

Public Document Pack



**Assistant Director, Governance and
Monitoring**

Julie Muscroft

Governance and Democratic Services

Civic Centre 3

High Street

Huddersfield

HD1 2TG

Tel: 01484 221000

Direct Line: 01484 221000

Fax: 01484 221707

Please ask for: Jenny Bryce-Chan

Email: jenny.bryce-chan@kirklees.gov.uk

Monday 21 March 2016

Notice of Meeting

Dear Member

Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Council Chamber , Town Hall, Dewsbury** at **2.00 pm** on **Thursday 31 March 2016**.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read "Julie Muscroft", on a light-colored background.

Julie Muscroft

Assistant Director of Legal, Governance and Monitoring

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The Health and Wellbeing Board Members are:-

Councillor Viv Kendrick (Chair)

Councillor Donna Bellamy

Councillor Jean Calvert

Councillor Erin Hill

Councillor Kath Pinnock

Kiran Bali

Rory Deighton

Chris Dowse

Dr David Kelly

Carol McKenna

Dr Steve Ollerton

Alison O'Sullivan

Richard Parry

Vanessa Stirum

Sarah Muckle

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Board/Apologies

This is where members who are attending as substitutes will say for whom they are attending.

2: Minutes of previous meeting

1 - 4

To approve the Minutes of the meeting of the Board held on 25 February 2016.

3: Interests

5 - 6

The Board Members will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interest.

4: Admission of the Public

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

5: Deputations/Petitions

The Board will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

MATTERS FOR CONSIDERATION

6: Domestic Abuse Strategy

7 - 40

To provide an update on the activities undertaken to progress the work within the Domestic Abuse Strategy 2015-18 – Taking up the Challenge Towards Freedom to address domestic abuse issues in Kirklees.

Contact: Lee Thompson, Head of Safeguarding and Social Work
Tel: 01484 221000 and Mithu Komarnycky, Interim Domestic Violence Strategy Co-ordinator

7: Kirklees Better Care Plan 2016/17

41 - 46

To inform the Board that the 2015/16 Kirklees Better Care Plan is being updated for 2016/17 and will include a high level narrative plan and a finance and performance template as required by NHS England.

Contact: Phil Longworth, Health Policy Officer Tel: 01484 221000

8: NHS Planning Guidance Sustainability Transformation Plan

47 - 50

The purpose of this item is to update the HWB on the latest Sustainability Transformation Plan guidance and to agree progressing the plan with a particular emphasis on 10 questions that the plan will need to focus on and address.

Contact: Contact: Phil Longworth, Health Policy Officer Tel: 01484 221000

9: Minutes of CSE & Safeguarding Member Panel

51 - 58

To receive the minutes of the CSE and Safeguarding Member Panel meeting held on 3 February 2016 for information.

Contact: Helen Kilroy, Principal Governance Officer Tel: 01484 221000

10: Date of next meeting

To note that the next meeting of the Health and Wellbeing Board will be on the 28 April 2016, Meeting Room 3, Huddersfield Town Hall.

Contact: Jenny Bryce-Chan, Governance & Democratic Engagement Officer Tel: 01484 221000

This page is intentionally left blank

Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 25th February 2016

- Present: Councillor Viv Kendrick (Chair)
Councillor Donna Bellamy
Councillor Erin Hill
Kiran Bali
Rory Deighton
Chris Dowse
Carol McKenna
Dr Steve Ollerton
Richard Parry
Vanessa Stirum
Rachel Spencer-Henshall
- Apologies: Councillor Jean Calvert
Dr David Kelly
Alison O'Sullivan
Kathryn Hilliam
Chief Superintendent Steve Cotter
- In attendance: Robert Flack, Phil Longworth, Lyndon Peasley, Grace Duthie, Fatima Khan-Shah, Portia Roberts-Popham and Jenny Bryce-Chan

96 Membership of the Board/Apologies

The Board noted the following substitutions;

Catherine Riley for Owen Williams
Keith Smith for Alison O'Sullivan
Dr Nadeem Ghafoor for Dr David Kelly
Karen Taylor for Steven Michael
Ruth Unwin for Steven Eames

97 Minutes of previous meeting

The Minutes of the meeting held on 28 January 2016 were agreed as a correct record.

98 Interests

No interests were declared.

99 Admission of the Public

All Agenda items were considered in public session.

100 Deputations/Petitions

No deputations or petitions were received.

101 Public Question Time

No questions were asked.

102 Kirklees Carers Charter

Fatima Khan-Shah and Portia Roberts-Popham attended the meeting to present the Carers Charter (Kirklees). The Board was advised that health and social care is currently going through very big changes and carers are a pivotal part of the partnership not previously recognised. The cost to the economy if carers were unable to provide care would equate to an additional £856 million per year, therefore there is a business case for supporting carers.

The idea of the Carers Charter originated from a meeting with North Kirklees Commissioning Group and over the last few months it has developed into a partnership with carers, Kirklees Council, North Kirklees CCG and Greater Huddersfield CCG. The aim is to encourage organisations in Kirklees to adopt carer friendly practices and create a culture of positive change over time.

The intention is to target future NHS and social care users as carers are twice as likely to be permanently sick or disabled and need to receive the right support and timely interventions to prevent becoming service users themselves.

Investors in carers will develop as a social enterprise which owns and manages the Carers Charter. The aspiration is that it gets the same recognition as Investors in People. It has been created to encourage organisations that provide services to carers to become affiliated. If the Carers Panel think an organisation is doing well it will award the charter which lasts for one year.

In response to the information presented the Board asked how it could support the Charter and was advised that it could help by endorsing the approach, advocating on behalf of the Carers Charter and encouraging Board member organisations to sign up to the Charter.

The Board was informed that there would be a launch event and members were welcomed to attend.

RESOLVED:

- 1) That Fatima Khan-Shah and Portia Roberts-Popham be thanked for presenting information on the Carers Charter (Kirklees)
- 2) That the Board fully endorses the Carers Charter (Kirklees)
- 3) That a further update be provided at a future Board meeting.

103 Care Closer to Home Implementation Update

Robert Flack, Chief Executive, Locala, updated the Board on the Care Closer to Home Implementation. In summary, the Board was informed that since the contract was signed in September 2015, adult care provides a twenty four hour, 7 days a

week service and a single point of contact telephone line which includes clinicians. There were initial teething problems however things had since improved.

Employees are now spending much longer with patients on the first appointment to really get to know what they need and to put clear plans in place. Patients are also encouraged to play a more active role in decisions about their care.

There is a different skill mix amongst staff in the workforce and the intention is for them to work in a more joined up way with social care teams, local health partners including GPs and the Voluntary and Community Sector. In addition there are a number of social isolation teams based across Kirklees.

The Board was informed that video appointments are offered where appropriate and there has been some success with this. Respiratory service is still being developed and there is more to come and there is a target to see everyone deemed urgent within 2 hours.

RESOLVED:

- 1) That Mr Flack be thanked for providing an update on Care Closer to home.
- 2) That a further update be provided at a future Board meeting.

104 KSAB 3 Year Strategic Plan

Mike Houghton-Evans, Independent Chair of the Kirklees Safeguarding Adult Board (KSAB) attended the meeting to present the first KSAB 3 year Strategic Plan. The Board was advised that it is the first time that the KSAB has had an independent chair, and; in Kirklees there is a very strong shift to make it more independent.

Kirklees has a well-established Safeguarding Adults Board and the aim is to ensure that it provides sufficient challenge to safeguard the people of Kirklees whilst promoting an environment where abuse is prevented.

Mr Houghton-Evans explained that it is important that KSAB does not get bogged down in day to day issues and lose its strategic focus and work had started to enable the Board to be more outward focused. Meetings will take place with Chief Executive of each organisation to see if the membership of KSAB is right and relationships are already forming with Community Safety Partnership and the Children's Safeguarding Board.

The Board was informed that the Care Act requires KSAB to develop a 3-5 year strategic plan which sets out the Board's vision for the next few years, always looking 2 years forward and developed alongside a work programme. In developing the plan it is hoped that it is easy to read and written in plain language.

There is a plan and work programme therefore work can start to describe and map out what resources will be needed and who can contribute as it is important that members are able to commit resources.

Some of the areas of focus will be on genital mutilation, Child Sexual Exploitation and prevention will be a big part of the work.

The one area that stands out in Kirklees is having no input from police however this is being put addressed.

The Board was advised that Safeguarding week which is to be held jointly with the Children's Board and with other local authorities will be week commencing 17th October 2016.

RESOLVED:

- 1) That Mike Houghton-Evans be thanked for presenting the KSAB Strategic Plan 2015-18.
- 2) That a progress update will be provided at a future Board meeting

105 Minutes of CSE & Safeguarding Member Panel

The Board considered the minutes of the Child Sexual Exploitation and Safeguarding Panel held on the 9 December 2015 and 7 January 2016.

RESOLVED:

That the minutes of the Child Sexual Exploitation and Safeguarding Panel held on the 9 December 2015 and 7 January 2016 be received and noted by the Board.

106 Date of next meeting

RESOLVED:

The next meeting of the Health and Wellbeing Board will be held on the 31 March 2016 in The Council Chamber in Dewsbury.

KIRKLEES COUNCIL			
COUNCIL/CABINET/COMMITTEE MEETINGS ETC			
DECLARATION OF INTERESTS			
HEALTH AND WELL BEING BOARD			
Name of Councillor			
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
- (b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	31 March 2016
TITLE OF PAPER:	Progress Update on Implementation of the Domestic Abuse Strategy 2015-18
1. Purpose of paper	
<p>To provide an update on the activities undertaken to progress the work within the Domestic Abuse Strategy 2015-18 – Taking up the Challenge Towards Freedom to address domestic abuse issues in Kirklees.</p>	
2. Background	
<p>The Domestic Abuse Strategy has been produced in collaboration with key partners and based on issues identified through the Domestic Abuse Needs Assessment undertaken by Kirklees Public Health in July 2015. The Strategy has been agreed by the Domestic Abuse Strategy Partnership, endorsed by the Safer Stronger Communities Executive, the Council’s Directorate Management Group, Kirklees Integrated Commissioning Executive and the Adults’ and Children’s Safeguarding Boards and discussed at Huddersfield and North Kirklees Clinical Commissioning Groups (CCGs) in November 2015.</p> <p>The Domestic Abuse Strategy is clearly linked to the key objectives around improving health and wellbeing as set out in the Joint Health and Wellbeing Strategy.</p> <p>The Strategy also complements wider Kirklees strategies including, the Safer Stronger Communities Plan, and the work of the Local Safeguarding Children’s Board and Adults Safeguarding Board.</p> <p>Priorities for delivery in Year 1 include:</p> <ul style="list-style-type: none">• Expand Independent Domestic Violence Advocacy Service• Work with local partners to increase perpetrator work• Develop targeted campaigns to raise awareness of domestic abuse issues• Agree pathways and referral routes into services at all tiers of need• Examine good practice locally and nationally to improve understanding of abuse• Establish gaps in training to shape workforce development programme <p>KEY ACHIEVEMENTS TO DATE INCLUDE:</p> <ul style="list-style-type: none">• Service Manager for Domestic Abuse and Safeguarding Partnerships started in post mid February 2016 which will ensure strong links between key agendas• Funding from Adults Services, Stronger Families, Public Health, Police and the Police & Crime Commissioner pooled to enhance Independent Domestic Abuse Advocacy Service. This tender has now been awarded and start-up phase began on 21st March 2016• Strategic Delivery Group agreed for Safe & Cohesive Communities to provide funding for the Multi-Agency Risk Assessment Conference (MARAC) Co-ordinator post 2016/17 to ensure high risk victims are supported• Perpetrator programmes recently started in Kirklees delivered by Yorkshire Children’s Centre	

(Big Lottery funded) and CRI (regional programme funded by the Police and Crime Commissioner). These are working at all tiers of need and are linked into local services (including referrals being made as part of an Out of Court Disposal).

- Annual and quarterly data collection agreed to monitor progress and outcomes. Data analysed highlights emerging trends including pregnant victims and teen/parent violence
- A successful, award-winning campaign to raise awareness of domestic abuse issues '*It's Never OK*' ran in 2015 and, based on the above emerging trend, a renewed campaign, '*It's Never OK – Having a Baby won't stop Domestic Abuse*' commenced on 1st March 2016. This is to specifically target pregnant women and early indications are positive, particularly around high numbers of views coming through various websites. This campaign will be formally evaluated in April 2016.
- The Step Up Programme provided by Stronger Families to tackle Teen Violence and Abuse towards Parents will be starting mid-April 2016 (in line with the other emerging trend)
- Planning commenced for annual snapshot survey with local services (28th April 2016) to capture more detail around local incidence and victims from minority groups
- Initial consultation undertaken with victims and research commenced into specific needs of ethnic minority communities.
- Lesbian Bi-sexual Gay and Transgender workstream reviewing provision for victims. Agreement made to commission Broken Rainbow to run a dedicated helpline (for a time limited time) which will provide a more in depth understanding of local prevalence and need
- Training audit completed – Domestic Abuse Strategy Group agreed to fund basic E-Learning package and mid-level classroom training is in development for 2016/17 (jointly between Children's and Adult's Safeguarding Boards). MARAC training programme also scheduled for 2016. Safeguarding Boards & Community Safety Partnership workshop held 05/11/15 identified cross partnership training priorities to be taken forwards (FGM, CSE and Council's approach to EIP)
- Review of referral pathways into domestic abuse services are underway as part of wider review of Children's Services and the Integrated Domestic Abuse Team are now co-located with early help and social workers

3. Proposal

Members are asked to note the contents of the report and assist in the identification of partnership and funding opportunities, as set out below.

