

Agenda

Adults and wellbeing scrutiny committee

Date: **Monday 1 November 2021**

Time: **2.30 pm**

Place: **Herefordshire Council Offices, Plough Lane, Hereford,
HR4 0LE**

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

For any further information please contact:

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If you would like help to understand this document, or would like it in another format, please call Sarah Buffrey, Democratic Services on 01432 260176 or e-mail sarah.buffrey@herefordshire.gov.uk in advance of the meeting.

Agenda for the meeting of the Adults and wellbeing scrutiny committee

Membership

| | |
|-------------------------|---------------------------------------|
| Chairperson | Councillor Elissa Swinglehurst |
| Vice-chairperson | Councillor Trish Marsh |

Councillor Carole Gandy
Councillor Tim Price
Councillor Alan Seldon
Councillor David Summers
Councillor Kevin Tillett

Agenda

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| 1. APOLOGIES FOR ABSENCE To receive apologies for absence. | |
| 2. NAMED SUBSTITUTES 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 the minutes of the meeting held on 6 September 2021 | 9 - 12 |
| HOW TO SUBMIT QUESTIONS | |
| The deadline for the submission of questions for this meeting is 5.00 pm on Tuesday 26 October 2021. | |
| Questions must be submitted to councillorservices@herefordshire.gov.uk . Questions sent to any other address may not be accepted. | |
| Accepted questions and the responses will be published as a supplement to the agenda papers prior to the meeting. Further information and guidance is available at www.herefordshire.gov.uk/getinvolved | |
| 5. QUESTIONS FROM MEMBERS OF THE PUBLIC To receive any written questions from members of the public. | |
| 6. QUESTIONS FROM COUNCILLORS To receive any written questions from councillors. | |
| 7. DRAFT DOMESTIC ABUSE STRATEGY 2021-2024 To consider the attached draft Domestic Abuse Strategy 2021-24 and to determine any recommendations the Committee wishes to make. | 13 - 96 |
| 8. COMMITTEE WORK PROGRAMME To consider the Committee's work programme. | 97 - 128 |
| 9. DATE OF NEXT MEETING The next scheduled meeting is Monday 10 January 2022 at 2.30 pm. | |

The public's rights to information and attendance at meetings

Herefordshire Council is currently conducting its public committees, including the adults and wellbeing scrutiny committee, as 'virtual' meetings. These meetings will be video streamed live on the internet and a video recording maintained after the meeting. This is in response to a recent change in legislation as a result of COVID-19. This arrangement will be adopted while public health emergency measures, including social distancing for example, remain in place.

Meetings will be streamed live on the Herefordshire Council YouTube channel at www.youtube.com/HerefordshireCouncil

The recording of the meeting will be available shortly after the meeting has concluded through the relevant adults and wellbeing scrutiny committee meeting page on the council's website at <http://councillors.herefordshire.gov.uk/ieListMeetings.aspx?CId=955&Year=0>

You have a right to:

- Observe all 'virtual' council, cabinet, committee and sub-committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting. Agenda and reports (relating to items to be considered in public) are available at www.herefordshire.gov.uk/meetings
- Inspect minutes of the council and all committees and sub-committees and written statements of decisions taken by the cabinet or individual cabinet members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting (a list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public register stating the names, addresses and wards of all councillors with details of the membership of cabinet and of all committees and sub-committees. Information about councillors is available at www.herefordshire.gov.uk/councillors
- Have access to a list specifying those powers on which the council have delegated decision making to their officers identifying the officers concerned by title. The council's constitution is available at www.herefordshire.gov.uk/constitution
- Access to this summary of your rights as members of the public to observe 'virtual' meetings of the council, cabinet, committees and sub-committees and to inspect documents.

**The Seven Principles of Public Life
(Nolan Principles)**

1. Selflessness

Holders of public office should act solely in terms of the public interest.

2. Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty

Holders of public office should be truthful.

7. Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Minutes of the meeting of Adults and wellbeing scrutiny committee held at Herefordshire Council Offices, Plough Lane, Hereford, HR4 0LE on Monday 6 September 2021 at 2.30 pm

Present: Councillor Elissa Swinglehurst (chairperson)
Councillor Trish Marsh (vice-chairperson)

Councillors: Elizabeth Foxton, Carole Gandy, Tim Price, David Summers and Kevin Tillett

In attendance: Councillor Felicity Norman (Cabinet Member – health and adult wellbeing)

Officers: Assistant director for adult social care operations, Democratic services manager, Deputy solicitor to the council, Acting director of public health (Via Zoom) and Acting Director for Adults and Communities (Via Zoom)

External: Jane Lodwig (Via Zoom), HWCCG Associate Director of Nursing and Quality, Jane Ives (Via Zoom), Managing Director Wye Valley NHS Trust

19. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Alan Seldon.

Apologies were noted from Ian Stead of Healthwatch Herefordshire.

20. NAMED SUBSTITUTES (IF ANY)

Councillor Elizabeth Foxton acted as a substitute for Councillor Alan Seldon.

21. DECLARATIONS OF INTEREST

No declarations of interest were made.

22. MINUTES

Resolved: That the minutes of the meeting held on 21 June 2021 be approved as a correct record and be signed by the chairperson.

23. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

24. QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

25. BRIEFING PAPER ON OUT OF HOSPITAL CARE

The committee considered the report by the acting director for adults and communities and NHS Herefordshire and Worcestershire CCG. The report was introduced by associate

director of nursing and quality Hereford and Worcestershire CCG and the acting director for adults and communities Herefordshire Council.

During the debate the committee raised the following principal points:

- Disappointment was expressed regarding the outstanding responses to recommendations agreed by the committee dating back to 2018. All outstanding recommendations would be combined and forwarded to relevant partner organisations for a response. In particular an update on the status of the NHS England review into continuing Healthcare eligibility was sought.
- A further report would be brought to the November meeting of the committee with updates on the outstanding recommendations and when more substantive detail could be reported.
- The impact on Hospital discharges of residents from Wales at local hospitals was raised and the discharge of Herefordshire patients from Welsh hospitals.
- The involvement of the voluntary sector in Continuing Healthcare (CHC) arrangements was raised.
- Outstanding CHC dispute cases in Herefordshire were raised and the current delays to resolving such cases.
- It was requested that details of the end to end stakeholder review was shared with the committee when available.
- The importance of ensuring that the service remained person-centred and avoided an excessive emphasis on internal process was highlighted. Such a person-centred approach should be reflected in training programmes and materials.

The recommendations below were proposed and seconded and carried unanimously.

The committee recommends:

- **that the council and CCG work together to provide a more substantive report to the committee at a time when a greater level of detail on progress can be reported.**
- **that those recommendations previously agreed by scrutiny from 2018 and 2020, and identified in the report, are properly considered by relevant bodies and responses provided.**
- **that detail concerning the number and age of outstanding CHC dispute cases in Herefordshire are provided to the committee.**
- **that an update on the status of the NHS England review into CHC eligibility is provided to the committee.**

26. COMMITTEE WORK PROGRAMME

The committee considered its work programme and the task and finish group scoping document on the health impact of the intensive poultry industry circulated as a supplement to the agenda. With respect to the scoping document the following principal points were made:

- The committee provided minor changes to the scoping document and proposed a delegation to the chairperson and vice-chairperson to make any additional changes to the scoping document in consultation with officers.
- The committee was supportive of the general outline of the scoping document. There was a discussion concerning the potential inclusion of a focus on antibiotic

resistance; there was concern that this inclusion would broaden and dilute the scope of the task and finish group.

- The scoping document would be circulated to all members of the Council, via the group leaders, and volunteers would be sought to sit on the task and finish group. When the membership of the task and finish group was finalised a chairperson could be considered.

The committee noted its work programme following consideration of the briefing paper on out of hospital care earlier on the agenda. An additional item would be added to the work programme for the next meeting of the committee in November concerning out of hospital care.

The recommendations below were proposed and seconded and agreed unanimously.

Resolved: That the committee:

- **Notes the recommendation tracker;**
- **Agrees the addition of an item concerning continuing Healthcare be added to the work programme for the next meeting on 1 November;**
- **Agrees the scoping document of the intensive poultry industry task and finish group, subject to the changes outlined at the meeting, and provides a delegation to the chairperson and vice chairperson to make changes to the scope in consultation with officers.**

The meeting ended at 4.16 pm

Chairperson



Title of report: **Draft Domestic Abuse Strategy 2021-2024**

Meeting: Adults and Wellbeing Scrutiny Committee

Meeting date: Monday, 1 November 2021

Report by: Senior Commissioning Manager

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

For the Adults and Wellbeing Scrutiny Committee to consider and comment on the draft multi-agency Domestic Abuse Strategy for Herefordshire 2021-2024 following approval by the Leader of the Council on Friday 22 October and as part of a consultation and wider engagement exercise with stakeholders before expected publication of the final strategy in January 2022.

Recommendation(s)

That the Committee:

- a) Considers and comments on the draft Domestic Abuse Strategy for Herefordshire 2021-24
- b) Considers any recommendations it wishes to make on the content of, and any continuing engagement the committee wishes to have with the strategy, to the Executive.

Alternative options

- 1. The Council has a statutory duty to comply with the Domestic Abuse Act 2021 and respond to the new requirements of local authorities to develop and publish a strategy. Therefore there is no alternative option.

Key considerations

1. Domestic abuse is a complex and pervasive issue which cannot be addressed fully by any single organisation. The overall purpose of the strategy is to provide direction to partner organisations on how they can work collaboratively to prevent, identify and respond to domestic abuse. It will also enable compliance with the new legislation.
2. The strategy priorities remain the same as the current strategy, with additions to reflect new statutory duties under the Domestic Abuse Act.
3. It includes a shared vision, priorities and outcomes developed collaboratively with partner organisations and service users for the existing strategy, updated national and local context and clarified governance arrangements to ensure delivery of the strategy
4. The cost of domestic abuse is devastating to those affected and their children, with significant impact upon their safety and mental and physical wellbeing. Domestic abuse often remains undisclosed for many reasons, including fear or repercussions from the perpetrator, concerns about rejection by family and friends, reliance upon the perpetrator for financial stability or concerns over custody or access to the children.
5. Domestic violence and abuse can occur within any familial, partner or ex-partner relationship, from any culture or walk of life. The government defines domestic abuse as occurring between individuals aged 16 years or over, while the adverse impact upon children who have witnessed domestic abuse is becoming increasingly understood.
6. There is a current Domestic Abuse Strategy in place for Herefordshire, adopted in 2019. Following the royal ascent of the Domestic Abuse Act in April 2021, the Council has a statutory duty to respond to the new requirements placed on local authorities. These duties include, but are not limited to the following;
 - a. Appoint a multi-agency Domestic Abuse Local Partnership Board, which will be consulted in the implementation of the new Act.
 - b. Assess the need for accommodation-based domestic abuse support in their area for all victims or their children, including those who come from outside the area.
 - c. Develop and publish a strategy for the provision of such support to cover the local authority locality, having regard to the needs assessment.
 - d. Give effect to the strategy (through commissioning or de-commissioning decisions) including the provision of safe accommodation.
 - e. Monitor and evaluate the effectiveness of the strategy, reviewing it every three years.
7. Funding from the then Ministry of Housing, Communities and Local Government (MHCLG) enabled the Council to create dedicated resource to co-ordinate the implementation of the new Act and undertake the needs assessment during 2021.
8. Additional funding was also granted in 2021 to develop services to support the new Act requirements. The commissioning approach and details were considered and approved as a non key decision in June 2021. This one year investment significantly increases the capacity to support victims and their children in an enhanced safe accommodation offer, with specialist support for those with multiple complex needs including those with certain protected characteristics identified in the Equality Act 2010 These are listed in the draft statutory guidance as;

| | |
|--|---|
| Black and minority ethnic (including Gypsy Roma and Traveller) | Victims with children, including large families with older adolescence boys |
| Lesbian, Gay, Bisexual and / or transgender | Victims with no choice but to move away from their local area |
| Disabled | Pregnant victims |
| Male | Children of victims |
| Young (16-18 year olds) | Insecure immigration status |
| People with an offending history | Religious and/or spiritual |
| Those presenting with complex needs such as mental health or substance misuse | From isolated or marginalised communities, including where there is limited English proficiency |
| Those facing multiple forms of abuse such as honour based violence and forced marriage | |

9. Work is at an advanced stage in relation to establishing the Local Partnership Board, building on the existing domestic abuse strategic group, which will remain in place to continue its important role. The board will provide an overarching executive group to give the strategic leadership and will include representatives from:
 - a. Herefordshire Council
 - b. Victims of domestic abuse
 - c. The perspective of Children affected by domestic abuse
 - d. Voluntary and community sector support
 - e. Local NHS, including through the Integrated Care System (ICS)
 - f. West Mercia Police
 - g. The Housing sector
 - h. The perspective of people with “protected characteristics”, who are often under represented among people seeking support.
10. The domestic abuse needs assessment identifies that in Herefordshire during the period April 2020 to March 2021;
 - 1,354 domestic abuse incidents were recorded by police, or four each day
 - 2,168 domestic abuse offences took place, or six per day

It is widely understood that domestic abuse is under reported, locally and nationally. Data from the Crime Survey of England and Wales (CSEW) indicates that there is an estimated 4,900 women and 2,400 men in Herefordshire who were victims of domestic abuse in 2019/20.

11. Overall, data for Herefordshire shows that victims who are using domestic abuse services are primarily aged 25-44 and predominately female. Where data is available, it suggests that victims are also largely straight/heterosexual and non-disabled. It is worth noting that data on sexuality and disability are not routinely recorded currently by most services, so knowledge on the issue is limited. In addition, recording of ethnicity is inconsistent, such as not differentiating between different white ethnic groups, which is especially important in Herefordshire, as the largest ethnic group in Herefordshire is "White: Other". Where there is data on ethnicity, it appears that more than 10% of victims are recorded as BAME, which is a rate higher than the BAME population in the county, which the 2011 census records as 6.4%.

Local data supports the understanding that some groups of people are under-represented in accessing services, including young people under 25. This is noteworthy as the Crime Survey of England and Wales suggests that domestic abuse is most prevalent in 16-19 year olds. Take up of services is also below prevalence rates for people over 45, despite Herefordshire having an older age profile compared to national averages; Other groups significantly under represented include;

- i) Men and people identifying with a gender other than women
- ii) Disabled people
- iii) People identifying as LGBTQ+.

The data from the needs assessment has informed the updating of the strategy for consultation and will be used to shape future commissioning intentions, in pursuit of statutory guidance and regulations. The council is required to produce a full domestic abuse needs assessment every three years, with a refreshment of the analysis annually.

12. The draft statutory guidance published by the government provides clear expectations and details for local councils to follow; including the needs assessment, Local Partnership Board and the requirements for the domestic abuse strategy document. It also outlines the areas of priority on which councils and their partners are expected to focus and take action, based on evidence available. These can be summarised as:
- a. Supporting victims so that their voices are heard
 - b. Safe Accommodation provision and associated support including for those with multiple complex needs and their children
 - c. Ensuring those with protected characteristics have sufficient access to support
 - d. Embedding quality standards across a range of services.
13. The current strategy was developed primarily through engagement with stakeholders through workshops and other activity. The information gathered through that work has been carried forward into the new draft strategy which has also been informed by research. That research has, included the law, local and national policy and guidance, data and research analysis, along with review of comparative strategies.

Within the updated strategy, the four key priorities remain

- Priority 1 – Prevention
- Priority 2 – Provision of service

- Priority 3 – Partnership working
- Priority 4 – Pursuing perpetrators

There are some minor changes to the aims and objectives of these priorities, in order to more clearly highlight how these will achieve progress toward new statutory requirements.

14. In order to give sufficient time to engage with stakeholders in relation to the new Act and the revised strategy, the document will be taken forward in draft form, as the focus of consultation and engagement in November 2021. This will enable the strategy to respond to any changes once the final statutory guidance is confirmed and encompass board feedback from wider stakeholder. The final version of the strategy will also be informed by future allocation of funding for implementation of the Act in Herefordshire, which is to be confirmed.

It is proposed that a period of consultation and engagement is undertaken in November 2021 with the final version of the strategy ready for approval in December 2021 and publishing by January 2022.

Community impact

15. By adopting and working in partnership to deliver the Domestic Abuse Strategy, the work is directly contributing to the County Plan community ambition of 'strengthening communities to ensure that everyone lives well and safely together.
16. More generally, this strategy has impact across the county plan, from the provision of affordable housing, to the use of technology, as well as supporting local children and young people, particularly those most vulnerable and disadvantaged. There will also be links to the Talk Community approach and network of hubs as part of the wider prevention work and awareness raising.
17. The Council's Children's and Young People's Plan (2019-24) reported that professionals in Herefordshire who work with children and young people highlighted safety in the home environment as an area for attention. These professionals have consistently emphasised the need for a stronger approach to early identification and early help, including better intervention around domestic abuse. .
18. The requirement to undertake and regularly update the needs assessment ensures that there will be ongoing monitoring of the data, with a more proactive approach to review. This will also help ensure commissioning activity, policies and action plans reflect both the data and the feedback from stakeholders.
19. The revised strategy is directly relevant to the Council's corporate parenting responsibilities, as nationally, incidence of domestic abuse is reported to be highest amongst 16 to 25 year olds. Care experienced young people not infrequently experience domestic abuse and may also have witnessed it in their childhood.

Environmental Impact

20. The Council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors we share a strong commitment to improving our environmental sustainability, achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.
21. Whilst this is a decision on a strategy and will have minimal direct environmental impact, consideration has been made to minimise waste and resource use in line with the Council's Environmental Policy such as sustainable approach to the Local Partnership Board meetings etc.

Equality duty

22. 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.
23. 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, and they are a particular focus of the new domestic Abuse Act and included in the strategy.
 24. The draft statutory guidance for the new act requires local authorities to ensure the following:
 - i) Dedicated support to victims with relevant protected characteristics
 - ii) Views are represented at the Local Partnership Board
 - iii) Local needs assessment should take into account support and services for all victims regardless of protected characteristics
 - iv) The partnership board must take steps to understand the barriers that prevent victims from certain relevant protected characteristics or multiple complex needs from accessing and using support
 - v) Commissioned support must reflect the support needs of victims with particular protected characteristics

- vi) Provide relevant safe accommodation for victims and their children with relevant protected characteristics

The defined list of relevant protected characteristics and multiple complex needs is highlighted above in the table at point 8 of key considerations.

- 25. Research for the strategy, reflected in the domestic abuse needs assessment undertaken in 2021, included specific demographic data around those affected by domestic abuse and perpetrators of abuse, including those with protected characteristics. This is required through the draft statutory guidance. Services have been commissioned to increase investment in those groups that are under-represented.
- 26. The strategy considers how partner organisations can respond to the needs of those affected by domestic abuse with protected characteristics based upon the specific demography of Herefordshire
- 27. An Equality Impact Assessment has been completed and will be updated once the consultation has been undertaken and final strategy developed. .

Resource implications

- 28. The revised strategy requires the council to take action in collaboration with partner organisations including those actions which are mandatory under the Domestic Abuse Act 2021. The resources deployed to fulfil those requirements will be found in the established service commissioned by the council and the additional grant resources being provided by the Government.
- 29. There are no anticipated additional resource implications arising from scrutiny reviewing this strategy or any recommendations made by the Committee.

Legal implications

- 30. The Domestic Abuse Act 2021 introduces a number of legal duties which must be complied with. Tier one local authorities (which Herefordshire as a Unitary Authority is) are required to convene a Domestic Abuse Local Partnership Board, assess the need for, prepare and publish strategies and commission support to victims of domestic abuse and their children within safe accommodation services in their areas, and report back to central government that they have met these obligations.

Risk management

- 31. There are few risks associated with decision, they main considerations are highlighted below;

| <u>Risk / opportunity</u> | <u>Mitigation</u> |
|--|--|
| The strategy is not representative of the views of stakeholders | A period of consultation has been proposed to give sufficient time for engagement, reflection and updating as required. |
| The strategy is not in place to meet government requirements in line with the new act responsibilities | The draft strategy will be published before the deadline and therefore meeting the government requirements. |
| There are no representatives to form a Local Partnership Board | These discussions have already taken place via the Domestic Abuse Strategic Group and representative organisations agreed their involvement in early September 2021. |

Consultees

32. Consultation on the new Act's progress has been through the domestic abuse strategic Group and has been through the Council's governance procedure for previous decisions to undertake a direct award for new service delivery for one year to meet the statutory requirements.
33. The approval of this report will signal the start of a more comprehensive engagement exercise with the stakeholders and residents of Herefordshire.

Appendices

Appendix 1 – Domestic Abuse Draft Strategy 2021 – 2024
Appendix 2 – Domestic Abuse Needs Assessment
Appendix 3 – Equality Impact Assessment

Background papers

None

Herefordshire Domestic Abuse Draft Strategy 2019-24

October 2021

Contents

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10. Representing victims
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Appendices

Appendix 1 – Domestic Abuse Act summary

Appendix 2 – Domestic Abuse Needs Assessment Herefordshire

Glossary

| | |
|--------|--|
| DA | Domestic Abuse |
| WMWA | West Mercia Women's Aid |
| LPB | Local Partnership Board |
| HBV | Honour Based Violence |
| FGM | Female Genital Mutilation |
| CSEW | Crime Survey of England and Wales |
| IDVA | Independent Domestic Violence Advisors |
| LGBTQ+ | Lesbian, Gay, Bisexual, Transgender, and Queer |
| BAME | Black, Asian, and Minority Ethnic |
| MARAC | Multi-Agency Risk Assessment Conference |
| GP | General Practitioner |
| MHCLG | Ministry of Housing and Local Government |
| VAWG | Violence Against Women and Girls Strategy |

1. Forward

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.

There are some 2.3 million victims of domestic abuse a year aged 16 to 74 (two-thirds of whom are women) with 10% of all children witnessed domestic abuse during 2018/19. More than one in ten of all offences recorded by the police are domestic abuse related.

People who have experienced or are experiencing domestic abuse may be affected in a number of ways, including significant and lasting impact on physical and mental health, 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.

Since the publication of our current strategy in 2019, the Government have given royal ascent to the Domestic Abuse Act in April 2021. In Herefordshire, we have considered the new act requirements, the evidence from our needs assessment and our existing strategy priorities and have outlined our future direction in this draft strategy. The publication of this document will form the start of the formal consultation with our communities and will allow the statutory guidance to be published, therefore ensuring our final strategy reflects and can give effect to the confirmed future requirements.

2. Our Shared Vision

Domestic abuse is unacceptable to residents and our wider communities. All victims of domestic abuse, regardless of their situation, are able to have equal access to help when they need it, including appropriate supply of safe accommodation and the wider specialist support services required.

The strategy, through its implementation will enable people and communities to;

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

The overall aim is to reduce the harm caused, and the number of incidents of domestic abuse in Herefordshire.

3. Progress against priorities 2019 - 2021

Since the publication of our current strategy in 2019, a number of the actions have been progressed, although the covid pandemic and associated lockdowns has impacted on delivery of some activities. The table below summarises some of the key areas of development to date.

| Priority | Objectives | Progress |
|----------------------|--|--|
| Prevention | Using data effectively | Enhanced data capture during covid pandemic. Created of domestic abuse hub for level 2 and 3 cases and now embedded in practice. |
| | Collaboration to support culture change across the population | All Domestic Abuse Strategic Group partners signed up and undertaking awareness raising and promotion, significant increased activity during lockdowns. Safelives work provided a review of approach. |
| | Universal services supporting early disclosure | West Mercia Women's Aid have created a community ambassador scheme with round 50 ambassadors recruited and trained to date. |
| | Supporting young people to recognise and understand harm of domestic abuse | The council and Police and Crime Commissioner commissions West Mercia Women's Aid to provide information, advice, tools and support to education professionals. Training for children and family workers within the council's Early Help team Operation Encompass ensures information about domestic abuse involving children is shared in a timely way with schools. |
| Provision of service | Easy to access and safe to contact specials services are available | Expansion of dispersed refuge accommodation to 7 units with associated support. During covid 19 lockdown in 2020, significant additional means for victims to access to support including covert means through various media. |
| | Work as a partnership to respond to funding bids. | Successful funding bids or additional from the council and partners to deliver: <ul style="list-style-type: none"> • Staff capacity to support 7 units of dispersed refuge accommodation • Drive perpetrator programme • Increase 'chat' hours in the website • Additional capacity around messaging and accessing support • Healthy relationships project • Safelives review of Domestic Abuse in Herefordshire • Multiagency domestic violence training • Male and masculinity project |
| | Ensure housing advice, emergency and other housing solutions available | Sanctuary scheme to protect properties. Specialist knowledge in Housing Solutions team within the council. As above – 7 units of dispersed refuge accommodation |

| | | |
|-----------------------|--|--|
| | | Signposting and support to access support services when needs are identified. |
| Partnership working | Ensure strong leadership across organisations | Domestic Abuse Strategic group has strong leadership and wide ranging representation and commitment to the delivery of the strategy. |
| Pursuing perpetrators | Using criminal justice system to full effect | WMWA secured funding to deliver training to Magistrates. |
| | Evidence based programmes to change perpetrators behaviour where there is capacity to change | Drive Herefordshire and Worcestershire (for high risk perpetrators) mobilised in February 2021. Drive is an evidence-based and evaluated programme which has delivered encouraging results in other areas. |

4. Domestic abuse act 2021

4.1 Overview

Building on previous government initiatives, including the violence against Women and Girls Strategy, in January 2019 the government introduced the Domestic Abuse Bill designed to promote awareness of domestic abuse; protect and support victims and their families; transform the justice process to prioritise victim safety and provide an effective response to perpetrators; and to drive consistency and better performance in the response to domestic abuse across all local areas, agencies and sectors.

On the 29th April, the Domestic Abuse Act 2021 was enacted and new duties on came into force, with the council required to:

1. Appoint a multi-agency Domestic Abuse Local Partnership Board which it will consult as it performs certain specified functions.
2. Assess the need for accommodation-based domestic abuse support in their area for all victims or their children, including those who come from outside the area.
3. Develop and publish a strategy for the provision of such support to cover their locality, having regard to the needs assessment.
4. Give effect to the strategy (through commissioning / de-commissioning decisions) including the provision of safe accommodation.
5. Monitor and evaluate the effectiveness of the strategy, reviewing every three years.

4.2 What is Domestic Abuse?

The Domestic Abuse Act 2021 creates a statutory cross government definition of domestic abuse, based on the existing definition below;

- *'Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if*
 - a. *A and B are each aged 16 or over and are personally connected* to each other, and*
 - b. *The behaviour is abusive.*
- *Behaviour is "abusive" if it consists of any of the following:*
 - a. *Physical or sexual abuse.*

- b. *Violent or threatening behaviour*
- c. *Controlling or coercive behaviour.*
- d. *Economic abuse*
- e. *Psychological, emotional, or other abuse.*

And it does not matter whether the behaviour consists of a single incident or a course of conduct.

- *“Economic abuse” means any behaviour that has a substantial adverse effect on B’s ability to*
 - a. *Acquire, use, or maintain money or other property, or*
 - b. *Obtain goods or services.*
- *For the purposes of this Part A’s behaviour may be behaviour “towards” B despite the fact that it consists of conduct directed at another person (for example, B’s child).*

*The statutory guidance defines that two people are “personally connected” to each other if any of the following applies:

- a. they are, or have been, married to each other;
- b. they are, or have been, civil partners of each other;
- c. they have agreed to marry one another (whether or not the agreement has been terminated);
- d. they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
- e. they are, or have been, in an intimate personal relationship with each other;
- f. they each have, or there has been a time when they each have had, a parental relationship in relation to the same child
- g. they are relatives.

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.

In the new definition, both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and be personally connected. Abusive behaviour directed at a person under 16 would be dealt with as child abuse rather than domestic abuse.

The definition above lists the broad categories which capture a range of different abusive behaviours, including physical, emotional and economic abuse.

The Act also recognises that domestic abuse can impact on a child who sees or hears, or experiences the effects of the abuse and it treats such children as victims of domestic abuse in their own right where they are related to either the abuser or the abused.

Statutory guidance will be issued to provide further details and confirmation. The commencement schedule for the act can be viewed here: [Domestic Abuse Act 2021 Commencement Schedule](#).

There is also further information on the new statutory definition of domestic abuse via a [factsheet](#) on the GOV.UK website and a summary in Appendix 1.

4.3 Safe Accommodation and homelessness

The Domestic Abuse Act 2021 places a statutory duty on the council to deliver support to victims of domestic abuse and their children residing with refugees and other safe accommodation and to assess the need for accommodation-based domestic abuse support in their area for all victims or their children, including those who require highly specialist support and those who come from outside the area.

The government proposed that the following are classed as safe accommodation:

- refuge accommodation;
- specialist safe accommodation;
- dispersed accommodation;
- sanctuary schemes; and
- move-on or second stage accommodation.

From 5th July 2021, the Act amends existing homelessness legislation (the Housing Act 1996) by extending priority need to all eligible victims who are homeless as a result of being a victim of domestic abuse. This change removes the requirement for victims of domestic abuse to demonstrate vulnerability in order to attain priority need and clarifies the remit of people affected by this change with the new statutory definition of domestic abuse.

5. Domestic Abuse in Herefordshire (Needs Assessment)

A domestic abuse needs assessment was carried out in June 2021 to refresh the needs assessment completed in 2018. The information below comes from this needs assessment and the whole report will be available on the Understanding Herefordshire website.

