

# Adults and Health Committee

## Agenda

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**Date:** Monday, 26th June, 2023  
**Time:** 10.00 am  
**Venue:** Committee Suite 1,2 & 3, Westfields, Middlewich Road,  
Sandbach CW11 1HZ

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The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the top of each report.

It should be noted that Part 1 items of Cheshire East Council decision making meetings are audio recorded and the recordings will be uploaded to the Council's website

### **PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT**

1. **Apologies for Absence**

To note any apologies for absence from Members.

2. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

3. **Minutes of Previous Meeting** (Pages 3 - 12)

To approve as a correct record the minutes of the previous meeting held on 27 March 2023.

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For requests for further information

**Contact:** Karen Shuker

**Tel:** 01270 686459

**E-Mail:** [karen.shuker@cheshireeast.gov.uk](mailto:karen.shuker@cheshireeast.gov.uk) with any apologies

#### 4. **Public Speaking/Open Session**

In accordance with paragraph 2.24 of the Council's Committee Procedure Rules and Appendix on Public Speaking, set out in the [Constitution](#), a total period of 15 minutes is allocated for members of the public to put questions to the committee on any matter relating to this agenda. Each member of the public will be allowed up to two minutes each to speak, and the Chair will have discretion to vary this where they consider it appropriate.

Members of the public wishing to speak are required to provide notice of this at least three clear working days' in advance of the meeting.

#### 5. **Adults and Health Committee Budgets 2023/24** (Pages 13 - 30)

To consider the report which sets out the allocation of approved budgets for 2023/24 for services under the Committee's remit, as determined by the Finance Sub-Committee.

#### 6. **Domestic Homicide Report - PAM** (Pages 31 - 72)

To receive an update on a Domestic Homicide Review.

#### 7. **Appointments to Sub-Committees, Working Groups, Panels, Boards and Joint Committees** (Pages 73 - 96)

To nominate members of the Adults and Health Committee to the Health and Wellbeing Board and the Joint Extra Care Housing Management Board.

#### 8. **Work Programme** (Pages 97 - 102)

To consider the Work Programme and determine any required amendments.

**Membership:** Councillors S Adams, A Burton, D Clark, J Clowes, N Cook, D Edwardes, M Edwards, S Gardiner, A Kolker, A Moran (Vice-Chair), J Place, J Rhodes (Chair) and L Wardlaw

**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Adults and Health Committee**  
held on Monday, 27th March, 2023 in the Committee Suite 1,2 & 3,  
Westfields, Middlewich Road, Sandbach CW11 1HZ

**PRESENT**

Councillor J Rhodes (Chair)  
Councillor A Moran (Vice-Chair)

Councillors P Butterill, J Clowes, S Gardiner, L Jeuda, D Murphy, R Vernon,  
J Weatherill, N Wylie and D Edwardes

**OFFICERS IN ATTENDANCE**

Roisin Beressi, Principal Lawyer (Adults & Education)  
Jill Broomhall, Director of Adult Social Care  
Shelley Brough, Acting Director of Commissioning and Integration  
Helen Charlesworth-May, Executive Director, Adults, Health and Integration  
Richard Christopherson, Locality Manager – Community Safety  
Katie Jones, Business Manager, Local Adults Safeguarding Board  
Stephen Kelly, Senior Communications Officer  
Sandra Murphy, Head of Adult Safeguarding  
Karen Shuker, Democratic Services Officer  
Jill Stenton, Commissioning Manager  
Nikki Wood-Hill, Lead Finance Business Partner

**OTHERS IN ATTENDANCE**

Kevin Bennett, Chair, Local Adults Safeguarding Board  
Steve Nichols, Chief Executive, Rossendale Trust

**60 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors B Evans and A Kolker. Councillor D Edwardes substituted for Councillor Evans.

**61 DECLARATIONS OF INTEREST**

In relation to item 9 - Cheshire East Safeguarding Adults Board Annual Report (2021-2022) in the interests of openness Councillor S Gardiner declared that he had previously been a member of the Local Safeguarding Adults Board but had not discussed the report which was being presented to committee and Councillor L Jeuda declared that she was a member on the Local Safeguarding Adults Board.

**62 MINUTES OF PREVIOUS MEETING****RESOLVED:**

That the minutes of the meeting held on 23 January 2023 be approved as a correct record.

**63 PUBLIC SPEAKING/OPEN SESSION**

Steve Nichols, Chief Executive of the Rossendale Trust attended the Committee and spoke in respect of item 7 - Market Sustainability Plan.

Mr Nichols enquired as to when Cheshire East were going to support the complex care cohort (of which the Rossendale Trust represent circa 30%) with a rate in line with their peers and not at a rate which ranked 68<sup>th</sup> out of 69 Local Authorities according to the recent reliable independent national survey.

Mr Nichols felt that Cheshire East Council should be suitably rewarding and protecting those providers by significant partners who had shown outstanding loyalty and recognised achievement over a sustained period.

In response to Mr Nichol's request for comments the Executive Director for Adults, Health and Education thanked Mr Nichols for his attendance at the meeting and recognised that Rossendale Trust was an important provider for Cheshire East. The way in which services had been commissioned in the past had been through a dynamic purchasing system, which enabled providers to bid for packages of care in the expectation of that the price that is submitted, is able to be sustained for the lifetime of the contract. There have been some very significant pressures on prices over the past two years and that was having a direct impact on providers, which is difficult for them but equally difficult for the Council within the context of the amount of money available for adult social care.

The draft market sustainability plan which was on the agenda for consideration looked at how the Council would invest more in its providers over the next year and how it might change its approach to supporting providers in the medium to longer term. It was recognised that supported living and care at home were the cornerstone of the care the Council wanted to support in Cheshire East. Time was needed to move from a position of funding people competitively to a position of more collaborative working in partnership with providers such as Rossendale Trust. It was hoped that there would be an increase in the amount being paid to the Rossendale Trust over the next twelve months and discussions would be held with Mr Nichols over the next few days. The Council would not be able to go as far as the organisation would wish it to in a single year, but there was definitely a strategic trajectory that would lead it closer to the market rates for supported living.

The Chair commented that it was acknowledged that Mr Nichols was concerned for the vulnerable adults that the Rossendale Trust cared for but the Council was also facing extremely difficult budgetary considerations. The Adults and Health Committee was £8.9 million overspent which was down to wage inflation and as a Council it was duty bound to have what was turned by the government's value for money for our residents.

Whilst the Council shared the same concerns around its vulnerable people it only had a limited budget and officers were trying their best to balance the demands of the system and the Council budget which was a very difficult task. Unfortunately, the government did not recognise the needs of vulnerable adults in the way it did of those vulnerable older people and the Council did not get the same level of support for those.

The recent budget consultation showed that about 70% of the Council budget had been spent on vulnerable adults which was a massive proportion and in terms of the population of Cheshire East it was a relatively small number of people and the Council could not have that position next year because it did not have the reserves to cover such a deficit.

Mr Nichols was thanked for his attendance.

#### 64 **2022/23 FINANCIAL UPDATE**

The Committee received a report which provided an overview of the Cheshire East Council forecast outturn for the financial year 2022/23 and a financial update and forecast outturn for the adults and Health Committee's areas of responsibility.

In response to questions and comments from members officers reported that

- in respect of the Discharge fund, spending for this year and the next financial year was very much focused on the Home First model with beds being used at the bare minimum. In previous years, mainly due to covid and the need to spend very quickly and to get people out of hospital as quickly as possible beds were used by the Council and by health colleagues out of necessity so there would have been an impact from previous years. Forecast overspend for adult social care in the current year was due to 50% price increases and about 50% additional activity linked to discharge. There had been an overspend last year which was linked to people in beds post discharge and as result through the current year the full year effect had been felt and more people had been in beds as a result of supporting the NHS with discharge. Some of those had converted to long stay placements which had resulted in an increase in that area. However as a result of some really concerted work by the Council and NHS colleagues there had been a shift following the implementation of the Home First strategy. What had underpinned that was the 14% inflationary increase that had been given to domiciliary care providers in year in order to increase the amount of domiciliary care capacity that the Council had been able to purchase. That had impacted on the Council's waiting lists and the number of people coming out of hospitals which had resulted in a decrease in the number of people in short stay beds. It was important to maintain momentum for 2023/24.

- the pay offer currently out to the workforce was in excess of the amount incorporated into the budget. From the 1st of April, the Council would be under pressure on pay inflation for the employed workforce for the local authority so the Adults and Health committee would need to find off setting savings to cover that.

**RESOLVED:** That the Committee

- 1 note the report of the Finance Sub Committee held on 8 March 2023 and the recommendations of that Committee to Service Committees to

1.1 note the financial update and forecast outturn relevant to their terms of reference.

1.2 note the delegated decisions relating to supplementary revenue estimates for specific grants coded directly to services in accordance with Financial Procedure Rules as detailed in Appendix 1, Section 2, Table 3.

- 2 Note Appendix 1 of the report and the following sections specific to this Committee:

- Changes to Revenue budget 2022/23
- Corporate Grants Register
- Debt Management
- Capital Strategy
- Reserve Strategy

**65 PROGRESS REPORT FOR ALL AGE CARERS STRATEGY 2021 - 2025**

The Committee received a report which provided an update on progress in delivering the Cheshire East All Age Carers Strategy. The new all age carers service had gone live on the 1 January 2023 and the strategy had focused on six main priorities which would be taken forward over the next five years.

The update evidenced how the carer pathways had been implemented through strong partnership working with health, social care, commissioning, voluntary, community and faith sector organisations, and embracing carers across all age groups and disability groups.

The challenges faced included educating colleges so that young carers was part of the curriculum and ensuring that getting information to those carers at the right time was a priority.

Following questions and comments from members, officers reported that:

- there had been a budget proposal to close centres, but there would be a consultation period prior to a decision being made and people

would continue to receive the care and support required to meet their assessed needs.

- work was underway with Making Space and education colleagues to raise the profile around carers and an all-round communications plan to reach those unregistered carers.

Members welcomed the report and thanked Jill Stenton for her presentation.

**RESOLVED:**

That the Adults and Health Committee note the progress in delivering the All-Age Carers Strategy 2021-2025.

**66 MARKET SUSTAINABILITY PLAN AND APPROACH TO CARE FEES**

The Committee considered a report which sought approval to publish the Market Sustainability Plan for onward submission to the Department of Health and Social Care (DHSC) and publication on the Council's website. The report was a follow up to the Cost of Care report which was brought to the 23 January Adults and Health Committee.

The Market Sustainability Plan was the second requirement to securing funding and must be submitted and published on the Council's website by 27<sup>th</sup> March 2023 and that no special dispensations would be considered by the DHSC to extend the deadline.

The Market Sustainability Plan related to a segment of the market which included registered domiciliary care for people over the age of 18 and registered residential and nursing care for people over the age of 65.

In response to questions and comments raised by Members, Officers reported that

- In relation to the differentials of rates between areas a lot of work had been undertaken in analysing the market in respect of the current capacity in domiciliary care and what was required to build on that capacity in order to provide a service across the borough. There was a proposal to invest more money in the areas where it is difficult to access care capacity, including rural areas, and where recruitment was challenging in order to deliver care at home, and this was the main reason behind those rates. However, it was acknowledged that there was challenge around health inequalities and that the best way to address those was to invest in good jobs and good salaries where possible and within budget.
- The cost of the commissioned independent consultants had partly come out of grant funding and commissioning consultants had saved time on the Council's workforce.
- There was no process in place to ensure providers report back on how they direct fee uplifts directly to the workforce, however, as result of the cost of care exercise there was some insight provided

on what providers were spending the hourly rate on i.e. staff costs/salaries

- Fee uplifts as a result of the 2023/24 Market Sustainability Grant have not yet been implemented therefore the outcomes in relation to the objectives have not been seen yet. However, there had been a mixed response from providers in response to proposals, and it was hoped that it would be seen as an opportunity for some providers to expand outside Crewe.
- Investment in fees for the supported living sector would take place this year with an aim to do the same the following year. However, the Market Sustainability Grant criteria means that it is not intended for the supported living sector, it is for registered care and specifically those over the age of 65 and domiciliary care.

The Council had been allowed to keep some of the money received upfront from the DHSC for being a trailblazer, and for early implementation of the policy and this would run for the current financial year. Negotiations in respect of some of the costs that would run in to the next financial year were ongoing.

**RESOLVED** (Unanimously) :

That the Committee:-

- 1 Approve the Market Sustainability Plan for onward submission to the Department of Health and Social Care (DHSC) and publication on the Council's website in accordance with grant conditions;
- 2 Note that the Market Sustainability Plan follows a format that has been prescribed by DHSC guidance.

#### 67 **SCORECARD Q3**

Consideration was given to a report that outlined the performance data and measures related to services that fell within the responsibility of the Adults and Health Committee, from Quarter 3 of 2022/23.

**RESOLVED:-**

That the Committee

- 1 note the performance of Adults Social Care Services for Quarter 3
- 2 provide scrutiny in relation to the performance of Adults Social Care

#### 68 **LOCAL SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021/22**

The Committee received the annual report of the Local Safeguarding Adults Board 2021/2022. The Local Safeguarding Adults Board Independent chair, Geoffrey Appleton had recently stepped down and the Board had appointed Kevin Bennett as the new chair. The Committee



welcomed Kevin to the meeting and requested that a letter from the Committee be sent to the outgoing chair, Geoffrey Appleton, thanking him for all of his hard work during his time as chair of the board.

The report included the work that had taken place in 2021/22 which included the impact of covid-19, adults safeguarding training and performance activity. The numbers of safeguarding adult review referrals (SARs) had increased during the pandemic which was the national picture, specifically cases around self-neglect. The patterns seen throughout 2021/22 continued to be seen in 2022/23 which included an increase in safeguarding referrals, SARs and domestic homicide reviews.

Preparation was underway for Care Quality Commission (CQC) inspection of adult social care which would commence from October onwards.

Following questions and comments from members, officers reported that

- The board had received reports from the communities team regarding the hotels, the Afghan refugees, Homes for Ukraine and asylum seekers and from an operational perspective officers had visited those hotels to address any issues around the different cultures and addressed any safeguarding needs.
- More work was being undertaken to getting people registered as carers, so that officers were being more proactive and planning ahead rather than being reactive.
- In the future it was hoped that an initiative around 'Who will care when I'm gone?' would be launched, specifically for parents of learning disabled and individuals who may have lived at home all their lives, who may not even be on the radar.
- Domestic abuse did play a part in education within the Afghan hotels and the asylum seeker hotels.
- any training would be included as part of the induction for new members following the elections in May.
- In respect of asylum seekers if abuse or neglect was tangible the police would investigate in the first instance but the obligation of the board would be to look at learning.

The Board and the officers were thanked for all their hard work.

### **RESOLVED:**

That the Local Safeguarding Adults Board Annual Report 2020/21 be received and noted.

*The Committee adjourned for a short break.*

69 **SAFER CHESHIRE EAST PARTNERSHIP ANNUAL REPORT (2022-23)**

Prior to the 2022/23 Annual Report of the Safer Cheshire East Partnership (SCEP) being presented to committee the Director of Adults Social Care reported that The Channel Panel and Prevent which also reported in to SCEP had its annual benchmarking with the Home Office recently and was rated 'good to outstanding'.

The Committee received the SCEP report which included:

- a comprehensive overview of how Strategic Partners worked together during 2022/2023 to reduce crime and increase reassurance to members of the public across Cheshire East.
- new areas of work which had been driven by central government which included a new Combating Drugs Partnership and a Serious Violence Duty which would impact on the work of SCEP going forward.
- the purpose, aims and priorities of the Safer Cheshire East Partnership and evidenced activity, challenges, and achievements during the year including reference to any on-going impact of COVID influencing Crime and Disorder responses in Cheshire East.
- a number of examples of how impact had been measured as part of the core business and project delivery, providing information describing how the Strategic Aims of SCEP had been implemented and how financial support provided by the Police and Crime Commissioners Office was directed to support identified priorities agreed by SCEP Partners.

The report evidenced that the Safer Cheshire East Partnership was undertaking its statutory responsibilities and that SCEP was fulfilling the functions to protect and support communities and provide the reassurance that Cheshire East was a safe place to both work and live.

Following comments and questions from members officers reported that:

- In respect of education some work had been carried out with schools with the police who went in and talked to young people about attitudes towards women and what behaviour would be acceptable and what wouldn't, and the consequences of that behaviour if it fell short.
- Physical support had been provided in conjunction with My CWA, and following work with the survival group practical items such as torches, personal alarms were purchased.
- Following the safer streets work an application called 'Hollie Guard' which was free to download and could be used in a variety of situations had been introduced along with the introduction of safety buses which would be visiting the night time economy sites and were now a permanent fixture.

**RESOLVED:**

That the 2022/23 Annual Report of the Safer Cheshire East Partnership (SCEP) be noted.

**70 GYPSY, ROMA, TRAVELLER REPORT: UPDATE ON PROGRESS**

The Committee received a report which provided an update on the progress of the Council and its partner organisations in addressing the inequalities experienced by the Gypsy, Roma and Traveller communities within the borough.

Following the increase in inequalities experienced by those communities following the recent pandemic the Council took the opportunity to start working with its partners in addressing the inequalities, and ensuring services were accessible and welcoming to those communities.

The Multi Agency Gypsy, Roma, Traveller Operational group was set up as a direct result of the impact of the 'We Are Still Here' report. The group was made up of representatives from, council services, health providers and the volunteer sector, as well as the police and the Romani community. The purpose of the group was to establish a clear and consistent approach to working with Gypsy, Roma, Traveller communities and to help address inequalities.

By working with the communities and involving them throughout the processes would lead to a better understanding for all, and increased satisfaction in services from those communities, and a reduction in inequalities; as well as giving the communities a voice.