4. Financial Implications

Financial plans to support the implementation of the Strategy for the next 4 years have been developed and long term funding is required for essential posts to ensure Kirklees can deliver integrated support to medium and high risk victims. These include:

- Sustainability of Business Support Officers required to effectively support the Multi-Agency

Risk Assessment (MARAC) process

- The MARAC Co-ordinator post beyond 2017
- Longer term support for Independent Domestic Abuse Advocates (IDVAs) because, whilst collective partnership efforts have ensured funding for five IDVAs for two years, the service cannot be currently sustained beyond this

We are currently reviewing the workforce development plans of the Safeguarding Adults and Children's Boards and identifying areas relating to domestic abuse at higher levels of risk and cross cutting issues of Child Sexual Exploitation, Human Trafficking, Female Genital Mutilation and Forced Marriage. We are also exploring the scope to deliver training for frontline staff in local services and community setting to ensure that training is delivered at all levels of risk across a number of cross cutting agendas.

5. Sign off

The strategy was signed off in July 2015 and contents of the original report were signed off by Sarah Muckle, Acting Head of Public Health, member of the Health and Wellbeing Board, on 11th November 2015. This is a revised version of the report to reflect the progress made since then.

6. Next Steps

- The Action Plan to support the Strategy is due to be refreshed at the next Domestic Abuse Strategy Group to identify year two actions
- The Health and Wellbeing Board will receive updates on progress on implementation of the Strategy
- Links will continue with Children and Adults Safeguarding Boards, Community Safety Partnership and Commissioning Groups to ensure an integrated approach to domestic abuse, exploring opportunities for joint work, co-funding and whole family approach

7. Recommendations

That the Board:

- Notes the progress of work undertaken to address priorities in the Strategy
- Notes the financial implications and explore any joint opportunities to alleviate these
- Receives further updates in 2016/17

8. **Lead officer:** Lee Thompson, Head of Safeguarding and Social Work

Contact officer: Alexia Gray, Service Manager, Domestic Abuse and Safeguarding Partnerships

Alexia.gray@kirklees.gov.uk on tel: 01484 221000 or 07528 988864

Kirklees Domestic Abuse Strategy 2015-2018

Taking up the challenge

Towards freedom



Kirklees Council working in partnership with Pennine Domestic Violence Group, West Yorkshire Police, NHS, Kirklees Neighbourhood Housing, Locala, Lifeline/On TRAK, Kirklees Probation Community Rehabilitation Company, University of Huddersfield, Kirklees College and voluntary and community organisations

to raise awareness and prevent domestic abuse.

Contents

Introduction to the Domestic Abuse Strategy 2015-18	2
Vision	3
Outcomes.....	3
Strategic objectives	3
Introduction	4
Definition of domestic abuse	4
Context.....	5
Current picture in Kirklees	6
Geographical issues.....	8
Demographic information	9
Men.....	9
Children and Young People.....	9
Age	10
Intergenerational domestic abuse.....	10
Health Issues	10
Drugs and alcohol.....	11
Homelessness	11
Ethnicity	11
Governance and partnership work	12
Domestic abuse services in Kirklees	15
Priority areas of work in year 1	16
Appendix 1	A1
Glossary of terms	

Introduction to the Domestic Abuse Strategy 2015-18

Domestic abuse has a major impact on children, young people, adults and communities in Kirklees. Children are present in a third of local domestic abuse incidents and girls aged between 16 and 19 years are increasingly at risk. Domestic abuse affects people from all communities and backgrounds and victims are often affected by other complex issues such as poverty, mental ill health, alcohol and drug misuse and poor parenting. There are significant costs involved in addressing domestic abuse and this usually includes providing support to families in crisis where domestic abuse is a key feature.

Domestic abuse is a priority for Safer Kirklees and has been identified as a key theme in the Safer Kirklees Partnership Plan. Local partners have adopted an integrated approach to implementing strategies to address domestic abuse and linked areas of work around forced marriage, child sexual exploitation and human trafficking. We aim to protect people from serious harm by preventing domestic abuse; we will also support frontline workers and communities to recognise the early indicators of abuse and understand the services available to support victims.

This new three year Domestic Abuse Strategy has been developed by the Domestic Abuse Strategy Partnership which is made up of partners from the Council, Police, Health Services, the Probation Service and the voluntary sector. It has built on national guidelines and policies and the Domestic Abuse Needs Assessment undertaken by Kirklees Public Health earlier this year; it links to wider Kirklees strategies including the Safer Kirklees Plan, Joint Health and Wellbeing Strategy and the work of the Local Safeguarding Children's Board and Adults Safeguarding Board.

This document sets out our vision and objectives to reduce the incidence and impact of domestic abuse in Kirklees. Due its cross cutting impact, we have adopted a strong multi-agency approach and in line with local strategies, there is a focus on early intervention and prevention as well as supporting to repeat victims whose lives are at risk and working with perpetrators to prevent re-offending. Support is provided when issues are first recognised, through to high risk cases where impact is likely to be significant. In the event of a domestic abuse homicide, the Council and its partners will undertake a review to consider how lessons can be learnt.

Amongst our partners, there is a real appetite to combine resources and efforts to improve outcomes for victims and children. We recognise the importance of targeted work to support families, children and young people, ethnic minority groups, lesbian gay bi-sexual and transgender groups and vulnerable adults, and we are using research and best practice leading to innovation and support for all involved.

We will monitor our progress and strive to reach outcomes that reduce the prevalence of this social issue and improve the quality of life of adults, children and families.



Councillor Graham Turner
Chair of Safer Kirklees

Vision

In Kirklees no one has to live in fear of domestic abuse and victims and their families are able to access high quality and timely support delivered by well-trained, supportive staff and volunteers who support people when risks are identified and impact is significant. Where there are early indicators of domestic abuse, early intervention and targeted services will aim to reduce the impact on adults, families and children.

Outcomes

The strategy will result in the following sustainable outcomes for individuals affected by domestic abuse in Kirklees:

- victims are safer
- children are safer
- victims have improved health and wellbeing
- victims have increased personal resilience
- victims live in safe, suitable and stable accommodation
- perpetrators are supported to address their behaviours

Strategic objectives

The following strategic objectives will support achievement of these outcomes:

- 1 Accurate data and intelligence regarding the prevalence of domestic abuse informs action locally
- 2 Public information campaigns raise awareness of domestic abuse, improve engagement, change social norms, challenge attitudes and behaviours reducing the incidence of domestic abuse. Specifically raise awareness of the impact of domestic abuse on children in the household and promote resilience and self-awareness in children and young people in Kirklees.
- 3 People who experience domestic abuse have timely access to justice and a range of appropriate services are available aimed to prevent further abuse and support those in greatest need. Integral to this framework for delivery is the early identification of perpetrators and referral into effective interventions and services which address the needs of children from households where there is domestic abuse.
- 4 All those who are likely to work with people affected by current or historic domestic abuse have access to learning and development as well as management support so they can respond appropriately to all members of the community including those with specific needs such as children and young people, adults at risk, ethnic minority groups and Lesbian, Gay, Bi-Sexual and Transgender (LBGT) adults
- 5 Smarter integrated commissioning approaches support sustainable and responsive services for those affected by domestic abuse in Kirklees

Introduction

Domestic abuse harms the whole of society and impacts across all sections of our local communities. It damages adults, young people and children and it has a significant impact on individual health and wellbeing and can seriously affect whole life experiences.

In response to *the Guide to Effective Domestic Violence Partnerships* produced by the national organisation Standing Together Against Domestic Violence, partners in Kirklees have developed this strategic response. It reflects the complexity of the agenda and recognises domestic abuse is the responsibility of all agencies with a remit for health, social care, crime and the prevention of homelessness. There is a commitment in Kirklees to strengthen the partnership approach to prevent neglect and abuse and safeguard children and adults. Partners involved in the production of this strategy recognise the importance of collaboration and are committed to shared responsibility and action across all sectors.

This strategy addresses issues surrounding domestic abuse experienced by a range of people; this includes women who are victims of male perpetrators. The Government's *End Violence Against Women and Girls (VAWG)* strategy was launched in 2011 and it sets the strategic framework to address all forms of violence against women and provides the current definition of the term domestic violence and abuse. Our work also recognises that victims are drawn from diverse backgrounds with wide ranging experiences and individual circumstances, in particular those from the Black and Minority Ethnic (BME) and LGBT communities.

Definition of domestic abuse

The current cross-government definition of domestic abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members, regardless of gender or sexuality. Partners in Kirklees have agreed that these areas of abuse will be addressed through this strategy. The abuse can encompass, but is not limited to:

- psychological and emotional including verbal abuse
- physical
- sexual
- financial

This definition also acknowledges the coercive and controlling nature of abusers and reflects the demography of victims (16 - 19 year old girls who are most at risk). Controlling behaviour is a range of acts which make a person subordinate or dependent, by isolating them from support, exploiting them for personal gain, depriving them of independence, resistance and escape and regulating everyday behaviour. Coercive behaviour can be acts of assault, threats, humiliation and intimidation, or other abuse used to harm, punish, or frighten the victim. The current definition includes 'honour' based violence, female genital mutilation (FGM) and forced marriage.

Context

The Early Intervention Foundation (EIF) in 2014 highlighted the key forms of preventative services which address the specific challenges of domestic abuse; these include universal services which can embed understanding of good relationships in childhood, early intervention to support social and emotional skills and work to support victims, safeguard children and prevent recurrence.

Kirklees Domestic Abuse Strategy, in line with local priorities, recognises the importance of early intervention and prevention. Activities to deliver the strategy outlined in the annual action plan (*Appendix 1*) support work relating to:

- prevention including priorities around communication and awareness raising and education
- early resolution of issues when they first emerge through timely and effective referral into appropriate services
- partners working together to address problems, prevent escalation and respond to high risk cases

In 2013, the World Health Organisation (WHO) published its most comprehensive research to date into the global prevalence of Violence Against Women (VAW) and found that:

- worldwide, almost one third of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner
- globally, as many as 38% of all murders of women are committed by intimate partners

Victims of domestic abuse are not confined to a particular gender, ethnic group or sexual orientation and abuse affects whole families, including children and the elderly. However, evidence does show that the majority of victims are women. Significant underreporting exists across all victims and prevalence data does not therefore accurately reflect the extent of domestic abuse; this applies equally to same sex relationships and the findings of the Coral project in 2014 by Leicester University into abusive behaviours amongst LGBT victims, identified other forms of abuse and highlights the need for sensitive services to address the specific issues faced within these communities.

Male victims are also subject to abuse by female perpetrators and specific provision needs to be developed to respond appropriately to men from different ages, backgrounds and sexual orientation. It is recognised locally that further targeted work and evidence-based approaches need to be undertaken to engage young people through schools, community provision, further education providers using innovative approaches and social media. To prevent the incidence of domestic abuse in the future, preventative work must be undertaken to change the social norms and reduce the number of children and young people being exposed to domestic abuse at home. Preventative work in this area will also address the increase in incidents of intergenerational violence involving adolescents and parents which impacts also on vulnerable adults.

There is increasing evidence locally and nationally of impact of the 'toxic trio' in cases of neglect and abuse; households where mental health, domestic abuse and drugs and alcohol abuse are all prevalent result in negative, long term outcomes for victims, children, families and the wider community. Victims of domestic abuse are also more likely to become homeless attempting to escape perpetrators within the household. Therefore adequate refuge accommodation and supported housing must be available locally to respond to these needs.

National statistics collated as part of the British Crime Survey (BCS) indicated that each year, over one million women in England and Wales become victims of domestic abuse and more than one in four women will be victims of domestic abuse in their lifetimes. The gendered pattern of violence and abuse against women and girls needs to be understood and acknowledged. Men have a key role in challenging abuse and helping to change the attitudes and actions of their peers. It is recognised that domestic abuse occurs at a similar proportionate rate within lesbian, gay, bisexual, and transgender (LGBT) relationships as it does within heterosexual relationships, but these victims do not readily access mainstream services. Locally LGBT victims are not currently recorded and therefore it is not possible to quantify demand for services and identify gaps in provision.

It is widely recognised that the majority of those affected by domestic abuse do not report their experiences to the police and of those incidents reported to the police, only a minority are resolved through the criminal justice system. Whilst some victims will be supported where they meet safeguarding and risk thresholds, a significant number will not receive support. Therefore partner agencies have a significant role to play in addressing domestic abuse, whether the violence is reported to the police or not, particularly to intervene early and prevent further abuse.

