to trust others, flashbacks, sleep disturbances, and emotional detachment.

Children exposed to violence in the home may suffer a range of severe and lasting effects. Evidence 9 suggests that:

- Children who grow up in a violent home are more likely to be victims of child abuse. Even where a child does not suffer direct abuse, the impact of violence in the home can be devastating and long-term.
- The stress caused by being exposed to violence in the home can harm the development of the brain and impair cognitive and sensory growth.
- Children who are exposed to violence in the home may have difficulty learning and limited social skills, exhibit violent, risky or delinquent behaviour, suffer from depression or severe anxiety, excessive irritability, sleep problems, emotional distress, fear of being alone, immature behaviour, and problems with toilet training and language development.
- Children in the earliest years of life are particularly vulnerable: studies show that domestic violence is more prevalent in homes with younger children than those with older children.
- Several studies also reveal that children who witness domestic violence are more likely to be affected by violence as adults – either as victims or perpetrators.
- There is also evidence that children try to prevent the violence, get outside help or protect the victim.

In addition to the impact on those experiencing domestic abuse and their families, domestic abuse also has a large impact on services. Locally data is best captured by children's services and the police. Data from children's services suggests that domestic abuse is a factor in 18 per cent of crimes/incidents and in approximately 50% of vulnerable children cases in Herefordshire. It has been estimated that nearly 75% of children on the 'at risk' register live in households where domestic violence occurs, 52% of child protection cases involve domestic violence and 42% of the 155 families identified for the 2013/14 Families First (previously Troubled Families) programme were identified as featuring domestic abuse. Furthermore when there are children in the household, the majority witness the violence that is occurring and in about half of all domestic violence situations, the children are also being directly abused themselves.

Police data shows that domestic violence accounts for between 16% and 25% of recorded violent crime and 10% of emergency calls.

It is also known that those experiencing and perpetrating domestic abuse often experience multiple issues e.g. alcohol and/or substance misuse, mental health issues. In Herefordshire,

⁹ UNICEF. Behind Closed Doors: the impact of domestic violence on children, 2006
<https://www.unicef.org/media/files/BehindClosedDoors.pdf>

31% of domestic violence crimes had alcohol identified as an issue and 5% had drugs identified as an issue (February 2014).

The importance of identifying, and effectively supporting those affected by, domestic abuse at the earliest possible opportunity is highlighted by the severity of its impact. Universal services, such as GPs, schools, health visitors, midwives, domiciliary care, residential care, carer support, have a key role to play in this.

6.3. Preventing domestic abuse

Primary prevention of domestic abuse is key. This means preventing abuse before it happens. There are several broad categories of interventions that work at primary prevention level. These include¹⁰:

- Early childhood and family-based approaches: not only, as described above, does witnessing abuse have a direct impact on child development, but it is in early childhood that children learn a range of skills and attitudes. Skills such as problem-solving, emotional management, and social skills, alongside attitudes to gender roles, relationships and acceptability of aggression and violence, form the basis of future relationships. Children learn much of this from the behaviour of people around them. Positive parenting and safe and supportive home environments are therefore crucial to pro-social behaviour and healthy relationships.
- School-based approaches: school based programmes to prevent abuse should be part of broader community based prevention strategies. Evidence suggests that most effective programmes are those that aim to change attitudes and norms, rather than provide information, and should address both boys and girls.
- Interventions to reduce alcohol and substance misuse: alcohol and drug use are a situational factor that contribute to the severity of abuse, or a coping mechanism for ongoing abuse, rather than being the primary cause. Alcohol harm reduction strategies, although not addressing the underlying cause, can still lead to improvements in preventing abuse.
- Public information and awareness campaigns: such campaigns are a common approach to preventing domestic abuse, to try to break the silence and influence attitudes and social norms. Communications strategies based on a social marketing framework are more likely to be effective in changing individuals' knowledge, attitudes, and social norms.
- Community-based approaches: such approaches include interventions targeted at subgroups of the population (such as group education for people at risk) and comprehensive community-wide mobilisation interventions. Comprehensive programmes are designed to effect social change by creating an enabling environment for changing individual attitudes and behaviour. This approach requires

¹⁰ World Health Organization. Primary prevention of intimate-partner violence and sexual violence: Background paper for WHO expert meeting May 2–3, 2007
https://www.who.int/violence_injury_prevention/publications/violence/IPV-SV.pdf

multiple components, often including participatory education or training, public awareness campaigns, and social marketing techniques. These approaches can be particularly challenging as they rely on long-term, participatory engagement with high-quality facilitation and are most effective where there is community ownership.

- Structural and policy approaches: working towards strengthening gender equality can have fundamental impact on domestic abuse whilst improving criminal justice system responses is a key part of a comprehensive approach.

This overview, based on international research, outlines the range of activities required across the system to effectively prevent domestic abuse and the importance of the wider work of organisations, such as Herefordshire Council. This strategy and the identified priorities include primary prevention strategies, alongside early identification and harm-reduction after domestic abuse incidents have taken place.

