

Minutes of the meeting of the Adults and Wellbeing Scrutiny Committee held at Herefordshire Council Offices, Plough Lane, Hereford, HR4 0LE on Monday 1 November 2021 at 2.30 pm

Committee Members Present:	<p>Councillor Elissa Swinglehurst (Chairperson) Councillor Trish Marsh (vice-chairperson)</p> <p>Councillor Tim Price Councillor David Summers Councillor Kevin Tillet</p>
Officers:	<p>Paul Smith – Acting Director Adults and Communities Mandy Appelby – Interim Head of Legal Services and Deputy Monitoring Officer Sarah Buffrey – Democratic Services Officer (Clerk) Matt Wise – Democratic Services Officer (Technical Support) Georgia McNamee* – Domestic Abuse Act Co-Ordinator</p>
In attendance:	<p>Councillor Pauline Crockett*, Cabinet Member – Health and Adult Wellbeing Christine Price, Healthwatch Sue Coleman*, CEO West Mercia Women’s Aid Catherine Haworth*, West Mercia Women’s Aid</p> <p>*denotes virtual attendee</p>

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As it was the first day of the international COP summit, and at the invitation of the Chair, Councillor Marsh addressed the Committee asking them to reflect on the issue of climate change. A recent World Health Organisation report had identified climate change as one of the biggest issues affecting adult health and although the Council had declared a climate emergency in 2018 and adopted many practical measures, such as insulating homes and supporting active travel, there was still much more to be done.

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27. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Gandy and Seldon.

28. NAMED SUBSTITUTES (IF ANY)

There were no named substitutes.

29. DECLARATIONS OF INTEREST

No declarations of interest were made.

30. MINUTES

Consideration was given to the minutes of the meeting held on 6 September 2021. Councillor Marsh proposed that an amendment be made to the minutes of the item, Briefing Paper on Out of Hospital Care, and the following sentence added:

“As the expected report was not available, the Committee focussed on Continuing Healthcare (CHC)”

Resolved: That the minutes of the meeting held on 6 September 2021, subject to the amendment as outlined above, be approved as a correct record and be signed by the Chairperson.

31. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

32. QUESTIONS FROM COUNCILLORS

No questions had been received from Councillors.

33. DRAFT DOMESTIC ABUSE STRATEGY 2019-2024

The Acting Director Adults and Communities introduced the report, the purpose of which was to present the draft multi-agency Domestic Abuse Strategy 2021-2024 for the Committee's consideration and comment before expected publication of the final strategy in early 2022.

Before the debate the Committee heard from representatives from West Mercia Women's Aid who shared their perspectives, both personal and professional.

Key points from their presentation and the Councillors' questions included:

- West Mercia Women's Aid (WMWA) had worked as part of a multi-agency group in reviewing the Strategy.
- The Act had been designed so that all local authorities had the right services in place. Luckily Herefordshire Council had been ahead of the curve so the requirements of the Act were not as imperative as they were for some other councils.
- WMWA was incredibly proud of its refuge as it was a new building that offered some of the best facilities in the country.
- There were 9 satellite flats in addition to the refuge so WMWA believed that they had enough spaces to meet demand. Some spaces were kept open as emergency spaces.
- WMWA worked very closely with Children's Services to ensure that all children got the support they needed and were recognised as victims of domestic abuse where it had occurred in the family.
- Communication between agencies and with the victim was vitally important.
- When victims left was the point at which they were often most vulnerable and needed intervention. It was imperative that support agencies, hospital and GPs picked up on this and regularly checked in with individuals.
- Signposting to the help that was available was especially important to those suffering psychological abuse.