Nationally published serious case reviews highlight that professionals may struggle to keep their focus on the child when they are working with families where there is domestic violence. Practitioners need to consider the daily experiences of children and the impact domestic violence makes on their lives. The reviews also highlight the need to engage with men living in the family home and ensure they see the mother alone avoiding assumptions on the mother's ability to protect her children. Professionals need to be aware that women who suffer domestic violence may find it difficult to ask for help and then use services.

Current picture in Kirklees

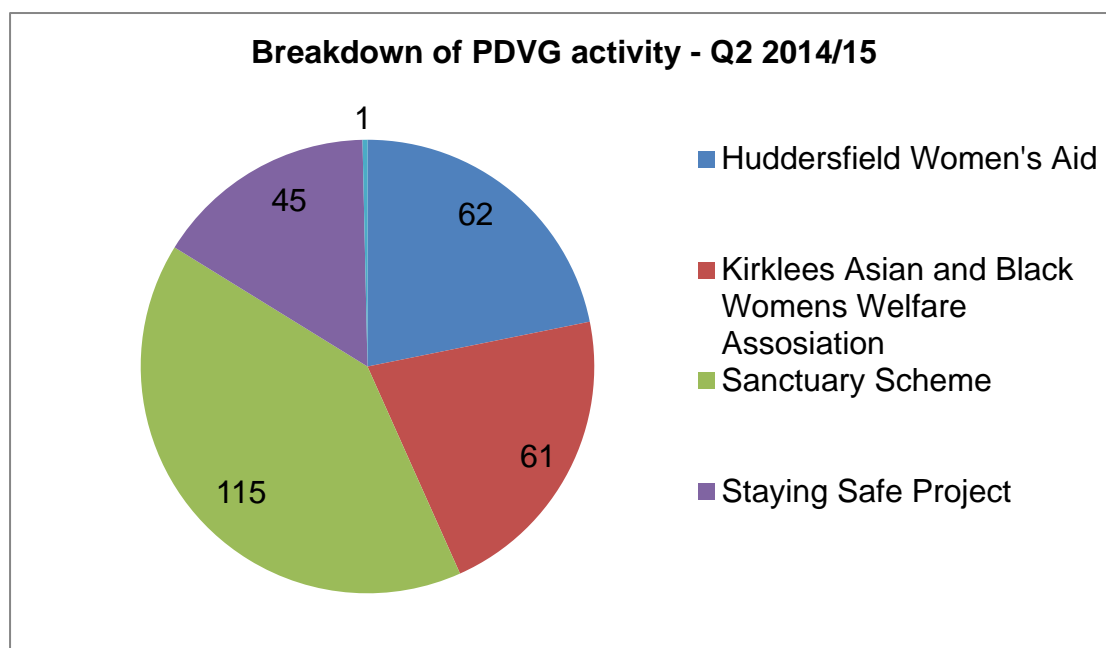
Using the BCS methodology and recent national statistics it is estimated that in Kirklees in 2013/14 12,020 adult women and 8,501 adult men may have been victims of domestic abuse; this figure is expected to have risen in 2014/15 and statistics will soon be updated. During the previous twelve months West Yorkshire Police data shows that in Kirklees 5,624 domestic incidents reported to the police could be classified as domestic abuse but this figure is likely to be significantly understated. Using police data and BCS methodology to calculate local prevalence in Kirklees, it is estimated that reporting could be as low as 18.8%, suggesting the problem is more acute locally than at a national level.

In Kirklees agencies record domestic abuse disclosures in different ways so to establish prevalence estimates were calculated as part of a recent Domestic Abuse Needs Assessment undertaken by Kirklees Public Health. This process has identified that a priority for future work will be to establish consistent recording of data and produce annual reports which better reflect the levels of domestic abuse and accurate numbers of incidents.

As part of the Needs Assessment estimates of incidents were made based on data gathered from reported police incidents, the council's Care First system, specialist initiatives such as the Independent Domestic Violence Advocacy Service (IDVAS), Multi-Agency Risk Assessment Conferences (MARACs) and Pennine Domestic Violence Group (PDVG). The data below provides an indication of the prevalence of domestic abuse locally and starts to map demand for services:

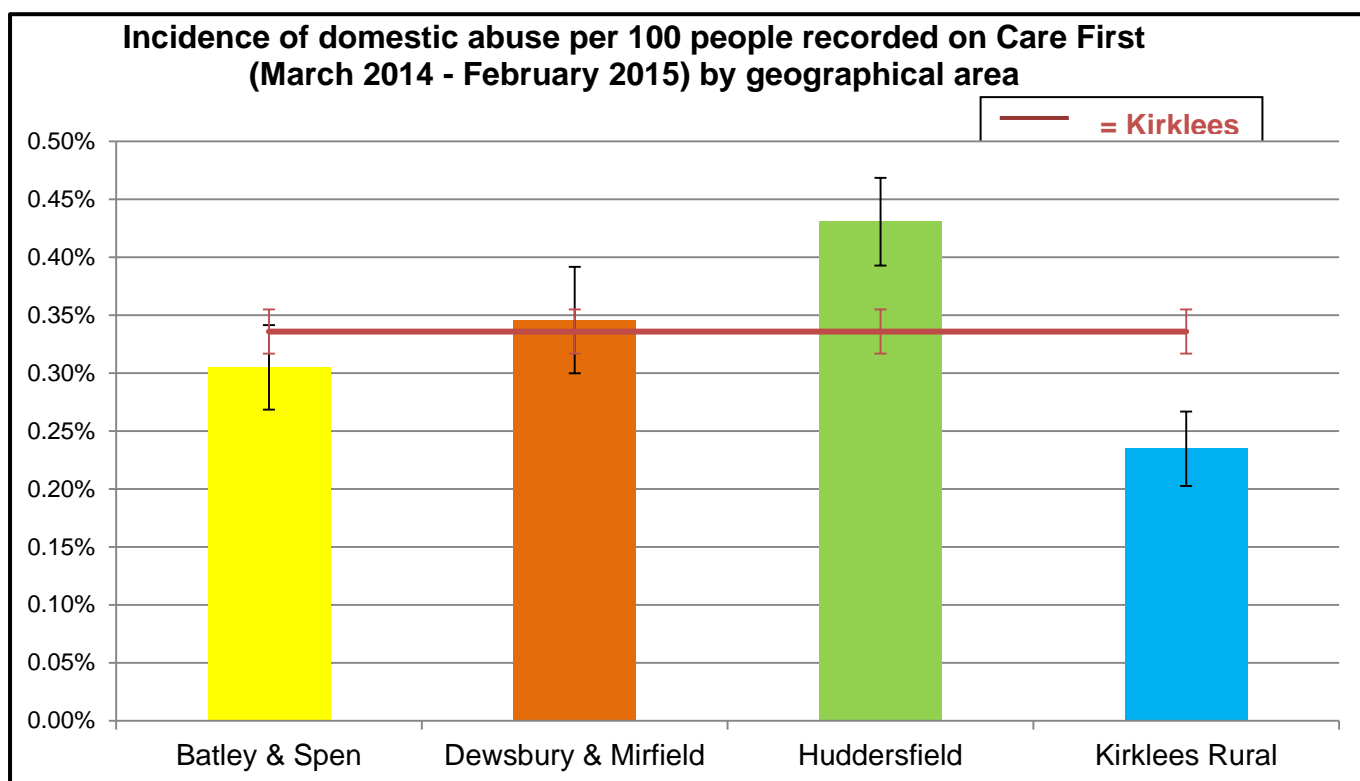
- MARACs are held when there is a high risk to the victim of injury or serious harm. Data for 2014/15 shows that Kirklees MARAC heard 597 high risk adult cases (involving 754 children) with a repeat referral rate of 36%
- data from Integrated Domestic Abuse Team (IDAT) for 2014/15 indicates during the 12 month period there were 930 initial contacts relating to domestic abuse, 74% female, 23% male and 3% not known
- based on police data (although there will be variations across Kirklees) the profile of victims and perpetrators suggested that the typical victim is most likely to be a 20-29 year old white UK female victim and the perpetrator a white UK male aged 20-41. The most likely type of abuse is a verbal dispute
- children are present at a third of incidents
- victims of domestic abuse homicides are predominately female

Data from Pennine Domestic Violence Group, Kirklees' specialist voluntary sector provider, reported in 2014/15 that there were 919 referrals into the services for outreach support or refuge accommodation. During a 3 month period in 2014/15 284 individuals were referred into the service and the service took approximately 1,500 advice calls by telephone. The breakdown of services provided is shown below:



Geographical issues

It has been possible to map the incidence of domestic violence across areas of Kirklees by analysing data from the council's Care First system. However, it should be noted that the data below is limited to the amount of data recorded by local services and will be reflective of the general under-reporting of domestic abuse across the country.

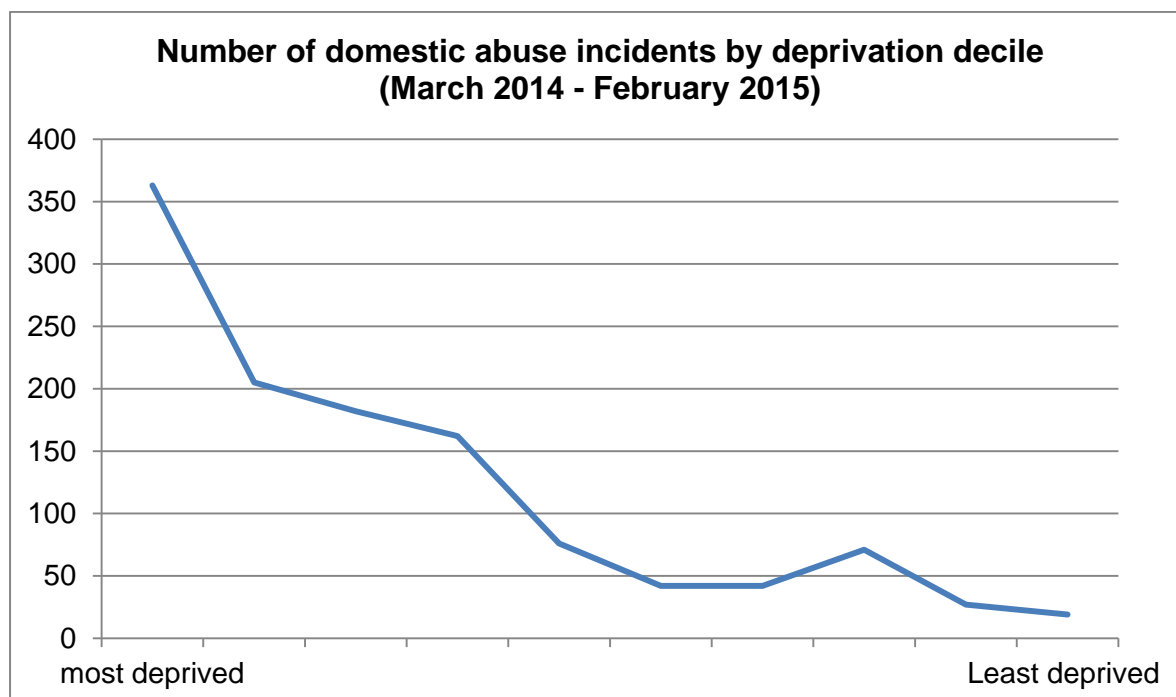


The above table shows incidence per 100 people based on records on Care First citing domestic abuse. Comparing incidence with the concentration of people living in these areas, domestic abuse is significantly more prevalent in Dewsbury, Mirfield and Huddersfield, slightly more in Batley than would be expected and Kirklees Rural estimates are in line with the representation in the local population. Huddersfield has the largest population and also the highest incidence per thousand people and services should be weighted accordingly to meet the needs in this area of Kirklees.

The numbers of incidents recorded within the council's information system are less than a quarter of those identified by the police and therefore the database cannot be regarded as entirely representative of the current situation. There is a need to address domestic abuse across all communities in Kirklees and ensure appropriate provision is made for those affected, regardless of geographical location.

Deprivation is an underlying factor in many of the triggers of domestic abuse and there is a clear correlation between the Index of Multiple Deprivation (IMD) scores at ward level and the incidence of domestic abuse. (IMD scores measure levels of income, employment, health, education, skills and training, barriers to housing, crime and the living environment). It is also recognised that the benefit changes and effects of long term unemployment may impact on future levels of domestic abuse.

Higher levels of deprivation are associated with a higher incidence of recorded domestic abuse as can be seen in the chart below:



Demographic information

Men

Current national strategies support the premise that domestic abuse disproportionately impacts women and girls. Data from West Yorkshire Police shows that 17.4% of all incidents, regardless of level of assessed risk, were reported by men, whilst MARAC data (high-risk cases only) for the same period reported only 7% of all referrals were male and IDAT data shows 23% of initial contacts were received by men. This is indicative of underreporting of high risk incidents involving men who are victims of female perpetrators and victims within LGBT relationships and will require effective awareness raising and targeted interventions to increase confidence in reporting.

