

A meeting of the **OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING)** will be held in **CIVIC SUITE 0.1A, PATHFINDER HOUSE, ST MARY'S STREET, HUNTINGDON, CAMBS, PE29 3TN** on **TUESDAY, 4 SEPTEMBER 2012** at **7:00 PM** and you are requested to attend for the transaction of the following business:-

**Contact
(01480)**

APOLOGIES

1. MINUTES (Pages 1 - 8)

To approve as a correct record the Minutes of the meeting of the Panel held on 3rd July 2012.

**Miss H Ali
388006**

2 Minutes.

2. MEMBERS' INTERESTS

To receive from Members declarations as to disclosable pecuniary, non-disclosable pecuniary or non-pecuniary interests in relation to any Agenda item. See Notes below.

2 Minutes.

3. LOCAL GOVERNMENT ACT 2000: FORWARD PLAN (Pages 9 - 14)

A copy of the current Forward Plan, which was published on 16th August 2012 is attached. Members are invited to note the Plan and to comment as appropriate on any items contained therein.

**Mrs H Taylor
388008**

10 Minutes.

4. HOUSING BENEFIT CHANGES AND THE POTENTIAL IMPACT ON HUNTINGDONSHIRE (Pages 15 - 20)

To receive a report from the Head of Customer Services providing an update on housing benefit changes and the potential impact upon Huntingdonshire.

**Mrs J Barber
388105**

Members of the Overview and Scrutiny Panel (Economic Well-Being) have been invited to attend for discussion on this item).

20 Minutes.

5. REVIEW OF COUNCIL'S LETTINGS POLICY (Pages 21 - 60)

To receive a report from the Head of Customer Services on the Council's Lettings Policy.

**J Collen
388220**

20 Minutes.

6. ANNUAL REPORT ON ORGANISATIONS SUPPORTED BY GRANTS THROUGH SERVICE LEVEL AGREEMENTS - 2011/12
(Pages 61 - 66)

To receive a report from the Head of Environmental and Community Health Services on organisations supported by grants via service level agreements.

**D Smith
388377**

20 Minutes.

7. LEADERSHIP DIRECTION (Pages 67 - 70)

To receive a report from the Leader and Deputy Leader on the Leadership Direction.

**H Thackray
388035**

5 Minutes.

8. DRAFT CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY 2012-17- CONSULTATION RESPONSE (Pages 71 - 86)

To receive a report from the Head of Legal and Democratic Services seeking the Panel's endorsement of a response to the current consultation on the Draft Cambridgeshire Health and Wellbeing Strategy.

**Miss H Ali
388006**

15 Minutes.

9. DOMESTIC ABUSE JOINT MEMBER LED REVIEW: FINAL REPORT (Pages 87 - 172)

To receive the final report of the Domestic Abuse Member Led Review undertaken by Cambridgeshire County Council's Safer and Stronger Overview and Scrutiny Committee.

**A Roberts
388015**

15 Minutes.

10. REPORT OF THE CABINET (Pages 173 - 174)

To receive a report from the Cabinet outlining their deliberations in respect of the Panel's proposals to establish Local Joint Committees in Huntingdonshire and on Voluntary Sector Funding from 2013/14 onwards.

**Mrs H Taylor
388008**

10 Minutes.

11. CAMBRIDGESHIRE ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Pages 175 - 186)

To receive an update from Councillor R J West on the outcome of recent meetings of the Cambridgeshire Adults, Wellbeing and Health Overview and Scrutiny Committee.

5 Minutes.

12. WORK PLAN STUDIES (Pages 187 - 192)

To consider, with the aid of a report by the Head of Legal and Democratic Services, the current programme of Overview and Scrutiny studies.

**Miss H Ali
388006**

10 Minutes.

13. OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) - PROGRESS (Pages 193 - 200)

To consider a report by the Head of Legal and Democratic Services on the Panel's programme of studies.

**Miss H Ali
388006**

15 Minutes.

14. SCRUTINY (Pages 201 - 208)

To scrutinise decisions as set out in the Decision Digest and to raise any other matters for scrutiny that fall within the remit of the Panel.

5 Minutes.

Dated this 23 day of August 2012



Head of Paid Service

Notes

A. Disclosable Pecuniary Interests

(1) *Members are required to declare any disclosable pecuniary interests and unless you have obtained dispensation, cannot discuss or vote on the matter at the meeting and must also leave the room whilst the matter is being debated or voted on.*

(2) *A Member has a disclosable pecuniary interest if it*

(a) relates to you, or

(b) is an interest of -

(i) your spouse or civil partner; or

(ii) a person with whom you are living as husband and wife; or

(iii) a person with whom you are living as if you were civil partners

and you are aware that the other person has the interest.

(3) *Disclosable pecuniary interests includes -*

(a) any employment or profession carried out for profit or gain;

(b) any financial benefit received by the Member in respect of expenses incurred carrying out his or her duties as a Member (except from the Council);

(c) any current contracts with the Council;

(d) any beneficial interest in land/property within the Council's area;

(e) any licence for a month or longer to occupy land in the Council's area;

(f) any tenancy where the Council is landlord and the Member (or person in (2)(b) above) has a beneficial interest; or

(g) a beneficial interest (above the specified level) in the shares of any body which has a place of business or land in the Council's area.

B. Other Interests

(4) If a Member has a non-disclosable pecuniary interest or a non-pecuniary interest then you are required to declare that interest, but may remain to discuss and vote.

(5) A Member has a non-disclosable pecuniary interest or a non-pecuniary interest where -

(a) a decision in relation to the business being considered might reasonably be regarded as affecting the well-being or financial standing of you or a member of your family or a person with whom you have a close association to a greater extent than it would affect the majority of the council tax payers, rate payers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the authority's administrative area, or

(b) it relates to or is likely to affect any of the descriptions referred to above, but in respect of a member of your family (other than specified in (2)(b) above) or a person with whom you have a close association

and that interest is not a disclosable pecuniary interest.

Please contact Miss H Ali, Democratic Services Officer, Tel No: (01480) 388006 / email: Habbiba.Ali@huntingdonshire.gov.uk if you have a general query on any Agenda Item, wish to tender your apologies for absence from the meeting, or would like information on any decision taken by the Panel.

Specific enquiries with regard to items on the Agenda should be directed towards the Contact Officer.

Members of the public are welcome to attend this meeting as observers except during consideration of confidential or exempt items of business.

Agenda and enclosures can be viewed on the District Council's website – www.huntingdonshire.gov.uk (under Councils and Democracy).

If you would like a translation of Agenda/Minutes/Reports or would like a large text version or an audio version please contact the Democratic Services Manager and we will try to accommodate your needs.

Emergency Procedure

In the event of the fire alarm being sounded and on the instruction of the Meeting Administrator, all attendees are requested to vacate the building via the closest emergency exit.

Agenda Item 1

HUNTINGDONSHIRE DISTRICT COUNCIL

MINUTES of the meeting of the OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) held in Civic Suite 0.1A, Pathfinder House, St Mary's Street, Huntingdon, Cambs, PE29 3TN on Tuesday, 3 July 2012.

PRESENT: Councillor S J Criswell – Chairman.

Councillors S Akthar, K M Baker,
Mrs P A Jordan, P Kadewere, Mrs L Kadic,
M C Oliver, J W G Pethard and R J West.

Mr R Coxhead and Mrs M Nicholas –
Coopted Members.

14. MINUTES

The Minutes of the meeting of the Panel held on 12th June 2012 were approved as a correct record and signed by the Chairman.

15. MEMBERS' INTERESTS

Councillor K M Baker declared a personal interest in Minute No. 12/18 by virtue of being Vice-Chairman of Huntingdon Shopmobility.

16. LOCAL GOVERNMENT ACT 2000: FORWARD PLAN

The Panel considered and noted the current Forward Plan of Key Decisions (a copy of which is appended in the Minute Book) which had been prepared by the Executive Leader of the Council for the period 1st July to 31st October 2012. In noting the addition of an item entitled "Gambling Act 2005 – Revised Statement of Principles", Members agreed that an advance copy would be circulated to Members before a decision was taken whether to include it on the Agenda for the Panel's October 2012 meeting.

17. UPDATE ON REDESIGN OF MENTAL HEALTH SERVICES

(Dr C Denman, Medical Director for Cambridgeshire and Peterborough Foundation Trust, Mr J Ellis, Head of Mental Health Commissioning for NHS Cambridgeshire and Peterborough, Dr D Irwin, GP Mental Health Lead for Hunts Care Partners, Mr S Legood, Assistant Director for Business Development and Marketing for Cambridgeshire and Peterborough Foundation Trust, and Dr J Richmond, GP Mental Health Lead for Hunts Health, were in attendance for consideration of this item).

Pursuant to Minute No. 11/93 and with the aid of a presentation by Mr J Ellis, Head of Mental Health Commissioning for NHS Cambridgeshire, and Dr J Richmond, GP Mental Health Lead for Hunts Health, the Panel received an update on the redesign of mental health services across Cambridgeshire and Peterborough. As part of a presentation, Members were informed of the feedback which had been received during the earlier consultation and were apprised of the

steps that would be undertaken to address each of the points raised. The Panel then received background information relating to the Advice and Referral Centre, including the purpose of establishing the Centre, the key issues to be addressed and the current status of its establishment.

Having concluded the presentation, Mr Ellis proceeded to respond to questions which had been raised by the Panel in advance of the meeting. The questions related to a number of aspects of the new service arrangements including transportation arrangements for both patients and their carers, care in the community services, the role of the Crisis Resolution Home Treatment Team, the reasons for the closure of Acer Ward together with the community services available from the Newtown Centre, Huntingdon and the availability of specialist mental health assessments at Hinchingsbrooke Hospital. In response to a follow-up question by the Chairman, Mr Ellis undertook to confirm outside of the meeting whether reimbursements to travel costs were means tested.

A question was then asked by Councillor Mrs P A Jordan about access to the Crisis Resolution Home Treatment Team and whether patients in need of the service would be directed towards the Advice and Referral Centre. Dr C Denman, Medical Director for Cambridgeshire and Peterborough NHS Foundation Trust, responded by assuring Members that this service would not cease and that it played a significant part in the overall structure of mental health services. Furthermore, it was confirmed that the Advice and Referral Centre would primarily deal with issues that did not require an immediate response. Any calls for service requiring a response within four hours would be directed towards the Crisis Resolution Home Treatment Team.

The Panel was advised that the services of the Advice and Referral Centre would be offered to patients, carers and their families from January/February 2013 onwards. It was not intended to publicise contact details for the service. Preliminary referral routes would be largely as they were at present. It was, however, noted that the public could access services through the dedicated website which had been set up specifically for this purpose. The website contained a comprehensive directory of all Primary Care Trust services.

Mrs M Nicholas queried whether calls made to the Advice and Referral Centre would be handled by qualified staff. Dr C Denman responded by informing the Panel that the Centre would be staffed by both reception staff and gateway workers. The latter would undergo a comprehensive training programme and acquire extensive knowledge and experience of the mental health field.

Members then discussed the travel implications of the service redesign and queried whether the transitional arrangements were operating as effectively as was intended. Mr Ellis reported that there were some issues to resolve; however, efforts were being made to work closely with service users and carers in this respect. Dr J Richmond then outlined some of the experiences of his patients, who primarily resided within the Ramsey area. Feedback received to date suggested that half of his patients preferred the care in the community approach, whilst the others had been affected to some extent by the

travel requirements of the new service design. Members were however reminded that patients' views would differ according to their own personal circumstances.

Other matters that were discussed included the type of clients that the Advice and Referral Centre would deal with, the availability of community services such as Caresco, who raised awareness of mental health issues and the population growth projections for Cambridgeshire and its subsequent impact on demand for services.

At the conclusion of the Panel's discussions, the Chairman thanked all those present for their attendance at the meeting. In so doing, Mr Ellis indicated that he and colleagues would be happy to return to provide a further update to Members at a future Panel meeting.

18. VOLUNTARY SECTOR FUNDING 2013/14 ONWARDS

(Councillor N J Guyatt, Deputy Executive Leader and Executive Member for Strategic Planning and Housing, was in attendance for consideration of this item).

(Councillors G Bull and P G Mitchell were present for discussion on this item).

(At 8:10pm, during discussion on this item, Councillor S Akthar left the meeting).

Consideration was given to a report by the Head of Environmental and Community Health Services (a copy of which is appended in the Minute Book) on the allocation of funding to support the voluntary sector in Huntingdonshire. Councillor N J Guyatt, Deputy Executive Leader and Executive Member for Strategic Planning and Housing, drew the Panel's attention to the current procedure for agreeing financial support together with the criteria that it planned to utilise to determine future applications. Members were advised that the future funding model would be a grant based system, which would be more flexible than the previous commissioning model.

Consideration was given to a suggestion that future financial support should be tapered to ensure voluntary organisations found match-funding for any grant that they received from the Council in the final year of the three year period. It was argued that this would mean the budget set aside by the Council would stretch further. Members expressed their reservations over the tapering process, which appeared to be prescriptive on the voluntary organisations' part. Councillor N J Guyatt concurred with the comments made and indicated that it would be up to each individual organisation to determine how they would wish to match-fund their activities and the additional value for money they would provide. Comment was then made on the need to provide alternative ways of supporting the voluntary sector, such as assisting organisations behind the scenes in their search for match funding opportunities.

It was stressed to Members that the success or otherwise of any applications that were received would be determined by the criteria against which applications were assessed. In response to a question by a Member, it was confirmed that the process would be open to the

whole voluntary sector and not just those organisations that currently held commissioning agreements with the Council.

Members noted that the relevant Executive Councillors responsible for determining grant applications would be Councillors T D Sanderson and J A Gray, Executive Members for Healthy and Active Communities and Resources respectively. In that light, the Managing Director (Communities, Partnerships and Projects) undertook to make this clear in paragraph 9.2 of the report prior to its submission to the Cabinet.

Owing to the Panel's concerns with the proposed tapering process, the Panel has agreed upon a further amendment to the report at paragraph 9.6 which has been agreed by the Managing Director (Communities, Partnerships and Projects). Whereupon, it was

RESOLVED

that subject to amendments outlined above relating to match-funding and the identity of the relevant Executive Councillors, the report by the Head of Environmental and Community Health Services on Voluntary Sector Funding 2013/14 Onwards be endorsed for submission to the Cabinet.

19. JOINT STRATEGIC NEEDS ASSESSMENT - AWARENESS RAISING

(Mrs W Quarry, JSNA Programme Manager for Cambridgeshire County Council, was in attendance for consideration of this item).

With the aid of a report by Cambridgeshire County Council (a copy of which is appended in the Minute Book) the Panel was acquainted with the contents of the Phase 6 Summary Report for the Cambridgeshire Joint Strategic Needs Assessment (JSNA). The Report played an integral part in the development of the draft Cambridgeshire Health and Wellbeing Strategy (Minute No. 12/20 refers). It identified key facts about the health and wellbeing of the Cambridgeshire population, together with health related trends for specific population groups.

Mrs Quarry identified some of the main findings of the Report in relation to Huntingdonshire. She made reference to various factors that had been found to affect the population's health and, in particular, road deaths and statutory homelessness. The Panel recognised the importance of the JSNA as a basis for local health strategic planning and spending. This importance partly derived from the fact that it contained links to many other documents and drew on a range of data. Having noted that the highest spending on health went on mental health disorders, it was

RESOLVED

that the report be received and noted.

20. DRAFT CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY 2012 - 17

(Dr L Robin, Director of Public Health for NHS Cambridgeshire was in attendance for this item).

(At 8.55pm, during discussion on this item, Councillor S Akthar returned to the meeting).

(At 9.05pm, during discussion on this item, Councillor Mrs L Kadic left the meeting).

The Panel received and noted a copy of the draft Cambridgeshire Health and Wellbeing Strategy 2012-17 (a copy of which is appended in the Minute Book) which was currently subject to consultation by NHS Cambridgeshire. The purpose of the consultation was to seek views on the priorities the Shadow Health and Wellbeing Board and Network believed would improve the Health and Wellbeing of local people. The Strategy also contained details of how Partners would work together effectively to achieve the priorities.

Dr L Robin, Director of Public Health for NHS Cambridgeshire, delivered a presentation on the background to the work and membership of the Shadow Health and Wellbeing Board and Network. She then drew Members' attention to the Strategy's vision and principles and mention was also made of the tools utilised to assist with the development of the Strategy, which included the Cambridgeshire Joint Strategic Needs Assessment, existing local strategies and social care organisations, a stakeholder event which had been held to identify the current priorities of local partnerships and organisations together with the findings of a recently completed Community Impact Assessment. The Panel was advised of the statutory requirement to have in place a Health and Wellbeing Strategy by April 2013; however, it was intended to publish the Cambridgeshire Strategy in October 2012.

A detailed explanation of each of the proposed priorities was then delivered to Members, which were as follows:-

- Ensure a positive start to life for children;
- Support older people to be safe, independent and well;
- Encourage healthy lifestyles and behaviours in all actions and activities whilst respecting people's personal choices;
- Create a safe environment and help to build strong communities, wellbeing and mental health; and
- Create a sustainable environment in which communities can flourish.

In concluding her presentation, Dr Robin advised that once the Strategy was ready for publication, work would commence on developing an action plan for the delivery of the agreed outcomes.

In discussing the proposals, comment was made on the need for enhanced levels of community involvement on health and wellbeing matters, particularly in light of the forthcoming transfer of public health services to County Councils. It was further suggested that local GP surgeries and health providers should more actively engage with their

local communities.

Mr R Coxhead queried what involvement NHS Cambridgeshire had in infrastructure planning for large scale housing developments. In response, Dr Robin reported that NHS Cambridgeshire contributed to the planning process in two ways through its own public health planning arrangements and through a nominated estates lead at NHS Cambridgeshire. It was confirmed that during the planning phase consideration was always given to the health facilities available within neighbouring communities and that a significant increase in the population would be needed to justify the establishment of a new GP practice.

A discussion then ensued on the methods of communication that were employed by NHS Cambridgeshire to generate awareness of the consultation. Members noted that details of it would be circulated to all Town and Parish Councils, local GP surgeries and libraries. The Panel then discussed the perception that often existed in relation to consultations that the outcome was predetermined. Dr Robin confirmed that this was a risk but that efforts were being made to elicit the views of stakeholders on the proposed Strategy to ensure that the priorities were right for Cambridgeshire.

Following a question by Councillor P Kadewere on the availability of resources to deliver against the Strategy's priorities, Members were advised that the Health and Wellbeing Board had been mindful of the financial constraints placed upon Partner organisations and noted that the Strategy was not intended to need additional resources.

In response to a question by Councillor R J West about the period covered by the Strategy, Dr Robin reported that it would be refreshed at some point during its life. Having noted the number of Countywide and Districtwide strategies, which had contributed towards the development of the draft Strategy, the Panel was informed that all Partners had contributed towards its development.

Given that the consultation period would close on 17th September 2012 the Chairman suggested that a Working Group should be established to record terms that would form the Panel's response. Accordingly, it

RESOLVED

that Councillors S J Criswell, M Oliver and J Pethard, together with Mr R Coxhead, be appointed on to a Working Group to formulate the Panel's response to the draft Cambridgeshire Health and Wellbeing Strategy 2012-17 for submission to the Panel's September 2012 meeting.

21. LEADERSHIP DIRECTION

The Chairman reported that this item had been deferred for consideration by the Panel at its September 2012 meeting. Members were advised that the Leadership Direction would be announced at Council the following day and that the Corporate Plan Working Group had given prior consideration to it on 28th June 2012.

22. NEIGHBOURHOOD FORUMS - PROPOSALS TO ESTABLISH LOCAL JOINT COMMITTEES IN HUNTINGDONSHIRE - CONSULTATION RESPONSES

With the aid of a report by the Neighbourhood Forums Working Group (a copy of which is appended in the Minute Book) the Panel were acquainted with the consultation responses received from Town and Parish Councils, District and relevant County Members, Partners of the existing Neighbourhood Forums and members of the public with an interest in the existing Neighbourhood Forums on the proposed establishment of Local Joint Committees in Huntingdonshire. The Chairman reminded the Panel of the background to the review which had been prompted by the Cabinet at the meeting on 16th May 2011 by the Deputy Executive Leader. Members' attention was drawn to Appendix D of the report which outlined a summary of the consultation responses received, together with the Working Group's response to each of the points raised.

On behalf of Councillor Mrs L Kadic, Councillor P Kadewere queried how the views of local communities would be represented at the proposed Local Joint Committee meetings. In response, the Chairman reported that elected Members would represent the communities' views and that the meetings would continue to operate within the public domain. He further reported that each of the Local Joint Committees would be responsible for setting their own Agendas which would be of local relevance to each area.

In discussing the proposal to undertake a review of the Local Joint Committees after 12 months, it was suggested that this could be done during a debate at a future Council meeting. A question was then asked by Councillor Mrs P A Jordan on the likely administrative and Officer costs associated with the proposals. The Chairman responded by informing the Panel that Officer support would continue in the same way as it was for the existing Neighbourhood Forums. Having regard to the servicing of meetings, it was confirmed that secretarial functions would be shared between the Clerks/Officers from amongst the membership of the Local Joint Committee.

In noting that the Chairman would be attending a meeting with the County Council on 6th July 2012 to discuss various matters identified in the authority's consultation response and having been advised that the Chairman would also be attending the Cabinet's July meeting to present the report, it was

RESOLVED

that the report of the Neighbourhood Forums Working Group be endorsed for submission to the Cabinet.

23. CAMBRIDGESHIRE ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Councillor R J West reported that the Working Group appointed by the Cambridgeshire Adults, Wellbeing and Health Overview and Scrutiny Committee to investigate delayed and premature discharges from hospital would be meeting on the 5th July 2012. The next Committee meeting was scheduled to be held on 15th July 2012. He

also gave an undertaking to update the Panel on matters relating to the redesign of mental health services.

24. WORK PLAN STUDIES

The Panel received and noted a report by the Head of Legal and Democratic Services (a copy of which is appended in the Minute Book) which contained details of studies being undertaken by the Overview and Scrutiny Panels for Economic Well-Being and for Environmental Well-Being.

25. OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING) - PROGRESS

The Panel received and noted a report by the Head of Legal and Democratic Services (a copy of which is appended in the Minute Book) which contained details of actions taken in response to recent discussions and decisions. Following a request for Members to assist Mr R Coxhead with the study into the social value of One Leisure Services, it was

RESOLVED

that Councillors S J Criswell and R J West be appointed to the One Leisure Sub-Group.

26. SCRUTINY

The 125th Edition of the Decision Digest was received and noted.

Chairman

FORWARD PLAN OF KEY DECISIONS

Prepared by
Date of Publication:
For Period:

Councillor J D Ablewhite
16 August 2012
1 September 2012 to 31 December 2012

Membership of the Cabinet is as follows:-

Councillor J D Ablewhite	- Executive Leader of the Council, with responsibility for Strategic Economic Development	3 Pettis Road St. Ives Huntingdon PE27 6SR Tel: 01480 466941 E-mail: Jason.Ablewhite@huntingdonshire.gov.uk
Councillor N J Guyatt	- Deputy Executive Leader of the Council with responsibility for Strategic Planning and Housing	6 Church Lane Stibbington Cambs PE8 6LP Tel: 01780 782827 E-mail: Nick.Guyatt@huntingdonshire.gov.uk
Councillor B S Chapman	- Executive Councillor for Customer Services	6 Kipling Place St. Neots Huntingdon PE19 7RG Tel: 01480 212540 E-mail: Barry.Chapman@huntingdonshire.gov.uk
Councillor J A Gray	- Executive Councillor for Resources	Shufflewick Cottage Station Row Tilbrook PE28 OJY Tel: 01480 861941 E-mail: Jonathan.Gray@huntingdonshire.gov.uk
Councillor D M Tysoe	- Executive Councillor for Environment	Grove Cottage Maltings Lane Ellington Huntingdon PE28 OAA Tel: 01480 388310 E-mail: Darren.Tysoe@huntingdonshire.gov.uk
Councillor T D Sanderson	- Executive Councillor for Healthy and Active Communities	29 Burmoor Close Stukeley Meadows Huntingdon PE29 6GE Tel: 01480 412135 E-mail: Tom.Sanderson@huntingdonshire.gov.uk

Any person who wishes to make representations to the decision maker about a decision which is to be made may do so by contacting Mrs Helen Taylor, Senior Democratic Services Officer on 01480 388008 or E-mail: Helen.Taylor@huntsdc.gov.uk not less than 14 days prior to the date when the decision is to be made.

The documents available may be obtained by contacting the relevant officer shown in this plan who will be responsible for preparing the final report to be submitted to the decision maker on the matter in relation to which the decision is to be made. Similarly any enquiries as to the subject or matter to be tabled for decision or on the availability of supporting information or documentation should be directed to the relevant officer.

Colin Meadowcroft
Head of Legal and Democratic Services

Notes:- (i) Additions/significant changes from the previous Forward are annotated ***
(ii) For information about how representations about the above decisions may be made please see the Council's Petitions Procedure at <http://www.huntsdc.gov.uk/NR/rdonlyres/3F6CFE28-C5F0-4BA0-9BF2-76EBAE06C89D/0/Petitionsleaflet.pdf> or telephone 01480 388006

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Consultation	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Council Tax Support***	Cabinet	13 Sep 2012	None.	Julia Barber, Head of Customer Services Tel No. 01480 388105 or email Julia.Barber@huntingdonshire.gov.uk	Overview & Scrutiny (Economic Well-Being).	J A Gray	Economic Well-Being
Joint Strategic Planning***	Cabinet	13 Sep 2012	None.	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
Fixed Penalty Notice - Section 46 Waste Offences	Cabinet	13 Sep 2012	None.	Sonia Hansen, Streetscene Manager 01480 388630 or email Sonia.Hansen@huntingdonshire.gov.uk	Overview and Scrutiny Panel (Environmental Well-Being)	D M Tysoe	Environmental Well-Being
Leadership Direction	Cabinet	13 Sep 2012	None	Helen Donnellan, Corporate Team Manager Tel No 01480 388263 or email Helen.Donnellan@huntingdonshire.gov.uk	Overview & Scrutiny Panels and Corporate Plan Working Group	J D Ablewhite/ N J Guyatt	All O&S Panels

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Consultation	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Charging for Second Green Bin	Cabinet	13 Sep 2012	None	Eric Kendall, Head of Operations Tel No. 01480 388635 or email Eric.Kendall@huntingdonshire.gov.uk	None	D M Tysoe	Environmental Well-Being
Bearscroft Farm Urban Design Framework	Cabinet	13 Sep 2012	None.	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk	Adopt as Council policy.	N J Guyatt	Environmental Well-Being
Technical Reforms of Council Tax	Cabinet	13 Sep 2012	None	Julia Barber, Head of Customer Services Tel No 01480 388105 or email Julia.Barber@huntingdonshire.gov.uk	None	B S Chapman	Economic Well-Being
Financial Strategy	Cabinet	13 Sep 2012	None	Steve Couper, Head of Financial Services Tel No 01480 388103 or email Steve.Couper@huntingdonshire.gov.uk	Overview & Scrutiny (Economic Well-Being)	J A Gray	Economic (Well-Being)
Business Plan One Leisure - Quarterly Performance Reports***	Cabinet	18 Oct 2012	None	Simon Bell, General Manager, One Leisure Tel No. 01480 388049 or email Simon.Bell@huntingdonshire.gov.uk	Overview and Scrutiny Panel (Economic Well-Being).	T D Sanderson	Economic Well-Being
Community Right to Challenge***	Cabinet	18 Oct 2012	None.	Colin Meadowcroft, Head of Legal and Democratic Services Tel No. 01480 388021 or email Colin.Meadowcroft@huntingdonshire.gov.uk		N J Guyatt	Economic Well-Being
Risk Based Verification in Housing Benefits***	Cabinet	18 Oct 2012	None.	Julia Barber, Head of Customer Services Tel No. 01480 388105 or email Julia.Barber@huntingdonshire.gov.uk		J A Gray	Economic Well-Being

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Consultation	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
Town and Parish Council Charter***	Cabinet	18 Oct 2012	None.	Dan Smith, Community Health Manager Tel No. 01480 388377 or email Dan.Smith@huntingdonshire.gov.uk		N J Guyatt	Social Well-Being
Houghton & Wyton Conservation Area Boundary Review	Cabinet	18 Oct 2012	Consultation Outcomes	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk	Approve new Conservation Area Boundary	N J Guyatt	Environmental Well-Being
Housing Strategy 2012-2015 - to include Tenancy Strategy	Cabinet	18 Oct 2012	Previous Housing Strategy 2006-2012 and Strategic Housing Market Assessment (SHMA)	Jo Emmerton, Housing Strategy Manager Tel No. 01480 388203 or email Jo.Emmerton@huntingdonshire.gov.uk	Housing Associations and Partners	N J Guyatt	Social Well-Being
A14	Cabinet	18 Oct 2012	None.	Steve Ingram, Head of Planning Services 01480 388400 or email Steve.Ingram@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being
CIL Governance Principles	Cabinet	18 Oct 2012	None.	Steve Ingram, Head of Planning Services Tel No. 01480 388400 or email Steve.Ingram@huntingdonshire.gov.uk	Endorse Governance Principles.	N J Guyatt	Economic Well-Being
Planning for Sustainable Drainage Systems (SuDs)	Cabinet	18 Oct 2012	Consultation Outcomes	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 388430 or email Paul.Bland@huntingdonshire.gov.uk	Approve new Conservation Area Boundary.	N J Guyatt	Environmental Well-Being
Gambling Act - Revised Statement of Principles	Cabinet	22 Nov 2012	None	Christine Allison, Licensing Manager Tel No 01480 388010 or email Christine.Allison@huntingdonshire.gov.uk	None	T D Sanderson	Social Well-Being

Subject/Matter for Decision	Decision/ recommendation to be made by	Date decision to be taken	Documents Available	How relevant Officer can be contacted	Consultation	Relevant Executive Councillor	Relevant Overview & Scrutiny Panel
St. Neots Town Centre Urban Design Framework***	Cabinet	13 Dec 2012	None.	Paul Bland, Planning Service Manager (Policy) Tel No. 01480 3888430 or email Paul.Bland@huntingdonshire.gov.uk		N J Guyatt	Environmental Well-Being

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17TH AUGUST 2012

OVERVIEW & SCRUTINY PANEL
(SOCIAL WELL-BEING)

4TH SEPTEMBER 2012

**HOUSING BENEFIT CHANGES AND THE POTENTIAL IMPACT ON
HUNTINGDONSHIRE
(Report by the Head of Customer Services)**

1. INTRODUCTION

- 1.1 The Government's Welfare Reform programme includes significant changes to the Housing Benefit system. The Panel has previously received information regarding the changes and the potential impact these were likely to have on households in Huntingdonshire (see appendix A). The Panel requested quarterly updates on the impact of these changes, in particular on homelessness, and these figures have been included later in this report.
- 1.2 As government policy is partly based on the belief that the Housing Benefit system has been driving private sector rent increases in recent years the Panel also requested information on whether private sector rents were adjusting in light of these welfare reforms. This is being monitored through the rents that Housing Benefit is paid against and a further report will be presented to the Economic Well Being Panel in October on this subject. Members of this Panel will also be invited to attend.
- 1.3 Members of the Panel have also asked additional questions about the welfare reforms and impact on housing in Huntingdonshire and these are included later in the report with officer responses.

2. IMPACT & TIMESCALES

- 2.1 The reduction in the amount of Local Housing Allowance that is used to work out benefit entitlement has been in place since April 2011. However, as existing tenants had 9 months protection, the effects were not felt until January 2012 onwards. Although some claimants are losing Housing Benefit of up to £70 per week, only a small number of the affected customers have contacted the Housing Benefit or Housing Advice & Options teams for advice. A proportion of these households will have made their own arrangements and be either making up the reduction in their Housing Benefit entitlement, have found cheaper accommodation or negotiated a lower rent with their landlord. The concern still remains those that have not taken up any of these options, or taken up the offer of advice from the council and are currently building up rent arrears on their home. This remains an unknown number.
- 2.2 The wider welfare reforms will also introduce a maximum amount of benefit that a household can claim. The cap will be £500 per week and covers all benefits, including Housing Benefit. It comes into effect from April 2013 and the Department for Works and Pensions (DWP) have advised that there are 38 households in

Huntingdonshire that will potentially be affected by the benefit cap if their circumstances do not change. Given the nature of this cap it is most likely to affect larger families, who the council may have a statutory duty to help if they subsequently became homeless. The DWP has written to these households to explain the changes and their reduced entitlement to the benefits they receive but, as yet, there has been no contact from the affected claimants.

2.3 The position with housing advice and options work, together with homelessness and prevention work at the end of the first quarter of the year is as follows:

- 71 households were prevented from becoming homeless in Q1, compared to 67 in Q1 last year. The most successful prevention measure of helping households into private rented tenancies through the Rent Deposit or Bond schemes is diminishing as a result of the reductions in the Local Housing Allowance rates.
- 41 households were accepted as homeless in Q1 compared to 43 in the same period last year.
- 77 households in temporary accommodation at the end of the quarter compared to 64 at the start. It is likely that the number of households in temporary accommodation will increase this year as a result of limited options in both the private rented and social rented sectors.
- Received 81 Rent Deposit scheme applications in Q1 (compared to 76 in Q1 last year) and assisted 32 of these into private sector tenancies with the help of a loan or bond (compared to 35 in the same period last year).

3. ADDITIONAL INFORMATION

3.1 Members of the Panel previously asked if local housing associations had been approached to assist with the relocation of households that were no longer able to afford to privately rent in the London area. Although it has been reported in the national press that some London Boroughs had approached housing associations in other parts of the country we have been advised by our association partners that they have not been approached. Certain London Boroughs are apparently considering offering a relocation to households that are threatened with homelessness as they are no longer able to privately rent in the capital as a result of the welfare reforms. As yet, this is not an issue for the Huntingdonshire area as we are not aware of a significant migration out of London to this area.

3.2 Members also asked for information on the cost of homelessness prevention compared to dealing with statutory homelessness applications. The Council's work in this area is carried out by the Housing Advice & Options team with the emphasis of our work being to work with customers with housing difficulties at as early a stage as possible to prevent their homelessness. This will be by trying to keep the customer in their current home where appropriate and where not try and help them find a new home, predominately in the private rented sector. Our success in this area has reduced for those customers that need help through the Housing Benefit system to pay their rent.

3.3 The work of the Advice & Options team spans homelessness prevention and statutory homelessness work (and there is overlap where prevention is not possible and leads to a homelessness application). Officers have split these costs to estimate

a cost comparison for the work areas and in 2011/12 a successful homelessness prevention case cost approximately £1230 compared to approximately £1585 for dealing with a household through the statutory homelessness route. This does not however include the significant capital cost of providing a housing association home for those households that are accepted through the statutory homelessness route. It also does not consider the impact on the individual household of going through a homelessness crisis situation.

- 3.4 The key to successful homelessness prevention is having an accessible and affordable privately rented market, particularly for those households reliant on Housing Benefit. Officers are currently pursuing options and initiatives to try and ensure the availability of privately rented housing for our customers given that the social rented sector is unable to meet levels of demand.
- 3.5 Members have enquired about the resource and staffing implications of the on-going welfare reforms. As we approach the MTP budget processes officers are considering these so that appropriate proposals are presented to Members to make decisions on the service areas that they wish to prioritise and resource.

4. CONCLUSION

- 4.1 The changes in the Housing Benefit system have had little impact so far on existing claimants as they have been under transitional protection. All claimants have been contacted to advise them of their personal changes although relatively small numbers of these households have taken up the offer of advice and help from the council. The issue remains that new claimants have faced problems in acquiring accommodation in the private rented sector, which has resulted in increased demands on the Housing Advice & Options service with limited opportunities in the private rented sector to help these households compared to previous years.
- 4.2 The next tranche of welfare reforms will further impact on the income and circumstances of benefit claimants. Preparatory work is under way to engage with partners, the voluntary sector and other groups to raise awareness of this and to help them to prepare for April 2013.

5. RECOMMENDATION

- 5.1 The Panel is asked to note the contents of this report

**Contact
Officer:**

Julia Barber

 01480 388105

Date change implemented	Summary of change	HB impact	Housing impact
April 2011	Local Housing Allowance limited to 30% instead of 50% (average rent amounts)	<p>From April to July 2012 there were 158 households that saw a reduction in their HB entitlement between £0.01 and £73.85 per week, with a total annual loss of £62k in HB payments.</p> <p>Between August and December there will potentially be a further 162 households who have a reduction of up to £89 per week in their HB entitlement, with a total annual loss of £70k in HB payments.</p> <p>DHP's have been awarded in a few cases to help make up the shortfall, but there has been little contact from the majority of customers affected.</p>	<p>We have already begun to see a reduction in the number of households able to access the private rented sector due to the reduced LHA rates resulting in fewer homelessness preventions.</p> <p>We have also started to offer some households advice and help where their HB entitlement has reduced – either to find alternative more affordable housing or try to maximise their income. The numbers so far have been relatively low as the impact has not yet been felt due to transitional protection still being in place for many households (ending throughout this year).</p>
April 2011	Increase in Non-dependent deductions	<p>334 HB claims and 398 CTB claims are currently affected. The increase in annual HB deductions since 2010/11 is £133k and CTB is £24k.</p> <p>There has been little contact from customers affected by this change.</p>	<p>If shortfall is not made up households may fall into arrears. Parents may ask their grown up children (over 18) to leave the family home. Most will not be priority need, but may require advice on housing options</p> <p>The Housing Advice & Options team has not seen an increase in customers because of this change as yet.</p>
April 2011	Government to increase Discretionary Housing Payment funds to councils every year	<p>Increase in DHP grant to £68,432 in 2012/13 (from £41,422). A further £10k budget is available to help with transitional payments. However annual loss to claimants is predicted to be £370k, so not able to offset impact.</p> <p>Demand has increased slightly compared to the same period last year. The average weekly award is £14.44 per week</p>	<p>Households experiencing reductions in their HB entitlement as a result of these changes are encouraged to make a DHP application as part of our homelessness prevention measures. DHP is only a short term option whilst the household consider other options such as moving to cheaper accommodation or increasing their income. The DHP system is therefore not a long term measure to resolve homelessness. We have already committed £30k of the DHP budget for 2012/13.</p>

Date change implemented	Summary of change	HB impact	Housing impact
		<p>compared to £13.65 per week for 2011 – 12.</p>	
January 2012	<p>Shared Accommodation Rate to be applied to single people under 35 (extended from those under 25)</p>	<p>There is an estimated annual loss of £136k to HB claimants. 72 people will be affected by around £36 per week this year. 12 claims were impacted between Apr and August, 1 case <£10, 1 case between £10-£20, 10 cases between £30-£40.</p> <p>Only a small number of the people affected by this change have contacted the council for advice.</p>	<p>We have started to see a small number of the people affected by this change. There are limited options we can offer apart from advice and possible help through the Rent Deposit scheme to find a room in a shared house. There are relatively few Houses in Multiple Occupation offering shared housing in the district so options are limited.</p>
April 2013	<p>HB entitlement reduced for social rented tenants below pensionable age who are under-occupying their homes</p>	<p>The rent figure used in the HB calculation will be reduced by a percentage based on whether the claimant is over accommodated by one or two bedrooms. The LHA bedroom entitlement rates will be used to assess the number of bedrooms that a household is entitled to. Where a household of working age exceeds this by one bedroom they will have a 14% reduction in the rent figure used in the benefit calculation. Where they exceed it by two or more bedrooms they will have a 25% reduction in the rent figure used.</p> <p>Preliminary work shows that around 170 working age households under occupy their homes by two or more bedrooms and 820 working age household under occupy their homes by one bedroom.</p> <p>We have provided housing providers with details of their tenants that we believe will be affected by this change so that we can</p>	<p>A review of the council's Lettings Policy has already begun. As we are part of the sub regional Home-Link scheme the core of the policy must be consistent. The review is considering bringing the bedroom entitlements for applicants in line with the LHA bedroom entitlement regulations which will result in a more crowded social rented stock. The Lettings Policy will be taken through the Scrutiny Panels, Cabinet and Council later this year with a view to implementing the policy by April 2013.</p> <p>The reduction in Housing benefit entitlement for housing association tenants will potentially lead to higher levels of rent arrears with affected tenants who may ultimately face eviction if their rent is not paid.</p>

Date change implemented	Summary of change	HB impact	Housing impact
		begin to work with them to explore their options.	
April 2013	Local Housing Allowance rates will be uprated in line with CPI	LHA rates have been frozen at the April 2012 level for the remainder of the financial year. From April 2013 the LHA rates will increase in line with the CPI rather than the RPI.	If LHA rates don't keep pace with rent levels, over time this will reduce the proportion of private sector properties available to HB claimants.
April 2013	<p>£500 per week cap on benefits claimed. The aim of this is that people who aren't working shouldn't receive more income than the average person/household who is working. The cap has been set at:</p> <ul style="list-style-type: none"> • £500 per week for couples with or without children and lone parents • £350 per week for a single person with no children <p>If the claimant's income exceeds this cap, their Housing Benefit will be reduced.</p>	<p>The DWP have identified households that may be affected by the cap and have written to them now with advice on how to avoid the cap. There are 38 claimants within the HDC area who may be affected; these are mainly large families living in a mixture of social and privately rented property. The potential loss in benefits ranges from £0.45 per week to £300 per week.</p> <ul style="list-style-type: none"> • 12 households could lose £100+ per week • 5 households could lose between £50 and £100 per week • 9 households could lose between £30 and £49.99 per week • 4 households could lose between £10 and £29.99 per week • 8 families could lose less than £10 per week <p>However, the full effect will not be felt until Universal Credit is introduced in 2013/14.</p>	Existing tenants will be forced to vacate homes where they can no longer afford the rent once the cap is applied to their total benefit entitlement. They will potentially apply to the council as homeless as they are no longer able to afford their rent and the council may then have a duty to help with the rehousing of the household.

* The figures in this table may vary throughout the year if claimant's circumstances change prior to the welfare reform coming into effect.

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17TH AUGUST 2012

OVERVIEW & SCRUTINY PANEL
(SOCIAL WELL-BEING)

4TH SEPTEMBER 2012

REVIEW OF THE COUNCIL'S LETTINGS POLICY (Report by the Head of Customer Services)

1. INTRODUCTION

- 1.1 As the local Housing Authority, the council is required by law to have an allocations scheme for determining priorities in the allocation of social rented housing. The Lettings Policy is the council's allocations scheme.
- 1.2 Although the council is no longer a stock holding authority it has a housing register of people wishing to be considered for the allocation of social rented housing and a choice based lettings scheme (the Home-Link scheme) which is the vehicle for letting the majority of these properties in the district. The Lettings Policy dictates how the housing register and the letting of properties operates.
- 1.3 The 2011 Localism Act introduced new legislation governing allocations schemes and the 2012 Welfare Reform Act also contains changes to the benefits system that have an impact on the letting and management of social rented housing. The council, together with the other local authorities that make up the Home-Link partnership, have reviewed their Lettings Policies in light of these legislative changes and produced the attached consultation draft which is now being presented to the Scrutiny Panel for their consideration.

2. LEGISLATIVE CHANGES AND IMPLICATIONS

- 2.1 The Localism Act gives greater flexibility to allow councils to decide who should be prioritised for social rented housing, in terms of who should be allowed onto the housing register and then what level of priority they should be awarded for housing. Although some flexibilities have been introduced there remains a legislative framework of the categories of households that should be given 'reasonable preference' for housing. In an area where demand for social rented housing outstrips supply the difficult task is achieving a Lettings Policy that meets the needs of those that must be given 'reasonable preference' balanced against any other local priorities that the new flexibilities may allow.
- 2.2 The new flexibilities must also be considered in light of other legislation the most obvious being equalities legislation. It is important to ensure that the Lettings Policy does not discriminate in a direct or indirect way against any household and so any changes must consider the implications of this. A full

Equalities Impact Assessment of the policy will be carried out at the end of the consultation period and prior to the policy being considered for adoption.

- 2.2 The Welfare Reform Act will introduce changes to the Housing Benefit system that will reduce the Housing Benefit entitlement for social rented tenants who are considered to be under-occupying their homes. This Lettings Policy review has therefore considered bringing the bedroom entitlement rate in line with Housing Benefit (HB) regulations so that those that are considered to be under-occupying can be helped to move and all new tenancies created are in line with the HB entitlement rate.
- 2.4 Secondary legislation, via statutory instrument, has also introduced a requirement to give additional priority for social housing to ex-service personnel. It also prevents councils from excluding ex-service personnel from their registers on grounds of lacking a local connection.
- 2.5 The table at Appendix A gives details of the changes that are being suggested to the policy as a result of these legislative changes. The full consultation draft Lettings Policy is at Appendix B.
- 2.6 The under-occupation of social rented housing is an issue nationally and locally. Welfare reforms to be introduced from April 2013 will reduce the Housing Benefit entitlement of working age social rented tenants who are considered to be under-occupying their homes. The criteria to be used for assessing under-occupation are the bedroom entitlement rates that are currently applied to private sector tenants through the Local Housing Allowance regulations. Applying this criteria to social rented tenancies in Huntingdonshire in July 2013 shows that there were almost 1000 households claiming Housing Benefit that are considered to be under-occupying by at least one bedroom.
- 2.7 There are three mechanisms to help these households move to smaller accommodation:
 - a mutual exchange, where one tenant can find another social rented tenant to swap properties with;
 - direct lets where housing associations can offer smaller available properties to their tenants outside of the allocations scheme (so they do not have to bid through the Home-Link scheme); and
 - prioritising under-occupiers who apply to the housing register and wish to bid through the Home-Link scheme.
- 2.8 The consultation draft of the Lettings Policy suggests increasing the priority of those under-occupying tenants who wish to go through the Home-Link route for rehousing, although housing associations are being encouraged to assist these tenants predominately through the direct let mechanism as this is often a more effective way of encouraging them to move.

3 CONSULTATION PROCESS AND TIMESCALES

- 3.1 All the councils that make up the Home-Link partnership are currently consulting on the proposed changes to their Lettings Policies. Consultation is taking place with Members, current housing register applicants and a wide range of stakeholder organisations.
- 3.2 The consultation process runs until 28th September 2012 with all partners then considering the responses and taking the final policy through their Cabinet and full Council processes towards the end of this year. A full review of the housing register will take place after approval of the Policy, between January and April 2013, assessing each applicant under the new policy and informing them of any changes that affect them. The new Lettings Policy will then be introduced from April 2013.