In Herefordshire between April 2020 and March 2021, the police recorded 1,354 domestic abuse incidents and 2,168 domestic abuse offences, which is roughly 4 incidents and 6 offences in the county each day. It is widely understood that domestic abuse is under reported and data from the Crime Survey of England and Wales indicates that there is actually likely to be an estimated 4,900 women and 2,400 men in Herefordshire who were victims of domestic abuse in 2019/20.

Police data provides just one insight into understanding domestic abuse in Herefordshire, so data has been analysed from other sources, including West Mercia Women's Aid, Primary Care and Social Services. The following boxes gives a brief overview of some of the findings regarding domestic abuse in Herefordshire.

| | | |
|--|--|--|
| An estimated 4,900 women and 2,400 men in Herefordshire experienced Domestic Abuse in 2019/20 | Being disabled or LGBTQ+ puts you at higher risk of Domestic Abuse | West Mercia Police have recorded an increase in Domestic Abuse offences in Herefordshire each year since 2017 - there were 2168 offences recorded between 2020/21 |
| Around 60% of Domestic Abuse offences in Herefordshire result in the victim not supporting police action | 3 of the 4 domestic homicides in Herefordshire between 2017-2021 were matricide | Between a quarter to a third of referrals to refuge were unsuccessful/denied, over 50% came from out of area and the remaining 17-24% were successful referrals were for victims inside the area |
| Lack of room has been the most common reason for victims to be denied access to refuge year on year | 1% of MARAC cases were LGBT 13% of MARAC cases were BAME <1% of MARAC cases were disabled 2% of MARAC cases were men | 97% of victims supported by IDVA were women 90% of victims supported by IDVA were heterosexual/straight |
| 143 victims were supported by Housing Solutions in 2020 | There has been a decrease in Adult Social Care referrals where Domestic Abuse is a factor since 2018. There were 118 referrals in 2020/21, accounting for 7% of referrals to Adult Social Care | Most referrals to Children's Social Care per 1,000 population were from South West Hereford |
| GPs were most likely to flag Domestic Abuse on a patient's record if they were aged 25-44 | | |

| | |
|---|---|
| <u>Crime Survey of England and Wales (CSEW) and estimated prevalence (2019/20)</u> <ul style="list-style-type: none"> An estimated 4,900 women and 2,400 men in Herefordshire experienced Domestic Abuse in 2019/20 4% of adults have experienced domestic abuse from a partner, and 1.9% of adults experience domestic abuse from family members Domestic abuse is most prevalent in 16-19 year olds and prevalence largely decreases through the age groups | <u>West Mercia Police (2017/18 to 2020/21)</u> <ul style="list-style-type: none"> The number of domestic abuse offences recorded has increased year on year since 2017/18, with 1416 offences in 2017/18 to 2168 offences in 2020/21 Around 60% of Domestic Abuse offences in Herefordshire result in the victim not supporting police action ~71% of recorded victims were women 98% of recorded victims were "White North European" or "Unknown" ~50% of suspects and victims were aged 25-45 |
|---|---|

| | |
|---|--|
| <ul style="list-style-type: none"> Domestic abuse is most prevalent in Mixed – White and Black Caribbean ethnic group Somebody with a disability is more likely to be a victim of domestic abuse than somebody who is not disabled Bisexuals are more likely to be the victims of domestic abuse than any other sexual orientation | <ul style="list-style-type: none"> The youngest victims was 0 years old, the oldest victim was 96 The youngest suspect was 6 years old and the oldest suspects were 96 ~66% of recorded victims were only seen by police on one occasion between 2017 and 2021, but one victim was seen 28 times during the same time period Most domestic abuse incidences and offences were recorded in Hereford City, particularly in Centre, Courtyard and South Wye areas. Other areas with high levels were Kingstone, John Kyrle area of Ross-on-Wye and the Gateway area of Leominster Four domestic homicides were recorded between 2017 and 2021. Three of these homicides were matricide |
| <u>West Mercia Women's Aid (Refuge) (2018/19 to 2020/21)</u> <ul style="list-style-type: none"> Per 1,000 population, most referrals were from the Colwall, Cradley and Wellington Heath area, but referrals were received from across the county and not concentrated in the city or market towns Between a quarter to a third of referrals were unsuccessful/denied, over 50% came from out of area Lack of room has been the most common reason for victims to be denied access to refuge year on year 71% of referrals were for victims aged 25-34 16% of referrals were for BAME victims Nearly 100% of referrals were for women, 1 referral was for a victim who identified as transgender | <u>Multi-Agency Risk Assessment Conference (MARAC) (2018-2020)</u> <ul style="list-style-type: none"> 71% of cases are referred by the police 1% of MARAC cases were LGBT 13% of MARAC cases were BAME <1% of MARAC cases were disabled 2% of MARAC cases were men 240 cases in 2018, 214 in 2019 and 233 in 2020 18% of cases are repeat cases |
| <u>Independent Domestic Violence Advocates (IDVA) (2018/19 to 2020/21)</u> | <u>Housing and Homelessness (2020)</u> <ul style="list-style-type: none"> 143 domestic abuse victims were supported by Housing Solutions team in 2020 |

| | |
|---|--|
| <ul style="list-style-type: none"> • There has been a nearly 30% increase of victims being supported by IDVAs in 2020/21 compared to 2019/20 • 72% of victims supported by IDVAs were aged 19-44 • 97% of victims supported by IDVA were female • 90% of victims supported by IDVA were heterosexual/straight | <ul style="list-style-type: none"> • 99% of victims supported by Housing Solutions were women, only two men were supported • ~66% of victims supported by Housing Solutions were in touch with other agencies • Over 60% of victims supported had children or were pregnant • 66% of victims were aged 25-44 |
| <p><u>Adult Social Care (2018/19 to 2020/21)</u></p> <ul style="list-style-type: none"> • The number of referrals where Domestic Abuse is a recorded factor and the source of risk is a family member or partner has decreased each year between 2018/19 to 2020/21 • Referrals where domestic abuse is a factor and the source of risk is a family member of partner, makes up about 7% of all referrals received by Adult Social Care • Most referrals were for individuals aged 80-89 • Most referrals cite the source of risk as a partner, but this is not the case for those aged 80+ where it is family members who are recorded as the source of risk • 90% of referrals were for victims who are White • ~75% of referrals were for women | <p><u>Children's Social Care (2018/19 to 2020/21)</u></p> <ul style="list-style-type: none"> • ~12% of referrals were for BAME children • Per 1,000 population, the majority of referrals were from the South West Hereford MSOA • Nearly 50% of all referrals came from the police |
| <p><u>General Practice (2017/18 to 2020/21)</u></p> <ul style="list-style-type: none"> • 25-44 year olds are most frequently recorded with a domestic abuse code by their GPs • 89% of recorded domestic abuse codes were for female patients | |

The information above gives an insight into domestic abuse in Herefordshire, particularly regarding the demographics of the victims who are accessing services. The overall picture shows that victims who are using these services are primarily aged 25-44, predominately female, and where data is available, largely straight/heterosexual and nondisabled. It is worth noting that data on sexuality and disability are not routinely recorded by most of these sources, so knowledge is limited regarding the sexuality and disability of victims. In addition, recording of ethnicity is inconsistent, such as only recording victims as "White" or "White Northern European" and not differentiating between different White ethnic groups, which is especially important in

Herefordshire as the largest minority ethnic group in Herefordshire is “White: Other”. Where there is data on ethnicity, it appears that >10% of victims are recorded as BAME, which is higher than the county average which the 2011 census records only 6.4% of Herefordshire as BAME.

This suggests that there are groups of people who are not seldom accessing many services, including: under 25s, despite CSEW suggesting domestic abuse is most prevalent in 16-19 year olds; over 45s, despite Herefordshire having an aged population compared to national averages; genders other than women; people with a disability; LGBTQ+.

In addition to underlining potential disparity of accessing services, the needs assessment also highlighted that access to refuge is frequently denied due to lack of space and that victims rarely support police action when an offence has occurred. The domestic homicides data also calls attention to the danger of familial domestic abuse, which is also illustrated as a specific issue for over 80s in the Adult Social Care data.

There have been concerns nationally that Covid-19 restrictions and lockdowns will have led to an increase in domestic abuse, however, based on the available data the only noticeable increase in demand in Herefordshire seems to be for IDVAS, which may suggest that whilst there has not been an increase in domestic abuse generally, we are seeing more victims who are assessed as being at high risk.

6. Strategic priorities

The priorities for the strategy are:

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

These priorities remain unchanged from the 2019 strategy with minor changes to the objectives in order to reflect the new act requirements. The vision, priorities and objectives were developed through ongoing work with, and gaining the views of professionals, stakeholders and groups from across Herefordshire, including those who have experienced domestic abuse.

6.1 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:

- Collect and 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 a high-quality and consistent initial response.
- Increase awareness amongst those who work with people with additional vulnerabilities and certain protected characteristics (see Appendix 1) 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 the harm it causes as well as the positive impact of disclosing abuse.
- Ensure information, advice and support in relation to the above is accessible and appropriate for people from victims with certain protected characteristics and other vulnerabilities, with adequate support in place.

Outcomes for Priority 1:

- Increased recognition by the population of all forms of domestic abuse and the harm it causes to children with particular reference to those with certain protected characteristics and other vulnerabilities.
- Increased understanding by professionals of the signs, symptoms and appropriate response to domestic abuse
- Decrease in the impact of domestic abuse on children, through reduction in the number of children affected, improved early identification and reduction in repeat incidents affecting children.

6.2 Priority 2 - Provision of Service

The aim is that when domestic abuse is disclosed, identified or reported, those affected can access timely and effective information, safe accommodation, advice and support. This support should meet the needs of the affected individuals in a way which ensures equality for victims across our communities including any children, now recognised as victims in their own right.

Partner agencies will:

- Ensure that those experiencing domestic abuse can easily and safely contact, or be referred, and access specialist domestic abuse services and safe accommodation, including those with certain protected characteristics or vulnerability such as multiple complex needs, and children who are identified as victims in their own right.
- 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.
- Children who are victims of domestic abuse are safe from harm as supported as victims in their own right.

6.3 Priority 3 - Partnership Working

Domestic abuse has impact across multiple agencies who play a key role. These include primary and secondary health care, police, early years, children's social services, adult social care, 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.

Acknowledging that domestic abuse can be the cause of or underlying issue in relation to multiple health and social problems including substance use and mental health. Close partnership working is essential, with a shared vision, strong leadership and clear pathways. The aim is to work together across organisations and geographical areas in an efficient and effective way to prevent, and protect those experiencing, domestic abuse, ensuring that organisational barriers do not 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 data is collected and collated to provide a clear understanding of those effected by domestic abuse across Herefordshire. The data will support the on-going needs assessment and the development of future service provision to accurately reflect Herefordshire residents, including identifying those affected with certain protected characteristics.
- Ensure that front line staff (for example, staff who work in primary care, emergency department, children's centres, children's social care, adult social care, fire service);
 - i) have a good understanding of domestic abuse;
 - ii) are professionally curious in their investigation of underlying causes of a person's current circumstances
 - iii) have awareness and understanding of the Domestic Abuse Act 2021 and how the measures impact on their roles and responsibilities
 - iv) see it as their role and responsibility to reduce the harm of domestic abuse; and
 - v) 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.
- Established pathways for joint working and planning of health and social interventions

6.4 Priority 4 – Pursuing perpetrators

There are many tools available to the police and court system to prevent and deter perpetrators from domestic abuse. The 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:

Partner agencies 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).
- Use the criminal justice system to its full effect to deter offending and bring perpetrators to justice.
- Make available effective, evidence-based programmes to help change perpetrator behaviour, where perpetrators have the capacity to change.

Outcomes for Priority 4:

- Reduction in re-offending by perpetrators
- Victims of domestic abuse are aware of the range of prevention tools available and supported to access them

7. Delivering the Domestic Abuse Act requirements and strategy implementation

7.1 Leadership and delivery

The existing Domestic Abuse Strategic and Delivery Group, acting as the Board under the Community Safety Partnership structure will be amended to provide a higher level executive group which will fulfil the duties in the new act in relation to the Local Partnership Board.

The Domestic Abuse Act requires the council to appoint a Local Partnership Board which will deliver a collaborative approach to domestic abuse where it can oversee and monitor progress of the needs assessment, the strategy and its implementation, the implementation of the Act across the council and report back to Government.

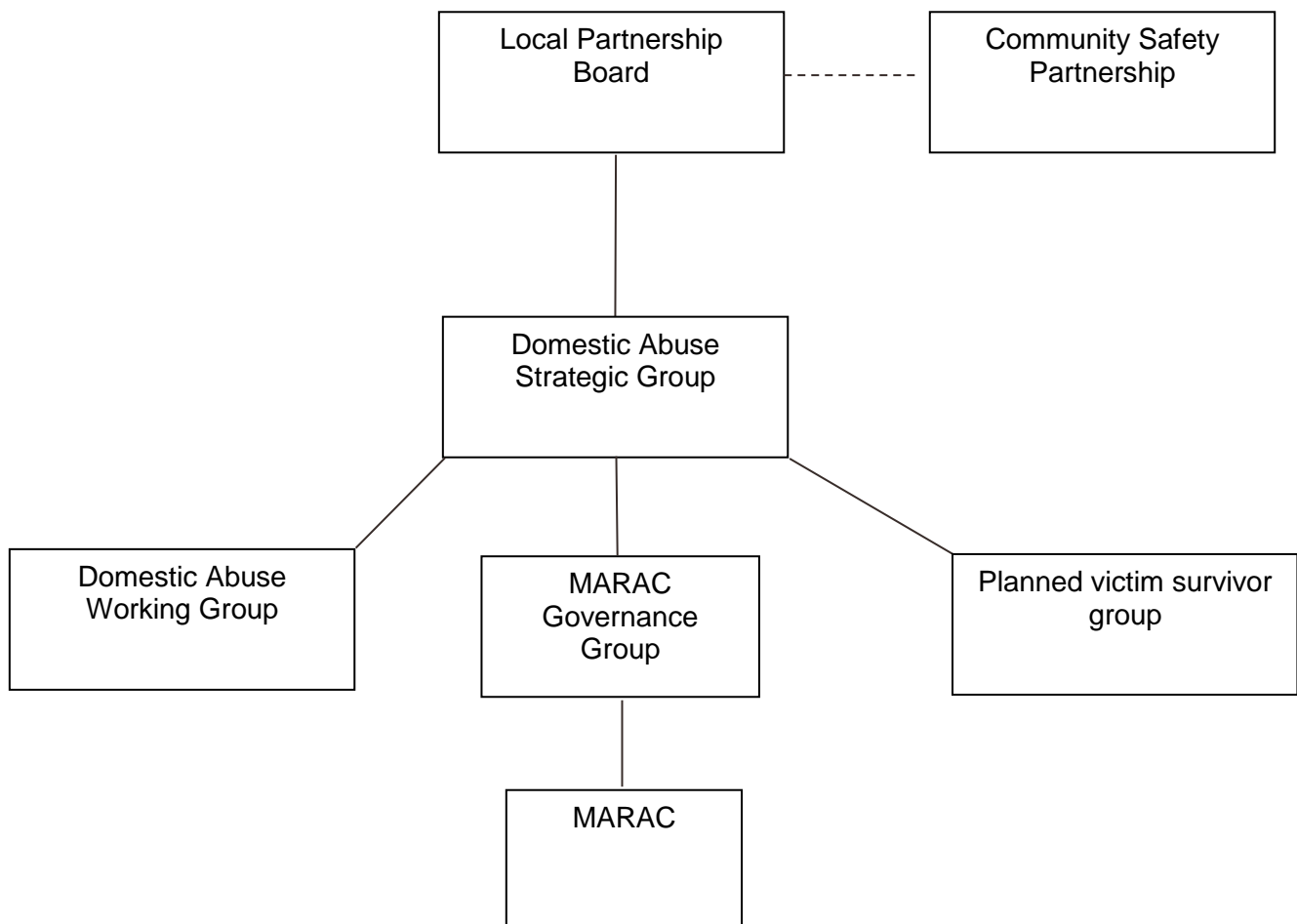
It will be responsible for providing advice to the council about the functions required under section 57 of the Act.

In line with the draft statutory guidance, it is proposed that the Local Partnership Board will be formed of the following members:

- a. Council representative
- b. Victim's representative
- c. Children's representative
- d. Voluntary sector representative linked to supporting victims
- e. Health representative
- f. Policing representative
- g. Housing representative
- h. Representative for those people with 'protected characteristics' identified within the statutory guidance

The Board is able to add to this membership where relevant for the furtherance of the aims set out in the act.

Proposed Governance Structure:



The existing work plan has been reviewed and is being updated to include the new requirements. Further details of the current action plan and progress since the existing strategy launched in 2019 are summarised under point 3 in this strategy.

The multi-agency Domestic Abuse Strategic Group will operationally hold the new action plan for the strategy, jointly identifying the most important objectives and actions for that year with the Local Partnership Board. This action plan will build upon the objectives and the further detail included in this strategy.

Action plans will take account of plans, opportunities and resources available within each partner organisation and wider funding opportunities.

The progress of the strategy will be regularly monitored and reviewed by the Local Partnership Board. This will include a range of partnership actions as well as reporting from the commissioned services.

7.2 Consultation and engagement

Working with the DA Strategic Group and the new board, a three month consultation exercise will be undertaken from November 2021 to January 2022.

This work will involve structured conversations, stakeholder events and public consultation to ensure the views of our key stakeholders and residents are sought on the draft strategy including feedback on how best to continue engagement activity throughout the lifetime of the strategy.

The information will be collated and used to update the strategy document and to inform the future commissioning activity alongside the confirmed statutory guidance which will then be in place. It is anticipated the final strategy will be published in Spring 2022.

7.3 Current commissioning activity

7.3.1 Council funded services

The council commissions a domestic abuse support service which delivers the following outcomes based services to support victims, and is in place until 2024. This represents an investment of around £1.3 million over a period of five years. The service includes;

- Online and telephone helpline
- Safe accommodation through housing support or refuge accommodation with associated support work in relation to information, advice and signposting
- Outreach support
- Group Work
- Information and advice
- Raising awareness
- Support for children
- Intelligence sharing

- Strategic influence

The support work is individualised, outcome focussed and using a strengths based approach with victims.

Previous Ministry of Housing and Local Government (MHCLG) funding enabled short term investment in staffing capacity with the existing countywide service provider to support seven separate properties of refuge dispersed accommodation as well as resource supporting children and young people. The learning from this pilot work has influenced commissioning activity, specifically, the additional funding from MHCLG in 2021/22 is being used to sustain and enhance the safe accommodation and associated support offer to nine dispersed accommodation units.

7.3.2 Other local services

There are a number of other services supporting victims of domestic abuse in operation in Herefordshire funded from a range of sources such as the Police and Crime Commissioner and central government. These include;

- Independent Domestic Violence Advisors
- West Mercia Women's Aid Children and Young person's worker
- Building Better relationships – behaviour change programme
- Inspiring Families – support for families as victims and behaviour change for perpetrators
- Sexual Assault Referral Centre
- West Mercia Rape and Sexual Abuse Support Centre
- The Drive Programme – behaviour change programme for perpetrators
- Helping hands and Crush programmes – awareness and understanding in primary and secondary aged children
- Herefordshire substance use recovery service
- Sexual Health services – Solutions for Health
- Public Health nursing (Health Visitors and School nurses)

Service planning and commissioning activity is regularly considered collectively by key stakeholders and this will continue through the new Local Partnership Board and the existing partnership structure.

7.3.3 New service provision

With the funding available from central government in 2021, the council and the stakeholders for domestic abuse are taking forward new service provision to deliver a new but complimentary service which will focus on increasing the staff resource within the county to deliver the following:

- Connecting West Mercia Women's Aid with universal services, organisations, community groups (including Talk community Hubs) and individuals with expertise in working with and for people with certain protected characteristics.

- Training and awareness raising to upskill professionals across these services/organisations to recognise and respond to domestic abuse, raise awareness, create culture change and communicate services available.
- Increased communication and media activity.
- Continuation and expansion of a short term government funded project, developed during the Covid19 response, which will deliver the staffing support to:
 - 9 houses in Herefordshire used as dispersed safe accommodation for victims fleeing domestic abuse (in addition the main refuge).
 - Associated advice, advocacy and support for adults and children
- An experienced domestic abuse professional co-located virtually within the Multi-Agency Safeguarding Hub and Domestic Abuse Hub for the purposes of developing and sharing intelligence and triage of cases. The role will also focus on enhancing the data captured around certain protected characteristics, which will in turn support the needs assessment.
- Specialist worker to focus on those people with multiple complex needs and facilitating access to counselling support.
- Enhanced data capture particularly around certain protected characteristics.

The general themes of support provided by the enhanced workforce through the new services includes;

- a. Advocacy support
- b. Domestic abuse prevention advice
- c. Specialist support for victims with relevant protected characteristics and/or complex needs
- d. Children's support
- e. Housing related support
- f. Counselling and therapy

The needs assessment confirms our approach by demonstrating that victims of some protected characteristics are currently seldom accessing services and that there is constant and often unmet demand for safe accommodation.

8. Challenges in addressing Domestic Abuse

All people affected by domestic abuse are vulnerable in some way. However, there are certain groups of people who are harder to reach due to certain protected characteristics, vulnerabilities or cultural challenges:

There are fewer known cases of men reporting domestic abuse than women. 2% of high risk cases discussed by MARAC were male, whilst the expected proportion is 4-10%. There are very few men accessing the local domestic abuse support service provided by West Mercia Women's Aid.

Older people are less likely to make disclosures of domestic abuse, further exacerbated by health conditions such as dementia or physical disability. People in such circumstances are more likely

to be isolated and reliant upon their partner or family for their care, while the demands upon their carer can cause additional pressures and a shift in the dynamic of their relationship.

Similarly, people with physical or mental health illness or learning disabilities can be additionally vulnerable to domestic abuse due to isolation or a reliance upon their family or partner as their carer.

People from the Lesbian, Gay, Bi-sexual, Transgender or Queer (LGBTQ+) community are less likely to report domestic abuse. Local data provided by West Mercia Women's Aid shows low numbers of people in Lesbian, Gay or Bi-sexual relationships accessing the service and similarly lower than expected numbers of LGBTQ+ cases are considered in MARAC (<1% of all high risk cases) than would be expected (≥5%). The West Mercia and Warwickshire Police Draft Domestic Abuse Threat Assessment 2017 reports for couples in a same sex relationship, females accounted for 7% of reported offences and males for 8%. This would indicate that proportionately, those in same sex relationships are not accessing domestic abuse support services.

People from ethnic minority groups may be reluctant to report abuse due to fear of isolation or repercussions, or due to a lack of understanding about domestic abuse, UK law and the support available. 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 flee the abusive relationship. . 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 and lack of culturally-appropriate refuge accommodation

People living in rural communities may face additional challenges to accessing services, or have concerns about their information being shared with others in their community should they make a disclosure. In 2019 The National Rural Crime Network launched the results of an 18 month intensive research project on domestic abuse in rural areas, '[Captive and Controlled](#)'. The report shows a picture of domestic abuse in rural Britain with hidden victims who feel isolated, unsupported and unprotected.

The report finds:

- Abuse lasts, on average, 25 per cent longer in the most rural areas.
- Traditional, patriarchal communities control and subjugate women.
- The policing response is largely inadequate.
- Support services are scarce – less available, less visible and less effective.
- The more rural the setting, the higher the risk of harm.
- Retreating rural resources make help and escape harder.
- Rurality and isolation are deliberately used as weapons by abusers.
- The short-term, often hand-to-mouth funding model has created competing and fragmented service provision.
- Close-knit rural communities facilitate abuse.
- An endemic data bias against rural communities leads to serious gaps in response and support (victims in rural areas are less likely to report and this in turn leads to a that the

problem is not as serious as it actually is, which in turn leads to less resources being devoted to it).

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.¹ Domestic abuse in rural communities is no less prevalent but can be less visible. Women living in rural areas have been found to particularly value the importance of health practitioners, especially GPs, in providing confidential and safe services for women compared to women living in urban areas. Such women have been found to express concern about the confidential nature of services they received in their community, not echoed by women living in urban areas.²

Our new service will prioritise and provide enhanced support to those victims with certain protected characteristics or vulnerabilities such as complex needs, both as victims and through wider community engagement work. They must be enabled and encouraged to access services, and the system must be prepared to respond to their individual needs.

9. 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 include³:

- 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.
- Public Health approach: provides a useful framework for prevention of domestic abuse through primary prevention programmes and policy interventions. This approach is aimed at entire populations and as such can address underlying causes of domestic abuse to prevent them from occurring or re-occurring. This approach is dependent on engagement and action from multiple organisations and agencies simultaneously for its success, acknowledging that there are multiple causes of health and social problems. Multiple agencies working in partnership is a key component of addressing both the underlying causes of domestic abuse and preventing the recurrence of incidents. Primary prevention should be targeted at both community and individual levels, addressing gender norms and

¹ SafeLives Herefordshire MARAC review, 2018

² 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

³ 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

healthy relationships and empowering individuals and communities in education, workplace and healthcare settings.

- 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 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 the council. This strategy and the identified priorities include primary prevention strategies, alongside early identification and harm-reduction after domestic abuse incidents have taken place.

10. Representing victims

As part of previous engagement work, views were sought from 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 and various professionals 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.
- 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.

Whilst this work was extensive, we are committed to enabling the victim’s voices to be heard and represented. Therefore as well as representation at the Local Partnership Board, we are also proposing to develop a separate group to enable victims to collectively be engaged in the services and strategic direction on an ongoing basis.

11. Key policies and partners

11.1 Stakeholders

There are a wide range of partners instrumental to the delivery of this strategy across our whole community of Herefordshire, the key stakeholders are listed below;

- Herefordshire Council

- West Mercia Police
- Wye Valley Trust
- Herefordshire and Worcestershire Health and Care Trust
- NHS Herefordshire and Worcestershire Clinical Commissioning Group
- Taurus Healthcare GP Federation
- West Mercia Women's Aid
- West Mercia Rape and Sexual Abuse Support Centre
- National Probation Service
- West Mercia Community Rehabilitation Company
- West Mercia Police and Crime Commissioner
- West Mercia Youth Justice Service
- Herefordshire Substance Use Recovery Service

11.2 Out of county support

Victims from out of county areas will receive the equivalent support to those from within the county. If the victim has been working with their current Local Authority, the support package will transfer over with them so they will be able to access the equivalent services in Herefordshire. This means that support will continue and the victim will still be in receipt of support from services they were receiving previously such as MARAC. Equally, the council can refer victims to other local authorities.

The safe accommodation available within the county is part of the national network for refuge accommodation. There is a mix between those accessing the accommodation support from within the county to those outside the county fluctuates continuously and is impacted by duration of stay.

Discussions are taking place with colleagues from Worcestershire regarding joint working and wider representation and engagement which are expected to develop further over the strategy period.

11.3 Wider policy and legislation

There are a large number of local and national policies that impact on the delivery of the strategy. Whilst the list below is not exhaustive it provides some of the key policies and legislation relevant to domestic abuse.

- Violence Against Women and Girls Strategy (VAWG) 2016-2020
- The Code of Practice for Victims of Crime 2021
- Housing Act 1985
- Homelessness Act 2002
- Care Act 2014
- Children's Act 2004
- Children and Families Act 2014
- Equality Act 2010
- Domestic Abuse Act 2021
- Policing and Crime Act 2017
- Local Government Act 2000

- Herefordshire County Plan
- West Mercia Police and Crime Commissioner Safer West Mercia Plan
- Herefordshire Adults Safeguarding Policy
- Herefordshire Children and Young Peoples Policy
- Herefordshire Looked after children commissioning and sufficiency strategy

Appendix 1 - Domestic Abuse Act summary

The Domestic Abuse Act 2021 received Royal Assent on 29th April 2021. The Act delivers a number of significant changes to improve the protection of victims within the community and the criminal justice system. It has been designed to promote awareness of domestic abuse and drive consistency and better performance in response to domestic abuse across all local areas, agencies and sectors.

The statutory guidance is currently in draft form and this draft strategy will be updated according once the final guidance is published.