6.4. Understanding the needs and views of those experiencing domestic abuse

As part of developing this strategy, we sought the views of those who have experienced, or continue to experience, domestic abuse to provide valuable insight into their journey. We also sought the views of parents with young children, various professional working closely with those who have experienced domestic abuse.

The key themes that have emerged from our conversations include:

- Recognition of abuse: People understand that domestic abuse is not just violence, however people affected by domestic abuse found it difficult to identify whether things they were experiencing or witnessing constituted abuse or were just typical relationship issues.
“When should alarm bells ring and who do you talk to, to check it out?”
- Fear of losing children: There was a deep fear of children’s social services or intervention into family matters. This was driven by the concern that children will be taken away or custody issues. Perpetrators often use children as leverage to exert power and control and persuade someone to stay in the abusive relationship.
- Crisis point: The majority of those affected waited until things reached crisis point and the police or social services became involved before they sought help.
- Cycle of domestic abuse: many (but not all) of those affected by domestic abuse reported coming from abusive families, and had experienced multiple abusive relationships.
- Feeling that no-one is on their side: those affected reported that as a parent, once you have been identified as a victim, you are continually seen as the bad guy by the authorities who are checking up on your parenting skills; by the police who don’t believe you unless there’s hard evidence (and perpetrators are usually very good persuaders); by their families who think you should keep the family together; and by the criminal justice system which fails victims with perpetrators who receive a conviction getting more lenient sentences for physically assaulting a member of their family than they would receive if they had attacked a stranger.

- Housing concerns: Property rights and tenancies are used as another manipulation tool.
“The housing allocations system does not support you – they reduce your banding if you make a homelessness application.”
- Impact on children: The impact of domestic abuse on children, whilst the parent affected by domestic abuse was with them, was not recognised – with the parent feeling they could protect the child(ren) from harm. People affected by domestic abuse reported concern about the impact on their children who remained living with their abuser.
- Organisations could work better together: reports of organisations continuing to work in a fragmented way, leading to confusion and conflicting information.

6.5. Challenges in addressing domestic abuse

Domestic abuse is often a hidden experience, with those affected fearful of repercussions such as reprisals from their partner, loss of their children and loss of home being deterrents from reporting the abuse (as highlighted above). This is further exacerbated by low self-esteem and lack of control which results from domestic abuse. The abuse itself therefore directly affects the ability of the person affected to identify and address the situation.

For the system, challenges arise from cross organisational barriers and different risks and focus of the agencies involved. For example, and simplistically, children’s services focusing on the risk to children, police and probation focusing on the risk from the perpetrator, specialist support services focussing on the risk to the person affected by domestic abuse. Whilst each is a valid angle with which to view the situation, it takes all angles to form a comprehensive picture from a family-centred view.

Men affected by domestic abuse, whilst fewer in number, are arguably less well supported by the system. There are not for example, designated local refuge facilities and local support programmes.

Technology offers both a means to help those affected by domestic abuse seek information and support, but also provides perpetrators with more ways to control, coerce and threaten. Research undertaken by SafeLives found half of those affected by domestic abuse were monitored online or with technology, through trackers, apps or internet blockers. This included controlling social media interactions, monitoring locations and for those who tried to leave, tracking them through technology. Many had been traced, either through social apps such as Facebook, through dedicated tracking apps, or through online bank statements and phone bills. In extreme cases, tracking devices were placed in cars and cameras were placed around the house. The research found that despite the risks, victims often remained online and technology offers a key source of information and advice, when this can be found safely and quickly. Practitioners have reported that the power of technology can be harnessed to enable those affected by domestic abuse locate support services, share tips on staying safe, recognise abuse, communicate more easily with services, improve their own

safety and to seek peer support¹¹ It will be important that local initiatives that use technology, whether that be campaigns, universal or specialist services, understand and take steps to ensure their offer meets the needs of those affected and helps them stay safe.

¹²

7. Context

This strategy builds on the work of the previous Herefordshire Multi Agency Domestic Violence and Abuse Strategy (2014-2017), evidence and data from the Domestic Violence and Abuse Needs Assessment, July 2013 and the Draft Domestic Violence and Abuse: Evaluation of the local response in Herefordshire, 2017, as well as national policy.

7.1. 2014-2017 Herefordshire Multi Agency Domestic Violence and Abuse Strategy

The outcomes within the 2014-2017 domestic violence and abuse strategy were informed by both national policy and the result of a local needs assessment completed in 2013.