4. CONCLUSION

- 4.1 The proposed changes to the Lettings Policy are the most significant in many years. Examples of this are the overcrowding assessment of households applying to the register and the size of social rented property they will then be entitled to be considered for. This will, however, bring bedroom entitlement rates in line with those allowed under the HB regulations.
- 4.2 These changes are likely to generate a number of enquiries for officers and Members from those households affected, the majority of which are likely to be adversely affected. The changes are necessary though in light of the legislative changes brought about by the Localism and Welfare Reform Acts.

5. RECOMMENDATION

- 5.1 The Panel is asked to comment on the consultation draft of the Lettings Policy and note the contents of this report.

Contact Officer: **Julia Barber**
 **01480 388105**

Lettings Policy Review – Current position and proposed changes

Appendix A

	Changes Implemented By Localism Act (LA)/Statutory Instruments/ welfare reforms	Current Policy Position	Proposed Revised Policy Position	Comments
1	Local decisions on classes of people that you should include or exclude from the allocations scheme. (legally able to define who are 'qualifying persons' for purposes of the allocation scheme)	Open housing register allowing anyone from anywhere in the UK onto the register apart from the most serious ASB or arrears cases	a) Only accepted onto the register if have a local connection to the district (no proposed change to definition of local connection) b) Continue to exclude the most serious ASB or arrears cases (different test under LA but with the same outcome)	'Eligibility' in terms of immigration status remains – not to be confused with 'qualifying persons' which is now introduced through LA.
2	Members and former members of the Armed Forces provisions. a) Local connection requirements b) Additional preference for members of the armed forces	a) Although current and former members of the armed forces are allowed onto the register if they do not have a local connection they would have a lower priority than applicants that have a local connection. b) No additional preference is awarded for former members of the armed forces.	a) Statutory instrument to be introduced to state that former members of the armed forces, bereaved spouses or partners, or members of the Reserve Forces who need to move because of serious injury or disability sustained as a result of service, do not need to satisfy local connection criteria. This has been written into the policy (needs amending for spouses and Reserve Forces). b) Additional preference awarded by back dating their 'date in band' by the number of years of total military service.	a) Local connection does not apply to 'former' members of armed forces where their application is made within 5 years of their discharge. b) Backdate applies to all former members of armed forces irrespective of how long ago they served
3	Determining priorities between households with similar levels of need (concept of additional preference)	Currently award 'low priority' to those with financial resources that are able to resolve their own need; and those whose behaviour makes them 'unsuitable to be	New provisions allow greater priority to be given to anyone we wish to define – examples might be workers, model tenants or those who contribute to their local community. It is not proposed that	Difficulty administering, assessing, and monitoring if introduce extra additional preference categories.

		a tenant' (low level arrears and ASB)	we make use of these powers apart from retaining lower priority for those under the current policy and review again in 12 months once we are aware of how other allocations scheme have made use of this legal power.	
4	<p>Assessment of overcrowding for calculating overcrowding, under-occupancy and allocation of properties.</p> <p>Recommendation in Code of Guidance that all councils use the bedroom standard as a minimum measure of overcrowding for allocation purposes – a stricter measure than the LHA bedroom entitlement rates.</p> <p>To assist with issues brought about by HB welfare reforms</p>	Currently have one set of criteria for calculating overcrowding (not as strict as LHA bedroom entitlement rates) and an even more generous bedroom entitlement rate in the allocations part of the policy – based on stock profiles in each district.	Proposal is to use the LHA bedroom entitlement rates for calculating overcrowding, under-occupancy and allocation of properties.	<p>LHA bedroom rates are not as generous as our current overcrowding assessment calculation so households will have to be more crowded to be considered as 'lacking a bedroom'.</p> <p>Using LHA rates will bring bedroom entitlements in line with private rented sector entitlements for HB claimants but will over time lead to a more crowded social rented sector. Issues with local stock profiles being able to meet needs.</p>
5	Changes in priority banding (as a consequence of issues in 5 above)	<p>Assessed as being overcrowded and lacking 2 bedrooms, or under-occupying by 2 bedrooms equates to a band B level of priority.</p> <p>Lacking or under-occupying by 1 bedroom equates to a band C priority.</p>	Given the stricter bedroom entitlement rates proposal is to increase lacking or under-occupying by 2 or more bedrooms to a band A priority and the lacking or under-occupying by 1 or more bedrooms to a band B priority	If insufficient priority is awarded on this it will prevent applicants' ability to successfully bid on properties through Home-Link.

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CONSULTATION DRAFT

HUNTINGDONSHIRE DISTRICT COUNCIL

LETTINGS POLICY DOCUMENT

This document sets out how Huntingdonshire District Council, in partnership with Registered Providers (Housing Associations) with properties in the district, will allocate their properties through the
“Home-Link Choice Based Lettings Scheme”

Contents page

Chapter	Contents	Page No.
Chapter 1	Introduction	
	1.1 Introduction	4
	1.2 Objectives of the lettings policy	4
	1.3 Statement on choice	5
	1.4 Legal context	5
	1.5 Equal opportunities and diversity	6
	1.6 Monitoring and reviewing the lettings policy	6
Chapter 2	Applying for housing	
	2.1 How to apply for housing	7
	2.2 Date of registration	7
	2.3 Date in band	8
	2.4 Armed Forces personnel – date in band	8
	2.5 Multiple applications	9
	2.6 Change of circumstances	9
	2.7 Applicant's consent and declaration	9
	2.8 Data protection	9
	2.9 Application review	9
	2.10 Cancelling an application	10
Chapter 3	Who will qualify to be accepted onto the housing register	
	3.1 Qualifying categories of applicants	11
	3.2 Eligibility categories	11
	3.3 Local Connection	11
	3.4 Applicants with a history of unacceptable behaviour	12
Chapter 4	Assessment of housing needs	
	4.1 Legal background	13
	4.2 Advice and information	13
	4.3 Assessment of housing need	13
	4.4 Local connection criteria	13
	4.5 Housing needs bands	13
	4.6 Band A: Urgent need	13
	4.7 Band B: High need	15
	4.8 Band C: Medium need	16
	4.9 Band D: Low need	17
	4.10 Low priority	17
	4.11 Intentionally worsening circumstances	18
	4.12 Financial resources	18
	4.13 Officer review of Band A applicants	19
Chapter 5	Assessment information and criteria	
	5.1 Assessment information and criteria	20
	5.2 Transfer applicants	20
	5.3 Homeless applications	20
	5.4 Split families	20
	5.5 Bedroom requirement guidelines	20
	5.6 Staying contact with children	21
	5.7 Medical assessments	21
	5.8 Harassment and domestic violence	21
	5.9 Applicants subject to MAPPA arrangements	22
	5.10 Emergency housing status	22
	5.11 Direct Lets	22
	5.12 Direct lets to homeless applicants	22
	5.13 Applicants who require a specific size, type or adapted property	23

	5.14 Sheltered housing	24
	5.15 Extra care homes	24
	5.16 Refusals of direct lets	24
	5.17 Area specific policies	24
Chapter 6	Reviews of decisions	
	6.1 Reviews of decisions	25
	6.2 Statutory reviews	25
	6.3 Homeless reviews	25
	6.4 The Local Government Ombudsman	26
Chapter 7	Letting of accommodation	
	7.1 Letting of accommodation	27
	7.2 Labelling property advertisements	27
	7.3 Bedroom requirements	27
	7.4 Shortlisting	27
	7.5 Formal offer of property	27
	7.6 Withdrawal of offers	28
	7.7 Refusing an offer of accommodation	28
	7.8 Allocations to staff, council members or their family members	28
	7.9 Tenancy management outside the scope of the lettings policy	28
Chapter 8	Confidentiality and access to information	
	8.1 Applicants' rights to information	30
	8.2 Data protection	30
	8.3 Requesting information	30
Appendices	1 Home-Link bedroom matching requirements	29
	2 Partner organisation list	31
	2 Glossary of terms	33

Chapter 1

1.1 Introduction

- 1.1.1 This is the letting policy for Huntingdonshire District Council (“HDC”) and should be considered in conjunction with the Cambridge Sub-regional Choice Based Lettings scheme (“CBL”), framework document, which outlines how the CBL scheme will work. The Partnership Organisations (PO’s) to the Sub-regional CBL scheme are:
- a) Cambridge City Council
 - b) East Cambridgeshire District Council
 - c) Fenland District Council
 - d) Forest Heath District Council
 - e) Huntingdonshire District Council
 - f) South Cambridgeshire District Council
 - g) St Edmundsbury Borough Council
- 1.1.2 The CBL scheme and this lettings policy have been designed in collaboration with the sub regional PO’s listed above, with the aim of having as much consistency in the letting of social housing as is possible in a very diverse sub-region. The lettings policy aims to ensure that all people seeking social housing in Huntingdonshire are able to exercise choice in deciding where they wish to live and in the type of property they would prefer.
- 1.1.3 The policy enables Huntingdonshire District Council to consider the individual needs of its applicants whilst making best use of the scarce resource of housing stock. The policy sets out:
- a) How to apply for housing.
 - b) Who will qualify to be accepted onto the housing register.
 - c) How priority for housing applicants will be given.
 - d) What the decision-making processes are.
 - e) How homes will be let.

1.2 Objectives of the lettings policy

- a) To meet the legal requirements for the allocation of social housing as set out in the Housing Act (1996) as amended by the Homelessness Act (2002) and the Localism Act (2011).
- b) To assist applicants in the highest assessed need
- c) To let properties in a fair and transparent way and provide a consistent lettings process
- d) To make best use of housing stock
- e) To ensure that applicants are not unlawfully discriminated against, whether directly or indirectly
- f) To support vulnerable applicants
- g) To provide increased choice and information to applicants
- h) To provide information and feedback on homes that are let through the CBL scheme
- i) To improve mobility across the sub-region
- j) To promote social inclusion and help achieve sustainable communities

1.3 Statement on choice

- 1.3.1 Huntingdonshire District Council is fully committed to enabling applicants to play a more active role in choosing where they live, whilst continuing to house those in the greatest need in Huntingdonshire.
- 1.3.2 The CBL scheme will enable applicants from Huntingdonshire to have access to a percentage of available homes from all the PO's across the sub region.

1.4 Legal context

- 1.4.1 All applicants for housing will be assessed to determine their eligibility to be placed on the housing register. This is to ensure homes are let to those in the highest assessed need and ensures that the Council meets its legal obligations as set out in the Housing Act (1996) as amended by Homelessness Act (2002) and the Localism Act (2011).

This policy has also had regard to:

- a) the Code of Guidance, Allocation of accommodation: guidance for local housing authorities in England, and social housing, and
 - b) Huntingdonshire District Council's Homelessness Strategy, and
 - c) Huntingdonshire District Council's Tenancy Strategy
- 1.4.2 The law states that there are five groups of applicants where reasonable preference must be considered:
 - a) People who are homeless (within the meaning of Part VII (7) of the Housing Act 1996, as amended by the Homelessness Act 2002.)
 - b) People who are owed a duty by any local housing authority under section 190(2), 193(2), or 195(2) of the 1996 Act (or under section 65(2) or 68(2) of the Housing Act 1985) or who are occupying accommodation secured by any such authority under section 192(3)
 - c) People occupying unsanitary or overcrowded housing or otherwise living in unsatisfactory housing conditions
 - d) People who need to move on medical or welfare grounds (including grounds relating to a disability); and
 - e) People who need to move to a particular locality in the district of the authority, where failure to meet that need would cause hardship (to themselves or to others)
 - 1.4.3 The lettings policy has been designed to ensure applicants who fall into the above reasonable preference categories will be awarded reasonable preference.
 - 1.4.4 Every application received by Huntingdonshire District Council will be considered according to the facts unique to that application as the council recognises that every applicant's situation is different. Applications will be considered on an individual basis and individual circumstances will be taken into account. However, all lettings will be made in accordance with this lettings policy.

1.5 Equal opportunities and diversity

- 1.5.1 The lettings policy will be responsive, accessible and sensitive to the needs of all. Huntingdonshire District Council is committed to promoting equality of opportunity and will ensure that all applicants are treated fairly and without unlawful discrimination on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity.

1.6 Monitoring and reviewing the lettings policy

- 1.6.1 Huntingdonshire District Council will monitor the operation of the lettings policy by regularly reviewing the policy to ensure that the policy meets its stated objectives and complies with legislative changes.

Chapter 2

2.1 How to apply for housing

- 2.1.1 To apply to go on the housing register, applicants are required to complete an on-line pre-assessment form. This will allow the applicant's housing options to be assessed and determine which options are most appropriate. If this includes social rented housing, and the applicant is eligible, they will then be required to complete a more detailed register application form.

This can be completed on-line at www.home-link.org.uk or by requesting a paper form from any of the Home-Link partners' offices. Paper forms should be returned to Huntingdonshire District Council or any of the PO's offices as detailed in Appendix 2 on p.31.

- 2.1.2 An applicant may include anyone on their application who may reasonably be expected to live with them as part of their household.
- 2.1.3 Where more than one eligible applicant wishes to have a shared application they will be known as joint applicants. Although siblings and friends may jointly apply to the register, due to the level of demand for family sized accommodation from family households, they will not be prioritised for an offer of this size of accommodation ahead of families.
- 2.1.4 On receipt of the application the council will assess this and may request additional information and supporting evidence so that the applicant's eligibility and housing need can be confirmed. The council will verify the information provided which may include inviting the applicant for an interview or visiting them at home.
- 2.1.5 Applications will only be accepted onto the register where:
- a) The applicant is eligible within the meaning of the Asylum and Immigration Act (1996) (see Chapter 3); and
 - b) Has a local connection to Huntingdonshire District Council. (See s.3.3).
- 2.1.6 After assessment the council will write to applicants to inform them whether the applicant has been accepted onto the housing register, or give reasons if they have not. Where accepted they will be informed of:
- a) Their unique reference number, which allows them to bid for homes through the CBL Scheme
 - b) The Housing Needs Band in which the application has been placed
 - c) The date that the application was placed in the band (the "date in band")
 - d) The size of property for which the applicant is likely to be able to bid

If they have not been accepted onto the housing register they will be given reasons why and information on the review process (see Chapter 6).

2.2 Date of registration

- 2.2.1 The registration date of an application will be the date the housing application form is received at the office of Huntingdonshire District Council, or any of the PO's. If the form is completed online the date the form is received electronically is the date of registration.

2.3 Date in band

2.3.1 The principle of the policy is that normally no applicant should overtake existing applicants in a band. Therefore applicants will be placed within a band in date order.

- a) **New applications:** the date in band will be the same as the applicant's date of registration.
- b) **Change of circumstances which results in a higher band assessment:** the date in band will be the date the applicant provides evidence of the change of circumstances leading to the award of a higher priority band.

2.3.2 When applicants move down bands due to a change in their circumstances the following applies:

- a) **Returning to a band that they were previously placed in (whether this is a higher or lower band):** the date in band reverts to the date that applied when the applicant was previously in that band.
- b) **Moving into a lower band they have not previously been placed in:** the date in band will be the date that the application was first placed into a higher band. In most circumstances this is likely to be their date of registration.

2.4 Armed Forces personnel – date in band.

2.4.1 Additional priority will be awarded to the following categories of people:

- (a) former members of the Armed Forces;
- (b) serving members of the Armed Forces who need to move because of a serious injury, medical condition or disability sustained as a result of their service;
- (c) bereaved spouses and civil partners of members of the Armed Forces leaving Services Family Accommodation following the death of their spouse or partner;
- (d) serving or former members of the Reserve Forces who need to move because of a serious injury, medical condition or disability sustained as a result of their service.

2.4.2 Additional priority will be awarded to the above categories of people by awarding their application the appropriate priority band, as set out in this lettings policy, and backdating their date in band by the total cumulative period of their length of military service. This will have the effect of raising their priority above applicants in similar circumstances who have not undertaken military service.

2.4.3 Current members of the Armed Forces may also request that this additional priority be applied to their housing application six months prior to the date when they are due to leave military service. Appropriate evidence of the end to military service will be required.

2.5 Multiple applications

- 2.5.1 An applicant can have only one active application as a main applicant on the housing register at any time.

2.6 Change of circumstances

- 2.6.1 Where an applicant registered with Huntingdonshire District Council has a change in their circumstances they must promptly inform the council. Applicants can obtain a change of circumstances form from any PO, but this must then be sent to the PO where the original application was made. Change of circumstances received by the council will be assessed based on the new circumstances. Examples of change of circumstances are detailed below, although this list is not exhaustive.

- a) Change of address
- b) People joining or leaving the household
- c) Pregnancy/birth of a child
- d) Relationship breakdown
- e) Change to the medical circumstances of anyone included on the application
- f) Death of a household member
- g) Death of a joint applicant
- h) Change of income and/or capital

2.7 Applicant's consent and declaration

- 2.7.1 When an applicant applies for housing, they will be required to sign a declaration to confirm that:
- a) The information they have provided is true, accurate and complete.
 - b) They will promptly inform Huntingdonshire District Council of any change in circumstances.
 - c) They understand that information will be shared with all the PO's.
 - d) They consent to Huntingdonshire District Council making enquiries of any relevant persons to confirm the information on the application form is correct.
 - e) They consent to the release of any relevant information either to Huntingdonshire District Council held by third parties, or by Huntingdonshire District Council to third parties.
- 2.7.2 Huntingdonshire District Council may take legal action against applicants who withhold or provide false information regarding their housing application. Where an applicant has been let a property as a result of providing false information, their landlord may take court action to obtain possession of the property.

2.8 Data protection

- 2.8.1 Huntingdonshire District Council's policy on Data Protection is available on request.

2.9 Application review

- 2.9.1 When an applicant has not bid for any available properties for one year, we will normally write to them to see if they still wish to be on the housing register. If there is no response within the required time limit, (28 days from the letter being sent) the application will be cancelled. We will write to the applicant to notify them of this. If an applicant contacts the council within 28 days of their application being cancelled and

indicates that they still want to be considered for housing, the application will be reinstated from their last applicable date in band (see s.2.3 above).

2.10 Cancelling an application

2.10.1 An application will be cancelled from the housing register in the following circumstances:

- a) At the applicant's request.
- b) If the applicant no longer falls within a qualifying class of applicant (see s.3.1).
- c) If the applicant becomes ineligible for housing (see s.3.2).
- d) When the applicant has been housed through the Lettings Policy.
- e) When a tenant completes a mutual exchange.
- f) Where an applicant does not maintain their application through the review process, or where they move and do not provide a contact address.
- g) Where the applicant has died.

2.10.2 When an application is cancelled, we will write to the applicant or their representative to notify them. Where an applicant has been highlighted as vulnerable, the council will contact the applicant to check their circumstances before cancelling the application. Any applicant whose application has been cancelled has the right to ask for a review of the decision, (see Chapter 6).

2.10.3 Where an applicant wishes to re-join the housing register at a later date their new date of registration will be the date they re-apply.

Chapter 3

3. Who will qualify to be accepted onto the housing register?

3.1 Qualifying categories of applicants

- 3.1.1 Under the Housing Act (1996), local authorities must consider whether applicants are eligible for housing assistance. This relates to some people who may have been living abroad or who do not have permanent permission to remain in the UK who will not be eligible for housing (see s.3.2).
- 3.1.2 The Cambridgeshire sub-region (the Home-Link area) is an area where the demand for social housing far exceeds the supply. For this reason those applicants who do not meet the local connection criteria will not qualify to join the housing register until such time as they do meet the criteria (see s.3.3)
- 3.1.3 Applicants will not qualify to join the housing register if they are considered to be unsuitable to be a tenant because of unacceptable behaviour (see s.3.4)

3.2 Eligibility categories

- 3.2.1 Huntingdonshire District Council cannot, by law, allocate housing accommodation to anyone who is subject to immigration control within the meaning of the Asylum and Immigration Act (1996), unless they fall within a class exempted from this restriction by Government regulations. In addition, the council cannot allocate housing accommodation to other classes of persons from abroad if, by law, Government regulations dictate we cannot.
- 3.2.2 Applications whose immigration status makes them ineligible to be considered on the register will be notified in writing of the decision and the reason for the decision. If an applicant is accepted onto the register, but subsequently becomes ineligible, their housing application will be cancelled and the applicant notified. Applicants found to be ineligible have a right to ask for a review of the decision (see Chapter 6).

3.3 Local Connection

- 3.3.1 An applicant will be considered to have a local connection with Huntingdonshire District Council and accepted onto the housing register if they meet one of the following criteria:
- a. The applicant works in the local authority area for sixteen hours or more per week; or
 - b. The applicant has lived in the local authority area for at least 6 of the last 12 months, or 3 of the last 5 years; or
 - c. The applicant has family members who are resident in the local authority area. Family members are defined as parents, children or brothers or sisters who have been resident in the local authority for a period of 5 years or longer. Other close family ties will be considered on a case by case basis; or
 - d. The applicant is owed a full housing duty under the relevant homelessness legislation by Huntingdonshire District Council; or

- e. The applicant is a member of the Armed Forces and former Service personnel, where their application is made within five years of discharge; or
- f. The applicant is a bereaved spouse or civil partner of a member of the Armed Forces leaving Services Family Accommodation following the death of their spouse or partner; or
- g. The applicant is a serving or former member of the Reserve Forces who needs to move because of a serious injury, medical condition or disability sustained as a result of their service; or
- h. There are special circumstances that Huntingdonshire District Council considers give rise to a local connection.

3.4 Applicants with a history of unacceptable behaviour

- 3.4.1 Applicants with a history of unacceptable behaviour will not qualify to be accepted onto the housing register. Unacceptable behaviour can include tenancy related debt or other breach of tenancy conditions.
- 3.4.2 When considering levels of unacceptable behaviour the council will consider when this behaviour took place, the length of time that has elapsed since and whether there has been any change in circumstances which would show that the applicant had amended their behaviour so that they are considered suitable to become a tenant.
- 3.4.3 If considered to have a history of unacceptable behaviour applicants will be informed of this decision in writing. They will also be informed how they can become a qualifying person, for example, by agreeing an arrangement to make payments towards rent arrears and adhering to this, or by the applicant showing that the circumstances or behaviour that made them unsuitable to be a tenant, has changed.
- 3.4.4 If an applicant is accepted onto the register but a change in their behaviour means that they are no longer a qualifying person, their housing application will be removed and the applicant will be notified.
- 3.4.5 Applicants considered as not qualifying due to unacceptable behaviour have a right to ask for a review of the decision (see Chapter 6).

Chapter 4

4.0 Assessment of housing need

4.1 Legal background

- 4.1.1 All eligible and qualifying applicants will be placed in a housing needs band following an assessment of their household's needs. This is to ensure that Huntingdonshire District Council meets its legal obligations as set out in the Housing Act 1996 as amended by the Homelessness Act 2002 and the Localism Act 2011.

4.2 Advice and information

- 4.2.1 The council will ensure that advice and information on how to apply for housing in Huntingdonshire is available free of charge to everyone. If applicants are likely to have difficulty in making an application without assistance, then any necessary assistance they require will be made available by the council.

4.3 Assessment of housing need

- 4.3.1 Assessments of housing needs are based on an applicant's current housing circumstances. Assessments will be completed by housing officers of Huntingdonshire District Council.

4.4 Local connection criteria

- 4.4.1 To ensure local housing needs are met, 90% of properties advertised through the CBL scheme will be labelled as available to applicants with a local connection to Huntingdonshire. 10% of advertised properties will be open to bidding from applicants with a local connection to any authority in the Cambridge Sub-region. 25% of new growth homes will be made available for cross boundary mobility. The relevant local connection requirement will be clearly labelled on the property advertisement.
- 4.4.2 Where a property has local connection criteria attached to it through a local lettings policy or s.106 agreement, then these properties will be let in line with the criteria within the s.106 agreement. This may differ from the local connection criteria contained within this lettings policy.

4.5 Housing needs bands

- 4.5.1 Eligible and qualifying applicants will be placed in one of the following four bands in date order. Applicants placed in Band A will have the highest assessed need, band D the lowest. When an applicant is placed in a housing needs band the same level of priority will apply with all PO's in the sub-region.

4.6 Band A: Urgent Need

Applicants with the following circumstances will be placed into Band A:

a) Urgent transfer

Where an existing council or housing association tenant needs to move urgently because of circumstances that could include:

- a) Major repairs are required on the property in which they live and which cannot be undertaken with the tenant living in the property.
- b) The property is being demolished.
- c) Urgent social need to move.

b) Current supported housing resident

Applicants leaving Social Services care or other supported accommodation, and are ready to move to a permanent home of their own. This will be subject to the council, Social Services and the landlord of the supported accommodation agreeing that the applicant is ready to move to their own home. If the applicant needs an on-going support package to allow them to live independently, confirmation that this will be put in place will also be required from the proposed support provider. The date that this priority is awarded (date in Band A) will be the date that the resident is ready to move to independent living, as recommended by their support worker.

c) Urgent health and safety risk

An applicant's current accommodation has been assessed by Huntingdonshire District Council or a PO as posing an urgent health and safety risk. This will apply where the assessment has classified the accommodation as unsafe, or where there is a risk of imminent harm as identified in the assessment, which cannot be remedied in a reasonable time and where the health and safety risk has not been caused intentionally by the applicant or a member of the applicant's household.

d) Urgent medical need

An assessment of medical need will be made by a medical professional or senior officer, using sub-regionally agreed criteria for assessment.

Urgent medical need priority will be awarded when an applicant's current housing conditions have been assessed as having a major adverse effect on the medical condition or disability of the applicant or a member of their household.

e) Lacking two or more bedrooms

Means the household is assessed as lacking two bedrooms (see s.5.5).

f) Under-occupancy by two or more bedrooms or release of adapted property

Means where an existing council or housing association tenant:

- a) Is assessed as having two or more bedrooms that are required by the household (see s.5.5).
- b) Where a property has been adapted and the adaptations are no longer required. For example if the person requiring the adaptations has moved or died.

g) Homeless households (Full homelessness duty owed under s.193 (2) of the Housing Act 1996 as amended by the Homelessness Act 2002)

Means where an applicant is not homeless intentionally or threatened with homelessness intentionally, is eligible for assistance and has a priority need for accommodation, and Huntingdonshire District Council or a PO has accepted a duty under s193 (2) of the Housing Act 1996 as amended by the Homelessness Act 2002

(referred to as the full homelessness duty) and this duty has not been brought to an end.

h) Urgent multiple needs

This priority will be applied where an applicant is assessed as having two or more Band B needs. This may include an application where two household members have the same assessed need e.g. two high medical needs.

For multiple needs in Band A please see 'emergency housing status' (see Chapter 5)

4.7 Band B: High Need

Applicants with the following circumstances will be placed into Band B:

a) High health and safety risk

Applicants current accommodation has been assessed by Huntingdonshire District Council or a PO as posing a high health and safety risk to them or members of their household. This will apply where the assessment has identified that the applicant is living in a property, the condition of which places them or members of their household at a high risk of harm as identified in the assessment, which cannot be remedied in a reasonable time and where the health and safety risk has not been caused intentionally by the applicant or a member of the applicant's household.

b) High medical need

An assessment of medical need will be made by a medical professional or senior officer, using sub-regionally agreed criteria for assessment.

High medical need priority will be awarded where an applicant's current housing conditions have been assessed as having a significant adverse effect on the medical condition or disability of the applicant or member of their household and this will be improved by alternative accommodation.

c) Lacking one bedroom

This priority will be applied where the household is assessed as lacking one bedroom based on the bedroom calculation in Chapter 5.

d) Under-occupancy by one bedroom.

This priority will be applied where an existing council or housing association tenant is assessed as having one bedroom more than required by the household (see s.5.5).

e) Victims of harassment, violence or abuse

Where Huntingdonshire District Council or a PO has investigated and identified that the applicant or a member of their household is being subjected to harassment or other conduct causing alarm and distress that will be improved by a move to alternative accommodation. Harassment might be, but is not limited to, harassment due to, race, gender, sexual orientation, mental health, physical disability, learning disability, religion, domestic abuse or harassment by a former partner or associated persons.

Huntingdonshire District Council will offer advice and support to assist the applicant in identifying possible ways to resolve the situation.

f) Homelessness prevention (prior to homelessness decision being made)

Where an applicant is threatened with homelessness within a period of more than 28 days, Huntingdonshire District Council will work with the applicant to try and prevent their homelessness. Those applicants, who appear likely to have a priority need in the event of a homelessness application, will be placed in Band B whilst the prevention measures are being pursued

Where homelessness prevention has not been possible and an applicant remains threatened with homelessness within the next 28 days, they may choose to make a homeless application which will be assessed under part 7 of the Housing Act 1996 as amended by the Homelessness Act 2002.

g) Sleeping Rough

This priority will be applied where it has been confirmed that an applicant is sleeping rough and has no other accommodation available to them. The council will verify that an applicant is sleeping rough before awarding this priority. Rough sleeping priority will not be awarded when accommodation is available to the applicant, including a placement at a direct access hostel, but the applicant chooses not to take up this offer of accommodation. Applicants assessed as 'Sleeping Rough' will not be awarded additional priority on any other accommodation related factors.

h) Multiple needs

This priority will be applied where an applicant is assessed as having three or more Band C needs. This may include an application where more than two household members have the same assessed need e.g. three medical needs.

4.8 Band C: Medium Need

Applicants with the following circumstances will be placed into Band C:

a) Medium medical need

An assessment of medical need will be made by a medical professional or senior officer, using sub-regionally agreed criteria for assessment.

Medium medical need will be awarded where an applicant's current accommodation is having a minimal effect on the medical condition or disability of the applicant or member of their household, but a move to different accommodation would be likely to improve their quality of life.

d) Need to move for social reasons

Means where Huntingdonshire District Council or a PO has assessed the applicant's need to move for social reasons. An applicant will only be awarded this factor once irrespective of the number of social needs that may apply to their situation.

Examples where a social need to move may apply may include where an applicant:

- a) Needs to move to or within an area of the sub-region to give or receive support, and a proven level of support is required and can be given
- b) Has found employment in the Huntingdonshire area and needs to move closer to work, or will otherwise lose their employment

- c) Has staying contact with a child/children and is living in accommodation where the child/children are not allowed to stay overnight.
- d) Is living in a first floor or above property and has children less than 10 years of age as part of their household, or is more than 24 weeks pregnant.

e) Housing conditions.

This priority will be applied where the applicant/s either lack or share one or more of these facilities with persons, who are not members of their household. Facilities may include:

- a) A living room
- b) Kitchen
- c) Bathroom

f) Other homelessness.

Applicants who are homeless or threatened with homelessness and are:

- a) Intentionally homeless.
- b) Homeless or threatened with homelessness but not in priority need.
- c) Owed a main homelessness duty by a local authority that is not a PO in the sub-region.

Applicants assessed as 'Other Homelessness' will not be awarded additional priority on any other accommodation related factors.

Applicants given this priority will have their application reviewed on the anniversary of the decision, unless there is a change in their circumstances in the meantime.

4.9 Band D: Low Housing Need

4.9.1 Any applicant who does not meet any of the criteria in Bands A, B and C will be assessed as having a low level of housing need and their application will be placed in Band D.

4.9.2 Anyone assessed as having sufficient financial resources to resolve their own housing need (see s.4.12) will be placed in band D. These applicants will only be considered for an offer of a property once all other bidding applicants who do **not** have sufficient financial resources to resolve their own housing need have been considered.

4.10 Low priority

4.10.1 In certain circumstances, applicants will be accepted onto the housing register, but their application will be considered as low priority as a result of behaviour or circumstances that affects their suitability to be a tenant. In these circumstances their application will be placed in a housing needs band but they will not be actively considered for an offer of a tenancy or be able to express interest in available properties. Their application will remain in low priority until the applicant has shown that the circumstances or behaviour has changed so that they are considered suitable to be a tenant.

4.10.2 The following categories will be considered as low priority:

- a. Applicants with rent arrears, former rent arrears or other housing-related charges or debts, where these are not sufficiently high to class them as not

qualifying to join the register (see s.3.4). Other than in exceptional circumstances, an applicant with outstanding rent arrears, former rent arrears or other housing-related debts will not be considered for an offer of a tenancy or eligible to bid for housing until they have shown a regular repayment record.

- b. Applicants with a history of anti-social behaviour where this is not sufficiently severe to exclude them from the register (see s.3.4).

- 4.10.3 All applicants who are considered low priority will be informed of this decision in writing, and how their application could be re-assessed, for example, by agreeing and keeping to an arrangement to make payments towards rent arrears, or by the applicant satisfying the council that the circumstances or behaviour that made them unsuitable to be a tenant has changed.
- 4.10.4 Huntingdonshire District Council expects applicants to clear any housing related debts owed to any registered social landlord before an offer of a tenancy is made, where it is clearly within their means to do this (for example where the debt is relatively low and the applicant has a reasonable disposable income or has sufficient savings available).
- 4.10.5 When a financial assessment shows that the debt cannot be cleared immediately then a realistic and affordable repayment arrangement should be agreed to clear the debt. The applicant may become eligible to bid for property as long as they have made regular payments in line with the agreement they have made.
- 4.10.6 Applicants found to be low priority have a right to ask for a review of the decision (see Chapter 6). A designated senior officer will undertake the review.

4.11 Intentionally worsening housing circumstances

- 4.11.1 If, in the reasonable opinion of a PO, an applicant has intentionally worsened their housing situation in circumstances to deliberately improve their housing priority, their housing need will be assessed on the basis of their previous accommodation.
- 4.11.2 Applicants found to have intentionally worsened their circumstances have a right to ask for a review of the decision (see Chapter 6).
- 4.11.3 All applicants deemed to have intentionally worsened their circumstances will have their application reviewed on the anniversary of the decision, unless there is a change in their circumstances in the meantime.
- 4.11.4 If Huntingdonshire District Council has assessed and accepted the applicant is homeless or threatened with homelessness, has a priority need under the homeless legislation, but considers that they have become homeless intentionally; the applicant will be placed in Band C.

4.12 Financial resources

- 4.12.1 All qualifying applicants are entitled to apply for housing regardless of income levels. However if an applicant has an income and/or capital, which will enable them to resolve their own housing need through other tenures they will not receive any preference for rented housing and when bidding will appear on the shortlist after all other applicants that do not have the resources to resolve their own need.

This assessment will be based on the following:

- a) The total income of the applicant/partner
- b) Any capital available to the applicant/partner
- c) Average property prices in the area for the type of accommodation needed by the household
- d) The ability of the applicant/partner to meet the required mortgage repayments based on a realistic assessment of their financial position and commitments.

4.12.2 Excluded from the above financial assessment will be any member of the Armed Forces who may have received a lump sum as compensation for an injury or disability sustained on active service.

4.13 Officer review for Band A applicants

4.13.1 Where an applicant has held Band A status for three months from their applicable date in band the council will carry out a review of their circumstances. This will result in either:

- a) A direct let – usually for statutorily homeless applicants living in temporary accommodation.
- b) Priority being maintained.
- c) Moving into a lower priority band if the circumstances under which they were placed in Band A no longer apply.

Chapter 5

5.1 Assessment information and criteria

- 5.1.1 The following section outlines criteria taken into account when considering assessments of housing need.

5.2 Transfer applicants

- 5.2.1 Transfer applicants are those applicants who are tenants of a council or housing association property in the UK who wish to move to alternative accommodation.

5.3 Homeless applications

- 5.3.1 Applicants who are already on the housing register will remain in their existing housing needs band whilst a homeless assessment is carried out (unless the criterion in s.5.3.3 below applies).
- 5.3.2 When a decision has been made by Huntingdonshire District Council that an applicant is owed a full homelessness duty under s.193 (2) of the Housing Act 1996 (as amended) their application will be placed and remain in Band A until that duty is brought to an end (See s.4.6 (g)).
- 5.3.3 Where a person is threatened with homelessness within a period of more than 28 days, the Council will work with the applicant to try and prevent their homelessness. Those persons, who appear likely to have a priority need in the event of a homelessness application being made, will be placed in Band B whilst the prevention measures are being pursued.
- 5.3.4 A person who is threatened with homelessness may have an existing housing register application. Applicants already in Band A will retain their existing Band A status whilst homelessness prevention measures are pursued.
- 5.3.5 An applicant who is statutorily homeless or threatened with homelessness but deemed not to have a priority need will be placed in Band C (unless other circumstances are such that they are eligible for placement within a different band).
- 5.3.6 Applicants who have been assessed as being in priority need but are intentionally homeless will have their housing application assessed on their current accommodation, if an applicant has intentionally worsened their circumstances the housing needs assessment will take this into account (see s.4.11).

5.4 Split families

- 5.4.1 Where an application is made by family members who it would be reasonable to expect them to live together but they are unable to do so, the council will assess their particular circumstances to consider the best way of addressing their housing needs.

5.5 Bedroom requirement guidelines

- 5.5.1 Bedroom requirements are determined in line with the Local Housing Allowance (LHA) regulations and these regulations will be applied when calculating bedroom requirements in overcrowding and under-occupancy assessments. They will also be used when calculating the size of property (number of bedrooms in the property) that an applicant will be able to bid on and eligible to be offered through the letting process.

Bedroom requirements are determined by the applicant's size of household and a more detailed breakdown of bedroom entitlement is shown in s.7.3. Generally though the LHA regulations allow one bedroom each for:

- a) Every adult couple
- b) Any other adult aged 16 or over
- c) Any two children (aged under 16) of the same sex
- d) Any two children, regardless of sex, under the age of 10
- e) Any other child aged under 16
- f) A non-resident carer (claimant/partner have disability and need overnight care)

5.5.2 Single and joint applicants of pensionable age may be eligible to be considered for one and two bedroom older person/s and/or sheltered housing.

5.5.3 A pregnant woman expecting her first child will be assessed as requiring two bedrooms from week 24 of her pregnancy.

5.5.4 An applicant may be assessed as requiring an additional bedroom where Huntingdonshire District Council considers there are special circumstances.

5.6 Staying contact with children

5.6.1 A child, or children, living between parents at separate addresses will only be considered as having one main home unless there are exceptional circumstances that mean that both parents should provide a home. A Court Order allowing access to children, or confirming residence between separated parents does not mean that the council must consider that the child is part of an applicant's household for the purposes of a housing register application.

5.6.2 An assessment will be made by the council as to which parent's property is considered as the child's main home. If the council considers that an applicant does not provide the child with his or her main home then the child will not be considered as part of the register application. The child would then not be considered as part of the bedroom requirements when assessing overcrowding or under-occupation. They would also not be considered when assessing the size of property (number of bedrooms) that the application would be eligible to bid for and offered through the lettings process.

5.7 Medical assessments

5.7.1 Medical assessments will be carried out for any applicants who believe that their medical condition or disability is affected by their current accommodation. The applicant will be required to fill in a self-assessment medical form, detailing the effect that their current accommodation has on their medical condition or disability. These forms will be assessed and where appropriate referred to a medical professional for their opinion of how the medical condition is affected by the applicant's housing circumstances.

5.8 Harassment and domestic violence

5.8.1 Where the applicant is a victim of harassment, domestic violence or anti-social behaviour, (insert local authority name) will offer advice and support to assist applicants in identifying possible ways of resolving their situation.

5.9 Applicant subject to Multi Agency Public Protection arrangements, (MAPPA)

5.9.1 Where an applicant is subject to Multi Agency Public Protection Arrangements (MAPPA), Huntingdonshire District Council will liaise with the panel to ensure an appropriate housing solution to meet the needs of the applicant and the community as a whole.

5.10 Emergency housing status

5.10.1 An emergency housing status may be awarded to applicants in exceptional circumstances, where remaining in their current accommodation may cause risk of death or serious injury, or where an applicant has been assessed as having multiple needs that fall within Band A. An applicant with emergency housing status who bids for a home will be considered as a priority above all other applicants in any other band.

5.11 Direct Lets

5.11.1 Most properties will be advertised through the Home-Link scheme. However in certain circumstances some properties may be let directly to applicants and these properties will be let outside of the allocation scheme. Where an applicant is identified as requiring a direct let the case will be referred to a senior officer for approval. The list below gives some examples of where this may happen.

- a) Where the council has accepted a full homelessness duty towards a household but the household has not found suitable accommodation during a period of choice through the Home-Link scheme.
- b) Where an applicant and their household require a specific size, type or adapted property and the applicant has not been able to find suitable accommodation through the Home-Link scheme
- c) Where an existing social housing tenant is required to move to make the best use of stock, and they have not been successful in finding a suitable property through the Home-Link scheme

5.11.2 Information as to which properties have been allocated through direct lets will be made available through the Home-Link feedback mechanism.

5.11.3 Direct lets will be made on the basis of a suitable property becoming available. Where a property becomes available that is suitable for more than one applicant with a direct let status, the date applicants were awarded a direct let status will be used as a deciding factor in deciding to whom the property will be let.

5.12 Direct lets to homeless applicants

5.12.1 Homeless applicants who are owed a full homelessness duty by Huntingdonshire District Council (under s.193 (2) of the Housing Act 1996 as amended by the Homelessness Act 2002) will be placed in Band A and will be able to bid for properties via the Home-Link scheme. Their date in band will be the date they originally applied to the council as homeless.

5.12.2 Where homeless applicants in Band A have not been successful in bidding for properties within 3 months of their date in band, the council reserves the right to make a direct let of a property under the council's homelessness policy. The decision to make a direct let will depend on the extent to which homeless applicants

have had the opportunity to bid for a property during the initial 3 month period of the full duty being accepted.

- 5.12.3 Where a homeless applicant bids for a property within the initial 3 month period of being owed the full homelessness duty, is offered the tenancy and subsequently refuses the offer, their application will remain within the same housing band and the s.193 (2) duty under the Housing Act 1996 as amended by the Homelessness Act 2002, will continue.
- 5.12.4 The full homelessness duty will come to an end, and a homeless applicant loses their priority under this section, when any of the circumstances within s.193 (6) of the Act are met. This will include an applicant:
- a) Accepting an offer of accommodation made through the Home-Link scheme
 - b) Accepting an offer made via the direct let mechanism within the policy (see s.5.11 above), or
 - c) If, having been informed of the consequences and the right to request a review, refuses a reasonable offer of suitable accommodation made via the direct let mechanism

S. 193(6) of the Housing Act 1996 Act gives the full circumstances under which the full homelessness duty comes to an end.

- 5.12.5 Where a homeless applicant is to be allocated a property through the direct let process the council has responsibility for determining the suitability of any allocation. They will do this by assessing the household's particular needs and circumstances within the context of the general housing conditions in the area as a whole.
- 5.12.6 Where a homeless applicant is offered accommodation via a direct let, but does not feel that this offer is suitable; they have the right to request a review of the decision that the offer is suitable. For details of the review process (see Chapter 6).
- 5.12.7 As the property does not have to remain available during the review of the suitability and reasonableness of a direct let, homeless applicants are advised to accept and move in to the accommodation pending the decision on review. If the review outcome is unsuccessful for the applicant they will still have accommodation to live in whilst they consider their further options.
- 5.12.8 If a homeless applicant refuses a direct let and it is then deemed suitable at review, the full homelessness duty will come to an end. They will also have to vacate any temporary accommodation that is being provided.
- 5.12.9 If, on review reviewing an applicant's refusal of a direct let, the property offered is considered to be unreasonable or unsuitable, the duty under s.193 (2) will continue and the applicant will be made a further offer of suitable accommodation.

5.13 Applicants who require a specific size, type or adapted property.

- 5.13.1 Where an applicant requires a specific size, type or adapted property, they will be placed in the appropriate housing needs band, but may be offered a direct let if Huntingdonshire District Council has a shortage of suitable properties. For example:
- a) An applicant requires a very large property to accommodate their household.
 - b) An applicant requires a property of a specific type in a specific area of the district.
 - c) An applicant requires a property with specific adaptations and such a property becomes available.

d) Where an applicant is willing to move to release a large family home.

5.14 Sheltered housing

5.14.1 Sheltered housing will be advertised through the Home-Link scheme. Sheltered housing is available to applicants over 60 years of age and prior to an offer of a tenancy applicants will be subject to an assessment by the landlord of the accommodation to establish their prospective support needs and suitability to living in sheltered housing.

5.15 Extra care homes

5.15.1 Extra care homes are properties for older people where additional support services are provided. Allocation to extra care homes will not be advertised through Home-Link but will be made by an allocation panel.

5.16 Refusals of direct let

5.16.1 Where an applicant (other than a person owed the full homelessness duty) refuses a reasonable offer of a direct let a senior officer will review the reasons for the refusal and the applicant may lose any housing priority they held, dependent on the reasons for the offer refusal. Applicants have the right to ask for a review of this decision (see Chapter 6).

5.17 Area specific policies

5.17.1 Area specific policies, also known as local lettings policies, are used within the sub region to help create balanced and sustainable communities. Where an area specific policy applies, it will be stated in the property label. Details of these area specific policies/schemes will be available from the council. Some schemes may ask for an applicant to have a local connection to a specific parish or village. In those cases, the connection criteria will be stipulated in the legal agreement for the development.

Chapter 6

6.1 Reviews of decisions

- 6.1.1 A designated senior officer will carry out reviews of assessment decisions as required.
- 6.1.2 Examples of circumstances that may be reviewed include:
- a) Multiple need in band
 - b) Emergency housing status
 - c) Moving people up a band or down a band
 - d) Priority assessments, in complex cases.
 - e) Housing people in different accommodation to designated need size
 - f) Low priority decisions
 - g) Direct lets

The above list is not exhaustive.

6.2 Statutory reviews

- 6.2.1 An applicant has the right to request a review of certain decisions made under part 6 of the Housing Act 1996. These are:
- a) Decisions about the facts of the applicant's case which are likely to be, or have been, taken into account in considering whether to accept onto the housing register or to allocate housing accommodation to the applicant
 - b) Lack of any reasonable preference based on previous behaviour s167 (2C) Housing Act 1996
 - c) Ineligibility for an allocation based on immigration status s160A (9).
- 6.2.2 Decision letters issued in respect of housing applications will advise the applicant of their right to request a review and provide appropriate guidance on how to do this. An applicant can obtain further details of the review procedure from Huntingdonshire District Council.
- 6.2.3 A request for a review of a decision can be made in writing or verbally to a member of staff at the council. The request should be made within 21 days following the notification of the decision. Reviews will be considered within 28 days of the request being received and the applicant will receive a written response outlining the result of the review.
- 6.2.4 An applicant will only be entitled to one internal review. If an applicant is still unhappy following the review of a decision, they can make a complaint through the council's complaints procedures, contact the Local Government Ombudsman (see s.6.4) or seek to challenge the decision via a judicial review.
- 6.2.5 Reviews will be undertaken by a designated officer who was not involved in the original decision, and who is senior to the original decision making officer.

6.3 Homeless reviews

- 6.3.1 Homeless applicants have the right to request a review of certain decisions made by Huntingdonshire District Council in respect of their homeless application. Within the context of the council's lettings policy this includes the decision to bring to an end the

full homelessness duty by making a suitable offer of permanent accommodation via the housing register through the direct let mechanism (see s.5.12).