Progress which had already taken place included

- an increase in interest in the group from council services and partners
- redesigned webpages dedicated to Gypsy, Roma, Traveller communities
- the launch of Pride of Romani (24<sup>th</sup> June 2022) -a newly constituted group supported by SCEP funding.
- Work towards the development of a framework to improve inequalities within Gypsy, Roma, Traveller communities, as well as support staff working with the communities.

It was acknowledged that there was more work to do to build trust with communities but tangible improvements had been seen in recent times and an update would be brought back to Committee at a future date.

**RESOLVED:** That:-

- 1) the ongoing work of the multi-agency operational group and support for the development of a framework be noted.

- 2) an update will be brought back to Adults and Health Committee at a future date.

**71 MINUTES OF SUB-COMMITTEE**

**RESOLVED:-**

That the minutes of the Cheshire East Health and Wellbeing Board be received and noted.

**72 WORK PROGRAMME**

The Executive Director of Adults, Health and Integration reported that officers would be working on the forward plan in terms of the decisions that would be coming forward to committee.

A request was made for consideration to be given to scheduling the report following the end of the consultation period in respect of the proposed closure of the Stanley Centre and Warwick Mews as soon as possible in the new municipal year.

**RESOLVED:**

That the work programme be noted.

As this was the last meeting of the Adults and Health Committee for this municipal year and before the local elections, the Chair thanked all Members for their helpful and constructive contributions. Thanks was given to officers past and present for their support, in terms of preparing and presenting the reports, answering Members' questions, and supporting the meetings.

The Chair also said farewell to all members, and in particular those who would not be seeking re-election in May.

The meeting commenced at 10.00 am and concluded at 1.08 pm

Councillor J Rhodes (Chair)

OPEN.

## **Adults and Health Committee**

**26 June 2023**

### **Adults and Health Committee Budgets 2023/24**

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**Report of:** Alex Thompson, Director of Finance & Customer Services

**Report Reference No:** AH/16/2023-24

**Ward(s) Affected:** All wards and all members will be affected and impacted by the content of the MTFs and Corporate Plan

#### **Purpose of Report**

- 1 This report sets out the allocation of the approved budgets for 2023/24 to the Adults and Health Committee.
- 2 The report contributes to the Council's objective of being an open and enabling organisation.

#### **Executive Summary**

- 3 The Medium-Term Financial Strategy (MTFS) for Cheshire East Council for the four years 2023/24 to 2026/27 was approved by full Council on 22 February 2023.
- 4 The Finance Sub Committee meeting on the 8 March approved the allocation of the approved revenue and capital budgets, related budget policy changes and earmarked reserves to each of the service committees.
- 5 The financial reporting cycle will ensure that the Committee is provided with updates through the year on progress against budget policy changes, the forecast outturn position, progress on capital schemes, movement on reserves and details of supplementary estimates and virements. The timetable for 2023/24 was approved by Finance Sub-Committee on 7 June 2023.

RECOMMENDATIONS

The Adults and Health Committee is recommended:

1. To note the decision of the Finance Sub-Committee to allocate the approved revenue and capital budgets, related budget policy changes and earmarked reserves to the Adults and Health Committee, as set out in **Appendix A**
2. To note the financial reporting timetable for 2023/24 set out in **Appendix B** as approved at Finance Sub-Committee on 7 June.

**Background**

- 6 All councils are legally required to set a balanced budget each year. The MTFs was approved by full Council on 22 February 2023.
- 7 The MTFs includes a Report from the Chief Finance Officer in line with the Section 25(1) of the Local Government Finance Act 2003. This report confirms that the MTFs is balanced and that the Chief Finance Officer is satisfied with the robustness of the estimates and the adequacy of the financial reserves of the Council. The report also highlights the factors taken into account in arriving at this judgement including relevant financial issues and risks facing the Council during the medium term.
- 8 Finance Procedure Rules set limits and responsibilities for movement of funds, treating reserves as part of this overall balanced position. Any movement within this balanced position is treated as a virement. To increase the overall size of the MTFs requires a supplementary estimate, which must be backed with appropriate new funding and approved in line with the Procedure Rules.
- 9 To support accountability and financial control under the Committee system the 2023/24 budget is being reported across the Service Committees based on their associated functions. This report sets out the allocation of the revenue and capital budgets and earmarked reserves to the relevant service committee in accordance with their functions.
- 10 Each set of Committee budgets reflects the group of services line-managed by Directors. Budget holders are responsible for budget management. Where a team supports multiple services under other Directors the budget for each Committee is included with the line-managing Director's services and is not split across other Committees. For example, Governance and Democratic Services are aligned to the

Corporate Policy Committee, even though the activities of those teams relate to support services provided to all Directorates of the Council.

- 11 The financial alignment of budgets to each Committee is set out in Table 1 with further details in Appendix A.

**Table 1: Revenue and Capital Budgets allocated to service committees as per the approved MTFS**

ALL COMMITTEES - Summary					
Service Area	Revenue Budget			Capital Budget	Total Revenue and Capital Budget
	2023/24	2023/24	2023/24	2023/24	2023/24
	Expenditure	Income	Net		Net
	£000	£000	£000	£000	£000
Adults and Health	201,476	-65,144	136,332	472	136,804
Children and Families	88,774	-9,649	79,125	53,829	132,954
Corporate Policy	114,842	-73,854	40,988	12,826	53,814
Economy and Growth	35,594	-11,172	24,422	71,598	96,020
Environment and Communities	59,459	-10,638	48,821	12,011	60,832
Highways and Transport	23,384	-12,255	11,129	63,948	75,077
Finance Sub-Committee	14,209	-1,900	12,309	0	12,309
<b>Total Cost of Service</b>	<b>537,738</b>	<b>-184,612</b>	<b>353,126</b>	<b>214,684</b>	<b>567,810</b>

\* Place committee budgets reallocated since the MTFS due to restructuring budget being managed fully within Economy and Growth

- 12 The 2023-27 MTFS includes a net revenue budget of £353.1m and an approved capital programme of £214.7m for the financial year 2023/24. Further details on the schemes within the capital programme are provided in **Appendix A**.

## Consultation and Engagement

- 13 The annual business planning process involves engagement with local people and organisations. Local authorities have a statutory duty to consult on their budget with certain stakeholder groups including the Schools Forum and businesses. In addition, the Council chooses to consult with other stakeholder groups. The Council continues to carry out stakeholder analysis to identify the different groups involved in the budget setting process, what information they need from us, the information we currently provide these groups with, and where we can improve our engagement process.
- 14 Cheshire East Council conducted an engagement process on its Medium-Term Financial Plans through a number of stages running from January 2023 to Council in February 2023.
- 15 The budget consultation launched on-line on the 6 January 2023, included details of the budget policy changes against each Corporate

Plan aim. This consultation was made available to various stakeholder groups and through a number of forums.

### **Reasons for Recommendations**

- 16 The Adults and Health Committee has the responsibility for the oversight, scrutiny, reviewing outcomes, performance, budget monitoring and risk management of the Directorates of Adult Social Care Operations; Commissioning and Public Health including: Public Health, lifelong learning, health improvement and intelligence, Adult Social Care and safeguarding, Adult Mental Health and Learning Disability, Adult Social Care operations, Care4CE and commissioning of support for adults.
- 17 The Finance Sub-Committee is responsible for allocating budgets across the Service Committees. This responsibility includes the allocation of revenue and capital budgets as well as relevant earmarked reserves.
- 18 Finance Sub-Committee met on 8 March and set out the budgets in accordance with the above responsibilities.

### **Other Options Considered**

- 19 Do nothing. Impact – members are not informed of service budgets specifically relevant to this committee following MTFS approval at Council. Risks – Not abiding by the Constitution to provide regular reports.

### **Implications and Comments**

#### *Monitoring Officer/Legal*

- 20 The legal implications surrounding the process of setting the 2023 to 2027 Medium-Term Financial Strategy were dealt with in the reports relating to that process.

#### *Section 151 Officer/Finance*

- 21 Contained within the main body of the report.

#### *Policy*

- 22 The Corporate Plan sets the policy context for the MTFS and the two documents are aligned. Any policy implications that arise from activities funded by the budgets that this report deals with will be dealt within the



individual reports to Members or Officer Decision Records to which they relate.

**An open and enabling organisation**

Ensure that there is transparency in all aspects of council decision making

*Equality, Diversity and Inclusion*

- 23 Under the Equality Act 2010, decision makers must show ‘due regard’ to the need to:
- Eliminate unlawful discrimination, harassment and victimisation;
  - Advance equality of opportunity between those who share a protected characteristic and those who do not share it; and
  - Foster good relations between those groups.
- 24 The protected characteristics are age, disability, sex, race, religion and belief, sexual orientation, gender re-assignment, pregnancy and maternity, and marriage and civil partnership.
- 25 Having “due regard” is a legal term which requires the Council to consider what is proportionate and relevant in terms of the decisions they take.
- 26 The Council needs to ensure that in taking decisions on the Medium-Term Financial Strategy and the Budget that the impacts on those with protected characteristics are considered. The Council undertakes equality impact assessments where necessary and continues to do so as budget policy changes and projects develop across the lifetime of the Corporate Plan. The process assists us to consider what actions could mitigate any adverse impacts identified. Completed equality impact assessments form part of any detailed Business Cases.
- 27 Positive impacts include significant investment in services for children and adults (protected characteristics primarily age and disability). Specific examples are Investment in Cared for Children and Care Leavers, SEND services and School Transport. There is also significant investment in Adult Social Care and support to care providers (protected characteristics primarily age and disability).
- 28 The Corporate Plan’s vision reinforces the Council’s commitment to meeting its equalities duties, promoting fairness and working openly for

everyone. Cheshire East is a diverse place and we want to make sure that people are able to live, work and enjoy Cheshire East regardless of their background, needs or characteristics.

*Human Resources*

- 29 Any HR implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

*Risk Management*

- 30 Financial risks are assessed and reported on a regular basis, and remedial action taken if and when required. Risks associated with the achievement of the 2023/24 budget and the level of general reserves were factored into the 2023/24 financial scenario, budget and reserves strategy.

*Rural Communities*

- 31 The report provides details of service provision across the borough.

*Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)*

- 32 The report provides details of service provision across the borough.

*Public Health*

- 33 Public health implications that arise from activities that this report deals with will be dealt with as separate reports to Members or Officer Decision Records as required.

*Climate Change*

- 34 Any climate change implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

<b>Access to Information</b>	
Contact Officer:	Alex Thompson Director of Finance and Customer Services (Section 151 Officer) <a href="mailto:alex.thompson@cheshireeast.gov.uk">alex.thompson@cheshireeast.gov.uk</a>

Appendices:	<b>A</b> - Allocation of capital and revenue budgets, earmarked reserves and budget policy changes to service committees  <b>B</b> – Financial Reporting Timetable 2023/24
Background Papers:	The following are links to key background documents:  <a href="#">Medium-Term Financial Strategy 2023-27</a>  <a href="#">Agenda for Finance Sub-Committee on Wednesday, 8th March, 2023, 2.00 pm   Cheshire East Council, Item 62</a>

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# **Adults and Health Committee Budgets 2023/24 Appendix A**

# Adults and Health Committee

## Contents

### Adults and Health Committee Extracts

1. Allocation of Revenue and Capital Budgets
2. Approved Budget Policy Change items
3. Capital Programme
4. Earmarked Reserves

# Adults and Health Committee

## 1. Allocation of Revenue and Capital Budgets

ADULTS and HEALTH COMMITTEE - Summary					
Service Area	Revenue Budget			Capital Budget	Total Revenue and Capital Budget
	2023/24	2023/24	2023/24	2023/24	2023/24
	Expenditure £000	Income £000	Net £000	£000	Net £000
Adult Social Care Operations	171,604	-37,393	134,211	472	134,683
Commissioning	12,177	-10,056	2,121	0	2,121
Public Health	17,695	-17,695	0	0	0
<b>Total Cost of Service</b>	<b>201,476</b>	<b>-65,144</b>	<b>136,332</b>	<b>472</b>	<b>136,804</b>

## 2. Approved Budget Policy Change items

MTFS Section 1 Ref No	Detailed List of Approved Budget Changes – Service Budgets	Last MTFS Reference or New	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m
	<b>Adults and Health Committee</b>		<b>15.274</b>	<b>6.077</b>	<b>4.751</b>	<b>5.116</b>
1	Demand in Adult Social Care - unit cost inflation	NEW	12.652	-	-	-
2	Demand in Adult Social Care - complexity	NEW	10.351	-	-	-
3	Investment in Adult Social Care	MTFS 22-26 [34]	5.400	7.600	4.000	4.000
4	Pay inflation	MTFS 22-26 [3&4]	3.155	1.269	1.089	1.116
5	Care Fee Uplifts in Adult Social Care	MTFS 22-26 [35]	2.000	-	-	-
6	Direct Payment (Personal Assistants) Uplift	NEW	0.691	-	-	-
7	Revenue grants for Adult Social Care	NEW	-3.600	-2.480	-	-
8	Home First Strategy - increased care at home capacity	NEW	-4.000	-	-	-
9	Pension Costs Adjustment	NEW	-2.082	-0.493	-0.517	-
10	Learning Disabilities Future Service Development and Review	MTFS 22-26 [7 & 49]	-1.750	-	-	-
11	Client contribution yield offsetting growth	NEW	-1.200	-0.800	-0.800	-
12	Home First Strategy - alternative care provisions	NEW	-1.000	-	-	-
13	Market Sustainability and Fair Cost of Care - Grant Income	MTFS 22-26 [40]	-0.979	-	0.979	-
14	Resettlement Revenue Grants	NEW	-0.850	0.850	-	-
15	Communities Team	MTFS 22-26 [36]	-0.750	-	-	-
16	Direct Payment - Audit Recoveries	NEW	-0.750	-	-	-
17	ASC Transformation Earmarked Reserve Release	NEW	-0.500	0.500	-	-
18	Maximisation of Supported Living	NEW	-0.369	-0.369	-	-
19	Productivity and Efficiency in Adult Social Care	MTFS 22-26 [30]	-0.271	-	-	-



MTFS Section 1 Ref No	Detailed List of Approved Budget Changes – Service Budgets	Last MTFS Reference or New	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m
20	Building Based Short Breaks	<i>NEW</i>	-0.250	-	-	-
21	Adults and Health Non-Essential Commissioning/Contracts	<i>NEW</i>	-0.245	-	-	-
22	Building Based Day Services	<i>NEW</i>	-0.229	-	-	-
23	Day Care Review	<i>MTFS 22-26 [38]</i>	-0.150	-	-	-

### 3. Capital Programme

Adults and Health		CAPITAL											
CAPITAL PROGRAMME 2023/24 - 2026/27													
Scheme Description	Total Approved Budget £000	Forecast Expenditure					Total Forecast Budget 2023/27 £000	Forecast Funding					Total Funding £000
		Prior Years £000	Forecast Budget 2023/24 £000	Forecast Budget 2024/25 £000	Forecast Budget 2025/26 £000	Forecast Budget 2026/27 £000		Government Grants £000	External Contributions £000	Revenue Contributions £000	Capital Receipts £000	Prudential Borrowing £000	
<b>Committed Schemes</b>													
<b>Adult Social Care</b>													
Electronic Call Monitoring System	389	0	389	0	0	0	389	0	0	389	0	0	389
People Planner System	94	39	55	0	0	0	55	55	0	0	0	0	55
Replacement Care4CE Devices	93	65	28	0	0	0	28	28	0	0	0	0	28
<b>Total Adults Social Care Schemes</b>	<b>576</b>	<b>104</b>	<b>472</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>472</b>	<b>83</b>	<b>0</b>	<b>389</b>	<b>0</b>	<b>0</b>	<b>472</b>

## 4. Earmarked Reserves

### Adults and Health Committee

Name of Reserve	Opening Balance 1st April 2022 £000	Forecast Movement in Reserves 2022/23 £000	Opening Balance 1st April 2023 £000	Forecast Movement in Reserves 2023/24 £000	Forecast Closing Balance 31st March 2024 £000	Notes
<b>Adult Social Care Operations</b>						
Adults Directorate	1,020	(450)	570	(460)	110	To support a number of widespread projects within the Adults and Health Directorate. Connected Community Strategy Developments activity has been delayed due to community team focussing on resettlement schemes. Transformation and Improvement of ASC and Care4ce New Model of Care anticipate phasing of appropriation will match the original business case.
DOL's Assessments	397	(397)	0	0	0	Reserve required due to delays in DOLs assessment processing. Anticipated to be fully utilised in 2022/23.
Public Health (LAC funding for 3 years/ Investment in Outcome 5 activities - Adults)	162	(162)	0	0	0	Reserve will be fully utilised by the end of 2022/23, matched off against LAC staff as per the original business case.
<b>Adults Social Care Commissioning</b>						
PFI Equalisation - Extra Care Housing	2,715	80	2,795	0	2,795	Surplus grant set aside to meet future payments on existing PFI contract which commenced in January 2009, and the anticipated gap at the end of the agreement.
NHB Community Grants Staffing	132	0	132	0	132	To support administrative staffing costs in relation to Central Government's New Homes Bonus guidance for community projects.
<b>Public Health</b>						
Public Health Reserve	3,220	(1,347)	1,873	(1,366)	507	Ring-fenced underspend to be invested in areas to improve performance against key targets. Including the creation of an innovation fund to support partners to deliver initiatives that tackle key health issues. Anticipated that the carry forward ringfenced grant will be spent across 2022/23 to 2025/26.
<b>ADULTS AND HEALTH TOTAL</b>	<b>7,646</b>	<b>(2,276)</b>	<b>5,370</b>	<b>(1,826)</b>	<b>3,544</b>	

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## Appendix B – Financial Reporting Timetable 2023/24