Significant progress was made to achieving the outcomes within the 2014-2017 strategy, including:

- A new refuge building for Herefordshire with increased capacity and individual flats which better support women affected by domestic abuse and their children, including by being able to accommodate older male children.
- Helping Hands (4-11 year olds) and CRUSH (13-19 year olds) programmes delivered to children who are or had experienced, witnessed or were at risk of domestic abuse.
- Recognition that clearer and more consistent data were required. Data recording was improved across agencies. Funding was provided by the Community Safety Partnership to create a central Intelligence Team covering the West Mercia policing area footprint to improve consistency. A domestic abuse triage worker was included in the Multi-Agency Safeguarding Hub to support the flow of information
- Improved understanding of Early Help and the Troubled Families programme, increasing pathways and referrals from across agencies.
- Amendments to the Housing Allocations Policy to ensure domestic abuse victims have higher priority
- A specific worker within the Housing Solutions Team with specialist knowledge, training and experience around domestic abuse
- Agreement by the Community Safety Partnership to fund the 'Inspiring Families' pilot project, due to commence in January 2019. The programme is aimed at female victims and male perpetrators who have children and wish to remain in a couple. The project adopts a 'whole family' approach; working with children to reduce the impact

¹¹ SafeLives Tech Vs Abuse: Research Findings.

<http://safelives.org.uk/sites/default/files/resources/Tech%20vs%20abuse%20report.pdf>

¹² SafeLives Tech Vs Abuse Design Challenges <https://www.techvsabuse.info/design-challenges>

of being exposed to domestic abuse, the victim to build resilience and safety and the perpetrator to address attitude and behaviour.

- Implementation of 'Operation Encompass' – a secure established flow of information about domestic abuse incidents involving children from the police to the relevant school/s
- The roll out of Multi-Agency Risk Assessment Conference (MARAC) training to professionals.
- Two conferences on 'Silent Victims', looking at additional barriers for people with additional vulnerabilities, including those from black and minority ethnic communities.

Some of the actions identified within the 2013 domestic abuse needs assessment (updated in 2017) have been addressed to some extent but remain outstanding and will be considered by the Domestic Abuse Delivery Group to inform the action plan. These include:

- A specific domestic abuse service for males (support and signposting is currently available)
- Awareness raising, culture change and education in communities, including black and minority ethnic communities.
- Robust education for professionals around the identification of and provision of initial advice to those experiencing domestic abuse
- Clarity between organisations which undertake assessments to create a mutual understanding of thresholds and how assessments should be interpreted.
- Better information sharing arrangements between key agencies (substance misuse services, sexual health services, general health services, social care, schools etc.) where safeguarding does not apply, including compliance with the General Data Protection Regulations.

Many of these actions have been brought forward to this strategy, but some remain a particular challenge, specifically domestic abuse services for males and culture change.

7.2. Other local policy context

The priorities within this strategy align with key organisations' plans and strategies.

This strategy aligns with Herefordshire Council's corporate plan and plans for adult and wellbeing and children and young people:

- Herefordshire Council's Corporate plan priorities:
 - Enable residents to live safe, healthy and independent lives
 - Keep children and young people safe and give them a great start in life
 - Support growth of our economy
 - Secure better services, quality of life and value for money.

- Herefordshire Council's Adults and Wellbeing Plan 2017-2020:
 - *All adults in Herefordshire live healthy, happy and independent lives within their local communities, for as long as possible with support when they need it.*
- Herefordshire Council's Children and Young People's Plan 2015-18:
 - *We want all children and young people in Herefordshire to have the best start in life and grow up healthy, happy and safe within supportive family environments. We want them to have the best possible health, education and opportunities to enable them to reach their full potential.*

It also aligns with West Mercia Police and Crime Commissioner's Safer West Mercia Plan 2016-21 vision:

- Putting victims and survivors first
- Building a more secure West Mercia
- Reforming West Mercia
- Reassuring West Mercia's communities

[Drafting note: sign up to be confirmed] A number of agencies are committed to delivering the vision and priorities within this strategy. These include:

- Herefordshire Council
- West Mercia Police
- Wye Valley Trust
- 2gether Mental Health Trust
- The Clinical Commissioning Group
- Taurus Healthcare GP Federation
- West Mercia Women's Aid
- West Mercia Rape and Sexual Abuse Centre
- National Probation Service
- West Mercia Community Rehabilitation Company
- West Mercia Police and Crime Commissioner

7.3. National policy

7.4. National context

In 2016 the government released the Ending Violence Against Women and Girls Strategy 2016-20. Although it is recognised that domestic abuse can affect any person, the strategy recognises that violence in general is disproportionately skewed towards women and girls. The strategy provides an overview of the wide range of actions the government is taking to tackle violence against women and girls between 2016 and 2020 and includes forced marriage, sexual exploitation, honour based violence and female genital mutilation. The priorities within the Ending Violence Against Women and Girls Strategy 2016, taken with the local context, evidence and research, have informed the priorities for this strategy.

The National Institute for Health and Care Excellence (NICE) produced guidance for Domestic Violence and Abuse: Multi-Agency Working in 2014. This provided 17 recommendations, including local strategic multi-agency partnerships, integrated care pathways, joint-commissioning of services, creating an environment and culture for domestic abuse to be disclosed, better information sharing, training for frontline staff in recognising and responding to domestic abuse and providing specialist domestic abuse services to adults and children. All of the recommendations have been considered in drafting the strategy and action plan.