- 6.3.2 If an applicant wishes to request a review of the reasonableness of an offer or the suitability of the property, this must be made within 21 days of notification of a decision to make the offer. Late review request can be considered under exceptional circumstances at the discretion of the local authority.
- 6.3.3 Applicants who request reviews of decisions about suitability of accommodation will be advised to accept and move into accommodation pending the outcome of their review request. If the review goes in their favour alternative accommodation will be provided as quickly as possible. However if the reasonableness and suitability of the offer is upheld the applicant will still have accommodation to live in whilst they consider their further options.
- 6.3.4 The applicant has the right of appeal to the County Court if he or she is dissatisfied with the decision on a review.

6.4 The Local Government Ombudsman

- 6.4.1 The Local Government Ombudsman investigates complaints of injustice arising from maladministration by local authorities and other bodies. They can be asked to investigate complaints about most council matters including housing.
- 6.4.2 If an applicant is not satisfied with the action the council has taken, and has exhausted the council's own complaints procedure, they can send a written complaint to the ombudsman.
- 6.4.3 The Local Government Ombudsman can be contacted at:

Local Government Ombudsman
The Oaks No 2
Westwood Way
Westwood Business Park
Coventry CV4 8JB
Tel: 024 7682 0000
Website: www.lgo.org.uk

If an applicant wishes to make a complaint against a housing association, they should contact:

The Housing Ombudsman Service
Norman House
105 -109 Strand
London
WC2R 0AA
Tel: 08457 125 973
Website: www.ihos.org.uk

Chapter 7

7.1 Letting of accommodation

- 7.1.1 Properties will be advertised through the sub regional CBL scheme. The advertising will be carried out on a regular basis and for specific periods of time, known as advertising cycles.

7.2 Labelling property advertisements

- 7.2.1 All adverts will include a description of the property and any other relevant information, for example rent charge, property size, length and type of tenancy, local facilities, disabled adaptations or if the property is sheltered housing. The property will be labelled to show who is able to express an interest in it, for example, where a local connection is required, or if there is an age restriction on the property.

7.3 Bedroom requirements

- 7.3.1 Bedroom requirements will be determined in line with the Local Housing Allowance (LHA) regulations (see s.5.5). The table at Appendix 1 (see page 29) gives the size of property (number of bedrooms) that applicants may be considered for based on their household composition, either when bidding for an advertised property or for a direct let.
- 7.3.2 Applicants should check the information contained in the property advert labelling to see if they qualify to be considered for the property.

7.4 Shortlisting

- 7.4.1 After the end of an advertising cycle a shortlist of applicants bidding for the property will be taken from the CBL computer system. The shortlist will identify the order of applicants based on who has been in the highest housing needs band for the longest time. In circumstances where there is more than one applicant in the same band and they have the same date in band, priority will be given to the applicant with the earliest registration date. If there is more than one applicant with the same band, date in band and registration date a senior officer will make an allocation decision based on the best use of the housing stock and needs of the applicants.
- 7.4.2 When a shortlist of applicants is completed the landlord of the available property will offer an accompanied viewing of the property to the highest priority applicants. This is to ensure that if the applicant who tops the shortlist decides not to take the tenancy, the property can be quickly offered to the next person on the shortlist.
- 7.4.3 After viewing the property the applicant at the top of the shortlist will be given 24 hours to accept or refuse the offer. If the offer is refused the next person on the short list will be offered the property.
- 7.4.4 In exceptional circumstances a senior officer may make a decision not to offer a property to the applicant who tops a shortlist, e.g. if, in doing so, the offer could put a vulnerable person at risk of any harm. Any such decisions will be explained fully to the applicant in writing.

7.5 Formal offer of the property

- 7.5.1 Once the applicant has confirmed their acceptance of the tenancy the landlord of the property will write to confirm the formal offer of the tenancy. The Home-Link system

will then not allow that applicant to be considered for any further properties and once the tenancy starts their housing register application will be cancelled.

- 7.5.2 Once the property is ready to let the landlord of the property will complete the tenancy sign up.

7.6 Withdrawal of offers

- 7.6.1 In exceptional circumstances an offer of a property may be withdrawn, for example:

- a) Where there has been a change in the applicants' circumstances
- b) Where the successful applicant has rent arrears or other housing related debts that had previously not come to light
- c) Following verification the applicant is not eligible for the property
- d) Where an error has been made in the advertising criteria
- e) Where an offer of accommodation could put a vulnerable person at risk of any harm.

7.7 Refusing an offer of accommodation

- 7.7.1 Usually, if an applicant refuses an offer of accommodation made through Home-Link, they will remain in their housing needs band. If an applicant refuses three offers of a property made through Home-Link, a housing officer will contact the applicant to offer support and assistance and verify their circumstances.

7.8 Allocations to staff, council members or their family members

- 7.8.1 Members of staff, their close family and elected members who require housing with Huntingdonshire District Council may apply for housing in the same way as other applicants. Their status should be disclosed on the application form at the time of applying.
- 7.8.2 If an applicant who is a member of staff, elected member or a member of their direct family, makes a successful bid for a property the Head of Housing Services will be informed and must approve the letting prior to the formal offer being made.

7.9 Tenancy management outside the scope of the lettings policy

- 7.9.1 The following tenancy management areas are not included as part of this lettings policy as they are not included within part 6 of the Housing Act 1996:
- a) Mutual exchanges
 - b) Introductory tenancies converted to secure tenancies
 - c) Where a secure tenancy of a property is assigned by way of succession to the same property
 - d) Where a secure tenancy is assigned to someone who would be qualified to succeed to that tenancy if the secure tenant died immediately before the assignment
 - e) Where court orders are made under one of the following:
 - i. Section 24 of the Matrimonial Causes Act 1973
 - ii. Section 17 (1) of the Matrimonial and Family Proceedings Act 1984
 - iii. Paragraph 1 of schedule 1 to the Children Act 1989

APPENDIX 1 - HOME-LINK - BEDROOM MATCHING REQUIREMENTS

Local Housing Allowance Room Entitlement Matrix by Household Type

Household Type	General Needs Housing								Elderly Designated Housing
	Studio	1 Bed	2 Bed	2 Bed	2 Bed	3 Bed	4 Bed	5 Bed +	1 or 2 Bed
	Flat	Any Type	Flat or Maisonette	Bungalow	House	Any Type	Any Type	Any Type	Older Persons
Single applicant under retirement age	X	X							
Single applicant over retirement age	X	X							X
Adult applicant aged 60+ with a live in carer			X	X	X				X
Adult applicant aged under 60 with a live in carer			X	X	X				
Couple both under retirement age	X	X							
Couple both over retirement age	X	X							X
Couple- One over retirement age & one under	X	X							X
Applicant with 1 child under 10			X	X	X				
Applicant with 1 child aged 10 and over			X	X	X				
Applicant with 2 children of mixed gender both under 10			X	X	X				
Applicant with 2 children of the same gender both under 16			X	X	X				
Applicant with 2 children of the same gender one aged 16 or over and one under 10						X			
Applicant with 2 children of the same gender one aged 16 or over but both aged 10 or over						X			
Applicant with 2 children of mixed gender with one aged 10 or over and one under 10						X			
Applicant with 2 children of mixed gender and both aged 10 or over						X			
Applicant with 3 children of mixed gender all under 10						X			
Applicant with 3 children of the same gender all under 16						X			
Applicant with 3 children of the same gender with one aged 16 or over						X			
Applicant with 3 children of mixed gender with at least one aged 10 or over and one under 10						X			
Applicant with 3 children of mixed gender and all aged 10 or over						X	X		
Applicant with 4 children of mixed gender all under 10						X	X		
Applicant with 4 children of the same gender all under 16						X			
Applicant with 4 children of the same gender with one ages 16 or over						X	X		
Applicant with 4 children of mixed gender with at least one aged 10 or over and one under 10							X		
Applicant with 4 children of mixed gender and all aged 10 or over but under 16						X	X	X	
Family with 5 or more children						X	X	X	

Chapter 8

8.0 Confidentiality and access to information

8.1 Applicants' Rights to Information

8.1.1 Applicants have the right to request such general information as will enable them to assess:

- a) How their application is likely to be treated under the Lettings Policy (including in particular whether they are likely to be regarded as a member of a group of people who are to be given preference by virtue of this Policy, (see Chapter 3)
- b) Whether housing accommodation appropriate to their needs is likely to be made available to them.

8.1.2 Applicants have the right to request information held about their application which is likely to be, or has been, taken into account when considering whether to allocate them housing.

8.2 Data protection

8.2.1 When an applicant applies to the Home-Link scheme the PO's will only ask for information that they need to assess their eligibility and housing needs. The PO's will collect and keep data in accordance with the council's guidelines on handling personal data.

8.2.2 These guidelines are in accordance with the Data Protection Act 1998 which covers both electronic and manual records and the Act governs everything we do with the personal data, including collecting, storing, using and disposing of it.

8.2.3 Confidential information held about applicants will not be disclosed to third parties apart from:

- a) Where the individual who is the subject of the confidential information has consented to the disclosure
- b) Where the council or a PO is required by law to make such disclosures
- c) Where disclosure is made in accordance with an information sharing protocol

8.3 Requesting information

8.3.1 Applicants are able to request copies of the information held regarding their application. This information is held in line with Data Protection Act guidelines. Please note that we cannot provide you with personal information about other people if doing so will breach the Data Protection Act 1998.

Appendix 2

Cambridge Sub regional Choice Based Lettings

Partner Organisation List

Local Authority

Cambridge City Council

PO Box 700
Cambridge
CB1 0JH
Email: CBL@cambridge.gov.uk
Website: www.cambridge.gov.uk

South Cambridgeshire District Council

South Cambridgeshire Hall
Cambourne Business Park
Cambourne
Cambridge
CB23 6EA
Email: cbl@scambs.gov.uk
Website: www.scambs.gov.uk

East Cambridgeshire District Council,

The Grange
Nutholt Lane
Ely
Cambs.
CB7 4PL
Email: customerservices@eastcambs.gov.uk
Website: www.eastcambs.gov.uk

Huntingdonshire District Council

Pathfinder House
St Mary's Street
Huntingdon
Cambridgeshire
PE29 3TN
Email:
housingservices@huntingdonshire.gov.uk
Website: www.huntingdonshire.gov.uk

Fenland District Council

Fenland Hall
County Road
March
Cambridgeshire
PE15 8NQ
Email: info@fenland.gov.uk
Website: www.fenland.gov.uk

LSVT Landlord

Sanctuary Housing

Avro House
49 Lancaster Way Business Park
Ely
Cambs
CB6 3NW
Email: contactus@sanctuary-housing.co.uk
Website: www.sanctuary-housing.co.uk

Luminus Group

Brook House
Ouse Walk
Huntingdon
Cambridgeshire
PE29 3QW
Email: homes@luminus.org.uk
Website: www.luminus.org.uk

Roddons Housing Association

Beacon House
23 Hostmoor Avenue
March
Cambridgeshire
PE15 0AX
Email: roddensenquiries@circle.org.uk
Website: www.circle.org.uk/roddons/

Local Authority

Forest Heath District Council

College Heath Road
Mildenhall
Suffolk
IP28 7EY

Email: cbl@forest-heath.gov.uk

Website: www.forest-heath.gov.uk

St Edmundsbury Borough Council

West Suffolk House
Western Way
Bury St Edmunds
Suffolk
IP33 3YU

Email: home-link@stedsbc.gov.uk

Website: www.stedmundsbury.gov.uk

LSVT Landlord

Flagship Housing Group

Keswick Hall
Keswick
Norwich
Norfolk
NR4 6TJ

Email: info@flagship-housing.co.uk

Website: www.flagship-housing.co.uk

Havebury Housing Partnership

Havebury House
Western Way
Bury St. Edmunds
Suffolk
IP33 3SP

Email: office@havebury.com

Website: www.havebury.com

Appendix 3

GLOSSARY OF TERMS

Adapted properties – A property that has been adapted for an applicant with disabilities.

Advertising cycle – How often properties are advertised and available to make a bid on.

Advertised - Properties that are advertised and are available for applicants to bid for under CBL.

Age restrictions - Where a property is labelled, as only being available to applicants of a certain age.

Application number - A unique housing number generated by the computer system.

Bedroom eligibility - How many bedrooms a household is assessed as needing.

Bid – The process used by applicants in registering an interest in an available property.

Choice Based Lettings (CBL) - A method of allocating social and affordable homes which have become available for letting by openly advertising them, and allowing applicants to bid for these.

Customer/Applicant - Is either a tenant of a Partner Organisation (PO) (including those in temporary accommodation) or a housing applicant on the Home-Link sub-regional housing register.

Date of registration - The date an application form is registered with a PO

Date in band - The date an application is placed in a housing needs band and used as the applicable date when short-listing.

Decision making organization - The PO that made a particular decision with regard to a housing or homeless application.

Direct let - Property that is offered directly to an applicant, without them having to bid.

Domestic violence - Is threatening behaviour, violence or abuse (physical, psychological, sexual, financial or emotional) by a former partner or associated person.

Housing Associations - Also known as Registered Social Landlords (RSL's) and Registered Providers (RP's). These are landlords who also provide social and affordable rented homes for which applicants/ customers can bid for through the Home-Link CBL scheme.

Housing options - Looking at the number of ways in which an applicant or customer might be assisted and supported to find a solution to their housing needs. Housing options may include private rented accommodation, mutual exchange, or even a home-buy product.

Housing needs register - A list of those requesting and qualifying for housing.

Housing Related Debts - Are defined as current rent arrears, former tenant arrears, outstanding re-chargeable repairs, current and former housing related service charge arrears and court costs. They do not include Council Tax debts or Housing Benefit overpayments.

Joint Application - Where one or more applicant applies to join the housing register on one application form.

Labelling properties - Describing who is eligible to bid for a property

Local Connection - The connection an applicant has to a specific area within the sub region

Local elected members - Each local authority is governed by a group of elected member.

LSVT Landlord - Large Scale Voluntary Transfer, where a Local authority has sold its housing stock to a Registered Social Landlord

Mutual exchange - A scheme which allows two tenants to swap their homes.

Partner organizations (PO's) - All the organizations that are partners to the Sub regional CBL scheme these may be local authority or RSL organizations.

The Cambridge Sub Region - The seven Local Authorities that make up the sub-region.

Transferring tenant - An applicant who is currently a tenant of a local authority or housing association.

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**OVERVIEW AND SCRUTINY PANEL
(SOCIAL WELL-BEING)**

4TH SEPTEMBER 2012

**ANNUAL REPORT ON ORGANISATIONS SUPPORTED BY GRANTS VIA
SERVICE LEVEL AGREEMENTS – 2011/12
(Report by the Head of Environmental and Community Health)**

1. INTRODUCTION

- 1.1 Overview and Scrutiny panel have requested information on the performance of voluntary organisations in Huntingdonshire who receive their funding via service level agreements.
- 1.2 The current service level agreements are all for five year periods and are due to end in March 2013.
- 1.3 All organisations in receipt of funding via service level agreements have agreed to not only meet service performance targets but also management standards which cover financial procedures, governance arrangements, equal opportunities etc.
- 1.4 All organisations have to provide details of their performance to officers every 3 months, and meet every six months to undertake performance reviews. Some of these reviews are joint reviews with officers of Cambridgeshire County Council who also provide a level of financial support to some of the organisations.
- 1.5 The designated cabinet portfolio holders receive a report in November outlining the organisation half yearly performance and details of any concerns on performance and delivery officers may have.
- 1.6 Appendix 'A' to this report provides details of the organisations performance.

2. RECOMMENDATIONS

- 21 COMT and Members of the Overview and Scrutiny Panel note the report.

BACKGROUND INFORMATION

Three monthly monitoring report return forms.

Contact Officer: Dan Smith – Community Health Manager
☎ 01480 388377

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Appendix 'A' 2011-2012 Performance Review

The figures in brackets are the 2010-2011 performance details to allow members to compare any year on year performance changes.

Organisation – Huntingdonshire Citizens Advice Bureaux							
Performance Indicators (PI's)	6500 advice cases dealt with per annum	5,000 hours of advice provided by volunteer advisers.		CAB offices in St Neots & Huntingdon open for a minimum of 2000 hours of delivered advice.	Minimum of 10% of funds above HDC contribution acquired externally. Target £16,925	Minimum of 120 (half day) outreach sessions provided per annum.	
Performance	11,528 (14,216)	16,704 (10,664)		2000 (2,258)	29,079 (42,962)	132 (227)	
Comment	<p>Total HDC revenue contribution for 2011-12 £ 169,250 The previous financial year has been a challenging one for the organisation, with not only changes in senior management, but also ongoing discussions with neighbouring CAB organisations on the issue of merging three organisations into one, and the financial challenges this proposal has identified. Nevertheless the organisation has continued to provide high quality services to the public.</p>						
Organisation – Hunts Forum for Voluntary Organisations							
PI's	A minimum of £100,000 levered into Huntingdonshire via funding bids to support local voluntary organisations	25 local voluntary organisations supported to present external bids to funding agencies.	4 groups supported to acquire accreditation appropriate to service (liP, and Pqasso quality marks etc)	Produce and update data base of Huntingdonshire Voluntary organisations twice per annum.	Monthly web newsletter produced and circulated to voluntary organisations.	Increase number of voluntary sector members of HFVO by 10% per annum	6 training events held per annum.
Performance	£106,617 (£316,517)	23 (53)	4 (3)	12 (2)	28 (28)	4% (20%)	11 (10)

Comment	Total HDC revenue contribution for 2011-12 £ 41,200 The organisation continues to perform to high standards, the amber indicator for voluntary organisations is very marginal and whilst the number of organisation becoming affiliated to HFVO is down the previous year's figure was well above expectation and there is a limit to how many organisations can be considered.			
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Organisation – Huntingdon Shopmobility				
PI's	1375 shop mobility users per annum.	Huntingdon service to be provided 5 days per week. Per annum target 260 days	140 new service users per annum	2 publicity events held per year.
Performance	2593 (2038)	264 (257)	105 (211)	2 (4)
Comment	Total HDC revenue contribution for 2011-12 £ 37,430 The organisation continues to grow and is now very close to the limits of the service it can provide from its present location and number of electric scooters available. The amber indicator reflecting a lower number of new service users is understandable considering the rapid membership growth in previous years.			

Organisation- Disability Information Service Huntingdonshire				
PI's	Minimum of 1500 cases dealt with per annum	Minimum of 192 home visits per annum.	DISH office to be open for a minimum of 1000 hours of delivered advice per annum	A minimum of 10% of total funds provided by HDC & CCC to be acquired externally. Target £2,346
Performance	2135 (1158)	273 (401)	1005 (1065)	£12,200 (55,428)
Comment	Total HDC revenue contribution for 2011-12 £ 7,070 This organisation with the limited resources available to it continues to perform extremely well.			

Organisation – St Barnabas Community Learning Centre				
PI's	1600 service users per annum	105 new learners per annum	1200 hours per annum free computer access time provided.	Project to acquire 25% additional funding above HDC provided funds per annum, target £6,500
Performance	1508 (1854)	100 (157)	1724 (1352)	£13,757 (£25,066)
Comment	Total HDC revenue contribution for 2011-12 £ 26,370 The organisation has realigned its services and activities to address the areas of concern highlighted last year. The organisations long term financial viability is still an issue of concern.			
Organisation – Hunts Volunteer (Formally Huntingdonshire Federation of Volunteer Bureaux)				
PI's	610 volunteers recruited per annum.	2 events per annum promoting volunteering	Increase the number of organisations receiving volunteers via the volunteer bureaux by 10% per annum target 132	Increase the number of people regularly participating in volunteering (4hrs or more per week) Target 316
Performance	1073 (813)	5 (5)	306 (176)	878 (598)
Comment	Total HDC revenue contribution for 2011-12 £ 37,140 The organisation has continued to both recruit and develop volunteers and placements for volunteers.			

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Agenda Item 7

**COUNCIL
O&S ENVIRONMENTAL WELL-BEING
O&S ECONOMIC WELL-BEING
O&S SOCIAL WELL-BEING**

**4TH JULY 2012
10TH JULY 2012
12TH JULY 2012
4TH SEPTEMBER 2012**

LEADERSHIP DIRECTION (Report by Leader & Deputy Leader)

1. INTRODUCTION

- 1.1 Each year, the Leadership sets out its direction of travel and key milestones. The attached paper provides a synopsis of the presentation.

Background Documents

Council Plan 2011

Growing Success: the Council's Corporate Plan

**Contact Officer: Howard Thackray, Corporate Policy & Performance
Manager
☎ 01480 388035**

HUNTINGDONSHIRE DISTRICT COUNCIL LEADERSHIP DIRECTION

This strategic document sets out the Council’s Themes and Aims and provides a basis for us to plan our work. It does not cover everything that we do or all the services that we provide, but seeks to focus on those issues that matter most to people, national priorities set by the Government and local challenges arising from the social, economic and environmental context of the district.

Our **Vision** — Huntingdonshire District Council will continue to improve the quality of life in Huntingdonshire by working with our communities and partners to achieve sustainable economic growth whilst providing excellent value for money services that meet local needs within a balanced budget.

Our Themes

Strong local economy	Enable sustainable growth	Improve the quality of life in Huntingdonshire	Working with our communities
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Theme	Strong local economy
Aims	<ul style="list-style-type: none"> • Successful delivery of the Alconbury Enterprise zone. • Support partners to improve strategic infrastructure, including broadband • Support the development of town centres and key settlements to become economically viable and vibrant • Support enterprise • Encourage the provision of a wide range of jobs appropriate for existing and future residents • Support the skills levels that aid economic prosperity

Theme	Enable sustainable growth
Aims	<ul style="list-style-type: none"> • Enable an adequate supply and mix of new housing to meet future needs. • Promote development opportunities in and around the market towns • Protect and improve our environment • Maximise benefits to the community from new developments • Enable the provision of affordable housing • Enable and encourage Community energy projects

Theme	Improve the quality of life in Huntingdonshire
Aims	<ul style="list-style-type: none"> • Develop the Council’s role in reducing benefit dependency • Support opportunities for the vulnerable to live independently • Achieve a low level of homelessness • Process Housing and Council Tax benefit claims in a timely and efficient way • Make our services accessible to all • Ensure benefits reform is implemented as smoothly and as effectively as possible • Work with partners to minimise the fear of crime • Protect the health of individuals and reduce health inequalities • Build the ‘One leisure’ business

Theme	Working with our Communities
Aims	<ul style="list-style-type: none"> • Build constructive relationships with other public sector organisations, parishes & towns, business community and ‘not for profit’ sector • Enhance civic pride & community involvement through “Huntingdonshire Matters” & “Shape Your Place” (Localism) • Adopt multi agency problem solving approaches • To undertake meaningful consultation, being open, transparent and accessible

Theme	The Council (for internal use only)
Aims:	<ul style="list-style-type: none"> • Balancing our budget, manage our reserves and borrowing effectively • Maximise business and income generation opportunities • A new or revised pay scheme that both properly rewards and motivates staff and is affordable • To generate & properly manage Community Infrastructure Levy (CIL) receipts
	<ul style="list-style-type: none"> • Improve communications with Staff and Members • Improve communications with Residents and stakeholders
	<ul style="list-style-type: none"> • Develop a leadership culture across all tiers of management within HDC. • Skill development – supporting the development of the workforce to meet HDC priorities

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**OVERVIEW AND SCRUTINY PANEL
(SOCIAL WELL-BEING)**

4TH SEPTEMBER 2012

CABINET

13TH SEPTEMBER 2012

**DRAFT CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY 2012-17 –
CONSULTATION RESPONSE
(Report by the Head of Legal and Democratic Services)**

1. INTRODUCTION

- 1.1 Members will recall that at its meeting on 3rd July 2012, the Panel was acquainted with details of the Draft Cambridgeshire Health and Wellbeing Strategy 2012-17. Dr Liz Robin, Director of Public Health for NHS Cambridgeshire, delivered a presentation to Members at the meeting on the background to the development of the Strategy, together with the proposed priorities for Cambridgeshire. Copies of the Executive Summary and Consultation Questionnaire are attached as an Appendix.
- 1.2 At the time, the Panel established a Working Group comprising Councillors S J Criswell, J W G Pethard and M Oliver, together with Mr R Coxhead, to formulate a draft response to the Consultation for submission to the September meeting.
- 1.3 A meeting of the Working Group was therefore held on 25th July 2012, where Councillors S J Criswell and J W G Pethard and Mr R Coxhead were present. An apology for absence from the meeting was submitted on behalf of Councillor M Oliver.

2. DRAFT RESPONSE TO CONSULTATION

- 2.1 At the Working Group meeting, Members focused primarily on the proposed priorities for Cambridgeshire and responded to each of the consultation questions posed. Overall, it was concluded that that the Strategy and the vision are “Very Appropriate” for Cambridgeshire. The paragraphs below provide an outline of the comments made in respect of each priority.

(a) Proposed Priority 1 – Ensure a Positive Start to Life for Children

- 2.2 This is regarded as an “Appropriate” priority for Cambridgeshire.
- 2.3 Referring to the second bullet point relating to the adoption of a multi-agency approach, comment has been made that:
 - given there is an expectation that partnership working is already happening, stronger emphasis should be placed upon this focus area. The word “encouraging” should therefore be reconsidered;
 - there needs to be an agreed method of engagement of agencies with a view to ensuring that a consistent approach is being adopted;
 - the Common Assessment Framework should be embedded within the Cambridgeshire Health and Well-Being Board; and
 - the Board should contribute towards defining the “Early Help Offer” as recommended in the 2010 Munro Review of England’s Child Protection System.

- 2.4 Having regard to the third bullet point relating to the integration of services across education, health and social care, Members have recommended that the steps to be taken if agencies chose not to get involved should be identified.
- 2.5 Additionally, it is felt that specific mention should be made within this priority area of the role and importance of education in encouraging individuals to choose healthy lifestyles in the future.
- 2.6 The Phase 6 Summary Report for the Cambridgeshire Joint Strategic Needs Assessment (JSNA) states that in the case of deprivation and childhood poverty, “looked after children and young offenders are particularly likely to have poor [health] outcomes”. Members recommend that this is reflected within the Strategy together with a further finding within the JSNA that transport accidents are one of the main causes of death for children.

(b) Proposed Priority 2 – Support Older People To Be Safe, Independent and Well

- 2.7 This is regarded as being an “Appropriate” priority for Cambridgeshire.
- 2.8 Whilst not specifically targeted at older people, comment has been made upon the need for there to be enhanced levels of community involvement on health and wellbeing matters, particularly in light of the forthcoming transfer of public health services to County Councils. It has been suggested that local GP surgeries and health providers could take on a more active role to engage with their local communities.
- 2.9 Having regard to the second bullet point relating to the integration of services for frail older people, reference has been made to the difficulties faced by the elderly when travelling within their own communities; for example visiting their local shop or Post Office. This is often a difficulty for older people. It is recommended that finding a solution to this problem should be included in this priority. There also is a need for there to be safer routes for older people, with consideration being given to the condition of pavements and dropped kerbs. It is suggested that the identification of such local risks should be undertaken with communities.
- 2.10 Members have discussed the “Homes for Life” concept and made comment that it is often not explicitly taken into account during the initial planning phases of new developments. It is disappointing that the development industry as a whole has not been more proactive in taking forward its implementation. Whilst it is acknowledged that many older people do not choose to move into new developments, Members are of the view that homes should be future proofed to meet the requirements of the elderly.
- 2.11 The JSNA refers to a recent policy paper by the University of Birmingham that identifies “10 high impact changes” with regards to prevention in older people’s services. Given that this is evidence based, Members recommend that these changes are adopted, particularly as they promote the “invest to save” concept and tie in well with the prevention of ill-health agenda. There is a need to recognise the monetary value of early prevention.

(c) Proposed Priority 3 – Encourage Healthy Lifestyles and Behaviours in All Actions and Activities While Respecting People’s Personal Choices

- 2.12 Members have assessed this priority as “Neither Appropriate Nor Inappropriate”, subject to the comments outlined in paragraphs 2.13 – 2.17 below.
- 2.13 Members have suggested that Community Plans should include local health and wellbeing matters. It is felt that this will encourage community ownership whilst at the same time promote healthy lifestyle and behaviour choices. This work could be undertaken in conjunction with local health providers. The benefit of presenting localised health statistics to communities has been discussed. Members have expressed the view that this data will be more relevant and meaningful to the local community than national statistics.
- 2.14 Further to the earlier discussions on the importance of education to encourage healthy lifestyle choices (paragraph 2.5 refers), Members agree that reference should be made within this priority area to alcohol consumption, drink-driving, road safety awareness (especially in the social group of adult men under the age of 25) and substance misuse given that these traits are also regarded as lifestyle and behavioural choices. This view is supported by the JSNA, which states the need to “recognise the major impact of common lifestyle behaviours which often start in childhood and continue throughout life on the development of long term health problems and to encourage communities to support lifestyle change”.

(d) Proposed Priority 4 – Create a Safe Environment and Help to Build Community Resilience, Wellbeing and Mental Health

- 2.15 It is agreed that this priority is “Neither Appropriate Nor Inappropriate” subject to the comments outlined above (paragraphs 2.13 – 2.14) and below.
- 2.16 Referring to the first bullet point relating to the implementation of early interventions and accessible and appropriate services for mental health, Members believe this area should be transferred across to Proposed Priority 3. The focus of Proposed Priority 3 is prevention, whilst Proposed Priority 4 relates to activities that are more reactive in nature.
- 2.17 Having regard to the second bullet point relating to homelessness and the effect of changes in housing benefit on vulnerable groups, Members have commented that this will be very challenging to achieve and questioned how the impact of the changes will be reduced.

(e) Proposed Priority 5 – Create a Sustainable Environment in Which Communities Can Flourish

- 2.18 Members concurred that this is an “Appropriate” priority for Cambridgeshire.
- 2.19 Having regard to the first bullet point for this Priority, Members have reiterated the previous comments that they made in respect of future proofing homes for the elderly (paragraph 2.10). Furthermore, comment has been made that large scale housing developments need to be suitable for the elderly; i.e. bungalows and two bedroom properties are appropriately located to provide access to services and facilities. In light of the fact that the JSNA identifies a key priority need for new communities to include “Provision of lifetime homes which can be adapted to the needs of residents as they become older”, Members have requested clarification to be sought from the Head of Planning and Strategic Housing as to what extent the Council’s planning

function has taken this finding into account and whether lifetime homes are a feature of current planning policy. His response is that “Lifetime homes’ is simply one of a plethora of current policy initiatives that look to influence the design and form of new housing – we obviously have regard to it but our main policy tool, to encourage sustainable design, has been the requirement for compliance with the more nationally recognised ‘Code For Sustainable Homes’ – which includes a related specific sub-requirement for compliance with the adaptation requirements contained within Lifetime Homes. This requirement is set out in our currently adopted draft policies and will be reiterated within our emerging updated New Local Plan policies.”

- 2.20 Members have also discussed the impact of large scale housing developments upon demand for health provision. There is a need to ensure that existing health structures and facilities are able to meet projected levels of demand and maintain appropriate service standards. Members have acknowledged that a sustainable environment is needed to enable communities to flourish.
- 2.21 It is recommended the third bullet point is amended to read “Maintaining effective public transport and transport networks, *within communities and between communities*, which ensure access to services and activities and reduce road traffic accidents”. This reiterates previous comments made about assisting the elderly with transportation within their own communities (paragraph 2.9 refers).
- 2.22 Referring to the third bullet point, Members have questioned how agencies can be involved in shaping local communities given that no reference is made to them within the Proposed Priority. It has been suggested that each agency should ensure that they are able to provide a dedicated resource/nominated individual with responsibility for community planning. This echoes previous comments made about the importance of including health and wellbeing matters within Community Plans, thereby encouraging self sustainability.
- 2.23 Finally, Members have queried the absence of any reference to economic growth within the Proposed Priority. The JSNA identifies demonstrable links between poorer health and economic factors such as unemployment. Economic growth should be included within this Proposed Priority.

(f) Key Markers of Achievement in Meeting Health and Wellbeing Priorities

- 2.24 Members are of the view that key markers might include whether agencies are working together to achieve the Proposed Priorities that have been identified, whether users experience a seamless service and whether processes are simple enough to encourage the public to use them.

(g) Other Comments

- 2.25 Members have acknowledged the number of Countywide and Districtwide strategies which have contributed towards the development of the draft Cambridgeshire Health and Wellbeing Strategy. They have questioned whether these Strategies have been aligned to the draft Cambridgeshire Health and Wellbeing Strategy and with each other. Furthermore, there are questions whether all these Strategies continue to be relevant and can the list be simplified. In addition, the Working Group recommends there is ongoing consultation with the public and clinicians during the life of the Strategy.

- 2.26 In acknowledging that an Action Plan will be produced once the draft Cambridgeshire Health and Wellbeing Strategy is published in October 2012, Members have questioned what the process will be for reporting upon outcomes and providing feedback to communities. Mention has also been made of the need to inform the Overview and Scrutiny Panel of progress. To facilitate local planning, Members recommend that monitoring data is collated so that analysis of it can be undertaken at a localised level.
- 2.27 With reference to the Health Profile for Huntingdonshire 2012 which was appended as an Annex to the JSNA Report, Members have questioned how the different needs within each Ward will be recognised within the Strategy. It has however been acknowledged that equality of opportunity will prevail and that resources should be targeted to those areas in need to bring them up to the same levels as the more stable areas.
- 2.28 Finally, Members have commented that Parish Councils could play an active part in influencing the Strategy by taking responsibility for the health and wellbeing needs of their respective communities. As mentioned earlier, a method for achieving this could be through Community Plans.

3. OFFICER COMMENTS

- 3.1 Since the Working Group's meeting, Officers from the Council's Housing Services have drafted their own response to the consultation. Chief Officers have requested for a corporate response to be submitted and it is therefore proposed to incorporate these comments into the final response. The Housing Strategy Manager has made the following comments:-

"In the first instance we should recognise the strategic links between good quality affordable housing in sustainable, well-functioning neighbourhoods, and health and well-being in general. We think the document recognises the impact of housing on the wider determinants of health and we are pleased to see recognition of this relationship reflected throughout the strategy.

We note that detailed outcome measures and action plans will be developed and would welcome the opportunity to influence these. The high level priorities seem appropriate but the detail on which we may have further views to make will be contained within the action plans. In terms of specific comments:

- The text on page 6 could reflect the fact that the districts of South Cambs and Huntingdonshire are projected to have the largest increases in older people.
- The document does not set out geographic priorities, for example, the Strategy may prioritise wards like Oxmoor and Eynesbury for action given their deprivation levels.
- We are pleased to see the specific focus on homelessness and housing benefit in priority 4; and on the links with housing strategies within priority 5. We would like to know how, through this document, homelessness will be reduced. We would like to see the 'particular focus' on the Housing Strategy to be reworded to be more specific on what it is actually wanting to achieve.
- Within priority 2 we support the focus on prevention. Services like Disabled Facilities Grants, minor repairs and adaptations, community alarms and

support services are all examples of ways in which housing contributes to the prevention agenda. We frequently find services of this kind to be low in cost but high in impact on the health and well-being of older people. Despite the value of these, in a financially restricted climate, preventative services can lose out. We therefore feel it is appropriate to support the draft Strategy's focus on prevention but to challenge the shadow board on how this priority will actually be implemented in practice.

- In Section 7, please note this Council's Housing Strategy spans 2012-2015 and is currently being approved. We would also suggest this Council's Homelessness Strategy and 'Huntingdonshire Matters' is added to your list."

3.2 In addition, the Head of Environmental and Community Health Services has suggested that reference should also be made that "Motivation for encouraging activity and sports should not be confined to controlling obesity. The priority 3A currently says: "increase number of adults and children with a healthy weight, using.....physical activity." But it should say "increase participation in sport and physical activity, and encourage a healthy diet, to reduce the rate of development of long-term conditions, increase the proportion of older-people who are active and can retain their independence and increase the proportion of adults and children with a healthy weight.""

4. CONCLUSION AND RECOMMENDATIONS

4.1 As tasked by the Panel, the Working Group has met to formulate a response to the draft Cambridgeshire Health and Wellbeing Strategy 2012-17. A number of comments have been made and each of the Consultation Questions have been responded to. Given the wish to ensure that a corporate response is submitted, the Panel is

RECOMMENDED

- (a) to consider and endorse Sections 2 and 3 of the report as the basis for the Council's response to the consultation on the draft Cambridgeshire Health and Wellbeing Strategy 2012-17;
- (b) to invite the Cabinet to comment and endorse the draft response; and
- (c) to authorise Officers to submit the response directly to the Cambridgeshire Health and Wellbeing Board.

Contact Officer: Miss Habbiba Ali, Democratic Services Officer
 01480 388006
 Habbiba.Ali@huntingdonshire.gov.uk

BACKGROUND INFORMATION

Minutes and Reports of the Overview and Scrutiny Panel (Social Well-Being) held on 3rd July 2012.

a consultation on the Draft Cambridgeshire Health & Wellbeing Strategy 2012–17

77

Good health and wellbeing is fundamental to enable us to live an active and fulfilled life and play a role in our local communities. This diagram illustrates how lots of different aspects of our environment and community have a significant impact on our health and wellbeing and influence our behaviour. These include employment, education, housing, local community space or green areas, and transport, as well as the health and social care services which support us when we are ill. The health and behaviours of an individual are influenced more widely by the communities in which they live: their social networks, perception of safety and ability to contribute to the local neighbourhood. Our approach to health and wellbeing includes recognising that the best way to ensure participation, sustainability, and ownership of local initiatives is to work directly with local communities

to enable them to develop local services and activities that are important to them and their community. In Cambridgeshire, we are fortunate to live in a part of the country where the health of local people is generally better than the England average. Whilst this

is encouraging, it can mask some real challenges. We know that some local people experience significant disadvantage and inequalities in health, which is something we must improve. We also know that the population of older people is set to increase rapidly in the next decade, which will

lead to higher levels of need for some health and care services.

This strategy aims to identify priorities which are shared across the county and across organisations, where working as a Health and Wellbeing Board and Network can add most value. The priorities will guide our actions and shape both clinical and non-clinical commissioning decisions. The shared priorities identified in this draft strategy will help us to go outside organisational boundaries and work in creative and innovative ways to improve outcomes.

We have developed this draft strategy using:

- a) National and local evidence of health needs as measured, analysed and reported in the Cambridgeshire Joint Strategic Needs Assessment (<http://www.cambridgeshirejsna.org.uk/>)
- b) Existing local strategies and plans (see Section 7)

c) Stakeholder event to identify the current priorities of local partnerships and organisations.

An important objective of the Health & Wellbeing Board is to communicate, listen and engage with the communities we serve. This consultation is being conducted to seek genuine, open feedback and views from across Cambridgeshire.

The consultation will run from 18th June to 17th September. This gives you an opportunity to tell us what you think about whether we have identified the right priorities, how we should tackle these priorities and where we should focus our resources. You can do this through submitting a paper feedback form or submitting an online response, available at: <http://www.cambridgeshire.gov.uk/council/partnerships/Health%20and%20Wellbeing%20Board.htm>



Source: Modified from Dahlgren & Whitehead's rainbow of determinants of health (G Dahlgren and M Whitehead, Policies and strategies to promote social equity in health, Institute of Futures Studies, Stockholm, 1991) and the LGA circle of social determinants (Available at: http://www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3511260/ARTICLE-TEMPLATE)

Cambridgeshire Health & Wellbeing Board and Network will focus on these priorities to improve the physical and mental health and wellbeing of Cambridgeshire residents. In particular, within each of these priorities, we will work to improve the health of the poorest fastest, through greater improvements in more disadvantaged communities and marginalised groups.

1. Ensure a positive start to life for children.

This includes a particular focus on:

- Supporting positive and resilient parenting, particularly for families in challenging situations, to develop emotional and social skills for children.
- Encouraging a multi-agency approach to identifying children in poverty, with complex needs or with parents who are experiencing physical or mental health problems and taking appropriate action to support families and children.
- Developing integrated services across education, health and social care which focus on the needs of the child in the community, as well as for growing numbers of children with the most complex needs.
- Creating positive opportunities for young people to contribute to the local economy and community and raise their self-esteem.

2. Support older people to be safe, independent and well.

This includes a particular focus on:

- Preventative interventions which reduce unnecessary hospital admissions for people with long term conditions and improve outcomes e.g. through falls prevention, stroke and cardiac rehabilitation.
- Integrating services for frail older people and ensuring that we have strong community health and care services tailored to the individual needs of older people, which minimise the need for long stays in hospitals, care homes or other institutional care.
- Timely diagnosis and inter-agency services for the care and support of older people with dementia and their carers.

3. Encourage healthy lifestyles and behaviours in all actions and activities.

This includes a particular focus on:

- Increasing the number of adults and children with a healthy weight, using a range of interventions to encourage healthy eating and physical activity.
- Reducing the numbers of people who smoke – by discouraging young people from starting and supporting existing smokers to quit.
- Promoting sexual health, reducing teenage pregnancy rates and improving outcomes for teenage parents and their children.
- Ensuring that people with long term conditions receive appropriate healthy lifestyle support services.
- Increasing the engagement of individuals and communities in taking responsibility for their health and wellbeing.

4. Create a safe environment and helping to build strong communities, wellbeing and mental health.

This includes a particular focus on:

- Implementing early interventions and accessible and appropriate services for mental health.
- Reducing homelessness and addressing the effect of changes in housing benefit on vulnerable groups.
- Minimising the negative impacts of alcohol, illegal drugs and associated anti-social behaviour, on health and wellbeing.
- Reducing abuse and neglect – particularly domestic abuse.

5. Create a sustainable environment in which communities can flourish.

This includes a particular focus on:

- Encouraging and informing consideration of health needs associated with housing when strategies and plans are being developed and refreshed.
- Encouraging the use of green, open spaces and of activities such as walking and cycling.
- Maintaining effective public transport and transport networks which ensure access to services and activities and reduce road traffic accidents.
- Building on the strengths of local communities, including the existing local voluntary sector, and promoting inclusion of marginalised groups and individuals.

Cross cutting principles: Equitable • Evidence-based • Cost-effective • Preventative • Empowering • Sustainable

a consultation on the

Draft Cambridgeshire Health & Wellbeing Strategy 2012-17

79

Appendix: Consultation questionnaire

Please fill in this questionnaire to tell us your views on the priorities we have outlined in the Draft Cambridgeshire Health & Wellbeing Strategy by 17th September 2012.

You can do this either by filling in this printed questionnaire and sending it to us at Box CC1318, Cambridgeshire County Council, FREEPOST CB176, Cambridge CB3 0BR or submitting your views using the online questionnaire which you can find on our webpage: <http://www.cambridgeshire.gov.uk/council/partnerships/Health%20and%20Wellbeing%20Board.htm>

Consultation questions

Good health and wellbeing is fundamental to enable us to live an active and fulfilled life and play a role in our local communities. In Cambridgeshire, we are fortunate to live in a part of the country where the health of the local people is generally better than the England average. Whilst this is encouraging, it only paints part of the wider picture. We also know that some local people experience significant disadvantage and inequalities in health and wellbeing.

With this in mind, we have produced a draft Health & Wellbeing Strategy for consultation which identifies the priority issues we believe are important for local people and outlines how we will work together effectively to tackle them.

We are keen to get your views on the strategy to help improve our services, and would be grateful if you could spare a few minutes to complete this short questionnaire. Your insight and opinions are important and will help us to ensure that we are providing the most useful information and support to the people that need it.

The consultation will begin on the 18th June. Please take some time to fill in this questionnaire by **17th September 2012**.

You can find a copy of the Draft Cambridgeshire Health & Wellbeing Strategy on our webpage and fill in the questionnaire online:

<http://www.cambridgeshire.gov.uk/council/partnerships/Health%20and%20Wellbeing%20Board.htm>

If you prefer to send us a paper copy you can either print this questionnaire to fill in or request a copy of the questionnaire using the contact details below.

If you would like a copy of the strategy or this document in easy read format, in Braille, large print, in other languages or on audio cassette please contact us:

Tel: **01223 703240**

E-mail: **hwbcconsultation@cambridgeshire.gov.uk**

Address: **Box CC1318
Cambridgeshire County Council
Freepost CB176
Cambridge
CB3 0BR**

All information you provide will be treated in confidence and not shared with any third parties.

Your thoughts on the overall strategy

Q1a Are you completing this questionnaire as an individual or on behalf of a group?

Individual Group

Q1b Which of the following best describes your involvement in your local community?

- Member of the public
- Councillor
- County Council officer
- District Council officer
- NHS: Commissioner
- NHS: Provider
- Health Protection Agency
- Other Public Sector organisation
- Business organisation
- Voluntary/ Third Sector
- Service Provider
- University
- Other, please state:

Q2a Looking at the strategy overall, how far do you feel that the vision set out is appropriate for Cambridgeshire?

- Very appropriate Inappropriate
 Appropriate Very inappropriate
 Neither appropriate or inappropriate

Q2b Do you have anything further you would like to add? For example, ways in which it could be better adapted to suit the county?

Your thoughts on our proposed priorities

Five proposed priorities have been developed within the Cambridgeshire Health and Wellbeing Strategy. For a summary of these please see pages 10-11.

Q3 Considering these five proposed priorities, how far do you agree that each is an appropriate priority for health and wellbeing in Cambridgeshire?

81

	Very appropriate	Appropriate	Neither appropriate nor inappropriate	Inappropriate	Very inappropriate	Don't know / Undecided
Proposed priority 1: Ensure a positive start to life for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed priority 2: Support older people to be safe, independent and well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed priority 5: Create a sustainable environment in which communities can flourish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What should we focus on?

Proposed priority 1

Ensure a positive start to life for children

Our focus areas are:

- Supporting positive and resilient parenting, particularly for families in challenging situations, to develop emotional and social skills for children.
- Encouraging a multi-agency approach to identifying children in poverty, with complex needs or with parents who are experiencing physical or mental health problems and taking appropriate action to support families and children.
- Developing integrated services across education, health and social care which focus on the needs of the child in the community, as well as for growing numbers of children with the most complex needs.
- Creating positive opportunities for young people to contribute to the local economy and community and raise their self-esteem.

Q4a Have we identified the correct areas to focus on for Cambridgeshire within this theme?

Yes No

Is there anything else you would like to add about this?

Proposed priority 2

Support older people to be safe, independent and well

Our focus areas are:

- Preventative interventions which reduce unnecessary hospital admissions for people with long term conditions and improve outcomes e.g. through falls prevention, stroke and cardiac rehabilitation.