Summary of the Act:

Supporting victims:

- Create a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, coercive, or controlling, and economic abuse. As part of this definition, children will be explicitly recognised as victims if they see, hear, or otherwise experience the effects of abuse;
- Create a new offence of no-fatal strangulation;
- Extend the controlling or coercive behaviour offence to cover post separation abuse;
- Extend the ‘revenge porn’ offence to cover threat to disclose intimate images with the intention to cause distress;
- Clarify the law to further deter claims of “rough sex gone wrong” in cases involving death or serious injury;
- Create a statutory presumption that victims of domestic abuse are eligible for special measures in the criminal, civil and family courts (for example, to enable them to give evidence via a video link)
- Establish in law the Domestic Abuse Commissioner, to stand up for victims and survivors, raise public awareness, monitor the response of authorities, the justice system and other statutory agencies and hold them to account in tackling domestic abuse
- Place a duty on local authorities in England to provide support to victims of domestic abuse and their children in refuges and other safe accommodation;

- Provide that all eligible homeless victims of domestic abuse automatically have ‘priority need’ for homelessness assistance;
- Place the guidance supporting the Domestic Violence Disclosure Scheme (“Clare’s law”) on a statutory footing;
- Ensure that when local authorities rehouse victims of domestic abuse, they do not lose a secure lifetime or assured tenancy;
- Stop vexatious family proceedings that can further traumatise victims by clarifying the circumstances in which a court may make a barring order under section 91(14) of the Children Act 1989;
- Prohibit GPs and other health professionals from charging a victim of domestic abuse for a letter to support an application for legal aid

Strengthened measures to tackle perpetrators

- Prohibit perpetrators of abuse from cross-examining their victims in person in family and civil courts in England and Wales;
- Bring the case of R vs Brown into legislation, invalidating any courtroom defence of consent where a victim suffers serious harm or is killed;
- Enable domestic abuse offenders to be subject to polygraph testing as a condition of their licence following their release from custody;
- Extend the extraterritorial jurisdiction of the criminal courts in England and Wales, Scotland, and Northern Ireland to further violent and sexual offences;
- Provide for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order, which will prevent perpetrators from contacting their victims, as well as force them to take positive steps to change their behaviour, e.g., seeking mental health support;
- Extend the extraterritorial jurisdiction of the criminal courts in England and Wales, Scotland, and Northern Ireland to further violent and sexual offences;
- Introduce a statutory duty on the Secretary of State to publish a domestic abuse perpetrator strategy (to be published as part of a holistic domestic abuse strategy)

Protected characteristics and other vulnerabilities requiring additional support:

- Black Asian and Minority Ethnic [Including Gypsy Roma and Traveller, with consideration to the Women and Equalities Committee report]
- Lesbian, Gay, Bisexual and / or Transgender
- Disabled – including but not limited to, deaf or hard of hearing, visually impaired, Autistic, wheelchair users and those with learning difficulties
- Male
- Young (aged 16-18 – including care leavers) and older victims (over 65)

- People with an offending history
- Those presenting with complex needs including those with mental health and/or substance misuse needs
- Those facing multiple forms of abuse within the family such as honourbased violence and forced marriage
- Religious and/or spiritual, particularly if facing barriers as a result
- Having insecure immigration status
- From isolated and/or marginalised communities, including where there is limited English proficiency.
- Victims who have no choice but to move away from their local areas, communities, and friends to escape their perpetrator to stay safe and receive the support they need.
- Children of victims (including adolescent male children) within safe accommodation.
- Victims with children, including large families and those with older adolescence boys (12+)
- Pregnant victims

DOMESTIC ABUSE IN HEREFORDSHIRE 2021

Version 1.0

Herefordshire Council Intelligence Unit

October 2021

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Key findings

- Domestic abuse is a hidden crime – most victims are not reporting the abuse and therefore not accessing help or support
- There is sometimes a misconceived view of what a victim of domestic abuse should look like - those who do not fit this stereotype may not be identified as a victim and ultimately denied support
- Support is not being offered to most victims of domestic abuse - only 38% of the victims and survivors in West Mercia surveyed in 2020 were offered any form of support
- Data recording by agencies is often limited or incomplete – there is not a complete picture of the victims they are supporting

Introduction

This report applies the latest intelligence on domestic abuse (DA) in Herefordshire gathered from the Crime Survey for England and Wales (CSEW), West Mercia Police, West Mercia Women's Aid (WMWA), Multi Agency Risk Assessment Conference (MARAC), independent domestic violence advisors (IDVA), health data, housing data and social care data.

Data from the different sources do not necessarily relate to the same victims, although there will be some overlap.

As per the Domestic Abuse Act 2021, behaviour of a person ("A") towards another person ("B") is "domestic abuse" if—

A and B are each aged 16 or over and are personally connected to each other, and the behaviour is abusive.

'Abusive behaviour' is defined as any of the following:

- physical or sexual abuse
- violent or threatening behaviour
- controlling or coercive behaviour
- economic abuse
- psychological, emotional or other abuse

Two people are "personally connected" to each other if any of the following applies:

- a. they are, or have been, married to each other;
- b. they are, or have been, civil partners of each other;
- c. they have agreed to marry one another (whether or not the agreement has been terminated);
- d. they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
- e. they are, or have been, in an intimate personal relationship with each other;

- f. they each have, or there has been a time when they each have had, a parental relationship in relation to the same child
- g. they are relatives.

CSEW and estimated prevalence

Domestic abuse is often a hidden crime that is not reported to the police and therefore, data held by the police can only provide a partial picture of the actual level of domestic abuse experienced. A recent report by the West Mercia Police and Crime Commissioner (Senker & Scott, 2020) found that only 33% of the victims and survivors interviewed reported DA to the police.

The Crime Survey of England and Wales (CSEW) is the preferred measure to identify trends in the prevalence of domestic abuse as it is unaffected by changes in police activity, recording practice, or inclination of victims to report such crimes. Experiences of DA are sought in a self-completion section on intimate violence which is asked of adults aged 16 to 74 years, covering experience of emotional, financial and physical abuse by partners (including former partners) or family members, as well as sexual assaults and stalking. It is important to note that CSEW does not survey people who live in institutions, including care homes, so it cannot offer insight into people who live in these type of settings.

Due to the Covid-19 pandemic there was a move from face-to-face data collection to interviews over the telephone. Concerns around confidentiality and respondent safeguarding has limited the number of questions relating to DA being routinely asked since this move in March 2020. Subsequently, the latest available data relates to the year ending March 2020. CSEW estimates for the year ending March 2020 are based on face-to-face interviews with 33,735 people aged 16-74. It will be this data that will be used and discussed in this report.

Figures 1-7 show the prevalence of DA by different characteristics.

As can be seen Figure 1, an estimated 7.3% of women and 3.6% of men aged 16-74 were victims of DA in the year ending March 2020, this is equal to 4,900 women and 2,400 men in Herefordshire. The majority of DA is between partners, with 4% of adults having experienced this type of abuse, and 1.9% of adults experiencing abuse from family members. Women are also most likely to be victims of all types of DA, although the difference in prevalence between men and women suffering family abuse is much smaller than the difference in prevalence between men and women suffering partner abuse.

Women are most likely to be the victims of all types of domestic abuse

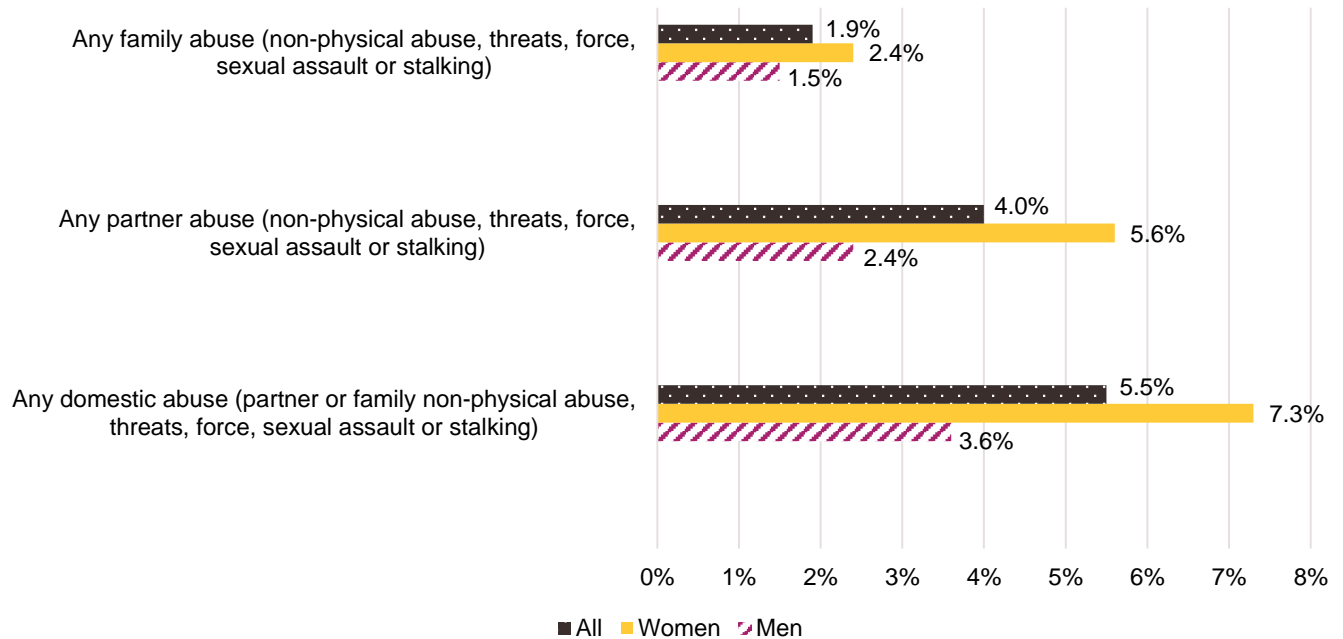


Figure 1 Prevalence of DA by sex and abuse type for year ending March 2020

Figure 2 shows that the prevalence of DA has remained largely stable since 2009, but there has been a slight fall in the number of female DA victims during this time period.

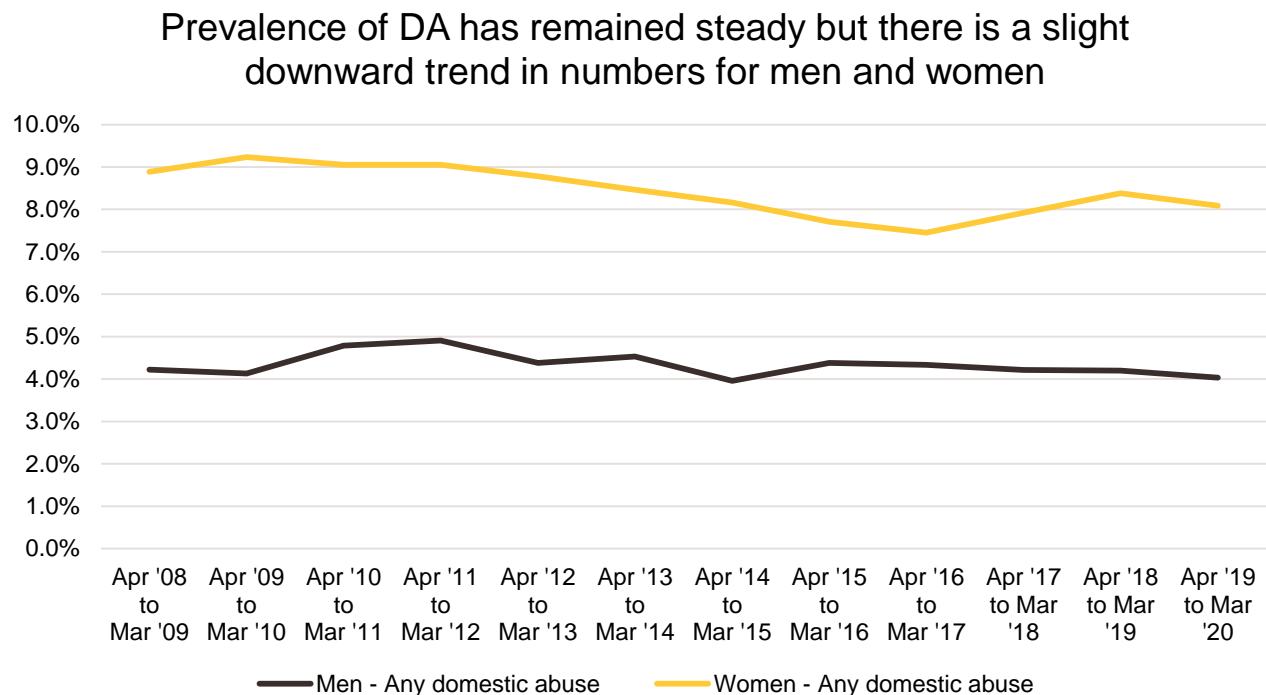


Figure 2 Prevalence of all DA from year ending 2009 to 2020 by sex

Figure 3 shows that victims of DA are more likely to be younger and that prevalence rates largely decreases through the age groups. There is also a larger proportion of women suffering from family abuse in the youngest two age brackets, which may be related to younger people being likely to still be living at the family home. In addition, Figure 4 shows how the prevalence rates changed between March 2019 to March 2020 across the age groups, and suggests that the largest increases in prevalence is amongst the 16-19 and 55+ age groups. Due to the way CSEW recorded DA before 2019, it is not possible to look at any longer term trends.

DA is most prevalent in 16-19 year olds and prevalence largely decreases through the age groups

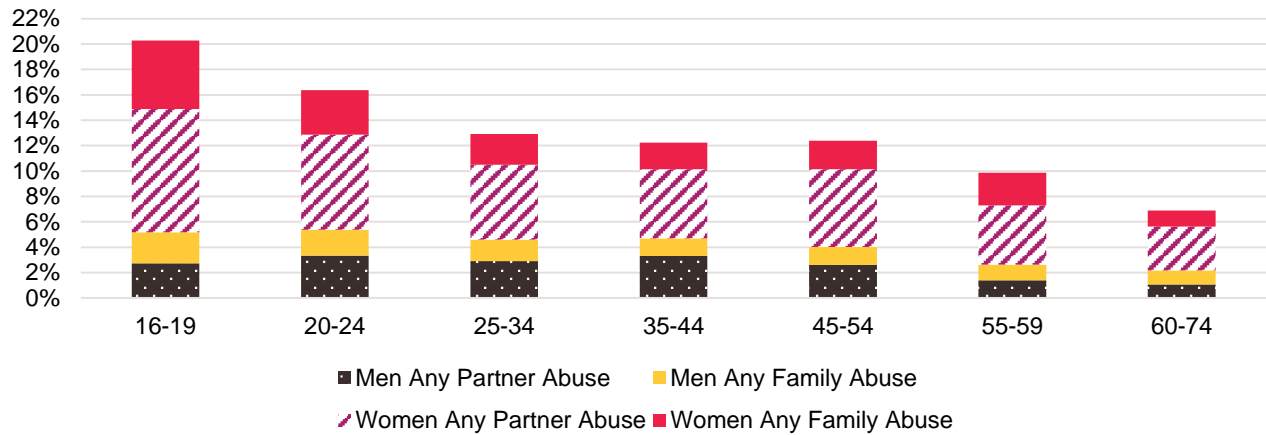


Figure 3 Prevalence of DA across age groups for year ending March 2020

The largest increase in prevalence has been for women aged 16-19

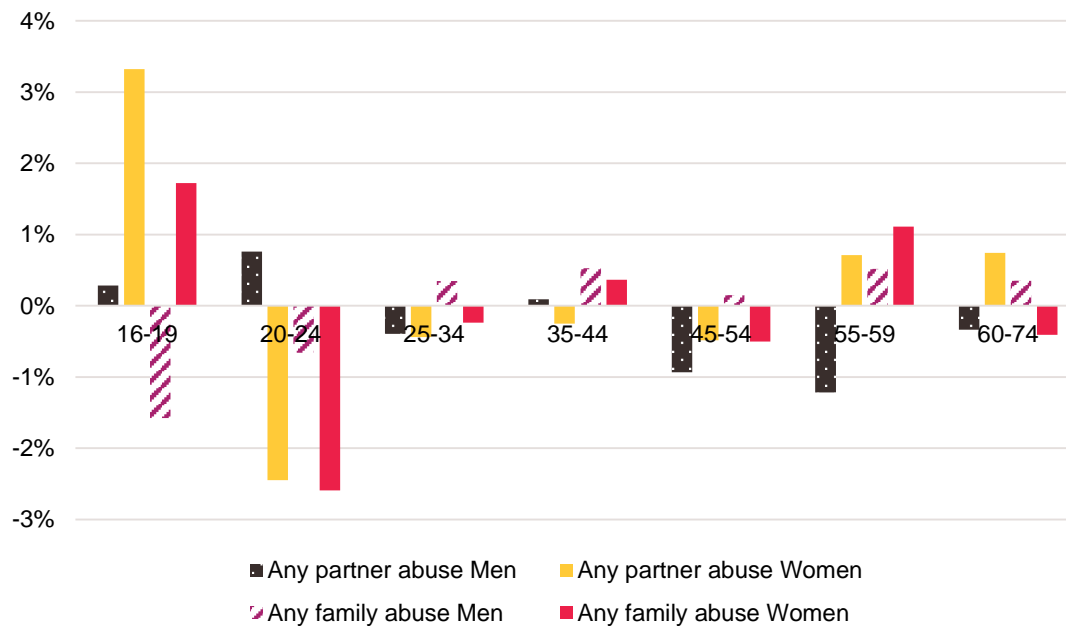


Figure 4 The percentage change in DA prevalence recorded by CSEW from March 2019 to March 2020 by age group

Figure 5 shows that the ethnicity with the highest level of DA prevalence is Mixed-White and Black Caribbean and that it appears to be only women within this ethnicity that are victims of domestic abuse. Also of particular note, is that when looking at the results for Mixed – White and Asian, only men reported being victims of DA, this goes against the general trend of DA prevalence, so more investigation and support may be required to understand why this is the case.

It is important to note that only 6.4% of Herefordshire are BAME, compared to 19.5% for the whole of England, so it is expected that there will be fewer BAME victims in Herefordshire than you might see nationally. Additionally, the largest minority ethnic group in Herefordshire is “White: Other” with only 1.8% of the population recorded as “Not White”.

DA is most prevalent in Mixed -White and Black Caribbean ethnic groups

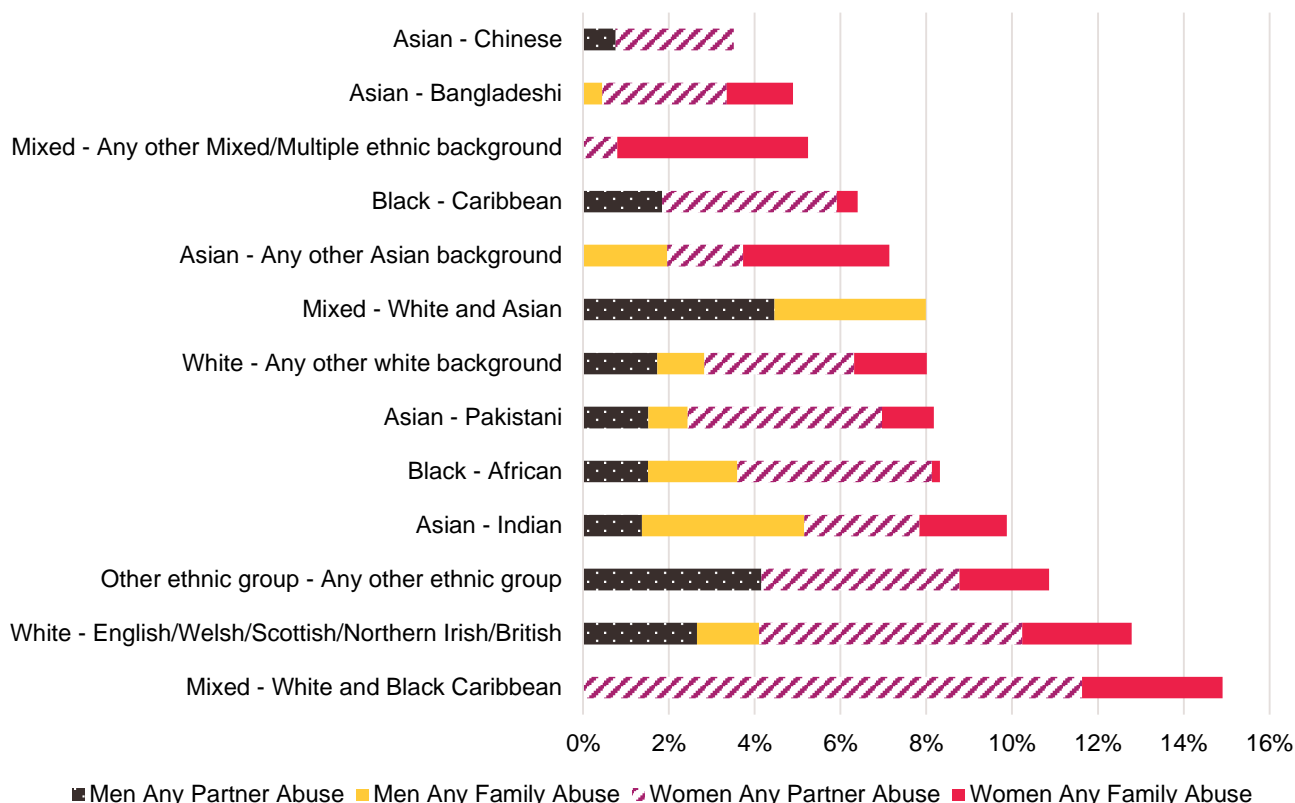


Figure 5 DA prevalence by ethnicity for year ending March 2020

Figure 6 shows that people with a disability are more likely to be victims of DA than those without a disability, and a study by SafeLives (2017) found that DA against disabled people is often more severe and frequent and over longer periods of time than for non-disabled victims. There are numerous factors as to why this is the case, including support being inaccessible, stereotypes of what a victim or perpetrator looks like and that the perpetrator may also be the victim’s carer and hold a position of power over the victim.

Somebody with a disability is more likely to be a victim of DA than somebody who is not disabled

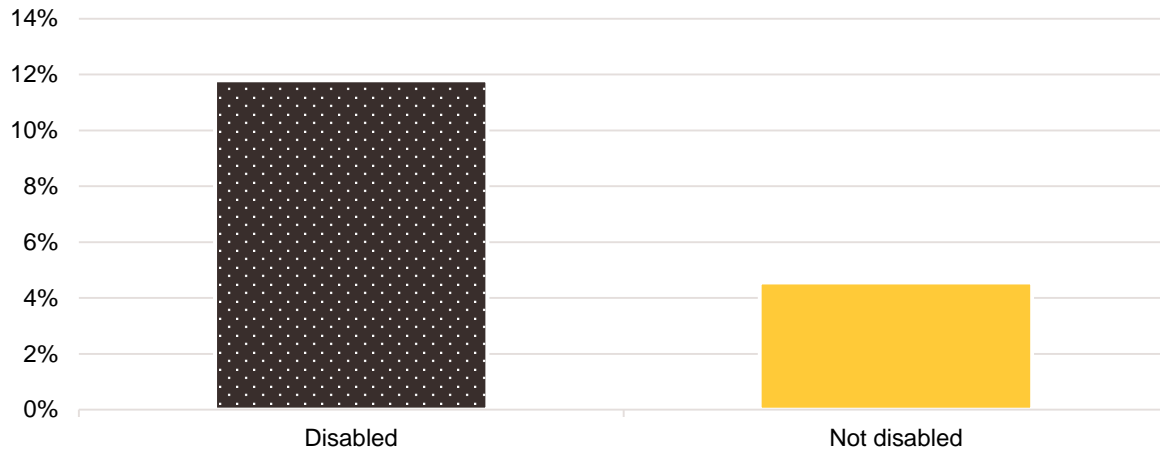


Figure 6 DA prevalence by disability status for year ending March 2020

Figure 7 shows that LGBT people are more likely to be victims of DA than their heterosexual counterparts, with bisexuals reporting the most abuse of all sexual orientations. Galop highlights that there are numerous myths and misconceptions regarding DA and the LGBTQ+ community which can make it more difficult for these individuals to seek help and be recognised as victims, such as thinking that women do not perpetrate abuse or that gay men can more easily protect themselves.

Bisexuals are most likely to be the victims of DA than any other sexual orientation

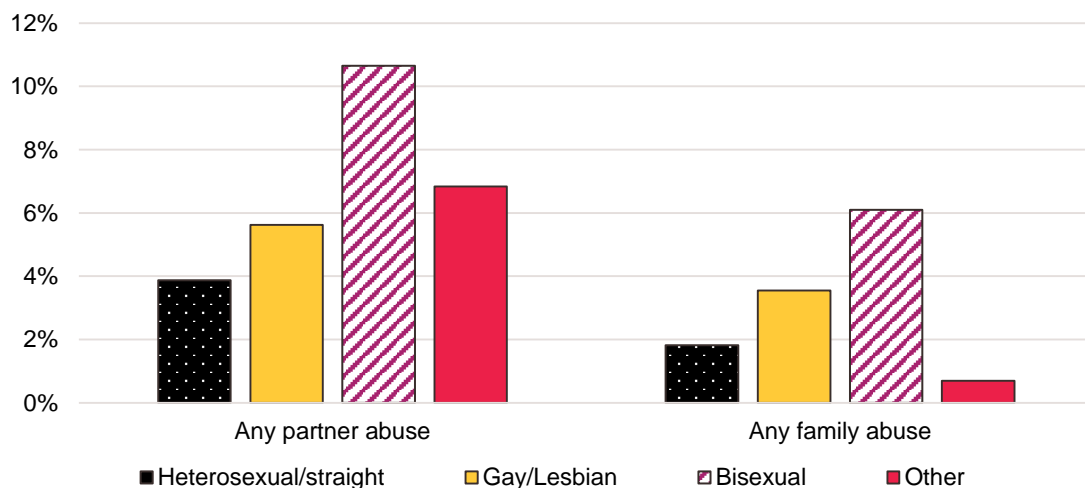


Figure 7 DA Prevalence by sexual orientation for year ending March 2020

West Mercia Police Data

The following data was provided by West Mercia Police in April 2021 and covers offences recorded in Herefordshire that had a DA “flag”. Since April 2015, crimes should be “flagged” as being domestic abuse-related by the police if the offence meets the government definition of domestic violence and abuse.

Figure 8 shows that there has been a year on year increase in the number of DA offences reported in Herefordshire by West Mercia Police. As prevalence recorded by CSEW does not show the same trend, it suggests that there is not an increase in DA within the county, but that people are increasingly reporting offences to the police or the police have improved their reporting of DA.

However, despite this increase in reporting, there has been a decrease in charges/summons and an increase of victims not supporting police action, as can be seen in Figure 9. A full list of outcomes of DA offences can be found in Table 2. It is not clear from the data why this is the case, and a 2019 report by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services suggested that police forces need to collect feedback to establish why victims do not support action in order to address potential issues/concerns and better support victims.

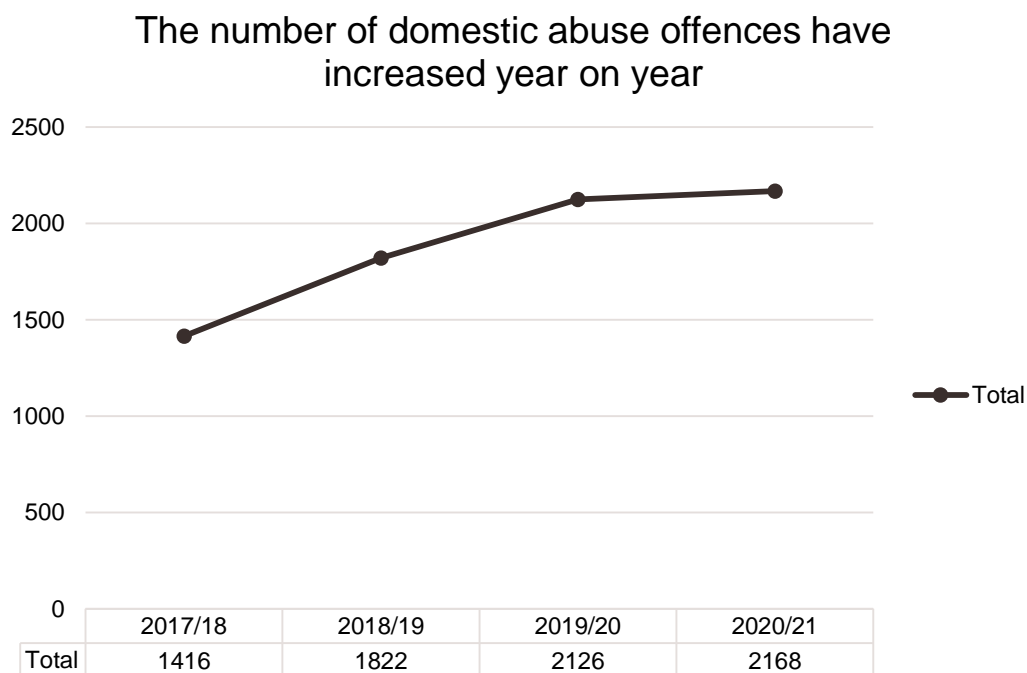


Figure 8 Number of DA offences recorded by West Mercia Police by year in Herefordshire

Most offences resulted in the victim not supporting police action

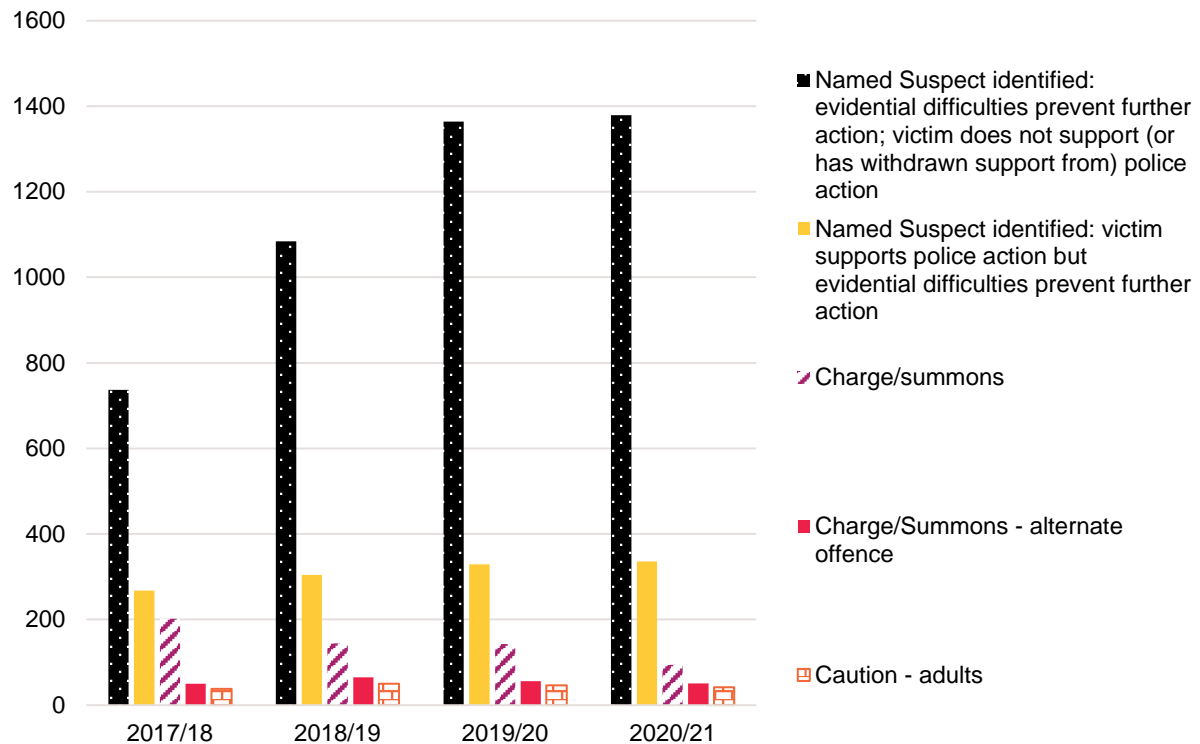


Figure 9 Five most common outcomes of offences recorded by West Mercia Police in Herefordshire

Figure 10 shows the number of DA victims in Herefordshire recorded by West Mercia Police by year and sex. Based on the estimated prevalence in Herefordshire, this only accounts for 20-30% of expected female victims, and 14-25% of expected male victims. This supports what is already known, and that DA is often a hidden crime which is underreported.