8. References and further information

[Herefordshire DVA Needs Assessment 2013](#)

[Understanding Herefordshire 2013](#)

[Women's Aid Website](#)

<https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020>

<https://www.nice.org.uk/Guidance/PH50>

https://www.herefordshire.gov.uk/download/downloads/id/1500/corporate_plan_2016-20.pdf

[https://www.herefordshire.gov.uk/download/downloads/id/10458/adults_and_wellbeing_plan_2017 to 2020.pdf](https://www.herefordshire.gov.uk/download/downloads/id/10458/adults_and_wellbeing_plan_2017_to_2020.pdf)

https://www.herefordshire.gov.uk/download/downloads/id/5211/children_and_young_peoples_plan_2015-2018.pdf

9. Appendix 1

The table below gives further detail of each objective, capturing the full discussions of stakeholders. It is proposed that the action plan will be built upon these details.

	Objectives	Further detail
Prevention	We will use data effectively to create a shared understanding of domestic abuse in Herefordshire.	We will share, analyse and use sub-county (e.g. locality) level data on DA
		We will share appropriate data on individual cases to ensure all agencies have necessary information and take appropriate action (e.g. Operation Encompass), with any necessary agreements in place
	We will work collaboratively across organisations to support culture-change in the population to be one that recognises and rejects all forms of domestic abuse.	We will co-ordinate our approach to public awareness on DA, with sign-up from wide range of partners
		We will work to ensure the system supports the prosecution of cases, which itself will help support a culture of non-acceptance (link to perpetrators)
	We will create an environment throughout universal services and others that supports early disclosure of domestic abuse by those affected and provides high-quality and consistent initial response.	We will work across wide range of universal services likely to encounter DA to equip professionals to encourage disclosure and respond appropriately (link to professional enquiry). Such services include police, schools, GPs, dentists, social landlords, sexual health services, benefits officers, vets, hairdressers
	We will increase awareness amongst those who work with people with additional vulnerabilities to ensure domestic abuse is identified with an effective initial response	We will work with partners and colleagues to increase DA awareness amongst those who work/support those with additional vulnerabilities (e.g. dementia, LD);

	We will support young people, children and families to recognise the signs of domestic abuse and understand that harm it causes as well as the positive impact of disclosing abuse.	<p>We will work across the system to increase awareness about healthy relationships in children and young people and to not accept DA</p> <p>We will work to support early intervention with children who have experienced or are beginning to perpetrate DA, both by DA specialist and wider services</p>
	Objectives	Further details
Provision of services	We will ensure that those experiencing domestic abuse can easily and safely contact and access specialist domestic abuse services, including those with additional barriers	<p>We will support access to specialist and refuge services with a particular focus on:</p> <ul style="list-style-type: none"> - easy access to specialist and refuge services especially those who face additional barriers - supporting access to relevant health and wellbeing services and for those affected by DA - supporting those affected, and other services, of the financial provision and availability of services particularly for those with no recourse to public funds - increasing provision of and access to solicitors who support women through legal aid and have specialist knowledge of DA
		We will identify children exposed to domestic abuse at the earliest possible opportunity
		We will work to understand where inconsistencies lie in the response to domestic abuse across both the criminal justice and civil legal systems and work to address these
		We will work as a partnership to respond to funding initiatives/calls to bring additional money into Herefordshire to address DA and support those affected.

	We will ensure that children exposed to domestic abuse are supported in the best possible way	We will work across the system to increase awareness of the negative impact of domestic abuse on children
		We will work to adopt a family-centred approach, supporting the non-abusive parent to protect and support their child(ren)
		We will work with specialist services to ensure the additional needs of children and young people accessing services are met
	We will ensure that housing advice, emergency and other appropriate housing solutions are available to those experiencing domestic abuse, and where appropriate support those affected by domestic abuse and their children to remain in their homes safely.	We will work to support those affected by domestic abuse to be safe in their own homes
		We will ensure that those who are forced to leave their homes due to domestic abuse are a housing priority, have access to timely advice and have access to a housing solution.
		We will work with housing and ensure civil/criminal orders/tenancy agreements are used to maximum effect to ensure that perpetrators are made to leave their homes as opposed to the victim and children.
	Objectives	Further details
Partnership working	We will ensure there is strong leadership across all organisations on domestic abuse.	We will ensure that the governance and delivery arrangements are fit for purpose and that organisations make a high level commitment to seeing through the implementation of the DA strategy both across Herefordshire and within their organisation.
		We will ensure there is a whole-system understanding of each agency's key offer, through, for example developing a domestic abuse glossary and system overview
		We will ensure there is effective strategic oversight of systems and processes with support from multi agencies
	We will work collaboratively across organisations to create clear pathways for supporting those experiencing domestic abuse.	We will ensure systems and processes are in place to facilitate multi-agency cooperation at all appropriate levels.