- Integrating services for frail older people and ensuring that we have strong community health and care services tailored to the individual needs of older people, which minimise the need for long stays in hospitals, care homes or other institutional care.
- Timely diagnosis and inter-agency services for the care and support of older people with dementia and their carers.

Q4b Have we identified the correct areas to focus on for Cambridgeshire within this theme?

Yes No

Is there anything else you would like to add about this?

Proposed priority 3

Encourage healthy lifestyles and behaviours in all actions and activities while respecting people’s personal choices

Our focus areas are:

- Increasing the number of adults and children with a healthy weight, using a range of interventions to encourage healthy eating and physical activity.
- Reducing the numbers of people who smoke – by discouraging young people from starting and supporting existing smokers to quit.
- Promoting sexual health for teenagers, reducing teenage pregnancy rates and improving outcomes for teenage parents and their children.
- Ensuring that people with long term conditions receive appropriate healthy lifestyle support services.
- Increasing the engagement of individuals and communities in taking responsibility for their health and wellbeing.

Q4c Have we identified the correct areas to focus on for Cambridgeshire within this theme?

Yes No

Is there anything else you would like to add about this?

Proposed priority 4

Create a safe environment and help to build community resilience, wellbeing and mental health

Our focus areas are:

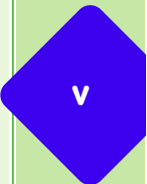
- Implementing early interventions and accessible and appropriate services for mental health.
- Reducing homelessness and addressing the effect of changes in housing benefit on vulnerable groups.

- Minimising the negative impacts of alcohol, illegal drugs and associated anti-social behaviour, on health and wellbeing.
- Reducing abuse and neglect – particularly domestic abuse.

Q4d Have we identified the correct areas to focus on for Cambridgeshire within this theme?

Yes No

Is there anything else you would like to add about this?



Proposed priority 5

Proposed priority 5: Create a sustainable environment in which communities can flourish

Our focus areas are:

- Encouraging and informing consideration of health needs associated with housing when strategies and plans are being developed and refreshed.
- Encouraging the use of green, open spaces and of activities such as walking and cycling.
- Maintaining effective public transport and transport networks which ensure access to services and activities and reduce road traffic accidents.
- Building on the strengths of local communities, including the existing local voluntary sector, and promoting inclusion of marginalised groups and individuals.

Q4e Have we identified the correct areas to focus on for Cambridgeshire within this theme?

Yes No

Is there anything else you would like to add about this?

Looking forward

In tackling the health and wellbeing priorities outlined, it is important that we continue to challenge our ways of working, identify if we are using the right approach and explore how we can work more effectively. Your continued engagement is important to us.

Q5 What would you consider to be key markers of achievement in meeting the health and wellbeing priorities for your community?

Q6 Do you have anything further you would like to add with regards to this Strategy?

About you

Finally, it would be helpful if you could answer a few questions about yourself.

Completion of these questions is however entirely optional.

Q7 What is your age?

- Under 16
- 16 to 24
- 25 to 44
- 45 to 64
- 65+
- Prefer not to say

Q8 Are you male or female?

- Male
- Female
- Prefer not to say

Q9 How would you describe your ethnicity?

- White – British
- White – Irish
- Any Other White background
- Mixed – White and Black Caribbean
- Mixed – White and Black African
- Mixed – White and Asian
- Any Other Mixed background
- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian or Asian British – Bangladeshi
- Any Other Asian background
- Black or British Black – Caribbean
- Black or British Black – African
- Any Other African background
- Chinese
- Gypsy/Roma/Traveller
- Other
- Prefer not to say

Q10 Please enter your postcode if you are a UK resident.

This enables us to ensure we are reaching all areas of the County with this consultation. It will not be used to identify you in any way.

Q11 Do you have any of the following long-standing conditions?

- Blindness or partially sighted
- Deafness or severe hearing impairment
- Mobility difficulties
- Cognitive or learning disabilities
- A long-standing physical condition
- A mental health condition
- A long-standing illness such as cancer, diabetes or epilepsy
- No, I do not have a long-standing condition
- Prefer not to say

Q12 Which of these best describes what you are doing at present?

- Employee in full time job (30 hours plus per week)
- Employee in part-time job (under 30 hours per week)
- Self employed (full or part-time)
- Full-time education at college or university
- Unemployed and available for work
- Permanently sick / disabled
- Retired
- Looking after the home
- Other (please specify below)

Thank you for taking part in the Cambridgeshire Health and Wellbeing Strategy Consultation. Your feedback will be invaluable in shaping the final strategy for the county.

**DOMESTIC ABUSE JOINT MEMBER LED REVIEW: FINAL REPORT
(Report by the Head of Legal and Democratic Services)**

1. INTRODUCTION

1.1 A joint Member led review of domestic abuse has been undertaken by Cambridgeshire County Council and Huntingdonshire and Fenland District Councils. The final report following completion of the study is submitted to the Panel for consideration and comment.

2. BACKGROUND

2.1 In June 2011 the Social Well-Being Panel appointed Councillor Mrs Reynolds as its representative on the Joint Working Group to review the provision of domestic abuse services in the County. Councillor West represented the County Council on the Working Group.

2.2 The Working Group has finished its investigations and has drafted a report on its findings. The report is attached as an Appendix. It has been submitted to the County Council's Cabinet. As a result, the following decisions have been made:

RECOMMENDATION	CCC DECISION
The Domestic Abuse (DA) Partnership should adopt the new Home Office definition, when it is agreed	Fully Accepted - Cabinet will expect that the DA partnership will adopt the new definition from the Home Office once agreed by central Government
The Partnership should ensure that there is a common understanding and application of the definition across agencies	Fully Accepted - Cabinet would expect all partners to be using the same working definition and with a common approach to its meaning and intent. This may require some developmental work and case examples to be used in training. It is assumed that the DA Partnership will take responsibility for this training material and the wider dissemination of the definition through partnership agencies.
The Partnership should report back to the Safer and Stronger O&S Committee in 2013 regarding progress in adapting to the new definition.	Fully Accepted - It makes sense for this to take place and a date should be set in agreement between the DA partnership and the Overview and Scrutiny Chairs once the definition has been agreed by the Home Office.
Progress should be made in the development and roll out of Children's Programmes, as per the 2008/11 DA Strategy.	Partially Accepted - Cabinet is aware that a new DA Strategy for the period 2012/15 is being written with a new set of actions to reflect the revised priorities. Cabinet would like to see any outstanding actions from the 2008/11 DA Strategy reviewed and, if appropriate, rolled forward into the new 2012/15 DA Strategy. Cabinet is aware that the new DA Strategy will be signed off by both Cabinet and the Health and Well Being Board in the Autumn and that the DA Partnership Chair will be closely involved in the

	setting of the Strategy and Action plan.
The Chairman of the DA Partnership Implementation Group should periodically report on progress made in tackling DA.	Fully Accepted - Domestic Abuse reduction is a priority for the Council and so periodic reporting to Cabinet should be a part of the DA Strategy. It is for the Health and Well Being Board to decide upon the frequency of reporting. Cabinet would expect to see updates on DA within the normal performance reporting cycle.
The Safer and Stronger O&S Committee should review the effectiveness of the new Lead Officer arrangements approximately six months after commencement.	Partially Accepted - Cabinet does not find that the Domestic Abuse Partnership Manager to be inappropriately placed within the management hierarchy given the support available to the post holder from the line manager of the post, Head of Service and Director. However it is acknowledged that the post holder previously reported directly to a Director post. Regular briefings with the Deputy Leader have now been arranged to ensure that the profile of DA is maintained and that strategic Member leadership can be supported by Officers. The Lead Officer is a Service Director and whilst Cabinet is happy to keep any senior leadership responsibilities under review there is no criteria for what effectiveness might look like. Cabinet would expect that the success of the actions within the emerging DA Strategy are the markers for judgments of effectiveness.
The DA Partnership should investigate the potential to develop joint commissioning arrangements to extract maximum value from limited resources and to establish a pooled budget to facilitate and provide a focus for joint working.	Partially Accepted - Cabinet expects all opportunities for integrated working to be explored and where a financial and business case can be clearly set out through the establishment of a joint budget. The term 'pooled budget' has a more technical set of requirements which may detract attention from the task in hand and a joint budget which partners contribute to will be as effective as a way of supporting joint working if possible.
That referral routes are established to enable people in Fenland to have access to IDVA support	Fully Accepted - Cabinet is aware of the problem of specialist NHS services attached to the acute hospitals which serve the County being based outside of the County borders. This is not unique to Fenland although it is acknowledged that this has a sizable potential effect. Cabinet expects that the DA partnership will work with the NHS to seek effective pathways to services within the NHS although cannot commit to further funding as a means of resolution.
Partners should develop common data standards and ensure that these are adopted, monitored and managed.	Partially Accepted - Cabinet agrees that as far as possible data standards should strive to harmonise to record and report the same things. This is not always within the gift of the partners who have a range of standards imposed upon them from external sources. Partners will need to strike a balance between their own performance needs and accountabilities and the local use of data and effective performance monitoring without this becoming an additional

	burden.
The DA Partnership should investigate ways of collecting data about the overall success of interventions from the perspective of victims.	Fully Accepted - Cabinet supports the collection and use of victim data in support of improving service responses as well as incorporating victim perspectives into service planning
Localities should be encouraged to utilise the Freedom Programme and provided with resource to do this, allocated on the basis of greatest need.	Partially Accepted - Cabinet is supportive of Localities being encouraged to use group based interventions such as the Freedom Programme where need demonstrates that it should be made available but is not able to allocate additional dedicated funding and such decisions will need to be taken locally in the context of other pressures and demands.
Cabinet should preserve, or preferably expand, resources devoted to addressing DA <u>wherever they are located</u> across the Council	Partially Accepted - Cabinet understands that the DA budget has recently been increased with the appointment of new staff and an additional budget of £80k. Cabinet is not able to give a long term guarantee for the sustainability of any budget but the present budget allocation reflects the increased prioritisation of DA by Cabinet and by the Health and Well Being Board.
The Safer and Stronger O&S Committee should review the outcomes achieved by investment in DA Services approximately one year from implementation	Fully Accepted - Cabinet would welcome such a review of outcomes
Cabinet should investigate the potential benefits of investing in DA related outreach work on an 'invest to save' basis.	Partially Accepted - Cabinet is interested in how new ways of investing can save money being spent on acute and other expensive services. Should the DA Partnership wish to present such a case then Cabinet would be happy to look at it. Should further reforms of public services finances take place and give opportunities for the County and its partners to access savings made by timely investments in preventative services then the case may become even more compelling.
The DA Partnership Implementation Group should review current processes for addressing DA and sharing information on DA across Children's Services.	Partially Accepted - The Public Service Board for Cambridgeshire has agreed an over arching policy to support information sharing. Cabinet would expect that the DA Partnership can make a significant contribution to the processes by which information is shared across Children's Services. Cabinet is concerned that the recommendation as set out is potentially a very wide one and the DA Partnership will need to be more specific in defining the actions before approaching Children's Services. The concept of 'intelligence sharing' is also to be encouraged.
DA training provision for frontline workers should be reviewed so that all workers are able to take appropriate	Fully Accepted - Cabinet is content for a review to take place and recommendations made to the Children and Young People's Services Workforce Development Group. Cabinet also welcomes wider

<p>actions when encountering DA issues, including referrals for specialist support</p>	<p>staff knowledge of referral routes to specialist support.</p>
<p>The Safer and Stronger O&S Committee should monitor the Council's social care thresholds in relation to DA incidents, compare against similar counties, and review the application of the Barnado's Domestic Violence Risk Assessment Model</p>	<p>Partially Accepted - Cabinet understands that Children's Social Care is seeking to implement the Barnado's Domestic Violence Risk Assessment Model as a direct result of the work of the Safer and Stronger Overview and Scrutiny Committee. Cabinet is concerned that a significant review of social care thresholds will cut across work already in hand regarding the Social Care Unit Model, Common Assessment review, and the Model of Staged Intervention. Comparative work is already taking place through comparisons with other Counties in the Region and by Family Group for Social Care. The Children and Young People's Overview and Scrutiny Committee is already monitoring the implementation of the Social Care Unit Model which includes examination of thresholds</p>
<p>Current and planned work within the MARU to process referrals and notifications should be reviewed in 6 months time by the Safer and Stronger O&S Committee</p>	<p>Partially Accepted - Cabinet is content for this work to be reviewed however it is also being presented to the Children and Young People's Overview and Scrutiny Committee and therefore this could be a duplication of effort. Cabinet suggests that the Children and Young People's Overview and Scrutiny Committee takes a lead on this work.</p>
<p>There should be stricter regulation of Level 3 incidents by appropriately trained staff. A review should be conducted to examine this issue.</p>	<p>Rejected - Cabinet is aware that the grading of incidents and the collation of information so that it can become useful intelligence for partner agencies is a complicated and difficult process. As resources are limited the MARU and IAT can only deal with cases which are more severe. The gathering and grading of information can lead to level 3 incidents being actioned but not routinely so. Cabinet finds this to be more of an issue of capacity than one of skill or competence. A review is not likely to be helpful at this point as there are no further resources to direct to level 3 incidents.</p>
<p>The Council should work with schools to advocate awareness and learning about safe relationships and DA</p>	<p>Accepted - Cabinet is happy to advocate for safe relationship awareness in schools although of course can neither compel nor require schools to do so. This work is may be commissioned via the traded Personal Social and Health Education Service or from elsewhere. Safe relationship awareness is also built into child protection training which is available for schools</p>
<p>Officers should consult the group regarding the findings from the Officer review about adult safeguarding resource allocation at the MARU.</p>	<p>Accepted - Cabinet would expect Officers to discuss the review of resource allocation at the MARU for adult safeguarding with the DA Partnership.</p>

3. HUNTINGDONSHIRE DISTRICT COUNCIL

3.1 The recommendations above largely apply to the County Council. The District Council's DA activities are carried out by the Community Safety Partnership. Before deciding whether to carry out its own work on DA the Panel may wish to consult the Partnership on the study findings.

4. CONCLUSION

4.1 A joint study has been carried out by Cambridgeshire County Council and Huntingdonshire and Fenland District Council on DA. The findings and recommendations have been reported to the County Council and have been well received. The Panel is invited to consider and comment on the report and decide whether any further action is necessary at District Council level.

BACKGROUND PAPERS

Domestic Abuse Member Led Review: Final Report – report to Cambridgeshire County Council Cabinet - 10th July 2012

Response to Safer and Stronger Overview and Scrutiny Committee's Report On Domestic Abuse - report to Cambridgeshire County Council Cabinet - 10th July 2012

Cambridgeshire County Council Cabinet Minutes - 10th July 2012

Huntingdonshire District Council Minutes - 7th June 2012

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DOMESTIC ABUSE MEMBER LED REVIEW: FINAL REPORT

To: Cabinet

Date: 10th July 2012

From: Safer and Stronger Communities Overview and Scrutiny Committee

Electoral division(s): All

Forward Plan ref: N/A **Key decision:** No

Purpose: This report provides the findings and recommendations from a strategic review of Cambridgeshire's Domestic Abuse Services conducted by the Safer and Stronger Communities Overview and Scrutiny Committee.

Recommendation: The Cabinet is asked to:

- Consider and comment upon the findings and recommendations contained within the report (Appendix 1)
- Support and implement the recommendations contained within the report

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1. BACKGROUND

- 1.1 On the 27th May 2011, the Safer and Stronger Communities Overview and Scrutiny Committee commissioned a member-led review group to evaluate the provision of domestic abuse (DA) services in the county.
- 1.2. The review was conducted in collaboration with Scrutiny members from Huntingdonshire and Fenland District Councils, as DA was highlighted as a priority issue within the Strategic Assessments produced for the Community Safety Partnerships in these areas¹. Also, a recommendation of an earlier member-led review group of the SSC OSC had stated that a review of the subject should be undertaken².
- 1.3 The following Members conducted the review:
- Cllr. Sam Hoy (Chairman – Cambridgeshire County Council)
 - Cllr. Virginia Bucknor (Fenland District Council)
 - Cllr. Alex Miscandlon (Fenland District Council)
 - Cllr. Deborah Reynolds (Huntingdonshire District Council)
 - Cllr. Richard West (Cambridgeshire County Council/Huntingdonshire District Council).
- 1.4 The review group presented an interim report to the County Council Cabinet on the 27th September 2011 in order to influence funding decisions about DA services being made through the Integrated Planning Process (IPP). The review group recommended:
- 1) Cabinet expand resources within the Community Engagement Directorate devoted to addressing domestic abuse by using the current IPP
- or:
- 2) Levels of Council funding devoted to domestic abuse be maintained within the Community Engagement Directorate at their current levels for the coming financial year
- 1.5 The group has subsequently undertaken further investigation, with a particular focus on the role of partnership working in tackling DA issues.
- 1.6 The Chairman of the review group presented the provisional findings at a DA Strategy event during March, in order to seek feedback from the wide range of statutory, voluntary and community organisations present. The group also encouraged feedback from all staff (via Daily Briefing) and the public (via the Council's website). Finally, the SSC OSC considered the report at their meeting on the 14th June and voted unanimously to support its submission to Cabinet (subject to some changes which have been incorporated into this report). Members also agreed to submit the report to Cambridgeshire's Crime and Disorder Reduction Partnerships given the necessity for partners to tackle

¹ ['Huntingdonshire Community Safety Plan 2008 - 2011'](#) and ['Fenland Community Safety Partnership 2010 Strategic Assessment'](#)

² ['Improving the Education and Training of Professionals to Help Alcohol Misusers'](#)

DA collectively. In addition, the Chairman of the Review Group has been asked by the Home Office to share the findings from the report.

- 1.7 The Committee would like to make it clear that whilst their report aims to provide a strategic analysis and recommendations in relation to dedicated DA services in Cambridgeshire, there are several issues which they wish to follow up on in the future. Examples include:
- The relationship between DA and other societal problems, such as alcohol and drug misuse
 - The quality of information associated with DA, particularly in respect of under reporting of DA incidents generally, and within specific groups (such as Gypsy and Traveller communities)
 - The outcomes achieved through the additional investment for DA services that have resulted from the review
- 1.8 This review therefore represents part of the Committee's journey in examining DA. Further investigations by the Committee will be facilitated by the involvement of the Committee Vice Chairman (who acted as Chairman of the Review) in heading the Cambridgeshire Domestic Abuse Partnership. The Committee will follow up on the recommendations accepted by Cabinet in approximately 6 months time.

APPENDIX 1 - FINAL REPORT

SUMMARY OF FINDINGS AND RECOMMENDATIONS

FINDINGS	RECOMMENDATIONS
DEFINITION	
<p>The organisations represented on Cambridgeshire's Domestic Abuse (DA) Partnership have agreed to use the same definition of DA.</p> <p>However, Members have found some variation in practice.</p> <p>The Home Office have conducted a consultation about a possible new definition of DA.</p>	<ol style="list-style-type: none">1) The DA Partnership should adopt the new Home Office definition, when it is agreed.2) The Partnership should ensure that there is a common understanding and application of the definition across agencies.3) The Partnership should report back to the Safer and Stronger O&S Committee in 2013 regarding progress in adapting to the new definition.
EVIDENCE OF PREVALENCE AND COSTS OF DA	
<p>Estimates suggest that 15,173 women aged 16-59 were victims of DA in Cambridgeshire in 2010/11.</p> <p>Numbers of reported incidents have risen substantially in recent years – the number of incidents reported to the Police during 2005 – 2009 rose by more than 41.9% (this does not necessarily mean that DA is increasing, just that more DA is being reported).</p> <p>However, recent Community Safety Partnership Strategic Assessments indicate a levelling out of countywide reporting to the Police. This is a concern as it is known that DA is a significantly under reported crime.</p> <p>The total estimated average cost for agencies overall, per Police recorded offence with a DV marker in 2005 was £15, 566. This cost is often repeated many times. Under reporting</p>	

FINDINGS	RECOMMENDATIONS
<p>exacerbates costs as it hampers the ability of organisations to provide support.</p> <p>The majority of the costs to public agencies are borne by Health services and the Police, but there are also substantial costs to other Local Authorities, including the County Council.</p> <p>There is a compelling business case for public agencies to invest in preventative measures.</p>	
PARTNERSHIP WORKING	
<p>The group met committed and effective practitioners in several organisations across all sectors and are satisfied that there is ample evidence, on a day to day, frontline level, of effective partnership working to support those in need.</p>	
<p>MARU: Members found that the (Multi Agency Referral Unit) MARU provides a seamless service to 999 callers and agencies reporting DA.</p> <p>This helps reduce the likelihood of DA escalation and repetition, with obvious benefits to victims whilst reducing the impact on the agencies involved. Members fully support this approach, and welcome plans to expand the MARU to include several statutory services that are not currently represented (the Probation Service have recently agreed to allocate resource to the MARU, for example).</p> <p>Cambridgeshire County Council's Adult Safeguarding service is not currently represented at the MARU, although this is currently subject to an Officer review. See page 32 for the group's view on this.</p> <p>There is mixed awareness amongst the voluntary and community sectors that the</p>	

FINDINGS	RECOMMENDATIONS
<p>MARU can be used as a point of contact for all levels of risk. However, this point will be incorporated into the new DA strategy.</p>	
<p>Strategy: it is clear that the DA related partnerships have made significant progress against the majority of the objectives within the strategy. There is therefore evidence of successful partnership working.</p> <p>However, Members have concerns about data collection and sharing (see page 26). Members also particularly wish to see progress in relation to the development and roll out of Children's Programmes.</p>	<p>4) Progress should be made in the development and roll out of Children's Programmes, as per the 2008/11 DA Strategy.</p>
<p>Structures: partnership structures have undergone significant changes in recent years. This has created uncertainty and it is therefore important that any new structures are resilient.</p> <p>Members approve of the decision by the Shadow Health and Wellbeing Board to prioritise DA issues, as this should raise the profile of DA as a public health issue. This move is a welcome addition to more traditional approaches which focus on DA in criminal justice terms.</p> <p>Overview and Scrutiny Members will review the outcomes achieved by the Board in the future.</p>	
<p>Leadership: Cambridgeshire County Council's Deputy Leader is the current Member Champion in relation to the Council's DA services.</p> <p>However, the group were concerned to find that a single lead Member was not in place to champion DA issues across the full range of DA partnerships. Members are satisfied, though, that the recent decision to elect a Member as Chairman</p>	<p>5) The Chairman of the DA Partnership Implementation Group should periodically report on progress made in tackling DA.</p> <p>6) The Safer and Stronger O&S Committee should review the effectiveness of the new Lead Officer arrangements approximately six months after commencement.</p>

FINDINGS	RECOMMENDATIONS
<p>of the DA Partnership Implementation Group has resolved this issue.</p> <p>The Group also had concerns about the lead Officer arrangements. They found that whilst the Domestic Abuse Partnership Manager had been identified as the lead Officer to support partnership working, this Officer did not routinely attend key partnership meetings such as the Management teams and the Shadow Health and Wellbeing Board. Members' perception is that this post does not have a high profile within the organisation and believe that this is linked to its position within the Officer hierarchy (5th tier).</p> <p>However, the group have been advised that this issue is being addressed as the Service Director: Children's Enhanced and Preventative Services will be taking the lead Officer role.</p>	
<p>Resources: Partners have contributed considerable resource to DA issues through their involvement in the current partnership arrangements. However, with notable exceptions, such as the Constabulary, a significant element of the funding burden has been borne by the County Council.</p> <p>Given the impact of DA on a wide range of statutory services (see table 1) Members believe that it is important for all partners to contribute financially to tackling the issue. It is recognised that there are financial pressures on all organisations, but Members believe that the Cambridgeshire tax payer will derive greater value for money from joint financing of DA activities. Key to this will be the development of collective commissioning arrangements, and the creation of a pooled budget could help to facilitate this process.</p>	<p>7) The DA Partnership should investigate the potential to:</p> <ul style="list-style-type: none"> • Develop joint commissioning arrangements to extract maximum value from limited resources. • Establish a pooled budget to facilitate and provide a focus for joint working
<p>Members welcome the recent NHS decision to fund 2 FTE IDVA posts (although at the time of writing only</p>	<p>8) That referral routes are established to enable people in Fenland to have access to IDVA support.</p>

FINDINGS	RECOMMENDATIONS
<p>funding for 1 post has been provided), and hope that the success of these posts will increase confidence in the value of additional resourcing in the near future.</p> <p>However, these posts will not generally be of benefit to people living in Fenland who tend to go to hospitals in Peterborough and King's Lynn.</p>	
<p>Data: There are a limited range of local data sources for DA most of which only provide a partial picture as much DA goes unreported or unrecorded.</p> <p>Data is not being collected consistently between partners. This hampers evidence gathering in relation to issues and risks, and effective decision making.</p> <p>However, improvements have been made in detecting DA and a data protocol has been developed between levels which has been supported by Leaders and Chief Officers. This provides a presumption to share information across organisational boundaries which should be used to facilitate operational improvements.</p> <p>The group found that whilst data about outcomes is collected in terms of the numbers of DA victims who are protected from harm, there was no evidence that qualitative data is collected about the victims experience following crisis support.</p>	<p>9) Partners should develop common data standards and ensure that these are adopted, monitored and managed.</p> <p>10) The DA Partnership should investigate ways of collecting data about the overall success of interventions from the perspective of victims.</p>
<p>Training: The suitability of Police Officers attending DA incidents can vary in terms of their sensitivity in dealing with victims.</p> <p>There is no mainstream funding for the Freedom Programme leading to inconsistencies in provision, depending on which areas can afford the Programme.</p>	<p>11) Localities should be encouraged to utilise the Freedom Programme and provided with resource to do this, allocated on the basis of greatest need.</p>

FINDINGS	RECOMMENDATIONS
THE COUNTY COUNCIL'S CONTRIBUTION	
<p>Significant progress has been made in recent years to raise the profile of DA in Cambridgeshire and to allocate resources to tackle DA. Cambridgeshire County Council has been one of the lead agencies in this regard. This includes 'mainstreaming' of DA Partnership and IDVA resources so that they are not reliant on applications for grant funding. This team has been expanded, and the Council is also working proactively with partners to develop the MARU. Therefore, whilst the focus remains on high risk victims, a positive trajectory has been established and the Council now has a solid base to build upon.</p>	
<p>Independent Domestic Violence Advocacy (IDVA) Service: Each IDVA is estimated to save the taxpayer £2.7 m per annum through crisis support. Members had previously recommended that Cabinet should preserve or increase IDVA resources.</p> <p>The review group were very pleased to find that Cabinet listened to this recommendation and decided to increase support for IDVA's from 5.2 to 7.2 FTE. Taking into account two additional NHS funded IDVA's (1 post funded at the time of writing), and Community Safety Partnership funding for 1 post in 2012/13, this takes the current level of service to 10.2 IDVA's across the county, which is a significant improvement.</p> <p>The interim report referred to the preservation or increase of DA resources within the Community Engagement directorate. However, the IDVA service has subsequently relocated to the 'Children's Enhanced and Preventative Services' directorate within Children and Young People's Services and it is clear that there are other resources in other</p>	<p>12) Cabinet should preserve, or preferably expand, resources devoted to addressing DA <u>wherever they are located</u> across the Council</p> <p>13) The Safer and Stronger O&S Committee should review the outcomes achieved by investment in DA Services approximately one year from implementation</p>

FINDINGS	RECOMMENDATIONS
<p>service areas (e.g. the funding for outreach workers) which also have an important role in addressing DA issues.</p> <p>Members were disappointed to find that it was also agreed to terminate the contract for a playworker post within a Refuge, without reallocating this funding to a DA related service.</p>	
<p>Outreach Work: Members considered the possibilities to invest in preventative services that would ultimately reduce the pressure on this and other crisis services. Members concluded that the best value for money would be provided through increased investment in outreach work provided through the Supporting People programme, in collaboration with voluntary agencies.</p> <p>However, additional investment would need to be monitored carefully through appropriate performance measurement.</p>	<p>14) Cabinet should investigate the potential benefits of investing in DA related outreach work on an 'invest to save' basis</p>
<p>Children and Young People: DA is encountered on a daily basis by social work practitioners, alongside a multitude of other issues. Frontline practitioners therefore have experience in safeguarding children in these situations.</p> <p>Children's services experience significant pressure as a result of DA related referrals. In 2009/10 there were 10,250 notifications received at the Contact Centre about children in a DA situation. Qualified Social Workers review these notifications against social care thresholds and make a judgement about whether an assessment is required or not (which is signed off by a qualified manager).</p> <p>Members initially raised concerns about situations where children are not judged to have met the social care threshold. However, they have been advised that</p>	<p>15) The DA Partnership Implementation Group should review current processes for addressing DA and sharing information on DA across Children's Services.</p> <p>16) DA training provision for frontline workers should be reviewed so that all workers are able to take appropriate actions when encountering DA issues, including referrals for specialist support</p> <p>17) The Safer and Stronger O&S Committee should monitor the Council's social care thresholds in relation to DA incidents, compare against similar counties, and review the application of the Barnardos Domestic Violence Risk Assessment Model</p> <p>18) Current and planned work within the MARU to process referrals and notifications should be reviewed in 6 months time by the Safer and Stronger</p>

FINDINGS	RECOMMENDATIONS
<p>the Barnardos Domestic Violence Risk Assessment Model is being introduced to ensure that there is a consistent approach when making these judgements.</p> <p>The Chairman of the review group visited the MARU to examine Children's social care referrals in detail (see page 30 for details). Whilst generally pleased with the arrangements currently in place, or being developed through more integrated working, there are concerns about the appropriateness of Police staff within the MARU determining whether level 3 incidents should be passed to Children's Social Care. Members believe this issue should be examined, to ensure that there is stricter regulation of level 3 incidents by appropriately trained staff.</p> <p>Members have heard from some practitioners that current processes for addressing DA and sharing information on DA across Children's Services (e.g. locality teams links with schools, and the Youth Offending Service) are not clear.</p> <p>Some frontline workers, such as Parent Support Advisers, commented that when they identify DA within families, they do not know what to do with that information. They recommended that specialist DA training should be provided for them, and other frontline workers who experience DA issues regularly.</p> <p>Frontline workers have access to specialist DA support to help children understand and cope with the traumatic events that they have experienced and the inappropriate behaviours that many will have learned.</p> <p>However, feedback from some frontline practitioners, including locality workers, indicated that they were unaware that they had access to specialist resources.</p>	<p>O&S Committee.</p> <p>19) There should be stricter regulation of Level 3 incidents by appropriately trained staff. A review should be conducted to examine this issue.</p>
<p>Awareness raising in schools</p>	<p>20) The Council should work with schools</p>

FINDINGS	RECOMMENDATIONS
<p>Awareness and learning about safe relationships and DA within schools is variable with 67% Primary schools reporting that they include these issues within lessons. There is no data about similar activities in secondary schools.</p>	<p>to advocate awareness and learning about safe relationships and DA.</p>
<p>Support for Vulnerable Adults Current data appears to under estimate the prevalence of DA in SOVA cases. However, research commissioned through the Cambridgeshire Adult Safeguarding Board suggests that DA was evident in 68% of Safeguarding of Vulnerable Adults (SOVA) referrals where violence was identified (on the basis of a sample of 16 cases).</p> <p>Safeguarding leads have been trained and are in place across all Adult Services (i.e. mental health, physical disability, learning disability, older people and sensory services).</p> <p>Peterborough City Council has funded one post at the MARU. Cambridgeshire County Council does not currently fund a post at the MARU. Officers have advised that the Council is absolutely committed to working with the MARU, and that a review is currently under way to ascertain whether a redeployment of resource from fieldwork into the MARU would provide a net improvement to the service currently provided.</p> <p>The group support integrated working at the MARU, and believe that it is highly likely that allocating adult safeguarding resource will improve the overall service provided.</p>	<p>21) Officers should consult the group regarding the findings from the Officer review about adult safeguarding resource allocation at the MARU.</p>

1. BACKGROUND

- 1.1 On the 27th May 2011, the Safer and Stronger Communities Overview and Scrutiny Committee commissioned a member-led review group to evaluate the provision of domestic abuse (DA) services in the county.
- 1.2. The review was conducted in collaboration with Scrutiny members from Huntingdonshire and Fenland District Councils, as DA was highlighted as a priority issue within the Strategic Assessments produced for the Community Safety Partnerships in these areas³. Also, a recommendation of an earlier member-led review group of the SSC OSC had stated that a review of the subject should be undertaken⁴.
- 1.3 The following Members conducted the review:
- Cllr. Sam Hoy (Chairman – Cambridgeshire County Council)
 - Cllr. Virginia Bucknor (Fenland District Council)
 - Cllr. Alex Miscandlon (Fenland District Council)
 - Cllr. Deborah Reynolds (Huntingdonshire District Council)
 - Cllr. Richard West (Cambridgeshire County Council / Huntingdonshire District Council).
- 1.4 The review group presented an interim report to the County Council Cabinet on the 27th September 2011 in order to influence funding decisions about DA services being made through the Integrated Planning Process (IPP). The review group recommended:
- 1) Cabinet expand resources within the Community Engagement Directorate devoted to addressing domestic abuse by using the current IPP
- or:
- 2) Levels of Council funding devoted to domestic abuse be maintained within the Community Engagement Directorate at their current levels for the coming financial year
- 1.5 In response to these recommendations, Cabinet agreed:
- a) To thank the Overview and Scrutiny Committee for an excellent and thorough report.
 - b) To take note of this report during the IPP.
 - c) To seek to work with partners to secure support and funding on a cross-organisational basis.
- 1.6 The remainder of this report aims to provide a strategic evaluation of Cambridgeshire's DA services and recommendations for improvement. The report covers the following:

³ ['Huntingdonshire Community Safety Plan 2008 - 2011'](#) and ['Fenland Community Safety Partnership 2010 Strategic Assessment'](#)

⁴ ['Improving the Education and Training of Professionals to Help Alcohol Misusers'](#)

- Methodology
- Definition of DA
- Evidence about the prevalence and costs of DA in Cambridgeshire
- Partnership working
- County Council Contribution
 - Crisis Support - IDVA Service
 - Prevention - Outreach Work
 - Support for Children and Young People affected by DA
 - Support for Vulnerable Adults affected by DA

2. METHODOLOGY

Review Group Members met and received information from the following:

2.1 Cambridgeshire's Domestic Abuse Partnership Manager

Funded by the County Council, the Domestic Abuse Partnership Manager is the lead Officer responsible for coordinating work across the county to improve services for victims of DA, and provided Members with an overview of the county-wide arrangements for tackling the issue. This included reference to the Joint Strategic Needs Assessment (JSNA) DA report that the Partnership Manager submitted in February 2012.

2.2 Home Office sponsored Positive Deviance Event

Members attended an event to understand the value of the 'Positive Deviance' approach and met with practitioners from several organisations, including Refuge.

2.3 Cambridge Women's Aid

On 30th August 2011 at the Cambridge Women's Aid (CWA) building in the City, group members met with two of the workers who provide support to women experiencing every type of DA, from prolonged mental manipulation/bullying through to the highest risk circumstances involving severe physical harm and threats to kill.

The immensely valuable work undertaken by CWA includes the provision of support, information, advice and guidance, and practical help in taking the very dangerous steps necessary to end an abusive relationship. In the latter case, support for women may include moving them and their children into a refuge, where their location is unknown to the perpetrator.

Discussions with the team at CWA were followed by a very productive meeting with seven women who were accessing the services of CWA. The findings of that session are summarised in Appendix C, which has been included to give voice to those with direct experience of abusive relationships.

The review group particularly wishes to extend its thanks to CWA and the women who participated in the meeting.

2.4 Multi Agency Referral Unit (MARU)

In November 2011, Members visited the MARU, in Godmanchester, which is a single point of contact for agencies and service-users with DA and 'honour-based' violence issues. Hosted by Cambridgeshire Constabulary, the unit coordinates services provided through the Independent Domestic Violence Advocacy Service (IDVA), the Independent Sexual Violence Advocacy Service, the Constabulary, Cambridge Women's Aid, Refuge, Multi Agency Risk Assessment Conference (MARAC) and other relevant agencies. The unit also coordinates the Sanctuary Scheme which aims to secure the homes of DA victims who do not wish to leave their home.

The Chairman also attended the MARU in May 2012 to understand how Children's social care notifications and referrals are processed.

2.5 County Council's Service Director: Children's Social Care

In December 2011, the group met the Service Director: Children's Social Care to understand how DA issues are managed by the teams working within the directorate, and their relationship with other agencies and specialist DA workers.

2.6 County Council's Adult Safeguarding and Quality Manager

In December 2011, the Review Group Chairman met the Adult Safeguarding and Quality Manager to investigate the linkages between DA and the safeguarding of vulnerable adults (SOVA) and how these are being managed.

2.7 Domestic Abuse Partnership Strategy Event

This event took place in March 2012 and was attended by a large number of representatives from the statutory, voluntary and community sectors. The purpose of the event was to review the outcomes of the previous DA strategy, and to develop the strategic objectives for a new strategy.

The Chairman of the Review Group presented the group's provisional findings to the attendees and requested their feedback. Members also participated in the strategy workshops held during the day.

Defining 'Domestic Abuse'

2.8 The Home Office currently defines DA as:

'Any incident of threatening behaviour, violence or abuse [psychological, physical, sexual, financial or emotional] between adults who are or have been intimate partners or family members, regardless of gender or sexuality'.

The organisations represented on Cambridgeshire's Domestic Abuse Partnership have agreed to use this definition. This commitment to a common definition is important because, as stated by the current Home Secretary, 'effective prevention can only happen when it involves all agencies, working

together to common goals and a common understanding'⁵. However, Members have found some variation in practice; for example, a recent study indicated that the Safeguarding of Vulnerable Adults (SOVA) Team classify incidents of abuse in a way which underestimates the scale of DA⁶ (see page 32 for more detail).

- 2.9 These variations sometimes stem from different performance measurement expectations from Government departments. The Home Office recently conducted a consultation to address this issue and to seek views about the options to broaden the definition to encompass under 18s and coercive control (a complex pattern of abuse using power and psychological control over another – financial control, verbal abuse, forced social isolation). The consultation ended on the 30th March 2012.
- 2.10 Members recommend that the Cambridgeshire Domestic Abuse Partnership should adopt the new Home Office definition, if it is revised, in order to continue to ensure that there is consistency between national and local agencies. Furthermore, Members believe that the Partnership should ensure that there is a common understanding and application of the definition across agencies. This will entail consideration of data collection issues, which are referred to on page 26 of this report.

3. EVIDENCE BASE: DOMESTIC ABUSE IN CAMBRIDGESHIRE

- 3.1 The Joint Strategic Needs Assessment (JSNA) Domestic Abuse report submitted in February 2012 by the DA Partnership Manager provides an in depth analysis of the harm caused by DA in Cambridgeshire, and the consequent scale of the challenge for partners in tackling the issue. The report is attached as Appendix A.
- 3.2 However, some of the headline statistics that the review group wishes to share with Cabinet include the following:
- Estimates suggest that **15,173 women aged 16-59 were victims of DA in Cambridgeshire in 2010/11**
 - **Numbers have risen substantially in recent years** – the number of incidents reported to the Police during 2005 – 2009 rose by more than 41.9%. This led to increased pressure on DA services. For example, the numbers of high risk referrals to the Independent Domestic Violence Advocacy Service (IDVA) rose from 324 in 2005 to 1536 in 2008/09 (an increase of 377%). However, **recent Community Safety Partnership Strategic Assessments indicate a levelling out of countywide reporting** to the Police
 - **DA related referrals to Children's services have increased significantly in recent years** – between 1st July 2009 and 30th June 2010, the Contact Centre received 10,250 DA related referrals for children and young people at risk

⁵ Home Office, '[Cross Government Definition of Domestic Violence](#)', pg 3

⁶ The study was conducted by the Domestic Abuse Partnership Manager for the Safeguarding Vulnerable Adults Board

- 100% of the past 10 Local Safeguarding Children Board (LSCB) Serious Case Reviews have identified DA as a key contributing factor
- At least 75% of looked after children and 50% of children subject to a Child Protection Plan in Cambridgeshire have DA backgrounds
- **584 children and young people were part of Multi-Agency Risk Assessment Conference (MARAC) hearings (for high risk cases of DA where homicide is a risk) in 2010/11**
- In a Cambridgeshire Secondary Survey conducted in 2010, 6% of children reported abuse occurring once/twice a week; 2% once a week and 1% stated that violent abuse was occurring everyday. **The Council sent 2657 notification letters to schools in 2010/11 alone following a police reported incident of DA**
- **Recent research commissioned through the Cambridgeshire Adult Safeguarding Board suggests that DA was evident in 68% of Safeguarding of Vulnerable Adults (SOVA) referrals where violence was identified.**
- Cambridgeshire Constabulary data from 2009 shows that between 24% and 36% of incidents are repeat offences. This is consistent with Home Office data which shows that **DA has the highest repeat victimisation rate of any crime**
- **British Crime Survey data for 2010/11 shows that 39% of those surveyed disclosed that DA had left them with 'mental or emotional problems' and that 4% had tried to commit suicide as a result of the abuse**

3.3 It is also important to note that DA occurs in all sections of society, regardless of factors such as social class. However, the majority of reported DA, which is likely to be a gross underestimate of true levels of victimisation, comes from urban areas within the county. One reason for this is that those living in more rural areas are less likely to have protective family, neighbours and friends who witness and report abuse. Research conducted by the LGSS Research and Performance Team shows that there are 'hot spots' in Fenland, mainly within Wisbech and Whittlesey, and in wards with a high percentage of social housing in Cambridge, Huntingdon, St Neots and St Ives.

3.4 It is important to stress that there are male victims of DA. Current data about male victims is unreliable for several reasons, primarily because men typically fail to report DA to the police. However, 2009 data from Cambridgeshire Constabulary showed that 24% of reported incidents during 2006-2009 came from men. Of the 985 high risk referrals to the IDVAs, 12% were male victims. This fell to 4% in 2010/11 and British Crime Survey statistics indicate that 4% of the male population of Cambridge were victims of DA in the past year.

Links with other societal problems, including alcohol and drugs misuse

3.5 The focus of this review was on services dedicated to responding to DA. However, Members are aware that there are often overlaps between DA and other societal problems that necessitate involvement of a wide variety of agencies in order to provide an effective response. DA is typically a complex issue to address, involving a variety of different services at different stages. GP's, Children's Centres, Social Care, Family Support and Mental Health Workers are amongst some of the services that encounter DA issues

regularly. A spectrum of support is therefore required, ranging from universal and targeted services, through to specialist interventions.

- 3.6 Members noted a particularly important relationship (not a causal link) between alcohol and drug misuse and DA. The JSNA states that 15% of victims disclosed that they misuse alcohol and that 9% of them misused drugs. 47% of offenders disclosed that they misused alcohol and 35% of them misused drugs.
- 3.7 The Committee will follow up on these issues as part of the evaluation of the implementation of their recommendations. In the meantime, a review has recently been initiated regarding alcohol misuse, and it is anticipated that the links with DA will be explored further as part of this.

Financial Costs

- 3.8 In addition to the impact on individuals, families and communities, there is also a significant financial cost to agencies in Cambridgeshire. Each incident can trigger the involvement of a range of different agencies, and as a victim typically experiences DA several times, the costs to the public purse can rapidly escalate.
- 3.9 Research conducted by the Cambridgeshire Crime Research Team in 2005 found that the total estimated average cost per Police recorded offence with a DV marker in 2005 was £15, 566⁷. This is the overall cost to agencies per incident, and as stated above, there are often several incidents per victim. The total costs to local agencies were calculated as £35.5 m for 2005. The majority of these costs were incurred by health services and the Police. The number of recorded incidents have increased in recent years, although recent Community Safety assessments indicate that this has levelled off at the countywide level.
- 3.10 The cost to local economic output caused by DA was calculated to be £20.2 m. Table 1, below, summarises DA related costs.

Table 1 – Costs (2005)

Cost	Agency Cost	Victim Cost	Other Cost	TOTAL
Criminal Justice System Costs	£15,784,653	£611,230	-	£16,395,883
GP Treatment Costs	£870,723	£202,668	-	£1,073,391
Hospital/Ambulance Costs	£11,353,688	-	-	£11,353,688
Emotional and Physical Costs	-	£81,473,614	-	£81,473,614
Lost Economic Output	-	-	£20,245,758	£20,245,758
Social Services Costs	£1,562,444	-	-	£1,562,444
Housing Costs	£492,788			£492,788
Civil Legal Costs	£292,950	£1,097,647		£1,390,597

⁷ Members were advised that insufficient resource is available currently to repeat this exercise, so this is the latest local management information available regarding costs.

Cost	Agency Cost	Victim Cost	Other Cost	TOTAL
Mental Health Costs	£5,147,992	-	-	£5,147,992
TOTAL Cost of DV	£35,505,238	£83,385,159	£20,245,758	£139,136,155
Average Cost per Incident	£1,236	£2,902	£705	£4,843
Average Cost per Police Recorded 'Offence with a DV Marker'	£15,566	£36,556	£8,876	£60,998

- 3.11 To provide a specific example of the costs borne by the County Council's Children's Social Care service, the Contact Centre received 10,250 DA related referrals between 1st July 2009 and 30th June 2010 at an average cost of £27.45 per referral. The cost of administering these referrals is an estimated £281,000 per annum, not accounting for any further action taken.
- 3.12 The 2005 and 2009 studies also showed that, in line with increased reporting to Police (41.9%), agency costs in Cambridgeshire increased by approximately £56 m. However, it is important to stress that DA is still significantly under reported, and that, ultimately, the greatest costs tend to involve those who are not known to organisations that could provide support.

Summary

- 3.13 These figures demonstrate well the extremely damaging effect that DA has had in Cambridgeshire, as it does across the UK in general, both in human and financial terms. There is a plethora of data that shows that the costs borne by victims, the local economy and public agencies are very substantial and that these costs have increased significantly in recent years. Reporting to Police has started to level off in recent years, but this is a worrying trend as it is known that DA remains a crime that is significantly under reported.
- 3.14 The majority of the costs to public agencies are borne by Health services and the Police, but there are also substantial costs to other Local Authorities, including the County Council. The greatest costs tend to involve those who are not known to organisations that could provide support.
- 3.15 Given the above, Members believe that there is a compelling business case for public agencies to invest in preventative measures.

4. PARTNERSHIP WORKING

- 4.1 The information presented in section 3 of this report highlights how DA is an issue that cuts across organisational boundaries and can therefore only be tackled effectively through collaboration across the statutory, community and voluntary sectors.
- 4.2 The group were pleased to meet committed and effective practitioners in several organisations across all sectors and are satisfied that there is ample

evidence, on a day to day, frontline level, of effective partnership working to support those in need.