Children and Young People

The Research in Practice review into the effects of domestic violence/abuse on children/young people in 2011 found that almost a quarter of young adults in the UK have witnessed domestic violence during their childhood, and almost 1 in 20 (4.5%) children and young people in the UK have experienced severe forms of domestic violence. Whilst the Children & Young People Survey undertaken in Kirklees in 2014 did not specifically ask about domestic abuse, the survey in 2009 of 3137 pupils showed that 9.6% of children surveyed had worried about violence at home at least once during the previous year.

During the period 2014/15, Kirklees Duty and Assessment Service received 2712 initial contacts regarding children and in 943 of these contacts, domestic abuse was the presenting issue. It is also estimated based on Child Protection and Review Unit data that between 40% to 50% of all children on a child protection plan will be affected by domestic abuse issues at home.

Locally, abuse between young people aged 16-18 is more noticeable and the number of young Asian girls coming forward is also increasing.

Age

Research conducted in 2007 by national Women’s Aid found that older people were less likely to identify themselves as victims of abuse and consequently less likely to disclose their experiences to services. They are likely to have experienced abuse over a long period and also can be financially dependent on partners and feel unable to escape abuse. This research concluded that special consideration should be given to the specific needs of this cohort.

Age profile of domestic incidents in Kirklees May 2014 to April 2015

Age range	Total	Percentage
Incidents where under 16s were present at domestic abuse incidents involving two adults	158	2.8%
16-19	448	8%
20-29	1946	34.6%
30-39	1405	25%
40-49	1048	18.6%
50-59	399	7.1%
60-69	146	2.6%
70+	74	1.3%
Total	5624	100%

Source: West Yorkshire Police

Intergenerational domestic abuse

There is a growing incidence of domestic abuse by children against their parents. In Kirklees this issue has been identified through monitoring of cases in Children and Adults Social Care, Pennine Domestic Violence and a significant number of the Stronger Families cohort of parents have reported abuse from their children. Where the perpetrator is a child, he/she may also have control over the parents and the issue is different from abuse experienced from a partner, as the victim is often unable to sever the lifelong ties with the child concerned.

Health Issues

Domestic abuse results in long term physical and mental health conditions and a higher use of health services by victims and their families. Locally, it has been recognised that some victims living in more affluent areas of Kirklees, may not present to domestic abuse services but may disclose abuse to their general practitioners. The impact of post-traumatic stress disorder on members of the armed forces and their families has also been recognised and the Government has

produced an Armed Forces Covenant to ensure families are supported during difficult situations including those affected by domestic abuse through effective multi-agency working.

People with physical disabilities are also vulnerable to domestic abuse and can lead victims to feel isolated and powerless.

There are also factors to consider in relation to abuse and carers. Carers may cause harm or abuse through neglect of the person for whom they provide care, or they may be harmed by the person for whom they care. However, it should be noted that people who lack mental capacity, or have a long term limiting illness or physical disability, may unintentionally abuse their carers; for example some people with dementia.

Domestic abuse is a factor in 49% of suicide attempts by Black and Minority Ethnic (BME) women and 22% of attempts from women from White communities. One third of women attending A&E for self-harming have experiences of domestic abuse.

Drugs and alcohol

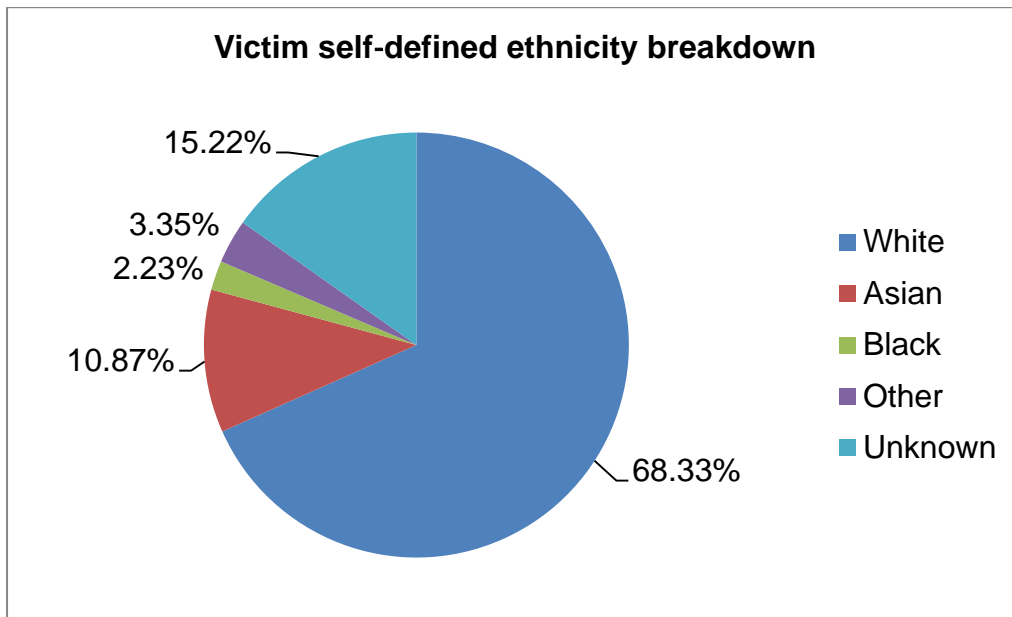
Both victims and perpetrators of domestic abuse may use alcohol and drugs which can also be used as a form of control over victims who may be forced into high risk activity to pay for the substances. This increases the vulnerability of victims and exposes them to dangerous situations as they are unable to assess risk posed due to a dulling of senses.

Homelessness

Domestic abuse impacts on levels on homelessness. Victims of domestic abuse may become homeless due to their need to escape abuse from the perpetrator living in the same home; this may be a partner, parent, carer or child. If seeking accommodation, often with children, victims will require integrated packages of support through a comprehensive care plan and help to find long term, safe housing to suit their needs.

Ethnicity

Although there are more victims coming forward from BME communities, there is still a proportionally greater unmet need compared to white British communities. Based on 2011 census, 79% of Kirklees population are from the indigenous white community and 21% of ethnic minority origin.



Source: West Yorkshire Police

Key points to note include:

- victims defining their ethnicity as 'Black' appear overly represented compared to their representation in the population (last census figure 1.8%)
- it is difficult to effectively identify victims coming from New European states through recorded data
- typically members of Gypsy/Traveller/Roma communities do not report domestic abuse issues to any relevant agency within the county. However research has indicated that up to 61% - 81% of women from these communities have been a victim of domestic abuse

Improved understanding of the ethnicity of victims and perpetrators is required and the specific issues within different cultures to ensure an appropriate service response, including the impact of forced marriages and intergenerational family abuse.

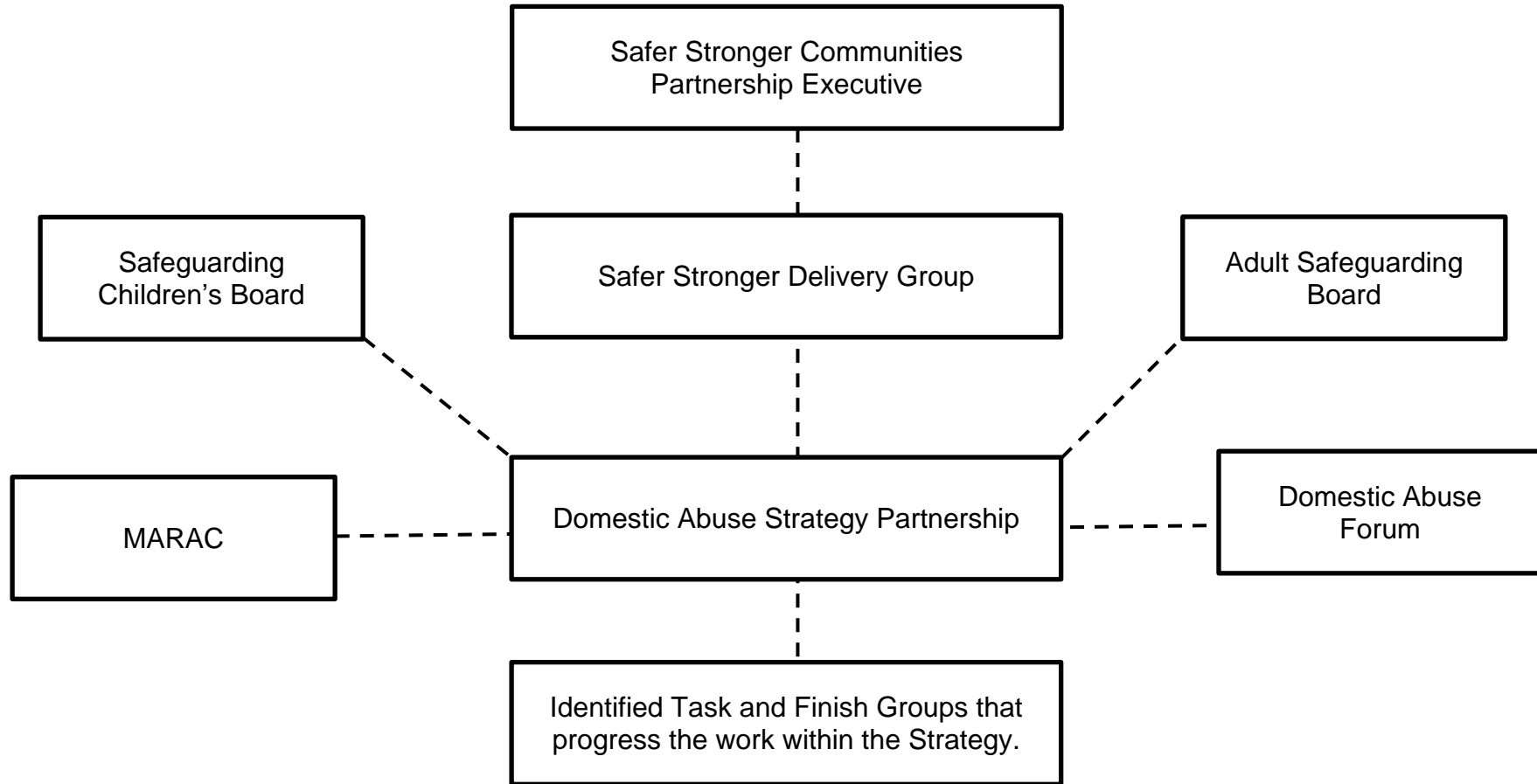
Governance and partnership work

In Kirklees the Safer, Stronger Communities Partnership has assumed responsibility as the lead body overseeing this strategy; the strategy is implemented by the multi-agency Domestic Abuse Strategy Partnership comprising representatives from key statutory services and the voluntary sector. The Domestic Abuse Strategy Partnership is directly accountable to the Safer, Stronger Communities (SSC) Executive Group linking this important work into strategies around crime, community safety and health, as seen on the governance chart overleaf. The Domestic Abuse Strategy and supporting action plan (*Appendix 1*) feeds into Safer, Stronger, Communities Plan 2015-18 priority 'Tackling Crime' and in particular supports cross-cutting work to reduce crime, increase personal safety and safeguard individuals. Quarterly performance monitoring will be provided accordingly to the SSC Executive Group to update on progress.

The priorities for work in this strategy complement values within Kirklees vision to safeguard vulnerable citizens and help people control their own lives. The work undertaken as part of the strategy will dovetail with the agendas of both the Adults and Children's Safeguarding Boards as the work will help to protect children and vulnerable adults. Activities undertaken to address domestic abuse complements wider work including Reducing Offending, Child Sexual Exploitation, Drugs and Alcohol and Preventing Homelessness strategies. It also supports priorities within the Joint Health and Wellbeing Strategy to improve the health and confidence of local people and reduce inequalities. Consultation and two way feedback between the strategic Domestic Abuse Partnership and practitioners' Kirklees Domestic Abuse Forum takes place regularly and is important to ensure that local expertise and resources are maximised and an integrated approach to domestic abuse can be provided for victims and their families.

Kirklees Stronger Families Programme, which works to improve the lives of families with multiple problems, identified that almost half of all families in the programme were affected by domestic abuse and therefore regards reduction of domestic abuse as a priority outcome for target families. To support this aim, the programme funds the MARAC co-ordinator, an IDVA to support victims identified through the MARAC and a new post to provide co-ordination of the Domestic Abuse Partnership and the strategy and the Adults Safeguarding Partnership. The programme is also piloting a new approach to tackling teen to parent violence which is increasingly recognised as a feature in families with complex needs.

Domestic Abuse Arrangements in Kirklees



Domestic Abuse can have an impact on most aspects of our communities and everyday life. It is therefore fair to say that domestic abuse can be linked to most of the strategies across Kirklees including the Joint Health and Wellbeing Strategy and the work of the Local Safeguarding Children's Board and Adults' Safeguarding Board. By raising the awareness of the domestic Abuse Strategy and the work of the strategy group across other areas of work we can minimise the impact on the lives of people living and working in Kirklees. This is a challenging area but by working in partnership we are better able to achieve results.