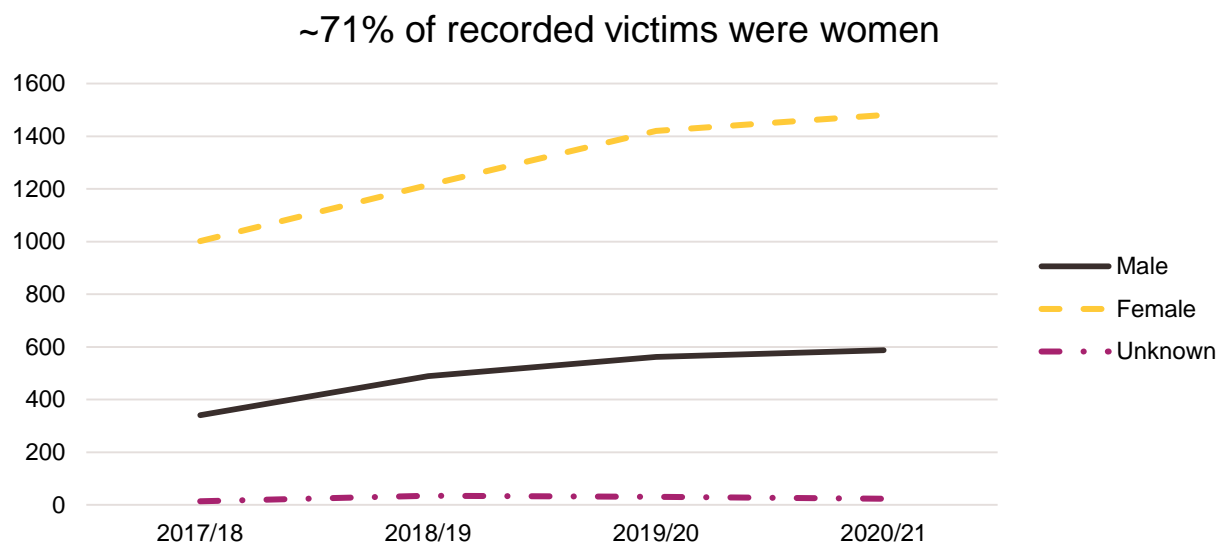


Figure 10 Number of DA offences recorded by West Mercia Police by year and sex in Herefordshire

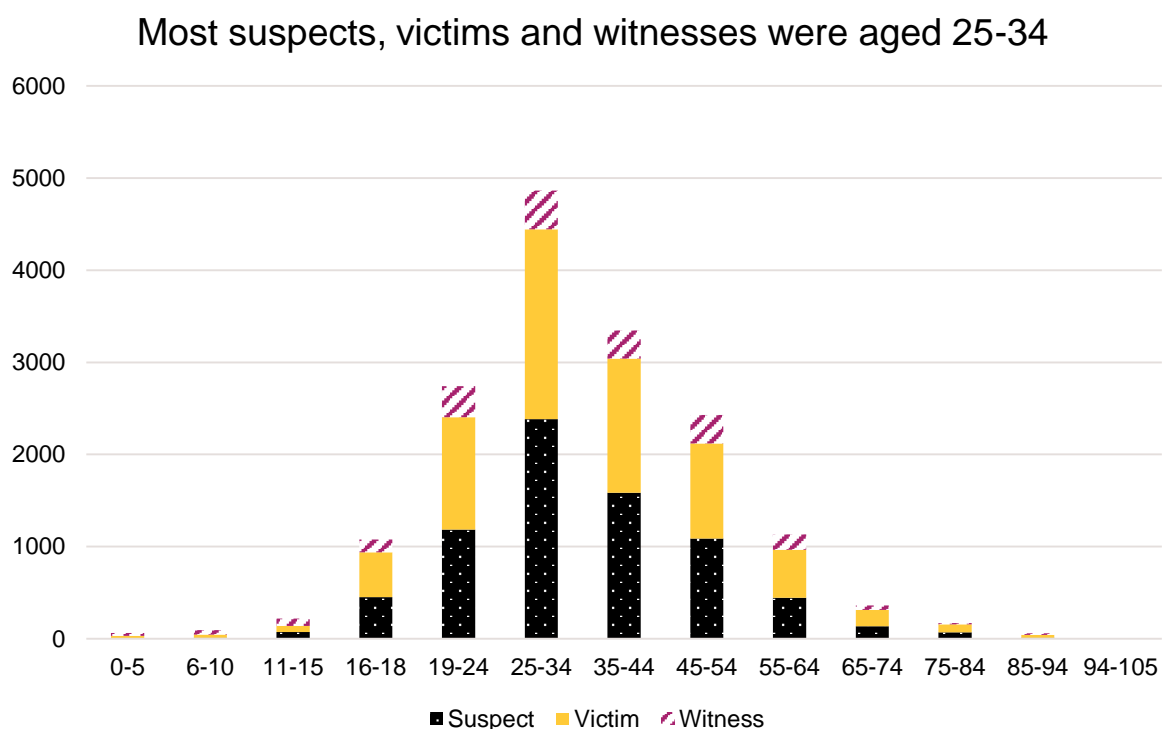


Figure 11 Number of DA suspects, victims and witnesses recorded by West Mercia Police by age group between 2017/18 to 2020/21 in Herefordshire

Figure 11 shows that most suspects, victims and witnesses recorded for DA offences were aged 23-34. The youngest victims recorded where 0 years old, and the eldest victim was aged 96 which shows that people of all ages are at risk of being a victim of DA. The youngest suspect of DA was 6 years old and the oldest suspects were 96 which again shows that DA can be perpetrated across the life course.

Figure 12 shows the ethnic appearance of DA victims recorded by West Mercia Police from March 2017 to March 2021, and shows that most victims were recorded as being White – North European. This is an unusual way of recording ethnicity as it relies on officers determining a victim's ethnic appearance, and White – North European would encompass those who are White-British, who make up the majority of Herefordshire's population, but would also include other White minority groups. There is also a large number of victims who have no ethnic appearance recorded, so this data is very limited in what it can tell us about the victims and it is difficult to make any conclusions.

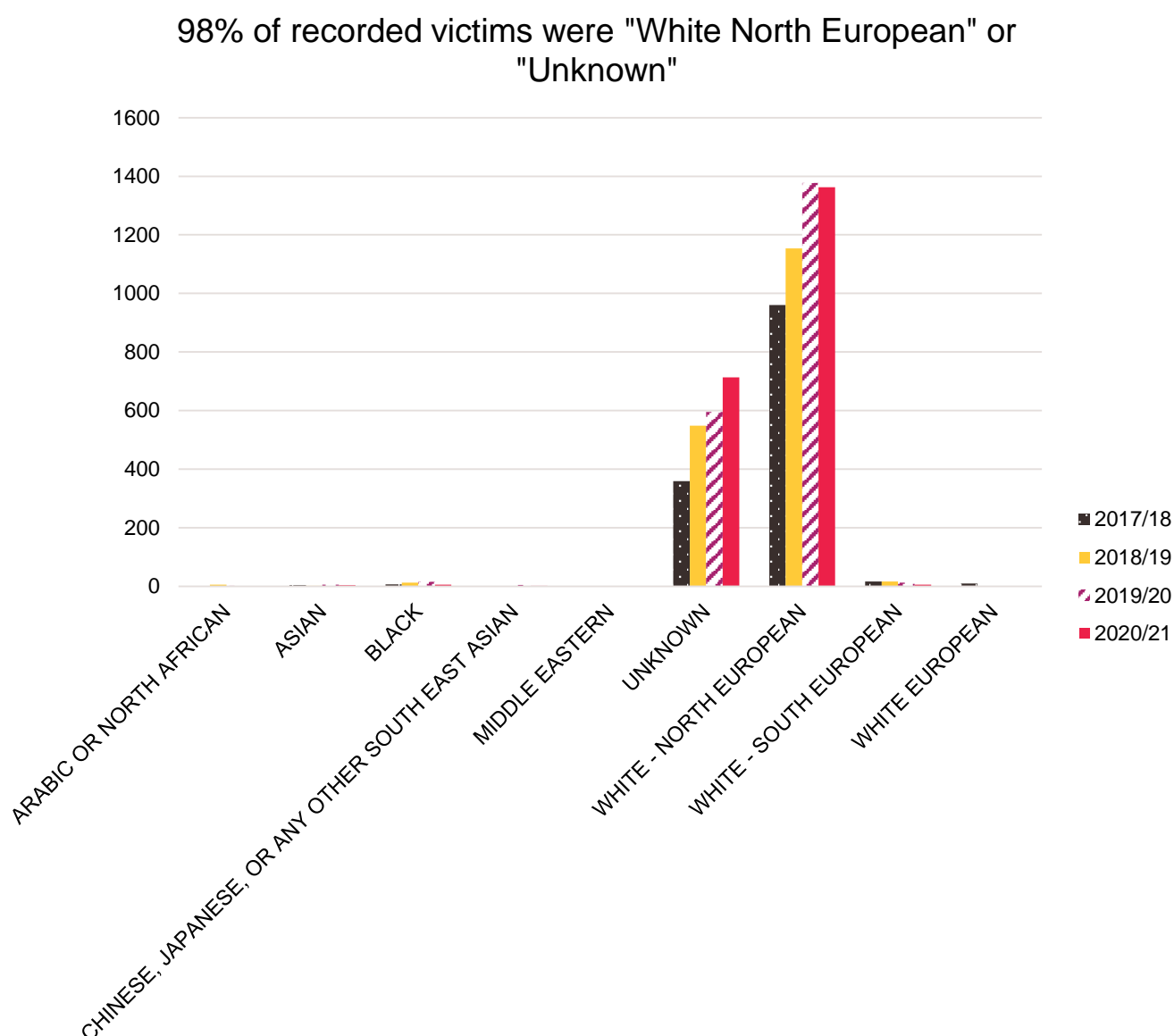


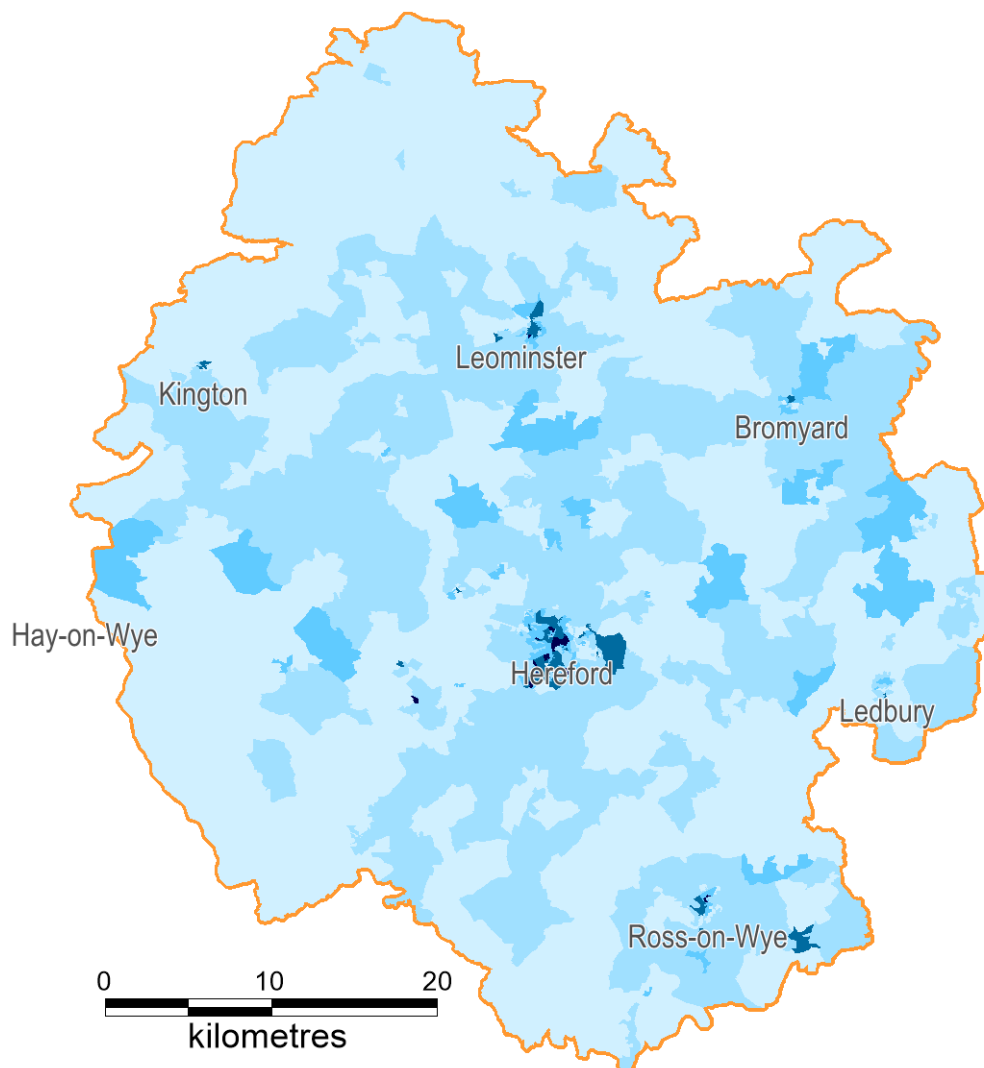
Figure 12 Number of DA offences recorded by West Mercia Police by year and ethnic appearance in Herefordshire

As can be seen in Table 1, almost two-thirds of victims were only seen by the police on one occasion between 2017-2021, but one individual was seen 28 times during the same time period. The data does not tell us whether the people who were only seen on one occasion by the police

did not experience any further DA or whether they decided not to contact the police in future, and if so, for what reason. A recent report by the West Mercia Police and Crime Commissioner (Senker & Scott, 2020) found that only 39% of people who had reported DA to the police thought the response was good, with 31% thinking it was okay and 30% thinking the response was poor. Furthermore, only 52% of people who had reported DA to the police said they would report any future incident in the future. The variability in responses by the police was also highlighted in this report, which suggests that there is room for improvement for how the police in West Mercia work with DA victims and survivors, particularly in offering a consistently good service to all victims.

Table 1 Number of incidents West Mercia Police were called to each victim by year

| Number of offences police are called to for same victim | 2017/18 | 2018/19 | 2019/20 | 2020/21 | Grand Total |
|---|-------------|-------------|-------------|-------------|-------------|
| 1 | 918 | 1024 | 1020 | 1014 | 2928 |
| 2 | 133 | 198 | 262 | 261 | 774 |
| 3 | 30 | 50 | 71 | 77 | 282 |
| 4 | 9 | 18 | 30 | 34 | 137 |
| 5 | 4 | 7 | 11 | 14 | 87 |
| 6 | 2 | 6 | 7 | 7 | 34 |
| 7 | 1 | 1 | 3 | 5 | 26 |
| 8 | 1 | 1 | 1 | 2 | 14 |
| 9 | 0 | 0 | 0 | 0 | 11 |
| 10 | 0 | 0 | 1 | 1 | 4 |
| 11 | 0 | 1 | 0 | 0 | 4 |
| 12 | 0 | 0 | 0 | 0 | 2 |
| 13 | 0 | 0 | 0 | 0 | 1 |
| 14 | 0 | 0 | 0 | 0 | 0 |
| 15 | 0 | 0 | 0 | 0 | 0 |
| 16 | 0 | 0 | 0 | 0 | 5 |
| 17 | 0 | 0 | 0 | 1 | 2 |
| 18 | 0 | 0 | 0 | 0 | 1 |
| 19 | 0 | 0 | 0 | 0 | 1 |
| 20 | 0 | 0 | 0 | 0 | 0 |
| 21 | 0 | 0 | 0 | 0 | 0 |
| 22 | 0 | 0 | 0 | 0 | 0 |
| 23 | 0 | 0 | 0 | 0 | 0 |
| 24 | 0 | 0 | 0 | 0 | 0 |
| 25 | 0 | 0 | 0 | 0 | 0 |
| 26 | 0 | 0 | 0 | 0 | 0 |
| 27 | 0 | 0 | 0 | 0 | 0 |
| 28 | 0 | 0 | 0 | 0 | 1 |
| Total | 1098 | 1306 | 1406 | 1416 | 4314 |



Amount higher or lower than the average county rate

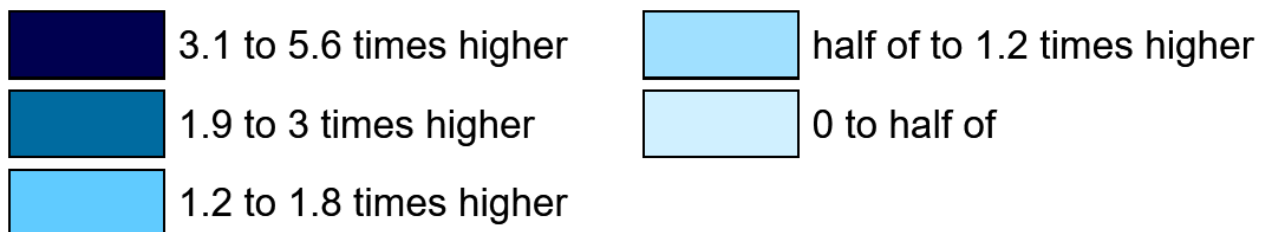


Figure 13 Map of DA incidences and offences in Herefordshire showing prevalence vs county average

Figure 13 Map of DA incidences and offences in Herefordshire showing prevalence vs county average shows levels of police reported incidents/offences around Herefordshire compared with the county as a whole. Levels are defined by the proportion of addresses within an Output Area (OAs) where a police reported incident or offence has been committed, between April 2017 and March 2021. The majority (70%) of OAs with levels that are twice or more than the average for Herefordshire are located in Hereford city; followed by around 15% in Leominster and 6% in Ross-on-Wye. The remainder are dotted randomly around the county.

The highest levels in the city are located in the centre, Courtyard and areas in South Wye. Other areas notable for having relatively high levels of reported DA incidents/offences include an area within Kingstone village, the John Kyrle area of Ross-on-Wye and the Gateway area in Leominster.

Homicide

During the period between 2017/18 to 2020/21, there were 4 homicides recorded where DA was a factor in Herefordshire. There was no record of the police visiting the victims or suspects previous to any of the homicides, which may suggest that there wasn't a history of DA between the parties and that the situation escalated very quickly, or that despite a history of DA the police were not contacted in the past.

Table 1 Three of the four homicides were committed by an adult child against their mother. Whilst these numbers are too small to denote anything significant, it does however highlight that despite DA being most prevalent between partners, the danger and importance of abuse amongst family members cannot be overlooked.

Comparative data on domestic homicide is recorded by police force area, so the following data is for the whole West Mercia police force area, which includes Herefordshire and 3 additional local authorities: Worcestershire, Shropshire and Telford and Wrekin.

As can be seen in

West Mercia had the second highest number of domestic homicides between March 2016 to March 2019 compared to similar Police forces

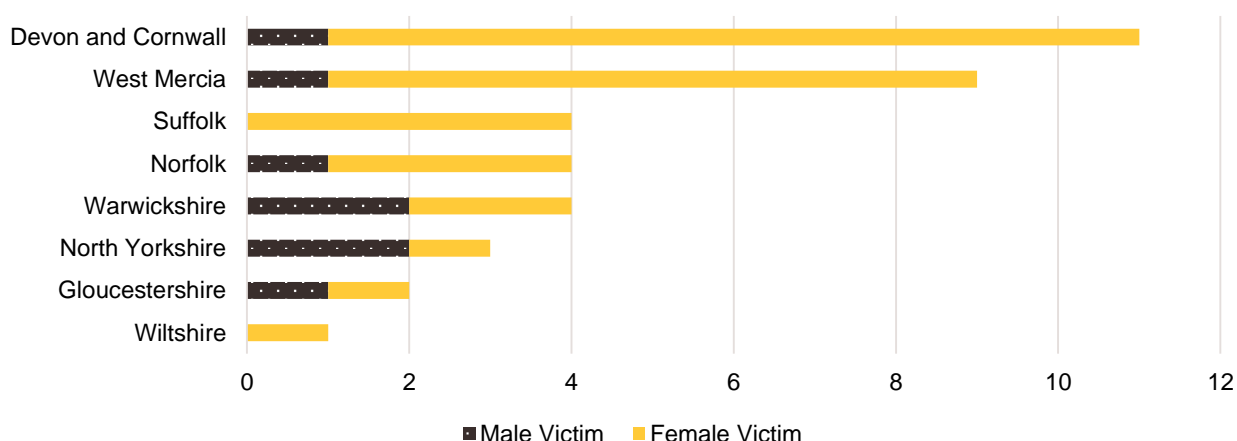


Figure 1 Figure 14, when compared with similar police force areas, West Mercia had the second highest number of domestic homicides reported, with only Devon and Cornwall recording a higher rate.

West Mercia had the second highest number of domestic homicides between March 2016 to March 2019 compared to similar Police forces

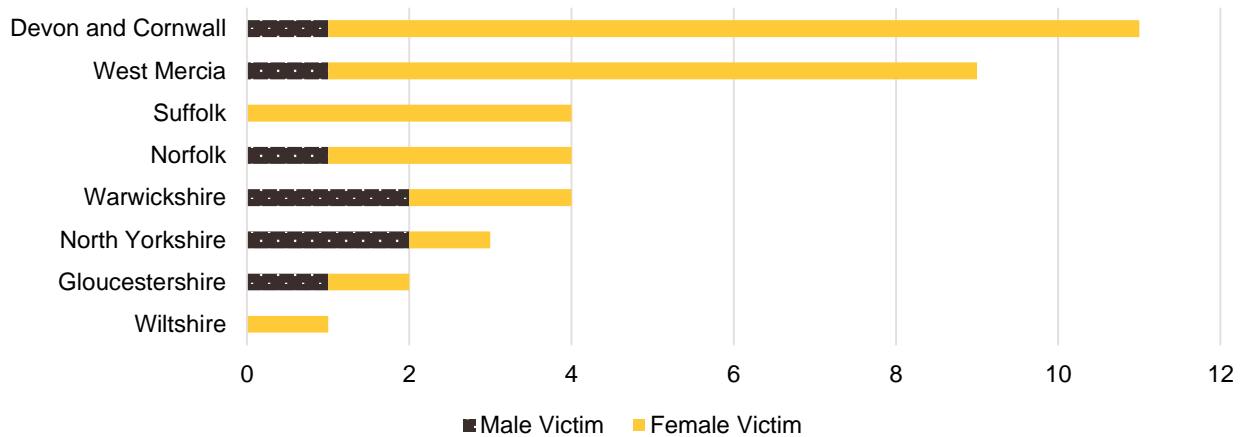


Figure 14 Count of domestic homicide between March 2016 to March 2019 for West Mercia and similar police force areas

West Mercia Women's Aid Refuge Data

A survey completed for the West Mercia Crime Commissioner in 2020 (Senker & Scott) found that only 38% of the victims and survivors surveyed were offered any form of support, which shows there is a substantial number of people who are not offered support and more could be done to support all victims and survivors of DA.

The following data was provided by West Mercia Women's Aid (WMWA) in May and June 2021 and shows the level of referrals they had between April 2018 until the end of March 2021, most of the data relates to referrals to refuge.

Figure 15 shows that between April 2018 to March 2021, Colwall, Cradley and Wellington Heath had the most referrals to WMWA per 1,000 residents at 42 referrals per 1,000 residents, and that Penyard, Goodrich and Llangarron had the fewest referrals to WMWA at just 20 per 1,000 residents. The data shows that the need for support for victims of domestic abuse was apparent all across the county and not concentrated in the city or market towns.

Colwall, Cradley and Wellington Heath had the highest number of referrals per 1,000 residents

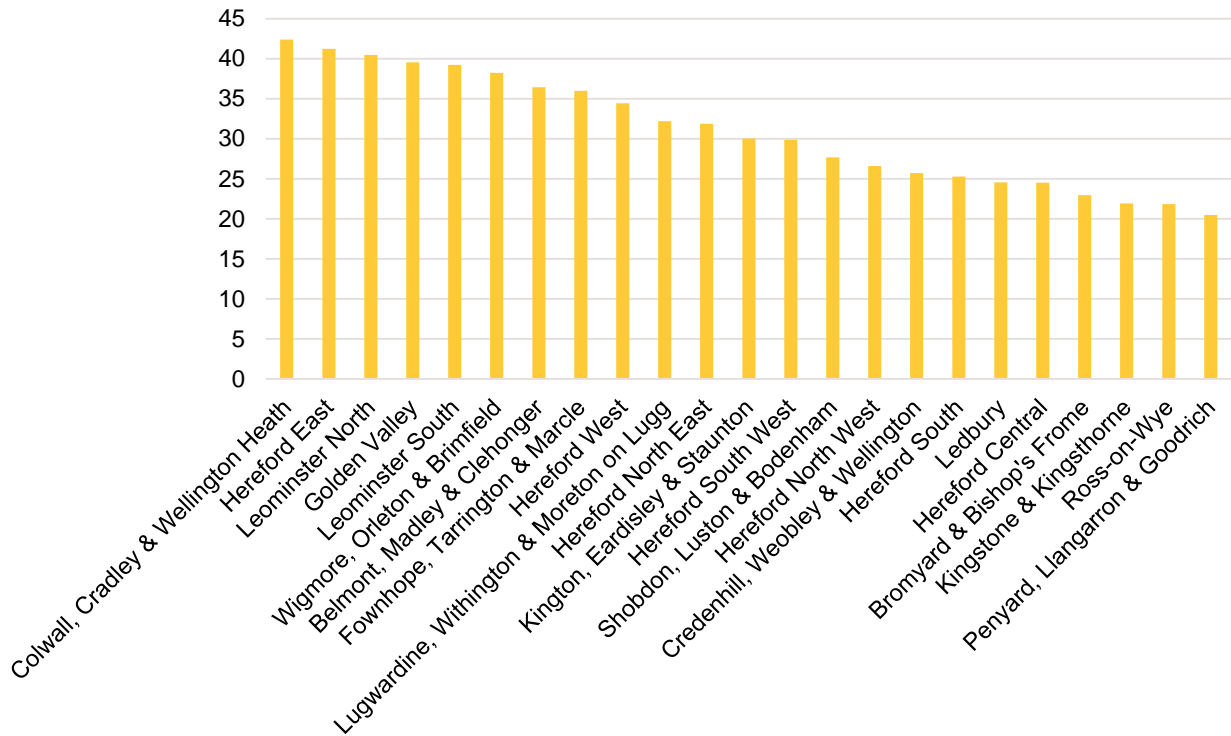


Figure 15 The number of referrals between April 2018 to March 2021 to WMWA per 1,000 residents by MSOA

Figure 16 shows that there have been between 62-73 referrals to refuge per year with most referrals occurring in 2019/20. 2019/20 also saw the longest average stay in refuge of 108 days, compared with 90 and 75 days in 2018/19 and 2020/21 respectively.

As can be seen in Figure 17, over the period 2018/19 to 2020/21 most referrals for refuge came from the local helpline, but in the most recent year of 2020/21, referrals from this source have dropped and more referrals are now coming from other professionals and self-referrals. Referrals from other sources have been consistently low, so it may be beneficial to ensure that these partners are aware that they can refer victims to refuge when needed and they understand the process of how to do this.