Multi Agency Referral Unit - MARU

- 4.3 The MARU provides a seamless service to 999 callers and agencies reporting DA (as well as child abuse, honour based violence and vulnerable adult referrals). The unit, based in Godmanchester, arose from the Making Cambridgeshire Count initiative in 2009 and is led by the Constabulary. Specialist staff are co-located at the site, enabling coordination between the Independent Domestic Violence Advocacy Service (IDVA), the Independent Sexual Violence Advocacy Service, the Constabulary, Cambridge Women's Aid, Refuge and other relevant agencies.
- 4.4 Members visited the MARU and learned that the unit provides a fresh approach to managing those at the highest risk of harm. Reviews of those deemed to be at significant risk or in immediate need of assistance are discussed daily, with representatives of both statutory and non statutory sectors involved. This helps reduce the likelihood of DA escalation and repetition, with obvious benefits to victims whilst reducing the impact on the agencies involved.
- 4.5 The MARU also has other benefits, including:
- Ensuring greater consistency of referral thresholds and actions taken
 - Improving communications and working relationships with partners
 - Reducing costs, e.g. through reducing travelling time and meeting costs
- 4.6 Members found that whilst significant progress has been made in developing integrated working approaches at the MARU, there are a number of public agencies that are not yet represented (although discussions are under way to bring them on board). Examples included the probation, health and housing services. However, it was evident from discussions held at the DA Strategy Event that some voluntary and community groups are not aware that the MARU provides a point of contact for all levels of risk. It is therefore anticipated that this point will be addressed in the forthcoming strategy.
- 4.7 Members have concerns about the current lack of Cambridgeshire representation of the Adult Safeguarding service at the MARU (see page 32) Nonetheless, overall, Members welcome the integrated, positive work being undertaken through the MARU and support its expansion and development.

Strategic Arrangements

- 4.8 The MARU plays an important role in coordinating DA services, but is not able to fulfil the role of a countywide strategic group to address all DA issues⁸. Members therefore investigated the adequacy of other key elements of effective partnership working, particularly at the strategic level:
- Strategy
 - Structures

⁸ Agreed at the MARU Project Board meeting in Spring 2011

- Leadership
- Resources
- Data
- Training

Strategy

4.9 In March 2008, Cambridgeshire's Domestic Abuse Partnership launched its countywide strategy, with an associated countywide, district-wide and agency action plan to⁹:

- Develop prevention and early intervention
- Support protection and justice
- Support those affected by DA

4.10 This strategy expired at the end of 2011. The following achievements were reported to have occurred between 2008/11:

- Adoption of DASH (a common Risk Indicator Checklist for assessing the risks associated with domestic abuse) across the Partnership
- Development of Outreach Adviser posts to support all levels of risk in the community across Cambridgeshire
- Improved information sharing and recording across key agencies;
- Improved data collection and understanding of cost, risk and harm with regards to DA
- Roll out of programmes (inc. community-based programme for those who use violence in their relationships and Freedom Programmes)
- Enhanced (LSCB-accredited) and successful multi-agency training provided to over 2,000 professionals across the county
- Piloting of programmes for children
- Sustainable MARACs
- Development of DAAT/DA Strategy
- Increase in detection / conversion / successful Court outcomes
- New 'move-on' accommodation in the community for those leaving refuge type provision
- Development and implementation of Domestic Homicide Review framework for Cambridgeshire
- Effective IDVAS presence in A&E (Addenbrooke's Hospital)
- Improved Sexual Violence services, including the development and implementation of ISVA posts
- Establishment of MARU

4.11 The following strategic objectives were identified as not having been achieved between 2008/11:

- Development and roll-out of Children's Programmes, including work with schools
- Development and roll-out of Specialist Domestic Violence Courts across Cambridgeshire

⁹ Cambridge Community Safety Partnership, 2nd December 2011, '[Update to Proposed Changes to Domestic Abuse Partnership Reporting and Structure / Proposed Actions for Cambridge Community Safety Partnership, 2012-13](#)', pg 21

4.12 Members recognise that overall it is clear that the DA related partnerships have made significant progress against the majority of the objectives within the strategy. There is therefore evidence of successful partnership working. However, Members are sceptical about the alleged achievements in relation to data collection and sharing. Members also particularly wish to see progress in relation to the development and roll out of Children's Programmes. Both these points are expanded upon later in this report.

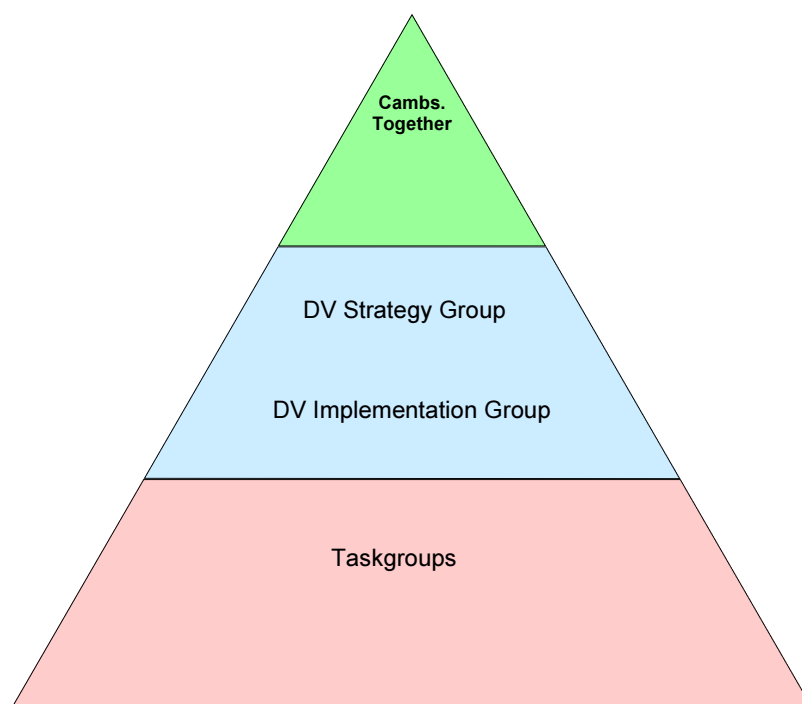
Structures

4.13 The governance arrangements in relation to DA are complex. This is a reflection of the number of agencies involved and the way in which DA cuts across a wide range of service areas. Members reviewed the rationale behind the arrangements, their coherence and how they are led.

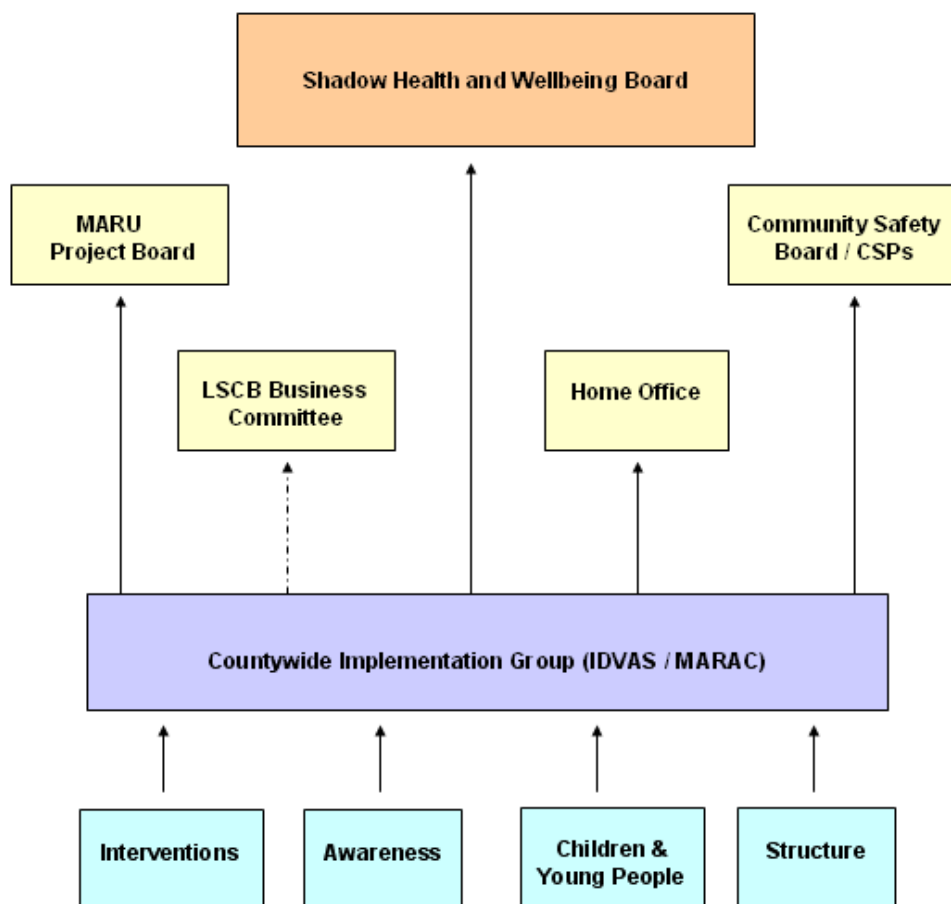
4.14 The Cambridgeshire's Domestic Abuse Partnership was restructured in 2009 to allow a stronger alignment with the strategy that had been agreed in 2008. Three tiers were developed:

- Task groups (prevention and early intervention)
- Countywide Implementation group (protection, justice and support)
- Countywide strategic group (to provide strategic management and a reporting structure to the 'Safer and Stronger Strategic Board', which in turn reported to the Cambridgeshire Together Board

This structure is shown in the diagram below:



- 4.15 In addition, there are other groups that play an important role in relation to DA. These include the District level Community Safety Partnerships (CSPs) and the Local Safeguarding Children Board (LSCB).
- 4.16 In June 2010, both the Safer and Stronger Strategic Board and Cambridgeshire's Domestic Abuse Strategic Group was dissolved and certain functions of that group were transferred to the new MARU Project Board and new Task and Finish Groups.
- 4.17 At a meeting of the MARU Project Board in Spring 2011, it was agreed that the MARU Project Board could not fulfill the function of a countywide Strategic Group for all DA issues, and that work should be undertaken to identify the most appropriate body to take on this work¹⁰.
- 4.18 During the November 2011 meetings of the MARU Project Board and Cambridgeshire Community Safety Board it was recognised that opportunities had arisen to strengthen relationships across a number of bodies. In particular, it was noted that the new Shadow Health and Wellbeing Board had prioritised DA as a key issue, and that there was therefore an opportunity to link into this Board, thereby broadening the perception of DA¹¹.
- 4.19 The following diagram shows the expected future structure of the partnership:



¹⁰ Cambridge Community Safety Partnership, ['Update to proposed changes to Domestic Abuse Partnership reporting and structure / proposed actions for Cambridge Community Safety Partnership, 2012-13'](#), 2nd December 2011, pg 21

¹¹ [Ibid](#), pg 22

- 4.20 Overall, it is clear that the partnership structures have undergone significant changes in recent years. It is likely that the scale of change has created a degree of uncertainty and it is therefore important that any new structures are resilient.
- 4.21 Members approve of the decision by the Shadow Health and Wellbeing Board to prioritise DA issues, as this should raise the profile of DA as a public health issue. This move is a welcome addition to more traditional approaches which focus on DA in criminal justice terms. Overview and Scrutiny Members will review the outcomes achieved by the Board in the future.

Leadership

- 4.22 The review group sought assurances that measures are in place to ensure that the DA partnership arrangements are led effectively. Firstly, they queried whether partners had demonstrated a commitment to addressing DA, and were pleased to find that in addition to the Shadow Health and Wellbeing Board, the following have chosen to prioritise this issue:
- Cambridgeshire Constabulary chose DA as a strategic priority for 2011/14
 - Cambridgeshire County Council prioritised DA for 2011/12
 - Cambridgeshire's five Community Safety Partnerships have prioritised addressing DA as part of their Strategic Assessment process
 - Cambridgeshire's three Children's Trust Area Partnerships have identified DA as a significant barrier to achieving strategic outcomes and are developing new ways of addressing the issue at strategic and operational levels
- 4.23 In addition, Members are aware that different partnership groups have different lead agencies. For example, the MARU is led by the Constabulary. The Domestic Abuse Partnership Manager (funded by the County Council) performs the role of lead officer to support partnership working.
- 4.24 From the County Council perspective, Members have been advised that there are a number of lead roles, including:
- Deputy Leader and Cabinet Member for Community Engagement – Champion for DA issues
 - Service Director: Community Engagement – Champion for DA issues within the Council
 - Domestic Abuse Partnership Manager – Lead Officer for DA across the Council and DA partnerships
 - Service Director: Strategy and Commissioning (Adult Social Care) – Lead Officer on the Shadow Health and Wellbeing Board
 - Service Director: Children's Social Care – Lead Officer on the MARU Project Board
- 4.25 However, Members had two concerns about the current leadership arrangements (both of which are subsequently being addressed). Firstly, whilst the group could identify a Member Champion for DA issues at the County Council (Deputy Leader) there was not a single Member identified to champion DA across the full range of DA related partnerships. However, Members are satisfied that this issue has been addressed as an Elected

Member has now been identified as Chairman of the DA Partnership Implementation Group.

- 4.26 Secondly, whilst the Domestic Abuse Partnership Manager had been identified as the lead Officer to support partnership working, the group found that this Officer did not routinely attend key partnership meetings such as the MARU Project Board and the Shadow Health and Wellbeing Board. Members were concerned that this post did not have a high profile within the organisation and believed that this was linked to its position within the Officer hierarchy (5th tier). However, Members have subsequently been advised that the Service Director: Children's Enhanced and Preventative Services has been tasked with the Lead DA role. The group therefore recommends that the Safer and Stronger O&S Committee reviews the effectiveness of this new arrangement after approximately 6 months.
- 4.27 Concerns about the leadership of the Partnership were also raised by Anthony Wills (Chief Executive of Standing Together) who recently conducted a peer review / audit of the partnership. He found that Cambridgeshire has an 'excellent partnership with a good understanding of local issues.' However, the review also found that specialist services across the county were 'substantially under-resourced' and that the Partnership was 'lacking in leadership'¹².
- 4.28 Whilst Members welcome that DA has been prioritised across a range of partnerships, there is a risk that this will not be strategically coordinated without strong leadership mechanisms in place. Members therefore believe that there is a strong case to justify the identification of a single Member who has the mandate to lead DA across all the relevant partnership arrangements (working with the existing leads across the partnership), and the responsibility to periodically report on progress made in tackling DA. The group were therefore pleased to learn that Councillor Sam Hoy has been selected to become the Chairman of the DA Partnership Implementation Group, and will therefore, in effect, act as the Member Champion for DA partnership working.

Resources

- 4.29 Members queried the levels of resources provided by partners to tackle DA issues. They found that:
- The Home Office provides a fund for community safety purposes, some of which is allocated on a countywide basis, which had historically paid for 2 Full Time Equivalent (FTE) IDVAS but that this will be reduced by 50% in 2012/13 to £41,000 (which is the equivalent of 1 FTE IDVAS post). This funding agreement will expire for 2013/14, when that budget is transferred to the new Police and Crime Commissioner. The remaining funding is allocated to the District level CSPs to spend according to their local priorities. Cambridge City CSP, for example, has provided funding for community based organisations to support victims of DA and to prevent repeat DA offences. However, the overall funding from Government is reducing, which will inevitably have an impact.¹³

¹² [Ibid](#), pg 23

¹³ Cambridgeshire's allocation of the Community Safety Fund was cut by 20% from £634,468 in 2010/11 to £503, 597 in 2011/12 (Cambridge Community Safety Partnership Board, '[Funding Issues –](#)

- Mainstream funding for MARAC, IDVA and Domestic Abuse Partnership Manager posts has been provided by Cambridgeshire County Council
 - Constabulary investment in the MARU and other DA related work was significantly increased
- 4.30 Almost half of the DA costs to public services are incurred by the NHS for the treatment of physical injury as well as long term mental health problems. To set the cost figures in context it is estimated that the cost of DA represents an estimated 1.54% of the NHS budget¹⁴. Members were therefore initially disappointed to find that Health partners had only invested £3000 per annum in DA related services. However, they welcome the recent decision to fund 2 FTE IDVA posts (one of which has been funded at the time of writing), and note that this follows Cabinet's commitment to work with partners to secure additional funding. Members hope that the success of these posts will increase confidence in the value of additional resourcing in the near future and Members hope that Cabinet continues its work in promoting this.
- 4.31 However, Members have been advised that these posts will not generally be of benefit to people living in Fenland who tend to go to hospitals in Peterborough and King's Lynn. Members therefore recommend that Cabinet lobby for additional resources from hospitals in Peterborough and King's Lynn to ensure that there is equitable service provision across the county.
- 4.32 Members recognise that partners have contributed considerable resource to DA issues through their involvement in the current partnership arrangements. However, with notable exceptions, such as the Constabulary, a significant element of the funding burden has been borne by the County Council.
- 4.33 Given the impact of DA on a wide range of statutory services (see table 1) Members believe that it is important for all partners to contribute financially to tackling the issue. It is recognised that there are financial pressures on all organisations, but Members believe that the Cambridgeshire tax payer will derive greater value for money from joint commissioning of DA activities. Members therefore recommend that the DA Partnership investigate the potential to form and manage a pooled budget as this would help focus partners on tackling DA jointly.

Data

- 4.34 There are a limited range of local data sources for DA most of which only provide a partial picture as much DA goes unreported or unrecorded¹⁵. In addition, 'data is not being collected consistently; to be able to understand issues/risks more evidence is needed'¹⁶. However, some improvements have been made in detecting DA.

[Community Safety Funding 2011-12'](#), pg 1, if using the web link, please click on 'documents from previous meetings', on the July meeting, and then the document is available under agenda item 3). A further 50% reduction is expected for 2012/13.

¹⁴ This estimate is based on a cost model developed by Professor Sylvia Walby in '*The cost of domestic violence 2004*', Women & Equality Unit, University of Leeds, and referred to in the [Cambridge City Strategic Assessment 2011](#), pg 17

¹⁵ [Cambridge City Strategic Assessment](#), pg 13, (produced by LGSS Research Team)

¹⁶ [Presentation to Interim Countywide Strategic Board](#) on the 24th November 2011, agenda item 5 (by the LGSS Corporate Performance and Research Manager)

4.35 However, Members investigated whether the information that is recorded is collected and shared consistently across organisations so that there is sound management information for partnerships to utilise. They found that there is significant variation between services and organisations. For example, the JSNA identified that:

- 'There are significant gaps in recording the effects of DA on older people, especially with Adult Social Care and Health providers'¹⁷
- 'Cambridgeshire and Peterborough Foundation Trust (CPFT) do not collate or produce data on the issue'

4.36 It was also apparent that the data collection and sharing processes across some Children's Services are not appropriate to need. For example, school notifications are not shared with locality managers.

4.37 Members also found that hospitals do not currently record admissions where DA has been a factor and that there are differences between the way the Constabulary record their statistics and the statistics recorded in Strategic Assessments.

4.38 These are just some examples of data issues that the review group uncovered. The review group therefore agreed that DA data must be much more robust and recommended that partners should develop common data standards and that these are adopted, monitored and managed.

4.39 Members have subsequently learned that Leaders and Chief Officers across Cambridgeshire's public agencies have endorsed a new data protocol which supports the presumption of sharing data. It is therefore anticipated that this high level agreement will help to drive operational improvements in DA data sharing.

4.40 The group also found that whilst data about outcomes is collected in terms of the numbers of DA victims who are protected from harm, there was no evidence that qualitative data is collected about the victims experience following crisis support. For example, data is not collected about whether public agency support leads to a positive outcome in enabling victims to reintegrate into the community. Members therefore recommend that DA Partnership investigate ways of collecting data about the overall success of interventions from the perspective of victims.

Training

Police

4.41 Members noted that a lead Police Officer at the Cambridgeshire DA Partnership Strategy event commented that the suitability of Police Officers attending DA incidents can vary in terms of their sensitivity in dealing with victims. This indicates that DA training may be required in some instances.

Freedom Programme

¹⁷ For example, Adult Social Care services do not specifically record DA on their 'SWIFT' system

4.42 The Freedom Programme enables DA victims to understand why they are victims and to stop them becoming victims in the future. However, it is not mainstream funded and relies on Community Safety Partnership and Locality based funding. This leads to inconsistencies in areas which cannot afford to run the Programme.

5. DOMESTIC ABUSE RESOURCES - THE COUNTY COUNCIL'S CONTRIBUTION TO ADDRESSING DOMESTIC ABUSE

Background

5.1 Significant progress has been made in recent years to raise the profile of DA in Cambridgeshire and to allocate resources to tackle DA. Cambridgeshire County Council has been one of the lead agencies in this regard. This includes 'mainstreaming' of DA Partnership and IDVA resources so that they are not reliant on applications for grant funding. This team has been expanded, and the Council is also working proactively with partners to develop the MARU. Therefore, whilst the focus remains on high risk victims, a positive trajectory has been established and the Council now has a solid base to build upon.

5.2 As previously stated, the costs – both financial and emotional – then associated with dealing with the fallout of an abusive relationship are huge.¹⁸ NHS, police and local authority budgets are pressured significantly by each case of DA in which they intervene, which strengthens the case for robust, practical support from the Council and its statutory sector partners for CWA and other voluntary agencies that are intervening early on, helping to prevent the escalation of costs as risk increases.

5.3 It is important to take a 'whole systems' approach to reviewing the causes and consequences of DA and the services involved in addressing it. As stated in section 3, DA is often linked with a range of other societal issues, such as alcohol and drug abuse, which means that prevention of this issue necessarily overlaps with prevention of other issues as well. It is often a complex issue to address, involving a variety of different services at different stages. GP's, Children's Centres. Social Care, Family Support Workers are amongst some of the services that encounter DA issues regularly. There is therefore a spectrum of support for DA ranging from universal and targeted services, through to specialist interventions.

IDVA Service

5.4 The Council's primary dedicated contribution to addressing DA is the Independent Domestic Violence Advocate (IDVA) Service. Also, through Supporting People the Council commissions CWA and Refuge to deliver outreach work, which is known to help DA victims before they have reached a crisis stage (although data on this is not collected) and therefore supports prevention. Many other Council services, such as children's and adults' social care, also deal with DA and its consequences, but IDVAs alone are devoted solely to it.

¹⁸ See p. 10-13 of Appendix A

- 5.5 IDVA intervention can only come about after the Police have attended an incident; they then play a significant role in managing the victim's immediate safety. This can involve relocating the victim and ensuring that a place in a refuge is secured. They also provide a degree of support in the following weeks and months, although they are constrained in the extent to which they can do this by their high case loads.
- 5.6 In the group's Interim report to Cabinet, Members highlighted that at full capacity, the IDVA team consisted of only 5.2 full-time equivalents (FTEs), although due to funding and staff turnover issues, only 2.8 FTE IDVAs were available to serve the whole of Cambridgeshire at that time. Members also advised that the IDVA service was only able to support 15% of all those reporting to the Constabulary and that each IDVA was estimated to save the taxpayer £2.7 m per annum. Members therefore felt that there was a compelling argument to increase IDVA resources and recommended to Cabinet that they should do this, or at least preserve funding through the Integrated Planning Process.
- 5.7 Members were pleased that the Deputy Leader announced at the Safer and Stronger Communities O&S Committee on the 14th June that he had approved additional funding to increase support for IDVA's from 5.2 to 7.2 FTE. Taking into account the additional NHS funded IDVA's, this takes the current level of service to 9.2 IDVA's across the county, which is a significant improvement (although at the time of writing, only funding for 1 NHS post has been committed). In 2012/13, the Community Safety Partnerships will fund an additional IDVA, but this funding will then cease. Members stressed the importance of measuring the outcomes achieved by this additional investment, which they will examine when following up on the implementation of their recommendations.
- 5.8 The interim report referred to the preservation or increase of DA resources within the Community Engagement directorate. However, the IDVA service has subsequently relocated to the 'Children's Enhanced and Preventative Services' directorate within Children and Young People's Services and it is clear that there are other resources in other service areas (e.g. the funding for outreach workers) which also have an important role in addressing DA issues. Members therefore wish to amend their recommendation so that the Cabinet is recommended to:

Preserve, or preferably expand, resources devoted to addressing DA wherever they are located across the Council.

- 5.9 The review group wish to stress this point, because whilst they were pleased that Cabinet increased resources for the IDVA service, they were disappointed to find that it was also agreed to terminate the contract for a playworker post within a Refuge. This disappointment stemmed not from the fact that the funding for this activity will be withdrawn; as Members are aware that Officers advised that they felt that the funding could be reallocated to provide better value for money. Members are also aware that this funding will now be used for bereavement counselling; a valuable service. Nonetheless, Members are concerned that this therefore means that there will be a net reduction in DA services in this area, and contend that this could have been avoided through changes elsewhere in the Integrated Plan. However, the

group recognise that their original recommendation did not preclude this change, hence the rewording above.

Outreach Work

- 5.10 Given that the Cabinet have bolstered resources available for crisis support through the IDVA service, Members considered the possibilities to invest in preventative services that would ultimately reduce the pressure on this and other crisis services.
- 5.11 Members concluded, particularly following consultation with the Domestic Abuse Partnership Manager, that the best value for money would be provided through increased investment in outreach work provided through the Supporting People programme, in collaboration with voluntary agencies. However, additional investment would need to be monitored carefully through appropriate performance measurement.

Support for Children and Young People

Safeguarding

- 5.12 The review group met the Service Director: Children's Social Care, and learned that DA is encountered on a daily basis by practitioners, alongside a multitude of other issues. Frontline practitioners therefore have experience in safeguarding children in these situations.
- 5.13 Children's services experience significant pressure as a result of DA related referrals. In 2009/10 there were 10, 250 notifications received at the Contact Centre about children in a DA situation. Qualified Social Workers review these notifications against social care thresholds and make a judgement about whether an assessment is required or not (which is signed off by a qualified manager).

Members initially raised concerns about situations where children are not judged to have met the social care threshold. However, they have been advised that the Barnardos Domestic Violence Risk Assessment Model is being introduced to ensure that there is a consistent approach when making these judgements.

- 5.14 The Chairman of the Review Group subsequently visited the Integrated Access Team (IAT) team based at the MARU in order to further investigate how DA related notifications are processed by the Council's Children's Social Care Service.
- 5.15 The Chairman found that the IAT, which has moved recently to the MARU, comprises three Service Team Managers, four Social Workers a Senior Child and Family Worker and two business support officers. This team currently receives approximately 1,300 notifications a month, with approximately a third of these being DA related. Notifications come from several sources, including social workers and Locality teams. However, the majority of notifications come via the Police's DV unit, also based in the MARU.

- 5.16 The Chairman also met the DV unit and found that the Police grade incidents on three levels, with level 1 being the most severe, and level 3 being the least severe. Levels 1 and 2 are always referred to the IAT. Level 3 incidents are sometimes not referred to the IAT if the DV unit does not judge that it is necessary, although the Chairman was advised that if there were multiple level 3 incidents involving the same person then they would be referred to the IAT. Level 3 incidents are recorded by the DV unit, but this information is stored on a different computer system to that used by the IAT team (although this may change in the future as more integrated working develops at the MARU).
- 5.17 After a notification or referral is received by the IAT, there are four possible actions:
- No further action
 - Enquiries made (MARU colleagues investigate the incident and gather further information)
 - It is judged that the social care threshold has been met, leading to an assessment by a social care worker
 - The appropriate locality team will be asked to observe the situation
- 5.18 Having reviewed the above process, the Chairman welcomed the efforts being made by Children's Social Care to continuously improve and introduce fully integrated working. It is recommended that these developments are reviewed in 6 months time.
- 5.19 However, as decisions about whether to notify the IAT about level 3 incidents rests with members of the DV unit, who do not hold social care qualifications, there are concerns about the appropriateness of these decisions, and therefore that there is a risk that some children will not receive the care they require. It is therefore recommended that this issue is examined, to ensure that there is stricter regulation of level 3 incidents by appropriately trained staff.

Processes and information sharing

- 5.20 Members have heard from some practitioners that current processes for addressing DA and sharing information on DA across Children's Services (e.g. locality teams links with schools, and the Youth Offending Service) are not clear. Members therefore recommend that these issues should be reviewed by the DA Implementation Group.

Training

- 5.21 During workshop sessions at Cambridgeshire Domestic Violence Partnership Strategy event held during March 2012, Members listened to workers within the Children and Young People's Service, such as Parent Support Advisers (PSAs), raise concerns about the lack of adequate DA training. The PSAs explained that if they identify DA within a family, they often do not know what actions to take. They advised that, in their view, more specialist training about DA should be provided for them and other frontline workers who regularly come into contact with DA issues, but are not DA specialists. Members believe that this issue should be investigated further.

Specialist DA provision

- 5.22 Members sought assurances that specialist resources were in place to help children understand and cope with the traumatic events that they have experienced and the inappropriate behaviours that many will have learned.
- 5.23 Members were advised that there is specialist resource available to support children who have experienced trauma and that whilst the County Council does not have specialist support for DA cases, frontline workers are able to access this support via other organisations, such as the Cambridgeshire and Peterborough NHS Foundation Trust. In addition, a new system is being rolled out across localities, whereby each locality will have access to clinicians who will be able to provide additional expertise and linkages with appropriate specialists.
- 5.24 However, focus groups and workshops (Implementation Group / Task and Finish Group members, service users in Wisbech and Cambridge and professionals from Children's Services in City and South Cambridgeshire) have also flagged the need for more awareness of services, prevention of DA and the need for more specialist services within Cambridgeshire¹⁹.
- 5.25 in addition, Members heard from locality workers and other practitioners at the DA Strategy Event held in March 2012 that specialist DA provision did not exist. It is likely that this lack of awareness about the existing means of accessing specialist support reaffirms the need for further training (see page 25) and communication. Members therefore recommend that this is incorporated into training, and that the effectiveness of the specialist support is reviewed. Members believe that this is crucial to ensure that the root causes of DA are tackled, and thereby ensure that DA does not pass from one generation to the next.

Awareness raising in schools

- 5.26 Members were advised that awareness and learning about safe relationships and DA within schools is variable with 67% Primary schools reporting that they include these issues within lessons. There is no data about similar activities in secondary schools.
- 5.27 Again, Members believe that these activities are important as education about DA is an important part of preventing its occurrence. The review group therefore recommends that the Council work with schools to advocate this approach.

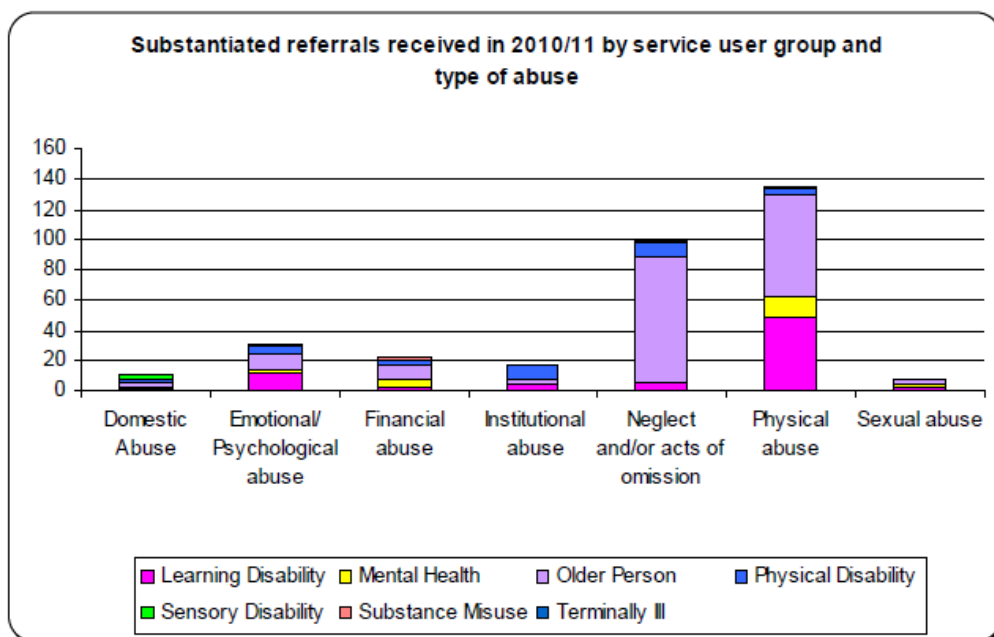
Support for Vulnerable Adults (SOVA)²⁰

- 5.28 The Chairman of the review group met the County Council's Adult Safeguarding and Quality Manager, to discuss how DA involving vulnerable

¹⁹ Cambridgeshire Community Safety Partnerships, [Future of Cambridgeshire Domestic Abuse Partnership](#), pg 26

²⁰ 'Vulnerable', in this context, refers to adults in receipt of social care services

adults is measured and managed. The Manager referred to the following chart to show the prevalence of DA in SOVA referrals²¹:



5.29 The Chairman challenged the data classifications in the chart, because most of the categories listed are typically considered within the definition of DA. She was therefore concerned that this provided a misleading picture of the prevalence of DA across the county.

5.30 In response, the Manager advised that the classifications of abuse met those laid down in the AVA return (Vulnerable Adult return) that the local authority has to send to the Department of Health, and that the Cambridgeshire Adult Safeguarding Board had recently received the findings from a study into the relationship between DA and SOVA. This study, conducted by the DA Partnership Manager, had involved analysis of 16 SOVA case files where DA had not been specifically identified. The extract below provides a summary of the key findings and the Officer's recommendations:

Given that the methodology for this report has its flaws, the author has still been able to clearly identify domestic abuse in 68.75% of the Action Plans provided. This raises a number of issues.

It is apparent from the detail contained in the Action Plans provided that addressing the use of violence and abuse in SOVA cases is incredibly difficult for professionals and the individuals/families they serve.

Many unanswered questions remain with regards to the context and outcome of each case, and the 'usual' domestic abuse dynamic of victim/offender is often difficult to apply with a degree of absolute certainty.

Agency response to each relevant case (where domestic abuse was identified) is often also unclear and does not follow any obvious coherent pattern. Nor is it clear

²¹ [Cambridgeshire Adult Safeguarding Board, Annual Report April 2010 – March 2011](#), pg 18

where existing services to 'offenders' and 'victims' could have provided any additional value and/or support.

With the information available to the author, it is apparent that no specialist risk assessment/indicator (such as CAADA DASH) was used at any time with the 'victim.' Where police involvement had been requested/sought, lines of communication appear to have been poor and responses ineffective.

Given the prevalence of identifiable domestic abuse in the 16 Action Plans, it is of concern to the author that, for whatever reason, the domestic abuse was not risk assessed, or in some cases, identified, by the professionals involved.

This should not be taken as a criticism of those professionals, but as indicative of the complex synergies and issues between domestic abuse and SOVA that are not well supported by either the usage of existing definitions or by the systems we currently have in place within Cambridgeshire to address those issues.

The following actions were agreed at the Adult Safeguarding Board to address the issues raised in the paper:

- To off-set the risks identified regarding the methodology, it is recommended that further research, with a broader scope, be undertaken to confirm (or otherwise) the findings herein;*
- That additional joint training be resourced for SOVA leads and DA specialists to enable a better understanding of the identification and management of risk;*
- That the specialist DA and SOVA teams at Cambridgeshire's Multi-Agency Referral Unit (MARU) be contacted in all cases where DA has been identified in SOVA assessments to help manage risk and feed into the SOVA action planning process.;*
- That appropriate representation from the Cambridgeshire Domestic Abuse Partnership is made at all future Adult Safeguarding Board meetings;*
- That 'easy read' and other relevant material on domestic abuse issues is developed for use with SOVA clients.*

5.31 Group Members note the complexities highlighted above and recognise that the study provides indicative results only. However, this reaffirms the group's findings about the need to collate high quality data about DA so that decision makers have adequate management information.

SOVA referrals

5.32 The Chairman also queried how referrals involving vulnerable adults are managed. This specific issue was raised because Peterborough City Council has funded a part time SOVA lead within the MARU to assist with risk assessment and referral and act as a vulnerable adult advocate, whereas Cambridgeshire County Council does not currently provide funding for a similar role to cover Cambridgeshire.

5.33 The Manager advised that 92 staff across all Adult Social Care Services (i.e. mental health, physical disability, learning disability, older people and sensory services) have been trained as adult safeguarding leads, and that the continued liaison between the MARU and safeguarding leads was, in his view, the most effective use of resources based on current evidence. He also

advised that the Council is absolutely committed to working with the MARU, and that a review is currently under way to ascertain whether a redeployment of resource from fieldwork into the MARU would provide a net improvement to the service currently provided.

- 5.34 The group support integrated working at the MARU, and believe that it is highly likely that allocating adult safeguarding resource will improve the overall service provided.

Documents	Location
<p>Papers of Safer and Stronger Communities O&S Committee meetings</p> <p>Other sources referenced throughout the report</p>	<p>Scrutiny Team Room 116, Shire Hall (Contact Robert Jakeman on 01223 699143 or via email: robert.jakeman@cambridgeshire.gov.uk)</p>

JSNA Report - Domestic Abuse in Cambridgeshire (ISSUED SEPARATELY)

Cambridge Women's Aid Meeting

A move into a refuge generally secures a woman's physical safety, but the emotional and mental upheaval that such a move involves continues to have a severe impact on that individual's life. Despite this, there is little or no formal support for women leaving a refuge.²² The impact of a move into a refuge is compounded by several factors, including:

- The need usually, for safety, to terminate any employment that the woman has
- Relocation to a refuge involves settling-in to a new area, often out of county, with a need to break old relationships that might link back to the abuser and an accompanying need to establish new relationships
- The needs of any children in the woman's life, adding further to the distress and pressure of adjustment.

Arising from these discussions were several key lines of enquiry that the group wish to pursue at a later stage of the review, including:

- Discretionary Housing Benefit, and what capacity there is to tailor its provision to better meet the needs of women entering a refuge: the group heard that refuge in the UK is unusual in that the rent paid by women for their stay is funded by Housing Benefit, whereas in many countries refuges are grant-maintained, meaning that access to the service is not contingent upon benefit eligibility
- The future of the Community Care Grant currently used to purchase essentials including white goods for women leaving refuge, which will be abolished in 2013. Funds will instead be administered by the local authority
- Support for women leaving refuge, which is currently non-existent other than that provided by the already overstretched CWA and similar providers.

Discussions with the team at CWA were followed by a very productive meeting with seven women who were accessing the services of CWA. The findings of that session are summarised in Appendix B, which has been included to give voice to those with direct experience of abusive relationships. Key findings from the meeting include:

- Restrictions placed by central government on the provision of Legal Aid will add to the difficulties of those women seeking protection from the legal system
- The accompanying move towards more frequent use of mediation is also problematic for abused women, as intimidation and fear can be used by the abusive partner to tilt the balance of the discussion in his favour: one

²² The average stay in refuge is 5 months (CWA figure)

woman described how the police were called to her mediation session when her partner became violent

- Awareness of services that can help is low: one woman described sleeping in a car for four weeks before being made aware of the support offered by CWA
- Although there was some praise for the police, police officers demonstrate varying degrees of awareness and competency when called to DA incidences: one woman described how a police officer inadvertently revealed her location to her abusive partner
- There is greater need for collaboration between agencies when assisting victims of DA
- Concerns around religious and cultural sensitivities can interfere with the level of service provided to ethnic minority women.

The review group asked to stay in touch with the women, who agreed to act as a reference group to be consulted as the review progresses, conclusions are drawn and recommendations are developed.

The review group wishes to extend its thanks to CWA and the women who participated in the meeting.

Appendix C

Review group meeting with Cambridge Women’s Aid service users

On 30th August 2011, review group members met with seven women who had been victims of domestic abuse. Each accessed the services of Cambridge Women’s Aid (CWA), and they were at varying stages of the dangerous process of moving on from an abusive relationship. The following summarises the comments of each of the women.

Contributor	Comments
A	<ul style="list-style-type: none"> • Police are really good – through them she found out that Cambridge Women’s Aid (CWA) existed • Over many years and two abusive relationships, she had noticed that the police response had changed for the better • Had been through the Freedom Programme • Would probably be dead by now without the support of CWA • GPs should be made more aware of domestic abuse – she would like to see some advertising for CWA and other services in GP surgeries • Mediation with abusive partners is very problematic – police had to be called to one of her mediation sessions when partner got abusive • Thinks, in general, that agencies are getting better at dealing with domestic abuse • Children are ‘left out in the lurch’
B	<ul style="list-style-type: none"> • Experiences with police tended to have been bad
C	<ul style="list-style-type: none"> • Physical abuse is much more likely to get a positive response from the police

	<ul style="list-style-type: none"> • GP reporting of domestic abuse could make things more difficult if the reporting inadvertently compromises the woman's safety • Judges need training on the issues around domestic abuse and how it affects victims and their relationships – how do you prove the mental abuse to a judge? • Getting people to believe that you are being abused is one of the biggest issues • Her daughter is now in an abusive relationship – she also now addresses her mother as her abusive father used to • There is no support for children in cases of domestic abuse • Of CWA, she: 'can't praise them highly enough'
D	<ul style="list-style-type: none"> • Not a great response from one police officer when she informed them that her abusive ex-partner had been in touch • Huge amount of support from police since abusive ex-partner's release from prison – installed alarms, etc. in her home • In Stevenage the police would wait until there was six of them before entering her property whilst she was being beaten • Her experience is that the police are trying to make changes in how they address domestic abuse
E	<ul style="list-style-type: none"> • In London, she had bad experiences with the Met response to domestic abuse • Met Police were 'all confused' in their response • Injunctions are meaningless when 'the red mist' descends • Child Protection Team put her in touch with CWA • The reductions in Legal Aid are 'disgusting' and will make things very difficult for those suffering domestic abuse to seek assistance from the legal system • CWA have been great – they have always been available to her, even 'after hours' • The Sharia Council 'shut the door in her face' when she approached them for help – felt that there was too much concern for cultural and religious sensibilities when the focus should be on making the victim of domestic abuse safe • When women leave refuge they shouldn't be left to 'just get on with it'
F	<ul style="list-style-type: none"> • A police officer inadvertently let her abusive partner know her whereabouts • CWA are the 'best of the lot'

Domestic Abuse in Cambridgeshire

1. Facts, Figures and Trends:

1.1 British Crime Survey (BCS) data and Home Office estimates suggest that 15,173 women aged 16-59 were victims of domestic abuse in Cambridgeshire in 2010/11¹ – a figure considerably higher than the current number of individuals reporting to the police during the same period (7718 reports).² The 2010/11 BCS also states that:

- Nationally, six percent of women and four percent of men had experienced partner abuse in the last year;
- Non-physical abuse is the most common form of abuse experienced by women and men;
- 27% of partner abuse victims suffered a physical injury as a result of the abuse;
- Only 23% of partner abuse victims reported the abuse to the police.³

To quote 'The Cost of Domestic Violence in Cambridgeshire (2005),' 'Police recorded crime data is likely to be a gross underestimate of true levels of victimisation caused by domestic violence.'⁴ This is problematic in that accurate data on harm, risk and cost is almost impossible to estimate using police data alone.

It should be noted that in the period 2005 – 2009, the number of incidents reported to the police rose by more than 41.9%;⁵ subsequently, the number of victims accessing services has risen dramatically. For example, the Independent Domestic Violence Advocacy Service received 324 high-risk referrals from the Constabulary in 2005. In 2008/09 that figure was 1536 (an increase of 377%).⁶ The tables below show the increase in reporting, by year, to the Constabulary.

Chart 1

¹ British Crime Survey, 'Ready Reckoner,' 2011.

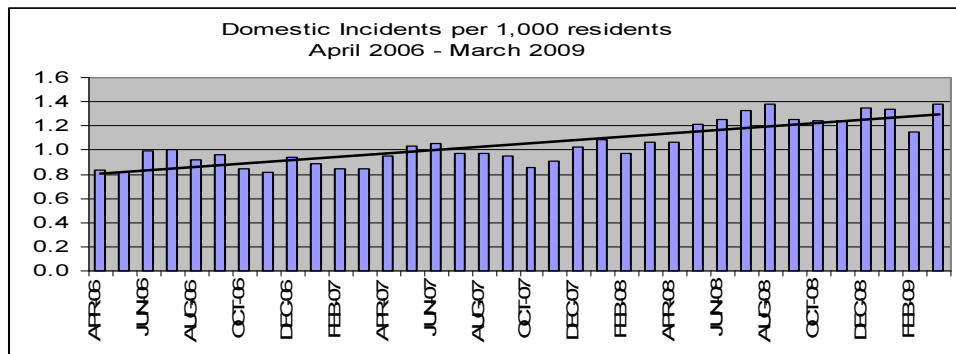
² Cambridgeshire Constabulary, 2011.

³ British Crime Survey, 2012.

⁴ Cambridgeshire Crime Research Team, 'The Cost of Domestic Abuse in Cambridgeshire (2005).'

⁵ Domestic Abuse Force Profile, Cambridgeshire Constabulary, 2009.

⁶ Cambridgeshire County Council, 2011.



However, recent Community Safety Partnership Strategic Assessments indicate a levelling out of countywide reporting to the police⁷ – a trend which is matched in the British Crime Survey (Intimate Violence) for 2010/11.

These same assessments also show a disparity between the volume of domestic abuse incidents reported, and the numbers of ‘crimes raised’ as a result:

Chart2

District	DV Incidents	DV Crimes Recorded	Ratio of incidents to DV crimes recorded
Cambridge City	1850	488	3.8
East Cambridgeshire	788	173	4.6
Fenland	1686	306	5.5
Hunts	2109	427	4.9
South Cambridgeshire	1194	271	4.4
Cambridgeshire	7627	1665	4.6

The increase in reporting to police, although a welcome trend, has also led to an increase in DV-related referrals to Children Services and an estimated increased reliance on health providers:

- Between 01/07/2009 and 30/06/2010, Children’s Services Contact Centre received 10,250 DV-related referrals for children and young people at risk;⁸
- It is estimated that between January 2008 and June 2009, 34.2% of all those children and young people subject to a child protection plan had domestic abuse as the primary issue;⁹
- It is further estimated that 31.7% of all Children’s Social Care contacts between September 2008 and August 2009 were for domestic-abuse related issues.¹⁰ Although data from other Children’s Services, such as Locality Teams, is unavailable, using the above data, it is estimated that a third of all Locality Team contacts are also DV-related;

⁷ Research and Performance Team (LGSS), 2012.

⁸ Cambridgeshire County Council, 2010.

⁹ Ibid.

¹⁰ Cambridgeshire County Council, 2009.