Domestic abuse services in Kirklees

Universal services have a key role to play in addressing social norms and undertake preventative work to reduce the occurrence of domestic abuse. Kirklees also has an established wide range of domestic abuse services which support victims and families. Yorkshire Children's Centre employs a part time officer to work with perpetrators. Perpetrator work will be further enhanced in Kirklees through a West Yorkshire perpetrator programme (currently in development) supported through Police Crime Commissioner funding. The Integrated Domestic Abuse Team (IDAT), MARAC, IDVAs, PDVG, Women's Aid, WomenCentre and other partners in the voluntary sector are committed to reducing the incidence and recurrence of domestic abuse and supporting victims through the criminal justice process. Locally, our Needs Assessment has identified a range of services from early intervention to high risk including:

- victim 24 hour helpline
- independent advocacy support
- victim support
- counselling
- specialist services around substance misuse and mental health issues
- specialist services for LGBT and ethnic minority communities
- refuge provision
- support to high risk families and child protection

The main points of initial contact for those experiencing domestic abuse, or for professionals working with victims, are Children's Safeguarding Services, the IDAT, the Police, PDVG and Adult Services Single Point of Access. The IDAT was established in response to the significant number of referrals to social care where domestic abuse was prevalent and in recognition of the long term adverse effect of abuse on children's behaviour, relationships, health and development. The team works with parents to educate them on the impact of abuse on their children; it also provides support to victims with no children. WomenCentre delivers the Freedom Programme which aims to support women to understand the dynamics of domestic abuse and help protect them from further abuse and reduce impact on their children; the organisation has also been involved in a national pilot funded through Respect into teen/parent violence. As part of the recent Domestic Abuse Needs Assessment, feedback from services users indicated the strengths in local services and the positive impact of community based and third sector organisations on provision of support to victims and their families.

The Kirklees Domestic Violence Forum brings together providers of domestic abuse services from the voluntary and statutory sectors to raise awareness and develop consistent approaches to delivering domestic abuse services. This valuable network is represented on the Domestic Abuse Partnership and provides a key route of communication between providers and commissioners, as well as identifying opportunities for training, development and joint work.

The wide range of local services work together as part of a domestic abuse support framework in Kirklees. However there is a need to improve integration of these services and ensure that there is clarity about thresholds for provision between

partners; this knowledge should also be shared with wider community providers, housing services and schools. It is important that front line staff understand referral routes into services to be able to support and direct victims quickly into the correct service to meet their level of needs and safeguard children and adults. Furthermore practitioners should be equipped with skills and sensitivity to work with victims at lower levels of need to ensure they consent to referral into appropriate services which will prevent recurrence of abuse or situations from escalating. Key gaps in provision identified include:

- lack of integrated data collection and recording systems between police, health, voluntary sector and council services
- inadequate number of IDVAs to meet local needs
- additional perpetrator support programmes required
- specific support for target groups including children, young people, ethnic minority communities, men, LGBT people and the elderly

Priority areas of work in year 1

Based on the analysis of local data, availability of services and recent recommendations made in the Public Health Domestic Abuse Needs assessment, the following areas of work for 2015/16 have been identified by local partners to address domestic abuse and lead to a cultural shift in Kirklees. In summary, the focus of this year's work will be to:

- agree local performance measures and improve data collection
- establish local service provision and identify gaps
- examine good practice locally and nationally to improve understanding of domestic abuse issues, improve practice and inform future commissioning
- establish current training provision and identify gaps in training to shape workforce development programme accessible to staff across all sectors
- develop targeted campaigns to raise awareness of domestic abuse issues
- agree pathways and referral routes into services at all tiers of need
- jointly commission additional services to increase IDVA capacity to meet local needs and support targeted and minority groups
- as part of a West Yorkshire programme and in partnership with local providers, increase perpetrator work as part of integrated package of support to victims

The actions to take forward the above priorities are detailed in the annual action plan attached at *Appendix 1*.

Vision

In Kirklees no one has to live in fear of domestic abuse and victims and their families are able to access high quality and timely support delivered by well-trained, supportive staff and volunteers who support people when risks are identified and impact is significant. Where there are early indicators of domestic abuse, early intervention and targeted services will reduce the impact on adults, families and children.

Outcomes

The strategy will result in the following sustainable outcomes for individuals affected by domestic abuse in Kirklees:

- victims are safer
- children are safer
- victims have improved health and wellbeing
- victims have increased personal resilience
- victims live in safe, suitable and stable accommodation
- perpetrators are supported to address their behaviours

Strategic Objectives

The following strategic objectives will support achievement of these outcomes:

- 1 accurate data and intelligence regarding the prevalence of domestic abuse informs action locally
- 2 public information campaigns raise awareness of domestic abuse, improve engagement, change social norms, challenge attitudes and behaviours reducing exposure of children to domestic abuse. Specifically raise awareness of the impact of domestic abuse on children in the household and promote resilience and self-awareness in children and young people in Kirklees
- 3 people who experience domestic abuse have timely access to justice and a range of appropriate services are available aimed to prevent further abuse and support those in greatest need. Integral to this framework for delivery, is the early identification of perpetrators and referral into effective interventions and services which address the needs of children from households where there is domestic abuse

- 4 all those who are likely to work with people affected by current or historic domestic abuse have access to learning and development as well as management support so they can respond appropriately to all members of the community including those with specific needs such as children and young people, adults at risk, ethnic minority groups and Lesbian, Gay, Bi-Sexual and Transgender adults
- 5 Smarter integrated commissioning approaches support sustainable and responsive services for those affected by domestic abuse in Kirklees

These are the indicators which will demonstrate impact of the strategy and improved outcomes at a population level

- rate of domestic abuse in Kirklees – *source Public Health Outcomes Framework*
- police domestic abuse call outs - *source West Yorkshire Police*
- domestic abuse incidents not progressing to MARAC due to early intervention and support – *source Integrated Domestic Abuse Team*
- domestic abuse incidents where child is present – *source Care First, commissioned services datasets*
- repeat domestic abuse incidents 6 months post MARAC – *source Kirklees MARAC*
- successful domestic abuse prosecutions – *source West Yorkshire Police*
- number of victims assisted to stay safely in their home – *source Kirklees Housing Solutions Government Monitoring information*
- improved behaviour of perpetrators resulting in victims feeling safer – *Perpetrator Programme evaluation*

Based on the analysis of local data, availability of services and recent recommendations made in the Kirklees Domestic Abuse Needs Assessment, the following priority areas of work for 2015/16 have been identified by local partners to address domestic abuse and lead to a cultural shift in Kirklees.

Priorities for year 1

Actions	Lead(s)	Timescales	Tasks	Rag rating	Progress/update
Objective 1					
Accurate data and intelligence regarding the prevalence of domestic abuse informs action locally					
<p>1 Identify and agree methods of data collection and establish relevant data fields linked to the local prevalence of domestic abuse.</p> <p>2 Establish a set of indicators that provide a local measure on outcomes for individuals affected by domestic abuse including victims and perpetrators, which includes BME and LGBT individuals.</p> <p>3 Multi agency data collection is used to inform local commissioning for service provision across a range of organisations.</p> <p>Year 2 action Explore most appropriate means of sharing management information amongst Domestic Abuse Partnership services.</p>	Data Task Group	October 2015	<p>Ensure learning from West Yorkshire review of domestic abuse prevalence mapping influences local data collection. Establish measures to evaluate the effectiveness and impact of DV interventions with perpetrators liaising with police, CRC and Probation Service and West Yorkshire PCC perpetrator programme manager</p> <p>Establish data storage systems used by the council, Pennine Domestic Violence Group, health partners, voluntary sector service providers, West Yorkshire Police. Feed data recording requirements around domestic abuse into procurement of new Council database.</p> <p>To determine during development of Year 2 Action Plan.</p>		

Action	Lead(s)	Timescales	Tasks	Rag rating	Progress/update
Objective 2					
Public information campaigns raise awareness of domestic abuse, improve engagement, change social norms, challenge attitudes and behaviours reducing exposure of children to domestic abuse. Raise awareness of impact on children in the household and promote resilience and self-awareness in children and young people					
4 Identify key areas of focus for a marketing campaign which fully maximises the use of financial resources, whilst promoting a clear message across a diverse range of victim groups, including BME and LGBT communities, and to synchronise this with White Ribbon Day.	Domestic Abuse Strategy Co-ordinator, Communications and Marketing Manager, PDVG Director	September 2015	Link with all partner agency communications teams to promote messages.		
5 Rerun the public information campaign focussing on Young People aged 16 to 25 ensuring it is relevant to young LGBT people also.			Share action plan and marketing campaign with White Ribbon Programme team to raise the profile of Kirklees activities to address domestic abuse.		
6 Consider new and innovative ways and opportunities for delivering messages and raising awareness of Domestic Abuse locally.			Ensure analysis of the campaign informs future work to support young people linking with appropriate targeted youth provision.		
Year 2 action Explore options to promote domestic abuse services including usage of existing directories and webpages.			Review successful approaches used elsewhere regionally and nationally.		
			To determine during development of Year 2 Action Plan.		

Action	Lead(s)	Timescales	Tasks	Rag rating	Progress/update
Objective 3					
People who experience domestic abuse have timely access to justice and a range of appropriate services are available which prevent further abuse and support those in greatest need. Integral to this framework for delivery, is the early identification of perpetrators and referral into effective interventions and services which address the needs of children from households where there is domestic abuse					
7 Develop local understanding of services to support victims and target perpetrators, clarify any gaps in provision.	Domestic Abuse Strategy Co-ordinator	September 2015	Map roles of Integrated Domestic Abuse Team, Pennine Domestic Violence Group, Multi Agency Risk Assessment Conference, Independent Domestic Abuse Advocate Service, WomenCentre Freedom Programme.		
8 Develop referral pathways and ensure that systems and triage arrangements are supported by thresholds that are well understood and inform decision making and management of risk.	Referral Pathways Task Group	December 2015			
9 Where relevant, agencies should develop their focus on early intervention and prevention in Domestic Abuse with both victims and perpetrators to minimise future prevalence.	All partners to report annual progress	Ongoing	Make links with the PCC perpetrator programme to ensure local priorities are addressed and explore joint work streams with IDVAs to provide integrated packages of support. Link to Yorkshire Children's Centre perpetrator programme.		

Objective 3 (continued)					
People who experience domestic abuse have timely access to justice and a range of appropriate services are available which prevent further abuse and support those in greatest need. Integral to this framework for delivery, is the early identification of perpetrators and referral into effective interventions and services which address the needs of children from households where there is domestic abuse					
Action	Lead(s)	Timescales	Tasks	Rag rating	Progress/update
10 Partner agencies should commission and develop services in line with the priorities of the strategy and update others on new activities to be commissioned and explore scope for collaboration.	All partners	Ongoing	Consider development of a Core Offer for Domestic Abuse services which delivers support at all tiers of need.		
11 Expand the Integrated Domestic Abuse Advocate Service across Kirklees with a focus on specialist areas where IDVA support will be beneficial to victims and children.	IDVA Task Group	1 January 2016	Link to other IDVA posts in voluntary sector including WomenCentre. Link with WomenCentre Teen/Parent violence pilot funded through national Respect programme. Improve cross referrals between IDVAs & Stronger Families Programme.		