There was a higher number of referrals in 2019/20 than the previous and subsequent year

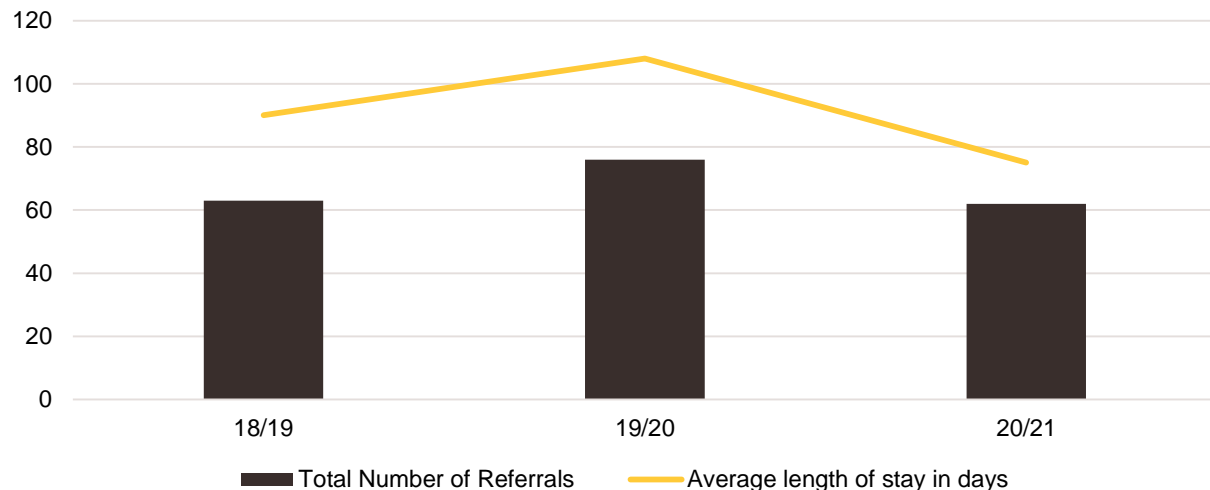


Figure 16 Number of referrals to refuge and average length of stay by year

Most referrals for refuge came from the Local Helpline

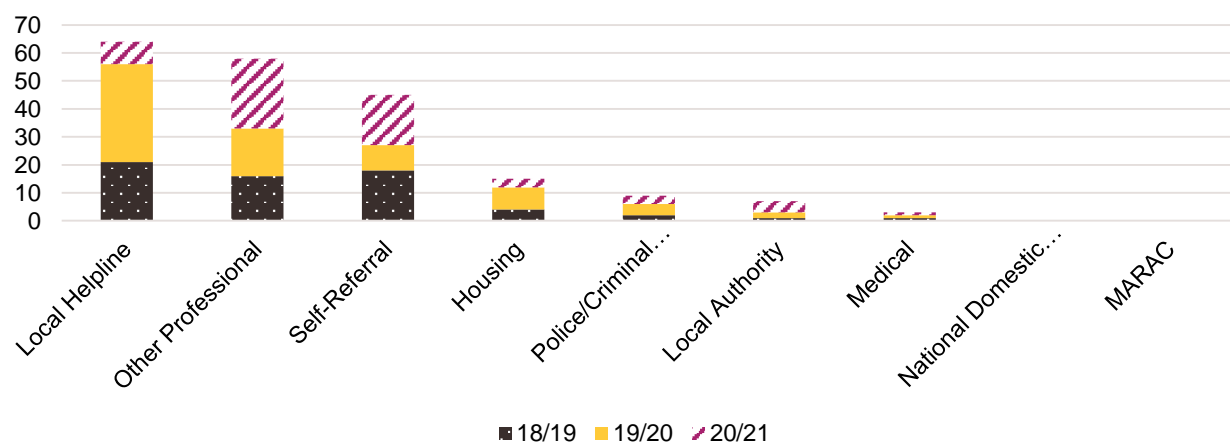


Figure 17 The number of referrals to refuge by source and year

As can be seen in Figure 18, between a quarter to a third of referrals were unsuccessful/denied, over 50% came from out of area and the remaining 17-24% of referrals were for victims inside the area. The reasons for referrals being denied can be seen in Figure 19, which shows that lack of room has been the most common reason for victims to be denied access to refuge year on year, which suggests that supply is not able to meet current demand.

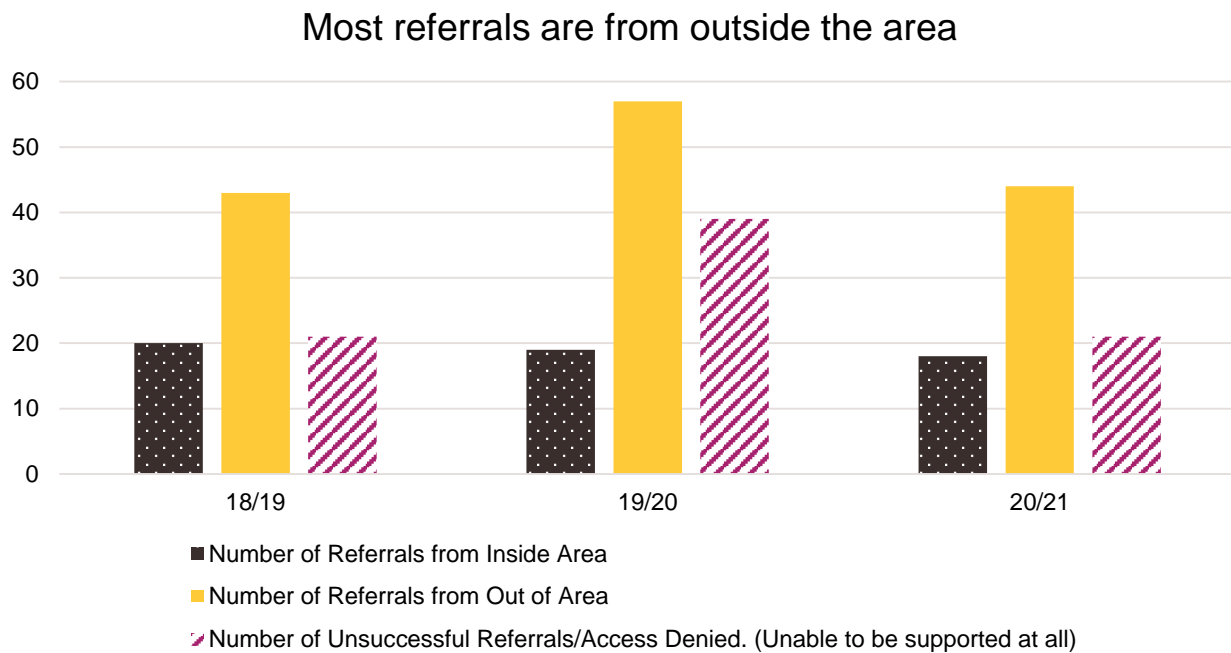


Figure 18 The number of referrals to refuge which were from inside/out of area and unsuccessful referrals by year

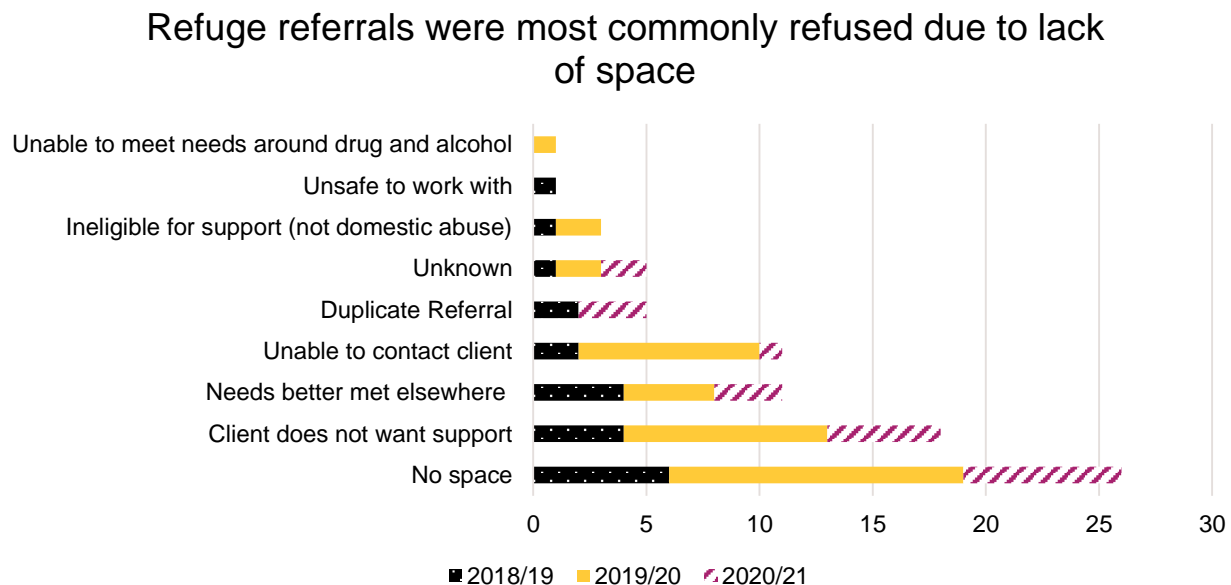


Figure 19 The number of referrals to refuge denied by reason and year

Figure 20 and Figure 21 show the age and ethnicity of victims who have been referred to refuge and the number of referrals which were accepted and refused. Most referrals were for those aged 25-34 with about 71% of referrals being accepted for those within this age range. All referrals for those aged 16-18 were refused access to refuge as it is not suitable for under 18s to be housed in refuge, but it is important to ensure that these people are receiving suitable support and accommodation. The other groups that were refused more than average were 55-64, 65-74 and

“Unknown”, which may suggest that older victims are less likely to be accepted into refuge, however the number of referrals for these groups were very small so it is not possible to infer much from this data.

16% of referrals were for people who are of BAME origins, which is actually much higher than the county average with only 1.8% of the county being recorded as non-white in the 2011 census. The data from WMWA does not break down “White” and as “White: Other white” is the largest minority in Herefordshire at 3.9%, it would be beneficial to break this down in future to further understand the makeup of people accessing refuge. Those of mixed race and recorded as “Other Isolated/ Marginalised community/ Prefer Not to Say” were refused access more than average, however, due to very small numbers of referrals for these groups it is not possible to come to firm conclusions.

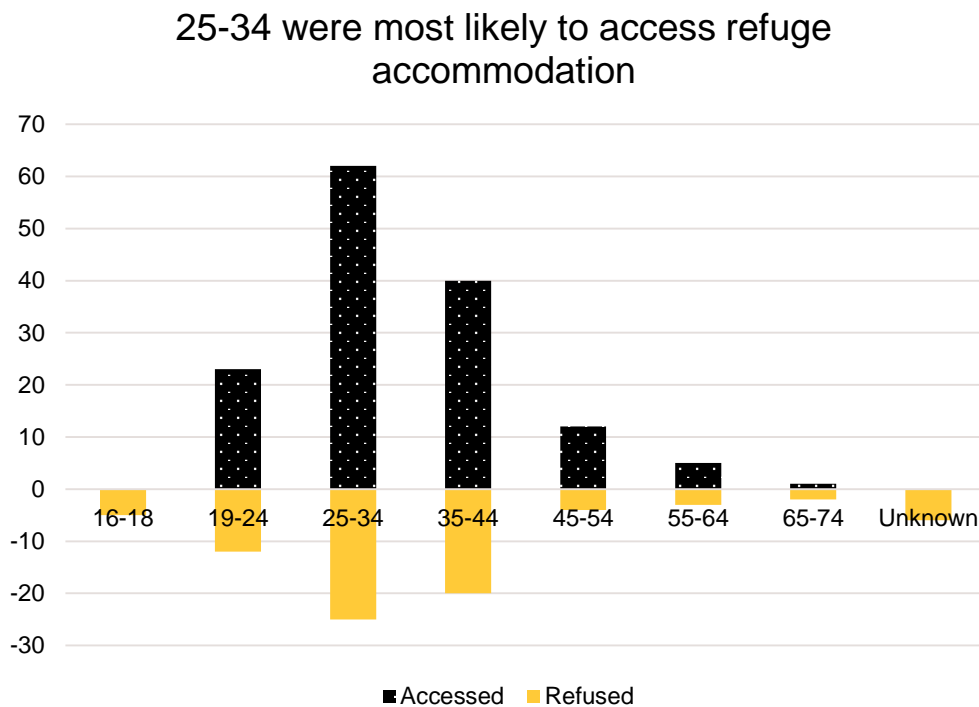


Figure 20 The number of successful and refused referrals to refuge between April 2018 and March 2021 by age

Most referrals were for victims who are white

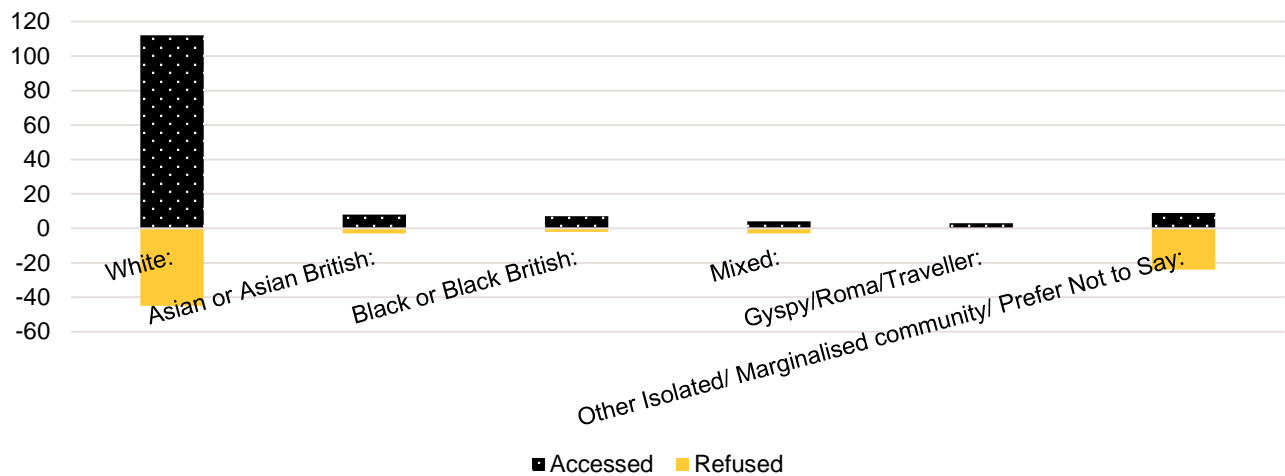


Figure 21 The number of successful and refused referrals to refuge between April 2018 and March 2021 by ethnicity

A report by the West Mercia Police and Crime Commissioner in 2020 (Senker & Scott) found that refuge was being utilised by those who had a history of DA in addition to victims who were currently fleeing DA which was felt to be inappropriate, and that refuge places should only be available for those who were currently fleeing DA. Whilst this report considered refuge across the whole West Mercia police area, the quality of refuge specifically in Herefordshire was highlighted as being good.

MARAC/IDVA Data

MARAC

SafeLives describes Multi-Agency Risk Assessment Conference (MARAC) as “a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors. After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will also make links with other fora to safeguard children and manage the behaviour of the perpetrator. At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is represented by an IDVA who speaks on their behalf.”

The MARAC data below comes from reports that West Mercia Police send to SafeLives and covers the period May 2009 to January 2021.

As can be seen in Figure 22, there has been an increase in cases heard at MARAC since 2009, with the vast majority of referrals coming from the police. The disparity between referrals between

the police and other sources may be because the police are more likely to be involved in high risk cases of DA, so have cases to refer, or it could be a lack of understanding of other agencies regarding how to refer to MARAC or in identifying cases that should be referred.

Most MARAC referrals came from the police

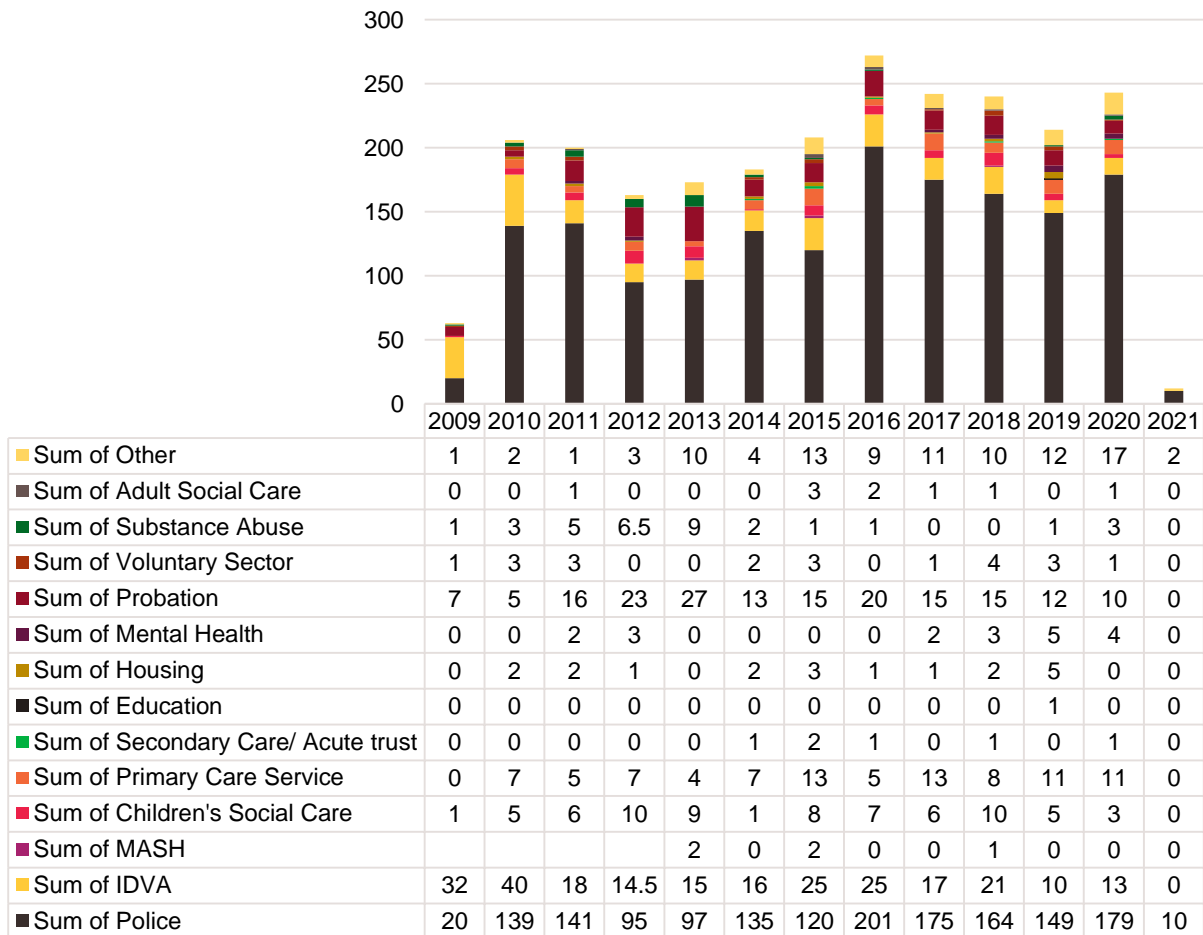


Figure 22 The number of MARAC cases heard in Herefordshire by year and source of referral

As can be seen in Figure 23, the number of cases that are seen each year where victims are BAME, LGBT, disabled or male are very low. CSEW data suggests that DA is actually more prevalent in people with disabilities and who are LGBT, which suggests that there are likely to be many unseen disabled and LGBT victims and it should be considered whether more can be done to support these unseen victims.

CSEW also showed that DA was most prevalent in people of mixed White and black Caribbean ethnicity, however, as the 2011 census estimates that 93.7% of Herefordshire are White British, it is unsurprising that the number of BAME cases are relatively low.

According to CSEW estimates, we would expect that male victims make up about a third of DA cases, however, it appears that cases involving male victims are very infrequently brought to

MARAC. Further investigation is needed to understand why this is the case, as there may be high risk male victims who are not getting their cases heard at MARAC who should be.

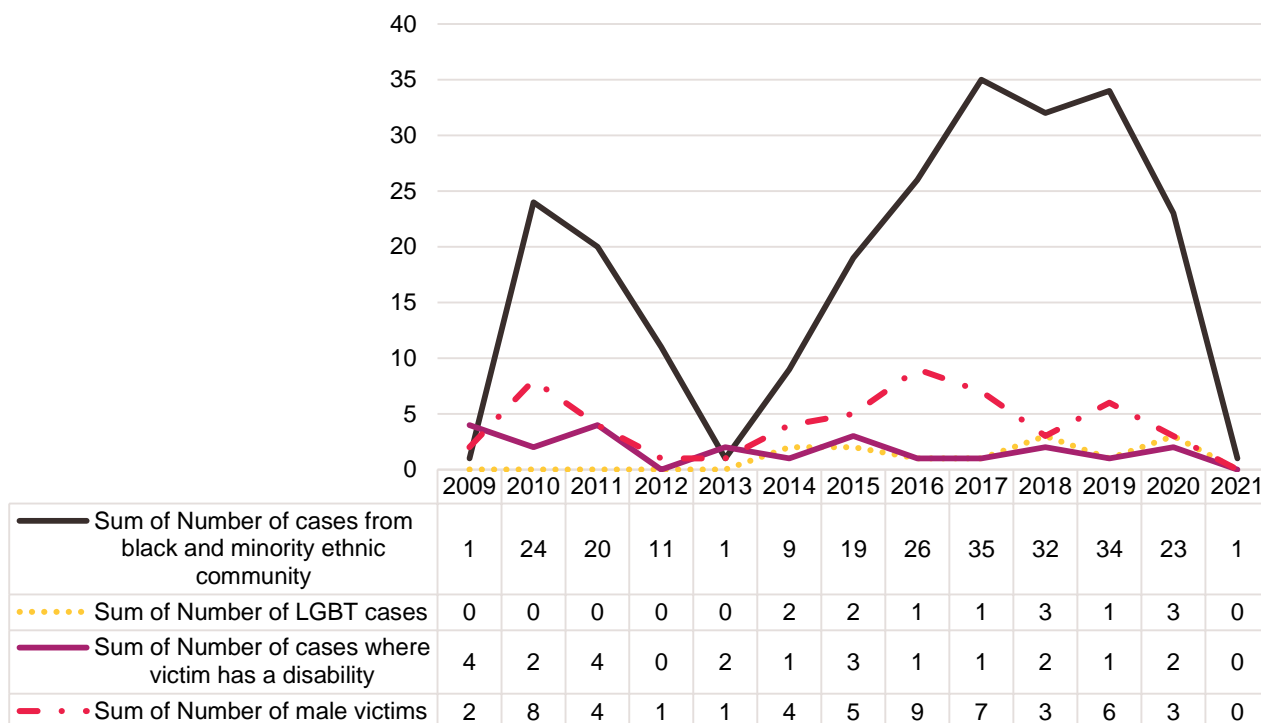


Figure 23 Count of cases where victims were of specified characteristics

IDVA

Independent Domestic Violence Advocates (IDVAs) are specialists who are SafeLives accredited. They are trained to work with victims of domestic abuse at high-risk of serious harm. IDVAs provide high-risk victims of domestic abuse with a tailored and person-centered safety and support plan so that victims and their families are protected from abusive behaviour (SaferFutures).

The following information was provided by WMWA in May 2021 and shows how many victims they supported with IDVAs between April 2018 and March 2021.

Figure 24 shows that there has been an increase in the number of victims being supported by IDVA in 2020/21 and that 25-34 year olds are most likely to be supported by IDVA across all three years. Looking at other sources, there doesn't appear to have been an increase in demand, referrals or reports around DA in 2020/21, so it is uncertain why there has been this increase in demand for IDVA support. It could be that there were more victims being assessed as high risk than in previous years but it is not possible to come to conclusions from the data. There was also a substantial increase in the number of victims aged 65+ in 2020/21 meaning that more older victims are being supported by IDVAs than before, although numbers for this age group still remains low.

Those aged between 25-34 are most likely to be supported by IDVA

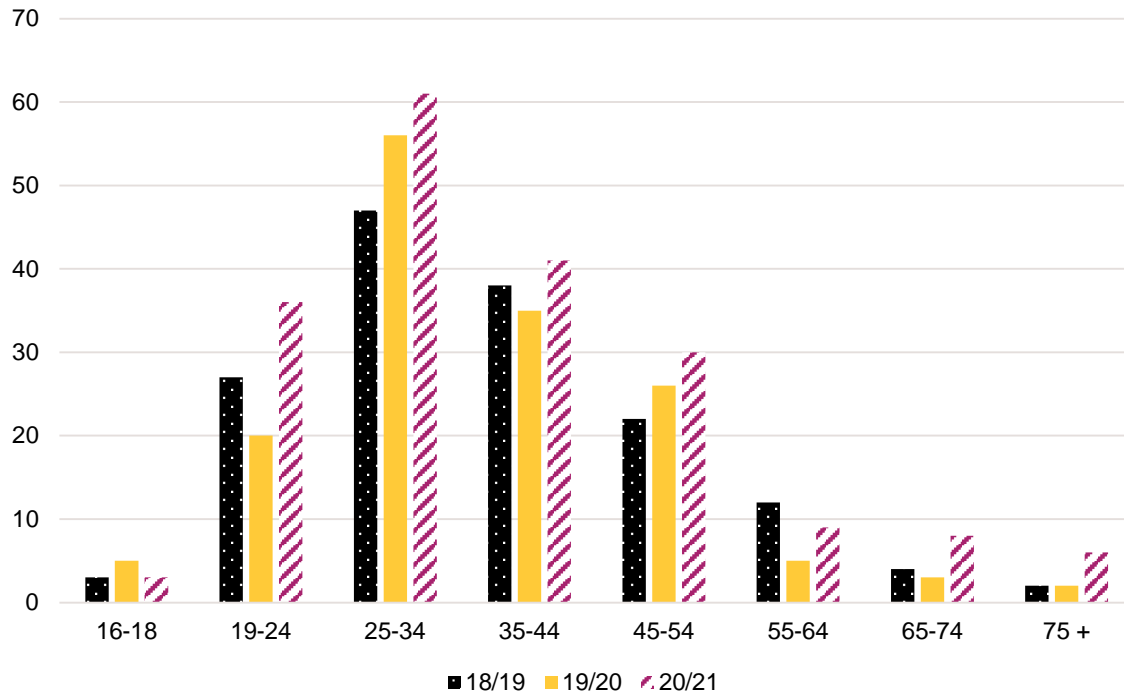


Figure 24 The number of victims supported by IDVA by age group and year

Figure 25 shows that it is almost exclusively women who have been supported by IDVA, with only 15 male and 2 transgender/transsexual victims receiving support in this 3 year period. These figures are starkly different to the prevalence levels reported by CSEW, which suggests there are likely to be a lot of male and transgender victims not receiving IDVA support who need it.

97% of victims supported by IDVA were women

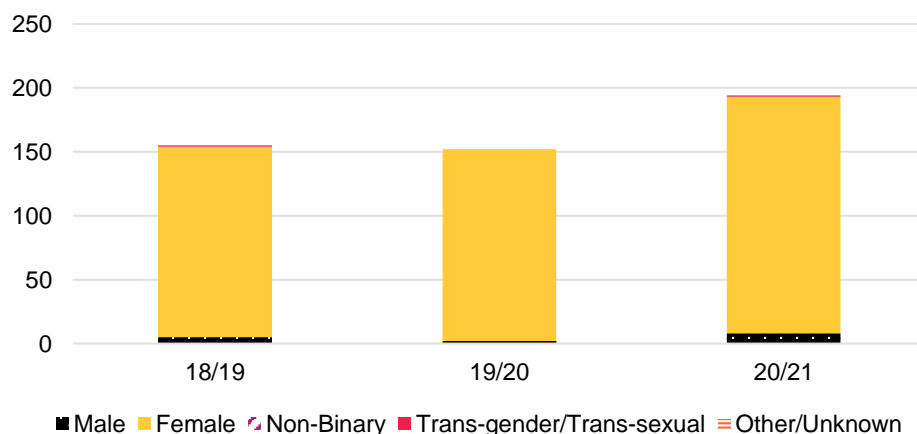


Figure 25 The number of victims supported by IDVA by gender and year

Figure 26 shows that 90% of victims supported by IDVAs were heterosexual/straight, 8% were “other/unknown”, 1% were gay/lesbian and 1% were bisexual. This is also quite different to the prevalence rates reported by CSEW, which suggests there is an underrepresentation of LGBTQ+ survivors being supported by IDVA.

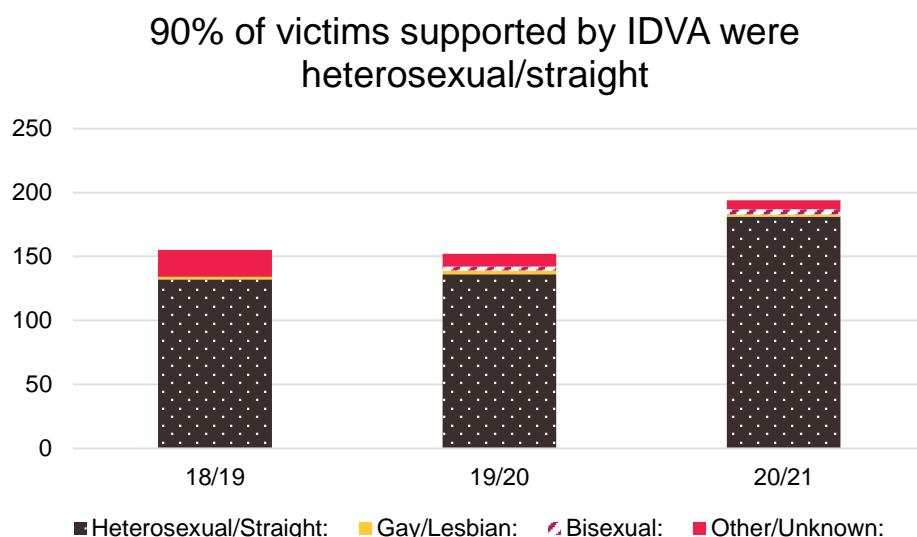


Figure 26 The number of victims supported by IDVA by sexuality and year

A 2020 report by the West Mercia Police and Crime Commissioner (Senker & Scott) found that the IDVA programme was highly thought of amongst stakeholders and victims/survivors, especially the work of IDVAs within hospitals. However, it was highlighted that as IDVAs only worked with high risk individuals, many victims were not receiving this type of support, and that high risk did not always mean high need. A recommendation of finding a solution to this gap in support provision was noted.