- City Council also states that 14.28% of all statutory homeless applications in 2009 were caused by domestic abuse;¹¹
- Cambridgeshire's Multi-Agency Risk Assessment Conferences, which risk-assess and safety plan for those at most risk of homicide heard 376 cases (involving 584 children) in 2010/11;¹²
- 8% of respondents in the Year 8 and 10 Cambridgeshire Secondary Survey in 2010 indicated the presence of domestic abuse issues in their home environment;¹³
- At least 75% of LAC and 50% of children subject to a Child Protection Plan in Cambridgeshire have domestic abuse backgrounds.¹⁴

Geographical Issues

Although the majority of reported domestic abuse incidents (2006 – 2009) come from urban areas within the county (please see table below, which shows the Cambridgeshire wards of highest need (according to volume of police-reported incidents) by year),¹⁵ it should be noted that those living in more rural areas are less likely to have protective family, neighbours and friends witness and report abuse. Rurality is also a risk factor when considering isolation and access to services. Recent Strategic Assessments have shown a marked increase in reporting from East and South Cambridgeshire, and although volume in these areas remains relatively low, the increase in reporting is indicative of an overall need in the most rural parts of our county.

Chart 3

2006 / 2007	2007 / 2008	2008/ 2009
Wisbech Waterlees	Wisbech Staithe	Huntingdon North
Abbey	Kings Hedges	Wisbech Clarkson
Kings Hedges	Wisbech Waterlees	Kings Hedges
Huntingdon North	Huntingdon North	Wisbech Waterlees
Whittlesey - Lattersey	Wisbech Peckover	Wisbech Staithe
East Chesterton	Arbury	Abbey
Wisbech Staithe	Wisbech Medworth	Whittlesey - Lattersey
Wisbech Clarkson	Abbey	Wisbech Medworth

Using more recent LSOA data (April 2011) we can see that the prevalence of domestic abuse is a significant issue in new and emerging communities such as Orchard Park, Cambridge and Cambourne, South Cambridgeshire.¹⁶

Research commissioned through the University of Bristol by the Women's Institute (WI) supports the above, in-so-much as it shows that those living in rural areas are just as likely to be a victim of all forms of domestic abuse as those living in more urban / deprived areas.¹⁷ This means that by addressing

¹¹ Cambridge City Council, 2010.

¹² Cambridgeshire County Council, 2011.

¹³ Cambridgeshire Secondary Survey, 2011.

¹⁴ Cambridgeshire County Council / LSCB, 2010.

¹⁵ Ibid.

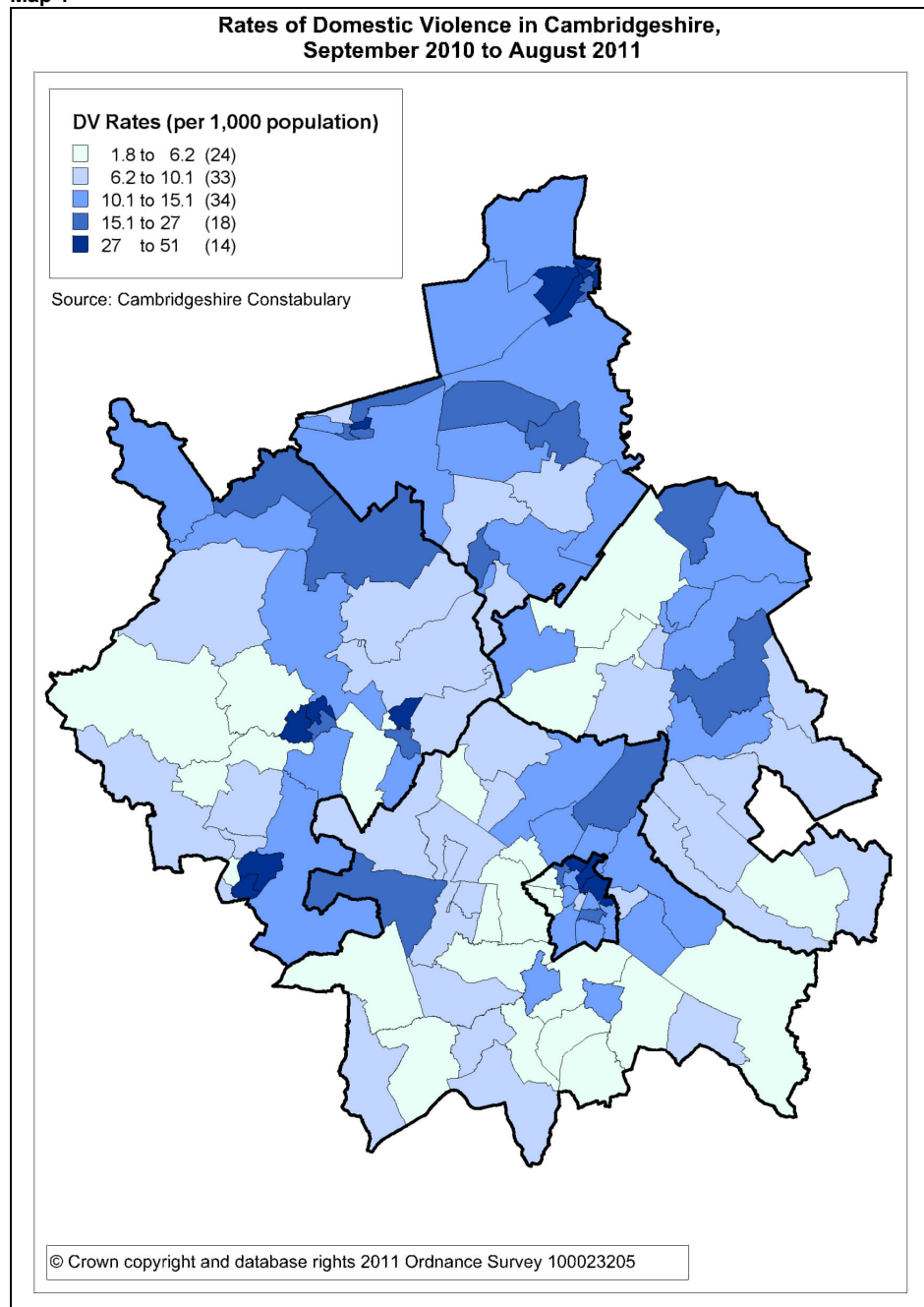
¹⁶ Cambridgeshire Constabulary, Highest Density of DA incidents by Lower Super Output Area, 2011.

¹⁷ University of Bristol, 'Violence Against Women in Rural Areas,' 2010.

volume by targeting Cambridgeshire's 'hotspots,' need and risk in more rural areas should not be ignored.

The distribution of the last year's (2010/11) domestic violence incidents are shown on the following map, and identifies that Fenland has the biggest domestic violence hotspots within Cambridgeshire.¹⁸ These are mainly within Wisbech, Whittlesey and to a lesser extent March and the rural area around Wisbech. The level of severity of domestic violence in Fenland is all the more of concern since the partnership strategic assessment concluded there was likely to be a significant amount of under reporting. There are also further hotspots within wards with a high percentage of social housing in Cambridge, Huntingdon, St Neots and St Ives.

Map 1

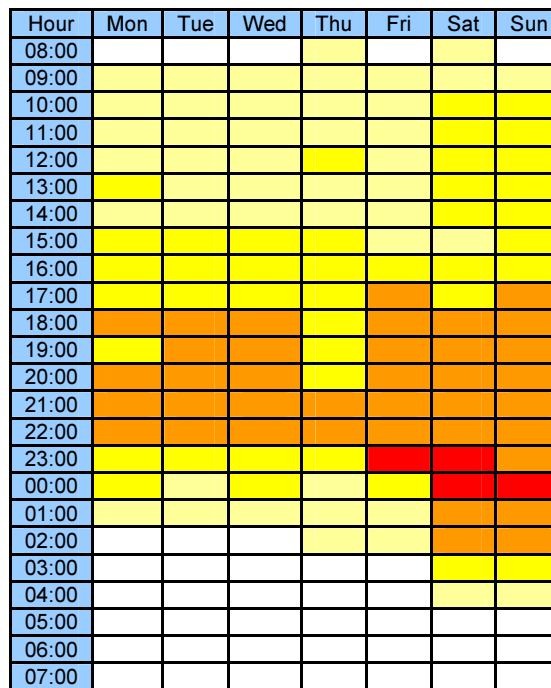


¹⁸ Research and Performance Team (LGSS), 2012.

Temporal Issues

Constabulary research, seen in the following table, indicates that demand for police services can be identified and managed. This information is especially useful in planning future provision.

Incident data shows that there is a consistent high demand for police resources between 18:00 and 23:00, Monday to Friday, and between 18:00 and 02:00 Saturday and Sunday. The occasional peaks on Mondays can be put down to continuance of the week-ends hostility (including secondary and tertiary reporting of an ongoing incident) or, to a lesser extent late reporting of the incident¹⁹.



The above chart identifies the time of day and day of week when the highest number of calls are made. Bands represent calls within a 1 hours time block per day of week; data from 3 years of incidents

0	99
100	199
200	299
300	399
400+	

Seasonal similarities exist in each year period; peaks occur on Christmas and New Year days and a prolonged peak between the latter parts of May to Early September, coinciding with school holidays.²⁰

Victim / Offender Profile

Although there are variations across the county, the typical victim of domestic abuse is an 18-25 year old 'White UK' female.²¹

¹⁹ A dip sample of incidents recorded on a Monday showed 18% where the cause was an ongoing argument or disagreement from the weekend, and 6% where the aggrieved reported post incident. Ibid.

²⁰ Ibid.

²¹ Domestic Abuse Force Profile, Cambridgeshire Constabulary, 2009.

Children are involved as victims, witnesses or offenders in just over half of all domestic abuse incidents in the county and form a significant risk group²² (though this figure rises to more than 80% across high-risk cases).²³

Again, recognising local variations (please see following sections on Ethnicity and Migrant Workers), the typical domestic abuse perpetrator is a 'White UK' male aged 20-41. Both of these statistics are in line with national research findings.²⁴

The offenders' occupation is: 44% of crimes (2292) show offenders as being unemployed, with 41% of crimes (2110) showing offenders working in manual labour roles. 8% of crimes (391) show the offender as giving a 'professional / office based' job as their occupation, and in 7% of crimes (377) the offender stated that they were in full time study²⁵.

The likelihood is that both victims and offenders are misusing alcohol and drugs and are resident in areas of high child poverty (see Chart 5, page 8).

Substance Misuse

In a recent study of high-risk repeat cases of domestic abuse, 15% of victims disclosed that they were misusing alcohol, with a further 9% disclosing a misuse of drugs. For offenders, these percentages were 47% misusing alcohol and 35% misusing drugs.²⁶

Chart 4 (below, page 7) shows that the majority of referrals to Children's Social Care (related to domestic violence) were for parental alcohol misuse (36% of total referrals) or parental substance misuse (21%), making overall substance misuse the greatest contributing factor to domestic violence related safeguarding referrals.²⁷

The 2010/11 British Crime Survey indicates that 21% of those who 'had experienced partner abuse in the last year thought that the offender was under the influence of alcohol, while 8% thought they were under the influence of illicit drugs.'²⁸

In keeping with the local research mentioned above, BCS data also shows that 'victims were more likely to report that the offender was under the influence of alcohol or illicit drugs than themselves.'²⁹

The 2010/11 BCS also states that 'levels of alcohol consumption and illicit drug use may be an indicator of lifestyle that may affect or be affected by vulnerability to partner abuse,' rather than causality of the abuse.³⁰

²² Ibid.

²³ Simon Kerss, 'Review of High-Risk Repeat Domestic Abuse Incidents from Cambridgeshire Constabulary to Cambridgeshire Independent Domestic Violence Advocacy Service,' 2012.

²⁴ Ibid.

²⁵ Offenders described their occupations in 5170 crimes; these were then categorised manually by the author into 'manual' jobs such as builder/mechanic/painter, 'unemployed' (which included housewife / mother / house husband / disabled/ in custody), 'professional / office based' (traditionally white collar workers, emergency services and Armed Forces) and 'study' which included any form of student (including home study).

²⁶ Simon Kerss, 2012.

²⁷ Research and Performance Team (LGSS), 2012.

²⁸ BCS, 2012.

²⁹ Ibid.

³⁰ Ibid.

Male Victims

Unfortunately, current local data is not a reliable indicator of need for male victims of domestic abuse. There are a number of reasons why this should be so, but primarily it is recognised that men typically fail to report domestic abuse to the police.³¹

However, it should be noted that current research has shown that a proportion of those men who do report abuse, are actually perpetrating abuse themselves. None-the-less, it is apparent that men do suffer abuse at the hands of their partners, though many of these incidents are from within same-sex relationships.³²

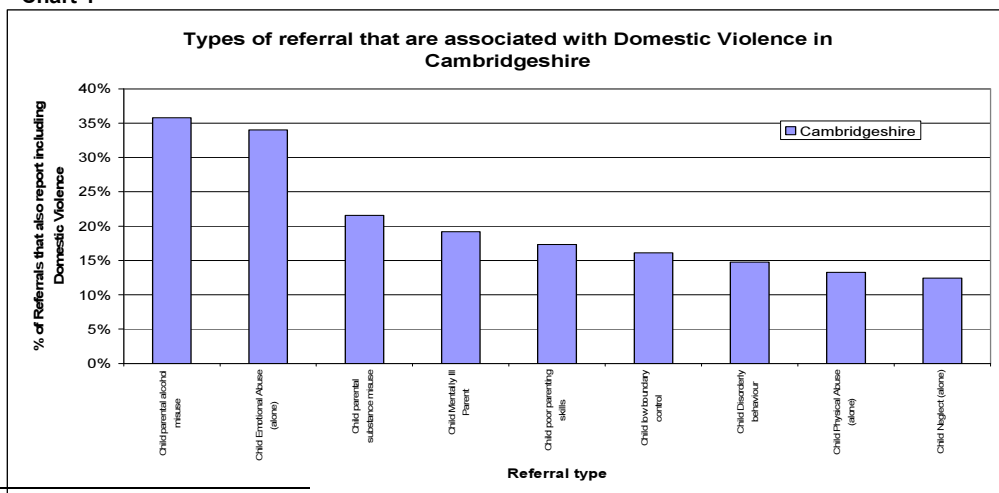
2009 data from Cambridgeshire Constabulary shows that 24% of reported incidents came from men in the period 2006 - 2009.³³ Of the 985 high-risk referrals to the Independent Domestic Violence Advocacy Service (IDVAS) in 2009, 12% were for male victims – this had fallen to 4% for 2010/11.³⁴

Overall, and despite police-recorded data, British Crime Survey statistics for 2010/11 suggest that 4% of the male population of Cambridge were victims of domestic abuse in the past year.

Children and Young People

Domestic violence or abuse is the most frequently recorded reason for entry into the child protection system according to the 2010 LSCB Annual Report, accounting for up to 50% of the cases.³⁵ There were 10,250 DV-related referrals made from Cambridgeshire Constabulary to the Cambridgeshire Children’s Services Contact Centre (following a reported DV incident) between July 2009 and June 2010, with an estimated 31.7% of all Children’s Services Social Care contacts (between September 2008 and August 2009) being domestic abuse-related.³⁶ The following chart shows other factors associated with referrals to Children’s Social Care in 2010/11:³⁷

Chart 4



³¹ Please see British Crime Survey (Intimate Violence), 2010/11.

³² Hester, M., 'Who Does What to Whom? Gender and Domestic Violence Perpetrators, Bristol: University of Bristol in association with Northern Rock,' 2003.

³³ Cambridgeshire Constabulary, 2009.

³⁴ Cambridgeshire County Council, 2012.

³⁵ Cambridgeshire Local Safeguarding Children Board, 'Annual Report,'

³⁶ Cambridgeshire County Council, 2010.

³⁷ Research and Performance Team (LGSS), 2012.

According to recent local research in East Cambridgeshire and Fenland, 30-50% of all Enhanced and Preventative Services work through Children's Services Locality Teams is targeted at those affected by domestic abuse.³⁸

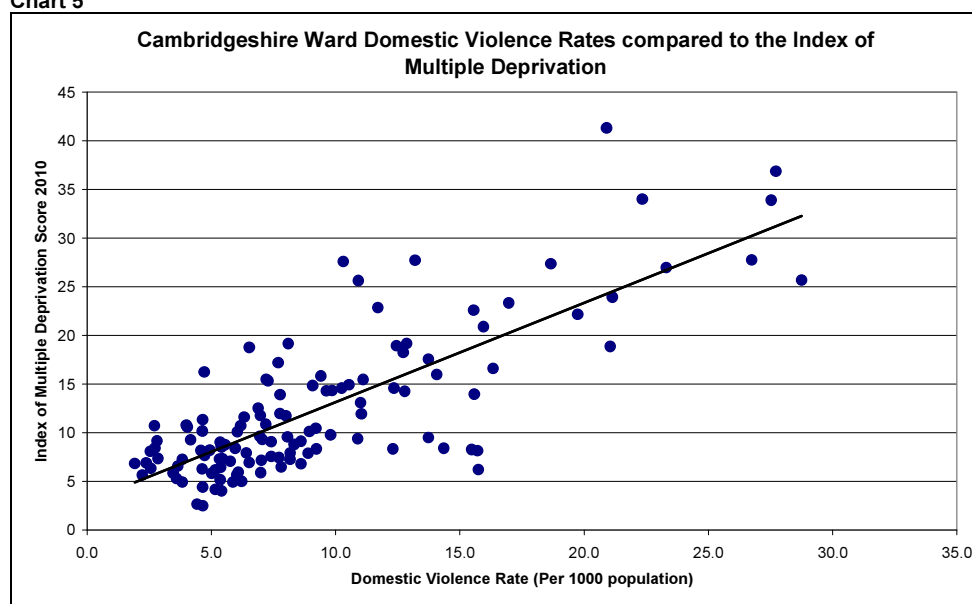
584 children and young people were part of Multi-Agency Risk Assessment Conference (MARAC) hearings (for high-risk cases of domestic abuse where homicide is a risk) in 2010/11.³⁹

Children are involved as victims, witnesses or offenders in just over half of all domestic abuse incidents in the county and also form a significant risk group for domestic abuse. However, a review of high-risk cases of domestic abuse has shown that children are present in 82% of cases where homicide has been identified as a risk factor.⁴⁰

Within the crimes recorded for the period 2009-2010, victims aged between 0 and 10 years old, all have a familial relationship with the offender(s). In 51 out of 54 crimes, the offender is their parent. The relationship type between victim and offender begins to include intimate relationships from the age of 11, and increases notably in victims aged 16 or over.⁴¹

There is a strong relationship between the rate of deprivation within a ward and the rate of domestic violence. This relationship is demonstrated in the graph below; generally the higher the rate of deprivation the higher the rate of domestic violence.⁴²

Chart 5



The 2010 Cambridgeshire Secondary Survey (annual Balding Report for Years 8 and 10) showed that, when asked 'Has there been any physical aggression (e.g. hitting, punching, slapping) at home in the last month that

³⁸ Cambridgeshire County Council, 2012.

³⁹ Ibid.

⁴⁰ Simon Kerss, 2012.

⁴¹ Domestic Abuse Force Profile, Cambridgeshire Constabulary, 2009.

⁴² Research and Performance Team (LGSS), 2012.

frightened you?' 6% of children reported abuse occurring once/twice a week; 2% once a week and 1% stated that violent abuse was occurring everyday.⁴³

The following table shows the volume of notifications sent to schools from Cambridgeshire County Council following a police reported incident from 2006 – 2011:⁴⁴

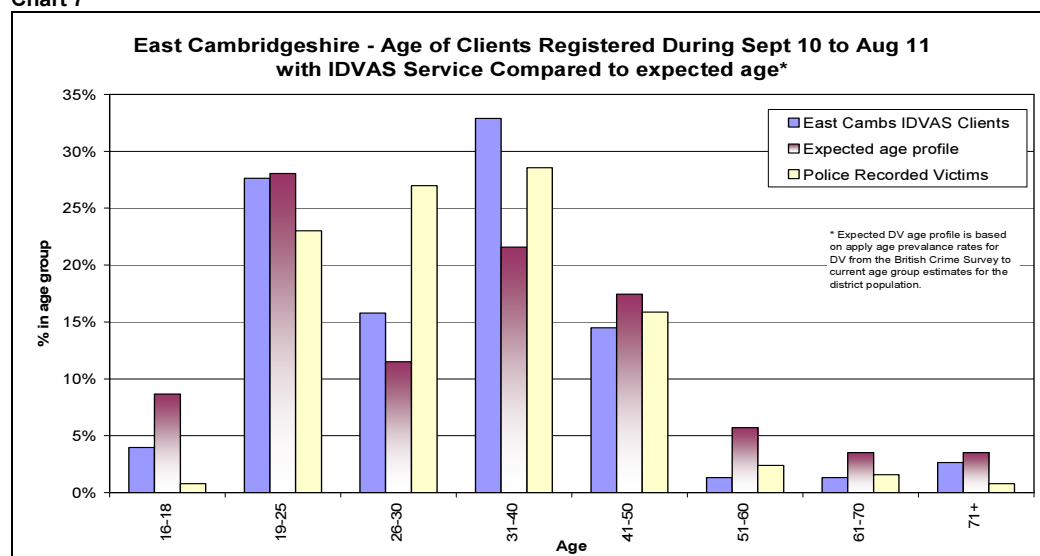
Chart 6

DOMESTIC VIOLENCE REPORTS STATISTICAL ANALYSIS					
	2006 - 2007	2007 - 2008	2008 - 2009	2009-2010	2010-2011
DV Reports	1506	2022	2212	2048	2114
Letters to Schools	1213	1960	2444	2280	2657
School Age Children	2096	2667	3282	3052	2951
Possible CME	not available	89	113	104	39
EHE	not available	5	1	10	5
Staff	not available	6	3	4	1

Older People

Broadly, the following chart shows that a higher than expected proportion of older women are reporting domestic violence (recorded being victims of crime) and represented on the Independent Domestic Violence Advocacy caseload.⁴⁵

Chart 7



However, there are significant gaps in recording the effects of domestic abuse on older people, especially with Adult Social and 'health' providers.

⁴³ Cambridgeshire Secondary Survey, 2011.

⁴⁴ Cambridgeshire County Council, 2011.

⁴⁵ Research and Performance Team (LGSS), 2012.

Mental Health

There are significant gaps in local knowledge regarding the synergies between mental health and domestic abuse. Cambridgeshire and Peterborough Foundation Trust (CPFT) do not collate or produce data on the issue. However, what local data does exist strongly indicates a correlation between poor mental health and domestic abuse for both victims and perpetrators.

The 'types of referral that are associated with domestic violence in Cambridgeshire (section on Children and Young People)' chart (above, page 7) shows that nearly 20% of domestic abuse related referrals to Children's Social Care are for those children whose parent(s) is 'mentally ill'.⁴⁶

Recent local research into the context of high-risk repeat incidents of domestic abuse indicates that 39% of victims and 31% of offenders were either recorded by police as having mental health issues or had disclosed the same during assessment by police or IDVAS.

The same research has also shown that approximately 33% of the 67 cases reviewed (according to the methodology employed by the research team at Cambridgeshire County Council), showed a possible Safeguarding of Vulnerable Adults (SOVA) issue. Of that 33%, half were related to depression and a further third related to other mental health issues.⁴⁷

According to 2010/11 management information generated from Adult Safeguarding SOC388 forms, 0.9% of SOVA cases where domestic abuse had been identified (7 of 772 in total) also had a diagnosed mental health issue.⁴⁸

A 2011 review of admissions to Addenbrooke's Emergency Department has shown that a 'psychiatric diagnosis' was third (behind 'no clear diagnosis' and 'head injury') in a hierarchy of risk factors. The same review has stated that 'self-harm' and 'overdose' are 4.5 times more likely to occur in those disclosing domestic abuse at the hospital than those in an associated control group.⁴⁹

British Crime Survey data for 2010/11 shows that 39% of those surveyed disclosed that the abuse had left them with 'mental or emotional problems,' and that 4% had tried to kill themselves as a result of the abuse.⁵⁰

It should be noted that domestic abuse is mentioned once, in relation to a risk factor affecting depression, in the 2008 JSNA.

Adults with Learning Difficulties

The only data available to the author comes via the SOC388 forms (see above) from Adult Safeguarding, which shows that 4 of the 28 recorded

⁴⁶ Ibid.

⁴⁷ Simon Keress, 2012.

⁴⁸ Cambridgeshire County Council, 2012.

⁴⁹ Addenbrooke's Hospital, 2012.

⁵⁰ BCS, 2012.

SOVA / DV cases had identified 'learning disabilities.' This is 0.5% of the total number of SOVA cases for 2010/11.⁵¹

Adults with Sensory Deprivation

The only data available to the author comes via the SOC388 forms (see above) from Adult Safeguarding, which shows that 2 of the 28 recorded SOVA / DV cases had identified 'learning disabilities.' This is 0.25% of the total number of SOVA cases for 2010/11.⁵²

Homelessness

Data from District Council housing departments from 2010/11 shows that between 5.5 and 18% of all statutory homelessness acceptances were for domestic abuse related issues (the following table gives a breakdown by district).⁵³

Chart 8

District	No. DV	Total No.	% DV
South Cambs.	4	72	5.5%
Hunts	11	169	6.5%
Fen	13	72	18%
City	19	137	13%
East	6	36	17%

British Crime Survey data for the same period states that 23% of partner abuse victims reported sharing accommodation with their abusive partner.⁵⁴

Recent (January 2012) data from the Chronically Excluded Adults project in Cambridgeshire shows that 27% of 'registered' clients had disclosed current or historical issues of domestic abuse.⁵⁵

Same Sex Relationships

3% of police DV1 records within the data set used in the 2009 Force Profile relate to a same sex couples. Due to insufficient data on sexual preferences it is impossible to state whether this is significant. However the figure is within the nationally recognised ranges for same sex couples, suggesting that this group is not significantly over or under reporting⁵⁶. Bi-sexual relationships cannot be tested due to the limited information held about offenders and victims.

In 2010/11, 1% of IDVAS high-risk clients identified themselves as LGBT.⁵⁷

⁵¹ Cambridgeshire County Council, 2012.

⁵² Ibid.

⁵³ Cambridgeshire District Council Housing Departments, 2011.

⁵⁴ BCS, 2012.

⁵⁵ Cambridgeshire County Council, 2012.

⁵⁶ Office for National Statistics: Sexual Identity Project, UK experiences of administering a question on sexual identity. Survey estimates: Estimates were obtained for most of the surveys. Rates of the proportion of respondents self-identifying as LGB ranged from 0.3% to 3.0%, lower than the government estimate of LGB people constituting 5% to 7% of the population. Ibid.

⁵⁷ Cambridgeshire County Council, 2012.

Ethnicity of Victim / Offenders and Migrant Workers

Again, there are significant variations across Cambridgeshire where the ethnicity of victims and offenders is considered. However, the following points are indicative of the countywide picture:

- Victims defining their ethnicity as 'Black'⁵⁸ are overly represented when statistically tested against population estimates;⁵⁹
- There has been an increased level of reporting by 20 to 30yr old females across all ethnic groups;
- Despite being unable to effectively identify victims coming from New European states through recorded data, using the 'White – Other' ethnic group gives an indicator of levels of victimisation. In just under 50% of cases victims have been abused by members of their own nationality. Recent data also shows a disproportionate number of DV-related crimes recorded in Fenland having been perpetrated by the 'White – Other' cohort. This cohort includes residents of A8 nations currently resident in Cambridgeshire;⁶⁰
- Typically, members of Gypsy/Traveller/Roma communities do not report domestic abuse issues to any relevant agency within the county. However, recent research has indicated that up to 61% - 81% of women from these communities has been a victim of domestic abuse;⁶¹
- Victims and offenders from A8 nations, typically migrant workers in Cambridgeshire, are over-represented across all districts, but most acutely in Fenland. The following table shows the recorded ethnicity of offender across the county for 2010/11 (please note that 'White Other' is a police designation for Eastern European nationals):⁶²

Chart 9

District	Number	Peak age	Ethnicity
Cambridge	114	19-40	White British 68% White Other 11%
East Cambs	40	31-40	White British 88% White Other 8%
Fenland	110	31-40	White British 75% White Other 17%
Huntingdonshire	138	31-40	White British 82% White Other 6%
South Cambs	71	41-50	White British 80% White Other 7%

⁵⁸ Ibid.

⁵⁹ Using data from DV1 forms between 01/04/2007 – 31/03/2008, and applying formulae to determine *standard error* with a *confidence level* of 95% - See Appendices

⁶⁰ Ibid.

⁶¹ Equality and Human Rights Commission Research Report, *Inequalities Experienced By Gypsy and Traveller Communities: A Review*, 2009.

⁶² Research and Performance Team (LGSS), 2012.

Repeat Victimization

Domestic abuse has the highest repeat victimisation rate of any crime,⁶³ and subsequently costs associated with addressing the issue are repeated many times over.

For all levels of risk, police data shows that between 24% and 36% of incidents reported are marked as repeats.⁶⁴

Data available via NI32 (% repeat referrals to MARAC) in 2010/11 showed that current rates of repeat victimisation for those at most risk stood at 34.5%.⁶⁵

A review of recent high risk repeat cases of domestic abuse has shown that, on average, each high-risk client referred to Cambridgeshire IDVAS from the Constabulary had reported 6.8 previous incidents of domestic abuse (ranging from 0 to 36 previously reported incidents).⁶⁶

The Cost of Domestic Abuse in Cambridgeshire

Summation of Cost (2005)⁶⁷

The total annual cost of domestic violence to agencies in Cambridgeshire in 2005 was estimated at £57,662,541, rising to £139,136,155 when 'emotional and physical' costs were taken into consideration (please note that the 2009 costs do not include 'emotional and physical' costs). Details of the breakdown of the costs in each area are outlined in the sections below. The bulk of these costs were met by the victims themselves, principally through the emotional and physical costs of the abuse. The total cost to agencies amounted to £57,662,541 and is disaggregated into the costs for individual agencies below.

Based on the prevalence rates available to the researchers in 2005, it was possible to calculate the average cost per incident within the county. This amounted to £4,843 in total and £1,236 in costs borne by agencies. However, the researchers stated that if these figures were to be used to calculate the potential saving by reducing domestic violence, then they are potentially misleading. Therefore, using the total number of police recorded 'offences with a DV marker' an estimated cost per recorded crime was calculated. This was an attempt to account for the under-reporting of domestic abuse issues both locally and nationally.

Subsequently, the total estimated average cost per police recorded offence with a DV marker in 2005 was £15,566.

⁶³ Home Office, 2010.

⁶⁴ Domestic Abuse Force Profile, Cambridgeshire Constabulary, 2009.

⁶⁵ Cambridgeshire Domestic Abuse Partnership, 2010.

⁶⁶ Simon Kerss, 2012.

⁶⁷ From, 'The Cost of Domestic Violence in Cambridgeshire,' Cambridgeshire Crime Research Team, 2005.

Chart 10

Cost	Agency Cost	Victim Cost	Other Cost	TOTAL
Criminal Justice System Costs	£15,784,653	£611,230	-	£16,395,883
GP Treatment Costs	£870,723	£202,668	-	£1,073,391
Hospital/Ambulance Costs	£11,353,688	-	-	£11,353,688
Emotional and Physical Costs	-	£81,473,614	-	£81,473,614
Lost Economic Output	-	-	£20,245,758	£20,245,758
Social Services Costs	£1,562,444	-	-	£1,562,444
Housing Costs	£492,788	-	-	£492,788
Civil Legal Costs	£292,950	£1,097,647	-	£1,390,597
Mental Health Costs	£5,147,992	-	-	£5,147,992
TOTAL Cost of DV	£35,505,238	£83,385,159	£20,245,758	£139,136,155
Average Cost per Incident	£1,236	£2,902	£705	£4,843
Average Cost per Police Recorded 'Offence with a DV Marker'	£15,566	£36,556	£8,876	£60,998

The majority of the agency costs in 2005 were met by the health services and the police, who between them accounted for nearly three quarters of all agency costs. In comparison, the direct cost to other agencies was much less. The costs estimated here have focused principally on costs to local agencies and therefore national costs, for example, in housing benefit have been omitted completely and others, such as legal aid, are not included in the table below but are included elsewhere.

The table below shows the estimated cost to individual agencies in 2005.

Chart 11

Agency	TOTAL Cost
Police	£8,223,341
Probation Service	£565,084
Prison Service	£1,908,131
District Councils	£246,958
Health Services	£17,372,403
Social Services	£1,562,444
Court Service	£1,452,011
Crown Prosecution Service	£970,532

Summation of Cost (2009)

In November 2009, and as part of the 'End Violence Against Women and Girls' national strategy release, the Home Office issued a toolkit to estimate

the prevalence and costs of domestic abuse in local area, based on British Crime Survey findings.

This toolkit did not have the breadth of scope or detail included in the local 2005 research, but is instructive in gaining a more balanced view of contemporary costs and prevalence.

Based on a total population size on 595,000, the Home Office estimates that:

- 15,173 women were the victims of domestic abuse in the past year;
- 4,760 women were the victims of a sexual assault in the past year;
- 20,887 women were the victims of stalking / harassment in the past year.

The total estimated cost to the county in addressing these issues, according to Home Office data in 2009, was £113,661,662. As with local research in 2005, the bulk of these costs were borne by Health and Criminal Justice agencies.

It is interesting to note that by comparing the 2005 and 2009 data, we see an increase in agency spending on domestic abuse within Cambridgeshire of £55,999,121 during a period when reporting to the police rose by 41.9%. If current trends continue, the county can expect to see further expenditure becoming necessary.

By discipline, a breakdown of the above figure shows that estimated costs in 2009 were:

Chart 12

Discipline	Cost
Physical and Mental Health Care	£24,492,476
Criminal Justice Agencies	£15,426,969
Social Services	£2,905,198
Other (housing, civil legal, employment)	£70,837,019
Total	£113,66,662

To provide further context to the above figures with regards to Children's Social Care involvement, from 01/07/09 to 30/06/2010 the Contact Centre received 10,250 DV-related referrals at a cost of £27.45 per referral.⁶⁸ Without any further action, administrating these referrals is costing Children's Services an estimated £281,362.50 per annum.

1.2 Domestic Abuse as a Public Health Issue:

Unfortunately, screening and recording of domestic abuse issues by health providers in Cambridgeshire is by no means comprehensive, and the Public Health Intelligence Team in the county has stated that information on domestic abuse is not collected at source from 'inpatient admissions, A&E, outpatient, Ambulance Service and Mental Health Trust' and is, therefore, not available. Consequently, it is not yet possible to provide any meaningful data from local providers, other than that provided in the paragraphs above.

⁶⁸ Cambridgeshire County Council, 2010.

However, much work has been undertaken nationally to show the effects and costs of domestic abuse to health agencies. These studies show that:

- In 2005, the cost of DV to the NHS nationally was £1.2 billion;⁶⁹
- 50% of women in contact with mental health services have suffered abuse/violence;⁷⁰
- Domestic violence is the most common cause of depression in women;⁷¹
- Women in abusive relationships are admitted to hospital more frequently and are in receipt of more prescriptions than other women;⁷²
- 64% of abused women suffer post-traumatic stress disorder against 1-2% of non-abused women;⁷³
- Domestic violence is a factor in 49% of suicide attempts by BME women, and 22% of attempts from White communities;⁷⁴
- More than 14% of maternal deaths occur in women who have disclosed DV to their health providers;⁷⁵
- 40-60% of women experiencing DV are abused while pregnant;⁷⁶
- At least 1% of all emergency department visits in the UK are attributable to domestic abuse.⁷⁷

Despite the relative lack of local data, some work has already been undertaken to show the prevalence on domestic abuse issues facing health providers and the associated costs:

- It is estimated that each admittance to Accident and Emergency Departments costs the relevant Acute Trust £70 - 90 on average, rising to £400 per night if the patient is admitted to a ward.⁷⁸ From police research, it is apparent that 'violence against the person' constitutes 81% of all DV-recorded incidents (please see table below), and by using this data we can assume that a large percentage of victims require some form of medical attention, either via Accident and Emergency or their GP;

Chart 13

Crime category	Total (top 12)	% (of top 12)	% (of all DA crimes)	In relation to total crime per category in 3 yr period
Violence against the person	5112	85%	81%	17%
Harassment / threats	308	5%	4.9%	0.5%
Criminal damage	434	7.25%	6.9%	1%
Public order	128	2%	2%	n/a

Top 12 crime types recorded over the 3 year period with Domestic Violence Markers

⁶⁹ Department of Health, 'Responding to Domestic Abuse (2005).'

⁷⁰ Greater London Domestic Violence Project, 'Sane Responses (2008).'

⁷¹ Ibid.

⁷² Ibid.

⁷³ Ibid.

⁷⁴ Ibid.

⁷⁵ Department of Health, 'Responding to Domestic Abuse (2005).'

⁷⁶ Ibid.

⁷⁷ Boyle, Kirkbride and Jones, 'Record Linkage of Domestic Abuse Assault Victims Between an Emergency Department and the Police (2005).'

⁷⁸ Addenbrookes Hospital, 2010.

- The average cost associated with a patient visiting a GP, in parts of Cambridgeshire, for a short consultation is £28 (excluding any prescription).⁷⁹ National research has shown that health providers (especially GPs) are victims' preferred first point of contact,⁸⁰ and subsequent costs based on overall numbers of victims within the county can assumed to be substantial;
- The effects and costs of alcohol and drug-related health issues within Cambridgeshire are well documented - the co-relation between substance misuse and domestic abuse equally so (of Cambridgeshire's last ten Serious Case Reviews (SCRs), 100% had substance misuse as a primary contributing factor, with 80% having the same for domestic abuse). Through closer examination of substance misuse-related treatment issues and costs to health providers, it is clear that a large percentage of these relating to women and girls is actually expenditure on domestic abuse.

1.3 Local Views:

The Cambridgeshire Domestic Abuse Partnership works with Service User Sub-Groups (SUGS) facilitated by Voluntary Sector partner agencies (Cambridge Women's Aid and Refuge) to ensure that services are meeting need and that future planning is appropriate.

The Partnership also uses Participatory Budgeting, where possible, to ensure relevant services are commissioned and a Positive Deviance approach to problem solving in Fenland and Cambridge City.

Community Safety Partnerships also use public consultations to determine priorities for their Districts, which frequently include addressing domestic abuse.

A 'Positive Deviance' approach to community engagement has been instigated in Fenland and Cambridgeshire, where two community groups are working to a Home Office pilot to increase the safety of those affected by domestic abuse.

1.4 Evidence and Best Practice:

Member agencies of the Cambridgeshire Domestic Abuse Partnership work to an internationally recognised model of intervention known as the 'Community Coordinated Response' model and the Partnership is responsible for implementing Central Government's 'End Violence Against Women and Girls (VAWG)' strategy through its multi-agency countywide strategy.

Cambridgeshire's domestic abuse services are mapped against the Local Government Framework for 'excellent' domestic abuse services. This has shown that, although Cambridgeshire is well on its way to achieving 'excellent' services for most adults, significant gaps remain around provision for children and young people, those from BME groups and those with no recourse to public funds.

In addition to the above, Cambridgeshire's Independent Domestic Violence Advocates (IDVAS) are trained to a professional Coordinated Action Against Domestic Abuse (CAADA) level.

⁷⁹ Cambridgeshire PCT, 2010.

⁸⁰ Department of Health, 'Responding to Domestic Abuse (2005).'

Professionals from all disciplines are trained in addressing domestic abuse through a training strategy that is LSCB accredited.

1.5 Current Activity and Services:

The Cambridgeshire Domestic Abuse Partnership has recently launched a Multi-Agency Referral Unit (MARU) that will act as the central point of contact for all DV issues within the county. The MARU currently contains staff from the Independent Domestic Violence Advocacy Service (IDVAS), the Independent Sexual Violence Advocacy Service (ISVAS), the Multi-Agency Risk Assessment Conference (MARAC), Cambridgeshire Constabulary, Cambridge Women's Aid and Refuge. It is expected that additional agencies (such as housing and health) will be based at the unit later in 2011/12.

The Cambridgeshire IDVA Service (5.2 FTE staff) currently supports approximately 1000 high-risk victims of domestic abuse per annum via a service-level agreement with the Constabulary and through the MARAC process. The team delivers crisis intervention services to those most at risk and who are reporting to the Constabulary. There is no referral pathway to the IDVAS open to those not reporting DV crimes due to the capacity and small size of the team. One of the Cambridgeshire IDVAS currently works from the Emergency Department at Addenbrookes Hospital for one day per week as part of a pilot project to identify those attending that provision with DV-related injuries.

An A8 IDVA pilot, funded in partnership with the Cambridgeshire Drug and Alcohol Action Team (DAAT), Constabulary and Domestic Abuse Partnership, is currently running in Fenland (to end March 2012) to address the specific needs of A8 nationals in that area.

A further Young Person's IDVA pilot, funded for 2012/13 only, is currently in development to meet the needs of young victims in intimate relationships.

Cambridgeshire's MARACs heard 384 very high risk cases (where a risk of homicide has been identified) per annum, with a further 584 children forming part of the referrals to the process in 2010/11.

The Cambridgeshire ISVA Service (1.8FTE staff) supports those affected by Sexual Violence across the county.

The Voluntary Sector also provides specialist services to victims of domestic abuse in Cambridgeshire. The Domestic Abuse Outreach Project (3 FTE staff) provides support in the community for women regardless of whether they are seeking a criminal justice solution to their issues. This service expects to provide support to approximately 600 women per annum.

The county's three Refuges (City, St Neots and Wisbech) provide accommodation predominately for those fleeing other areas. Women from Cambridgeshire are typically placed elsewhere for their safety.

'Freedom Programmes' have been established in Cambridgeshire since 2005, and provide group therapy and support for women aged 18 and over with an aim to reducing repeat victimisation. These are delivered in Cambridge by Women's Aid, and through Cambridgeshire County Council's Children's Services in St Neots, Huntingdon and March. Children's Social Care also delivers a 'Freedom Programme' to its clients in City and South Cambridgeshire.

Cambridgeshire has a countywide Sanctuary Scheme, which enables victims to remain in their own home through a series of security measures that are designed to withstand a sustained attack for over 30 minutes. Each District housing department is responsible for resourcing this scheme, though its future is very much in doubt following cuts to the relevant funding stream.

'Freedom for Young People' programmes run in the community for girls aged 14-24 in Huntingdon and Wisbech and are delivered through Cambridgeshire's Connexions Service. A school programme for Years 8-10 is also delivered through a Parent Support Adviser at Sawston and Linton Village Colleges.

The Cambridgeshire and Peterborough Probation Trust facilitate five court-mandated perpetrator programmes (IDAP) across Cambridgeshire and Peterborough for those convicted of DV-related crimes. A community-based domestic abuse prevention service (the New Directions Service) was rolled-out across Cambridgeshire in 2011. This programme is open to all men and women and is led by a Social Enterprise working in partnership with the Cambridgeshire Domestic Abuse Partnership.

An Information Sharing Protocol (ISP) has existed since 2005 between the Constabulary, Cambridgeshire County Council, Midwifery Services and the Mental Health Trust to pass on notifications of police-reported domestic abuse incidents to relevant agencies. This has enabled Cambridgeshire County Council to advise schools across the county when a child has been involved in a domestic abuse incident at home. Midwifery Services in Cambridgeshire also consistently screen for domestic abuse during their practice.

In April 2011, Domestic Homicide Reviews were brought into statute and responsibility for undertaking these reviews was given to the five Cambridgeshire Community Safety Partnerships. These reviews will be undertaken whenever a DV-related homicide occurs in the county and will run alongside other similar reviews and investigations.

1.6 Governance of Activity and Services in Cambridgeshire

From 2005 – 2010, Cambridgeshire and the five District Councils (through their Community Safety Partnerships) had addressing domestic abuse as a local and strategic target, based on the recommendations of the relevant Strategic Assessments. In 2011, four of the five Community Safety Partnerships dropped domestic abuse as a priority in favour of a wider associated action to 'reduce repeat offending.' Only Cambridge City chose to retain domestic abuse as a priority, following public consultation. However, the Cambridgeshire Community Safety Plan currently retains addressing domestic abuse as a priority, and as of February 2012, all but one of the Community Safety Partnerships (South Cambridgeshire) has re-prioritised addressing domestic abuse for 2012/13.

Since 2002, the projects outlined above have been governed via the Cambridgeshire Domestic Abuse Partnership. This partnership includes the relevant statutory and voluntary sector agencies across the county and has produced rolling three-year strategies and associated action plans with the aim of raising awareness of the issues, reducing the prevalence of domestic abuse and preventing repeat victimisation.

The roll of Cambridgeshire Domestic Violence Coordinator was also established in 2002 with contributions from key partner agencies (Constabulary, Districts, Probation Service, Youth Offending Service and the Primary Care Trust) to develop a countywide strategy and raise awareness of the issue. In 2009, this post was deleted and restructured to a countywide Domestic Abuse Partnership Manager, who is responsible for servicing the Partnership on behalf of the commissioning agencies and leading on the domestic abuse agenda.

Historically, the Partnership's Strategic Group has reported directly to the county's Safer / Stronger Strategic Board (SSSB) and then to Cambridgeshire Together. The Partnership's Implementation Group, charged with delivering the DV action plan, and the two regional DV Taskgroups (Central and Southern) tasked with raising awareness of DV-related issues reported to the countywide Strategic Group.

In October 2010, the Domestic Abuse Partnership's Strategic Group was dissolved in reaction to structural changes at the SSSB level and certain functions of this group were transferred to the Multi-Agency Referral Unit (MARU) Project Board. The countywide Implementation and regional Taskgroups were retained in this restructure. However, in response to Central Government's call to 'End Violence Against Women and Girls,' these remaining groups are now also facing a restructure and a new countywide VAWG Partnership is to be established in 2012/13, which will report to the Shadow Health and Wellbeing Board.

The new VAWG Partnership will seek to address the range of VAWG issues (domestic abuse, sexual violence, forced marriage, prostitution, etc.) through a coordinated and integrated countywide strategy (due for development in March 2012).

The initial meeting of the countywide VAWG Partnership prioritised 'Prevention' as its key aim and will primarily look to address gaps in service provision to children and young people across the county.