Action	Lead(s)	Timescales	Tasks	Rag rating	Progress/update
<p>Objective 3 (continued) People who experience domestic abuse have timely access to justice and a range of appropriate services are available which prevent further abuse and support those in greatest need. Integral to this framework for delivery, is the early identification of perpetrators and referral into effective interventions and services which address the needs of children from households where there is domestic abuse</p>					
<p>Year 2 actions Voice of victims consultation undertaken to include victims, survivors, children, perpetrators – findings to feed into future plans.</p> <p>Promote further usage of Domestic Abuse Stalking and Homicide (DASH) Risk Assessment to safeguard victims.</p> <p>Improve links to provision in communities to manage low risk situations and prevent escalation.</p> <p>Develop provision to strengthen relationships between children and non-abusive parents to reduce the impact of domestic abuse and encourage mutual support and understanding of the issues.</p>			<p>Scope proposal around parent engagement involving CCG and link to Healthwatch Kirklees which represents the views of service users.</p> <p>Develop specialist counselling for children and young people who are victims of Domestic Abuse or who witness abuse and 1-2-1 support.</p> <p>Establish demand for interpreters and develop provision to deliver high quality support for victims.</p> <p>Link to previous work undertaken on teen/parent violence by WomenCentre.</p>		

Action	Lead(s)	Timescales	Tasks	Rag rating	Progress/update
Objective 4					
All those who are likely to work with people affected by current or historic domestic abuse have access to learning and development which supports best practice and equips them to meet the needs of all members of the community including groups with specific needs including children and young people, adults at risk, ethnic minority groups and LGBT communities					
<p>12 Develop a fuller understanding of national research and good practice of Strategy Partnership members so that increased knowledge informs the local and regional development of provision for these groups. This is achieved through invitation to experts in research and practice to attend the strategy group and inform its thinking.</p> <p>13 Map service needs for BME groups and LGBT with a view to exploring what service may be required in the future.</p> <p>Year 2 Action Develop a service user group to receive feedback and identify gaps in provision. Encourage representation from hard to reach groups and if appropriate, develop separate means of engagement.</p>	<p>Domestic Abuse Strategy Co-ordinator</p> <p>Domestic Abuse Strategy Co-ordinator</p>	<p>Ongoing</p> <p>December 2015</p>	<p>Examine research undertaken nationally and internationally.</p> <p>Examine information captured as part of West Yorkshire Domestic Abuse service review.</p> <p>Update Strategy Partnership on obligations under the Equality Act to monitor service outputs and outcomes for these groups as part of the commissioning process.</p> <p>Review findings within the Coral Project produced by Leicestershire University. Link with local specialist services including the Brunswick Centre.</p>		

Action	Lead(s)	Timescales	Comments	Rag rating	Progress/update
Objective 4 (continued)					
All those who are likely to work with people affected by current or historic domestic abuse have access to learning and development which supports best practice and equips them to meet the needs of all members of the community including groups with specific needs including children and young people, adults at risk, ethnic minority groups and LGBT communities					
14 Identify existing training supporting Domestic Abuse agenda. Determine whether it is meeting the needs of the workforce. Identify any gaps and make recommendations for specific training needs.	Domestic Abuse Co-ordinator working with Learning and Development Team	September 2015	Review provision delivered by Forum members, MARAC, Brunswick Centre, Safeguarding Boards, health partners. Work with Kirklees Learning and Development Team to identify existing training which may be enhanced to include additional elements to raise awareness of Domestic Abuse issues.		
15 Explore specialist areas such as Human Trafficking, Forced Marriage, FGM and CSE so that staff are knowledgeable of the sensitive and challenging issues.	Domestic Abuse Co-ordinator Lead agencies	Ongoing	Work with Safer Kirklees, Stronger Families staff to explore joint training opportunities.		
16 Undertake a needs assessment to inform commissioning of a workforce development programme to meet needs of the workforce using expertise from the partnership or wider resources.	Domestic Abuse Co-ordinator	December 2015	Provide ongoing basic awareness training and monthly MARAC training where possible co-ordinated by Learning and Development Team and accessible to all partner agencies. Link with WomenCentre previous work undertaken to include frontline staff and managers To determine Year 2		
Year 2 Action Development of web-based awareness training for front line workers.					

Action	Lead(s)	Timescales	Comments	Rag rating	Progress/update
Objective 5					
Smarter integrated commissioning approaches support sustainable and responsive services for those affected by domestic abuse in Kirklees					
17 Identify specialist areas for IDVA focus and secure partnership funding to jointly commission additional IDVA resource.	IDVA Task Group	October 2015	As part of expanded IDVA service, ensure support is provided through MARAC and court processes and secure additional services to support victims where prevention order or notice is in place, young people, victims with mental health and substance misuse issues and in A & E departments		

Glossary of terms

BCS - British Crime Survey	Annual Home Office funded victim survey to measure amount of crime by interviewing 50,000 people about crimes they have experienced
BME - Black and Ethnic Minority	Communities from Black and ethnic minority backgrounds
Domestic Abuse Needs Assessment	Assessment undertaken by Kirklees Public Health to establish prevalence of domestic abuse in Kirklees and made 24 recommendations on how to ensure local services addressed all factors surrounding abuse based on National Institute for Clinical Excellence Guidelines
FGM – Female Genital Mutilation	Procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons
IDAT – Integrated Domestic Abuse Team	Integrated team in Kirklees established in response to number of referrals to children’s social care where domestic abuse is prevalent. The team refer victims to appropriate services and work with parents to education on impact of abuse on children. The team also support victims with no children.
IDVA – Independent Domestic Violence Advocate	IDVAs are trained specialists who work with victims who are at high risk of harm, addressing their safety needs and helping them manage the risks they face.
ISVA – Independent Sexual Violence Advocate	ISVAs provide support and advocacy to victims of sexual violence and abuse throughout and beyond the criminal justice process.
Joint Health and Wellbeing Strategy	This sets out the vision for improving health and wellbeing of local people and reducing health inequalities at every stage of people lives.

LGBT – Lesbian Gay Bi-Sexual and Transgender	Term which describes the sexuality and gender identity and is sometimes used to refer to anyone who is non-heterosexual
MARAC – Multi Agency Risk Assessment Conference	The MARAC is a multi-agency meeting that focuses on the safety of high-risk domestic violence victims. MARAC co-ordinators oversee this process.
PDVG – Pennine Domestic Violence Group	Specialist voluntary sector provider in Kirklees which provides support, advice, information and safe accommodation to anyone that is affected by domestic violence
Safe Lives	<p>A national charity supporting a strong multi-agency response to domestic abuse. The charity focuses on saving lives and saving public money.</p> <p>Safe Lives provides practical help to support professionals and organisations working with domestic abuse victims. The aim is to protect the highest risk victims and their children – those at risk of murder or serious harm.</p>
Safer Stronger Communities Partnership	This Kirklees Partnership has a statutory duty to deliver a plan based on local community safety priorities based on current evidence across communities in Kirklees
VAWG – End Violence Against Women and Girls	Government’s strategy launched in 2011 to end violence against women which also provided current definition of domestic abuse
WHO – World Health Organisation	The United Nations Public Health Arm

www.kirklees.gov.uk/domesticviolence

This page is intentionally left blank

KIRKLEES HEALTH AND WELLBEING BOARD	
MEETING DATE:	Thursday 31 March 2016
TITLE OF PAPER:	Kirklees Better Care Plan
1. Purpose of paper	
1.1	To inform the Board that the 2015/16 Kirklees Better Care Plan is being updated for 2016/17, including a high level narrative plan and a finance and performance template as required by NHS England.
1.2	To ask the Board to delegate authority to the Director for Commissioning, Public Health and Adult Social Care, in consultation with the Chair of the Board, and nominated CCG members, ie Dr Steve Ollerton (Greater Huddersfield CCG) and Dr David Kelly (North Kirklees CCG) to agree the final version of the updated Kirklees Better Care Plan.
2. Background and Key Points	
2.1	Preparation of jointly agreed Better Care Plans is a requirement of receipt of the Better Care Fund (BCF).
2.2	The BCF was announced in the 2013 Spending Review as a pooled budget for health and social care services to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people.
2.3	The BCF is a national pooling of existing funding sources from within the health and social care system (ie from CCGs and Local Authorities).
2.4	In 2015/16 the national pool was £3.8bn; £28,953k within Kirklees, comprising: <ul style="list-style-type: none"> • £26,555k revenue; and • £2,398k capital – which includes the former Community Capacity Capital Grant (£1,036k) and the Disabled Facilities Grant (£1,362k).
2.5	In 2016/17 the national pool will be £3.9bn; £29,087k within Kirklees, comprising: <ul style="list-style-type: none"> • £26,604 revenue; and • £2,483 capital (Disabled Facilities Grant)
	Updating the Better Care Plan
2.6	The Kirklees Better Care Plan here (which was the subject of a number of reports to the Board during 2014) was agreed by NHS England 31 December 2014. As required by NHS England the BCF Plan sets out how the national conditions agreed in the 2013 spending review will be achieved, ie that: <ul style="list-style-type: none"> • BCF Plans to be jointly agreed; • Maintain provision of social care services (not spending); • As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends; • Better information sharing between health and social care, based on the NHS number; • Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional; and • Agreement on the consequential impact of changes in the acute sector.

- 2.7 In January 2016 the Government published the 2016/17 BCF Policy Framework [here](#) which set out the key aspects of the process for the planning, assurance and approval of Better Care Fund Plans including:
- Brief narrative plans to be developed locally and submitted to regional teams through a short high level template, setting out the overall aims of the plan and how it will meet the national conditions.
 - A reduced amount of finance and activity information relating to local Better Care Fund plans that will be collected alongside Clinical Commissioning Group operational planning returns to submitted to NHS England, to ensure consistency and alignment.
 - Regional Better Care Managers will work with NHS England Directors of Commissioning Operations Teams to ensure they have the knowledge and capacity required to review and assure Better Care Fund plans. To support this Local Government regional leads for the Better Care Fund (LGA lead CEOs and ADASS chairs) or their representatives will be part of the moderation process at a regional level (supported with additional resource to contribute to both assurance and moderation).
 - An assessment will then be made of the risk to delivery of the plan due to local context and challenges, using information from NHS England, the Trust Development Agency, Monitor and Local Government.
 - These judgements on ‘plan quality’ and ‘risks to delivery’ will contribute to the placing of plans into three categories – ‘Approved’, ‘Approved with support’, ‘Not approved’.
- 2.8 The policy framework also includes the introduction of two new national conditions (in addition to those set out in 2.6 above):
- Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care.
 - Agreement on a local action plan to reduce delayed transfers of care.
- 2.9 The policy framework states that further detailed guidance would be issued on developing Better Care Fund Plans for 2016/17 and that “Local areas are asked to refer to and follow this guidance.”
- 2.10 The guidance was not published until 23 February [here](#), requiring the submission by 25 April of high level narrative BCF Plans, signed-off by Health and Wellbeing Boards, (not brief narrative plans using a prescribed format as described in the Policy Framework) that build on 2015/16 plans and demonstrate that local partners have collectively agreed the following:
- The local vision for health and social care services – showing how services will be transformed to implement the vision of the NHS Five Year Forward View [here](#) and moving towards integrated health and social care services by 2020, and the role the BCF plan in 2016/17 plays in that context;
 - An evidence base supporting the case for change;
 - A co-ordinated and integrated plan of action for delivering that change;
 - A clear articulation of how they plan to meet each national condition; and
 - An agreed approach to financial risk sharing and contingency.
- 2.11 Work is taking place, led by the CCG and Local Authority members on the Integrated Commissioning Executive who developed the 2015/16 BCF Plan, to update it and prepare the high level narrative submission that meets the above NHS England requirements.

2.12 The update is being undertaken on the basis that:

- the vision and outcomes will remain the same as for 2015/16;
- the schemes will remain largely the same, the main change is that in 2015/16 only part of the Kirklees Integrated Community Equipment Service budget was in the BCF and for 2016/17 the whole budget will be included, and that the Primary Care Scheme has been moved out of the BCF;
- governance arrangements to stay the same;
- all schemes will be reviewed in 2016/17 to assess the impact and value for money, using insight from the analysis available through CareTrak which uses anonymised data to understand peoples experience and outcomes across health and social care services;
- developments are planned to improve integration across a range of key areas, including; accountable lead professionals, care plans and care management, reablement and intermediate care, support for care homes, continuing care;
- the need to respond to the new requirement to develop a local plan to reduce delayed transfers of care, this needs to draw on the work being undertaken by the Emergency Care Improvement Programme across both acute footprints;
- the local 'digital road map' will shape the digital elements of the plan.

The outline implementation plan for 2016/17 is attached.

2.13 It is proposed to retain the former performance related funds in the scheme as part of a local risk sharing agreement to be held by the CCGs. The reduction in emergency admissions and the associated costs were not fully achieved in 2015/16 and CCGs have had to include this activity in their baseline plans with acute providers in 2016/17. To fund this and also commission additional out of hospital services would not be financially sustainable for the CCG and would cause additional pressures to the CCGs being able to maintain financial balance. As a consequence the former performance related funds will be utilised to fund acute hospital care in 2016/17. We believe this is consistent with the planning requirements to ensure financial balance of the health economy.

2.14 This work is proving to be complex and time consuming, especially as the guidance includes two new national conditions, and it will not be possible to submit the high level narrative for the approval of the Board prior to submission to NHS England. The Board is therefore being asked to delegate authority to the Director for Commissioning, Public Health and Adult Social Care in consultation with the Chair of the Board, and nominated CCG members, ie Dr Steve Ollerton (Greater Huddersfield CCG) and Dr David Kelly (North Kirklees CCG) to agree the final version of the updated Kirklees Better Care Plan.

3. Proposal

That the Board notes the background and context to the updating of the Kirklees Better Care Plan and delegates authority to the Director for Commissioning, Public Health and Adult Social Care, in consultation with the Chair of the Board, and nominated CCG members, ie Dr Steve Ollerton (Greater Huddersfield CCG) and Dr David Kelly (North Kirklees CCG) to agree the final version of the updated Kirklees Better Care Plan.

4. Financial or Policy Implications

There will be no financial or policy implications arising from the agreement of the proposal set out in this report.