		We will ensure there are clear, cross-organisational pathways for victims which include robust systems to ensure victims don't fall between the gaps (especially where these are between agencies)
	We will ensure that front line staff i) have a good understanding of domestic abuse, ii) see it as their role and responsibility to reduce the harm of domestic abuse and iii) understand the tools/resources available to them to do so.	We will work to ensure all organisations are clear about their role and offer around domestic abuse and that of partners.
		We will ensure universal services have appropriate training and tools available to identify and respond to domestic abuse. This will include understanding the resources available to different professions and any gaps.
		We will ensure that systems are established within organisations to support staff delivering front line services to enquire as part of their normal work
	Objectives	Further details
Pursuing perpetrators	We will support those experiencing domestic abuse to use the various tools available to prevent further offending (e.g. Domestic Violence Disclosure Scheme (Clare's Law), Domestic Violence Protection Notices and Domestic Violence Protection Orders).	The police, supported by other organisations, will use the full range of powers available to them to reduce incidence of DA
		Probation services, supported by other organisations, will work to ensure the safety of victims of DA
	We will use the criminal justice system to its full effect to deter offending and bring perpetrators to justice.	We will work with the courts to identify any areas for improvement in training or elsewhere to support court proceedings result in sentences for perpetrators that reflect the impact of DA and act as a deterrent.
	Where perpetrators have the capacity to change, we will make available effective, evidence-based programmes to help change perpetrator behaviour.	We will develop a good understanding of perpetrator behaviour and drivers of behaviour, and the evidence-base and effectiveness of behaviour change programmes

		We will work to deliver effective behaviour change support for perpetrators of domestic abuse who have and have not been convicted, and for the range of relationships (not just intimate partners). This will require a focus both on the effectiveness of programmes and identification of potential funding sources.
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Meeting:	Adults and wellbeing scrutiny committee
Meeting date:	29 January 2019
Title of report:	Committee work programme 2018-19
Report by:	Democratic services officer

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards)

Purpose and summary

To consider the committee's work programme for 2018-19.

Recommendation(s)

That:

- (a) the draft work programme (appendix 1) be approved, subject to any amendments the committee wishes to make;
- (b) the committee determines the appropriate approach taken to the scrutiny of topics in the work programme;
- (c) the scrutiny committee review the forward plan to determine whether to carry out pre-decision call-in on any of those scheduled executive decisions;
- (d) the committee determines whether there is any matter for which it wishes to exercise its powers of co-option; and
- (e) the letter from NHS Herefordshire Clinical Commissioning Group (CCG) in relation to committee recommendations on the NHS Continuing Healthcare Framework applicable to Herefordshire (Appendix 3) be noted, subject to any observations the committee wishes to make.

Alternative options

1. It is for the committee to determine its work programme to reflect the priorities facing Herefordshire. The committee needs to be selective and ensure that the work programme is focused, realistic and deliverable within existing resources.

Key considerations

Work programme updates

2. The work programme needs to focus on the key issues of concern and be manageable. It must also be ready to accommodate urgent items or matters that have been called-in.
3. A scrutiny members' workshop was held on 10 December 2018 on the Herefordshire and Worcestershire sustainability and transformation partnership (STP), regional NHS integrated care system, the role of the health and wellbeing board, and the better care fund and integration plan. A report is expected at the 5 March 2019 committee meeting.
4. Reports on learning disability strategy update and homelessness reduction have been deferred from the 29 January 2019 meeting to the 5 March 2019 meeting.
5. At the scrutiny members' workshop, the following amendments to the work programme were suggested: the workshop on 19 March 2019 include topics on both mental health and dementia; and briefing notes be prepared on GP capacity and on the care market.
6. Members are invited to review the updated work programme (appendix 1). A prioritisation flow chart (appendix 2) is provided to assess which items should be included in the work programme. Consideration should be given to the type of scrutiny to apply to work programme items, such as undertaking pre-decision call-in, establishing a task and finish group or spotlight review, identifying a topic for a scrutiny members' workshop, or requesting a briefing note.
7. The work programme will remain under regular review during the year to allow the committee to respond to particular circumstances.
8. Should committee members become aware of additional issues for scrutiny during the year they are invited to discuss the matter with the chairperson and the statutory scrutiny officer.

Letter from NHS Herefordshire Clinical Commissioning Group (CCG) in relation to committee recommendations on the NHS Continuing Healthcare Framework applicable to Herefordshire

9. At the 20 September 2018 meeting, the committee considered a report on 'NHS Continuing Healthcare Framework applicable to Herefordshire' and made a number of recommendations to NHS Herefordshire Clinical Commissioning Group (CCG); the relevant minute is available here: <http://councillors.herefordshire.gov.uk/mgAi.aspx?ID=50321>
10. The Managing Director of the CCG has responded to the recommendations in a letter to the chairperson, dated 16 November 2018 (appendix 3).
11. An update on the recommendations is identified in the work programme for 2019-20.