2. Key Inequalities

2.1 Several key inequalities for those affected by domestic abuse are evident in Cambridgeshire. These are:

- Lack of appropriate and accessible services across the county for children and young people (both as victims and perpetrators) of domestic abuse;
- Lack of services for female victims of domestic abuse from A8 nations, Gypsy/Traveller/Roma and other BME communities;
- Lack of services and appropriate access to services for those with no recourse to public funds across the county;
- Lack of appropriate support for victims and offenders through 'Health' providers across Cambridgeshire in comparison with other counties nationally;
- An increased likelihood of being a victim of a domestic abuse-related crime in Fenland as opposed to the other four Districts;
- Reduced access to a specialist intervention programme for those who use violence in their relationships for residents outside of Cambridge City;

- A disproportionate number of LAC and children subject to a Child Protection Plan have domestic abuse backgrounds;
- A disproportionate number of women from A8 background are victims of domestic abuse in Cambridgeshire;
- A disproportionate number of teenage mothers are victims of domestic abuse across the county.

As the new 'End Violence Against Women and Girls' agenda progresses, and domestic abuse is recognised as a public health / wellbeing issue in addition to a criminal justice issue, more progressive partnership working will be required to address the above inequalities.

3. Identified Gaps in Knowledge and Services

3.1 There are significant gaps in knowledge relating to domestic abuse in Cambridgeshire. These gaps have arisen primarily because key agencies do not routinely record domestic abuse issues appropriately, if at all.

No 'health' provider in the county records domestic abuse in a meaningful way that enables management information to be examined to determine costs, trends and prevalence. It is, therefore, extremely difficult to assess the impact of addressing domestic abuse within these agencies. Consequently, improving the efficiency of these providers and the services they provide is currently not possible.

Children's Services at Cambridgeshire County Council also do not record domestic issues impacting on their provision appropriately (in a way that would lead to the production of management and contextual information). Although domestic abuse is recorded by the Children's Services Contact Centre as a cause of referral, once allocated to Children's Social Care Area Teams recording is not accurate and management information is unreliable.

Similarly, Children's Services Locality Teams and the Youth Offending Service cannot state, with any certainty, the affect domestic abuse has on their service provision or the prevalence of domestic abuse within their cohorts.

Relying on police and IDVA/MARAC data alone is a major hindrance to addressing domestic abuse in the county effectively, as national and local research indicates that the majority of victims do not report their issues to the Constabulary.

A lack of local knowledge has also hindered the commissioning of services to:

- Children and young people;
- Those from A8 and BME / Gypsy / Traveller / Roma communities;
- Those victims and perpetrators with additional health and social needs.

It should be noted that these gaps in provision have also been identified through incomplete actions arising from the 2008 – 2011 Cambridgeshire Domestic Abuse Strategy, the Local Government Framework for 'Excellent' Domestic Abuse Services and from practitioner testimony from professionals working with the above groups (the 2009 Children's Social Care conference being a prime example).

4. Is What We Are Doing Working?

- 4.1** Performance indicators from the IDVA Service show that that service is effective at reducing the prevalence of repeat victimisation. National research suggests a 40 – 50% repeat victimisation rate across all levels of risk, whereas the IDVAS have a countywide average of 27% (201/11). Research included in this paper also supports the assertion that IDVA interventions reduce the agency costs associated with repeat victimisation (£15,556 per police recorded incident).
- 4.2** Police data suggests that performance on detecting domestic abuse incidents and converting these incidents to crimes (especially in Fenland) is improving.
- 4.3** Local MARAC data shows the effectiveness of that multi-agency process in addressing the safety needs of those most at risk of a DV-related homicide.
- 4.4** A recent review of the Cambridgeshire 2008 – 2011 Domestic Abuse Strategy has shown the effectiveness of partnership working in addressing the issue across the county and developing appropriate services at a time when pressure on available resources is evident.
- 4.5** Setting Cambridgeshire’s domestic abuse services to ‘White – UK’ communities affected by the issue against the Local Government’s Framework for ‘Excellent’ DV Services is also indicative of the progress made by the Domestic Abuse Partnership since 2008.
- 4.6** To better understand the prevalence and costs associated with addressing domestic abuse in Cambridgeshire, more robust recording of the issue by key agencies is necessary. This information could then be used to identify duplication in processes, reduce associated costs, enable an increase in appropriate provision to fill gaps in provision and support enhanced partnership working in future.

**RESPONSE TO SAFER AND STRONGER OVERVIEW AND SCRUTINY
COMMITTEE'S REPORT ON DOMESTIC ABUSE**

To: **Cabinet**

Date: **10th July 2012**

From: **Head of Service: Youth Support Services**

Electoral division(s): **All**

Forward Plan ref: **N/a** *Key decision:* **No**

Purpose: **To respond to the report from the Safer and Stronger Overview and Scrutiny Committee on Domestic Abuse.**

Recommendation:

- a) To thank the Safer and Stronger Overview and Scrutiny Committee for its report.**
- b) To consider and agree the responses to the recommendations.**

<i>Officer contact:</i>		<i>Member contact:</i>	
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1. BACKGROUND

- 1.1 The County Council is a lead agency in the multi agency response to domestic abuse. The County hosts the Domestic Abuse Sexual Violence and Partnership Manager.
- 1.2 The Safer and Stronger Overview and Scrutiny Committee have undertaken a thorough evaluation of the service responses to domestic abuse by the partners who make up the Domestic Abuse Partnership. This response to the Scrutiny Committee on behalf of Cabinet is a County Council response to the issues raised.
- 1.3 The County is working with the Domestic Abuse and Sexual Violence Partnership on a new three year strategy and action plan which will be presented to Cabinet in the autumn.

2. RESPONSE TO THE RECOMMENDATIONS (THE ORIGINAL RECOMMENDATION BEING IN BOLD)

2.1 The Domestic Abuse (DA) Partnership should adopt the new Home Office definition, when it is agreed

Fully Accepted

Cabinet will expect that the DA partnership will adopt the new definition from the Home Office once agreed by central Government

2.2 The Partnership should ensure that there is a common understanding and application of the definition across agencies

Fully Accepted

Cabinet would expect all partners to be using the same working definition and with a common approach to its meaning and intent. This may require some developmental work and case examples to be used in training. It is assumed that the DA Partnership will take responsibility for this training material and the wider dissemination of the definition through partnership agencies.

2.3 The Partnership should report back to the Safer and Stronger O&S Committee in 2013 regarding progress in adapting to the new definition.

Fully Accepted

It makes sense for this to take place and a date should be set in agreement between the DA partnership and the Overview and Scrutiny Chairs once the definition has been agreed by the Home Office.

2.4 Progress should be made in the development and roll out of Children's Programmes, as per the 2008/11 DA Strategy.

Partially Accepted

Cabinet is aware that a new DA Strategy for the period 2012/15 is being written with a new set of actions to reflect the revised priorities. Cabinet would like to see any outstanding actions from the 2008/11 DA Strategy reviewed

and, if appropriate, rolled forward into the new 2012/15 DA Strategy. Cabinet is aware that the new DA Strategy will be signed off by both Cabinet and the Health and Well Being Board in the Autumn and that the DA Partnership Chair will be closely involved in the setting of the Strategy and Action plan.

2.5 The Chairman of the DA Partnership Implementation Group should periodically report on progress made in tackling DA.

Fully Accepted

Domestic Abuse reduction is a priority for the Council and so periodic reporting to Cabinet should be a part of the DA Strategy. It is for the Health and Well Being Board to decide upon the frequency of reporting. Cabinet would expect to see updates on DA within the normal performance reporting cycle.

2.6 The Safer and Stronger O&S Committee should review the effectiveness of the new Lead Officer arrangements approximately six months after commencement.

Partially Accepted.

Cabinet does not find that the Domestic Abuse Partnership Manager to be inappropriately placed within the management hierarchy given the support available to the post holder from the line manager of the post, Head of Service and Director. However it is acknowledged that the post holder previously reported directly to a Director post. Regular briefings with the Deputy Leader have now been arranged to ensure that the profile of DA is maintained and that strategic Member leadership can be supported by Officers. The Lead Officer is a Service Director and whilst Cabinet is happy to keep any senior leadership responsibilities under review there is no criteria for what effectiveness might look like. Cabinet would expect that the success of the actions within the emerging DA Strategy are the markers for judgments of effectiveness.

2.7 The DA Partnership should investigate the potential to develop joint commissioning arrangements to extract maximum value from limited resources and to establish a pooled budget to facilitate and provide a focus for joint working.

Partially Accepted

Cabinet expects all opportunities for integrated working to be explored and where a financial and business case can be clearly set out through the establishment of a joint budget. The term 'pooled budget' has a more technical set of requirements which may detract attention from the task in hand and a joint budget which partners contribute to will be as effective as a way of supporting joint working if possible.

2.8 That referral routes are established to enable people in Fenland to have access to IDVA support

Fully Accepted

Cabinet is aware of the problem of specialist NHS services attached to the acute hospitals which serve the County being based outside of the County borders. This is not unique to Fenland although it is acknowledged that this has a sizable potential effect. Cabinet expects that the DA partnership will work with the NHS to seek effective pathways to services within the NHS although cannot commit to further funding as a means of resolution.

2.9 Partners should develop common data standards and ensure that these are adopted, monitored and managed.

Partially Accepted.

Cabinet agrees that as far as possible data standards should strive to harmonise to record and report the same things. This is not always within the gift of the partners who have a range of standards imposed upon them from external sources. Partners will need to strike a balance between their own performance needs and accountabilities and the local use of data and effective performance monitoring without this becoming an additional burden.

2.10 The DA Partnership should investigate ways of collecting data about the overall success of interventions from the perspective of victims.

Fully Accepted

Cabinet supports the collection and use of victim data in support of improving service responses as well as incorporating victim perspectives into service planning

2.11 Localities should be encouraged to utilise the Freedom Programme and provided with resource to do this, allocated on the basis of greatest need.

Partially Accepted

Cabinet is supportive of Localities being encouraged to use group based interventions such as the Freedom Programme where need demonstrates that it should be made available but is not able to allocate additional dedicated funding and such decisions will need to be taken locally in the context of other pressures and demands.

2.12 Cabinet should preserve, or preferably expand, resources devoted to addressing DA wherever they are located across the Council

Partially Accepted

Cabinet understands that the DA budget has recently been increased with the appointment of new staff and an additional budget of £80k. Cabinet is not able to give a long term guarantee for the sustainability of any budget but the present budget allocation reflects the increased prioritisation of DA by Cabinet and by the Health and Well Being Board.

2.13 The Safer and Stronger O&S Committee should review the outcomes achieved by investment in DA Services approximately one year from implementation

Fully Accepted.

Cabinet would welcome such a review of outcomes

2.14 Cabinet should investigate the potential benefits of investing in DA related outreach work on an 'invest to save' basis.

Partially Accepted

Cabinet is interested in how new ways of investing can save money being spent on acute and other expensive services. Should the DA Partnership wish to present such a case then Cabinet would be happy to look at it. Should further reforms of public services finances take place and give opportunities for the County and its partners to access savings made by timely investments in preventative services then the case may become even more compelling.

2.15 The DA Partnership Implementation Group should review current processes for addressing DA and sharing information on DA across Children's Services.

Partially Accepted

The Public Service Board for Cambridgeshire has agreed an over arching policy to support information sharing. Cabinet would expect that the DA Partnership can make a significant contribution to the processes by which information is shared across Children's Services. Cabinet is concerned that the recommendation as set out is potentially a very wide one and the DA Partnership will need to be more specific in defining the actions before approaching Children's Services. The concept of 'intelligence sharing' is also to be encouraged.

2.16 DA training provision for frontline workers should be reviewed so that all workers are able to take appropriate actions when encountering DA issues, including referrals for specialist support

Fully Accepted

Cabinet is content for a review to take place and recommendations made to the Children and Young People's Services Workforce Development Group. Cabinet also welcomes wider staff knowledge of referral routes to specialist support.

2.17 The Safer and Stronger O&S Committee should monitor the Council's social care thresholds in relation to DA incidents, compare against similar counties, and review the application of the Barnado's Domestic Violence Risk Assessment Model

Partially Accepted

Cabinet understands that Children's Social Care is seeking to implement the Barnado's Domestic Violence Risk Assessment Model as a direct result of the work of the Safer and Stronger Overview and Scrutiny Committee. Cabinet is concerned that a significant review of social care thresholds will cut across work already in hand regarding the Social Care Unit Model, Common Assessment review, and the Model of Staged Intervention. Comparative work is already taking place through comparisons with other Counties in the Region and by Family Group for Social Care. The Children and Young People's

Overview and Scrutiny Committee is already monitoring the implementation of the Social Care Unit Model which includes examination of thresholds

2.18 Current and planned work within the MARU to process referrals and notifications should be reviewed in 6 months time by the Safer and Stronger O&S Committee.

Partially Accepted

Cabinet is content for this work to be reviewed however it is also being presented to the Children and Young People's Overview and Scrutiny Committee and therefore this could be a duplication of effort. Cabinet suggests that the Children and Young People's Overview and Scrutiny Committee takes a lead on this work.

2.19 There should be stricter regulation of Level 3 incidents by appropriately trained staff. A review should be conducted to examine this issue.

Rejected

Cabinet is aware that the grading of incidents and the collation of information so that it can become useful intelligence for partner agencies is a complicated and difficult process. As resources are limited the MARU and IAT can only deal with cases which are more severe. The gathering and grading of information can lead to level 3 incidents being actioned but not routinely so. Cabinet finds this to be more of an issue of capacity than one of skill or competence. A review is not likely to be helpful at this point as there are no further resources to direct to level 3 incidents. .

2.20 The Council should work with schools to advocate awareness and learning about safe relationships and DA.

Accepted

Cabinet is happy to advocate for safe relationship awareness in schools although of course can neither compel nor require schools to do so. This work is may be commissioned via the traded Personal Social and Health Education Service or from elsewhere. Safe relationship awareness is also built into child protection training which is available for schools

2.21 Officers should consult the group regarding the findings from the Officer review about adult safeguarding resource allocation at the MARU.

Accepted

Cabinet would expect Officers to discuss the review of resource allocation at the MARU for adult safeguarding with the DA Partnership.

3. ALIGNMENT WITH PRIORITIES AND WAYS OF WORKING

3.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

There are significant implications for this priority. The harm caused by domestic abuse can be life limiting and wide ranging in effect. Therefore ensuring that effective action to recognise domestic abuse and to intervene appropriately is a key priority for the County and its' partners.

3.3 Supporting and protecting vulnerable people

There are significant implications for this priority. Victims of domestic abuse are by their very nature vulnerable including children and young people upon whom the effects of domestic violence can be highly adverse. The County has a central role in the provision of services to mitigate the impact of domestic abuse on individuals and families.

3.4 Ways of working

There are significant implications for this priority. The development of effective responses to domestic abuse necessarily means that a partnership approach is likely to be the most appropriate means of supporting victims across a range of needs. For such an approach to work partners need clear structures for accountability, effective information exchange and trusting cooperation at both operational and strategic levels.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource and Performance Implications

The County has made DA a priority for funding as a key strategic priority and will expect the Domestic Abuse Partnership to manage performance effectively and to report back to Cabinet on a periodic basis

4.2 Statutory, Risk and Legal Implications

Failure to protect victims of DA can have potentially lifelong and life threatening risks. The mitigation of risks through effective partnership working and prioritisation are central to the prevention of domestic homicide.

4.3 Equality and Diversity Implications

There are communities who are known to be at risk of domestic violence but for whom accessing and then providing culturally appropriate services pose significant difficulties and challenges.

4.4 Engagement and Consultation

There are no significant implications expected.

Source Documents	Location
Overview and Scrutiny Report	Rob Jakeman

CABINET: MINUTES

Date: 10th July 2012

Time: 10.00am – 12.05pm

Present: Chairman: Councillor N Clarke

Councillors I Bates, D Brown, S Count, M Curtis, D Harty, L W McGuire, T Orgee and S Tierney

Apologies: Councillor M Shuter

Present by invitation: Councillors J Batchelor, K Bourke, B Brooks-Gordon, S Hoy, L Nethsingha, T Sadiq, T Stone, S van de Ven

594. MINUTES: 12th JUNE 2012

The minutes of the meeting of the Cabinet held on 12th June 2012 were approved as a correct record and signed by the Chairman.

595. DECLARATIONS OF INTEREST

There were no declarations of interest.

596. PETITIONS

None.

597. MATTERS ARISING FROM OVERVIEW AND SCRUTINY COMMITTEES

Cabinet received a report on the findings and recommendations from a strategic review of Cambridgeshire's Domestic Abuse Services conducted by the Safer and Stronger Communities Overview and Scrutiny. The Vice Chairman of that Committee, Councillor S Hoy, was invited to speak, and she raised the following, key points:

- the Committee welcomed the Council's commitment to this issue, particularly the additional resources that had been allocated, but was disappointed that Cabinet could not give a long term guarantee regarding the sustainability of any budget;
- the Committee was disappointed that its proposal that there should be a review on stricter regulation of level 3 incidents had been rejected;
- the Committee was concerned that the Partnership was not publically accountable.

The Cabinet Member for Community Engagement, Councillor L W McGuire, welcomed Councillor Hoy's comments, and paid tribute to the significant work undertaken by Councillor Hoy and the other Members of the member-led review group evaluating the provision of domestic abuse services in the county. He presented the response to the Committee's report.

Addressing the resource issue, Cllr McGuire assured Cllr Hoy that the budget for future years was being worked on, but he was unable to give assurances on future funding at this stage.

In relation to the stricter regulation of Level 3 incidents by appropriately trained staff, Cllr McGuire emphasised that due to limited resources, only the more severe cases could be dealt with, and it was therefore unlikely that a review was appropriate at this time.

Councillor Tierney commended the very comprehensive Member Led Review, and was pleased that most of the Committee's recommendations had been accepted. He asked Councillor Hoy if there was any specific area causing concern. Councillor Hoy responded that the whole report and its recommendations was important, and whilst she welcomed Cabinet's support for the recommendations, she felt that this needed to be backed up with actions.

The Leader of the Council, Councillor Clarke, commented that Cabinet accepted the recommendations, as outlined in the Cabinet response, and would be asking the Domestic Abuse Partnership to take these recommendations into account in its work programme, and this would be how the recommendations would be taken forward. He stressed the importance of the report being discussed at the Partnership, and all partners receiving a copy, and suggested that it could be circulated more widely, to influence thinking, e.g. to MPs, and added that as an organisation the County Council needed to be bolder in demonstrating the good work being carried out, especially multi agency work.

It was resolved to:

- a) note the findings and recommendations contained within the report (Appendix 1);
- b) thank the Safer and Stronger Overview and Scrutiny Committee for its report; and
- c) agree the responses to the recommendations, as outlined in the Cabinet Response report.

598. ALLOCATION OF SECTION 106 DEVELOPER CONTRIBUTIONS TO TRANSPORT SCHEMES AND PROJECT SELECTION CRITERIA FILTERS FOR FUTURE FUNDING FROM SECTION 106 DEVELOPER CONTRIBUTIONS

The Committee received a report proposing an approach for spending Section 106 contributions in Huntingdonshire and within the Southern, Northern and Eastern Area Corridor Plan areas of Cambridge. These processes had been agreed with the relevant partner authorities.

Councillor Bates drew attention to written comments received from Councillors Carter and Williamson, relating to issues in their Divisions. Councillor Williamson had stressed that the views and needs of the relevant areas of South Cambridgeshire needed to be put forward in the process.

Councillor Bates highlighted the inclusion of a feasibility study into a Chesterton Cycle Bridge, between Stourbridge Common and Fen Road, which would form a crucial part of the "Chisholm Trail". He also drew attention to schemes in St Neots, St Ives and Ramsey.

Councillor Brooks-Gordon spoke as the Local Member for Castle Division. She stressed that a safe cycle route from Orchard Park was essential, and it would help to reduce the number of cars using Histon Road and the surrounding roads, especially as a Guided Busway was promised for Histon Road, but never materialised.

Speaking as Labour Group Leader, Councillor Sadiq noted the process that had been agreed, but felt that there should be greater transparency when proposals were reviewed. He suggested that a route review was required for the routes between the city centre and Addenbrookes, especially given the number of developments around Addenbrookes. He felt it would be helpful if there was some indication of the total amount of funding that was under discussion. In relation to the Chesterton Cycle Bridge feasibility study, he stressed that this was a sensitive area, and it was vital that any consultation was as wide as possible, and that the ecological impact, not just the environmental impact, should be examined. He also queried whether Radial Routes were best funded through Section 106 funding.

The Leader of the Council commented that guidance on how communities engage in the process was vital, especially for Parish Councils. In response to the comment on the total amount of funding, this was very much a moveable feast, and he did not want to raise expectations, as the levels vary related to development.

Councillor van de Ven, speaking at Liberal Democrat Transport Spokesman, supported the schemes outlined in the report, particularly those which addressed serious problems, including the Tins Path, Chesterton Bridge and the Hills Road steps and ramps. With regard to the latter scheme, she urged consideration of Dutch style ramps. She also highlighted the importance of the Hills Road improvements and the lighting of the southern section of the Guided Busway, and echoed Cllr Williamson's comments on consulting with representatives from South Cambridgeshire on the relevant proposals.

Councillor Bourke spoke in support of the Tins Path as Local Member for a small part of this scheme, and he felt it was a very good route. He commented that it was difficult to get a grasp on developer contributions locally, although this had improved since the Joint Transport Forum had addressed this issue. He had no issue with the selection process, and welcomed the feasibility study into the Chesterton Cycle Bridge, but suggested that there needed to be a commitment to the completion of the whole 'Chisholm Trail', ideally from the coming year's budget round.

Cabinet Members made the following comments:

Councillor Curtis welcomed the Chisholm Trail, and was pleased to see that it was making progress. He felt that with some thought and consideration, some sections of

the Chisholm Trail could be delivered more economically than anticipated. He also welcomed the number of cycle projects being supported, and felt that a strategic view was needed, with a preference for segregated cycle routes where possible. He suggested that as part of the Olympic legacy, Cambridgeshire should emerge as the cycling county.

Councillor Harty welcomed the report, and was pleased to see the new cycle bridge in St Neots, and also the St Neots to Little Paxton cycle route.

Councillor Brown asked that the Quy roundabout to Cambridge airport route be considered as an addition to the route, as this was one of the most congested routes into the city. Councillor Clarke pointed out that there was already underpass suitable for cyclist under the A14, near the Quy Mill hotel.

Councillor McGuire welcomed the cycle projects, but also drew attention to other schemes, such as the Ramsey Real Time Passenger Information signs, which would enhance public confidence in bus services.

The Leader concluded by reiterating his request for more information on how Parish Councils were engaged. He also suggested that given Cambridge City Council's long experience in developing cycle schemes, their expertise should not be to the *detriment* of potentially more worthy bids from other areas of the county, which did not benefit from the same expertise, e.g. in the market towns. It was noted that the support of cycle lobbying groups around the county could be utilised in this regard.

It was resolved to:

- 1) approve the allocation of Section 106 contributions to the following schemes:
 - a) Newmarket Road Bus Priority – Part 1
 - b) Crossing Provision, Ditton Lane/Newmarket Road
 - c) The Tins Phase 2
 - d) Radial Route Signing (ECATP)
 - e) Radial Route Signing (SCATP)
 - f) Hills Road Bridge Steps
 - g) Mere Way/Carlton Way Traffic Calming Measures
 - h) Kings Hedges Road/Arbury Road Crossing
 - i) Feasibility Study for Chesterton Cycle Bridge
 - j) Radial Route Signing (NCATP)
 - k) Ramsey – Real Time Passenger Information Signs
 - l) St Neots - Installation of new pedestrian and cycle bridge
 - m) St Neots - Little Paxton to the Station Cycle Route
 - n) St Ives - High Leys & Green Leys Traffic Calming & Cycling
 - o) St Ives - Route 6 Cycle Route
- 2) approve the project selection criteria for allocating Section 106 contributions to future transport schemes.

599. INSURANCE PROCUREMENT – DELEGATION OF AUTHORITY TO LET CONTRACT

Cabinet considered a report seeking delegation of authority for the letting of insurance contracts, likely to be valued in excess of £900,000 per annum, and to run for a minimum of 36 months, to the LGSS Director of Legal Services, in consultation with the Cabinet Member for Resources and Performance. It was noted that the existing contracts of insurance expired on 30th September 2012.

It was resolved to approve delegation of authority to the LGSS Director of Legal Services, in consultation with the Cabinet Member for Resources and Performance, to agree and let contracts for the provision of insurance to the Council commencing 1st October 2012.

600. INTEGRATED RESOURCES AND PERFORMANCE REPORT FOR PERIOD ENDING 31ST MAY 2012

Members received financial and performance information, to enable them to assess progress in delivering the Council's Integrated Plan.

Cabinet noted that the forecast year-end overspend of £3.3M, mainly due to the budget pressures in Adult Social Care. The Section 75 (S75) agreement with NHS Cambridgeshire was terminated on 31st March 2012, and a new S75 with Cambridge Community Services (CCS) was in the process of being agreed. This would enable more direct and tighter controls over the activity and financial reporting. Members were reminded that the budget predictions were set against additional savings of £42.2M, following an 11% reduction in core funding from central government, and the general economic downturn.

Three non-Cabinet members spoke on this item:

- Councillor Tim Stone raised a number of points. He asked if the increase in concessionary fare charges was being checked thoroughly by Council officers. He felt the situation with the Waste PFI required a more thorough explanation, in terms of the balance between the savings from the late commissioning of the plant and income foregone. With regard to references to the CorVu performance management system, he suggested that a training session to familiarise Members with CorVu would be useful. He also suggested that the information presented could be adjusted so that the Revised Budget column in the capital budget funding table included an explanatory section on how the revised figures had been arrived at, as it was difficult for Members to keep track of the reasons for the revisions.
- Councillor Nethsingha commented that it was irritating that £25,000 had been identified to fund the Olympic Torch Relay, but £24,000 could not be identified for protected road verges. She expressed concerns on how virements were made and recorded, and how budgets appeared to change. She had reservations about the additional Early Intervention Grant being put into corporate reserves, when there were such pressures on this service. She expressed strong concern regarding the external and contextual issues listed in the report, and the further impact this would have on services, given that there were already issues with staff

morale, as evidenced in a Corporate Services Overview & Scrutiny Review into communications, which found that staff were concerned with a lack of direction and lack of positive focus. Councillor Clarke responded that Cabinet were also very concerned and working very hard to address these issues. With regard to the Olympic Torch relay, he stressed that this was a once in a life time experience.

- Councillor Batchelor commented that the £3.3M overspend was really £3.3M underfunding, given that this money was being used to meet the authority's statutory requirements with regard to Adult Social Care. In response, Cabinet Members commented that the Liberal Democrat budget proposals included only an additional £100,000 for this service area, and welcomed the acknowledgement that the cause was demand led, not inefficiencies. Cabinet Members stressed that they continued to lobby government on this issue, but in the meantime continued to explore every possible avenue of reducing costs.

Cabinet Members:

- were pleased to note the number of capital schemes that were both on budget and on time, and asked for thanks to be passed on to staff on behalf of Members;
- with regard to the point about the additional Early Intervention Grant going directly to corporate reserves, it was clarified that the grant would be held in corporate reserves but would be transferred to the relevant budget if required;
- noted that the increase in concessionary bus fare costs was properly checked and scrutinised, and that some of the additional pressure was due to the Guided Busway. Cabinet Members commented that this in part reflected both the success of the Guided Busway and the increase in older people taking opportunities to be more mobile;
- with regard to verges, noted that a number of Parishes were addressing this issue themselves.

The Leader of the Council, Councillor Clarke paid tribute to the continued efforts of staff in achieving a favourable budget position, given the challenges the Council faced.

It was resolved to:

- a) analyse resources and performance information and note the remedial action currently being taken and considers if any further remedial action is required.

Funding taken to/from Reserves:

In line with agreed practice, the default position is to account for all income as a general resource, with any additional pressures in grants taken to the Pressures & Developments Reserve. On occasions, funding that has been earmarked by Cabinet for specific use, or funding expected as per the Integrated Plan, is transferred to the appropriate Service.

- b) Department for Transport Capital Funding (£2.2m) – to approve the allocation of this funding in full to Economy, Transport and Environment Services (section 5.4).

- c) Early Intervention Grant (£666,515) – to approve the treatment of this funding as a general resource in the first instance and take it to corporate reserves (section 6.2).
- d) Community Transport Funding (£258,208) – to approve the allocation of this funding in full to Economy, Transport and Environment Services (section 6.2).

601. BURWELL DAY CENTRE: LEASE RENEWAL AT LESS THAN BEST CONSIDERATION

Item deferred to the September Cabinet meeting.

602. BUSINESS RATES POOLING

Cabinet received a report on an expression of interest, in association with the county's City and District Councils, to form a pool for business rates retention and to work up a proposal for a pool for determination at a later date.

The Cabinet Member for Resources & Performance outlined the proposals for business rates pooling. Local retention of a proportion of business rates was one of the features of the Local Government Finance Bill. Modelling undertaken demonstrated that, for the majority of scenarios, a pool that incorporated all six Cambridgeshire local authorities would see a greater total amount of business rates revenue retained than if no pool was formed.

Councillor Bourke, speaking as Liberal Democrat Group Leader, commented that whilst he had nothing against the proposal to pool Business Rates, he felt that the governance and distribution arrangements would be key. He suggested that all authorities may wish to consider discounting business rates to start-up businesses and Small and Medium-sized Enterprises (SMEs), if affordable, in their first year. The Cabinet Member commented that any such proposal would need to be agreed by the City and District authorities, who would receive the majority of the Business Rates. Whilst acknowledging some merit in Councillor Bourke's suggestion, it was suggested that the reality would be more complex, and authorities would need to determine the best ways to support businesses in the county.

It was resolved:

- a) to approve an expression of interest to Government, with the County's City and District Councils, in working up a proposal for a Cambridgeshire pool;
- b) to ask the Cambridgeshire Public Services Board to work up arrangements for a proposal for a Cambridgeshire pool, with a view to taking a decision on pooling in line with government timeframes;
- c) that Cambridgeshire County Council should signal to partner authorities that it would be willing to act as the lead authority if a pool were to be formed.

602. CORPORATE RISK REGISTER UPDATE

Cabinet considered an updated Risk Management policy, and changes to the Corporate Risk Register. The proposed policy included a clearer separation between policy and process, the former being the responsibility of Members, whilst the latter was the responsibility of officers.

Councillor Nethsingha spoke on this item. She suggested that constitutionally, responsibility for the Corporate Risk Register policy lay with the Audit & Accounts Committee, and they would not have opportunity to debate the revised policy until their meeting on 11th July. In terms of the distinction between policy and process, she suggested that the process should be managed by both the Strategic Management Team and Cabinet, as Cabinet Members took responsibility for their service areas. Commenting on Risk 16, Resourcing Provision for Children and Adults, she did not agree with the risk score of 3, and suggested that it should be much higher.

The Leader of the Council advised that in relation to the constitutional point, if the correct procedure had not been followed, this matter would be considered again at the next Cabinet meeting, following consideration by the Audit & Accounts Committee.

In terms of Cabinet Members having responsibility for their service areas, Members suggested that whilst they had an overview of their relevant service areas, and provided challenge to officers, it was not Councillors' role to be involved in process and operational issues.

It was resolved:

- a) to approve the updated Risk Management Policy; and
- b) to note changes to the Corporate Risk Register.

603. POLICE AND CRIME PANEL

Cabinet considered a report on the establishment of the Cambridgeshire Police and Crime Panel. Councillor McGuire, Cabinet Member for Community Engagement, stressed that the Police and Crime Panel would not replace the Police Authority, but would provide an important scrutiny role in relation to the commissioner. The Panel would comprise three Members each from the County Council and Peterborough City Council, and one Member each from the four Districts and Cambridge City Council. The County Council appointments were politically proportionate: the two Conservative nominees were the Chair of the Community Safety Board (currently Councillor M McGuire) and the Chairman of the Safer and Stronger Overview & Scrutiny Committee (currently Councillor West). It was noted that the County Council's Liberal Democrat Group would be agreeing their nomination at a party meeting on 13th July.

The Leader of the Council thanked Councillor McGuire for his hard work on this matter.

It was resolved:

- 1) to agree to establish the Cambridgeshire Police and Crime Panel as a joint committee of the local authorities as defined in Section 28 of the Police Reform and Social Responsibility Act 2011;
- 2) to agree the nomination and appointment of three members and three substitute members of the Council to the panel;
- 3) to agree the panel arrangements in accordance with schedule 6 of the Police Reform and Social Responsibility Act 2011.

604. INCREASE IN CHARGE FOR BLUE BADGE

Cabinet considered a report on the charge made for a Blue Badge. The Blue Badge scheme provided a range of parking concessions nationally and across Europe for people with severe mobility problems. The scheme was designed to help severely disabled people to travel independently, as either a driver or passenger, by allowing them to park close to their destination.

The results of a statistically significant national survey, carried out by the Department for Transport and an Independent Research Company, was used in preference to carrying out a Community Impact Assessment within Cambridgeshire.

The report recommended an increase in charge to £9 for a three year period, which would contribute to the costs of the County Council in administering the scheme, which included a standard charge of £4.60 which local authorities were required to pay for production, postage and anti-fraud measures for the badge, including a national database.

Councillor van de Ven spoke as Liberal Democrat Transport Spokesman. She declared a non-pecuniary interest as a Blue Badge holder. She expressed concern on the increase in the charge, as this affected some of the most vulnerable groups in the community. She also recommended that a Community Impact Assessment be carried out within the county.

In response, Councillor McGuire advised that the annual cost to the County Council to administer the scheme was £311,000. This did not include the costs of providing advice to those who turned out to be ineligible for the scheme.

Labour Group leader Councillor Sadiq agreed with Councillor van de Ven that this was sending out the wrong signal at a time of economic hardship and benefit cuts. He also felt that given the problems encountered by other authorities in not carrying out Community Impact Assessments should be reflected upon.

Responding to the points raised, Councillor McGuire commented that whilst those entitled to Blue Badges were indeed a vulnerable group of people, not all people with severe mobility problems had limited financial means, and the cost of £3 per annum was still very low, and helped to maintain a valuable service. Other Cabinet Members supported the view that £9 for three years represented very good value, and that underfunding could potentially jeopardise the service, and charging less would lead to further pressures on the Adult Social Care budget, which was directed at supporting

vulnerable people. It was noted that this was the first increase in the charge for blue badges since 1983.

It was resolved to:

- a) approve an increase in the charge made for a new or renewal Blue Badge from £2 to £9 per badge. The badges are valid for 3 years; and
- b) approve an increase in the charge made for a replacement badge if lost, stolen or damaged from £2 to £5 per badge if required during the 3 year period.

605. ASSISTIVE TECHNOLOGY STRATEGY

Cabinet considered a report on the Assistive Technology Strategy developed with NHS partners. Assistive Technology was an umbrella term for any device or system that allowed individuals to perform tasks they would otherwise be unable to do, or increases the ease and safety with which tasks can be performed.

The Cabinet Member for Adult Services, Councillor Curtis, commented that this was an important preventative service, and he paid tribute to the hard work of the Commissioning Manager for Adult Social Care and the work of the Nottingham Rehabilitation Service, the County Council's contractor, providing this service, for their hard work in providing an excellent service.

It was resolved to:

- a) approve the Assistive Technology Strategy
- b) delegate the monitoring of the action plan to the portfolio holder for Adult Services

606. COMMUNITY SERVICE VOLUNTEERS (CSV): VOLUNTEERS IN CHILD PROTECTION

Cabinet received a report on the plan to pilot the Volunteers in Child Protection (ViCP) scheme in Cambridgeshire.

Introducing the report, Councillor D Brown explained that this was a groundbreaking project that matched volunteers to families with children who were at risk of significant harm. The volunteers provided support and encouragement to help these families address the many problems they face, and ultimately assist them in caring for their children safely and without the need for social care intervention. Community Service Volunteers (CSV) was a national charity, and the only organisation currently providing this service. As there was a lack of other potential providers of this service, a contract exemption was required.

Cabinet Members:

- stressed the importance of evaluating the pilot;
- noted the potential for huge social returns in terms of breaking long term cycles;

- noted that CSV had a proven track record;
- stressed the need to revisit the market at the end of the two year contract exemption.

It was resolved to approve a contract exemption for the appointment of Community Service Volunteers (CSV) to operate a Volunteers in Child Protection (ViCP) scheme.

607. TRANSPORT PROCUREMENT – MAJOR SCHEMES FRAMEWORK AND EASTERN HIGHWAYS ALLIANCE

Cabinet considered a report on an extension of the Major Schemes Framework (MSF) Contract, and commencing the Eastern Highways Alliance (EHA) Framework contract.

The Cabinet Member for Growth and Planning, Councillor Bates, outlined the reasons for extending the MSF contract for a further two years to cover three schemes currently being progressed, and also to provide a further procurement route as the EHA beds down. However, the preference was to move swiftly towards the EHA.

It was resolved to:

- a) authorise extension the Major Schemes Framework Contract for transport and highway works for a final 2 years with both framework contractors; and
- b) commence the use of the Eastern Highways Alliance Framework Contract for major transport and highways works.

608. DRAFT CABINET AGENDAS – 21st AUGUST AND 11th SEPTEMBER 2012

The Leader of the Council advised that the August meeting had been cancelled.

Members noted the draft agenda for the Cabinet meeting to be held on 11th September 2012, including the addition of the following three items since the publication of the agenda for this meeting:

- Burwell Day Centre
- Cambridgeshire Guided Busway dispute
- Raising the Participation Age Strategy

Chairman 11th September 2012

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REPORT OF THE CABINET

1. INTRODUCTION

1.1 At its meeting held on 19th July 2012, the Cabinet considered the deliberations of the Overview and Scrutiny Panel (Social Well-Being) on:-

- ◆ Neighbourhood Forums – Proposed Establishment of Local Joint Committees in Huntingdonshire; and
- ◆ Voluntary Sector Funding 2013/2014 Onwards.

1.2 Councillors P J Downes and R J West were in attendance and spoke to the item on Local Joint Committees.

2. NEIGHBOURHOOD FORUMS – PROPOSED ESTABLISH OF LOCAL JOINT COMMITTEES IN HUNTINGDONSHIRE

2.1 The Cabinet welcomed the responses received to the consultation on proposed boundaries, composition, voting and constitution for new Local Joint Committees (LJC's) in Huntingdonshire.

2.2 In discussing the Working Group's suggestion that a twelve month trial of meetings be held in all nine LJC areas, the Cabinet were conscious that this was a large area and that a smaller locality would make the pilot more manageable. The Cabinet therefore agreed that a pilot scheme be trialled in the Norman Cross County Division for a twelve month period.

2.3 With regard to the existing Neighbourhood Forums, the Cabinet recognised that some areas may wish to continue with these meetings. With this in mind, the Cabinet authorised the Executive Deputy Leader to review urgently their format with a view to them continuing, during the trial, in those areas that express a desire for them to remain.

2.4 In approving the contents of the Constitution of the LJC's, the Cabinet accepted that the County Council and relevant Parish Councils involved in the Norman Cross Pilot Scheme should be consulted on adopting the Constitution.

2.5 Having thanked the Neighbourhood Forum Working Group and the Overview and Scrutiny Panel (Social Well-Being) for their input, the Cabinet agreed that a review of the pilot scheme during its 12 months of operation be undertaken by the Panel.

3. VOLUNTARY SECTOR FUNDING 2013/2014

3.1 With regard to the allocation of funding to support the voluntary sector in Huntingdonshire from April 2013, the Cabinet supported a move to a three year period for funding.

3.2 The Cabinet also supported the suggestion that future financial support be tapered to ensure voluntary organisations find match funding for any grant that they receive from the Council in the final year of the three year period.

Furthermore, Members were of the opinion that match funding should be extended to applications to the community chest subject to the amount requested being of such a value to attract such funds.

- 3.3 In discussing the allocation of community chest funds, the Cabinet decided that the process should be straightforward and the level of funding set at a maximum of £5,000 per application. Those in receipt of funds via the community chest will not be legible for reconsideration for a period of two years.
- 3.4 The Cabinet confirmed that grant applications will be determined by the Executive Members for Healthy and Active Communities and Resources.
- 3.5 The new funding process will be open to the whole voluntary sector and provision will be made to allow some applicants to make presentations in support of their submissions.

4. CONCLUSION

Members of the Overview and Scrutiny Panel are invited to note the contents of this report and are requested to undertake a review of the Norman Cross Pilot Scheme, referred to in paragraph 2.5, during its twelve months of operation.

BACKGROUND DOCUMENTS

Report of the meeting of the Overview and Scrutiny Panel (Social Well-Being) – 3rd July 2012.

Minutes and Report of the meeting of the Cabinet held on 19th July 2012.

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Overview and Scrutiny Committee

ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE



19 July 2012

Action

71. DECLARATIONS OF INTEREST

Members declared the following personal interests under paragraph 8 of the Code of Conduct:

- Councillor V McGuire by reason of working for caring agencies as a professional carer.
- Councillor F Whelan as a member of the Mental Health Trust and as a member of the committee of the National Autistic Society for Cambridgeshire.
- Councillor S Brown as a member of the Mental Health Trust.
- Councillors: G Heathcock, P Read, R West and G Kenney as members of Cambridgeshire Older People's Enterprise (COPE).

72. MINUTES OF THE LAST MEETING – 29 MAY 2012

The minutes of the meeting held on 29 May 2012 were confirmed as a correct record and signed by the Chairman.

73. CO-OPTION OF DISTRICT AND CITY COUNCIL MEMBERS

The following District Council representatives were co-opted:

Member	Substitute
T Cornell, East Cambridgeshire	S Willows, East Cambridgeshire

74. MENTAL HEALTH SERVICES FOR YOUNG PEOPLE

The following Officers attended for this item:

Eva Alexandratou, Head of Children's Joint Commissioning, CYPS/NHS Cambridgeshire
Janet Gandolfi, Assistant Director, Children's Divisions, Cambridgeshire & Peterborough NHS Foundation Trust (CPFT)

Stephen Legood, Head of Client Management (CPFT)

Dr Helen Geall, Head of Children, Young People, Maternity & Child & Adolescent Mental Health (CAMH) Commissioning,

Claire Bailey, Operational Service Manager, Transitions - Adults Services (CCC)

The following points were made in introduction by the Head of Children's Joint Commissioning, CYPS/NHS Cambridgeshire:

- Mental Health Services for young people had improved recently especially for those in transition.

- Improvement in access had resulted from increased inter-agency working and a whole system approach.
- Contractual arrangements would be clearly defined in future in order that providers were clear about expectations.
- The Operational Service Manager's job focused specifically on supporting transitions.

The following points were raised in discussion:

- This item had been requested to enable the Committee to consider whether gaps between Children's and Adults' Mental Health Services were being addressed. The Chairman asked the panel what the main barriers were to prompt access for young people.
- The Assistant Director replied that the age a client accessed the service could be a barrier, particularly if they started receiving treatment at 16 or 17 years of age, as this could be disrupted when the client transferred to Adult Services. There might not be an adult version of the therapy the client was receiving, and even if there was, the threshold for intervention was higher.
- The Assistant Director estimated that there were approximately 250 clients in transition between CAMH and Adult Services last year, not including those with learning difficulties or those with complex needs. The Head of Children's Joint Commissioning clarified that 250 was not the total cohort of young people receiving Mental Health Services, but referred only to those in transition.
- CYPS Scrutiny Committee had conducted a Member Led Review on Transitions a few years ago and Members had been assured that gaps in provision had been addressed. Members asked what confidence the Committee could have that the situation had improved. The Assistant Director replied that this was a systems-wide issue, for both commissioners and providers. CPFT had restructured *life course pathways* to be flexible and accommodate clients' movement between CYPS and Adults Services.
- Members requested figures on levels of need and were concerned that the panel was unable to supply any. The Assistant Director replied that they dealt with clients on a case by case basis. The Head of Children's Joint Commissioning commented that monthly and quarterly data was now used to hold providers to account.
- The Operational Service Manager reported that the Executive Director (CYPS) Adrian Loades, was sponsoring transitions projects, which involved primary prevention work upstream. It was noted that demand was growing.
- The Head of Children emphasised the importance of preventative work in helping people deal with low levels of anxiety, but this was distinct from clinical need. More information was available to agencies now and they had a new IT system to help manage data.
- One Member queried whether the service was truly patient focused. 14-20 year olds were a vulnerable group and likely to fall through gaps in the system. He queried how clients accessed the service. The Head of Children directed Members to paragraph 2.4.5 of the report, which described how any agency could make a referral through the Multi-Agency Referral Unit (MARU), this included the courts and the

Youth Offending Service (YOS). YOS provided dedicated mental health support.

- The Members recognised that the panel understood there was a problem, but were concerned that they did not yet have adequate solutions in place. The Head of Children's Joint Commissioning stated that services were linking well together, although she recognised that there was a commissioning gap. Early intervention was needed, which might be in the form of community services, rather than from a clinical model.
- One Member related her own experience of accessing services for children with autism, which had been very difficult. Many schools did not use the Common Assessment Framework (CAF), and she was concerned that if access to services depended on use of the CAF, then the process was flawed. The Operational Manager replied that the Special Educational Needs (SEN) Review recommended additional support to schools. The same Member replied that not all children with autism had a statement and a SEN did not necessarily equate with mental health problems. Mental health difficulties could become magnified with the onset of adolescence.
- The MARU gathered all information and pulled it together. There was a gap in capacity with autism in what was commissioned and as a result services were overloaded.
- Members were dissatisfied that the report did not provide detail or map out the direction of travel for Mental Health Services for young people over the next 3-5 years. There was not enough resource or investment into the service and little progress had been made in terms of facilitating transition. Members wanted to know the specific actions taken, explained in layman's terms.
- Members asked whether Members of the Committee might have a role on a working group considering the future direction of the service. One Member feared that when the GP Commissioners took over in April 2013, they just would not have the time to devote to mental health. **The Head of Children's Joint Commissioning replied that the panel would be working on a detailed plan for the next three years, including roles and responsibilities.**
- The Assistant Director commented that GPs had been involved in the strategy to date, and that they too wanted to see better access to mental health services. One Member stated that whilst some GPs might be engaged with the issues, many were not.
- One Member felt that the report should have started by defining transitions and avoided the use of unexplained acronyms. A lower level of knowledge should be assumed and the report structured more simply. The same Member asked who were the 22 specialist clinicians referred to in paragraph 2.4.7 of the report. The Assistant Director replied that they were Systemic Clinicians that worked alongside Children's Social Care staff and were from a variety of health backgrounds e.g. mental health, psychology, social work etc
- **The Assistant Director offered to send the Committee simple publicity materials, which provided a flavour of the services offered.**
- One Member asked whether there was any flexibility for a young person moving from

Children's to Adult Services to continue treatment if they fell just below the Adult Service's threshold. The Assistant Director replied that there was some flexibility if the client was already in the service and that there was now the discretion to waive the threshold.