Housing and Homelessness Data

The following data was provided by the Housing Solutions team within Herefordshire Council in April 2021. Please note, the data only covers the year 2020 as this is when data was first recorded in this way.

During 2020, the Housing Solutions team recorded 147 instances where they worked with individuals needing housing where DA was reported as an issue. This was made up of 4 individuals requiring assistance twice within the year, and 139 individuals being seen only once in that year. Of these 143 people, only 2 were men; whilst there is clearly a disproportionate lack of men being supported by Housing Solutions, it is not possible to determine why this is the case, and further enquiry would be needed to understand why.

Two thirds of the individuals supported by Housing Solutions are recorded as working with other agencies, which both brings to the fore the importance of good inter-agency working and also

raises the question whether it is necessary or beneficial to refer the remaining third of people on to other agencies for additional support.

As can be seen by Figure 27, over 60% of DA victims supported by Housing Solutions had children or were pregnant, which may suggest that victims who have children are more likely to seek support and that more may need to be done to ensure that those without children are also able to seek support if needed. In addition, this finding also shows that the current demand for housing, needs to be suitable not just for victims, but also for their children.

Most DA victims needing housing had children

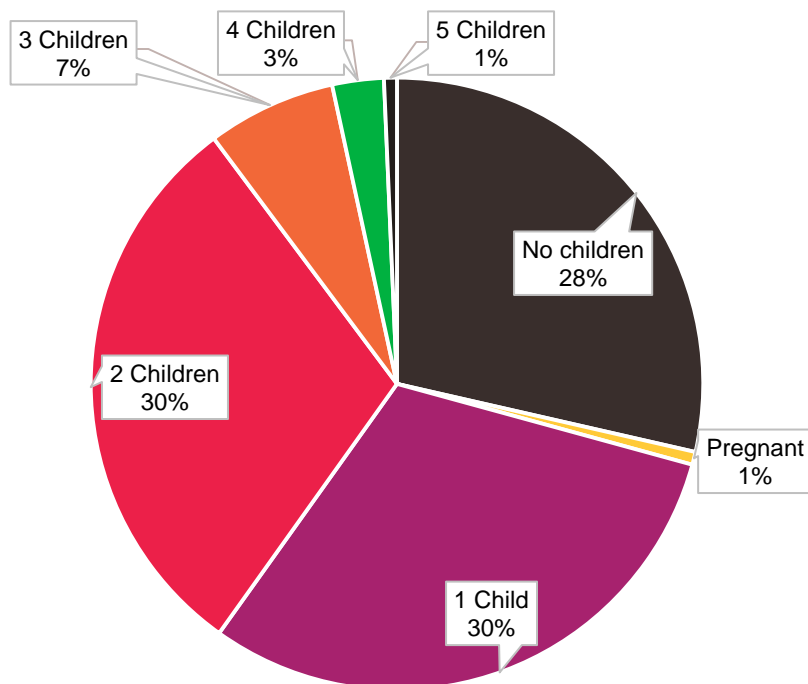


Figure 27 Breakdown of DA victims supported by Housing Solutions by number of children

Whilst Housing Solutions work to rehome victims of DA, a report by West Mercia Police and Crime Commissioner (Senker & Scott, 2020) highlighted that many victims want to remain in their own homes, and feel that being the one that has to leave is an additional “punishment”. Obviously each situation will be unique, but efforts should be made to allow victims to stay in their home if this is their wish and it is safe to do so, for example using the Sanctuary Scheme.

Social Care Data

Adult Social Care

This data was provided by the Adult Social Care Performance team in May 2021 and covers the period April 2018 to March 2021. The figures relate to referrals made to Adult Social Care when DA is recorded as a factor and the source of risk is a family member or partner.

As can be seen in Figure 28, there has been a reduction in the number of referrals made to Adult Social Care each year between 2018 and 2021. It is unclear why this would be the case, and further investigation may be required.

Figure 29 shows that referrals where DA is a factor and the source of risk is a family member of partner makes up only about 7% of all referrals received by Adult Social Care.

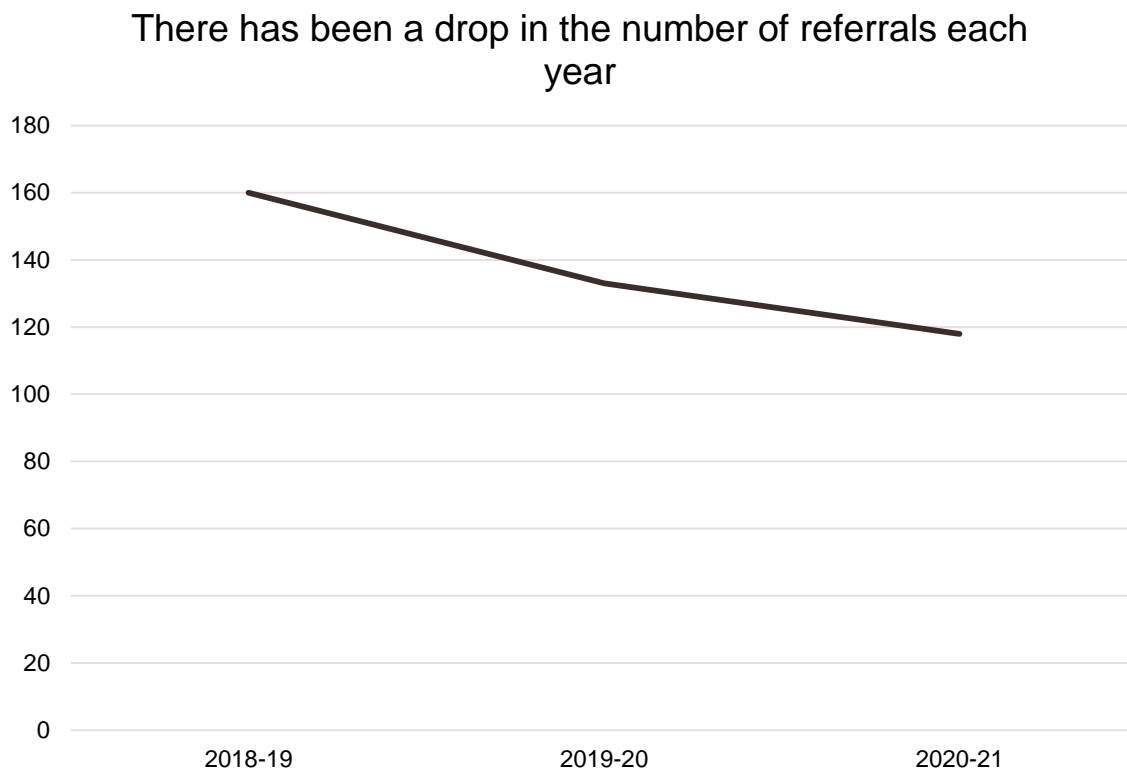


Figure 28 The number of referrals per year to Adult Social Care where DA is a recorded factor and the source of risk is a family member or partner

Referrals for DA account for about 7% of all referrals to Adult Social Care

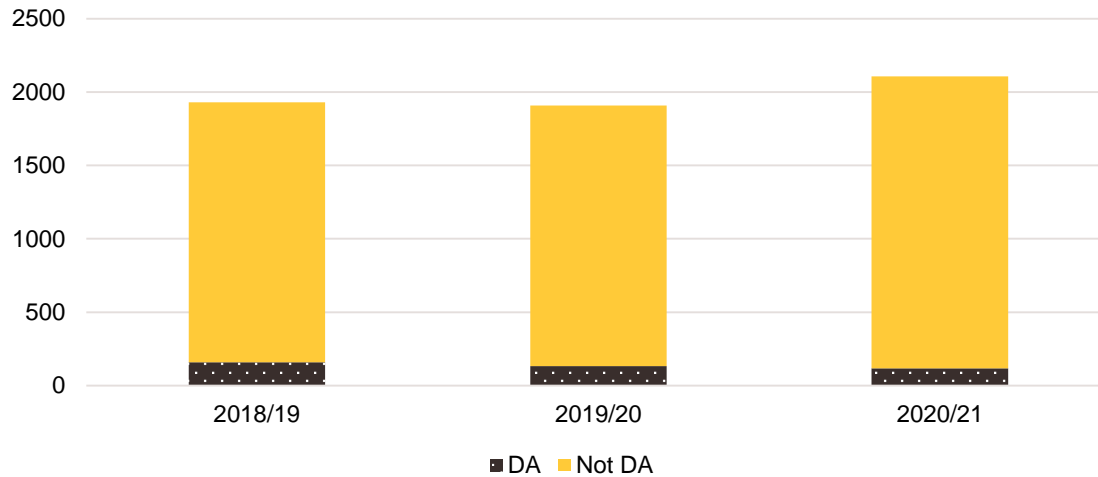


Figure 29 The number of referrals per year to Adult Social Care where DA is a recorded factor and the source of risk is a family member or partner compared to all other referrals to Adult Social Care

Partners are the source of risk for most age groups, but family members are the source of risk for those aged 80+

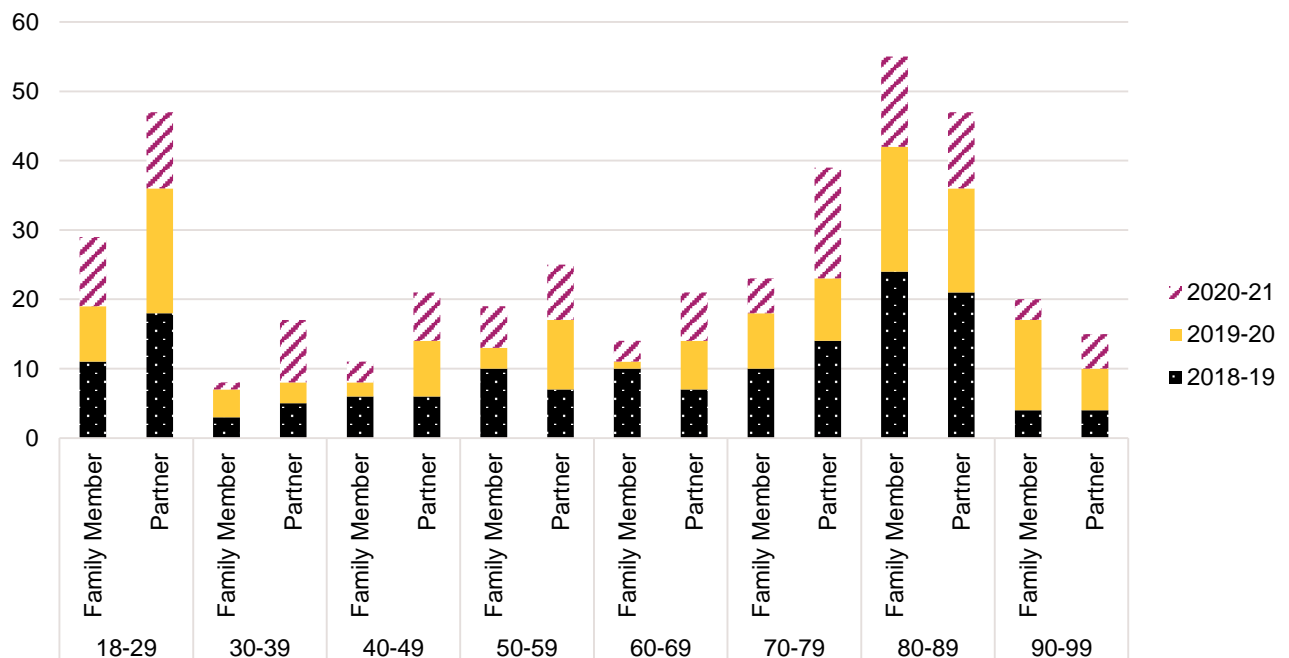


Figure 30 The number of referrals to Adult Social Care, where DA is a factor and the source of risk is a family member or partner, between April 2018 and March 2021 by age group and source of risk

Figure 30 shows that most referrals were for individuals aged 80-89 which is consistent with the frequency that this age group represents when looking at all referrals to Adult Social Care, however, it is a group where DA is rarely recorded by other agencies so support for older victims may be best provided through Adult Social Care. This graph also shows that 18-29 year olds were the second largest age group to be referred for DA, which is disproportionately high compared to the frequency that this age group represents when looking at all referrals to Adult Social Care, which supports the expectation that DA is especially prevalent in this age group.

Figure 30 also shows that most referrals cite the source of risk as a partner, but this is not the case for those aged 80+ where it is family members who are recorded as the source of risk. CSEW only surveys adults aged 79 and under about their experiences of DA, so there is no prevalence data available for this age group which makes this an even more hidden issue for those aged 80+. There are also concerns that DA perpetrated against older victims is not always recognised as DA, but instead classified as Elder Abuse which then means that victims are not receiving specialist DA support.

Figure 31 shows that around 46% of referrals for DA were for people whose primary support reason (PSR) was “physical support” which is proportionately the same as for all referrals, but there is a much higher proportion of people with “no PSR” for DA referrals compared to when looking at all referrals. All people that have been referred will have care and support needs, but not all are receiving services from the Local Authority, and those who are not receiving services won’t have been assessed so are recorded as “no PSR”.

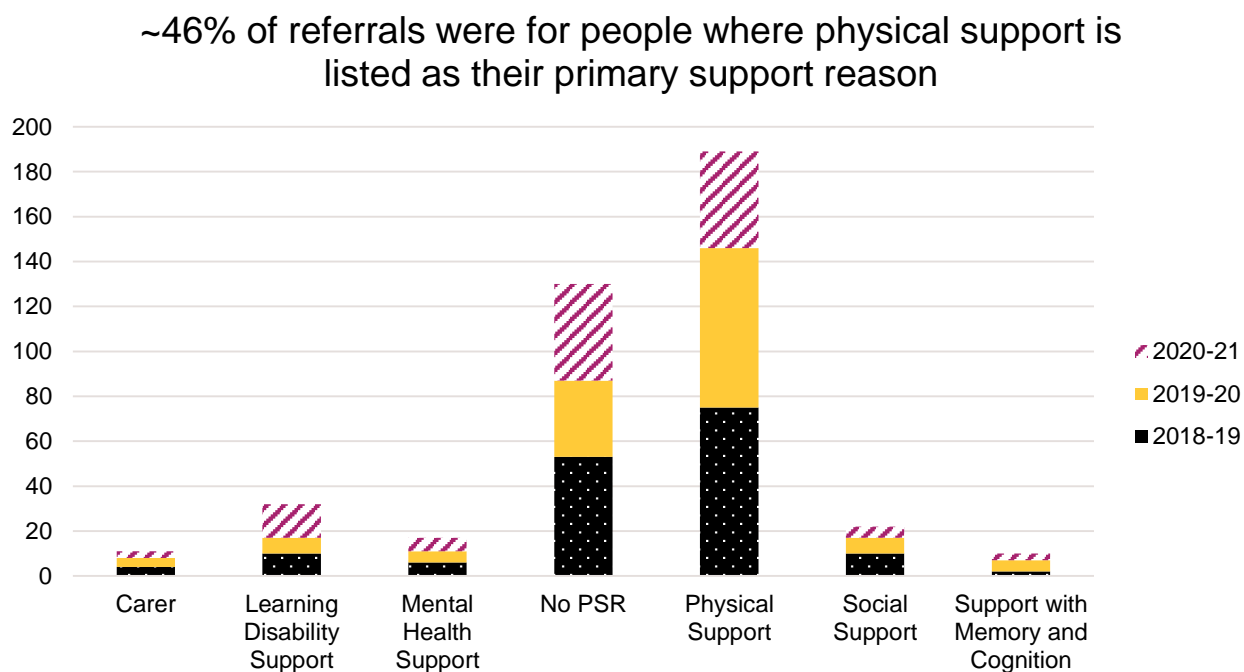


Figure 31 The number of referrals to Adult Social Care, where DA is a factor and the source of risk is a family member or partner, between April 2018 and March 2021 by primary support reason

Figure 32 shows the ethnicity of referrals is overwhelmingly “White”, which correlates with the ethnic makeup of the county. However, the data does not break down “White” into different

subcategories which would be helpful as the largest ethnic minority group in Herefordshire is “White: Other” but we cannot understand the level of referrals for this group of people due to the way the data is recorded.

Figure 33 shows that women make up ~75% of referrals for DA, which is much higher than the ~56% when looking at all referrals. However, the CSEW prevalence rates suggest that women make up about 75% of DA cases, so this figure actually fits with what we would expect.

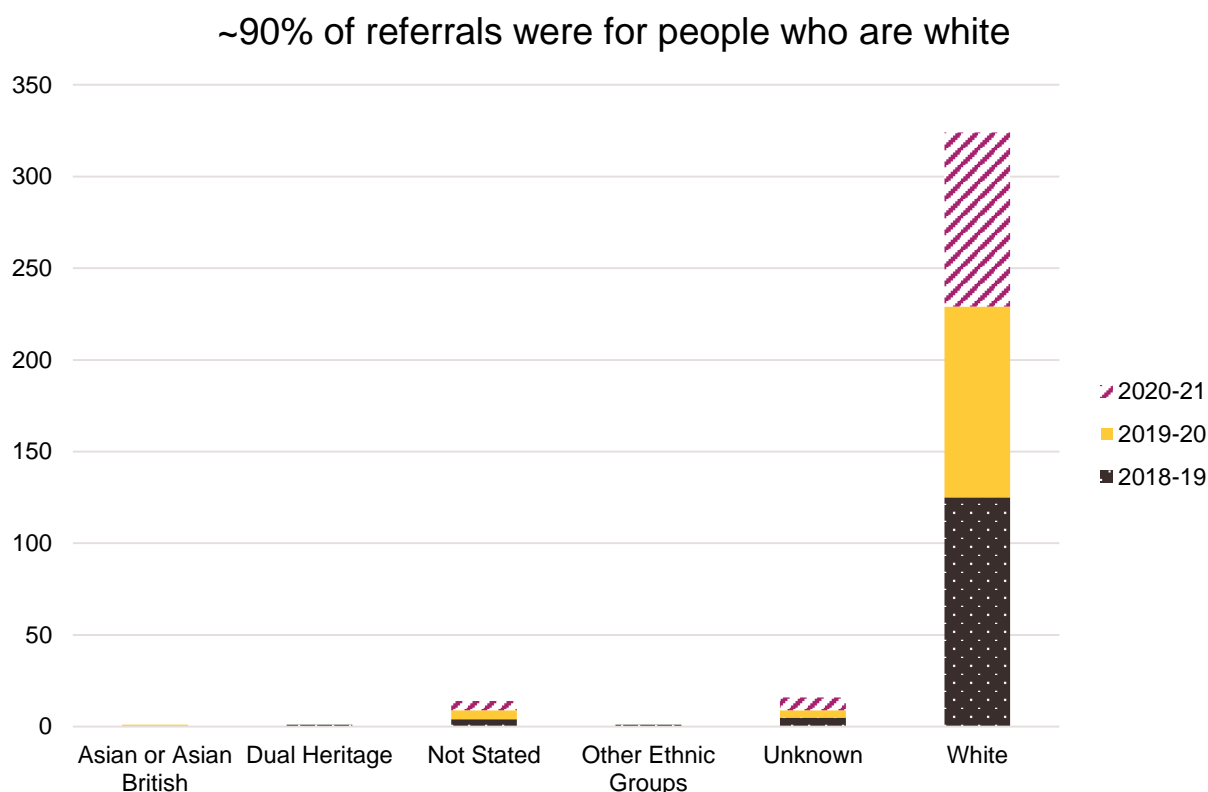


Figure 32 The number of referrals to Adult Social Care, where DA is a factor and the source of risk is a family member or partner, between April 2018 and March 2021 by ethnicity

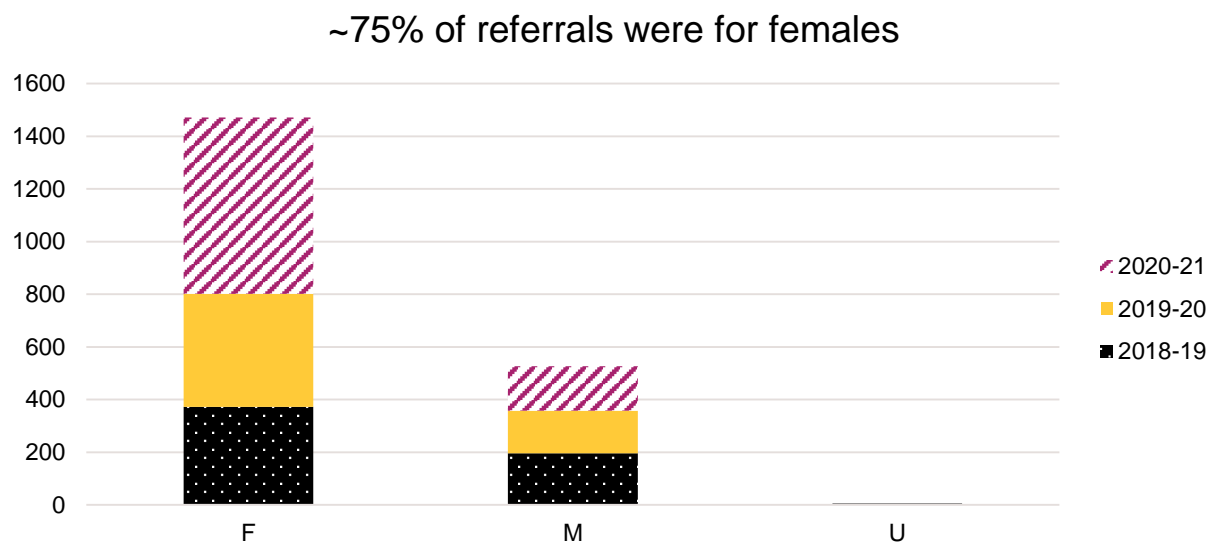


Figure 33 The number of referrals to Adult Social Care, where DA is a factor and the source of risk is a family member or partner, between April 2018 and March 2021 by sex

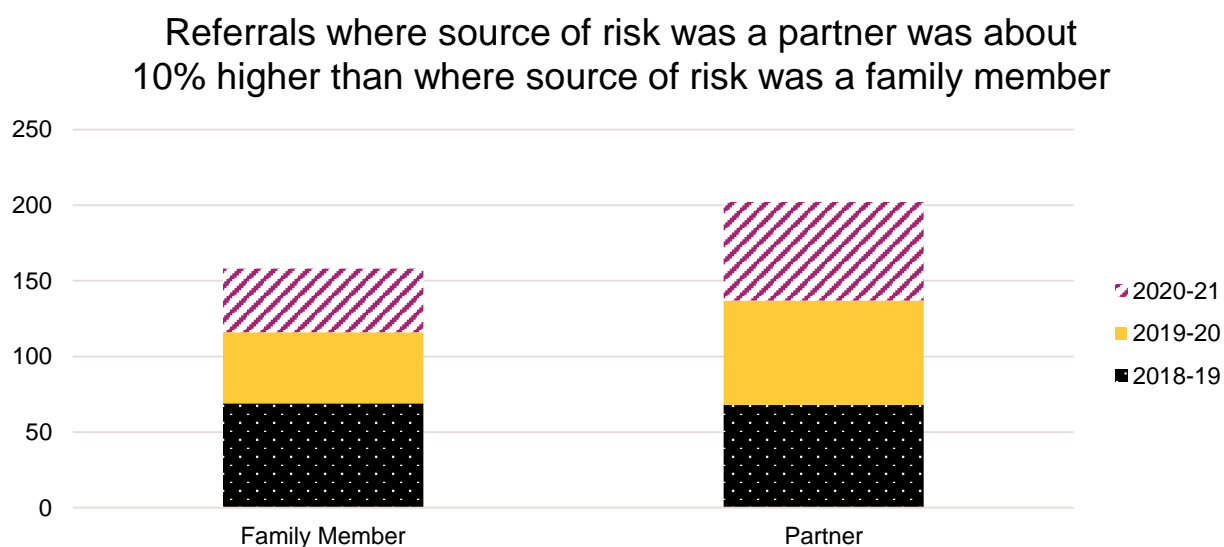


Figure 34 The number of referrals to Adult Social Care, where DA is a factor and the source of risk is a family member or partner, between April 2018 and March 2021 by source of risk

Figure 34 shows the source of risk of referrals which allows us to see whether the suspected perpetrator of the DA is a family member or partner. CSEW suggests that partner abuse is around twice as prevalent as familial abuse, which does not match what is seen in this data. This may suggest that familial abuse is disproportionately prevalent in those who have care and support needs. However, this is the only data set that separates out partner abuse to familial abuse, so it is not known whether this pattern is seen across Herefordshire or is specific to those with care and support needs.

Children Social Care

This data was provided by the Children Social Care Performance team in June 2021 and covers the period April 2018 to March 2021. The figures relate to referrals made to Children Social Care when DA is recorded as a factor.

Figure 35 shows that there was a large fall in referrals in 2019/20 and then a large increase in 2020/21, however, these discrepancies have been accounted for by changes in the way referrals have been recorded rather than due to changes in levels of abuse. Before 2019/20, all referral forms were recorded as a referral, but after this time, only referrals agreed by the manager were recorded. From 2020/21, the introduction of the DA Hub and referrals coming through Early Help led to an increase of referrals recorded.

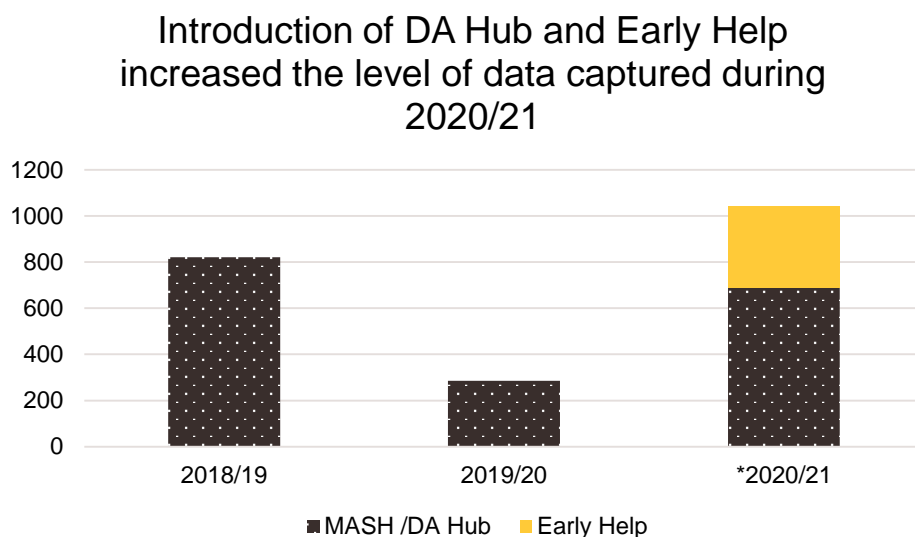


Figure 35 The number of referrals to Children Social Care where DA was a factor by year and referral route

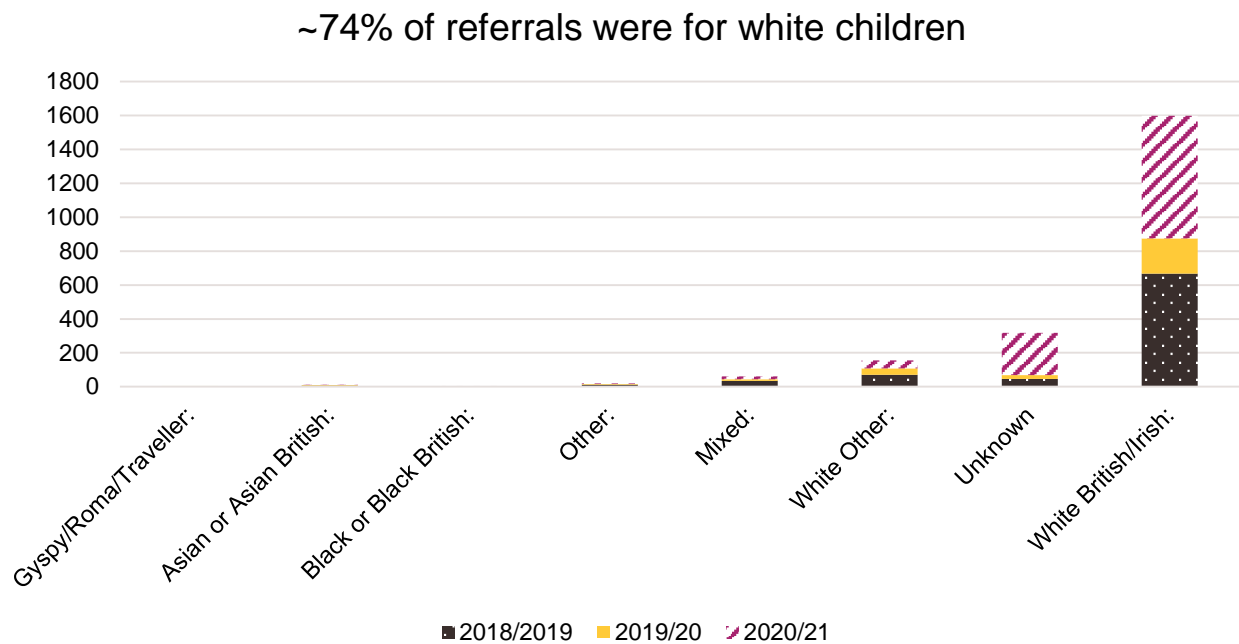


Figure 36 The number of referrals to Children Social Care where DA was a factor by ethnicity

Figure 36 shows that ~74% of referrals were for White British/Irish children, with a further ~15% comprising of those with “Unknown” ethnicity with the remaining ~12% children being BAME. The majority of BAME referrals are for children recorded as “White Other” at ~7% which is to be expected as “White: Other” is the largest ethnic minority group in Herefordshire.