Report	Financial Cycle	Committee	When
Service Budgets 2023/24	Planning	All Committees	June 2023
Local Government Pension Scheme and Cheshire Pension Fund	Monitoring	Finance Sub-Committee	7 June 2023
Medium Term Financial Strategy Assumptions and Reporting Cycle for 2023/24	Planning	Finance Sub-Committee	7 June 2023
Draft Statement of Accounts 2022/23	Reporting	Finance Sub-Committee Audit and Governance Committee	7 June 2023 8 June 2023
Companies Draft Financial Statements 2022/23	Reporting	Finance Sub-Committee Audit and Governance Committee	7 June 2023 8 June 2023
Financial Outturn 2022/23	Reporting	All Service Committees	July 2023
First Financial Review 2023/24	Monitoring	All Committees	September / October 2023
Companies First Financial Review 2023/24	Monitoring	Shareholder Working Group	TBC
Medium Term Financial Planning Assumptions - Feedback from Task Group	Planning	Finance Sub-Committee	6 September 2023
Financial Management Code	Monitoring	Finance Sub-Committee	6 September 2023
Final Statement of Accounts 2022/23	Reporting	Audit and Governance Committee	28 September 2023
Companies Audited Financial Statements 2022/23	Reporting	Audit and Governance Committee	28 September 2023
Medium Term Financial Strategy Consultation for 2024/25-2027/28	Planning	Corporate Policy Committee	5 October 2023
Audit of Accounts 2022/23 External auditors report	Reporting	Council	18 October 2023
Companies Business Plans for 2024/25+	Planning	Finance Sub-Committee	1 November 2023
Second Financial Review 2023/24	Monitoring	All Committees	November 2023
Companies Second Financial Review 2023/24	Monitoring	Shareholder Working Group	TBC
Medium Term Financial Strategy Consultation 2024/25-2027/28 – consideration of policy proposals per Committee	Planning	All Committees	November 2023
Cheshire Pension Fund Briefing (Financial Review 1)	Monitoring	Finance Sub-Committee	1 November 2023
Council Tax Base 2024/25	Reporting	Corporate Policy Committee	30 November 2023
Financial Strategies 2024/25 - Treasury Management, Investment, Capital and Reserves Strategies	Planning	Finance Sub-Committee	17 January 2024

Report	Financial Cycle	Committee	When
Medium Term Financial Strategy Consultation 2024/25-2027/28 - Provisional Settlement update and feedback from consultation period	Planning	All Committees	January / February 2024
Third Financial Review 2023/24	Monitoring	All Committees	January / February 2024
Cheshire Pension Fund Briefing (Financial Review 2)	Monitoring	Finance Sub-Committee	17 January 2024
Companies Third Financial Review 2023/24	Monitoring	Shareholder Working Group	TBC
Medium Term Financial Strategy 2024/25-2027/28 - including any supplementary updates	Planning	Corporate Policy Committee	8 February 2024
Constitution - Financial Limits - Annex Update	Reporting	Constitution Working Group	TBC
Cheshire Pension Fund Briefing (Financial Review 3)	Monitoring	Finance Sub-Committee	5 June 2024



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## **BRIEFING REPORT**

### **Adults and Health Committee**

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<b>Date of Meeting:</b>	26 June 2023
<b>Report Title:</b>	Domestic Homicide Report - PAM
<b>Report of:</b>	Helen Charlesworth-May – Executive Director, Adults, Health and Integration
<b>Report Reference No:</b>	AH-/01/2023-24

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#### **1. Purpose of Report**

- 1.1. The purpose of this briefing Report is to inform the Adults and Health Committee about the Domestic Homicide Review regarding “PAM”. The Domestic Homicide Summary Report has been written by an Independent Author, John Doyle, and it is available as an Appendix to this Report. It has been approved by the Home Office and Pam’s family and is now ready to be published on the Safer Cheshire East Website.
- 1.2. The Safer Cheshire East Partnership have a legal duty to commission and publish Domestic Homicide Reviews as set out in the Domestic Violence, Crime and Victims Act 2004. DHR’s focus on the circumstances leading up to the murder of the victim, how agencies worked together and lessons to be learned. Cheshire East Council is committed to creating safe communities, where people can live free from abuse or harm. In this regard the DHR meets the strategic objectives of the Council.

#### **2. Executive Summary**

- 2.1. A referral was made to SCEP in 2019 following the death of PAM who was unlawfully killed by her boyfriend in August 2019. The Partnership agreed that the criteria was met to conduct a DHR.
- 2.2. PAM was 53 when she died. She had experienced childhood trauma and as an adult suffered from depression, anxiety, and suicidal thoughts. She was also alcohol dependent. She had 4 children, one of whom died shortly after birth. Her adult children have contributed to this DHR. She was known to many different services including MARAC (Multi Agency Risk Assessment

Conferencing). Her perpetrator was a Serial Domestic Abuse Perpetrator and had a diagnosis of Huntingdon's Disease. Pam's family say, "it is easy to see someone who is a drink and assume they are trouble, but my mum was not just a drinker, she was kind, loving, funny and a caring mum to us all."

- 2.3. The Scope of the Review covers the period 1<sup>st</sup> January 2017 – August 2019. The DHR panel met 6 times between 2020 and 2021 and all Agencies contributed fully by providing information and critical reflection and action plan.
- 2.4. The details of the DHR are not combined in this Briefing Report, as they are contained within the Domestic Homicide Report itself.

### **3. Background**

- 3.1. The Home Office have recently published a Quantitative Analysis of Domestic Homicides Reviews which were published between October 2020 and September 2021. (To note 60% of the deaths occurred in 2018-2019) The key findings were based on 108 DHRs. Of the 113 victims, 15 appear to have died by suicide. The ages of victims ranged from 18 – 92 years with the oldest perpetrator being 88 years old. 77% of the victims were female and in 40% of the cases, children were living in the household.
- 3.2. The Home Office Analysis highlights familiar relationships with 68% of victims having been murdered by a partner or ex-partner. Additional vulnerabilities of both victims and perpetrators relate to mental ill-health, alcohol, and substance misuse. 55% of perpetrators were known to Agencies as Abusers (of those Agencies 7% were known to Childrens services and 4% to Adult Social Care). In 11% of cases the victims were carers. One victim received a Carers Assessment (nine had not).
- 3.3. In terms of geography, 14 out of the 108 DHRs occurred in the Northwest of England. This was the second highest Region to conduct DHRs with the Southwest being the highest Region, having published 20 DHRs. To note that Cheshire East has, or is in the process of, completing 5 Domestic Homicides Reviews following deaths which have occurred since 2019. This number is unprecedented but also mirrors the numbers of Safeguarding Adult Reviews being completed by the Safeguarding Adults Board.
- 3.4. Cheshire East has an established Domestic Abuse and Sexual Violence Partnership and a Domestic Abuse Strategy. The Commissioned Service for working with victims of Domestic Abuse is My Cheshire Without Abuse (My CWA) and is highly regarded locally and nationally. Cheshire East is actively involved in the Violence Against Women and Girls Strategy with Cheshire Police developing local creative initiatives to help keep women and girls safe. Whilst Adult Social Care and Partners are highlighting the challenges faced by Carers who look after a relative with complex needs and how to reduce the incidents of abuse and neglect. The need to constantly raise awareness



about Abuse, Neglect and Exploitation supports a Prevention to Protection approach and needs to be embraced by all Officers.

- 3.5. Whilst PAM died in 2019, it should be noted that COVID and wider societal issues such as Housing, Employment, Access to Services and Social Isolation all have the potential to impact on instances of Abuse and Homicides.

#### **4. Briefing Information**

- 4.1. The key issues arising from PAM's DHR can be found in Section 5 of the Executive Summary. The themes include:
- 4.2. Pam's health, vulnerability, and engagement with services, whereby Pam would often contact a service during a period of crisis, but then miss appointments and disengage. The panel noted that she had been subject to domestic violence for over a decade by 2 separate perpetrators.
- 4.3. Assessment of Risk and Safeguarding. Whilst Pam's case had been heard at MARAC on several occasions, not all agencies had a complete picture of her history and risk. Sadly, Adult Social Care did not receive any Vulnerable Persons Assessments from the Police and therefore there was a missed opportunity to offer a Care Act Assessment or conduct a S42 Enquiry. Equally not all Agencies were aware of the historical risk factors associated with the perpetrator.
- 4.4. The offer of Refuge Accommodation. This was offered to Pam but was refused due to changes in circumstances or the available accommodation was too far away.
- 4.5. The health of the Perpetrator and his engagement with services. Homelessness was a key feature here, but it is noted in the DHR that Cheshire East Council, Stockport, and Manchester City Councils all attempted to resolve this but contacting and maintaining contact with him was difficult. Equally he did not engage with support provided by Cheshire and Wirral Partnership. The DHR did highlight a need for more awareness around Huntingdon's Disease and its impact on behaviour and capacity.
- 4.6. The Perpetrator was a Serial Domestic Abuse Perpetrator, with evidence of assaults against 3 other women. He failed to engage with the Integrated Domestic Abuse Team. The DHR points to missed opportunities by the Police to arrest him, and for Pam to be given the choice about providing a statement to support prosecution
- 4.7. Professional curiosity, Adverse Childhood Experiences, Information sharing were also noted in the findings.
- 4.8. Each of the Partner Agencies involved in the DHR have listed individual lessons learned and 9 recommendations were made. These can be found on page 30 of the Executive Summary. The Safer Cheshire East will be monitoring the Action Plan. It should be noted that due to the procedural and

quality assurance requirements set by the Home Office, there has been a significant gap in being able to publish the DHR locally. However, some of the actions have already been completed prior to publication. One such example is Adult Social Care now having access to CWPs case recording system and the Standing Operating Procedure for Adult Social Care supporting MARAC.

- 4.9. The DHR author concludes by saying “This was a tragic case resulting in the untimely death of Pam and leaving 4 children without their mother. The thoughts of the Panel are with these surviving children”.
- 4.10. Equally it should be recognised the professionalism of those Officers who contributed to the Domestic Homicide Review.

**5. Implications**

**5.1. Legal**

- 5.1.1. The DHR has been conducted in line with relevant legislation. There are no further legal implications.

**5.2. Finance**

- 5.2.1. There are no specific financial implications. However, it should be noted that Cheshire East is conducting more Domestic Homicides and Safeguarding Adult Reviews which require commissioning, funding, and officer support. Attendance at DHR and SAR panel meetings is a timely but necessary commitment.

**5.3. Human Resources**

- 5.3.1. There are no specific HR implications for this Report. Nevertheless, it should be noted that the circumstances surrounding each DHR, and SAR are unique and traumatic. Officers are committed to the Learning Process, but elements can be emotionally draining and impactful.

<b>Access to Information</b>	
Contact Officer:	Sandra Murphy – Head of Adult Safeguarding <a href="mailto:Sandra.murphy@cheshireeast.gov.uk">Sandra.murphy@cheshireeast.gov.uk</a> Tel 07825 145 464
Appendices:	Executive Summary DHR – Appendix 1 7 Minute Briefing – Appendix 2

Appendix 1

## **SAFER CHESHIRE EAST PARTNERSHIP**

### **DOMESTIC HOMICIDE REVIEW IN THE CASE OF 'Pam'**

Under Section 9 of the Domestic Violence Crime  
and Victims Act 2004

#### **REVIEW PERIOD**

**1<sup>st</sup> of JANUARY 2017 to AUGUST 2019**

### **EXECUTIVE SUMMARY**

**Independent Author:**

**John Doyle BSc (Hons)**

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**Preface**

The Chair and the members of the Domestic Homicide Review Panel offer their sincere condolences to the family of Pam for their loss. The Chair also extends particular thanks to Pam's family, particularly her Son and her Daughter, for agreeing to support the Panel with the completion of the Review and for sharing their perspectives on the case and their memories of Pam.

The Chair and the members of the Panel would also like to extend thanks to those services who participated in the Review and assisted the Panel in its work.

## **1. The Review Process**

This Review, commissioned by the Safer Cheshire East Partnership (SCEP), has been completed in accordance with the regulations set out by the Domestic Violence, Crime and Victims Act (2004) and with the revised guidance issued by the Home Office in 2016 to support the implementation of the Act.

At the initial meeting of the Domestic Homicide Review Panel, held virtually, it was agreed that the timeframe for the Domestic Homicide Review should cover the period from the 1<sup>st</sup> of January 2017 to the date of the incident in August 2019.

The agencies and services invited to participate and make submissions to the Review were reminded that if issues arose that were pertinent to the discussions of the Panel that fell outside this time frame, then such information should still be submitted in order to provide context for the case.

Also, at its first meeting, the DHR Panel approved the use of a locally devised Individual Management Review (IMR) template and integrated chronology template. The Chair of the Panel, via the Commissioning Officer, contacted each participating agency, as appropriate, and invited them to make their submissions in accordance with the timetable established by the Panel. The level of compliance with this request was excellent. The IMRs and integrated chronology were used to determine the nature and frequency of contact each participating agency had with Pam and the Perpetrator.

Together with the Commissioning Officer from CEC, the Chair/Author provided guidance for the IMR authors on writing an IMR, in line with Home Office guidance (Home Office, December 2016). The IMR Authors were not directly involved with the subjects of this case. IMR reports were quality assured by a senior manager countersigning the report

Copies of IMRs were circulated to all the DHR Panel members prior to the scheduled meetings. The IMRs were then discussed and scrutinised by the Panel and significant events were cross referenced and any clarifications that were considered necessary from the IMR author were invited via the independent author of the Overview Report.

### **1.1 The Proposed timescale**

The first meeting of the DHR Panel was held on the 28<sup>th</sup> of August 2020. The Panel met again in November 2020, in February 2021, April 2021, July 2021 and October 2021. The SCEP approved the final draft of the Overview Report at its meeting on the 29<sup>th</sup> of October. A summary of the final draft was shared with Pam's family and the feedback received from them was also incorporated into the final draft copy.

At the first meeting, in August 2020, the Panel agreed an outline timetable of objectives and actions and this set the course for the completion of the Review and the production of the Report. This was achieved in compliance with the efforts made to respond to the Coronavirus – the completion of the Review being achieved via remote working and teleconference.

At the second meeting, the Panel considered the process being conducted by the IOPC, began the process of scrutinising the submissions received from participating agencies and the draft integrated chronology. Additionally, progress concerning the involvement of the family was considered.

At the third meeting, the Panel continued to scrutinise submissions from participating agencies, sought clarifications from previously submitted reports, considered the draft text concerning the narrative of the case, initial responses to the terms of reference and Key Lines of Enquiry and the second version of the chronology.

At the fourth meeting, the Panel considered the submission from Pam's family, draft single agency action plans, a draft of the key themes emerging from the Review and the first draft of the Overview Report.

At the fifth meeting of the Panel, held in July 2021, the Panel considered the second draft of the Overview Report and the draft multi-agency action plan.

The third draft of the Overview Report was approved by the Panel at a meeting on the 5<sup>th</sup> of October 2021. A summary of the final draft was shared with Pam's family and the feedback received from them was also incorporated into the final draft copy.

## **1.2 Incident leading to the Domestic Homicide Review**

On a day in August 2019, Cheshire Police were informed that the Perpetrator had unlawfully killed his girlfriend, Pam. The Perpetrator had contacted a member of his family, told them what had happened and they had contacted the Police. Enquiries were undertaken and the Police attended a flat in an area of Cheshire. The Police entered the premises and Pam was found. She was pronounced dead at the scene of the assault.

The Perpetrator was arrested and interviewed. He was later charged with the manslaughter of Pam and investigations were commenced. His trial started in February 2020. The Panel was informed that the Perpetrator, due to his health condition, was considered as unfit to enter a plea or stand trial. Consequently, instead of being asked to rule on whether the Perpetrator was guilty of manslaughter, the evidence in the case – presided over by a Judge – was presented to the Jury and they had to decide if he was responsible for the death of Pam. The jury considered the evidence and concluded that the Perpetrator was responsible for Pam's death and he was found guilty. In April 2020, the Perpetrator was sentenced to an indefinite Hospital Order.

## **1.3 Significant people in this case**

Both pseudonyms and the name for the victim in this case, chosen by Pam's family, have been used in relation to the subjects of this case. This is done to protect their identities and those of their family members. The significant people referred to within this Overview Report are described, in brief, below:

<b>Name pseudonym</b>	<b>or</b>	<b>Relationship to subject (if applicable)</b>
Pam		Victim. Name chosen by the family
The Perpetrator		Partner of Pam at the time of the incident. Pseudonym chosen by the Panel
M2		Previous partner of Pam. Pseudonym chosen by the Panel
F2		Previous partner of the Perpetrator. Pseudonym chosen by the Panel
F3		Previous partner of the Perpetrator. Pseudonym chosen by the Panel
F4		Previous partner of the Perpetrator. Pseudonym chosen by the Panel

## 1.4 Contributors to the Review

Following the notification of the death of Pam, the Safer Cheshire East Partnership informed the Home Office that they would undertake a Domestic Homicide Review and they would commission this Review under the auspice of Cheshire East Council.

The Panel received reports from agencies and dealt with any associated matters such as family engagement, media management and liaison with the Coroner's Office.

### 1.4.1 Author of the Overview Report

The Commissioning Authority (Cheshire East Council) appointed an independent Author, John Doyle, to oversee and compile the Review. John has extensive experience in public health management and has acted as author in several DHRs. John has completed the Home Office training concerning the completion of DHRs. John spent thirty years in public service and, having achieved registration at Consultant level with the UK Public Health Register, left the NHS in 2013. John has no connection with the subjects of the Review, no connection with any of the agencies involved in the review and no connection with the Commissioning Authority.