- One Member stated that those that did not meet the threshold for qualified help might still have a real problem and need support. The Member asked for details of the Privacy and Dignity Standards in acute facilities. Whilst schools should pick up mental health issues these were not always passed on to health professionals. It was very difficult to ensure that a child had a statement, due to the additional costs.
- The Assistant Director agreed that access and identification were problematic and if the point at which clients entered the service was 16 this only exacerbated the problem. Working together more effectively would help, but it did not produce more resource.
- One Member noted the expense of talking therapies which might require an extended time period to take effect. He queried whether the basic problem was simply a lack of resource. The Head of Children stated that whilst extra resource would be good, they were working to do the best they could with the resources that they had, accepting that there might be some gaps.
- One Member asked whether there had been consultation with the people in the system. The Head of Children replied that consultation had been conducted with parents, Pinpoint, Young Lives, Young Minds and trained staff. Clients were also asked at the beginning of their sessions and during treatment for their comments. Specialist support for young offenders was also being commissioned in order that mental health problems could be detected early.
- With reference to paragraph 2.4.3 one Member asked how much support was given from the Cambridgeshire and Peterborough Intensive Support Team (IST). The Assistant Director replied that they were recruiting staff for the IST and the team would consist of a senior nurse and four mental health nurses and support recovery nurses with experience of working with families. This team worked with community teams and aimed to prevent ward admission by providing support at home in a family setting.
- One Member asked for more detail regarding the particular support given to young people in adolescence and the specific clinical support needed for this group. The Assistant Director replied that there was a clear differentiation between child and adult psychiatry. However dialogue between child and adolescent clinicians took place as appropriate.
- One Member contended that more information was needed as regards where the referrals were coming from, how to make referrals and access to services from outside the system.

The Chairman concluded the discussion with the following list of the Committee's concerns:

- The need for a clear definition of *transition*.
- The definition of *systemic clinicians*.
- More detail was requested on the NHS Privacy & Dignity Standards.

- More information was needed on the provenance of referrals.
- The Panel's lack of knowledge of the number of those in the system and requiring clinical support.
- Disappointment that lessons had not been learnt and disseminated since the previous review on Transitions, other than the establishment of a protocol.
- The gap in provision for those with autism, given the high levels of need in Cambridgeshire.
- Insufficient resource for Mental Health Services generally, given the growing demand from wide sectors of the population.
- The role of Committee Members in the development of the strategy and establishing priorities needed to be clarified.
- If informed and capable parents found the system so difficult to access, how would the less able manage?

The Committee accepted that there was good engagement with existing clients, but invited the Panel to return in the near future to cover the concerns outlined above, and provide a Plan covering the next three years.

JB

75. THE HEALTH & WELLBEING STRATEGY 2012-17

The Cabinet Member for Health & Wellbeing, Councillor Tierney and Dr Kirsteen Macleod, Public Health Registrar (representing the Director of Public Health, Dr Liz Robin) attended for this item. The following points were made in introduction:

- The Shadow Health & Wellbeing Board's vision involved identifying priorities which they could influence.
- The Joint Strategic Needs Assessment (JSNA) incorporated community views and involved consultation with local people; this had also been supplemented by a stakeholder event.
- There was a 13 week consultation on the Strategy between 18 June and 17 September 2012. It was possible to comment online; engagement had been good so far. Following the consultation the Strategy would be finalised and thereafter revised annually. The Strategy built on existing work and included current strategies and plans.
- One key message was to find new ways of working together. The first principle of the Strategy was to tackle inequalities and improve the health of the worst off fastest.
- The key cross-cutting principles of the Strategy were that it was: equitable, evidence-based, cost-effective, preventative, empowering and sustainable.
- The Cabinet Member urged people to respond to the consultation and for Members to encourage other Members, citizens and organisations to respond. The Committee's feedback would be welcomed.

The following points were made in discussion:

- One Member queried the role of the Health & Wellbeing Board, whether it was decision making and whether it could deliver the Strategy. The Cabinet Member replied that at present it was a shadow board and whether it had the power to deliver was still to be determined. The fact that there were lead players from every agency on the Board was significant in itself and he believed that it would have some enforcement power.
- Another Member felt that the report was disappointing in that it said what Members already knew and lacked focus. How the Strategy could be achieved with a reduced

budget was unclear. The Strategy had not included tackling delayed discharges from hospital, which was a key inefficiency. Some of the bullet points in the Strategy were vague and anodyne and lacked impact. The Strategy contained few new ideas, and the emphasis on partnership working should already be happening.

Paragraph 3.3 of the Strategy stated that 10% of the NHS budget (£83.5m) was spent on mental health, which was low considering the extent of the problem. Greater input of resources would also act as prevention.

District Councils could play a key role in prevention, but this was not detailed in the Strategy. Nor was it explained how collaboration with the District Councils and the voluntary sector would work.

The Strategy's first priority of *Ensuring a positive start to life for children* did not square with the Council reducing its budget in youth services and moving from universal to targeted provision.

The Member did not agree that *Supporting older people to be safe, independent and well* should be a priority. Older people's needs were increasing, but maximum resource invested in the young would yield benefit for the future.

The Member felt that priority 4: *Create a safe environment and helping to build strong communities, wellbeing and mental health* was so anodyne as to be almost meaningless.

The Member felt that Mental Health should be a more prominent priority in the Strategy.

The Member regarded primary prevention as key, and although older people would benefit from a more active life, the Strategy did not establish how this would be encouraged.

- The Cabinet Member responded to all these points by stating that the Strategy purposefully avoided detail as it was not a policy document. It was setting out the Strategy from which policies would flow. Provision for mental health was integrated throughout the document. 10% was not the total budget for mental health as prevention was encouraged across the board. He did not agree that resources should be weighted in favour of younger people, as the Council had a duty to all its citizens.

The Public Health Registrar replied that the exact way the money was to be spent was still to be identified. Delayed discharge was covered in Section 2 of the Strategy, as was reducing time in hospital. Section 3 focused on preventative intervention, targeted at young people.

- Another Member asked why prevention was not the first priority. He also highlighted that the aspiration to reduce homelessness was one which the voluntary sector and district councils needed to be involved in addressing. He was concerned that this might prove an unobtainable goal for the Health & Wellbeing Board. The Cabinet Member replied that prevention was their aim over the long term. Homelessness could not be ignored and the Council would be working with other agencies to tackle it.

- One Member observed that the fundamental demographic problem was that more and more money was being spent on fewer people. He raised the issue of prison population and mental health, as it was estimated that 60-75% of prisoners had mental health problems and for a proportion of them their offences might have been linked to their mental health problems.
- The Cabinet Member replied that the mental health of prisoners was a national challenge. The issue of crime and offenders would feed into the consultation, in particular how to help offenders back into society. More detail on the Crime Commissioner's role was awaited.
- One Member felt strongly that the Strategy dealt with the symptoms of poor health rather than its causation. With reference to the diagram on determinants of health and wellbeing on page 9 of the Strategy, he stated that if people had jobs, access to transport links and stable families, then it was likely that their health would be good. He queried whether the Strategy was addressing the right questions and considering the structures and contexts that facilitated good health.
- The same Member noted that universal youth provision had been beneficial in integrating those that needed targeted support back into mainstream society.
- The Cabinet Member replied that many of these points related to policy rather than strategy. Tackling employment was too wide a remit to fall within the Strategy and other Groups within the Council were considering the economic context. He queried whether not having a job really did cause poor health. The Council could support people to be robust enough to deal with temporary problems.
- It was confirmed by the Deputy Leader & Cabinet Member for Community Engagement, Councillor Mac McGuire and the Cabinet Member for Health & Wellbeing that reablement had resulted in savings for Adult Social Care and was included in the Strategy.

It was agreed that:

- **the Committee's Health Reform Working Group would respond to the consultation on the strategy on behalf of the Committee**
- **the Committee would review the Strategy again and Members advised that it should include greater level of analysis and an action plan next time.**

JB

76. UPDATE ON THE DEVELOPMENT OF CLINICAL COMMISSIONING IN CAMBRIDGESHIRE & PETERBOROUGH

The following Officers attended for this item:

Andy Vowles, Chief Operating Officer

Jessica Bawden, Director of Communications and Engagement, NHS Cambridgeshire

David Roberts, GP Huntingdonshire

The Committee noted the following from their update:

- PCTs would be abolished in April 2013. The Clinical Commissioning Group (CCG) would be based around GP practices and local health care groups. The exact configuration was still being discussed, although a shadow organisation had already

been set up with a sub committee. The CCG was currently in the second wave of the authorisation process and a survey of stakeholders had taken place. There would be a site visit in September/October and a decision in November regarding authorisation. The CCG would cover Cambridgeshire, Peterborough and parts of Northamptonshire and Hertfordshire near the Cambridgeshire borders.

- The CCG would link to Local Commissioning Groups (LCGs) and aimed to be as close to local citizens as possible.
- The CCG would have eight GP members, plus the Director of Public Health. Dr Neil Modha would be the GP Accountable Officer and would be meeting the shadow CCG shortly. The CCG's governing body would be elected from its membership.
- The shadow governing body was working on the vision and values of the CCG in order to set some early priorities. These priorities would include care for frail older people, improving the end of life by helping more people die in an environment of their choosing and tackling health inequalities, especially with regard to coronary heart disease.

The panel members stated that they could be available to provide the Committee with regular updates over the next 6-9 months.

The following points were raised in response:

- One Member asked whether the Officers were working with Patient Groups with regard to commissioning priorities. The Chief Operating Officer replied that they had informed them of both interim and long term commissioning priorities. LCGs had lay members on their boards, and the Patients' Reference Group chaired by lay members fed into the CCG.
- Doctors' practices should publicise their patient representative on their notice boards and via their websites.
- The Chief Operating Officer predicted that small bodies and the umbrella CCG would produce more efficiencies than the PCTs. Under the new model care and commissioning could be devolved to the most appropriate local level.

The Committee requested regular updates as plans took shape.

JB

77. ADULT SOCIAL CARE: REVIEWING PROGRESS AGAINST THE INTEGRATED PLAN

The following people attended for this item:
Councillor Martin Curtis, Cabinet Member for Adult Services
Adrian Loades, Executive Director CYPS
Claire Bruin, Service Director: Adult Social Care

The Cabinet Member for Adult Services reviewed progress made over the last year, as follows:

- The £2.3m overspend of 2011/12 should be seen in the context of £22m of savings made in Adult Social Care. In 2012/13 the aim was to find £3m of savings.

- Arrangements with Cambridgeshire Community Services (CCS) could be made more robust and CCS needed to prove itself capable of meeting growing needs.
- The census predictions for the next 10 years showed demographic pressure increasing as the proportion of the population over 65 would become nearly one third and the number living to over 90 would increase. The Cabinet Member observed that society had been reacting to changing demography for the last 100 years.
- The Leader of the Council, Councillor Nick Clarke had given a speech at the Local Government Association (LGA) challenging the Government to tackle the growing demands on adult social care. Cambridgeshire County Council aimed to be at the forefront of change and was prepared to forge ahead, rather than wait for national legislation.
- The Council would be making reablement a first option for a client's care, thereby simultaneously making savings and improving lives. Through social work, individuals' environments and long term care could be improved. The Executive Director led a team that was convinced of the need for change.
- The Older People's budget was overspent by £3.5m at present.
- The Cabinet Member believed that, all things being equal, they could balance the budget this year.

The following points were made in response:

One Member asked what would be the implications for the Council's pension obligations if staff who had been TUPEd to the NHS were received back. The Executive Director agreed to check this point.

AL

One Member was concerned that the Council might be relying too heavily on reablement to reduce costs. He asked whether Personal Budgets had been widely taken up. The Cabinet Member believed that the message of Personal Budgets was being disseminated successfully.

One Member asked where unidentified savings would come from in future years. The Executive Director replied that this was work in progress, but there were a number of options that could yield savings: through the use of the independent sector, reviewing contracts, driving down the cost of the residential market, prevention, social work, identifying risk earlier through GPs and considering the health system as a whole. The Cabinet Member added that it was also important to use money to support carers in order that there were less carer breakdowns.

One Member asked whether the Council's plans were innovative enough and suggested that family based community caring be considered as it could improve quality and reduce costs. The Cabinet Member replied that it was one of their aims to build capacity in families and they would look at the issue of voluntary carers.

One Member asked about the quality of services supplied by the agency Crossroads and whether it was doing what other agencies could not do. The Cabinet Member replied that the contract had been won by Crossroads and they had a good national reputation. Crossroads specifically supported family carers.

The same Member asked whether clawback meant that a client might receive a bill they were not prepared for. Clawback related to direct payments and was only taken when not all the money received as a direct payment had been used. The Council would review spend with the client and write to them if they had an under spend. The client provided the information so they should be aware of the situation.

One Member queried how there had been a surplus in the Supporting People budget. The Executive Director replied that the surplus had accumulated, partly from when the service had been grant funded, but that an over spend was expected in 2012/13.

There was now a statutory requirement for Adult Social Care to work with housing authorities to meet needs appropriately.

One Member noted that over £20m savings had been made last year and that this was a huge achievement for a needs led service. However he questioned whether the service was overspending because it was not being realistic regarding the resources required in the first place. The Cabinet Member replied that predictive modelling had been applied, but there was no more money. However he believed that more could be done to reduce costs, even though demographic pressures were working against them. The Council would be working with Addenbrookes and the CCG to make the whole sector work more efficiently.

The Member asked whether the first priority was to meet needs or balance the budget. The Cabinet Member replied that it was to meet needs; however preventative work would be better for people and for the public purse.

78. MEMBER WORKING GROUPS & LIAISON ARRANGEMENTS

The Chairman asked the Committee Members if they wanted to make any changes to the Member Working Groups and liaison arrangements listed in the report. It was noted that the Committee would be involved with the CCG in its transitional stage and its implementation. Some Members of the Committee would be meeting Dr Modha shortly to discuss the working relationship. The following points were made:

Councillor Batchelor agreed to join the CCS/NHS Trust liaison group.

The Committee noted that some liaison arrangements with NHS organisations might need reactivating. It was up to the liaison member to attend their board meetings if they wished to do so.

- Councillor Cornwell offered to assist Councillor Hoy as a liaison member to the Queen Elizabeth Hospital, King's Lynn.
- The Health Reform Working Group was meeting on 31 July to respond to the Health & Wellbeing Strategy and Government draft regulations on scrutiny powers. Draft responses would be circulated for comment.

79. FORWARD WORK PROGRAMME

a) Committee Priorities and Work Programme

The Committee agreed to add the following to their work programme:

- Mental health and offenders including those in local prisons (it was noted that the Howard Leagues and the Prison Reform Trust were good sources for information).
- Young people and mental health
- The role of voluntary carers (It was noted that Anglia Ruskin University students were conducting an investigation regarding why carers did not engage with the Council – the response was awaited).

b) **Cabinet Agenda Plan**

The Committee noted that the Joint Health & Wellbeing Strategy for Cambridgeshire was on the Cabinet agenda for 23 October 2012.

80. CALLED IN DECISIONS – THERE WERE NONE

81. DATE OF NEXT MEETING

The next meeting on 12 September 2012 would be **held at the earlier time of 10am with a 9.30am pre-meet.**

Members of the Committee in attendance: County Councillors K Reynolds (Chairman), J Batchelor, N Guyatt, G Heathcock (substituting for Cllr Austen) G Kenney (Vice-chairman), V McGuire, P Read (substituting for Cllr Hutton), P Reeve, P Sales, S Sedgwick-Jell, F Whelan; District Councillors S Brown (Cambridge City), M Cornwell (Fenland), R Hall (South Cambridgeshire) and R West (Huntingdonshire)

Apologies: County Councillors: S Austen, C Hutton
 Also in attendance: County Councillors M Curtis, S Tierney

Time: 10.30h – 13.25h

Place: Shire Hall, Cambridge

Chairman

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OVERVIEW AND SCRUTINY PANELS
(SOCIAL WELL-BEING)
(ECONOMIC WELL-BEING)
(ENVIRONMENTAL WELL-BEING)

4TH SEPTEMBER 2012
6TH SEPTEMBER 2012
11TH SEPTEMBER 2012

WORK PLAN STUDIES
(Report by the Head of Legal and Democratic Services)

1. INTRODUCTION

1.1 The purpose of this report is to inform Members of studies being undertaken by the other Overview and Scrutiny Panels.

2. STUDIES

2.1 The Council has a duty to improve the social, environmental and economic well-being of the District. This gives the Overview and Scrutiny Panels a wide remit to examine any issues that affect the District by conducting in-depth studies.

2.2 Studies are allocated according to the Overview and Scrutiny remits. Details of ongoing studies being undertaken by the two other Panels are set out in the attached Appendix.

2.3 Members are reminded that if they have a specific interest in any study area which is not being considered by their Panel there are opportunities for involvement in all the studies being undertaken.

3. RECOMMENDATION

3.1 The Panel is requested to note the progress of the studies selected.

BACKGROUND DOCUMENTS

Minutes and Reports from previous meetings of the Overview and Scrutiny Panels.

Contact Officers: Miss H Ali, Democratic Services Officer
01480 388006

Mrs J Walker, Democratic Services Assistant
01480 387049

Mrs C Bulman, Democratic Services Officer
01480 388234

ONGOING STUDIES

STUDY	OBJECTIVES	PANEL	STATUS	TYPE
Leisure Centre Financial Performance and Employment Structure	To consider the future business model for “One Leisure” and the development of a methodology for the quantification of Social Value.	Economic Well-Being and Social Well-Being	<p>Working Group met on 28th February 2012. Agreed to split into two sub groups to investigate each area.</p> <p>Sub-Group looking at the ‘Social Methodology’ met on 2nd August 2012.</p> <p>The Working Group looking at the Business Model will provide an update to the September meeting of the Overview & Scrutiny Panel (Economic Well-Being).</p>	Joint Working Group
A14 improvements.	To review the implications to the local economy of the decision not to proceed with the A14 improvements.	Economic Well-Being	<p>Panel has requested a presentation on developments relating to the A14 for all Members of the Council at an appropriate time.</p> <p>Updates on recent developments to continue to be provided by email.</p>	Whole Panel Study.
Tree Strategy	To form a strategy in conjunction with the Tree Officers for the retention and planting of trees.	Environmental Well-Being	The draft tree strategy is being prepared for the Working Group to view.	Working Group.

Land Use for Agricultural Purposes in the Context of Planning Policies and its Contribution to the Local Economy.	To review the lack of promotion and protection of land for this purpose.	Environmental Well-Being	An interim report has been produced to meet the deadlines for the Local Plan production. The Working Group will go on to examine the Council's procedure for dealing with applications where agriculture is a feature of the proposals.	Working Group.
Rural Transport	To review the provision of transportation in rural areas.	Environmental Well-Being	Transport for Cambridgeshire report received in July 2011. Comments conveyed to Cabinet. Final report expected in due course.	To be determined.
Maintenance of Water Courses	To receive a presentation on the maintenance arrangements in place for Water Courses within the District.	Environmental Well-Being	<p>Following the consideration of the St Neots Surface Water Management Plan and subsequent discussions on widespread drainage problems within the District, a working group was convened to engage with Anglian Water in order to establish their general powers, responsibilities and the limitations on its ability to prevent flooding.</p> <p>Two meetings have been held with representatives from Anglian Water and the Environment Agency. The Working Group is producing a report on its findings.</p>	Working Group

District Council Support Services	To review the services provided by the District Councils Document Centre to form a view on its efficiency and cost effectiveness.	Economic Well-Being	Working Group has formed two sub groups to consider:- a) the financial cost of the service; and b) the operation of the service Final report awaited.	Working Group
Design Principles for Future Developments	To examine issues that have arisen at Loves Farm, St Neots and to make recommendations to inform future developments.	Environmental Well-Being	The Working Group has produced a report detailing its findings to date. The Working Group will now focus on detailed aspects of the design guide.	Working Group.
Economic Development	To be determined.	Economic Well-Being	The Economy Strategy is scheduled for completion at the end of the year. Work is currently taking place to develop a robust evidence base for the new Strategy. As part of this process all members will be given the opportunity to participate in the consultation on the initial report and the Economic Development Manager will attend the November meeting.	To be determined.
Corporate Plan	To assist the Corporate Office with the development of a new Corporate Plan.	All O&S Panels	Meetings held on 1st and 28th August 2012.	Working Group

Fraud Prevention	To consider the implications from forthcoming changes to the Housing Benefits system.	Economic Well-Being	The Corporate Governance Panel have agreed to establish a working group to consider fraud risks, current and future approached and single fraud issues. Their report will be considered by the Panel at their meeting in October.	To be determined.
Supporting People Back to Work	To be determined.	Economic Well-Being	Economic Development Manager to prepare a briefing paper for the Panel's October meeting.	To be determined.
Community Infrastructure Levy (CIL)	To consider the implications of planning social housing requirements on Community Infrastructure Levy income and the housing waiting list.	Economic Well-Being	Managing Director (Communities, Partnerships & Projects) to discuss with Councillor M F Shellens directly.	To be determined.
Waste Collection	To identify options for improving the Council's waste collection and recycling arrangements and for enhancing public satisfaction with the service.	Environmental Well-Being	Meetings have been held with the Head of Operations and South Cambridgeshire's Environment Operations Manager. The Working Group has decided to focus on how best to engage with residents as to what should be placed in which bin. The Group may go on to study waste collection procedures in more detail, this is dependent on the work of RECAP.	Working Group

<p>Council Reserves</p>	<p>Agreed to establish a working group to:-</p> <ul style="list-style-type: none"> ❖ identify the combination of co-incident risks against which the Council wishes to insure by having reserves ❖ benchmark the Council's level of reserves against other appropriate Authorities. 	<p>Economic Well-Being</p>	<p>First meeting held on Tuesday 4th September 2012.</p>	<p>Working Group</p>
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Panel Date	Decision	Action	Response	Date for Future Action
5/04/11	<p><u>Management of Hinchingsbrooke Hospital</u></p> <p>With effect from 1st February 2012, Circle took over the management of Hinchingsbrooke Hospital. Representatives of Circle and Hinchingsbrooke attended the Panel's meeting to deliver the Hospital's Business Plan. Agreed to come back to report on progress against the Business Plan in the future.</p>			TBC
<p>6/12/11</p> <p>3/01/12</p> <p>7/02/12</p> <p>3/07/12</p>	<p><u>Redesign of Mental Health Services Across Cambridgeshire and Peterborough</u></p> <p>At these meetings, the Panel considered the content of NHS Cambridgeshire's consultation on the Redesign of Mental Health Services Across Cambridgeshire and Peterborough and submitted a response accordingly. Representatives of NHS Cambridgeshire have been in attendance at meetings to respond to the concerns raised.</p>	<p>Panel wishes to monitor service redesign developments and agreed to review the matter on an ongoing basis.</p>		TBC
<p>16/05/12</p> <p>7/06/11</p>	<p><u>Corporate Plan</u></p> <p>Councillors S J Criswell and R J West appointed to Corporate Plan Working Group.</p> <p>The Panel expressed their wish for continued involvement by overview and scrutiny in monitoring the performance of the new Council Plan.</p>	<p>Meetings of the Corporate Plan Working Group held on 1st and 28th August 2012.</p>	<p>Leadership Direction to be presented to the Panel's September meeting. This item appears elsewhere on the Agenda.</p>	4/09/12

Panel Date	Decision	Action	Response	Date for Future Action
	<u>Consultation Processes</u>			
6/03/12	Update received on a previous study undertaken by the Panel. Panel to partake in the review of the Consultation and Engagement Strategy.	Panel to appoint Members to undertake this work.		
12/06/12	Councillors Mrs P A Jordan, P Kadewere, J W G Pethard and R J West appointed on to the Consultation Processes Working Group.	Meeting of the Working Group to be held on 5th September 2012.		
	<u>Social Value</u>			
03/01/12	This study emerged following completion of a joint study with the Economic Well-Being Panel on One Leisure.			
12/06/12	Membership of the Social Value Sub-Group reviewed. Mr R Coxhead is the only member of the Working Group to date.			
03/07/12	Councillors S J Criswell and R J West appointed to the Social Value Sub-Group.	Meeting of the Working Group held on 2nd August 2012.	A brief update will be delivered at the meeting.	4/09/12
	<u>Gypsy and Traveller Welfare</u>			
6/7/10	Agreed that gypsy and traveller welfare should be included within the Panel's work programme, with a view to informing any future Council policy on the	Report requested for submission to a future meeting.		TBC

Panel Date	Decision	Action	Response	Date for Future Action
	identification of sites.	Following consultation with the Chairman, agreed that the study would proceed once Government guidance has been issued on future provision requirements.		
05/07/11	<p><u>Grant Aid</u></p> <p>Annual Report on organisations supported by grants through Service Level Agreements received by Panel.</p>		This item appears elsewhere on the Agenda.	4/09/12
1/11/11	<p><u>Future of the CCTV Service</u></p> <p>Update received on the options for the future operation of the CCTV service. Efforts made to reduce the cost of the service to the Council was noted by the Panel.</p>			
7/02/12	Further update delivered to the Panel following discussions with Town Councils. Panel requested for a further report on service changes in 2012/13 to be submitted to a future meeting.	Request submitted to the Head of Operations.	Report anticipated at the Panel's November 2012 meeting.	6/11/12

Panel Date	Decision	Action	Response	Date for Future Action
	<p data-bbox="369 247 1068 311"><u>Review of Neighbourhood Forums In Huntingdonshire</u></p> <p data-bbox="369 343 1068 443">7/06/11 The Cabinet, at its meeting on 19th May 2011, requested the Panel to undertake a review of the Neighbourhood Forums in Huntingdonshire.</p> <p data-bbox="369 483 1068 715">6/09/11 Background report considered. Councillors S J Criswell, J J Dutton and R J West appointed onto a Working Group to initiate the Panel's investigations. County and District Council Members and Town and Parish Councils views on the Neighbourhood Forums will initially be sought and reported back to the Panel in November.</p> <p data-bbox="369 786 1068 1018">1/11/11 Views of interested parties reported at meeting. Chairmen of the Neighbourhood Forums for Huntingdon and Ramsey were in attendance for this item. Working Group established comprising Councillors S J Criswell, J J Dutton, S M Van De Kerkhove and R J West, together with Mr R Coxhead to pursue investigations.</p> <p data-bbox="369 1058 1068 1153">6/03/12 Draft proposals presented to Panel for comment prior to consultation commencing with the Town and Parish Councils and Partners.</p>	<p data-bbox="1086 483 1370 746">Working Group meeting held on 19th September 2011. Letter sent to all those with an interest in the Forum on 21st September 2011.</p> <p data-bbox="1086 786 1370 986">Meetings of Working Group held on 23rd November, 12th December 2011 and 19th January and 27th February 2012.</p> <p data-bbox="1086 1058 1370 1321">Proposals considered by Executive Leaders Strategy Group and Corporate Governance Panel on 12th and 28th March 2012</p>	<p data-bbox="1388 1058 1877 1225">Consultation launched on 30th April to 8th June 2012 inclusive. Responses to be considered by Panel in July. Meeting of the Working Group held on 12th June.</p>	

Panel Date	Decision	Action	Response	Date for Future Action
03/07/12	Consultation response report endorsed for submission to the Cabinet for determination.	respectively. Also by Cabinet on 19th April 2012.	This item appears elsewhere on the Agenda.	4/09/12
12/06/12	<p><u>Equality Framework for Local Government – Peer Assessment</u></p> <p>Noted the recent accreditation achieved by the Council as an “Achieving” authority under the Equality Framework for Local Government. Councillors Mrs P A Jordan, P Kadewere and R J West appointed on to a Working Group to review the action plan arising from the assessment.</p>	Meeting of the Working Group held on 29th August 2012.	A brief update will be delivered at the meeting.	4/09/12
7/06/11 6/12/11 12/06/12	<p><u>Housing Benefit Changes and the Potential Impact on Huntingdonshire</u></p> <p>Requested a background report to be provided on the emerging issue of homelessness arising as a result of changes to the Housing Benefit system.</p> <p>Report considered by the Panel. Further report on the wider housing policy implications arising from the Government’s Welfare Reform Bill submitted to the Panel in June 2012. Quarterly updates will continue to be provided.</p>	Request submitted to the Head of Customer Services.	Members of the Economic Well-Being Panel will be invited to attend for this item. This item appears elsewhere on the Agenda.	4/09/12

Panel Date	Decision	Action	Response	Date for Future Action
4/10/11 & 3/01/12	<p><u>Scrutiny of Council Budgets within the Panel's Remit</u></p> <p>Panel agreed to scrutinise the budgets associated with the Council functions that fall within the remit of the Panel on an annual basis. Agreed that this work would be undertaken as part of the existing budget setting process.</p>		Chairman to provide an update at the meeting.	4/09/12
7/06/11	<p><u>Cambridgeshire Safer and Stronger Overview and Scrutiny Committee Study – Domestic Abuse</u></p> <p>Councillor Mrs D C Reynolds appointed as the Panel's representative on the study being undertaken by the County Council. Following membership changes in May 2012, Councillor R J West undertook to update the Panel on the study's developments.</p>	Final report presented to the County Council's Overview and Scrutiny Committee on 10th July 2012.	This item appears elsewhere on the Agenda.	4/09/12
6/03/12	<p><u>The Council's Relationship With The Voluntary Sector</u></p> <p>Panel considered a request from the Economic Well-Being Panel to examine the proposed future relationship between the Council and the Voluntary Sector. Agreed to incorporate this within their work programme.</p>			TBC

Panel Date	Decision	Action	Response	Date for Future Action
<p>12/06/12</p> <p>3/07/12</p>	<p><u>Forward Plan</u></p> <p>Housing Strategy 2012-15 – To Include Tenancy Strategy</p> <p>Panel requested sight of the report prior to its submission to the Cabinet.</p> <p>Gambling Act 2005 – Revised Statement of Principles</p> <p>Agreed that an electronic copy of the report be circulated to Members before deciding whether or not to include the item on the Agenda for a future Panel meeting.</p>	<p>Request submitted to the Head of Planning and Strategic Housing.</p> <p>Details circulated electronically around to Panel on 1/8/12.</p>	<p>Report expected October 2012</p>	<p>2/10/12</p>
<p>03/04/11</p>	<p><u>Huntingdonshire Strategic Partnership (HSP)</u></p> <p>The Panel has a legal duty to scrutinise the work of the HSP, with three thematic groups of the HSP falling within its remit.</p> <p>Huntingdonshire Community Safety Partnership</p> <p>Annual review of the work of the Partnership undertaken. Members have expressed their satisfaction that appropriate accountability and reporting mechanisms are in place.</p>		<p>Due for consideration by the Panel in April 2013.</p>	<p>2/04/13</p>

Panel Date	Decision	Action	Response	Date for Future Action
05/10/10	<p>Children and Young People</p> <p>Details of the thematic group's outcomes and objectives have been received together with the latest report of the group, outlining its terms of reference, membership and current matters being discussed.</p>	<p>Invitation extended to the Lead Officer of the thematic group.</p>	<p>Due to be considered by the Panel in October 2012 – awaiting confirmation.</p>	02/10/12
7/02/12	<p>Health and Well-Being</p> <p>Background information received on the thematic group's outcomes, terms of reference, membership and Action Plan. Panel has requested sight of the Draft Joint Health and Well-Being Strategy as soon as it was available. The Panel has also confirmed their wish to review the Group's Action Plan at future meetings.</p>			
3/07/12	<p>Draft Cambridgeshire Health and Wellbeing Strategy presented to Panel by Dr L Robin of NHS Cambridgeshire. Councillors S J Criswell, M Oliver and J Pethard, together with Mr R Coxhead, appointed to a Working Group to formulate the Panel's response.</p>	<p>Working Group met on 25th July 2012.</p>	<p>Draft response formulated by Working Group. This item appears elsewhere on the Agenda.</p>	4/09/12



Decision Digest

Edition 126

Monthly summary of the decisions taken at meetings of the Council, Cabinet, Overview & Scrutiny and other Panels for the period 2nd to 31st July 2012.

UPDATE ON REDESIGN OF MENTAL HEALTH SERVICES

The Overview and Scrutiny Panel (Social Well-Being) received an update on the redesign of mental health services across Cambridgeshire and Peterborough. Matters discussed included the transportation arrangements for both patients and their carers, the care in the community services available, the role of the Crisis Resolution Home Treatment Team, the reasons for the closure of Acer Ward, together with the community services available from the Newtown Centre, Huntingdon, the availability of specialist mental health assessments at Hinchingsbrooke Hospital and the development of the Advice and Referral Centre.

budget set by the Council to stretch further. Members expressed reservations over the tapering process which is regarded as being prescriptive on the voluntary organisations' part. The Panel suggested that alternative ways of supporting the voluntary sector should be explored by the Council such as assisting organisations behind the scenes in their search for match funding opportunities.

In considering the key components of the Community Chest award scheme, the Cabinet has reiterated their view that the process should be straight forward and applications limited to local organisations that require a small injection of revenue up to £5,000. Having acknowledged the work of the voluntary sector, the Cabinet has –

VOLUNTARY SECTOR FUNDING 2013/14 ONWARDS

The allocation of funding to support the voluntary sector in Huntingdonshire was considered by the Overview and Scrutiny Panel (Social Well-Being). The future funding model will now be a grant based system which is intended to be more flexible than the previous commissioning model.

A proposal to link future financial support to a tapering process has been considered by Members. This is intended to encourage voluntary organisations to match fund any grant that they receive from the Council over a three year period and will enable the

- supported a move to a three year period for funding voluntary sector organisations;
- agreed that the determination of grant applications should remain with the Executive Councillors for Healthy and Active Communities and Resources;
- agreed that provision be made to allow some applicants to make presentations in support of their submissions;
- supported the introduction of a simple bid/check/allocation process for Community Chest Funding;
- agreed that those in receipt of funds via the Community Chest scheme should not be eligible

for reconsideration for a period of two years;

- Supported the introduction of a tapering process and a requirement for match funding; and
- Agreed to set a level of Community Chest funding at a maximum level of £5,000 per application.

JOINT STRATEGIC NEEDS ASSESSMENT – AWARENESS RAISING

The Phase 6 Summary Report for the Cambridgeshire Joint Strategic Needs Assessment was received by the Overview and Scrutiny Panel (Social Well-Being). The report plays an integral part in the development of the draft Cambridgeshire Health and Wellbeing Strategy and identifies key information about the health and wellbeing needs of the Cambridgeshire population, together with information about local health inequalities for specific population groups.

DRAFT CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY 2012-17

The Overview and Scrutiny Panel (Social Well-Being) has appointed Councillors S J Criswell, M Oliver and J Pethard, together with Mr R Coxhead, onto a Working Group to formulate the Panel's response to the draft Cambridgeshire Health and Wellbeing Strategy 2012-17. The consultation period closes on 17th September 2012 and the draft response will be submitted to the Panel at its September 2012 meeting.

The consultation seeks views on the terms of the proposed priorities identified by the Shadow Health and Wellbeing Board and Network as being important for local people and outlines

how Partners will work together effectively to address them.

Matters discussed by the Panel included the need for enhanced levels of community involvement on health and wellbeing matters, the involvement of NHS Cambridgeshire on infrastructure planning for large scale developments, the level of resources required to meet the needs of the Strategy, the number of county and district-wide strategies utilised to assist the development of the draft Health and Wellbeing Strategy and the methods of communication adopted to generate awareness of the consultation.

NEIGHBOURHOOD FORUMS – PROPOSALS TO ESTABLISH LOCAL JOINT COMMITTEES IN HUNTINGDONSHIRE – CONSULTATION RESPONSES

The outcome of a consultation on the proposed establishment of Local Joint Committees (LJC's) in Huntingdonshire was reported to the Overview and Scrutiny Panel (Social Well-Being). The Working Group appointed by the Panel to undertake the review has responded to each of the consultation responses received.

Matters discussed by the Panel include how the communities views would be represented at meetings, the likely administrative and Officer costs associated with the proposals and a proposal to undertake a review of the Local Joint Committees after 12 months.

A meeting between the District and County Councils was held on 6th July 2012 to discuss the proposals in advance of its consideration by the Cabinet.

Subsequently, the Cabinet has considered the responses received to the consultation and the views of the

Working Group. In adopting the constitution for the LJC's, Executive Councillors have endorsed the trial of a pilot Local Joint Committee in the Norman Cross County division for a 12 month period and requested that the County Council and relevant Parish Councils involved in the scheme be consulted on adopting the constitution. The Cabinet were of the opinion that limiting the trial to a small area rather than the suggested nine LJC's areas would be more manageable. With regard to the existing Neighbourhood Forums, the Cabinet has authorised the Executive Deputy Leader to review urgently their format with a view to them continuing during the trial in those areas that have expressed a wish that they remain. Finally, the Cabinet has requested the Overview and Scrutiny Panel (Social Well Being) to undertake a review of the pilot scheme during its twelve months of operation.

CUSTOMER SERVICES – REVIEW OF CHANGES AT RAMSEY & YAXLEY

The outcome of a review of the impact of the Council's previous decision to reduce the opening hours at the Ramsey & Yaxley Customer Service Centres has been considered by the Overview & Scrutiny Panel (Economic Well-Being). The Panel was of the view that the Customer Services Centres at Ramsey and Yaxley should continue to operate for two days per week at each location.

The Panel has also asked the Head of Customer Services to report on the impact of the changes as part of their normal six monthly monitoring reports.

CUSTOMER SERVICES MONITORING QUARTERLY REPORT

The Overview & Scrutiny Panel (Economic Well-Being) have considered the Customer Service

Quarterly Performance Report for the period January to March 2012. The report sets out the standards of service that have been achieved and the issues the service will face in the forthcoming quarter.

PRIVATE SECTOR RENT LEVELS

Following a request for further information at a previous meeting, the Overview & Scrutiny Panel (Economic Well-Being) has received an update on rent levels in Huntingdonshire. There is currently no evidence to suggest that landlords were adjusting their rents downwards as a result of changes to the Housing Benefit System.

Having acknowledged that it was still very early days and that it was unlikely that quarterly reports would be able to demonstrate significant movements in rent levels, Members were of the view that it was important to continue to monitor the situation in the current economic climate. With this in mind, the Panel has agreed to receive further reports on a biennial basis.

LEADERSHIP DIRECTION

The Overview & Scrutiny Panels for Economic Well-Being and Environmental Well-Being have considered the content of "Leadership Direction" which has been prepared by the Executive and Deputy Executive Leader to set out their direction of travel and key milestones over the next few years. The Economic Well-Being Panel has commented on a number of the themes and aims within the document. A Member of the Environmental Well-Being Panel has suggested that residents ought to be given the opportunity to influence the Direction so that it reflects needs identified by the community.

USE OF CONSULTANTS

The Overview and Scrutiny Panel (Economic Well-Being) has received an update outlining the progress which has been made on agreeing, modifying and implementing their previous recommendations. Members have been pleased to note that the majority of their recommendations had been accepted in some form.

The Panel has also been provided with details of the District Council's expenditure on Consultants, Hired and Temporary Staff during 2011/12. Having sought clarification on a number of items within the expenditure, the Panel has agreed that further reports should be submitted on an annual basis.

LOCALISATION OF BUSINESS RATES

The Overview & Scrutiny Panel (Economic Well-Being) and Cabinet have been acquainted with the background to the introduction of a rates retention scheme localisation of business rates which will come into effect in April 2013. The scheme is designed to encourage Councils to be self-sufficient and to help them to support local jobs, growth and protect the most vulnerable places.

Members were advised that there was an option in the scheme for local authorities to come together to form local pools for business rates income. Having noted the benefits of forming a local pool with the County Council and other Cambridgeshire districts, the Cabinet has requested that the Department for Communities and Local Government be advised of the Council's interest in pooling on the understanding that the governance arrangements will be based on no authority losing from pooling and that

there would be the opportunity to review the decision later in the year.

THE RATIONALE FOR RESERVES

A working group comprising Councillors R B Howe, P G Mitchell, T V Rogers and M F Shellens has been established by the Overview & Scrutiny Panel (Economic Well-Being) to:-

- (a) identify the combination of co-incident risks against which the Council wishes to insure by having reserves; and
- (b) to benchmark the Council's level of reserves against other appropriate Authorities.

REVENUE BUDGET AND CAPITAL MONITORING: 2011/12 OUTTURN AND 2012/13 BUDGET

The Cabinet has noted the final outturn for revenue and expenditure in 2011/12 and variations already identified in the current year. Executive Councillors were pleased to note that as a result of under spending the Council has been successful in saving an additional £2.5 million in reserves.

Executive Councillors also have been apprised of variations in the capital programme in the current year and adjustments in the 2012/13 budget.

RISK REGISTER

In line with the Council's Risk Management Strategy, the Cabinet has noted the options available to manage six risks identified as very high or red in the Corporate Risk Register. The risks relate to various activities including IT business continuity plans, ICT security and changes in Government funding

POLICE AND CRIME PANEL

The establishment of a Cambridgeshire Police and Crime Panel as a Joint Committee of the local authorities has been supported by the Cabinet. The Panel will have an important role in scrutinising the new Police and Crime Commissioner. It will be made up of representatives from the seven Cambridgeshire Local Authorities plus one co-optee. The Cabinet has appointed the Executive Leader as the District Council's representative on the Panel with the Chairman of the Overview and Scrutiny Panel (Social Well-Being) as his substitute.

With regard to the Panel arrangements and associated terms of reference, the Cabinet has endorsed their substance and have authorised the Head of Legal and Democratic Services to finalise the precise wording as necessary.

BEARSCROFT FARM URBAN DESIGN FRAMEWORK

The Overview and Scrutiny Panel (Environmental Well-Being) has received the Draft Urban Design Framework (UDF) for land at Bearscroft Farm, Godmanchester. The UDF is intended to provide constructive guidance to future developers of the area to the maximum advantage and minimum disadvantage to local residents. A Member has expressed the view that Godmanchester does not have the infrastructure to serve a large scale development. Furthermore, the A1198 could be negatively affected by the proposed development. Members have been advised that the UDF was the subject of consultation which has enabled residents to have input into the design of development.

Having considered the options within the UDF, several Members have expressed a preference for Idea 5 which proposes that a new road is

constructed around the southern edge of the development. This will allow for a greater developed area and enable the football pitch and other green spaces to be completely integrated with the rest of the development. Members have expressed concerns at the UDFs lack of provision of a secondary school and highlighted the need to ensure there is a safe route for pupils to take to their chosen school. In its role as a consultee, the Development Management Panel has formulated a series of comments on the draft UDF which will be endorsed by the Panel at its meeting in August for submission to the Cabinet.

GROWING AWARENESS – A PLAN FOR OUR ENVIRONMENT

Both the Cabinet and Overview and Scrutiny Panel (Environmental Well-Being) have considered the Council's Plan for making continual, measurable progress in reducing its own resource use and for stimulating environmental improvements in the wider district. The Panel has also reviewed the Council's progress against targets so far and noted that energy usage has decreased by 18% across the Council's portfolio.

Members were acquainted with the details of the Green Deal, which is due to be launched in the coming months. As Councils will be best placed to promote the scheme Members have stressed the importance of ensuring that the Council provides the best value options for householders. The Panel has also recommended that, as far as possible, local traders should be used to deliver installations.

Attention has been drawn to the fact that the Council has not achieved its target of a 9.5% reduction in the cubic metres of water consumed by Council buildings. Members have been assured that this will become a priority of the Environment Team and will continue to

be carefully monitored. Specific reference has also been made to the increase in the percentage of Council employees travelling to work by car and the slow progress in reducing the amount of waste recycled from the Council's headquarters. This has highlighted that continual efforts need to be made to reinforce the activities designed to achieve targets. In particular, reference has been made to the need to promote the Council's home working policy and its travel plan.

WASTE COLLECTION POLICIES

The updated Waste Collection Policies have been received by the Overview and Scrutiny Panel (Environmental Well-Being). The Policies have been co-ordinated and some changes have been suggested. The Waste Collection Policies are intended to provide clarity to residents as to the type and extent of service that they can expect. Members have welcomed the fact that the Council's Waste Collection Policies are now available in a single document.

The Panel has endorsed the proposal to provide paper sacks for food/green waste to properties currently receiving weekly bag collections, so that they can be collected fortnightly to fit in with the normal collections and save on additional vehicles and crew having to collect every other week. Members have also supported the proposal to collect non-hazardous clinical waste with the normal grey bin collection, which will result in further savings. The Panel has recommended that the Council should provide and publicise guidance on how items, which are prohibited from wheeled bin and sacks, should be disposed of. With regard to Policy 22, which prohibits stickers on wheeled bins, Members have expressed a view that these stickers could provide an opportunity to convey messages, such as local speed restrictions. This approach is taken by

South Cambridgeshire District Council and is supported by the Police. Having noted that a pilot initiative is taking place in Huntingdonshire, the Panel has recommended that, subject to feedback from the local community, this practice should be adopted in Huntingdonshire.

The Panel has discussed the feasibility of removing the purple stickers on wheeled bins which identify residents who require assistance. Members have raised concerns that this practice identifies vulnerable residents and could potentially create a crime hazard.

Having been advised of the Panel's views, the Cabinet has endorsed the content of the document. With regard to the prohibition of stickers on bins, Executive Councillors reiterated that they were not in favour of notices being attached to bins. On the issue of purple stickers, the Cabinet was of the opinion that there was no evidence that this identifies vulnerable residents and referred to developments in technology which will soon enable collection crews to identify such properties using equipment in their cabs.

NEW HUNTINGDONSHIRE LOCAL PLAN CONSULTATION AND ENGAGEMENT PROCESS

Both the Overview and Scrutiny Panel (Environmental Well-Being) and Cabinet have received a report on the consultation and engagement process for the preparation of a new Huntingdonshire Local Plan to 2036. Members have been advised that the Local Plan presents them with an opportunity to influence how land will be allocated and have noted the next steps in the consultation and plan making process.

In welcoming an extended strategy and policy consultation period the Cabinet has authorised Officers to proceed to the Strategy and Consultation Stage,

using appropriate consultation material, the content of which to be agreed by the Head of Planning and Housing Strategy after consultation with the Executive Councillor for Strategic Planning and Housing.

PLANNING IMPLICATIONS OF THE ENTERPRISE ZONE

The Overview and Scrutiny Panel (Environmental Well-Being) has received a presentation by Mr P Mumford, Special Projects Manager (Alconbury) on the planning implications of the Enterprise Zone. The consultation process for development at the site will be extensive and exceed the standard consultation requirements. Members have been advised that the Local Enterprise Partnership will be looking to provide 'transformational employment' at the site. Subsequently there is a possibility that commuting patterns across the District will change as traffic towards Cambridge and London could be reduced. The Head of Planning & Housing Strategy has acknowledged that traffic management on the site will be a key factor in ensuring its success.

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