Figure 37 shows which MSOA referrals have come from and it is clear that most referrals come from Hereford South West, and more generally from the city and market towns. This may be suggestive of the need for support in these areas for children who are victims or witnesses of DA, and also to ensure that in areas with lower numbers of referrals that there aren’t more hidden victims.

Most referrals to children's social care were from Hereford South West (per 1,000 of under 18 population)

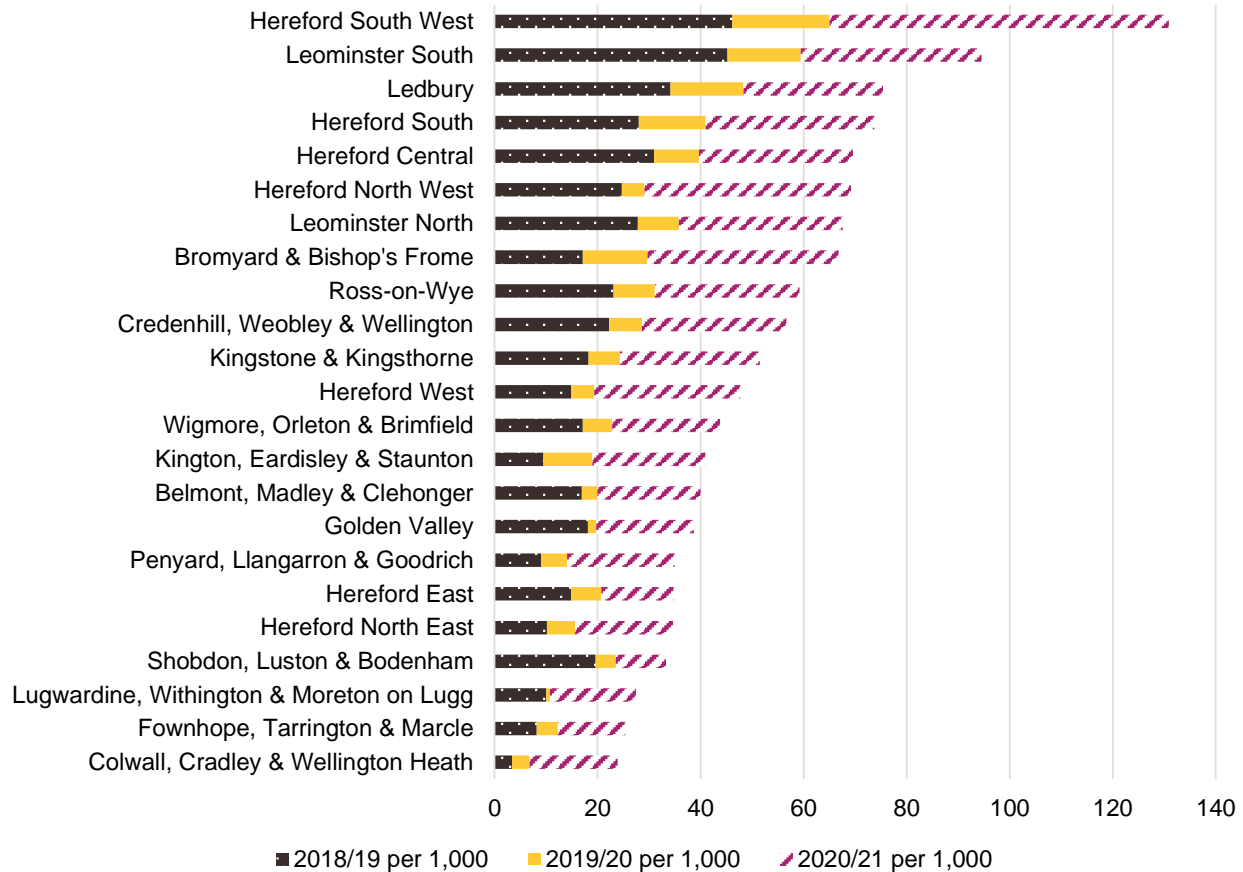


Figure 37 The number of referrals to Children Social care where DA is a factor by year and MSOA

Figure 38 shows that the majority of referrals are coming from the police which is reassuring that there appears to be a robust referral pathway between the police and children social care. However, the small number of referrals from other partners suggests that perhaps more work is needed to understand why there aren't more referrals and make changes if needed to ensure that all partners are referring to children social care when appropriate.

Nearly 50% of all referrals came from the police

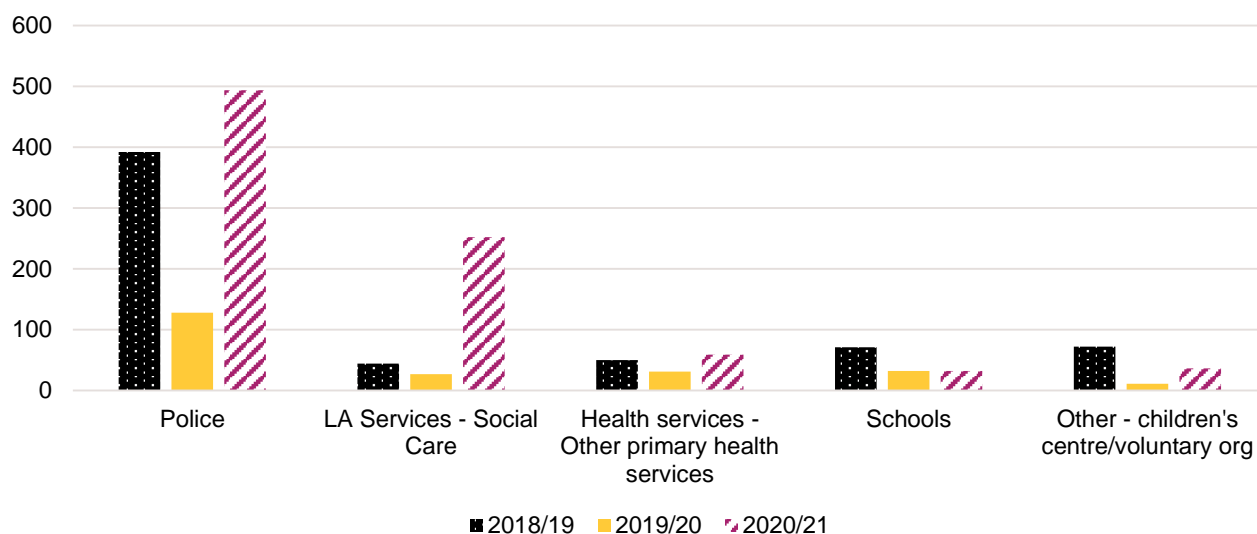


Figure 38 The number of referrals to Children Social care where DA is a factor by year and referral source

Health Data

General Practice

This data was provided by Taurus, which is a federation of all GP practices in Herefordshire, in April 2021 and covers the period April 2017 to March 2021. The figures are counts of when a GP records a code relating to DA on a patient's record, a list of the codes can be found in appendix B Table 3.

Figure 39 shows that GPs across Herefordshire have been seeing patients in relation to DA across all age ranges, but the majority of people were aged between 25-44. The low levels of people in the youngest age bracket does not align with what would be expected based on the prevalence levels seen in CSEW. This may in part be attributed to the fact that Herefordshire has a more aged population compared to England and Wales averages, but it would then be expected to see higher levels amongst older patients, which is not the case.

Figure 39 also shows that there was a substantial increase in the number of patients with a recorded DA code in 2019/20, especially in the 25-34 and 45-54 age groups, but the figures fell in 2020/21 to levels similar to 2018/19. A reduction in 2020/21 may be because patients have been unable to visit their GPs in person during the covid-19 pandemic, so GPs may have found it harder to pick up on cues from their patients, and patients may have found it more difficult to disclose this information over the telephone. It is uncertain when face-to-face GP appointments will resume to previous levels, so it may be beneficial to consider how GPs can ensure that they can better detect DA amongst their patients during these different ways of working.

25-44 year olds are most frequently recorded with a DA code by their GPs

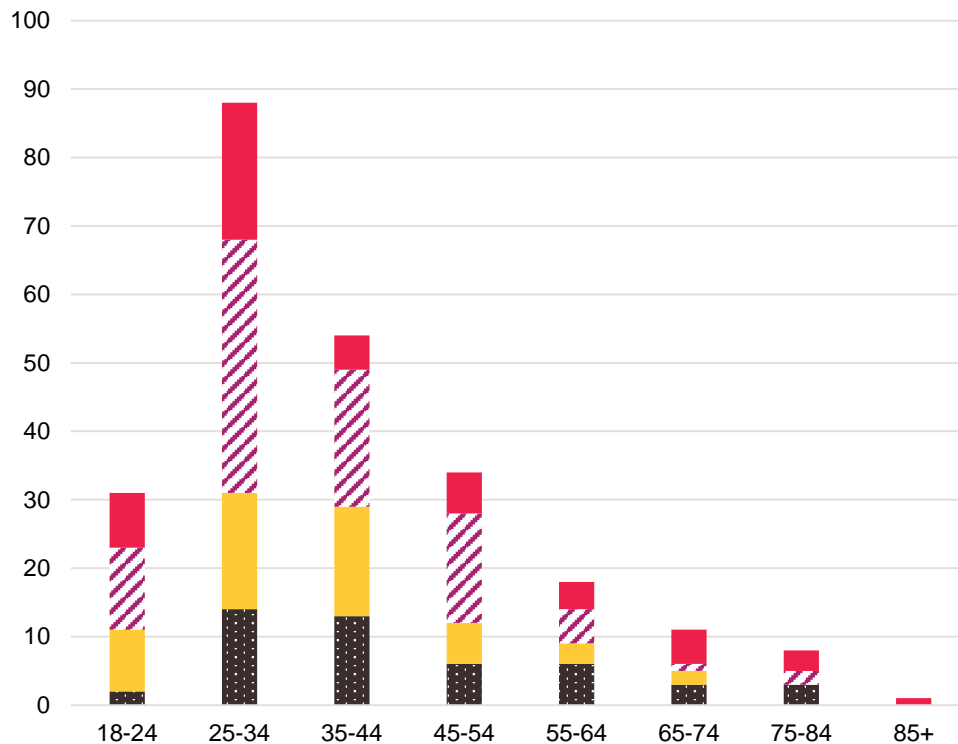


Figure 39 The count of DA codes recorded by GPs in Herefordshire by age band

As can be seen in Figure 40, 89% of recorded DA codes were for female patients, which is a much higher proportion than would be expected based on CSEW prevalence rates. This may be due to the fact that GPs use the Identification and Referral to Improve Safety (IRIS) system to identify victims of DA, and this system only considers women as victims, there is no acknowledgment of the potential for men to be victims of DA. A recent paper (Szilassy et al., 2021) highlighted this as an issue which meant that men and children were not being identified as victims of DA when they should be, and that GPs have not had the necessary training to identify male victims and don't know how to refer them on for additional support. This is of course a concerning situation and as suggested by Szilassy et al. (2021) this should be rectified so that all victims of DA are identified and supported.

GPs are most likely to record a DA code for female patients

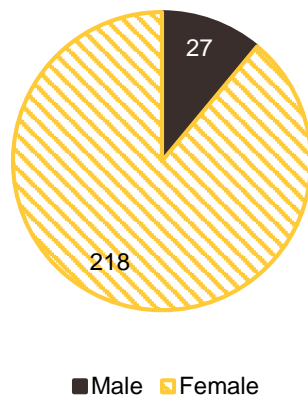


Figure 40 The count of DA codes recorded by GPs in Herefordshire by sex

Figure 41 shows how many DA codes were recorded per 1,000 registered patients by primary care network (PCN) in Herefordshire for 2020/21. The county is divided into 5 different PCNs: East Herefordshire, North West Herefordshire, South West Herefordshire and with Hereford Medical Group (HMG) and Wargrave, Belmont and Cantilupe (WBC) covering the city of Hereford. The data shows that WBC recorded many more DA codes than any other PCN, so it may be helpful to investigate further as to why this is the case and whether learning could be shared with the other PCNs to help them identify more potential victims.

WBC recorded the most DA codes in total and per 1,000 registered patients in 2020/21



Figure 41 The count of DA codes recorded by GPs in Herefordshire by PCN

Limitations

This needs assessment focuses on the current demand on numerous DA services within Herefordshire and the expected prevalence of DA in the county, but does not consider the importance of prevention. It would be advantageous for future reports to consider what work is currently being done around the prevention of DA, especially the DRIVE programme, and if this could be improved.

Family courts can play a large part in DA situations and a recent report from the West Mercia Police and Crime Commissioner (Senker & Scott, 2020) highlighted that many victims will not report DA to the police, but will pursue civil proceedings, for example for divorce or custody. The same report also describes that the family courts were unanimously viewed as traumatic. As family courts are a key part of understanding the DA situation in Herefordshire, it is recommended that any future needs assessment includes information from the family courts.

This report is based on statistical data provided by partners, but may benefit from an additional qualitative approach which could take into account the views of victims and professionals.

Appendices

Appendix A

Table 2 Outcome of offences recorded by West Mercia Police in Herefordshire

| Offence Outcome | 2017/18 | 2018/19 | 2019/20 | 2020/21 | Grand Total |
|--|---------|---------|---------|---------|-------------|
| Named Suspect identified: evidential difficulties prevent further action; victim does not support (or has withdrawn support from) police action | 737 | 1084 | 1364 | 1379 | 4564 |
| Named Suspect identified: victim supports police action but evidential difficulties prevent further action | 268 | 304 | 329 | 336 | 1237 |
| Charge/summons | 202 | 144 | 143 | 94 | 583 |
| Charge/Summons - alternate offence | 50 | 65 | 56 | 51 | 222 |
| Caution - adults | 38 | 50 | 46 | 42 | 176 |

| Offence Outcome | 2017/18 | 2018/19 | 2019/20 | 2020/21 | Grand Total |
|---|----------------|----------------|----------------|----------------|--------------------|
| Evidential Difficulties Victim Based – Named suspect not identified: The crime is confirmed but the victim either declines/ or is unable to support further police investigation to identify the offender. | 29 | 44 | 49 | 54 | 176 |
| (blank) | 5 | 2 | 9 | 121 | 137 |
| Prosecution time limit expired: Suspect identified but prosecution time limit has expired. | 6 | 40 | 28 | 25 | 99 |
| Transferred to external agency | 16 | 20 | 44 | 4 | 84 |
| Investigation Complete: No suspect identified. Crime investigated as far as reasonably possible –Case closed pending further investigative opportunities becoming available | 16 | 17 | 17 | 13 | 63 |
| Caution - Adult - alternate offence | 5 | 13 | 11 | 14 | 43 |
| Prosecution prevented – Named suspect identified but is too ill (physical or mental health) to prosecute | 3 | 15 | 6 | 13 | 37 |
| Further investigation, resulting from the crime report, which could provide evidence sufficient to support formal action being taken against the suspect is not in the public interest – police decision. | 18 | 3 | 2 | 1 | 24 |

| Offence Outcome | 2017/18 | 2018/19 | 2019/20 | 2020/21 | Grand Total |
|---|----------------|----------------|----------------|----------------|--------------------|
| Diversory, educational or intervention activity, resulting from the crime report, has been undertaken and it is not in the public interest to take any further action. | | 1 | 14 | 8 | 23 |
| Prosecution not in the public interest (CPS) (all offences) | 3 | 7 | 3 | 2 | 15 |
| Formal action against the offender is not in the public interest (Police) | 10 | 3 | | | 13 |
| Caution - youths | 4 | 1 | 2 | 2 | 9 |
| Community Resolution | 5 | 2 | 1 | 1 | 9 |
| Prosecution prevented – Named suspect identified but victim or key witness is dead or too ill to give evidence | | 3 | 2 | 4 | 9 |
| Caution - Youth - alternate offence | | 2 | | 1 | 3 |
| Prosecution prevented – Named suspect identified but is below the age of criminal responsibility | 1 | 2 | | | 3 |
| The Offender has Died (all offences) | | | | 2 | 2 |
| Penalty Notice for Disorder | | | | 1 | 1 |

Appendix B

Table 3 Count of DA codes recorded by Herefordshire GPs

| Code Term | 2018 | 2019 | 2020 | 2021 | Total |
|--|------|------|------|------|-------|
| Advice about domestic abuse | 1 | 0 | 2 | 0 | 3 |
| Advice about domestic violence | 2 | 2 | 1 | 0 | 5 |
| DASH (Dom Abuse Stalking Harassment HBV) 2009 Risk Checklist | 0 | 6 | 0 | 0 | 6 |
| DASH (Domestic Abuse, Stalking and Harassment and Honour Based Violence) 2009 Risk Checklist | 0 | 0 | 8 | 22 | 30 |
| Domestic abuse | 0 | 1 | 12 | 2 | 15 |
| Domestic abuse of adult | 0 | 0 | 3 | 0 | 3 |
| Domestic abuse victim in household | 4 | 0 | 0 | 0 | 4 |
| History of domestic abuse | 3 | 7 | 12 | 1 | 23 |
| History of domestic emotional abuse | 1 | 1 | 1 | 0 | 3 |
| History of domestic sexual abuse | 1 | 0 | 0 | | 1 |
| History of domestic violence | 10 | 10 | 11 | 3 | 34 |
| Routine enquiry about domestic abuse | 1 | 4 | 7 | 7 | 19 |
| Routine enquiry about domestic abuse declined | | 0 | 1 | 0 | 1 |
| Routine enquiry about domestic abuse not made | 1 | 0 | 0 | 0 | 1 |
| Victim of domestic abuse | 23 | 22 | 35 | 17 | 97 |

References

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SafeLives. (2017). *Disabled Survivors Too: Disabled people and domestic abuse*. <https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf>

Senker, S., Scott, M. (2020). *West Mercia Police and Crime Commissioner Domestic Abuse Needs Assessment 2020*. Internal report. Unpublished.

Szilassy, E., Roy, J., Williamson, E. *et al.* Reaching everyone in general practice? Feasibility of an integrated domestic violence training and support intervention in primary care. *BMC Fam Pract* **22**, 19 (2021). <https://doi.org/10.1186/s12875-020-01297-5>

Appendix 3

Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

1. Name of Service Area/Directorate

Name of Head of Service for area being assessed: Ewen Archibald

Directorate: Adults and Communities

Individual(s) completing this assessment: Senior Commissioning Manager – Lisa Bedford

Date assessment completed: 29 September 2021

2. What is being assessed

Activity being assessed (eg. policy, procedure, document, service redesign, strategy etc.)

Draft Domestic Abuse Strategy for Herefordshire 2021 – 2024

What is the aim, purpose and/or intended outcomes of this activity?

To publish a draft strategy to commence a formal three month consultation period with stakeholders and the wider community of Herefordshire. In addition to ensure we are meeting the duties placed on the local authority as a result of the Domestic Abuse Act 2021

Name of lead for activity

Ewen Archibald

Who will be affected by the development and implementation of this activity?

- ☒ Service users
- ☐ Patients
- ☒ Carers
- ☐ Visitors
- ☒ Staff
- ☒ Communities
- ☐ Other:

Is this:

- ☒ Review of an existing activity/policy
- ☐ New activity/policy
- ☐ Planning to withdraw or reduce a service, activity or presence?

What information and evidence have you reviewed to help inform this assessment? (name your sources, eg. demographic information for services/staff groups affected, complaints etc.)

A full needs assessment of domestic abuse has been undertaken using a range of data sources across local support providers and stakeholders as well as sub regional, regional and national data

Summary of engagement or consultation undertaken (eg. who and how have you engaged with, or why do you believe this is not required)

The publication of the draft strategy will launch a three month period of consultation. There is an engagement exercise with public consultation via the council website, as well as targeted engagement events and stakeholder consultation. This specifically will include:

- Professionals attending multi agency risk assessment conference
- Community Safety Partnership members
- Herefordshire Council general scrutiny committee
- Health and wellbeing Board members
- Domestic Abuse Strategic Group members
- Elected members
- Victims
- Wider community
- Those representing people with certain protected characteristics or additional vulnerabilities as outlined in the draft statutory guidance
- Wider professionals including; police, probation, adult social care, housing including registered social landlords, youth offending, domestic abuse service provider

Summary of relevant findings

TBC in Spring 2022

3. The impact of this activity

Please consider the potential impact of this activity (during development and implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.**

Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on staff, public, patients, carers, partner organisations, etc. in these equality groups.

| Equality Group | Potential <u>positive</u> impact | Potential <u>neutral</u> impact | Potential <u>negative</u> impact | Please explain your reasons for any potential positive, neutral or negative impact identified |
|----------------|----------------------------------|---------------------------------|----------------------------------|---|
| Age | ✓ | | | <p>The draft statutory guidance for the new Domestic Abuse Act requires local authorities to ensure the following:</p> <ul style="list-style-type: none"> - Dedicated support to victims with relevant protected characteristics - Views are represented at the Local Partnership Board - Local needs assessment should take in to account support and services for all victims regardless of protected characteristics - Partnership board must take steps to understand the barriers that prevent victims from certain relevant protected characteristics or multiple complex needs from accessing and using support - Commissioned support must reflect the support needs of victims with particular protected characteristics - Provide relevant safe accommodation for victims and their children with relevant protected characteristics <p>The defined list of relevant protected characteristics and multiple complex needs in the draft statutory guidance is:</p> |

| Equality Group | Potential positive impact | Potential neutral impact | Potential negative impact | Please explain your reasons for any potential positive, neutral or negative impact identified |
|--|---------------------------|--------------------------|---------------------------|---|
| | | | | <p>Black Asian and Minority Ethnic [Including Gypsy Roma and Traveller, with consideration to the Women and Equalities Committee report7]</p> <ul style="list-style-type: none"> • Lesbian, Gay, Bisexual and / or Transgender • Disabled – including but not limited to, deaf or hard of hearing, visually impaired, Autistic, wheelchair users and those with learning difficulties • Male • Young (aged 16-18 – including care leavers) and older victims (over 65) • People with an offending history • Those presenting with complex needs including those with mental health and/or substance misuse needs • Those facing multiple forms of abuse within the family such as honour based violence and forced marriage • Religious and/or spiritual, particularly if facing barriers as a result • Having insecure immigration status • From isolated and/or marginalised communities, including where there is limited English proficiency. • Victims who have no choice but to move away from their local areas, communities, and friends to escape their perpetrator to stay safe and receive the support they need. • Children of victims (including adolescent male children) within safe accommodation. • Victims with children, including large families and those with older adolescence boys (12+) • Pregnant victims |
| Disability | ✓ | | | As above |
| Gender Reassignment | ✓ | | | As above |
| Marriage & Civil Partnerships | ✓ | | | Not directly listed but services will apply equally to married people |
| Pregnancy & Maternity | ✓ | | | As above |
| Race (including Travelling Communities and people of other nationalities) | ✓ | | | As above |
| Religion & Belief | ✓ | | | As above |

| Equality Group | Potential positive impact | Potential neutral impact | Potential negative impact | Please explain your reasons for any potential positive, neutral or negative impact identified |
|--|---------------------------|--------------------------|---------------------------|---|
| Sex (including issues of safety and sexual violence) | ✓ | | | As above |
| Sexual Orientation | ✓ | | | As above |
| Other Vulnerable and Disadvantaged Groups (eg. carers, care leavers, homeless, social/ economic deprivation, etc) | ✓ | | | As above – additional or multiple complex needs |
| Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies) | ✓ | | | As above – additional or multiple complex needs |

What actions will you take to mitigate any potential negative impacts?

| Potential negative impact | Actions required to reduce/ eliminate negative impact | Who will lead on action? | Timeframe |
|---------------------------|---|--------------------------|-----------|
| | | | |
| | | | |
| | | | |

Where an impact on any of the Equality Groups is realised after the implementation of the project/service/policy, the commissioners and/or providers of the project/service/policy will seek to minimise the impact and carry out a full review of this EIA.

4. Monitoring and review

How will you monitor these actions?

The draft statutory guidance outlines that:
 ‘authorities should review how local decisions and actions have impacted the needs assessments and victims’ journeys within their area. For example, how have barriers identified as part as the Needs Assessment been addressed.’

This has to be provided as part of an annual report to the government which must evidence and annual evaluation.

When will you review this EIA? (eg in a service redesign, this EIA should be revisited regularly throughout the design & implementation)

This will be review once the consultation has been undertaken and a final strategy developed for adoption and publication.

5. Equality Statement

- All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics.
- Herefordshire Council will challenge discrimination, promote equality, respect human rights, and design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.
- All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carers etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA

Lisa Bedford

Date signed

04/10/21



Title of report: Work programme review and tracking of recommendations

Meeting: Adults and Wellbeing Scrutiny Committee

Meeting date: Monday 1 November 2021

Report by: Democratic Services Officer

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

To review progress against previous recommendation, review the work programme for 2021/22 and agree any necessary updates.

Recommendation(s)

That the Committee:

- a) Notes the updated recommendation tracker in appendix 1;
- b) Reviews the work programme at appendix 2 and discusses any additional items of business or topics for inclusion in the work programme.

Alternative options

- a) 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. The Committee needs to develop a manageable work programme to ensure that scrutiny is focused, effective and

produces clear outcomes. Topics selected on the work programme should reflect issues of current importance facing adults and wellbeing services at Herefordshire Council.

Key considerations

Tracking of resolutions made by the committee which require a response or action

- b) A schedule of recommendations previously made by the committee which require a response or action is appended to this report as appendix 1.
- c) Key changes since the last meeting include the following recommendations on Out of Hospital Care and Continuing Healthcare (CHC)
 - i. that the Council and CCG work together to provide a more substantive report to the committee at a time when a greater level of detail on progress can be reported.
 - ii. that those recommendations previously agreed by scrutiny from 2018 and 2020, and identified in the report, are properly considered by relevant bodies and responses provided.
 - iii. that detail concerning the number and age of outstanding CHC dispute cases in Herefordshire are provided to the committee.
 - iv. that an update on the status of the NHS England review into CHC eligibility is provided to the committee

Forward Plan

- d) The constitution states that scrutiny committees should consider the forward plan as the chief source of information regarding forthcoming key decisions. Forthcoming decisions of the children and families directorate will be highlighted by the clerk to the committee as part of the work programming item at each committee meeting.

Suggestion for scrutiny from members of the public

- e) Suggestions for scrutiny are invited from members of the public through the council's website, accessible through the link below. There have been no suggestions for scrutiny received from members of the public since the previous meeting of the committee.

https://www.herefordshire.gov.uk/info/200148/your_council/61/get_involved/4

Work Programme

- f) The work programme needs to focus on the key issues of concern and be manageable allowing for urgent items or matters that have been called-in. The work programme will be reviewed at each meeting of the committee and may be amended as required.
- g) The latest agreed work programme for 2021-2022 is attached at appendix 2.
- h) Should committee members become aware of any issue they think should be considered by the committee they are invited to discuss the matter with the Chairperson, Vice Chairperson and the Statutory Scrutiny Officer.

Budget setting 2022/23

- i) The Committee are asked to note that included as part of the new scrutiny arrangements that are being proposed is a change to the way in which the 2022/23 budget will be scrutinised. Council considered the proposals on these future scrutiny arrangements at its meeting on 8 October 2021 and welcomed opportunities for joint scrutiny activity rather than each committee reviewing proposals separately. It is yet to be confirmed whether time constraints will allow this to take place in January or whether usual practice will continue and the changes will be implemented for the new municipal year.

Constitutional Matters

Task and Finish Groups

- j) 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 but the review is likely to be attended by all members of the committee and chaired by the chairperson.
- k) The scrutiny committee will approve the scope of the activity to be undertaken by a task and finish group, 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 and may include, as appropriate, co-opted people with specialist knowledge or expertise to support the task. The committee will appoint the chairperson of a task and finish group.
- l) The committee is asked to determine matters relating to the convening of a task and finish group including the scope of the review to be undertaken, the chairperson, membership, timeframe, desired outcomes, what will not be included in the review and whether to co-opt any non-voting members to the group. Such co-optees could consist of individuals with valuable skills and experience that would assist a task and finish group to undertake a review (see co-option below).
- m) At the meeting on 6 September a scoping statement for a task and finish group on the health impact of the intensive poultry industry was agreed by the Committee. The document has been circulated to all members of the Council, via the group leaders, to seek volunteers for the group and final membership will be confirmed at the committee meeting on 1 November 2021
- n) A task and finish group on GP Access had been suggested but to date this has not been progressed. The Committee are asked to consider whether this is something they still want to undertake and whether this is the right approach to achieve desired outcomes. In advance of a decision on this, further information could be supplied to the Committee on the current situation regarding access to primary care services and how Scrutiny can best lend their weight to influence outcomes.