Constitutional Matters

Task and Finish Groups

12. A scrutiny committee may appoint a task and finish group for any scrutiny activity within the committee's agreed work programme. A committee may determine to undertake a task and finish activity itself as a spotlight review where such an activity may be undertaken in a single session; the procedure rules relating to task and finish groups will apply in these circumstances.
13. The relevant scrutiny committee will approve the scope of the activity to be undertaken, the membership, chairperson, timeframe, desired outcomes and what will not be included in the work. A task and finish group will be composed of a least 2 members of the committee, other councillors (nominees to be sought from group leaders with un-affiliated members also invited to express their interest in sitting on the group) and may include, as appropriate, co-opted people with specialist knowledge or expertise to support the task. In appointing a chairperson of a task and finish group the committee will also determine, having regard to the advice of the council's monitoring officer and statutory scrutiny officer, whether the scope of the activity is such as to attract a special responsibility allowance.
14. The committee is asked to determine any matters relating to the appointment of a task and finish group, the chairperson and any special responsibility allowance, or undertaking a spotlight review including co-option (see below).

Co-option

15. A scrutiny committee may co-opt a maximum of two non-voting people as and when required, for example for a particular meeting or to join a task and finish group. Any such co-optees will be agreed by the committee having reference to the agreed work programme and / or task and finish group membership.
16. The committee is asked to consider whether it wishes to exercise this power in respect of any matters in the work programme.

Forward plan

17. The constitution states that scrutiny committees should consider the forward plan as the chief source of information regarding forthcoming key decisions. Forthcoming decisions can be viewed under the forthcoming decisions link on the council's website:

<http://councillors.herefordshire.gov.uk/mgdelegateddecisions.aspx?XXR=0&DAYS=28&RP=0&K=0&DM=0&HD=0&DS=1&META=mgdelegateddecisions&V=0>

Scheduled meetings

18. In the delivery of the work programme, the following committee dates have been scheduled. All meetings, unless otherwise published, will commence at 10.00 am:

4 February 2019 (provisional, to be confirmed)

5 March 2019

Community impact

19. In accordance with the adopted code of corporate governance, Herefordshire Council must ensure that it has an effective performance management system that facilitates effective and efficient delivery of planned services. Effective financial management, risk management and internal control are important components of this performance

Further information on the subject of this report is available from
Ben Baugh, email: ben.baugh2@herefordshire.gov.uk

management system. Herefordshire Council is committed to promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision-making, policy development, and review.

Equality duty

20. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

21. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. All Herefordshire Council members are trained and aware of their Public Sector Equality Duty and Equality considerations are taken into account when serving on committees.

Resource implications

22. The costs of the work of the committee will have to be met within existing resources. It should be noted the costs of running scrutiny will be subject to an assessment to support appropriate processes.

Legal implications

23. The remit of the scrutiny committee is set out in part 3 section 4 of the constitution and the role of the scrutiny committee is set out in paragraph 2.6.5 of the constitution.
24. The council is required to deliver a scrutiny function.

Risk management

25. There is a reputational risk to the council if the scrutiny function does not operate effectively. The arrangements for the development and review of the work programme should help mitigate this risk.

Consultees

26. A workshop was held on 4 June 2018 in order for members to contribute to the development of an annual work programme. As well as committee members, the workshop was attended by non-scrutiny members, the cabinet member for health and wellbeing, the chief officer of Healthwatch, directors of NHS Herefordshire Clinical Commissioning Group (CCG), senior council officers and democratic services officers.
27. The chairperson meets every quarter with Healthwatch and with NHS Herefordshire

Clinical Commissioning Group to monitor the relevance of items for the work programme.

28. Members of the public are also able to influence the scrutiny work programme by suggesting a topic for scrutiny or by asking a question at a public meeting, for further details, please see the 'get involved' section of the council's website:

www.herefordshire.gov.uk/getinvolved

Appendices

Appendix 1 Updated committee work programme for 2018-19

Appendix 2 Scrutiny work programme prioritisation aid

Appendix 3 Letter dated 16 November 2018 from the Managing Director of NHS Herefordshire Clinical Commissioning Group