5.	Sign off
Richard Parry, Director for Public Health, Commissioning and Adult Social Care.	
6.	Next Steps
Work will continue to update the 2015/16 Kirklees Better Care Plan and develop the high level narrative, for agreement as described above and submission to NHS England by 25 April 2016.	
7.	Recommendations
That the Health and Wellbeing Board:	
7.1	Notes the work taking place to update the 2015/16 Better Care Plan and develop the high level narrative, for agreement as described above and submission to NHS England by 25 April 2016.
7.2	Delegates authority to the Director for Commissioning, Public Health and Adult Social Care, in consultation with the Chair of the Board, and nominated CCG members, ie Dr Steve Ollerton (Greater Huddersfield CCG) and Dr David Kelly (North Kirklees CCG) to agree the final version of the updated Kirklees Better Care Plan.
8.	Contact Officers
Keith Smith, Assistant Director for Commissioning and Health Partnerships, 01484 221000	
Julie Lawreniuk, Chief Finance Officer, GHCCG	
David Fox, , Chief Finance Officer, NKCCG	

Kirklees BCF DRAFT Implementation Plan 2016/17

Action	Lead	Timescale
1. Mobilisation of Care Closer to Home Programme (CC2H), including piloting of Locality Teams	CC2H Integration Board	ongoing
2. Implement plans for the individual BCF Schemes	BCF Partnership Board	ongoing
3. Review all BCF schemes for impact against BCF outcomes and value for money (making use of CareTrak outputs). Programme of reviews to be agreed at BCF Partnership Board.	BCF Partnership Board	May 2016
4. Review and refine current approaches to assessment and care planning across health and social care (based on the outputs from the BCF Local Improvement Scheme funded project)	Integrated Commissioning Executive (ICE)	June 2016
5. Review current pattern of investment across intermediate care, reablement and rehabilitation and develop proposals to maximise impact and value for money. Proposed approach to be agreed at ICE	ICE	August 2016
6. Develop an integrated Care and Nursing Home Support Team to deliver the new Care Home Strategy, starting with a team development and action planning event.	ICE	May 2016
7. Develop and agree an integrated approach to managing continuing care	ICE	June 2016
8. Develop an integrated strategy for 'Aids to Daily Living' covering community equipment, assistive technology and adaptations	ICE KICES Board	December 2016
9. Continue development of self-care approach and roll-out of MyHealthTools	Health Improvement ICG Self Care Board	ongoing
10. Reprocurer the Drug & Alcohol service	Health Improvement ICG	April 2016
11. Implementation of Kirklees End of Life Strategy	OPPSI ICG/CCGs	Ongoing
12. Incorporate Mental Health Voluntary and Community Sector contracts into the BCF Section 75 Agreement	Mental Health ICG	Sept 2016
13. Develop a whole system approach to medications support for people receiving domiciliary care	OPPSI ICG	Sept 2016
14. Integrated workforce development plan to support the new delivery models in place	ICE	Sept 2016

Kirklees BCF DRAFT Implementation Plan 2016/17

Action	Lead	Timescale
15. Develop models of patient flows along key health and social care pathways to inform pathway change/redesign using outputs from CareTrak	ICE/Informatics Working Group	June 2015
16. Establishment of a Kirklees Wide Informatics Board , supported by a Local Informatics Working Group to oversee development of: <ul style="list-style-type: none"> 16.1. The Kirklees Local Digital Roadmap – in partnership with the CCGs and providers, move towards a paper free point of care by 2020 in line with the Governments Five Year Forward View 16.2. In collaboration with NHSE and LGA, pilot the Social Care Digital Maturity Assessment to support national work on identifying the digital and informatics needs of the social care sector 16.3. Develop integrated data flows and data sharing, starting with mapping of all key internal and external data flows 16.4. Risk stratification model incorporating a comprehensive range of health and social care data 16.5. Demographic and behavioural segmentation tools making best use of local data being used routinely by commissioners and service planners 16.6. Information Governance arrangements – compliance with IGTK Level 2 standards as well as undertaking a cost/benefit analysis of achieving ASH status 16.7. NHS number as the universal unique identifier and all necessary agreements are in place to share individual data for care planning and service planning 16.8. Dashboard which links to other Dashboards, eg Urgent Care Board, System Resilience Groups 16.9. NHS Open Standard Contract compliance – use of open APIs Potential use of APIs in Council contracts 	Digital Roadmap Group Integrated Intelligence Group Information Governance Board Integrated Intelligence Group BCF Performance Group	Ongoing June 2016 Sept 2016 Sept 2016 Sept 2016 Dec 2016 Jan 2017 Jan 2017 March 2017
17. More coherent arrangements for joint intelligence across CCGs, Social Care and Public Health in line with the New Council Integrated Intelligence Hub and Spoke Model	Integrated Intelligence Group	March 2017
18. Agree the respective roles of the Integrated Commissioning Executive (and BCF Partnership Board) and two System Resilience Groups , especially in relation to DTOC.	ICE	May 2016
19. Ensure that the development of the Sustainability & Transformation Plan , the Councils early intervention and prevention approach and the BCF Plan are consistent	ICE	June 2016

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	
TITLE OF PAPER:	Sustainability Transformation Plan (STP)
1. Purpose of paper	The purpose of this item is to update the HWB on the latest STP guidance and to agree progressing the plan with a particular emphasis on 10 questions that the plan will need to focus on and address.
2. Background	The HWB has previously discussed the requirement to produce an STP and has asked to remain actively involved in the developments.
3. Proposal	To receive an update on the latest STP guidance and to provide a response to the specific areas that the STP is required to focus on and which the HWB might reasonably be expected to provide a view on.
4. Financial Implications	None
5. Sign off	Approach and content signed off by Richard Parry 17.3.16
6. Next Steps	The views of the HWB will be incorporated into the development of the STP
7. Recommendations	That the HWB receive the update on the STP guidance and provide a response in relation to the 10 key questions that the STP must consider.
8. Contact Officer	Phil Longworth phil.longworth@kirklees.gov.uk

10 big questions – what are your priorities? (1/2)



Given your local circumstances, where do you need to focus in order to allow you to deliver the priorities for the health and care system by 2020/21?

- 1 How are you going to prevent ill health and moderate demand for healthcare?** Including:
 - A reduction in childhood obesity
 - Enrolling people at risk in the Diabetes Prevention Programme
 - Do more to tackle smoking, alcohol and physical inactivity
 - A reduction in avoidable admissions

- 2 How are you engaging patients, communities and NHS staff?** Including:
 - A step-change in patient activation and self-care
 - Expansion of integrated personal health budgets and choice – particularly in maternity, end-of-life and elective care
 - Improve the health of NHS employees and reduce sickness rates

- 3 How will you support, invest in and improve general practice?** Including:
 - Improve the resilience of general practice, retaining more GPs and recruiting additional primary care staff
 - Invest in primary care in line with national allocations and the forthcoming GP 'Roadmap' package
 - Support primary care redesign, workload management, improved access, more shared working across practices

- 4 How will you implement new care models that address local challenges?** Including:
 - Integrated 111/out-of-hours services available everywhere with a single point of contact
 - A simplified UEC system with fewer, less confusing points of entry
 - New whole population models of care
 - Hospitals networks, groups or franchises to share expertise and reduce avoidable variations in cost and quality of care
 - health and social care integration with a reduction in delayed transfers of care
 - A reduction in emergency admission and inpatient bed-day rates

- 5 How will you achieve and maintain performance against core standards?** Including:
 - A&E and ambulance waits; referral-to-treatment times

10 big questions – what are your priorities? (2/2)

Given your local circumstances, where do you need to focus in order to allow you to deliver the priorities for the health and care system by 2020/21?

- 6 How will you achieve our 2020 ambitions on key clinical priorities?** Including:
 - Achieve at least 75% one-year survival rate (all cancers) and diagnose 95% of cancer patients within 4 weeks
 - Implement two new mental health waiting time standards and close the health gap between people with mental health problems, learning disabilities and autism and the population as a whole, and deliver your element of the national taskforces on mental health, cancer and maternity
 - Improving maternity services and reducing the rate of stillbirths, neonatal and maternal deaths and brain injuries
 - Maintain a minimum of two-thirds diagnosis rate for people with dementia
- 7 How will you improve quality and safety?** Including:
 - Full roll-out of the four priority seven day hospital services clinical standards for emergency patient admissions
 - Achieving a significant reduction in avoidable deaths
 - Ensuring most providers are rated outstanding or good– and none are in special measures
 - Improved antimicrobial prescribing and resistance rates
- 8 How will you deploy technology to accelerate change?** Including:
 - Full interoperability by 2020 and paper-free at the point of use
 - Every patient has access to digital health records that they can share with their families, carers and clinical teams
 - Offering all GP patients e-consultations and other digital services
- 9 How will you develop the workforce you need to deliver?** Including:
 - Plans to reduce agency spend and develop, retrain and retain a workforce with the right skills and values
 - Integrated multidisciplinary teams to underpin new care models
 - New roles such as associate nurses, physician associates, community paramedics and pharmacists in general practice
- 10 How will you achieve and maintain financial balance?** Including:
 - A local financial sustainability plan
 - Credible plans for moderating activity growth by c.1% pa
 - Improved provider efficiency of at least 2% p.a. including through delivery of [Carter Review recommendations](#)

This page is intentionally left blank

Contact Officer: Helen Kilroy

KIRKLEES COUNCIL

CHILD SEXUAL EXPLOITATION AND SAFEGUARDING MEMBER PANEL

Wednesday 3 February 2016

Present: Councillor E Hill (in the Chair)
Councillors Holmes, Ahmed, Allison, Bellamy

In attendance: Helen Kilroy, Principal Governance and Democratic Engagement Officer

Apologies: Cllr K Pinnock, Alison O'Sullivan, Carly Speechley, Paul Johnson, Pauline Martin

1 Minutes of previous meeting

The Panel considered the minutes of the meeting held on Wednesday 9th December 2015. The Panel agreed to amend the minutes of the meeting on the 9th December 2015 to reflect the comments made by Ruth Squire from CRI and The Base.

The Panel considered the minutes of the meeting held on Thursday 7th January 2016.

AGREED –

- (1) That the minutes of the meeting on the 9th December 2016 be amended to reflect the comments from Ruth Squire (CRI and The Base) and that, following amendment, the minutes be agreed as a correct record.
- (2) That the minutes of the meeting on the 7th January 2016 be agreed as a correct record.

2 Charity working within Kirklees on CSE

The Panel welcomed Jackie Bolton from the Children's Society to the meeting and considered an update on CSE specific work to be undertaken within Kirklees.

Councillor Hill outlined the role of the Panel, its terms of reference and the links to the Kirklees Safeguarding Children's Board and other CSE strategies within the Council.

The Children's Society

Jackie Bolton advised that the Kirklees funding for the Children's Society had started in September 2015 and the project delivery would commence shortly. The Children's Society in West Yorkshire was based in Halifax and covered all the West Yorkshire Local Authority areas. Jackie Bolton outlined the number of staff working for the Children's Society at the Halifax base and the work that was being undertaken to get more volunteers on board.

The Panel was informed that the Children's Society provided confidential and independent support and advice for all young people at risk of, or experiencing CSE, and awareness raising training about CSE to groups of professionals.

The Panel noted that the Children's Society was a national organisation, with its Headquarters in London, but had projects running throughout the country.

Safe Hands Project

Jackie Bolton advised that the main aim of the 'Safe Hands' project was to work with vulnerable young people up to 25 years of age, including care leavers in education and employment. Project Workers met with the young person on a regular basis and worked with the police to bring the perpetrators to justice. The young people were supported to help get them through prosecutions and to extricate themselves from their abuser(s).

The Panel was informed of the models of CSE which had been adapted from Barnardo's 'puppet on a string' 2011 and BLAST (The Grooming & Sexual Exploitation of Boys & Young Men) 'Not just our daughters training'. Jackie Bolton explained the 'party' model and the Panel noted that both girls and boys were being targeted.

Jackie Bolton outlined the services offered by the Safe Hands Project and confirmed that the most 'at risk' secondary schools in Calderdale had been targeted, including awareness raising of CSE in 20 primary schools that fed into those schools.

The Panel noted that if a young person was considered to be 'at risk' the project worker would work with them for 6 to 8 weeks. Intensive 1-1 support with young people, vulnerable to and experiencing CSE, could be undertaken for as long as 18 months where the Project Worker would meet with the young person at a location of their choice to give help and support.

Jackie Bolton advised that awareness raising with professionals was undertaken in the workplace, for example at team meetings, placements with young people with learning disabilities, supported living settings and young people with asperger syndrome.

Grooming

Jackie Bolton explained 'The Grooming Line' and the Panel noted that young people often found it difficult to understand why their abusers were not their friends or that they were being bullied, manipulated or coerced. Family members could often be threatened and children as young as 10 were being targeted.

The Panel were given an update on the current situation in relation to migrants entering the United Kingdom which had advised that some communities were in poverty and parents would sometimes neglect their children, leaving them on their own to go out to work. Families were being trafficked from abroad and were often sold and abused on route. The Panel discussed 'invisible traffic' where people entered the country who were already part of international networks of slave trade. Jackie Bolton advised that issues such as poverty, social exclusion and neglect could lead to sexual exploitation.