Co-option

- o) 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.
- p) The committee is asked to consider whether it wishes to exercise this power in respect of any matters in the work programme.

Community impact

- q) In accordance with the adopted code of corporate governance, 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. Topics selected for scrutiny should have regard to what matters to residents.

Environmental Impact

- r) Whilst this is an update on the work programme and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the council's Environmental Policy.

Equality duty

- s) 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.
- t) 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 report concerns the administrative function of the children and young people scrutiny committee, it is unlikely that it will have an impact on our equality duty.

Resource implications

- u) 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 can be subject to an assessment to support appropriate processes.
- v) The councillors' allowance scheme contains provision for co-opted and other non-elected members to claim travel, subsistence and dependant carer's allowances on the same basis as members of the council. If the committee agrees that co-optees should be included in an inquiry they will be entitled to claim allowances.

Legal implications

- w) The council is required to deliver a scrutiny function. The development of a work programme which is focused and reflects those priorities facing Herefordshire will assist the committee and the council to deliver a scrutiny function.
- x) The Scrutiny Rules in Part 4 Section 5 of the Council's Constitution provide for the setting of a work programme, the reporting of recommendations to the Executive and the establishment of task and finish groups, as below.
- y) Paragraph 4.5.28 of the constitution explains that the scrutiny committee is responsible for setting its own work programme. In setting its work programme a scrutiny committee shall have regard to the resources (including officer time) available.
- z) Under section 4.5.10 of the Constitution 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. 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. It will be a matter for the task and finish group to determine lines of questioning, witnesses (from the council or wider community) and evidence requirements.
- aa) Under section 4.5.19 of the constitution task and finish groups will report their findings/outcomes/recommendations to the relevant scrutiny committee who will decide if the findings/outcomes/recommendations should be reported to the cabinet or elsewhere.

Risk management

| Risk / opportunity | Mitigation |
|--|--|
| There is a reputational risk to the council if the scrutiny function does not operate effectively. | The arrangements for the development of the work programme should help mitigate this risk. |

Consultees

bb) The work programme is reviewed at every committee meeting. Additional formal or informal work programming sessions may be arranged as necessary during the year. The work programme may also be reviewed during business planning meetings between the chairperson, vice-chairperson and statutory scrutiny officer.

Appendices

Appendix 1 – Recommendation tracker
Appendix 2 – Work Programme 2021/22

Background papers

None identified

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

| 21 September 2020 | | |
|--|---|---|
| Item | Recommendations | Executive responses |
| Suicide prevention strategy implementation | <p>That the committee recommends to the executive:</p> <p>(a) That the updated suicide prevention action plan is circulated to the committee with clear organisational leads identified against specific actions within the plan, including the role and responsibilities of the Mental Health Partnership Board; where it is possible and appropriate to do so, to include the relevant Key Performance Indicators (KPIs) of where progress is expected to be made.</p> <p>Noting the resource implications for monitoring the suicide prevention action plan, focus should be given to allocating resource from the Wave 3 funding to ensure that data and trends can be presented and reported on.</p> <p>(b) Consideration is given to a re-prioritisation of our more vulnerable at risk groups as we enter into a more financially and emotionally challenging period.</p> <p>(c) The committee is provided with the updated suicide data for 2019 once the new figures are available.</p> <p>(d) That parish councils, faith groups and other local community points of contact are given information to share and are placed as central stakeholders in assisting the communication/signposting of information and advice about suicide prevention, sources of support and assistance.</p> <p>(e) Consideration is given to comparing Herefordshire's suicide data with other comparable local authority area data to ascertain whether any patterns or trends can be identified that might strengthen our knowledge and targeted interventions in preventing suicides.</p> | <p>The updated action plan will be provided and circulated, as requested.</p> <p>The wave three funding is held by Worcestershire and Herefordshire CCG and has been committed to a project team, which will be largely focused upon direct prevention and awareness work in the community. The team will contribute to implementation of the strategy and performance reporting on those elements. It will not be possible to direct the funding towards wider data collection or reporting.</p> <p>This will be considered in discussion with partner organisations, taking account of the potential to actually identify or reach people at risk and the resources available to support this.</p> <p>The latest suicide data for Herefordshire will be provided as soon as it is received. This will include the year 2019.</p> <p>This can be considered for incorporation in the action plan and some key weblinks and signposting around mental wellbeing and suicide prevention can be provided to parishes and networks through HVOSS and the Diocese and other faith organisations. Opportunities will also be explored through the Parish Summits and other events.</p> <p>This comparative analysis will be undertaken and shared but it is likely that only headline data will be available for other areas. Caution is advised around the statistical significance of headline data on suicides, owing to the very small numbers involved.</p> |

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

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|--|---|--|
| | <p>(f) Consideration is given to working with bereaved families and friends to gather soft data and intelligence to strengthen our knowledge of risks and factors that lead to suicide or attempted suicides.</p> <p>(g) Due consideration be given to the LGBT+ communities in relation to assessing the support and interventions provided in supporting individuals and groups at risk.</p> <p>(h) The new GP and patient relationship is changing and there is a need to work with the new Primary Care Networks on suicide prevention.</p> | <p>Whilst this may be very difficult to do retrospectively, it will become more practicable and appropriate once real time reporting of suicides is operational. New operating arrangements can include an invitation to bereaved families to share their experiences at the appropriate time.</p> <p>This will be considered in relation to opportunities to work with local and national groups to identify people at risk and take learning from any initiatives elsewhere. It should be noted that whether someone was LGBTQ+ cannot be identified from suicide data.</p> <p>Engagement is already taking place with PCNs around suicide prevention. It is also proposed that the Director for Adults and Communities raise with PCN Clinical Directors the implications of primary care changes in this area.</p> |
|--|---|--|

23 November 2020

| Item | Recommendations | Executive responses |
|--|---|---|
| Briefing on the Herefordshire Market Position Statement 2020-2025 for adults and communities | <p>That the committee welcomes the development of the Market Position Statement and recommends:</p> <p>a. That a written briefing note be provided to the committee on progress in twelve months' time, including how service users have been engaged in the development and design of specific care and support services.</p> <p>b. That the importance of the social value elements be made more prominent in the document.</p> <p>c. The document be refreshed to reflect the current positions in terms of the new arrangements for mental health services and the adopted dementia strategy.</p> <p>d. Learning disability services be included under commissioning intention 3.</p> | <p>Agreed, an annual review summary will be written for the executive</p> <p>Agreed and will include</p> <p>Agreed to update</p> <p>Agreed to include</p> |

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

| | | |
|----|--|---|
| e. | Explicit reference be made to the Council's intentions for care home and extra care development, and any associated workforce implications. | Agreed to include |
| f. | That consideration be given to clarifying the situation for Herefordshire residents that are not served by the footprints of Primary Care Networks. | The market position statement covers all residents living within the county to ensure access to services regardless of PCN and which GP surgery they may fall under |
| g. | That consideration be given to synergies and diversified offers (such as home share) to meet the needs of people needing care (both those funded by the council and those funding themselves) and people prepared to provide support in exchange for accommodation and / or to gain experience in the care industry. | Agreed and has been include in the MPS |
| h. | That the statistics included on page 15 (agenda page 41) on predicted increases in dementia be clarified. | Agreed to consider |
| i. | That identified trends in page 14 of the statement (agenda page 40) be reviewed and be supported by additional narrative, as appropriate. | Agreed to include further information |
| j. | That a written briefing note be provided on NHS Continuing Healthcare, including the development of a related algorithm and the progress made on retrospective cases. | <p>Agreed as detailed in the actions below:</p> <p>Part A) Agree to provide a briefing note on the plan for people with complex health and social needs. This work includes consideration of a new approach with CCG in identifying individuals with health and care needs requiring single or joint agency commissioning and funding. This work is not yet ready to be taken forward as a proposal to CCG.</p> <p>Part B) With regard to the CHC position and the previous requests from scrutiny to be kept informed on CHC outcomes for Herefordshire citizens, the LA will request an analysis of the CHC and joint funded position in Herefordshire from the CCG. Herefordshire Council will also contribute a report to support the understanding of the committee.</p> |
| k. | That a written briefing note be provided on recruitment and retention issues, and the executive consider the usefulness of an all-member workshop, so that all members can be apprised of the challenges. | Agreed |
| l. | That a written briefing note be provided on the falls prevention service. | Agreed |

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

| 13 January 2021 | | |
|------------------------|--|---|
| Item | Recommendations | Executive responses |
| 2021/22 budget setting | <p>The adults and wellbeing scrutiny committee recognises the extraordinary pressures for the council, and for the adults and communities directorate in particular, and acknowledges the significant work that has been undertaken and is ongoing in preparing the budget for 2021/22.</p> <p>The committee recommends that:</p> <ol style="list-style-type: none"> 1. A plain English narrative be prepared to explain the adult social care precept. 2. Clarifications be provided in subsequent budget meetings in terms of the reductions in the council tax base (paragraph 6), the money expected from central government (paragraph 7), how the measures identified in the Market Position Statement might help to address budget pressures (paragraph 8), and the level of public health grant (paragraph 10). 3. That the operational changes and proposals in terms of Learning Disability services, including the impacts on service users, be presented to the committee at the May 2021 meeting. 4. That opportunities be considered to inform service users about charging changes in advance and to stage increases incrementally. | <p>This has now been commissioned.</p> <p>Noted, additional data provided in this paper and at the additional adults and wellbeing scrutiny meeting on 26th January 2021</p> <p>Noted</p> <p>Residents who will be impacted at the time the decision is made will be contacted and notified of the changes to next year's charging practices in line with statutory and local policy requirements.</p> <p>Application of the changes could not be staged incrementally for three principle reasons. These are:</p> <ul style="list-style-type: none"> • due to the binary nature of the decision (either the practice changes or it does not) • for the purposes of meeting equality standards, changes must apply to all residents at the same time (wider equality standards are picked up through the means tested process) • the savings target would be missed due to not applying on a full year basis |

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

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| | 5. That details of the alternative savings proposals for £330k be circulated to councillors as soon as possible, with a report presented to a future meeting of the committee. | Meeting of Adults and Wellbeing Scrutiny committee scheduled for 26th January 2021 |
| | 6. That consideration be given to additional modelling around potential economic scenarios, including the cessation of the furlough scheme, and the consequential impacts such as the erosion of the council tax base, reduction in other income streams, and on the delivery of services. | This is captured in the MTFS |

26 January 2021

| Item | Recommendation | |
|--|---|--|
| 21/22 budget saving proposal amendment | That the amended budget saving as proposed be accepted. | |

24 March 2021

| Item | Recommendation | Responses of NHS Herefordshire and Worcestershire Clinical Commissioning Group |
|---|---|---|
| NHS White Paper: integration and innovation | a. It be recommended to the emerging Integrated Care System that proposals be developed, for consideration and agreement by the local authorities, in terms of the 'duty to collaborate', both at the place-based level and in terms of joint scrutiny involving the local authorities, to ensure that modes of communication and engagement are defined clearly. | Noted and agreed. Herefordshire Council has membership of the existing ICS Executive Forum and ICS Partnership Board, where ongoing proposals will be developed. The Council will also be invited to be a member of the new NHS ICS Board and the ICS Health and Care Partnership. Finally, the Council is already a member of the Herefordshire Place Partnership. |
| | b. That scrutiny maintains a distinct function within the duty to collaborate and that acceptable parameters be agreed, including ongoing information sharing. | Agreed and welcomed. |
| | c. That clarification be provided about the power of scrutiny committees to make referrals to the Secretary of State and, if it is potentially at risk, that the system be encouraged to lobby for the retention of this power and for enhanced local accountability generally. | It is anticipated that further clarifications will be made as the White Paper passes through to Legislation. |

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

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|--|---|--|
| | <p>d. That the developing Herefordshire and Worcestershire Integrated Care System (ICS) governance arrangements (including the relationships with and degree of autonomy of the Health and Wellbeing Boards, the arrangements for the different ICS boards, and how the voice of public / service users will be heard) and funding mechanisms be presented to the scrutiny committee during 2021/22.</p> <p>e. That the intentions to explore the wider determinants of health and wellbeing and local population health needs, to consider opportunities for the integration and alignment of services, and to work collaboratively on tackling health inequalities at a local level, be supported.</p> <p>f. That consideration be given to the experience for residents who live on geographic and / or system boundaries, especially in terms of seamless data sharing between relevant bodies.</p> | <p>Agreed and we welcome the opportunity to return to a future scrutiny committee to present on progress.</p> <p>Agreed and we welcome the opportunity to work with Herefordshire Council to ensure that joint working to address the wider determinants of health and to reduce health inequalities are as strong as possible.</p> <p>This recommendation is noted and will be addressed as part of our ICS Digital Strategy and through the development of the Integrated Health and Wellbeing Record.</p> |
|--|---|--|

| 29 March 2021 | | |
|-----------------|---|---|
| Item | Recommendation | Responses [to be agreed by the executive] |
| Carers strategy | <p>That the draft strategy be supported, particularly the level of consultation undertaken and planned, and the following be recommended to the executive:</p> <p>a. That the need for coordination on appropriate solutions, for both the person being cared for and for the carer, be highlighted in the strategy.</p> <p>b. That consideration be given to specific approaches in terms of urgent crisis situations.</p> <p>c. That attention be given to single points of contact, including trusted sources of information and linkages to services that support carers.</p> <p>d. That the strategy be shared with the council's partners and local business groups to raise awareness of the issues for carers who are also employees.</p> | |

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

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| | <p>e. That consideration be given to working with the Department for Work and Pensions (DWP) to raise awareness of carer specific needs.</p> <p>f. That the use of colour in the action plan be reviewed to make it clear that these do not relate to red, amber, green ratings.</p> <p>g. In view of the changed circumstances and the new strategy, that consideration be given to the carers support service to ensure that the service remains fit for purpose.</p> <p>h. That system partners be invited to consider improving the experiences for carers in an integrated way across the system, with specific consideration given to carers as part of the emerging Integrated Care System.</p> <p>i. The adults and communities directorate and the children and families directorate jointly review practices and processes to ensure consistency and support across all ages, including the advice and guidance provided on assessments.</p> <p>j. Consideration be given to the identification of young carers and the specific needs of young carers in an educational setting.</p> | |
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| 30 April 2021 | | |
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| Item | Recommendation | Responses [to be sought from the relevant bodies] |
| Review of mental health provision in Herefordshire | <p>a. A spotlight review on the progress with the transformation of community mental health services be undertaken in nine to twelve months, including progress addressing the identified Section 12 and Section 136 issues.</p> <p>b. Herefordshire and Worcestershire Health and Care Trust be asked to provide further details regarding the refurbishment of the Stonebow Unit.</p> | <p>Response from Herefordshire and Worcestershire Health and Care Trust:</p> <p>Overall there is £15m of capital monies being invested in Herefordshire into the Stonebow unit and the work should be finished by end of March 2023 (however this could be around June 2023 if there is slippage in some areas). There may be a small reduction in the bed base to fit the new environment into the available space (circa 1-2 beds from 39) but this is more</p> |

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

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| | <p>c. The adults and communities directorate be asked to provide a briefing note on emerging project work on the mental health needs of people with multiple complex vulnerability.</p> <p>d. The results of the health and wellbeing survey be circulated to all councillors when available.</p> <p>e. The Talk Community programme be invited to consider additional linkages and signposting opportunities to environmental and activity groups, particularly in relation to access to nature and the facilitation of groups to support social prescribing.</p> <p>f. Consideration be given to engaging further with the agriculture community on mutually beneficial arrangements with other communities in terms access to nature and its therapeutic benefits.</p> | <p>than manageable both within our occupancy levels and increased capacity in other parts of the mental health (MH) pathway.</p> <p>This initiative is a really positive step forward across both counties in relation to people being cared for in an inpatient MH environment. It is key to protecting people's privacy and dignity when they are at their most vulnerable and will ensure that people can benefit from their treatment in a safe environment that promotes their recovery.</p> |
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| 2 June 2021 | | |
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| Item | Recommendation | Responses [agreed by the executive 24 June 2021] |
| New arrangements for commissioned home care | <p>a. That consideration be given to assisting self-funders pro-actively through the service specification.</p> <p>b. That consideration be given to the information, advice and support available to clients, including self-funders, linked to the ongoing work with Healthwatch, Talk Community, the Making It Real Board, and the transformation of community mental health services.</p> | <p>Accepted - The service specification will include that the framework will be used to purchase home care on behalf of self-funders.</p> <p>Accepted - Further work to support self-funders will be undertaken with organisations above to produce a self-funders action plan.</p> |

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

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| | <p>c. That creative approaches to supported living, including home share, be reviewed as part of the emerging Supported Living Framework.</p> <p>d. That commitments be secured from providers to participate in and to support technology enabled living developments, and innovations to improve environmental performance.</p> <p>e. That provision in rural areas be explored with providers on both sides of the border to avoid any potential gaps in provision.</p> <p>f. That opportunities to work collaboratively on workforce recruitment and retention issues be considered with a view to:</p> <ul style="list-style-type: none"> i. recruiting within communities to deliver services locally, especially to support clients in rural areas and to minimise unnecessary travel; ii. encouraging people to take up or restart a career in the sector, including through the refresh of the care sector website; iii. developing the range of health and care functions being delivered to maximise the value from each visit, to make every contact count, and to enhance career pathways through the upskilling of the workforce. <p>g. That a briefing note be provided to the committee in twelve months to evaluate progress, including any consequential impacts on market resilience and on the lived experience of service users in terms of the continuity and enhancement of care.</p> <p>h. That the executive be invited to write to the Secretary of State to seek clarification about the government's plans for social care reform.</p> | <p>Accepted – This will be addressed as part of review of supported living services.</p> <p>Accepted – These recommendations will be included in the service specification.</p> <p>Accepted – The framework will place a contractual requirement on providers to deliver home care in rural area.</p> <p>Senior Commissioning Officer will continue working with counterparts in neighbouring authorities.</p> <p>Continue discussions between the Council and Herefordshire and Worcestershire CCG regarding the provision of health related care tasks to include training as appropriate.</p> <p>Rebranding / relaunching of care hero campaign to include a comprehensive recruitment and retention campaign.</p> <p>Accepted – Report for scrutiny committee in 12 months from the beginning of the new framework.</p> <p>Accepted – the leader writes on behalf of Herefordshire social care sector to seek clarification about the government's plans for social care reform.</p> |
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Adults and wellbeing scrutiny committee, schedule of recommendations and responses

| 21 June 2021 | | |
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| Item | Recommendation | Responses |
| Learning Disability Strategy update | <ul style="list-style-type: none"> a) Herefordshire Council and NHS partners urgently progress becoming exemplar employers of people with learning disabilities (ref LD2.09) b) the council take advantage of employment opportunities emerging during the recovery from coronavirus, such as in the hospitality industry and utilising increased working from home c) Include in the dashboard benchmarking against local and national comparators to give a clearer picture of the council's performance d) Include in the dashboard figures on the numbers of complaints and appeals to illustrate the impact of savings plans on service users e) That the bill of rights be widely promoted f) A briefing note be provided to the committee on continuity of contact with social workers for regular service users g) A briefing note be provided on providers. | |

| 6 September 2021 | | |
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| Item | Recommendation | Responses |
| Briefing Paper on Out of Hospital Care | <ul style="list-style-type: none"> a) that the Council and CCG work together to provide a more substantive report to the committee at a time when a greater level of detail on progress can be reported. b) that those recommendations previously agreed by scrutiny from 2018 and 2020, and identified in the report, are properly considered by relevant bodies and responses provided. | A report is being scheduled for early next year when CHC have progressed further actions and the new policy is signed off and being actioned (it is currently with respective legal departments before going into a final governance stage) |

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

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| | <div><div>c) that detail concerning the number and age of outstanding CHC dispute cases in Herefordshire are provided to the committee.</div><div>d) that an update on the status of the NHS England review into CHC eligibility is provided to the committee</div></div> | |
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**Adults and wellbeing scrutiny
committee**

Approved work programme

2021/22

Summary of agenda items

Monday 21 June 2021, 2.30 pm

Learning disability strategy update

Monday, 6 September 2021, 2.30 pm

Out of hospital care (including Continuing Healthcare, discharge pathway and self-funders)

Monday, 1 November 2021, 2.30 pm

Domestic abuse strategy update

Monday, 10 January 2022, 2.30 pm

Budget setting 2022/23

Monday, 7 March 2022, 2.30 pm

To be confirmed but could include reports from task and finish group(s)

To be confirmed, June 2022

Spotlight review on the progress with the transformation of community mental health services

Agenda items

Monday 21 June 2021, 2.30 pm

Circulate to reviewers: 19 May 2021
Release report deadline: 8 June 2021
Publication deadline: 11 June 2021
Questions deadline: 15 June 2021

| Item: | Origin | Lead officer(s): | Current position: |
|-------------------------------------|---|--|---|
| Learning disability strategy update | Work programming 20 November 2020 and AWSC 13 January 2021 requested 'That the operational changes and proposals in terms of Learning Disability services, including the impacts on service users, be presented to the committee' | Laura Ferguson, Senior commissioning officer; Laura Tyler, Head of care commissioning | Agenda published for 21 June 2021 |

Agenda items

Monday 6 September 2021, 2.30 pm

Circulate to reviewers: 4 August 2021
Release report deadline: 23 August 2021
Publication deadline: 26 August 2021
Questions deadline: 31 August 2021

| Item: | Origin: | Lead officer(s): | Current position: |
|---|--|--|---|
| Out of hospital care (including Continuing Healthcare, discharge pathway and self-funders) | AWSC considered agenda items on NHS CHC on 20 September 2018 and 2 March 2020 . AWSC has received questions from the public, including on 29 March 2021 and 2 June 2021 and a paper from a member of the public which was circulated on 17 June 2021. | Mandy Appleby, Assistant director adult social care operations; NHS Herefordshire and Worcestershire Clinical Commissioning Group | After AWSC 29 March 2021 , NHS Herefordshire and Worcestershire Clinical Commissioning Group provided a briefing note which included recommendations for further scrutiny activity. |

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Agenda items

Monday, 1 November 2021, 2.30 pm

Circulate to reviewers: 30 September 2021

Release report deadline: 19 October 2021

Publication deadline: 22 October 2021

Questions deadline: 26 October 2021

| Item: | Origin: | Lead officer(s): | Current position: |
|--------------------------------|---|--|---|
| Domestic abuse strategy update | AWSC 29 January 2019 considered the Domestic abuse strategy 2019-22 and requested an update on progress with implementation to be included in the work programme. | Danielle Mussell, Senior commissioning officer | AWSC 29 March 2021 noted the new Domestic Abuse Act which includes a requirement to refresh the existing strategy, with this likely to be published by October 2021. Work programming 16 June 2021 requested an earlier seminar / workshop from an all ages perspective. |

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Agenda items

Monday, 10 January 2022, 2.30 pm

Circulate to reviewers: 7 December 2021
Release report deadline: 24 December 2021
Publication deadline: 31 December 2021
Questions deadline: 4 January 2022

| Item: | Origin: | Lead officer(s): | Current position: |
|------------------------|---|--|-------------------|
| Budget setting 2022/23 | Annual item to seek the views of AWSC on the budget proposals as they relate to the remit of the committee. | Andrew Lovegrove, Chief finance officer; Josie Rushgrove, Head of corporate finance | |

Agenda items

Monday, 7 March 2022, 2.30 pm

Circulate to reviewers: 3 February 2022
Release report deadline: 22 February 2022
Publication deadline: 25 February 2022
Questions deadline: 1 March 2022

| Item: | Origin: | Lead officer(s): | Current position: |
|---|---------|------------------|-------------------|
| To be confirmed but could include reports from task and finish group(s) | | | |

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Agenda items

[to be confirmed] June 2022

Circulate to reviewers: tbc
Release report deadline: tbc
Publication deadline: tbc
Questions deadline: tbc

| Item: | Origin: | Lead officer(s): | Current position: |
|--|--|--|-------------------|
| Spotlight review on the progress with the transformation of community mental health services | AWSC 30 April 2021 recommended: 'A spotlight review on the progress with the transformation of community mental health services be undertaken in nine to twelve months, including progress addressing the identified Section 12 and Section 136 issues' | Ewen Archibald, Head of community commissioning and resources; Herefordshire and Worcestershire Health and Care NHS Trust | |

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To be scheduled (1/2)

Potential agenda items

| Item: | Origin: | Lead officer(s): | Current position: |
|---|--|---|---|
| Emergency and urgent care | Work programming 20 November 2020 suggested combining: Minor Injuries Units, community services redesign, West Midlands Ambulance Service performance, NHS 111 | To be confirmed | Work programming 16 June 2021 indicated that members may prefer to deal with elements separately. |
| 123 Health and wellbeing board | Suggested by the chairperson and noted at work programming 16 June 2021. | To be confirmed | Work programming 16 June 2021 noted that the timing could be influenced by the emerging ICS developments (see below) |
| Integrated Care System (ICS) governance and funding | AWSC 24 March 2021 requested an item on ICS governance arrangements and funding mechanisms. | Director of adults and communities; NHS Herefordshire and Worcestershire Clinical Commissioning Group | Work programming 16 June 2021 noted that the timing could be subject to the decisions on legislation to be made by Government and Parliament. |

To be scheduled (2/2)

Potential agenda items

| Item: | Origin: | Lead officer(s): | Current position: |
|---|---|------------------|--|
| Access to health and care for Herefordshire residents living on the border with Wales | Work programming 16 June 2021 | To be confirmed | To be scheduled. |
| Social prescribing | Following AWSC <u>30 April 2021</u> , the chairperson suggested that the realities of social prescribing could be explored. | To be confirmed | To be scheduled. |
| Wider determinants of health (potentially including housing and climate emergency) | Work programming 16 June 2021 | To be confirmed | Could be an area for joint scrutiny activity following re-thinking governance proposals for a revised scrutiny structure. |
| Service user communication | Requested by councillors and added to long list of potential items by chairperson 13 Aug | To be confirmed | The ICS and the new proposed Integrated Care Record may present an opportunity to address this issue across the system. To consider provision of written briefing ahead of any future scrutiny activity. |

Workshops / seminars

| Topic: | Origin: | Lead officer(s): | Current position: |
|---------------------------------------|--|---|---|
| Domestic abuse (all ages perspective) | Work programming 16 June 2021 | Danielle Mussell, Senior commissioning officer | To be requested. |
| Recruitment and retention | AWSC 23 November 2020 recommended that a briefing note be provided and an all-member workshop be considered. | Mandy Appleby, Assistant director adult social care operations; Lorna Simpson, Employee relations business partner; Paul Smith, Assistant director all ages commissioning | Agreed by Cabinet 25 February 2021 |
| 125 Talk Community | Work programming 20 November 2020 suggested an all-member seminar | Amy Pitt, Assistant director Talk Community programme | The assistant director welcomes the suggestion for later in the year. |

Task and finish groups

| Topic: | Origin: | Lead officer(s): | Current position: |
|---|---|--|---|
| GP access | Work programming 16 June 2021 | To be confirmed | Scoping statement to be progressed. |
| Health impact of the intensive poultry industry | AWSC 29 March 2021 requested that a scoping statement be prepared | Becky Howell-Jones, Acting director of public health | Scoping statement approved. Group membership to be confirmed. |

Briefing notes (1/2)

| Topic: | Target date: | Lead officer(s): | Current position: |
|---|------------------|--|---|
| Community wellbeing survey | July 2021 | Amy Pitt, Assistant director Talk Community programme | Requested by AWSC 30 April 2021 |
| Hillside centre | To be identified | Mandy Appleby, Assistant director social care operations; Paul Smith, Assistant director all ages commissioning | To be requested, arising from work programming 16 June 2021 |
| Legislative framework | To be identified | Adults and communities directorate / Legal services | To be requested, arising from work programming 16 June 2021 |
| Multiple complex vulnerability | To be identified | Ewen Archibald, Head of community commissioning and resources | Requested by AWSC 30 April 2021 |
| West Mercia Ambulance Service performance | To be identified | To be identified | To be requested, arising from work programming 16 June 2021 |
| Vaccinations for key workers | To be identified | Mandy Appleby, Assistant director social care operations; Paul Smith, Assistant director all ages commissioning | To be requested, arising from work programming 16 June 2021 |

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Briefing notes (2/2)

| Topic: | Target date: | Lead officer(s): | Current position: |
|---|------------------|---|---|
| Market Position Statement update | 31 January 2022 | Paul Smith, Assistant director all ages commissioning | Agreed by Cabinet 25 February 2021 |
| Commissioned home care update | 1 June 2022 | Laura Tyler, Head of care commissioning | Requested by AWSC 2 June 2021 |
| Continuity of contact with social workers for regular service users | To be identified | Laura Tyler, Head of care commissioning | Requested by AWSC 21 June 2021 arising from discussion of Learning Disability Strategy update |
| Learning Disability Strategy providers | To be identified | Laura Tyler, Head of care commissioning | Requested by AWSC 21 June 2021 arising from discussion of Learning Disability Strategy update |

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