### 1.4.2 The agencies contributing to the Review

The agencies submitting information to the Review – along with the nature of that submission – are set out below:

<b>Agency invited to submit information</b>	<b>Nature of Submission</b>
Cheshire Constabulary	Chronology and IMR
Domestic Abuse Family Safety Unit (including the IDVA services)	Chronology and IMR
Cheshire Clinical Commissioning Group	Chronology and IMR



Change Grow Live (Specialist Substance Misuse Service)	Chronology and brief submission
Cheshire and Wirral Partnership NHS Trust	Chronology and IMR
Cheshire East Housing Options Services	Chronology and IMR
Cheshire Adult Social Care	Chronology and IMR
East Cheshire NHS Trust	Chronology and Short Report
Greater Manchester Police	Chronology and Short Report
North West Ambulance Service	Chronology and Short Report
Manchester NHS Foundation Trust (incorporating Manchester Royal Infirmary; South Manchester Hospital (Wythenshawe Alcohol Team)).	Chronology and Short Report
Manchester City Council	Short Report and brief submission
Huntington's Disease Association	Chronology and Short Report
Greater Manchester Mental Health Trust	Chronology and Short Report
HMP Forest Bank	Chronology and Short Report
HMP Manchester	Chronology and Short Report
HMP Altcourse	Chronology and Short Report
HMP Liverpool	Chronology and Short Report
Birmingham and Solihull Mental Health Trust	Confirmed no contact

## 2 The Review Panel Members

Panel members were appointed based on their seniority within relevant and appropriate agencies and their ability to direct resources to the review and to oversee implementation of review findings and recommendations. Officers with specialist knowledge in relation to domestic abuse and the needs of vulnerable people were invited to support the panel. The members of the Panel are described in the table below:

Panel Member	Organisation
Author	Independent
Director of Adult Social Care	Cheshire East Council (CEC)
Head of Service Adult Safeguarding	CEC
Locality Manager – Community Safety	CEC
Domestic Abuse & Sexual Violence Development Lead Advisor	CEC

Head of Service Safeguarding Children and Families	CEC
Detective Constable Review Officers	Cheshire Police
Associate Director of Safeguarding	NHS Cheshire Clinical Commissioning Group
Head of Adult Safeguarding	Cheshire and Wirral Partnership NHS Foundation Trust
Head of Housing	CEC
Operations Manager	My-CWA (Cheshire Without Abuse)
Designated Nurse Adult Safeguarding	NHS Cheshire Clinical Commissioning Group
Named Lead Safeguarding Adults	Cheshire and Wirral Partnership NHS Foundation Trust
Homeless Relief Officer	CEC Housing Options
Homeless Relief Officer	CEC Housing Options
PA to the Director of Adult Social Care	CEC

### **3 The Terms of Reference for the Review**

The Panel approved these specific terms of reference and key lines of enquiry at its initial meeting in August 2020 and agreed to keep them under review as the process evolved. This was to ensure that they could be amended in order to capture any additional information revealed as a part of the Review process.

The Panel also noted that the over-arching purpose of a Domestic Homicide Review (DHR) which is to:

- Establish what lessons are to be learned from a domestic homicide, particularly regarding the way in which professionals and organisations work individually and together to safeguard victims;
- Identify clearly what those lessons are, both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;
- Apply these lessons to service responses including changes to policies and procedures as appropriate;
- Prevent domestic violence, abuse and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi-agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity; and
- Contribute to a better understanding of the nature of domestic violence and abuse; and
- Highlight good practice.

The rationale for the review process is to ensure agencies are responding appropriately to victims of domestic violence and abuse by offering and putting in place appropriate support mechanisms, procedures, resources and interventions with an aim to avoid future incidents of domestic homicide and violence.

#### **3.1 The specific Key Lines of Enquiry for the Review**

In order to undertake a critical analysis of the submissions made, the Panel approved these key lines of enquiry:

##### **a. To establish what contact agencies had with Pam.**

1. Did any agency know or have reason to suspect that Pam was subject to domestic abuse at any time during in the period under review?
2. Had any mental health issues been self-disclosed by Pam or any mental illness diagnosed by an agency working with Pam?
3. Were there any complexities of care and support required by Pam and were these considered by the agencies in contact with her?
4. Were assessments of risk and, where necessary, referral of Pam to other appropriate care pathways considered by the agencies in contact with her?
5. Were issues of race, culture, religion and any other diversity issues considered by agencies when working with Pam?

- b. To establish what lessons can be learned about the way in which professionals and organisations carried out their duties and responsibilities for Pam.**
  - 6. What actions were taken to safeguard Pam and were the actions appropriate, timely and effective?
  - 7. What happened as a result?
  
- c. To establish what contact agencies had with the Perpetrator.**
  - 8. Was the Perpetrator known to any agency as a perpetrator of domestic abuse?
  - 9. If so, what actions were taken to assess his risk to himself and/or others?
  - 10. Had mental health issues been self-disclosed by the Perpetrator or mental illness diagnosed by any agency for the him?
  - 11. Were the mental capacity of the Perpetrator and the complexities of the care and support required assessed by agencies in contact with him?
  - 12. Was the Perpetrator known to misuse drugs or alcohol, including misuse of prescription medication?
  - 13. Were issues of race, culture, religion and any other diversity issues considered by agencies when dealing with the alleged perpetrator?
  
- d. To establish what lessons can be learned about the way in which professionals and organisations carried out their duties and responsibilities for the Perpetrator.**
  - 14. What actions were taken to reduce the risks presented to Pam (or others) and were the actions appropriate, timely and effective?
  - 15. What happened as a result?
  
- e. To establish whether there were other risks or protective factors present in the lives of Pam or the Perpetrator.**
  - 16. Were there any other issues that may have increased Pam's risks and vulnerabilities?
  - 17. Were there any matters relating to safeguarding other vulnerable adults or children that the review should take account of?
  - 18. Did Pam disclose domestic abuse to her family or friends? If so what action did they take?
  - 19. Did the Perpetrator make any disclosures regarding domestic abuse to his family or friends? If so, what action did they take?
  
- f. To establish whether agencies have appropriate policies and procedures in place to identify, refer and escalate concerns to appropriate safeguarding pathways.**
  - 20. Were effective whistleblowing procedures in place within agencies to provide an effective response to reported concerns about ineffective safeguarding and/or unsafe procedures.
  
- g. To identify clearly what those lessons are, how (and within what timescales) they will be acted upon and what is expected to change as a result through the production of a multi-agency action plan**

- h. To recommend to organisations any appropriate changes to such policies and procedures as may be considered appropriate in the light of this review.

#### **4. Summary chronology**

##### **2000 to 2005**

Between 2000 and 2005 there were reports of criminality regarding the Perpetrator. These offences included fighting, the use weapons and driving offences. At this time, the Perpetrator was in a relationship with a woman called 'F4'.

##### **2014**

During 2014, the Perpetrator spent time in HMP Forest Bank and in HMP Manchester.

Pam attended the A&E department at her local Hospital following an overdose of paracetamol. Pam reported that "things had been getting on top of her".

##### **2015**

The Perpetrator was arrested by Cheshire Police for a historic domestic assault and criminal damage against F4. No further action was taken as F4 did not wish to support a prosecution.

The Perpetrator was admitted to HMP Manchester on the 4<sup>th</sup> of December. There was also an alert risk concerning the Perpetrator being a perpetrator of domestic violence.

##### **2016**

In May, the Perpetrator arrived at HMP Liverpool following a court appearance for the charges of: Criminal Damage, Common assault, Breach of a restraining order; Theft; Driving while disqualified. The Perpetrator left HMP Liverpool on the 3<sup>rd</sup> of June 2016

##### **2017**

Greater Manchester Mental Health NHS Foundation Trust (GMMH) was informed, by Shelter (Housing), that the Perpetrator was homeless and had been offered a place at a local Hotel but he was unable to stay because he was unable to get up the stairs.

The Manchester City Council (MCC) Housing Service attempted to contact the Perpetrator. The Perpetrator stated he was of no fixed address. He confirmed there were times when he had slept outside. The Perpetrator was strongly advised to re-engage with Housing services in Cheshire East or Manchester and Shelter.

In **February**, Cheshire Police reported that the Perpetrator had smashed his way into the house of a woman referred to in the Review as "F3". Later the same day, another call was received relating to the same incident from a friend of F3. The information alleged that the Perpetrator had been to the home of F3 on two occasions and that she was frightened and had locked herself into her home.

In **March**, Cheshire Police arrested the Perpetrator for a serious assault on F3. F3 withdrew her co-operation for the subsequent investigation. F3 stated that she was terrified by the Perpetrator, and declined accommodation at a Women's Refuge. A Vulnerable Person Assessment (VPA) was submitted.

At the end of March, the Magistrates Court in Cheshire imposed a Non-molestation Order on the Perpetrator regarding F3. The Order was scheduled to expire in September 2017.

In **May**, the Perpetrator approached the Housing Options Service at Cheshire East Council (CEC). The Perpetrator stated he was homeless and was assessed under the Housing Act 1996 – Part VII. The Housing Officer assessed that he was legally homeless, and eligible for assistance and likely to be in priority need due to his medical conditions. He was provided with emergency interim accommodation under S.188 of the Housing Act 1996. This accommodation ran from the 5<sup>th</sup> of May 2017 to the 24<sup>th</sup> of May 2017 at which point he appeared to have returned to his former property. The Perpetrator refused assistance from Adult Social Care Services at Cheshire East Council (CEC).

Pam contacted GM Police to report a domestic incident with her partner, M2. Pam was checked by paramedics who found no evidence of any injury and Pam declined further medical treatment. A crime was recorded. Pam did not support an investigation and no further action was taken.

In mid-May, Cheshire Police arrested the Perpetrator for an assault against F3. F3 stated that she was frightened of the Perpetrator. The Police returned to speak with F3 later in the day and F3 refused to make a formal complaint. A friend of F3's – who witnessed the assault – also refused to make a complaint. F3 stated she was going to move away from the area. A Domestic Violence Protection Notice (DVPN) was authorised and a Domestic Violence Protection Order (DVPO) was granted until the 12<sup>th</sup> of June 2017. This Order was served on the Perpetrator on the **17<sup>th</sup> of May** but he dismissed it. On the 15<sup>th</sup> of May 2017, a Serial Domestic Abuse Perpetrator (SDAP) nomination form was issued concerning the Perpetrator, a VPA was submitted, a referral was made to the Independent Domestic Violence Advocate (IDVA) service, a re-nomination to the Multi-Agency Risk Assessment Committee (MARAC) was made and there was a referral to Adult Social Care.

In mid-May, the Perpetrator was seen at the A&E Department reporting suicidal ideation. The Psychiatric Liaison Service from Cheshire and Wirral Partnership NHS Trust (CWP) attended to him and reported that the Perpetrator was brought to A&E after his girlfriend (this was not Pam) had called the emergency services and stated that he was "acting bizarrely; throwing furniture around, talking to himself and was hearing voices".

A number of incidents occurred over the period from the **22<sup>nd</sup> to the 23<sup>rd</sup> of May**. F3 contacted the Cheshire Police to report that the Perpetrator was "coming to get her". The Police attended her address and she confirmed that the Perpetrator had attended her home. F3 did not provide a statement to prove a breach of the DVPO. F3 was contacted by a Social Worker and referrals to the IDVA service and Children's Social Care Service were made. At the end of May, F3 was residing in a refuge in Cheshire.

In June, GM Police noted that the Perpetrator was rough sleeping in Piccadilly Gardens, Manchester and associating with "spice" users in that area.

In late **October**, Pam was admitted onto Acute Medical Assessment Unit (AMU) at the Manchester NHS Foundation Trust for observation and treatment. She was then referred to the Alcohol Liaison team (ALT). Pam's GP was informed and they noted that Pam had been accepted by the Alcohol team for an in-patient detoxification programme. Pam attended the Chapman-Barker Unit, (the detoxification centre, part of the GMMH NHS Trust) on the **28<sup>th</sup> of October** and left the unit on the **3<sup>rd</sup> of November** 2017. Throughout her stay the following notes concerning Pam were made:

- Mild withdrawal symptoms evident;
- Disclosed history of abusive relationships but reported that she had been single for the previous 18 months;
- engaged well with the in-patient team;
- compliant with medication regime;
- attended multiple group therapy sessions;
- reported long standing low mood issues and childhood trauma that caused her issues with anxiety;
- treated for low mood by her GP (in 2016), and she took prescribed medication for 6 months;
- no previous contact with mental health services;
- no history of self-harm or thoughts to harm self.

After Care arrangements were made with Stockport Services and an appointment with the Alcohol Team was made for the 6<sup>th</sup> of November 2017

By mid-November, Pam reported to the Chapman Barker Unit (CBU) that she had relapsed and was drinking heavily. She reported her partner, M2, continued to consume 12-14 cans daily, which wasn't helping her situation.

## **2018**

In **March**, the Huntington's Disease Association noted that the Perpetrator was on the Healthcare Wing of HMP Liverpool but following assessment they returned him to a standard wing. The Prison reported that the Perpetrator was suffering with weight loss and swallowing problems (associated with his Huntington's Disease).

East Cheshire NHS Trust record that Pam scored 27/40 on the AUDIT alcohol screening tool (indicating possible dependency) and an appointment was made for her to be seen by the Alcohol treatment service.

CWP saw Pam on the **27<sup>th</sup> of March**. She reported that she had received an alcohol detoxification in December 2017, but had relapsed. Prior to admission Pam reported drinking 1/2 bottle of wine after work. Pam reported that her partner was a dependent drinker and encouraged her to drink. She advised that she felt confident that she could stop going out and reported that her children were very supportive. Relapse prevention medications were discussed and an appointment arranged for the 29<sup>th</sup> of March. Pam did not attend the appointment. A request was made for Pam to be re-booked. On the 3<sup>rd</sup> of April, because Pam had not attended the appointments, her case was closed.

In late May, Cheshire Police receive a call from one of Pam's children concerning an assault on Pam by M2.



M2 was arrested for the assault and became problematic for officers and was charged with criminal damage. Pam's Son (who made the call to Police) came to collect Pam from the scene. Pam refused to make a complaint but provided an account of the incident. M2 was interviewed and denied assault. However, M2 was charged and bailed for trial on the 2<sup>nd</sup> of October 2018. A summons was issued but it was not served on Pam due to her whereabouts being unknown. The assault case was later dismissed at Stockport Magistrates Court. There was a known and extensive Domestic Abuse history between Pam and M2 and a VPA was submitted, along with a referral to the IDVA service and a nomination to MARAC.

The IDVA service tried 5 different telephone numbers and made multiple calls to Pam. When a call was answered, a man spoke and the IDVA created a fictitious name to avert attention.

At the end of May, CWP received a referral from Pam's GP requesting support to reduce Pam's alcohol consumption. A referral letter was sent to Pam requesting an appointment for her to be seen. An appointment was given to attend on the 18<sup>th</sup> of June. Pam did not attend and there was no answer when she was contacted and no further message received to cancel or re-arrange the appointment. The decision was taken to discharge Pam from the service. CWP advised Pam's GP to re-refer if requested.

**From intelligence shared, the Panel believe that Pam and the Perpetrator began to form their relationship in July 2018.**

The Cheshire Police contacted Pam and Pam stated that she would be happy to talk to the IDVA and would be a witness in the prosecution of M2. Pam stated that the relationship with M2 was over.

On the **1<sup>st</sup> of November**, Pam attended the Manchester Foundation NHS Trust. Manchester NHS Foundation Trust noted that Pam had attended East Cheshire NHS Trust in late October due to a fall and they had diagnosed a fractured left humerus which was to be treated in a sling. Manchester FT noted that Pam's partner (the Perpetrator) was "very rude, and lay down on the bed with her whilst being examined". The Trust did not record the partner's name because they did not share that information. The Trust reported that Pam self-discharged against medical advice.

On the **7<sup>th</sup> of November** 2018 a friend of Pam contacted Cheshire Police and stated that Pam had contacted them and informed them that the Perpetrator had just burst into her home and locked her in the house. The caller told police that the Perpetrator had previously beaten Pam up because she wouldn't engage in a relationship with him.

Officers attended Pam's home address. She was not present. Pam was located at the Perpetrator's home address where she informed officers that she had not been harmed in any way, (she did not have any visible injuries) and had not been held against her will. She had called her friend as a precautionary measure because she needed time away from the Perpetrator and was unsure as to how he would react due



to his Huntington's disease. No offences were disclosed. Pam was taken to the caller's home address.

A critical marker was placed on Pam's home address. A VPA – graded Medium – was issued along with a Domestic Abuse, Stalking and Harassment (DASH) assessment.

The Domestic Abuse Family Support Unit (DAFSU) noted the VPA and recorded that this was the first reference they had received concerning the Perpetrator. Pam declined the support offered in relation to this incident, but was re-assured that she could ring them at any time. It was recorded that Pam said thank you but stated that she was 'absolutely fine'.

On the **18<sup>th</sup> of November**, Cheshire Police receive a call stating that the Perpetrator has assaulted Pam. He had left the address and she had locked the doors. This was recorded as a Section 47 assault. Pam stated that she did not wish to be in a relationship with the Perpetrator but was struggling to leave because he became aggressive and she feared for her safety.

Pam declined to make a formal complaint and did not wish the Perpetrator to be spoken to. A VPA (graded as high risk) was submitted and a referral made to the Cheshire office of the National Centre for Domestic Violence (NCDV) and a specialist unit assigned. Arrest attempts were made for the Perpetrator. Pam wanted the Perpetrator to be told that she hadn't made a complaint. An urgent Domestic Violence Disclosure Scheme (DVDS) action was put in place for Pam and the Perpetrator was arrested on the 20<sup>th</sup> of November. A Domestic Violence Protection Notice (DVPN) was authorised by a Superintendent from the Cheshire Police service and this was set in place until the 19<sup>th</sup> of December.

It was noted that the Perpetrator was a Serial Domestic Abuse Perpetrator (SDAP). A VPA and a DASH were submitted and a critical marker was placed on another address listed for Pam. A 'Use of Force' form was completed.

On the **20<sup>th</sup> of November** a DVDS - right to know disclosure – was given to Pam regarding the previous offences of the Perpetrator. Pam later shared her distress at the content with the IDVA. At the time of the disclosure, Pam stated that she wished to have an injunction and was signposted to 'Domestic Violence Assist'. It was noted that Pam had not made a statement and didn't wish to. The IDVA noted that 'Domestic Violence Assist' needed to see bank statements and a tenancy agreement as proof for an application for legal aid.