- It would be good to educate school pupils from a young age on what was, and what was not, acceptable in a relationship.
- As well as the accommodation available in Herefordshire, WMWA had 2 refuges and satellite accommodation in Worcestershire and worked with a sister organisation in Shropshire. WMWA was also part of a national network of aid agencies which they could call on if a victim of abuse needed to leave the area.
- One of the potential shortcomings of the new Domestic Abuse Act was its focus on having sufficient accommodation rather than support in the community which many individuals suffering emotional abuse needed. Safe accommodation was of course important but equally so was having a support network during and after.
- The emphasis needed to be on prevention as well as being able to respond as although funding and resources had improved the statistics had not.
- There was already some work being undertaken with schools on respectful and healthy relationships but WMWA was saddened to report that many young people seemed to hold more misogynistic views than ever. The availability of online content showing women as victims and being abused was incredibly unhelpful. So too was the opportunity that social platforms gave for there to be remote abuse which had escalated enormously during lockdown.
- There was a presence in hospital to help catch domestic abuse early on. The ante-natal department was one such area as women during pregnancy were particularly vulnerable. Covid restrictions had meant pregnant women had had to attend appointments without their partners and this had given them the opportunity to speak freely.
- The Act had been helpful in giving guidance on the setting up of a partnership board which would enable better sharing of information, and maximum and most effective use of resources.
- It was the aspiration of both the Council and WMWA to undertake more preventative work.
- WMWA shared the Councillors' indignation that in most cases it was the victim who had to move and start again. It was unfair that someone who lived with years of abuse then had to give up their home. If the home was jointly owned then a victim had a right to return it and non-molestation orders, which worked to a degree, could be put in place. Where a property was rented, the victim could apply for a transfer of tenancy but landlords were resistant to this until they had an order from the courts.

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The Chair thanked the representatives from West Mercia Women's Aid for attending the meeting and for their valuable contribution. They then left the meeting.

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During further discussion the following principal points were noted:

- There were a number of typographical errors that would need correcting before final publication.
- The particular challenges that living in a rural location brought about needed to be emphasised more in the Strategy.
- Concerns were aired that introducing another partnership board with a membership that would overlap with many existing boards may dilute the conversation.
- The provisions of the Domestic Abuse Act 2021 required the Council to enhance its existing strategy and appoint a multi-agency board, but it would be looking to recruit a comprehensive and diverse membership that would strengthen and improve the response and services offered.
- There needed to be a greater degree of parity between psychological and physical abuse.

- The Act mandated the Council to expand its view outside of traditional approaches and working with WMWA and the experience they brought to the table would assist with this.
- Councillors wanted the Strategy to reflect a presumption that victims should be allowed to stay in their own homes.
- The new multi-agency partnership would enable better sharing of data and make issues much more visible

The recommendations below were proposed and seconded and carried unanimously.

RESOLVED:

The Committee recommended that:

- a) The report be checked for typographical errors, clarity and appropriate use of language including use of victim/survivor alongside strengths based approach.
- b) Greater emphasis be placed on specific issues relating to rurality.
- c) Links to talk community be improved within the Strategy for example drawing on existing networks and the benefits of holistic support packages and improved promotion of support within communities.
- d) Social media and remote abuse be included within the definitions of abuse
- e) The Strategy should start with the assumption that the victim of abuse should be able to stay in their own home, where this is possible.
- f) The collection, presentation and contextualisation of data in the report be reviewed and improved.
- g) Work with educational settings be reviewed and strengthened.
- h) Approaches to rehabilitation of perpetrators be considered.

34. COMMITTEE WORK PROGRAMME

The Committee considered its work programme and discussed the two task and finish groups that had been proposed. The following points were noted:

i. The task and finish group on the health impact of the intensive poultry industry

An email had been sent to Group Leaders inviting them to nominate any of their members to the group but only one member of the Green Group had expressed an interest. Members were advised that two committee members would also need to be nominated but there were no volunteers from those present at the meeting. The Chair therefore proposed that there be further communication with group leaders to encourage a higher take-up and that the matter be further discussed at the next meeting.

ii. Issue of GP Access

It was suggested that a Task and Finish group was not the right vehicle in which to examine this issue and it would be more effective to hear from representatives from the CCG and the Primary Care Network (PCN) on the measures that were being taken to improve patients access to GPs and in particular, the re-introduction of face to face appointments.

RESOLVED:

1. That the organisation of a Task and Finish Group on the health impact of the intensive poultry industry be paused whilst correspondence be sent to Group Leaders and further nominations sought.
2. That representatives from the CCG and the PCN be invited to a future meeting to discuss the steps being taken to improve patient access to GP services.

The meeting ended at 5.05pm

Chairperson