Jackie Bolton confirmed that when young people have been abused, their mental health often deteriorated and they could turn to drink and/or drugs. The Panel agreed that schools had an important role to play in protecting young people by spotting the first signs of abuse and making appropriate referrals. The Panel was informed that Health professionals also played a key role in spotting behaviours, for example when a young person visited an Accident and Emergency department or GP. Project Workers engaged and worked with young people to attempt to 're-process their thinking' so they understood that the abuse was not normal. Films and other resources were used to talk

to young people about grooming. Protection plans were put in place where necessary or young people were rehoused away from their abusers. As part of their work with the young person, Project Workers would try to get them to give evidence to get prosecution and court cases together.

The Panel noted that the West Yorkshire Police now had a standard approach to CSE across the 5 local authorities.

Preventative work

Jackie Bolton advised that the preventative work undertaken by the Children's Society was to help young people to have the knowledge and skills they needed to make safe and healthy choices about relationships and sexual health.

The Panel agreed with a quote by the Statutory Guidance 'Keeping Safe in Education' 2015 that stated 'Everyone who comes into contact with children and their families have a role to play in safeguarding children. Schools and college staff were particularly important as they were in a position to identify concerns early and provide help for children, to prevent concerns from escalating.'

CSE in West Yorkshire

Jackie Bolton outlined some statistics from the West Yorkshire Police on CSE in West Yorkshire, as follows:-

- 180 investigations into CSE in the West Yorkshire region compared to 65 one year ago;
- From the 180 investigations, police have identified 121 victims;
- 115 of the 121 victims involved 'contact offences' where the victim is believed to have been sexually abused;
- 65 of the 121 victims had been groomed over the internet;
- 157 suspects across the region, 23 charged and awaiting prosecution.

The Panel was informed that cases of abuse by boys often go unreported due to the shame and stigma attached. The Panel noted that even though numbers of CSE cases were increasing, this was likely due to the fact that more pro-active work was now being undertaken meaning cases were being spotted and brought 'onto the radar'.

West Yorkshire Partnership

Jackie Bolton advised the Panel that the West Yorkshire Partnership was a CSE Prevention Project funded by the West Yorkshire Police and Crime Commissioner for one year. The Panel was informed that the Commissioner was hoping to find the funding to run the project for a further year. Five schools in each of the 5 Local Authorities across West Yorkshire would receive preventative work and awareness raising sessions that would be delivered to targeted young people and professionals. Jackie Bolton advised that the 5 schools being targeted in Kirklees were:-

- Colne Valley High School
- Manor Croft Academy
- West Borough High School
- Upper Batley High School/Batley Girls Academy (schools merging)
- Moor End Academy

The funding allowed targeted group work with young people as follows:-

- 6 x 1 hour sessions will be delivered in each school over a 6 week period;
- 6-10 young people will be identified within those schools to attend the preventative sessions who are considered as vulnerable to CSE;

Jackie Bolton outlined the topics that would be covered on the sessions for young people.

The Panel was informed that the training would be provided for up to 10 professionals in each of the schools and the length of training and level of detail delivered would be adjusted to fit the needs of the school. Jackie Bolton outlined the topics that would be covered and advised that some schools had asked for more sessions which the funding would not cover, in these cases discussions were ongoing regarding other potential funding sources.

Conclusion

Jackie Bolton confirmed that all the sessions held in the Kirklees Schools would be evaluated and the Panel agreed to invite Jackie Bolton back to the Panel in April to give feedback. The Panel noted that Jackie Bolton would be providing quarterly reports on the Partnership Project for the funders.

The Panel discussed peer mentoring within schools and whether young people would be able to cope with and/or disclose cases of abuse on behalf of other peers, as it could be upsetting for any individual approached to learn of someone who was suffering from abuse. Councillor Ahmed confirmed that the organisation 'BLAST' were looking at peer mentoring and Jackie Bolton agreed to contact them to discuss this further.

The Panel discussed whether it would be possible for the partnership project to be introduced to other schools in Kirklees via the PSHE curriculum. Councillor Hill agreed to talk to officers within the Learning and Skills service and report back to the Panel and Jackie Bolton.

Jackie Bolton circulated leaflets to the Panel that were given out to young people as part of the engagement work.

AGREED:-

- (1) That Jackie Bolton be thanked for attending the meeting and that the update on CSE specific work to be undertaken within Kirklees by the Children's Society be noted.
- (2) That Jackie Bolton be invited to the Panel meeting in April to give feedback on the outcome of the Partnership Project within Kirklees.
- (3) That Councillor Hill meets with officers within Learning and Skills regarding the possibility of introducing the Partnership Project to other schools within Kirklees via the PSHE curriculum and feeds back to the Panel and the Children's Society.
- (4) That the Children's Society contact BLAST to make enquiries regarding peer mentoring within Schools.

3. Safeguarding Measures at Residential Children's Homes

The Panel considered a report on Safeguarding Measures at Residential Children's Homes within Kirklees. Bev Paris (Head of Corporate Parenting) and John McGranaghan (Residential and Short Breaks Service Manager) were welcomed to the meeting.

Overview

Bev Paris advised that Kirklees currently had 5 residential children's homes, 3 mainstream and 2 for disabled children (1 long term and 1 respite care). The Panel were informed that external inspections by Ofsted tested and validated the effectiveness of the safeguarding measures in place at the residential homes. All homes were currently rated 'good' with one of the disabled homes achieving an 'outstanding' grading.

The Panel was informed that the Kirklees Residential Service believed that young people's needs were best met through joint collaborative working with external partners. As such the service worked with a multi-disciplinary framework in which the Council recognised and valued the very real positive impact of early intervention and support for young people through positive working relationships with other agencies.

Assessment

Bev Paris advised that residential staff understood the role of good physical and emotional health in deterring young people from engaging in risky behaviours. All young people had an initial health assessment within 28 days of admission to care, carried out by the Looked after Children (LAC) nurse. There was a strong focus on developing trust between young people and residential staff in order that they felt safe to share information and turn to staff should they need to. Each young person was allocated a keyworker within the residential staff team. Keyworker meetings took place regularly where young people were encouraged to discuss their care plan, including ways in which they could manage their own safety, both inside and outside of the home.

Missing Children Procedure

The Panel was informed that there was a Local Missing Children Procedure for all Kirklees looked after children. The child's Social Worker had responsibility for ensuring a 'Missing Risk Assessment' was completed when a child was placed in a residential home, which was reviewed as part of the LAC Review process and following any episode of missing. Two recent photographs of the young person (face and full body length) were included in the 'Missing Risk Assessment' and provided to the police, should the child subsequently go missing.

Bev Paris outlined the importance of involving young people in their care planning and ensuring they knew that their voice was heard could not be underestimated. Residential staff were aware that one of the major influences of Looked after Children running away was having a sense that they were not being listened to and taken seriously, particularly about placement decisions and moves. The Panel noted that sometimes the potential risks have to be 'managed' so that the staff in the home could build relationships with the young person. Bev Paris advised that secure accommodation was used where necessary, but that efforts were being made to break patterns of behaviour in young people where possible.

John McGranaghan informed the Panel that individual assessments were carried out for each young person depending on their age so that potential episodes of 'missing' could be accurately assessed when necessary; Kirklees staff would make a judgement using those assessments in conjunction with the police. It was important that Looked After Children had as 'normal' a life in the home as possible and part of the assessment carried out would be to agree a normal 'routine' for coming and going with the young person, so that residential staff would know when behaviour was not 'normal'. The Panel

noted that most young people preferred to be contacted by text rather than by ringing their mobile. Bev Paris advised on the police guidance for levels of 'going missing', which were:-

- Absent without authorisation; and
- Missing

The Panel discussed the use of technology with mobile phones and the use of 'find my home'. Bev Paris gave an update on recent feedback from young people that they were not happy with having to hand their mobile phones to their foster carers or having their phones checked. The Panel suggested that a clearer policy and approach was needed on this matter and that there was an opportunity with smartphones and iphones.

Independent Return Interviews

The Panel discussed 'Independent Return Interviews'. Councillor Hill confirmed that officers from the Kirklees Safeguarding Children's Board had indicated that the most important issue was not who carried out the interviews, but how well the interviews were conducted. Bev Paris advised that Return Interviews within residential homes were carried out by the Children's Rights Team and that the intelligence from the Return Interviews needed to be developed and gathered more effectively, so that the Council could use the information to learn from.

The Panel thanked Bev Paris and John McGranaghan for attending and agreed that their report had provided a thorough and detailed update on the safeguarding measures being applied within Kirklees Children's residential homes. The Panel also welcomed the consistently good Ofsted inspections in the 5 homes.

AGREED:-

- (1) That Bev Paris and John McGranaghan be thanked for attending the meeting and that the update on Safeguarding Measures in Kirklees Residential Children's Homes be noted.

3. Quarterly updates to Overview and Scrutiny Management Committee

Councillor Hill advised the Panel that she would be attending the Overview and Scrutiny Management Committee on the 15th February to give an update on the work of the Panel plus other aspects of her portfolio (Family Support and Child Protection). The Panel, Members agreed to forward any comments or issues on this matter direct to Councillor Hill, prior to the Overview and Scrutiny Management Committee on the 15th February 2016.

Councillor Hill further advised the Panel that she had met with officers from the Kirklees Safeguarding Children's Board to discuss a number of issues raised by the Panel at their meeting on the 9th December 2015. The key issues raised were:-

Missing Person Return Interviews

Councillor Hill informed the Panel that officers from the Kirklees Safeguarding Children's Board were more concerned about the quality of the interviews conducted than who carried them out, however, had advised that the person conducting the interview should be suitable and meet the needs of and be able to give the right level of support to the young person.

The Panel was informed that missing in the broader context was being looked at in more detail by the Kirklees Safeguarding Children's Board and Ofsted were also interested in the work ongoing within Kirklees on this issue.

Support to and working with Parents

Councillor Hill informed the Panel that the Kirklees Safeguarding Children's Board had circulated a questionnaire to parents that the Council were currently working with. The questionnaire would be sent to the parent at the end of any involvement, in order to seek feedback regarding the quality of service they had received. The Panel was informed that the Board had agreed to keep Councillor Hill informed on progress in order that further updates on this matter could be shared with the Panel.

The Panel were informed that the Health and Wellbeing Board on the 28th January 2016 had agreed a report on 'Child Sexual Exploitation (CSE) victim and at risk individuals strategy'. The strategy had been developed to meet the specific needs of those at risk or affected by CSE. There were a number of recommendations within the strategy that required resources and commitment to ensure they became part of the CSE support infrastructure in Kirklees. Councillor Hill indicated that Chris Porter (Public Health) had agreed to attend a future meeting of the Panel to give an update once the Strategy had been implemented.

Working with Schools

The Panel noted that at the meeting in December 2015, Kevin Robinson from Barnardo's had reported that they had been approached by schools seeking help in raising awareness of CSE. Barnardo's had advised that they had been unable to assist the schools as they had to refer enquiries of this nature to the Kirklees Safeguarding Children's Board for approval.

The Manager of the Kirklees Safeguarding Children's Board had confirmed to Councillor Hill that schools could commission whoever they wanted to undertake CSE training, however, the Board retained the right to carry out quality checks. Councillor Hill agreed to contact Kevin Robinson to ascertain which schools had asked Barnardo's for help with raising awareness of CSE in order to feedback to the Kirklees Safeguarding Children's Board who had agreed to follow this up.

AGREED:-

- (1) That Councillor Hill provides updates as appropriate to the Panel from the Kirklees Safeguarding Children's board on the work being undertaken to seek feedback from parents on the service they had received from Kirklees.
- (2) That Chris Porter from Public Health be invited to attend a future meeting of the Panel to give an update on the implementation of the 'CSE victim and at risk individuals strategy'.
- (3) That Councillor Hill contacts Kevin Robinson at Barnardo's for details of the schools who had sought help from Barnardo's with raising awareness of CSE. Councillor Hill to feedback to the Kirklees Safeguarding Children's Board.

4. CSE Management Information

The Panel considered an update on CSE Management Information.

AGREED:-

(1) That the update on Management Information be noted.

6. **CSE and Safeguarding Member Panel agenda plan for 2015/16**

The Panel considered the agenda plan for the CSE and Safeguarding Member Panel for 2015/16.

The Panel noted that Jackie Bolton from the Children's Society would be invited back to the Panel in April 2016 to give an update on the Partnership Project being undertaken within Kirklees.

The Panel agreed to discuss 'Hate Crime Reporting' at the meeting in March.

AGREED –

(1) That the agenda plan for the CSE and Safeguarding Member Panel for 2015/16 be noted and updated as agreed.

7. **Date of next meeting**

AGREED –

(1) That the date of the next meeting of the CSE and Safeguarding Member Panel be held on Thursday 3rd March 2016 at 10.30 am till 12.30 pm in Meeting Room 1, Huddersfield Town Hall.