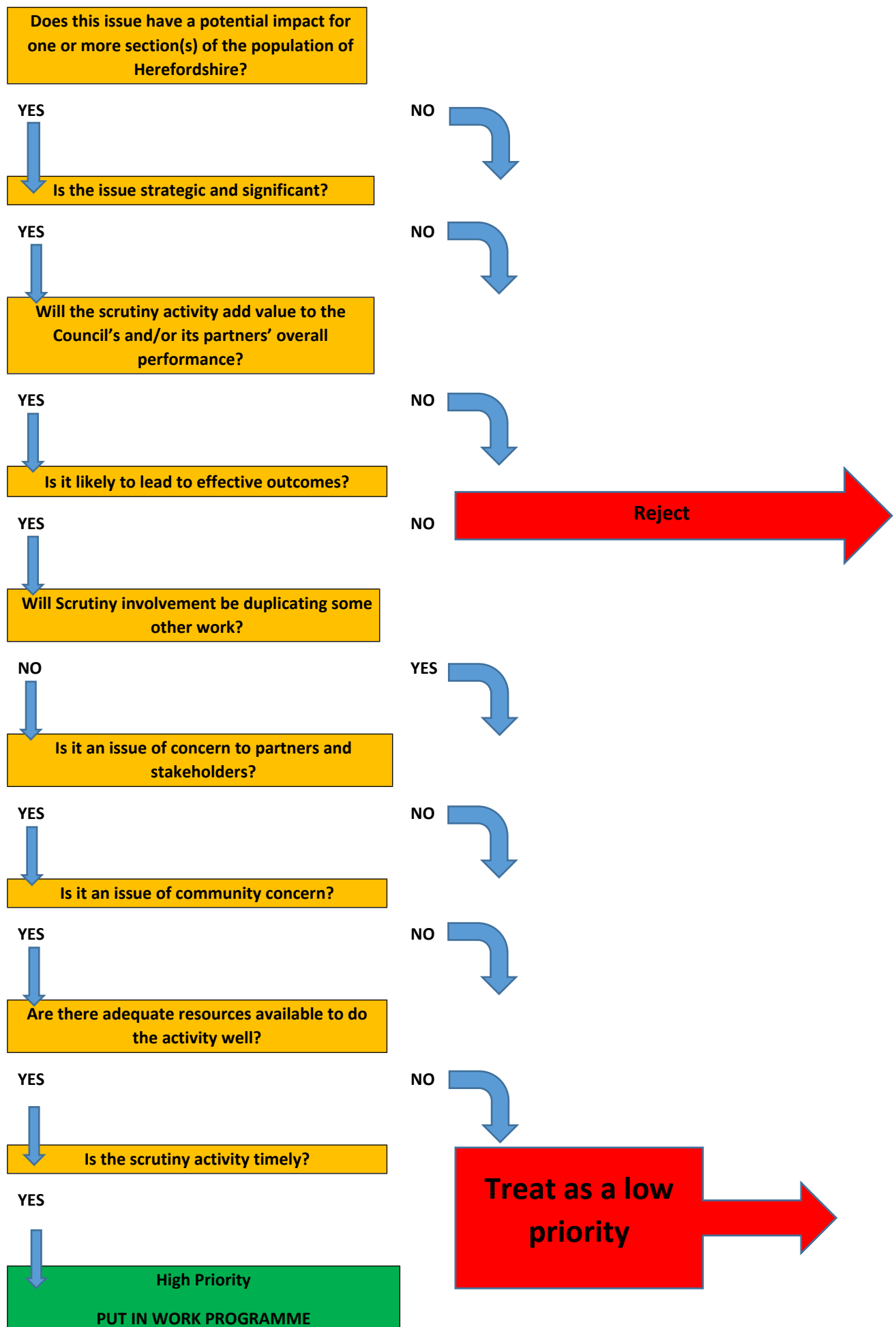
Background papers

None identified.

Tuesday 29 January 2019, 10:00 AM		Adults and wellbeing scrutiny committee (meeting in public)		
Item	Purpose	Contributors		
Herefordshire Safeguarding Adults Board annual report 2017/18	To review the annual report of the Herefordshire Safeguarding Adults Board (HSAB).	Independent Chair of the Herefordshire Safeguarding Adults Board		
Domestic abuse strategy 2019-22	To make recommendations to the executive regarding the updated joint domestic abuse strategy for Herefordshire.	Senior commissioning officer		
Monday 04 February 2019, 10:00 AM		Adults and wellbeing scrutiny committee (meeting in public)		[Provisional, to be confirmed]
Item	Purpose	Contributors		
Provisional, to be confirmed.				
Tuesday 05 March 2019, 10:00 AM		Adults and wellbeing scrutiny committee (meeting in public)		
Item	Purpose	Contributors		
Health and care system leadership, integration and the better care fund	To review the work of the health and wellbeing board and its priorities as system leader and developments on the Herefordshire and Worcestershire sustainability and transformation partnership (STP) plan, One Herefordshire and the management of the better care fund.	Health and wellbeing board representatives Director for adults and communities Head of partnerships and integration		
Substance misuse service performance update	An update of the service performance as requested by the committee following recommendations at the meeting held on 27 March 2018.	Adults and communities commissioning team Addaction representative 2gether NHS Foundation Trust representative		
Homelessness reduction	To investigate the approaches to avoidance of homelessness, and the impact of the homelessness reduction duty, mental health, and universal credit. To be followed up in summer 2019.	Programme director housing and growth Head of prevention and support		
Learning disability strategy implementation plan update	To review the progress of the learning disability strategy 2018-2020 against the implementation plan.	Adults and wellbeing commissioning team		