CWP received a referral from the Cheshire Constabulary suggesting that Pam would benefit from an assessment within the Single Point of Access (SPA). The referral described that Pam had presented with low mood and also stated increased anxiety as a response to being a victim of a recent domestic assault.

CWP advised that Pam's needs could be met, firstly, within the alcohol services. Hence, Change, Grow Live (CGL) received the referral. CGL contacted Pam with an appointment date. Pam didn't respond and did not attend the appointment. Therefore, after two weeks, CGL closed the case.

On the **14<sup>th</sup> of December**, a call was made to Pam by a specialist Police service duty officer, as requested by the IDVA. Pam stated that she was okay but felt stressed about the DVPO conditions ending on the 19<sup>th</sup> of December. The Perpetrator had not breached these but Pam was scared that he would turn up the day after as there is nothing in place to stop this. The duty officer asked about the non-molestation order, and Pam said she had sent the documents to DV Assist but hadn't heard anything.

Just prior to Christmas, the IDVA service had a conversation with Pam who stated she was safe at her home address over Christmas. She stated she would accept a referral to the alcohol services after Christmas but would like to receive a detoxification at the Chapman Barker Unit. Pam agreed to a home visit from the IDVA after Christmas.

## **2019**

CEC Housing were informed that the Perpetrator had been issued with a notice to leave his supported accommodation by the 25<sup>th</sup> of January. The accommodation service stated that he has been given notice due to incidents of fighting with another resident at the accommodation, entrapment of his girlfriend, failure to comply with house rules, and removal of communal furniture. An alternative provider withdrew their offer of accommodation because the Perpetrator failed to disclose his conviction when asked.

On the **14<sup>th</sup> of January**, NWAS contacted the Police to report that Pam had reported that she had been assaulted by the Perpetrator. Pam reported that she had been punched and kicked multiple times and had pain to the right side of her chest and ribs. NWAS reported that Pam refused transport to A&E and stated she would see her GP the next day and signed a refusal statement to this effect.

Police Officers attended and obtained differing accounts from Pam – she stated that she did want the Perpetrator to be arrested and was in fear of him and feared for her life. Officers noted that the Perpetrator was nominated to be seen by the Integrated Domestic Abuse Team (IDAT) and also a serial Domestic Abuse Perpetrator, with a MARAC history. Officers also noted that the IDVA service had been trying to work with Pam after the expiry of the DVPO.

The IDVA and IDAT officers visited Pam on the **15<sup>th</sup> of January** to ask if she would make a statement to support the prosecution. Pam was adamant that she didn't want to do this although she believed that the Perpetrator would kill her. Pam was also clear that she did not wish to take out a restraining order as she would have to supply evidence for legal aid and doesn't feel she could complete this task. Pam stated that she would consider going into refuge if the IDVA could find a space for someone with alcohol issues. The IDVA found that the nearest refuge supporting alcohol affected clients was in Chorley. The IDVA gave the numbers to Pam and advised her to make a call as they needed to speak to her. The IDVA updated the refuge. Pam did not go into the refuge – she said it was too far away for her and she couldn't get there.

The Perpetrator's GP noted that he refused consent for the GP to contact Adult Social Care on his behalf, that he didn't want input from mental health services or the neurological team; the Perpetrator stated that he wanted to look out for himself and be left alone.

On the **30<sup>th</sup> of January**, the CWP Single Point of Access (SPoA) received an urgent referral from Pam's GP. CWP made telephone contact with Pam and she reported that she was 'alright, just having a bad day yesterday'. Pam reported to be feeling low in mood but would pick herself up. Pam stated that she had lots of social stressors as triggers. Pam stated that she was unable to make the urgent appointment on the previous day due to having to get buses and reported that she was unable to come that day and asked whether SPoA could contact her on Monday. CWP said that the GP had requested an urgent assessment, but Pam did not feel she was mentally unwell and did not need one. CWP attempted to explore issues, including the reported domestic abuse issues, but Pam put the phone down and ended the call.

Manchester NHS Foundation Trust noted that Pam was brought into the ED, via NWAS, with a 4-day history of chest pain on inspiration. Pam disclosed at triage that her partner had kicked her in the back and ribs. Pam left the department before being seen by medical staff.

On the **12<sup>th</sup> of February**, Cheshire Police IDAT notified Greater Manchester Police that the Perpetrator had been provided with temporary accommodation in Stockport. The Perpetrator was noted as being a violent offender with several domestic abuse incidents where the victim would not or could not support prosecution. It was noted that he was known to Greater Manchester Police. The intelligence detailed his medical condition once more and also that he was in a relationship with Pam who may be with him.

On the **25<sup>th</sup> March** Pam's friend contacted Cheshire Police to report that they believed Pam was going to meet the Perpetrator at their flat on that day. They were concerned because Pam had previously been assaulted by the Perpetrator and they were frightened to go home if the Perpetrator was going to be there.

The Force Control Centre (FCC) operator confirmed that Pam was not at the address of the caller but requested a telephone number for Pam from them. This number was provided and the operator contacted Pam. She confirmed that she was safe and well. She stated that she had been with the Perpetrator earlier in the day but was not with him now. Pam confirmed that she had not been assaulted and knew to ring the police should any problems arise.

On the **27<sup>th</sup> of March**, Cheshire Police received a call from a taxi driver stating that he was at a supermarket and that the Perpetrator was attacking Pam. The taxi driver had driven off with Pam but believed that the Perpetrator had taken all her money. Police attended the scene and spoke to Pam and received an account from the taxi driver. There was no complaint from Pam, no independent witnesses prepared to make a statement, and no CCTV. A VPA and DASH were submitted.

On the **11<sup>th</sup> of April**, Pam contacted Cheshire Police to report that she had been assaulted by the Perpetrator. Officers attended to Pam and established that the alleged assault had taken place in an hotel in the Greater Manchester Police force area and, following initial evidence gathering and safeguarding, the case was passed to Greater Manchester Police.

GM Police responded and contacted Pam. The officer from GM Police documented that Pam did not wish to support a prosecution and signed the officer's pocket note book to that effect. Pam was taken to a friend's address and refused offers of support.

On the **12<sup>th</sup> of April**, Pam spoke with officers from Cheshire Police confirming that the Perpetrator had assaulted her causing injuries to her face and neck. Pam signed the officer's note book to this effect and she signed a medical consent form. Arrangements were made for photographs to be taken of her injuries.

The Police officer contacted Pam the following day and Pam stated that she did not want to speak about the incident at that time and would be going to a friend's house and turning off her phone. Pam requested that she be contacted the following week at which time she may provide a statement.

The Police made a referral to the IDVA service and a re-referral to MARAC.

Between the **12<sup>th</sup> and 18<sup>th</sup> of April**, a MARAC was held to discuss the incident on the 11<sup>th</sup> of April; Pam was contacted to ask if she would make a complaint or provide a statement and to ascertain if she was engaging with the IDVA service. GM Police were contacted to provide an update.

On the **26<sup>th</sup> of April**, an officer from GM Police contacted Pam and she agreed to provide a statement and also indicated that further offences had occurred as she had been receiving calls from the Perpetrator making threats towards her.

On the **30<sup>th</sup> of April**, CWP saw the Perpetrator and he stated that he felt that everything had "come to a head" and that nobody would help him and that he had developed suicidal ideation. The CWP Staff Nurse spoke to the homelessness officer at Cheshire East Council. They advised that they were aware of the Perpetrator and his difficulties and reported that the Perpetrator had been offered accommodation that meets his needs but has either rejected it or acted in a way that means he is no longer allowed to stay there.

Pam contacted Greater Manchester Police with concerns in relation to the lack of progress with the incident in April. A supervision officer spoke with Pam noting that the statement had been taken by Cheshire Police and GM Police were waiting to receive a copy. Several arrest attempts were made and the Perpetrator was detained on the 04/06/19. Following an interview, the Perpetrator was released 'under investigation' as a more detailed statement was required.

On the 13<sup>th</sup> of May, Pam called the IDVA service saying that she had made a statement, and that she was currently staying with M2 for safety reasons.

The Huntington's Disease Association (HDA) received a call from the Perpetrator stating that the Council had told him to go to Crewe because they had a flat for him. When he arrived, he was told that he was there for an assessment. The Perpetrator stated that he wanted to end his life. The HDA contacted the Social Care Service and stated that:

*they had known the Perpetrator for 11 years and that he has been deteriorating cognitively over the last 5 years. He struggles with instructions and can become*

*irritable quickly and lash out, resulting in Police presence and reduced relationships.*

The HDA made a telephone call to the National Homeless Advice Service concerning the Perpetrator. They suggested that the Perpetrator – or his advocate – could speak to the Civil and Legal Team to take things forward and see if a Section 213 could be issued (Cheshire East was asking Manchester to co-operate and offer support). The HDA received a telephone call from CEC Social Care Service wanting more information about the Perpetrator and the services the Huntington's Disease Association could offer. The Social Care Service explained what they had offered, why things had not yet worked out and that the Perpetrator had housing arrears so may struggle to secure Housing Association accommodation.

On the **23<sup>rd</sup> of May**, Cheshire Police receive a request from GM Police for arrest attempts to be made for the Perpetrator concerning the assault on Pam in April. The GM Police request stated that their file was "arrest ready".

On the **3<sup>rd</sup> of June**, Cheshire Police arrested the Perpetrator. Officers from GM Police attended to deal with the consequences of the arrest. The Perpetrator was released under investigation.

Cheshire and Wirral Partnership NHS Trust (CWP) saw the Perpetrator at the Custody Suite and recorded the following points:

- He was brittle and irritable when declining help. Capacity was not formally assessed, but it was clear he understood the nature of the screening.
- A Senior Social Worker attended the Custody Suite to act as an Appropriate Adult.

On the **18<sup>th</sup> of June**, Pam contacted Cheshire Police. Pam had been in contact with GM Police and they had told her that they had sent an email to Cheshire requesting a further statement. An appointment was made for 11am on the 19/06/2019 and a statement was taken on the 20/06/2019 and sent to GM Police. Of note, in her statement to the Cheshire Police, Pam said: '....if the Perpetrator continues to get away with doing these sorts of things, he will end up killing somebody'.

On the **22<sup>nd</sup> of June**, Pam contacted Cheshire Police and stated that M2 had assaulted her. Police attended and arrested M2 at the scene. M2 was interviewed and provided checkable information. Pam was contacted the following morning and she refused to provide any complaint or allow officers to look at her medical records (which were evidential in this case). Consequently, M2 was released on conditional bail and ultimately no further action was taken.

On the **7<sup>th</sup> of July**, Pam called Cheshire Police and requested that they attend her location. Officers attended and M2 was arrested for assault (which he denied in the interview). At this time, M2 was still on police bail from the incident recorded on the 22<sup>nd</sup> of June. Pam refused to make a complaint against M2 and refused to provide images of injuries or medical consent. Pam stated that she had attended his address to get away from the area where the Perpetrator frequents because she is fearful of him seeing her.



On the **10<sup>th</sup> of July**, Pam was interviewed by CEC Housing (Home-Choice) over the telephone. Pam explained that she was fearful of returning to her previous address. Pam was asked about her health and she stated that she was alcohol dependent. Pam also stated that she was suffering with depression and that she had suicidal thoughts, but what keeps her going are her children. Options were discussed with Pam and it was agreed that a referral for a women's only project would be made and until that time she was happy to remain at a friend's house.

CEC Housing arranged for Pam to be assessed by a Housing service for a space at a women's project. Unfortunately, Pam wasn't able to attend and said that she would call the Housing service to re-arrange the appointment. A new assessment date was arranged, but Pam did not attend. The Housing service attempted to contact Pam via phone and text but didn't receive a reply. This was the last contact with Pam for this service

On the 19<sup>th</sup> of July, Pam's case was heard at the eMARAC and it was decided that a full MARAC would be required. The risks to Pam were deemed not to have been mitigated and this was the 5<sup>th</sup> MARAC where Pam had been discussed. The IDVA had suggested a professionals meeting with Pam present to discuss her options and explain what support was available. It appeared at the MARAC that current attempts to keep her safe were not being effective and Pam was considered to be making choices of her own which were putting her at risk. The decision was that Pam should be heard at the MARAC on the 23/07/19.

On the **24<sup>th</sup> of July**, the IDVA manager made a call to Pam. She said she was looking forward to becoming a grandmother, has reduced her alcohol intake and planned to continue on that course. She said she was very grateful for the support from the IDVA.

On the 1<sup>st</sup> of August, the Social Worker assigned to the case of the Perpetrator completed a 'Legal Gateway' referral, and sent an email to the Multi-Agency Public Protection Arrangements (MAPPA) lead. The Social Worker obtained information from the Public Protection Unit (PPU) for the Legal Gateway referral. The Perpetrator was flagged as a serial domestic abuse perpetrator.

On the 12<sup>th</sup> of August, Pam attended the Emergency Department (ED) at Manchester NHS Foundation Trust following a collapse earlier in the day. Pam reported that she "felt shaky and unwell". Pam was re-referred to the Alcohol Liaison Team (ALT) for an outpatient follow up. A chest infection was diagnosed and Pam was discharged home. On the following day, Manchester NHS Foundation Trust sent a letter to Pam's home inviting her to be seen as outpatient by ALT.

Approximately one week later, the critical incident occurred and Pam was murdered by the Perpetrator.

## 5. Key issues arising from the Review

The key issues emerging from this Review include the considerations and deliberations of the Panel – focusing upon the submissions received from the agencies in contact with the subjects of this Review and also the submissions from Pam's children. These themes are not set out in any order of priority.

### 5.1 Pam's health, vulnerability and engagement with health services

5.1.1 The Panel recognised that evidence clearly suggests that poor mental health can either effect domestic abuse or be a significant risk factor for victimisation<sup>1</sup>.

5.1.2 Pam had a long history of anxiety and depression and on one reported occasion, an episode of suicidal ideation (this was disclosed to East Cheshire Trust). Pam also disclosed adverse childhood experiences when she was in contact with Greater Manchester Mental Health Services NHS Trust (GMMH).

5.1.3 In March 2018, Pam was seen by the alcohol team for an assessment during her admission to Macclesfield General Hospital (this admission concerned reported pneumonia). During this assessment Pam advised that her social life revolved around alcohol and stated that her partner drank heavily and encouraged her to drink. Despite attempts to engage Pam in drug and alcohol support services, Pam declined to attend appointments and was discharged in June 2018. In January 2019, an urgent referral was received by CWP from Pam's GP. However, Pam declined to attend two appointments and was discharged from the service in February 2019.

5.1.4 The Panel considered that a key characteristic of Pam's engagement with services was contact with a service during a period of crisis, then a period of complexity that led to missed appointments, then a disengagement from the service and then the service would close her case.

### 5.2 Assessing risk and safeguarding

5.2.1 Between 2018 and 2019, Pam was discussed at the Cheshire Multi-Agency Risk Assessment Conference (MARAC) on 5 separate occasions. During this period, the Domestic Abuse Family Support Unit (DAFSU) received 9 Vulnerable Person Assessments (VPAs).

5.2.2 Nevertheless, it is clear that not all of the services that Pam was in contact with were aware that she was a victim of domestic abuse and violence, either at the time of her contact or at any point in her past. The majority of the services did know – DAFSU, Cheshire Police, Greater Manchester Police and her GP had access to all the information shared at the MARAC – but Greater Manchester Mental Health Trust didn't know and the Cheshire and Wirral Partnership had an incomplete picture of Pam's life. Additionally, of course, the Adult Social Care (ASC) Service had no contact with Pam, and received no VPAs.

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<sup>1</sup> See Trevillion, et al, 2012, published by Safe Lives in 2015

- 5.2.3 The Panel formed the view that Pam would, in all likelihood, have reached the threshold to be considered as an adult in need. However, the ASC service was not in a position to institute Care Act proceedings.
- 5.2.4 As the Panel noted, there was no guarantee that because a VPA had been submitted, the Social Care Services would automatically be informed. Consequently, not all of the services in contact with Pam were prompted to undertake a specific domestic abuse and violence assessment.
- 5.2.5 With regard to the Perpetrator, the Social Worker contacted the PPU for information to assist them to support the housing needs of the Perpetrator and to be able to share this information at the Legal Gateway. It was via this contact that the Social Worker discovered that the Perpetrator had been heard at the MARAC in November 2018 and April 2019.

### **5.3 The offer of Refuge**

- 5.3.1 Pam was offered refuge on several occasions. However, she declined these offers – either changing her mind because her circumstances may have changed, or deciding that the refuge facilities were too far away for her to travel. The Panel noted that one offer of refuge – an accommodation that could offer refuge and support for Pam’s needs – was approximately 50 miles away and Pam declined this offer because of the distance from her home. Specialist domestic abuse advisers on the Panel highlighted that, though 50 miles may sound disproportionate, in the context of the need to provide specialist support, such provision would be considered as local.

### **5.4 The health of the Perpetrator and his engagement with services**

- 5.4.1 The Adult Social Care (ASC) service had difficulty contacting the Perpetrator and maintaining contact with him. When they did, their focus was to resolve, in partnership with a number of other service, the Perpetrator’s accommodation needs. The Perpetrator’s homelessness is a recurring theme in this Review. Manchester City Council, Stockport Council and Cheshire East Council all attempted to resolve this matter.
- 5.4.2 The Specialist Adviser from the Huntington’s Disease Association (HDA) suggested that, on occasion, referral to ASC was difficult – suggesting that there is a tendency for agencies to refer to the client’s physical needs as paramount, rather than their mental health needs and this is often cited as the reason for not engaging the client.<sup>2</sup>
- 5.4.3 The Perpetrator was admitted to custody on a number of occasions. Whilst in HMP Manchester, in March 2016, the Perpetrator refused food and refused to engage with staff to resolve this issue. Additionally, an alert notification was made on one occasion concerning self-harm. The Perpetrator stated that because his illness was deteriorating, he wanted to die.