Tuesday 19 March 2019, 10:00 AM		Adults and wellbeing scrutiny members' workshop (not a meeting in public)	
Item	Purpose	Contributors	
Mental Health	Follow-up from 25 June 2018, to include an update on the local maternity system, noting the link to perinatal care and parental mental health, in order to identify any future items for inclusion in the work programme.	Public health team NHS Herefordshire Clinical Commissioning Group 2gether NHS Foundation Trust	
Dementia	To be briefed on developments around strategy and care for people with dementia, including the impact of the health and wellbeing board’s focus on this priority area, in order to identify any future items for inclusion in the work programme.	Public health team NHS Herefordshire Clinical Commissioning Group	
Other work programme items			
Activity	Purpose	Contributors	
Briefing note: GP capacity	To update members on the national NHS recruitment and retention strategy for general practice and the local arrangements for increasing capacity for Herefordshire in order to identify any future items for inclusion in the work programme.	NHS Herefordshire Clinical Commissioning Group	
Briefing note: Care market	Care market and market capacity including care workforce (care heroes campaign impact).	Director for adults and communities	
Agenda item (summer 2019): Continuing Healthcare	Update on recommendations from meeting held on 20 September 2018.	Director for adults and communities NHS Herefordshire Clinical Commissioning Group	

Appendix 2: SCRUTINY WORK PLAN PRIORITISATION AID



NHS Herefordshire CCG
22 St. Owens Chambers
St. Owen Street
Hereford
HR1 2PL

Tel: 01432 260618

Email: enquiries@herefordshireccg.nhs.uk

By Email

16th November 2018

Dear Cllr Andrews

Response to Adults and Wellbeing Scrutiny Recommendations

Thank you for letter dated 20th September.

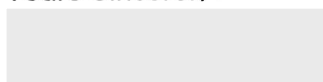
We welcomed the opportunity to attend the Committee to discuss this important area and look forward to continuing to work with the Committee and local authority colleagues on this agenda. Please find enclosed our response to the recommendations made by the committee and our intended actions.

As Scrutiny were informed on the 20th September, NHS Herefordshire Clinical Commissioning Group cannot commit to the recommendation of uplifting the Herefordshire position in relation to CHC eligibility. NHS Herefordshire Clinical Commissioning Group is committed to ensuring its practice in relation to CCG eligibility continues to be in line with the revised CHC national framework and subject to quality assurance.

The CCG is willing to return to the Scrutiny Committee in relation to the recommendations of the external review completed by Ms A. Parry. The CCG would request that this attendance and the update on progress relating to the recommendations is done in partnership with Herefordshire Council colleagues.

NHS Herefordshire Clinical Commissioning Group is committed to working in partnership with the local authority in the best interests of Herefordshire residents. In this in mind we would extend an invite to the Chair of the Scrutiny Committee to attend the NHS Herefordshire Clinical Commissioning Group's Quality and Patient Safety Committee to discuss the Scrutiny recommendations and the rationale and evidence these are based on, to ensure the Quality and Patient Safety Committee understand fully the position of the Scrutiny Committee.

Yours Sincerely



Jo-Anne Alner
Managing Director

Cc: Dr. I Tait
Chris Plant
Paul Ryan

Summary of Recommendations and responses to NHS CHC Framework Scrutiny Review

Recommendations	Response	Response	Lead & Timeline
<p>The CCG is requested to commit to seeking to lift Herefordshire out of his current position of 6th from the bottom in the national CHC eligibility by 50k population and to report its progress against this commitment at a future adults scrutiny committee</p>	<p>NHS Herefordshire CCG is committed to ensuring its practice in relation to CCG eligibility continues to be in line with the revised CCG national framework and subject to quality assurance. This has been tested by NHS England and assurance received that the CCG is applying the framework appropriately so will continue with current practice and governance. The CCG will be happy to share the outcomes from the NHS England review with the local authority and the Committee once it has been received and been reviewed by the CCG internal governance processes</p>	<p>CCG to share with Council NHS England's CCG review</p>	<p>HCCG Chief Nursing Officer – Helen Richardson - 30/1/2019</p>
<p>The CCG be requested to influence the report of the NHS England to be a system review and to include the local authority in that review</p>	<p>CCG will raise issue of LA engagement in NHS England review</p>	<p>The CCG sought advice from NHS England who advised the local authority to use the ADASS self-assessment toolkit moving forward to inform learning</p>	<p>COMPLETE</p>
<p>The CCG to report back on progress made against the action</p>	<p>The CCG is more than content to return to the Scrutiny Committee in relation to the recommendations of the external review completed by Ms A Parry. The CCG would request that this attendance and the update on progress relating to the recommendations is done in partnership with Herefordshire Council colleagues.</p>	<p>CCG with Herefordshire Council colleagues to return to Scrutiny Committee to provide an update on progress against recommendation within the independent review</p>	<p>Herefordshire Council Director of Adults and Wellbeing HCCG Chief Nursing Officer – Helen Richardson - 30/3/2019</p>