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<sup>2</sup> By way of example, in January 2017 the Adviser from the HDA made a referral to the Community Mental Health Team within Manchester Central Social Services. This referral was refused as they felt the Perpetrator’s needs were physical not mental health.



5.4.4 The Housing Options Service in Cheshire (HOS) noted in their submission that their understanding of Huntingdon's Disease was limited and there was room for a more pronounced grasp of the prognosis and the impact on behaviour and capacity as the condition deteriorates.

5.4.5 The Panel learned from the submission made by the HOS that the Perpetrator was provided with an extensive and high level of service by the Housing Options Team over a long period of time. However, in the view of the HOS, there came a point where it became clear that the Perpetrator's needs were more complex than could be provided by the Housing Options Service alone. HOS suggested that, at this point, a multi-agency meeting should have been called and the Perpetrator should have been referred to Cheshire East Council 'Hard to House' Panel.

5.4.6 Between June 2017 and January 2018, the Perpetrator was a client of the Criminal Justice Liaison (CJL) Service provided by the Cheshire and Wirral Partnership NHS Trust (CWP). He was seen twice and was noted to engage very poorly with practitioners and in January 2018 the Perpetrator was discharged from CJL due to his failure to engage with the service.

## **5.5 The Perpetrator was a Serial Domestic Abuse Perpetrator (SDAP)**

5.5.1 Intelligence submitted to the Panel from both the Cheshire Constabulary and the Greater Manchester Police supports the assertion that the Perpetrator had a history of assaults against women.

5.5.2 Setting aside the violence against Pam, prior to her murder by the Perpetrator, information was received by the Panel describing the assaults perpetrated against women referred to in the Review as "F2", "F3" and "F4".

5.5.3 The Perpetrator refused to engage with the Cheshire Integrated Domestic Abuse Team (IDAT – a service that aims to prevent further incidents of assault by perpetrators of domestic abuse) and the equivalent service in Greater Manchester. The Panel noted that engagement with these services is not mandatory.

5.5.4 The Panel noted the work of Laura Richards<sup>3</sup>, the criminologist who developed the DASH assessment. Taking note of her work, the Panel recognised the merit of focusing upon serial abusers. Laura Richards suggests that a focus has been placed upon repeat victims and that some shift needs to occur to focus upon serial high risk perpetrators – i.e., those who cause the harm – and that public services need to act together upon the information that is already available to them (including sharing information), in order to identify, assess and manage the perpetrators and for there to be consequences for their behaviour *before* it escalates to assault or murder.

## **5.6 Professional curiosity and sharing information**

5.6.1 The Panel noted the reference to the NICE Domestic Abuse Quality Standard (QS116) referred to in the submission from the East Cheshire NHS Trust.

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<sup>3</sup> [www.laurarichards.co.uk](http://www.laurarichards.co.uk)

5.6.2 East Cheshire NHS Trust highlighted that symptoms of depression, anxiety, suicidal tendencies or self-harming and alcohol or other substance misuse are common indicators of Domestic Abuse and should trigger a concern in health care staff and prompt them to enquire about domestic abuse. However, according to Pam's patient record, her presentation did not always trigger staff to consider Domestic abuse.

**5.7 The domestic abuse and violence endured by Pam and the reluctance to pursue prosecution**

5.7.1 From the submissions received, it appeared that Pam had been subjected to domestic violence and abuse for more than a decade. Formerly, when she was in a relationship with M2, then when she was in a relationship with the Perpetrator in this case and, following the incident in April 2019, Pam re-acquainted with M2 and was again assaulted by him.

5.7.2 The Panel noted that, following allegations of assault, Pam would often be reluctant to provide a statement in order to support the process of prosecution and would not encourage the Police to arrest the alleged perpetrator of the assault.

5.7.3 The Panel has highlighted the circumstances associated with what it considered to be five key allegations of assault and noted that on one occasion – following an assault at a hotel in Manchester – Pam positively pursued the prosecution of the Perpetrator.

**5.8 Having a full account of the violent history of the Perpetrator, holding him to account, and supporting a prosecution.**

5.8.1 The Perpetrator's long history of assault and criminal damage was recorded by both Greater Manchester Police and Cheshire Police.

5.8.2 In April 2019 Pam made a call to Cheshire Police reporting that she had been assaulted by the Perpetrator at an hotel in Manchester. This appeared to the Panel to be a pivotal incident. A crime was recorded (a Section 47 assault – assault occasioning actual bodily harm). However, the attending officer recorded that Pam, at that precise point in time, did not wish to support a prosecution and had signed the officer's note book to that effect.

5.8.3 The author of the submission from GMP stated that, given the history of domestic abuse by the Perpetrator, that an arrest at the scene may have been the most appropriate course of action. The lack of arrest at the scene may have left Pam feeling unsafe and vulnerable and unable to return to her home because she was in fear of the Perpetrator. If the Perpetrator had been arrested, there remained a possibility that the Perpetrator would have been released under investigation, without a statement from Pam. However, the fact of the arrest may have assisted Pam in deciding whether or not she would provide a statement to support a prosecution

5.8.4 There appeared to be a pattern exhibited in the behaviour of the Perpetrator and this pattern was entrenched. Agencies and Panel members noted that there

are long standing frustrations in the limitations faced by the wider Criminal Justice system, and other agencies, to hold serial perpetrators to account and to provide effective opportunities for behaviour change.

## **5.9 Sharing information and Liaison**

5.9.1 The Panel recognised that this theme arises in a number of Homicide Reviews, Safeguarding Reviews, and Serious Case Reviews.

5.9.2 In this case, there are specific examples to consider: the circulation of 'Vulnerable Person Assessments' (VPAs) and what agencies are expected to do when they receive a VPA; discharge summaries from secondary care to primary care; details shared by MARAC; the accuracy of information requested for clients at MARAC; accessing case notes held by other agencies; etc.

## **5.10 Supporting victims with complex needs**

5.10.1 Agencies submitted that a successful pathway for a client is dependent on the willingness of the client to follow through on agreed actions and the time taken by those services to offer appointments and support, particularly when clients do not attend (DNA). This can create a barrier to help, particularly when a client is motivated one day but is fragile and changes perspective the next. In turn, this may lead to specialist domestic abuse services (or other specific services that complex clients engage with) supporting complex clients when they do not have the specialist expertise to do so. Having a better multi-agency response to complexity would potentially improve outcomes for clients who live with domestic abuse.

5.10.2 The Perpetrator may also have benefited from a multi-agency plan to address his use of drugs/alcohol and his accommodation needs, and to put exclusions in place to prevent him from making contact with specific named people.

## **5.11 Adverse Childhood Experiences (ACE)**

5.11.1 The Panel noted that on one occasion – during her engagement with GMMH – Pam disclosed ACE. The Panel recognised that trauma and traumatic abuse is described by MIND as:

*“going through very stressful, frightening or distressing events is sometimes called “trauma”.*

5.11.2 The national charity NAPAC (National Association for People Abused in Childhood) recognises that childhood trauma, in all forms, has a significant impact on the lives of victims, as children and into adulthood.<sup>4</sup>

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<sup>4</sup> [www.napac.org.uk](http://www.napac.org.uk)

## 6. Conclusion

- 6.1 The Review learned that Pam had a long history of struggling with her mental health – living with anxiety and depression for more than ten years.
- 6.2 The Panel considered that a key characteristic of Pam’s engagement with services was contact with a service during a period of crisis, then a period of complexity that led to missed appointments, then a disengagement from the service and then the service would close her case. However, it was noted that Pam had good, though infrequent, contact with her GP and her GP saw Pam in the Practice, made contact via the telephone and her GP also conducted home visits.
- 6.3 Between 2018 and 2019, Pam was discussed at the Cheshire MARAC on 5 separate occasions and during this period, DAFSU received 9 Vulnerable Person Assessments (VPAs). However, it was clear that not all of the services that Pam was in contact with were aware that she was a victim of domestic abuse and violence. Additionally, the Adult Social Care (ASC) Service had no contact with Pam, and received no VPAs. The Panel formed the view that Pam would, in all likelihood, have reached the threshold to be considered as an adult in need. However, the ASC was not in a position to institute Care Act proceedings.
- 6.4 The Perpetrator was a Serial Domestic Abuse Perpetrator (SDAP). The Perpetrator’s long history of assault and criminal damage was recorded by both Greater Manchester Police and Cheshire Police. Despite a number of attempts, the Perpetrator refused to engage with the IDAT and the equivalent services in Greater Manchester. The Panel noted that engagement with these services is not mandatory
- 6.5 Agencies and Panel members noted that there are long standing frustrations in the limitations faced by the wider Criminal Justice system, and other agencies, to hold serial perpetrators to account.
- 6.6 The Perpetrator’s homelessness was a recurring theme in this Review. Manchester City Council, Stockport Council and Cheshire East Council all attempted to resolve this matter.
- 6.7 From the submissions received, it appeared that Pam had been subjected to domestic violence and abuse for more than a decade.
- 6.8 The Panel noted that, following allegations of assault, Pam would often be reluctant to provide a statement in order to support the process of prosecution and would not encourage the Police to arrest the alleged perpetrator (neither M2 nor the Perpetrator in this case) of the assault.

This was a tragic case resulting in the untimely death of Pam and leaving four children without their Mother. The thoughts of the Panel are with these surviving children.

## **7. Lessons to be learned from the Review**

Learning lessons from a Domestic Homicide Review is, amongst other things, a combination of reflection, professional scrutiny, policy review and practice development. Set out below are the lessons learnt that have been identified by the agencies that had contact with Pam and/or with the Perpetrator.

### **7.1 Clinical Commissioning Group (CCG)**

From the perspective of the GP Practice perspective, they noted that they do not always have a full account of all the information from outside health agencies. This can make consultations with patients challenging when a clear picture of other external consultations is not readily available.

More generally, when the usual lines of communication are truncated, this can have an impact on automatically generated lines of communication made to a patient (invites for routine appointments, invites for tests and vaccinations, etc). A clear and prompt process of ensuring the Practice is kept up to date with all relevant information will help prevent families receiving inappropriate contact during a difficult time.

### **Domestic Abuse Family Support Unit (DAFSU)**

DAFSU considered that the key learning from the review is that multi-agency meetings must always be considered when dealing with complex cases. Additionally, these meetings should be initiated promptly and be organised to focus upon the key issues identified to meet the needs of the client.

DAFSU also noted that the Perpetrator may also have benefited from a multi-agency plan to address his use of drugs/alcohol, and to put boundaries in place to prevent him from contacting Pam and others.

### **Adult Social Care (ASC)**

Adult Social Care noted that it was only when they had an extensive overview of all the support, interactions, meetings and discussions that had taken place with regard to both the Perpetrator and Pam over the period of the Review (that is, during the Review process) that they became fully informed of the severity and unpredictability of the Perpetrator's behaviour and the vulnerability of Pam in all her relationships.

ASC noted that the Perpetrator was quick to blame his Huntington's Disease for any violence or aggression that he may have inflicted on others, including Pam.

Pam was not known to Adult Social care and ASC were unaware of the relationship between her and the Perpetrator during their interactions with him. From the chronology, it appears that from January 2019, Pam had at least 6 VPA's activated, yet none of these appear to have been received by Adult Social Care. ASC noted a comment from a meeting of the MARAC held on the 13<sup>th</sup> of May 2019 suggesting that the IDVA service was waiting for a joint visit to Pam with Adult Social Care, but that she did not hear from them. As Adult Social Care had no information on Pam, or received any VPAs, this contact was obviously not made and there was no follow up from the IDVA

### **Manchester Foundation Hospitals NHS Trust (MFT)**

Action was not taken to attempt to speak to Pam alone when there were concerns around her partner's behaviour. This was a missed opportunity to risk assess the situation and offer support to Pam.

The MFT discharge summary document has been highlighted as an area for improvement and is listed for review as part of the development of the new electronic patient record system.

The management of missing and absconding patients has been highlighted as a concern in the past. Since this incident occurred, a new policy has been put in place to ensure that staff are aware of the actions to take when a patient goes missing from the Department.

### **Greater Manchester Mental Health NHS Trust (GMMH)**

The staff at the Chapman Barker Unit (CBU) could have shared information from the call they had with the Stockport Community Alcohol Team (CAT). CBU Staff advised Pam to discuss her concerns directly with the CAT & relied on her to do that. Good practice would have been to call the CAT in advance.

GMMH also noted that by mid-November 2017, Pam reported to the Chapman Barker Unit (CBU) that she had relapsed and was drinking heavily. Pam reported that she had a partner, whereas during the admission, she reported she was single. GMMH considered this to be a missed opportunity to explore any relationship difficulties with her current partner.

### **Cheshire Police**

Aside from the incident in the hotel in Manchester (that occurred in April 2019), Pam was reluctant to make a formal complaint against the Perpetrator. It was acknowledged, from the accounts provided by Pam, that she was frightened of the Perpetrator, frightened of what he was capable of and frightened of what he would do to her. This may be the reason she so vocally told police in his presence that she didn't want to make a complaint and that she hadn't been assaulted.

Understanding domestic abuse is complex and one response clearly will not 'fit' all clients in all circumstances. One process which is meant to safeguard victims of domestic abuse, (the Domestic Violence Protection Notice – DVPN, for example) may in fact do the opposite. Knowledge and understanding of the complexity of this issue is key to the response.

Cheshire Police issued a number of DVPNs regarding Pam. Following this case, lessons have been identified regarding the DVPN process. For example, there was one occasion where it was felt that a DVPN was not appropriate. The rationale for this was based upon the assessment that Pam and the Perpetrator would breach the subsequent order and not comply with the conditions. Cheshire Police recognise that they had the means (i.e., the DVPN) to act to safeguard Pam, and had the authority to pursue, via the court, any breaches that occurred.



The learning from this specific example will wrest upon the conditions and the procedures that lead to a DVPN not being authorised.

There were also examples identified by the Police concerning the non-submission of VPAs. This is an on-going training issue, which is reflected in the action plan described later in the Report

**East Cheshire NHS Trust**

The need for respectful enquiry for more covert signs of domestic abuse will be made more explicit in training and in the Domestic Abuse Policy and this will be cascaded to staff via the Safeguarding Champions

**Huntington's Disease Association (SHDA)**

The HDA attempted to engage with statutory services in relation to the Perpetrators mental health. It is not uncommon for seemingly appropriate services to reject referrals regarding Huntington's disease. This can be due to the patient's lack of engagement with services due to poor insight and denial of symptoms, or the fact that some services do not consider that HD fits their criteria.

**Cheshire and Wirral Partnership (CWP)**

CWP noted that a positive multi-agency response would begin to be initiated but, often, Pam was unable to take up and maintain the offer of support from CWP.

The importance of sharing correct demographic details for those to be discussed at MARAC has been noted in the Report. Pam was recorded as not known by CWP (when in fact she had been known to them since 2014).

**Cheshire East Housing Options Service (HOS)**

HOS underlined the importance of a multi-agency response to support both victims and perpetrators of domestic abuse. HOS also noted that their internal processes and procedures specifically in relation to complex clients and domestic abuse need to be reviewed to ensure an easy and consistent approach across the service.

**Greater Manchester Police (GMP)**

Following the incident in April 2019 in the Manchester area, the attending officers had the opportunity to take positive action and to arrest the Perpetrator. They chose instead to take Pam to another address and not to arrest the Perpetrator at the time of the incident. The author of the GMP submission considered that this may not have been the most effective course of action and that an arrest would have better supported Pam in removing her from the risk.

## 8. Recommendations from the Review

The Panel noted that the Independent Office for Police Conduct had completed their Review in the Summer of 2020 and that this review, along with its potential learning, had been sent to the Chief Constable of both Cheshire Constabulary and Greater Manchester Police. Both Police services noted, when submitting their single agency action plans, that they were cognisant of the duty placed upon them to apply the IOPC learning. Consequently, the recommendations described below are drafted in light of this and has avoided duplicating the learning proposed by the IOPC.

Set out below are the Recommendations made by the Panel, accompanied by the rationale for each Recommendation.

These Recommendations are NOT in any order of priority.

	<b>Rationale</b>	<b>Intended outcome</b>	<b>Recommendation for action</b>
1	<p>A number of Vulnerable Person Assessments (VPAs) were issued by the Police service. These VPAs concerned Pam and the allegations of assault against the Perpetrator.</p> <p>It appeared to the Panel that not every agency considered by the Panel as necessary to receive VPAs received them.</p>	<p>The intended outcomes are:</p> <ul style="list-style-type: none"> <li>• All agencies that need to receive a VPA, should receive them;</li> <li>• The VPA should contain all relevant intelligence about the client referred to on the VPA;</li> <li>• The receiving agency knows what to do with the VPA when they receive it – this means that a system is in place to either respond directly, or escalate the VPA; record the actions taken for the client; and feedback this information to the referrer and to other agencies on the VPA.</li> </ul>	<p>The recommendation focuses upon training, enhancing awareness, and re-enforcing knowledge about the roles and responsibilities of the services available to support people.</p> <p>The Panel recommends that the Safer Cheshire East Partnership (SCEP):</p> <ul style="list-style-type: none"> <li>• Work with the Adult Social Care, Childrens Social Care and Domestic Abuse Services to analyse the referrals they have received from the Cheshire Constabulary over a period of 24 months. Adult Social Care, Children’s Social Care and the DA Services will report to the Safeguarding Adults Board (SAB) and SCEP a description of the nature of these referrals with a reflection on the application of safeguarding legislation within those referrals;</li> <li>• Ensure that appropriate officers within the Cheshire Constabulary (and other organisations, as necessary) are aware of the relevant Adult and Children safeguarding and mental health legislation to assist in enabling them to define an ‘Adult at Risk’ and so make efficient and effective referrals to other services;</li> <li>• Enable Cheshire Police and Adult Social Care across Cheshire to revise the current VPA form to ensure Adult Safeguarding Concerns are correctly incorporated into the</li> </ul>



			<p>VPA, and clear indicators of where the VPA has been sent.</p> <ul style="list-style-type: none"> <li>• Ensure that Training is provided to all Agencies following the roll out of the new revised VPA</li> <li>• Work with the Safeguarding Adult Board (SAB) to facilitate the provision of, for example, multi-agency training / professional briefings / guidance / fact-sheets on substance misuse, mental capacity and the Care Act. This training will also clarify the roles and responsibilities of agencies on the SCEP, their referral pathways and what constitutes an Adult Safeguarding concern under the Care Act 2014 and the expected outcomes. This training must ensure that all agencies are aware of how to report a safeguarding concern whether using the new electronic “First Account Form” or via a VPA.</li> <li>• Cheshire Police to inform Partner agencies about the VPA, who issues them, and their purpose. It is for the receiving agency to make appropriate decisions depending on the information contained within the VPA.</li> <li>• Cheshire Police Should establish clear algorithms to describe who must receive copies of a VPA and what those agencies are expected to do when they receive them.</li> </ul>
<p>2</p>	<p>A number of the agencies involved in this Review referred to the possibility of initiating “Professional Meetings” in order to discuss Pam’s needs and specifically, the possibility of discussing the needs of the Perpetrator at a meeting of the legal gateway.</p> <p>The Panel also discussed:</p> <ul style="list-style-type: none"> <li>• the threshold for Pam (and the Perpetrator) to be considered an</li> </ul>	<p>The outcome is focused upon ensuring that safeguarding referrals are in line with relevant legislation and are received in a timely and efficient manner.</p>	<p>The Panel recommends that the Safer Cheshire East Partnership (SCEP) works with the Safeguarding Adults Board to achieve the following:</p> <ul style="list-style-type: none"> <li>• To note the work being undertaken by the Safeguarding Adults Board to develop a new “First Account Form” for people to raise a Safeguarding concern in line with the Care Act;</li> <li>• Support the Safeguarding Adults Board to: <ul style="list-style-type: none"> <li>○ Review the implementation of the revised referral form via the Quality and Audit Subgroup;</li> <li>○ Ensure that all partners have a clear understanding of the Care Act criteria prior to completing a</li> </ul> </li> </ul>

	<p>adult in need, under the conditions of the Care Act;</p> <ul style="list-style-type: none"> <li>the development of a revised referral form to improve the flow of safeguarding alerts</li> </ul>		<p>Safeguarding Concern Form, i.e.:</p> <ul style="list-style-type: none"> <li>An adult has care and support needs, whether they are currently in receipt of community services or not;</li> <li>Is experiencing, or is at risk of, abuse or neglect / self-neglect;</li> <li>Is unable to protect themselves.</li> </ul> <ul style="list-style-type: none"> <li>Advise organisations that are unable to utilise the new form, by suggesting necessary changes to their own forms (e.g. VPA / NWAS Forms, etc.) to include the criteria described above.</li> <li>Work with other organisations and services in order to offer training and professional development to relevant staff concerning Safeguarding Adults to ensure “Safeguarding is Everyone’s Responsibility”;</li> <li>Work with their partners to develop a new system or enhance an existing system in order to discuss safeguarding cases in a timely way or call / attend a Multi-Agency Professionals Meeting.</li> </ul>
<p>3</p>	<p>A number of services involved in this Review reported that they had difficulty engaging with the Perpetrator when they were attempting to meet his complex needs, including his accommodation.</p> <p>Additionally, of course, the Review noted that the Perpetrator did not engage with the Cheshire IDAT (nor the equivalent in Greater Manchester) and there were few attempts to directly address, with him, his serial domestic violence.</p>	<p>The outcome here is about further improving performance from sources of published evidence and sharing best practice about engaging with a serial perpetrator of domestic abuse. As described within the Report, the Panel noted the work published by Laura Richards. Taking account of this, it is important that the outcome focuses upon learning how to engage with serial perpetrators, knowing who the serial perpetrators are, sharing intelligence about serial perpetrators and sharing best practice on how to engage with them, hold them to account, and to prevent their abuse escalating to serious harm,</p>	<p>The Panel recommends that the Safer Cheshire East Partnership (SCEP):</p> <ul style="list-style-type: none"> <li>Examines the published models and evidence based practice regarding services for people who are homeless and have other needs concerning their mental health. For example, “better care for people with co-occurring mental health and alcohol/drug use conditions – a guide for commissioners” (Public Health England 2017);</li> <li>Considers the research undertaken by Safe Lives and Gentoo examining the role of housing providers in helping victims of domestic abuse and holding perpetrators to account.</li> <li>Considers the procedure adopted by the Greater Manchester Safeguarding Board and use this to</li> </ul>

		<p>homicide, manslaughter or unlawful killing.</p> <p>These outcomes also turn on the ability for agencies to share with one another information arising from risk assessments undertaken with serial perpetrators of abuse. The rationale for the sharing of this information – in an appropriate forum – is to work together to prevent a serious crime.</p>	<p>inform a procedure for Cheshire East<sup>5</sup></p> <p>The Panel noted the work being undertaken on a national scale, led by NHS Digital, to develop the National Summary Care Record system. The Panel also noted that during the previous 18 months, the pilot projects described by NHS Digital have shown considerable promise regarding the sharing of patient information between Mental Health and other health services.</p> <p>The Panel recommends that the Safer Cheshire East Partnership (SCEP):</p> <ul style="list-style-type: none"> <li>• Encourages practitioners who are providing a service to a patient or patients, to share information regarding any risk assessment profiles and safeguarding concerns with all other agencies involved with the same patient or patients;</li> </ul> <p>Taking account of the Domestic Abuse Act 2021, coupled with the research cited in this report, the Panel recommends that the Safer Cheshire East Partnership (SCEP):</p> <ul style="list-style-type: none"> <li>• Considers establishing a 'Panel' (or extending the remit of an existing forum) to share information from MARAC, ViSOR, MAPPA and other sources in order to identify and engage with serial perpetrators of domestic abuse.</li> </ul>
3a	<p>Adult Social Care (ASC) services reported that they would have appreciated the sharing of information concerning the Perpetrator (and his relationship with others) from the Mental Health Services.</p>	<p>The intended outcome is focused specifically upon enhancing the system for the sharing of information between two specific services – adult social care and adult mental health services.</p>	<p>The Panel learned that the Adult Social Care service has a standard operating procedure for designated staff to attend the local MARAC. The Panel recommends that the Safer Cheshire East Partnership (SCEP):</p> <ul style="list-style-type: none"> <li>• Work with the Adult Social Care service to ensure attendance at MARAC and that cases and risks are recorded on Liquid Logic (their client case record system).</li> </ul>

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[https://greatermanchesterscb.proceduresonline.com/chapters/p\\_deal\\_uncooperative\\_fam.html?zoom\\_highlight=persistent+non+engagement+with+early+help](https://greatermanchesterscb.proceduresonline.com/chapters/p_deal_uncooperative_fam.html?zoom_highlight=persistent+non+engagement+with+early+help)

			<p>The Panel also learned that the Cheshire and Wirral Partnership (CWP) are in the process of commissioning a new case recording system. The Panel recommends that the Safer Cheshire East Partnership (SCEP):</p> <ul style="list-style-type: none"> <li>• Work with CWP to consider offering additional access to the First Point of Contact Teams in Adult Social Care</li> <li>• Work with Cheshire and Wirral Partnership NHS Trust to agree a Standard Operating Procedure to ensure that a process is in place (a simple form of application) whereby, with an appropriate CWP Sponsor, Adult Social Care Teams (external to CWP) can apply for access to records strictly on the basis of safeguarding adults from harm.</li> <li>• Note the work of the Safeguarding Adults Board (SAB) concerning its revision of their Information Sharing Protocol and that once completed the SCEP invite the SAB to share this revision with the partners on the SCEP.</li> </ul>
4	<p>Pam reported to Greater Manchester Mental Health Services NHS Foundation Trust (GMMH) that she had endured 'adverse childhood experiences' (ACE) and these experiences had affected her adult life.</p>	<p>The outcome here concerns public service organisations generating an ambition to become "trauma informed" in their day-to-day practice and develop a knowledge base and best practice procedures concerning the impact of Adverse Childhood Experiences on adult clients and how to make professional enquiries concerning their impact</p>	<p>The Panel recommends that the Safer Cheshire East Partnership (SCEP):</p> <ul style="list-style-type: none"> <li>• Ensures that training and education opportunities are made available to SCEP Partners; and</li> <li>• Will support a submission to the Office of the Police and Crime Commissioner (OPCC) to seek funding and support for the provision of this CPD opportunity.</li> </ul>
5	<p>The Review identified that a specific issue arose concerning the request made by the Cheshire MARAC to one service for information concerning Pam. The Review found that the details held on record by the MARAC differed from the details held by the service. This resulted in</p>	<p>The intended outcome is to ensure that when clients are discussed at MARAC (or other multi-agency forums), <u>all</u> agencies are confident that the details concerning the client under discussion are in accordance with the precise details held by all other MARAC agencies.</p>	<p>The Panel recommends that the Safer Cheshire East Partnership (SCEP):</p> <ul style="list-style-type: none"> <li>• Seeks assurance that the template currently used to request and share MARAC information is effective and efficient; and</li> <li>• Secures this assurance when a system and a template that allows for the sufficient triangulation of client specific identifiers is achieved and approved by all partners;</li> </ul>

	the information that was able to be shared being incomplete.	It should be a shared aspiration to work to ensure that the risk of sharing inaccurate client identifiers is driven to the lowest point possible	<ul style="list-style-type: none"> <li>Invites the MARAC to institute a procedure that all partners check and correct any discrepancies regarding client details at the beginning of every MARAC meeting</li> </ul>
6	NICE Guidance (PH50) and Quality Standard (116) concerning domestic abuse and violence contains a number of recommendations to assist agencies to improve the service they offer to clients.	The intended outcome is that front line staff in all agencies are trained to recognise the indicators of domestic violence and abuse and to ask relevant questions to help people disclose their past or current experiences of such violence or abuse.	<p>The Panel recommends that the Safer Cheshire East Partnership (SCEP):</p> <ul style="list-style-type: none"> <li>Seek assurance from all partner services, including specialist mental health services, that their policies and practice concerning domestic abuse means that they and their staff are able to properly assess clients for the presence of domestic abuse and that they are in accordance with NICE guidance PH50 and Quality Standard 116.</li> </ul>
7	Prior to her death, Pam was assaulted by the Perpetrator on a number of occasions. The Perpetrator had a history of assaulting women. Pam, and the ex-partners of the Perpetrator, were reluctant to support his prosecution following his arrest for these assaults. They may have done this due to a sense of loyalty, a degree of sympathy for the Perpetrator's Huntington's Disease, but most likely a pronounced sense of fear.	<p>Reluctance to support prosecutions and/or share disclosures of domestic violence with relevant authorities is a longstanding and vital issue.</p> <p>There are complex reasons why women do not pursue a prosecution and there may be ways to provide better support to women who do wish to prosecute.</p> <p>The primary outcome is to deliver the best option for the victim – and invariably that is for the abuse to stop.</p> <p>This outcome centres upon attempting to learn and understand what encourages or discourages women from reporting abuse and supporting a prosecution when the abuse has been reported.</p>	<p>In principle, this recommendation is about the process of prosecution and how this can be made more accommodating and supportive for survivors of abuse.</p> <p>Inevitably, this recommendation turns on the SCEP facilitating a process of research and development; and of the dissemination of best practice and evidence based delivery.</p> <p>The Panel recommends that the Safer Cheshire East Partnership (SCEP):</p> <ul style="list-style-type: none"> <li>Undertakes a review of relevant cases to identify examples of successful domestic abuse prosecutions that have occurred across the Cheshire Constabulary.</li> <li>Considers establishing a 'focus group(s)' or equivalent to involve survivors of abuse, their advocates, domestic abuse specialists and criminal justice representation in order to answer the question: "can prosecution help achieve the best outcome for women living with abuse?"</li> <li>Utilises the intelligence gathered from the focus group(s) to make the process of prosecution more achievable for those who wish to pursue it;</li> </ul>

			<ul style="list-style-type: none"><li>• Utilises the intelligence gathered to provide briefings, guidance and direction to all SCEP partners concerning the available legal sanctions – including the process of prosecution – when they are working with people living with or attempting to escape domestic abuse;</li></ul>
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**1 Background:**

A referral was made to SCEP in 2019 following the death of Pam who was unlawfully killed by her boyfriend in August 2019. The Partnership agreed that the criteria for a Domestic Homicide Review were met.

Pam was 53 when she died. She had experienced childhood trauma and as an adult suffered from anxiety, depression and suicidal thoughts. She was also Alcohol dependent.

Pam had 5 children, one sadly died shortly after birth. Her adult children contributed to the DHR

Pam was known to many different services and MARAC

“It is easy to see someone who is a drinker and assume they are trouble, but my mum was not just a drinker, she was kind, loving, funny and a caring mum to us all”

Her perpetrator was a Serial Domestic Abuse Perpetrator and had a diagnosis of Huntingdon’s Disease. He was sentenced to an Indefinite Hospital Order in April 2020

**2 The Purpose of a Domestic Homicide Review:**

Establish the facts that led to the death and whether there are any lessons to be learned from the case about how local professionals and agencies worked together to safeguard Pam

- Identify these lessons, both within and between agencies, how and within what timescales they will be acted on, and what is expected to change.
- Prevent domestic abuse and carer related deaths and improve service responses where these issues are identified and responded to at the earliest opportunity.
- Contribute to a better understanding of the nature of domestic abuse
- Ensure that the experiences of Pam and her family are heard regarding their lived experiences and the impact of Domestic Abuse

**Key Emerging themes:**

**Gender:** Women are much more likely than men to be the victims of high risk or severe domestic abuse: 95% of those going to MARAC or accessing an IDVA service are women. Pam’s case was heard at MARAC on 5 occasions between 2018/19

**Assessing Risk and Safeguarding:** It was noted that a significant number of VPAs had been submitted but not all agencies received them. This led to missed opportunities for information sharing including previous incidents of abuse, liaison and assessments under the Care Act

**Health Vulnerabilities and Complex Needs:** At least 20% of high-risk victims of abuse report using drugs and/or alcohol. Pam was more vulnerable to abuse due to complex health needs. She had a good relationship with her GP and IDVA. There was a pattern of accessing services at crisis points but would disengage leading to case closure. Care Act eligibility includes “substance misuse and brain injury”.

**Previous criminality of the perpetrator:** Pam’s perpetrator did not engage with services including harm reduction schemes. The review highlighted limitations of the wider criminal justice systems in holding perpetrators to account.

**Housing Provision:** Offers of refuge were declined due to distance and accessibility. The perpetrator

**Resources and further information:**

Cheshire East Domestic Abuse Hub:  
Tel: 0300 123 5101 or  
[cedah@cheshireeast.gov.uk](mailto:cedah@cheshireeast.gov.uk)  
Huntingdon’s Disease Association:  
Helpline 0151 331 5444  
Change, Grow, Live:  
[Eastcheshire.info@cgl.org.uk](mailto:Eastcheshire.info@cgl.org.uk)  
St. Mary’s Sexual Assault Referral  
Centre: 0161 276 6515  
Rape and Sexual Abuse Support Centre:  
0330 363 0063

**6 Implementing change:**

Discuss the themes with your team or service and consider how they may affect your practice. Determine what you or your team could do to act on these and implement any necessary changes.

**5 Practice implications:**

When anyone discloses Domestic Abuse, it is essential to listen and believe them and promote safety and wellbeing. When there is a concern for a person’s safety, it may be necessary to override consent. Information sharing and accurate record keeping is essential.

**4 Recommendations:**

It should be noted that some actions have been put into place since the incident and the DHR publication.

The DHR made the following recommendations:

- Vulnerable Person’s Assessments (VPA’s) should be clear and a robust pathway to be established
- Multi Agency Professionals Meetings/Full MARAC meetings to be held for High Risk/Complex cases
- Promote Behaviour Change Programmes for Perpetrators
- Mental Capacity Assessments to be completed to evidence decision making
- Risk Indicator Checklists to be completed including Honour Based Abuse and Stalking
- The DA Partnership to collate and measure successful prosecutions
- Multi Agency Training regarding Domestic Abuse, Adult Safeguarding/VPAs and to create opportunities to understand roles and responsibilities



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OPEN

## **Adults and Health Committee**

**26 June 2023**

### **Appointments to Sub-Committees, Working Groups, Panels, Boards and Joint Committees**

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#### **Report of: Brian Reed, Head of Democratic Services and Governance**

**Report Reference No: AH/01/23-24**

**Ward(s) Affected: No specific wards**

#### **Purpose of Report**

- 1 This report seeks approval from the Adults and Health Committee to nominate a member to the Health and Wellbeing Board and the Joint Extra Care Housing Management Board.
- 2 This report contributes to the Council's objective of being an open and enabling organisation - Ensuring that there is transparency in all aspects of council decision making.

#### **Executive Summary**

- 3 The Council, at its annual meeting on 24 May 2023 approved its main committees. The appointment of certain sub-committees, working groups, panels and boards is a matter for the relevant service committees. This report concerns those bodies which fall to be appointed by the Adults and Health Committee or by the committee in conjunction with other service committees.

<b>RECOMMENDATION</b>
That the Adults and Health Committee
1. agree the nominations to the bodies referred to in this report;

2. note the terms of reference of the bodies referred to in the report

## **Background**

### **4 A. Bodies which report to the Adults and Health Committee**

#### **5 Cheshire East Health and Wellbeing Board**

6 Cheshire East Health and Wellbeing Board is a joint board to which this Council appoints three councillors as voting members. The lead service committee in respect of this board is the Adults and Health Committee; and the three Council nominees to the board will be formally nominated by the Adults and Health Committee, the Corporate Policy Committee, and the Children and Families Committee. There are no specific criteria which apply to the appointments.

7 The current Terms of Reference are set out in Appendix 1 to this report for information. It should be noted that the Terms of Reference are due to be reviewed at the Corporate Policy Committee on 11 July 2023 and Council on 19 July 2023, and a copy of the draft Terms of Reference are set out in Appendix 2 to this report for information.

8 *It is proposed that the Adults and Health Committee agree to the nomination of 1 Member to the Cheshire East Health and Wellbeing Board.*

#### **9 Previous Appointment**

10 Councillor J Rhodes

#### **11 Joint Extra Care Housing Management Board**

12 The Joint Extra Care Housing Management Board is a joint board of Cheshire East and Cheshire West and Chester Councils, the governance arrangements for which were established in 2011.

13 It is responsible for providing strategic guidance, making strategic decisions, and reviewing performance in relation to extra care housing provision, except where matters are reserved to the respective authorities. The terms of reference are set out in Appendix 1 to this report for information.

14 The Joint Extra Care Housing Management Board comprises three elected members from each authority. The Corporate Policy Committee, Adults and Health Committee and Finance Sub-Committee are each

required to appoint one member to the Board. There are no specific criteria which apply to the appointments.

15 *It is proposed that the Adults and Health Committee agree to the nomination of 1 Member to the Joint Extra Care Housing Management Board.*

16 Previous Appointment  
Councillor Arthur Moran

**Consultation and Engagement**

17 There has been no consultation in relation to this report. The report relates to previous decisions of the Committee and the need to appoint to various bodies in accordance with the rules of political proportionality where these apply and in accordance with the agreed terms of reference of each body.

**Reasons for Recommendations**

18 In accordance with the Constitution, the Adults and Health Committee is responsible for the appointment of those bodies referred to in this report.

**Other Options Considered**

Option	Impact	Risk
Do nothing	The Council's Constitution requires these committees to be appointed in line with the legislation referenced in this report. Not appointing to these bodies would negatively affect the Council's ability to make decisions in an open and transparent manner.	Failure to comply with the Council's Constitution and the legislation referenced in this report could leave the Council open to legal challenge.

## Implications and Comments

### *Monitoring Officer/Legal*

- 19 The Local Government (Committees and Political Groups) Regulations 1990, made pursuant to the Local Government and Housing Act 1989, make provisions in respect of the political group representation on a local authority's committees in relation to the overall political composition of the Council. The legislation applies to the decision-making committees and sub-committees of the Council.
- 20 The legislation requires that, where proportionality applies, and seats are allocated to different political groups, the authority must abide by the following principles, so far as is reasonably practicable:
- 21 Not all of the seats can be allocated to the same political Group (i.e., there are no single group committees).
- 22 The majority of the seats on the body are to be allocated to a political Group with a majority membership of the authority.
- 23 The total number of seats on all ordinary committees and sub committees allocated to each Political Group bears the same proportion to the proportion on the full Council.
- 24 The number of seats on each ordinary committee allocated to each Political Group bears the same proportion to the proportion on full Council.
- 25 The proposals contained in this report meet the requirements of the legislation.
- 26 The 1990 Regulations require Political Group Leaders to notify the Proper Officer of the Groups' nominations to the bodies in question.

### *Section 151 Officer/Finance*

- 27 There are no financial implications that require an amendment to the Medium-Term Financial Strategy.

### *Policy*

- 28 There are no direct policy implications.

<b>An open and enabling organisation</b>
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Ensure that there is transparency in all aspects of council decision making
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*Equality, Diversity, and Inclusion*

29 There are no direct equality, diversity, and inclusion issues.

*Human Resources*

30 There are no direct human resources implications.

*Risk Management*

31 Failure to comply with the Act and Regulations when appointing its committee memberships would leave the Council open to legal challenge.

*Rural Communities*

32 There are no direct implications for rural communities.

*Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)*

33 There are no direct implications for children and young people.

*Public Health*

34 There are no direct implications for public health.

*Climate Change*

35 There are no direct implications for climate change.

<b>Access to Information</b>	
Contact Officer:	Brian Reed, Head of Democratic Services and Governance  <a href="mailto:Brian.Reed@cheshireeast.gov.uk">Brian.Reed@cheshireeast.gov.uk</a>
Appendices:	Appendix 1: Current Terms of reference of bodies to which the Adults and Health Committee makes appointments.  Appendix 2: Draft HWBB Terms of Reference
Background Papers:	<a href="#">JECHMB Sep 2011 - Governance Arrangements</a>

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## Appendix 1

### **TERMS OF REFERENCE OF BODIES TO WHICH THE ADULTS AND HEALTH COMMITTEE MAKES APPOINTMENTS**

#### **Cheshire East Statutory Health and Wellbeing Board (CEHWB)**

##### **Context**

1. The full name of the Board shall be the Cheshire East Health and Wellbeing Board. (CEHWB)
2. The CEHWB was established in April 2013.
3. The Health and Social Care Act 2012 and subsequent regulations provide the statutory framework for Health and Wellbeing Boards (HWB).
4. For the avoidance of doubt, except where specifically disapplied by these Terms of Reference, the Council Procedure Rules (as set out in its Constitution) will apply.

##### **Purpose**

- To work in partnership to make a positive difference to the health and wellbeing of the residents of Cheshire East through an evidence based focus on improved outcomes and reducing health inequalities.
- To prepare and keep up to date the Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), which is a duty of local authorities and clinical commissioning groups (CCGs).
- To lead integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (i.e. lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.
- To be a forum that enables member organisations of the Board to hold each other to account for their responsibilities for improving the health of the population
- To assist in fostering good working relationships between commissioners of health-related services and the CEHWB itself.
- To assist in fostering good working relationships between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services
- To undertake any other functions that may be delegated to it by the Council - such delegated functions need not be confined to public health and social care.

- To provide advice assistance and support for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

### **Roles and Responsibilities**

5. To work with the Council and CCG effectively to ensure the delivery of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
6. To work within the CEHWB to build a collaborative partnership to key decision making that embeds health and wellbeing challenge, issue resolution and provides strategic system leadership.
7. To participate in CEHWB discussions to reflect the views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery.
8. To champion the work of the CEHWB in their wider work and networks and in all individual community engagement activities.
9. To ensure that there are communication mechanisms in place within partner organisations to enable information about the CEHWB's priorities and recommendations to be effectively disseminated.
10. To share any changes to strategy, policy, and the system consequences of such on budgets and service delivery within their own partner organisations with the CEHWB to consider wider system implications.

### **Accountability**

11. The CEHWB carries no formal delegated authority from any of the individual statutory bodies.
12. Core Members of the CEHWB have responsibility and accountability for their individual duties and their role on the CEHWB.
13. The CEHWB will discharge its responsibilities by means of recommendations to the relevant partner organisations, which will act in accordance with their respective powers and duties.
14. The Council's Core Members will ensure that they keep Policy Committee and wider Council advised of the work of the CEHWB.



15. The CEHWB may report and be accountable to Full Council and to the relevant Governing Body of the NHS Clinical Commissioning Group by ensuring access to meeting minutes and presenting papers as required.

16. The CEHWB will not exercise scrutiny duties around health or adult social care services directly. This will remain the role of the Cheshire East Scrutiny Committee. Decisions taken and work progressed by the CEHWB will be subject to scrutiny by the Scrutiny Committee.

17. The CEHWB will provide information to the public through publications, local media, and wider public activities by publishing the minutes of its meetings on the Council's website. The CEHWB is supported by an Engagement and Communications Network across HWB organisations to ensure this function can operate successfully.

### **Membership**

18. The Core membership of the CEHWB will comprise the following:

Voting members:

- **3 councillors** from Cheshire East Council
- The Director of Adult Social Services
- The Director of Public Health
- A local Healthwatch representative
- Two representatives from the Cheshire Clinical Commissioning Group
- Two representatives from the Cheshire Integrated Care Partnership
- The Chair of the Cheshire East Place Partnership

Non-voting members:

- The Chief Executive of the Council
- The Director of Children's and Families
- A nominated representative of NHS England / NHS Improvement

The Councillor membership of the CEHWB (three core voting members) will be determined by the **full Council**.

19. The Core Members will keep under review the Membership of the CEHWB and if appropriate will make recommendations to full Council on any changes to the Core Membership.

20. The above Core Members through a majority vote have the authority to appoint individuals as Non-Voting Associate Members of the CEHWB. The length of their membership will be for up to one year and will be subject to re-selection at the next Annual General Meeting "AGM" of the CEHWB. Associate Members will assist the CEHWB in achieving the priorities agreed within the

Joint Health and Wellbeing Strategy and may indeed be chairs of sub structure forums where they are not actual Core Members of the CEHWB.

21. The above Core Members through a majority vote have the authority to recommend to Council that individuals be appointed as Voting Associate Members of the CEHWB. The length of their membership will be for up to one year and will be subject to re-selection at the next Annual General Meeting "AGM" of the CEHWB.

22. Each Core Member has the power to nominate a single named substitute. If a Substitute Member be required, advance notice of not less than 2 working days should be given to the Council whenever practicable. The Substitute Members shall have the same powers and responsibilities as the Core Members.

### **Frequency of Meetings**

23. There will be no fewer than four public meetings per year (including an AGM), usually once every three months as a formal CEHWB.

24. Additional meetings of the CEHWB may be convened with agreement of the CEHWB's Chair.

### **Agenda and Notice of Meetings**

25. Any agenda items or reports to be tabled at the meeting should be submitted to the Council's Democratic Services no later than seven working days in advance of the next meeting. Generally, no business will be conducted that is not on the agenda.

26. Any voting member of the Board may approach the Chair of the Board to deal with an item of business which the voting member believes is urgent and under the circumstances requires a decision of the Board. The Chair's ruling of whether the requested item is considered / tabled or not at the meeting will be recorded in the minutes of the meeting.

27. In accordance with the Access to Information legislation, Democratic Services will circulate and publish the agenda and reports prior to the next meeting. Exempt or Confidential Information shall only be circulated to Core Members.

### **Annual General Meeting**

28. The CEHWB shall elect the Chair and Vice Chair at each AGM, the appointment will be by majority vote of all Core voting Members present at the meeting.

29. The CEHWB will approve the representative nominations by the partner organisations as Core Members.

### **Quorum**

30. Any full meeting of the CEHWB shall be quorate if there is representation of any three of the following statutory members: – the relevant NHS Cheshire CCG(s), Local Health Watch, a Councillor and an officer of Cheshire East Council.

31. Failure to achieve a quorum within fifteen minutes of the scheduled start of the meeting, or should the meeting become inquorate after it has started, shall mean that the meeting will proceed as an informal meeting but that any decisions shall require appropriate ratification at the next quorate meeting.

### **Procedure at Meetings**

32. General meetings of the CEHWB are open to the public and in accordance with the Council's Committee Procedure Rules will include a Public Question Time Session. Papers, agendas and minutes will be published on the Cheshire East Health and Wellbeing website.

33. The Council's Committee Procedure Rules will apply in respect of formal meetings subject to the following:

34. The CEHWB will also hold development/informal sessions throughout the year where all members are expected to attend and partake as the agenda suggests.

35. Core Members are entitled to speak through the Chair. Associate Members are entitled to speak at the invitation of the Chair.

36. With the agreement of the CEHWB, subgroups can be set up to consider distinct areas of work. The subgroup will be responsible for arranging the frequency and venue of their meetings. The CEHWB will approve the membership of the subgroups.

37. Any subgroup recommendations will be made to the CEHWB who will consider them in accordance with these terms of reference and their relevance to the priorities within the Joint Health and Wellbeing Strategy and its delivery plan.

38. Whenever possible decisions will be reached by consensus or failing that a simple majority vote by those members entitled to vote.

## **Expenses**

39. The partnership organisations are responsible for meeting the expenses of their own representatives.

40. A modest CEHWB budget will be agreed annually to support engagement and communication and the business of the CEHWB.

## **Conflicts of Interest**

41. In accordance with the Council's Committee Procedure Rules, at the commencement of all meetings all CEHWB Members shall declare disclosable pecuniary or non-pecuniary interests and any conflicts of interest.

42. In the case of non-pecuniary interests Members may remain for all or part of the meeting, participate and vote at the meeting on the item in question.

43. In the case of pecuniary matters Members must leave the meeting during consideration of that item.

## **Conduct of Core Members at Meetings**

44. CEHWB members will agree to adhere to the seven principles of Public Life outlined in the CEHWB Code of Conduct when carrying out their duties as a CEHWB member.

## **Review**

45. The above terms of reference will be reviewed every two years at the CEHWB AGM.

46. Any amendments shall only be included by consensus or a simple majority vote, prior to referral to the Corporate Policy Committee and Council.

***January 2017***

***Revised July 2019***

***Revised August 2020***

***Revised March 2021***

## ***Definitions***

## ***Exempt Information***

*Which is information falling within any of the descriptions set out in Part I of Schedule 12A to the Local Government Act 1972 subject to the qualifications set out in Part II and the interpretation provisions set out in Part III of the*

*Schedule in each case read as if references to “the authority” were references to “CEHWB” or any of the partner organisations.*

### **Confidential Information**

*Information furnished to, partner organisations or the CEHWB by a government department upon terms (however expressed) which forbid the disclosure of the information to the public; and information the disclosure of which to the public is prohibited by or under any enactment or by the order of a court.*

### **Conflict of Interest**

*You have a Conflict of interest if the issue being discussed in the meeting affects you, your family or your close associates in the following ways;*

*The issue affects their well-being more than most other people who live in the area.*

*The issue affect their finances or any regulatory functions and A reasonable member of the public with knowledge of the facts would believe it likely to harm or impair your ability to judge the public interest.*

### **Associate Members**

*Associate Member status is appropriate for those who are requested to chair sub groups of the CEHWB.*

*Health Services Means services that are provided as part of the health service.*

*Health-Related Services means services that may have an effect on the health of individuals but are not health services or social care services.*

### **Social Care Services**

*Means services that are provided in pursuance of the social services functions of local authorities (within the meaning of the Local Authority Social Services Act 1970)*

## **CEHWB Member Code of Conduct**

### **1. Selflessness**

Members of the Cheshire East Health and Wellbeing CEHWB should act solely in terms of the interest of and benefit to the public/patients of Cheshire East. They should not do so in order to gain financial or other benefits for themselves, their family or their friends

**2. Integrity**

Members of the Cheshire East Health and Wellbeing CEHWB should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their duties and responsibilities as a CEHWB member

**3. Objectivity**

In carrying out their duties and responsibilities members of the Cheshire East Health and Wellbeing CEHWB should make choices based on merit and informed by a sound evidence base

**4. Accountability**

Members of the Cheshire East Health and Wellbeing CEHWB are accountable for their decisions and actions to the public/patients of Cheshire East and must submit themselves to whatever scrutiny is appropriate

**5. Openness**

Members of the Cheshire East Health and Wellbeing CEHWB should be as transparent as possible about all the decisions and actions that they take as part of or on behalf of the CEHWB. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands

**6. Honesty**

Members of the Cheshire East Health and Wellbeing CEHWB have a duty to declare any private interests relating to their responsibilities and duties as CEHWB members and to take steps to resolve any conflicts arising in a way that protects the public interest and integrity of the Cheshire East Health and Wellbeing CEHWB

**7. Leadership**

Members of the Cheshire East Health and Wellbeing CEHWB should promote and support these principles by leadership and example

**Health and Wellbeing Board Principles and Behaviours**

The Cheshire East Health and Wellbeing Board Partners shall work together to achieve the objectives of the Cheshire East Health and Wellbeing Strategy and The Cheshire East Place Partnership Five Year Plan. The Board shall:

- (a) Collaborate and work together on an inclusive and supportive basis, with optimal use of their individual and collective strengths and capabilities;
- (b) Engage in discussion, direction setting and, where appropriate, collective agreement, on the basis that all the Partners will participate where agreed proposals affect the strategic direction of the Health and Wellbeing Board

and/or of Services, and in establishing the direction, culture and tone of the work and meetings of the Board;

(c) Act in the spirit of partnership in discussion, direction setting and, where appropriate, collective agreement making;

(d) Always focus upon improvement to provide excellent Services and outcomes for the Cheshire east population;

(e) Be accountable to each other through the Board by, where appropriate, taking on, managing and accounting to each other in respect of their financial and operational performance;

(f) Communicate openly about major concerns, issues or opportunities relating to the Board;

(g) Act in a way that is best for the delivery of activity to drive forward the Five Year Plan, and shall do so in a timely manner and respond accordingly to requests for support promptly;

(h) Work with stakeholders effectively, following the principles of co- design and co-production.

## **Terms of Reference**

### **Joint Extra Care Housing Management Board (JECHMB)**

The Joint Extra Care Housing Management Board was established by Cheshire East Council and Cheshire West and Chester Council with the following terms of reference:

The Joint Extra Care Housing Management Board shall be responsible for providing strategic guidance, making strategic decisions, and reviewing performance in relation to extra care housing provision (except where matters are reserved to the respective authorities).

The Joint Extra Care Housing Management Board will function as a joint committee and be subject to all of the usual rules relating to public meetings.

The Constitution of the Joint Extra Care Housing Management Board states that each Council shall appoint three Members and that nominated substitutes shall be allowed to attend any meeting in the place of an appointed member, subject to prior notification being given to the Lawyer and Secretary to the Joint Extra Care Housing Management Board. This nomination should be made to Democratic Services at Cheshire East Council

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## Appendix 2

### Cheshire East Statutory Health and Wellbeing Board

#### DRAFT - Terms of Reference June 2023

##### 1. Context

- 1.1 The full name of the Board shall be the Cheshire East Health and Wellbeing Board. (CEHWB)
- 1.2 The CEHWB was established in April 2013.
- 1.3 The Health and Social Care Act 2012 and subsequent regulations provide the statutory framework for Health and Wellbeing Boards (HWB).
- 1.4 For the avoidance of doubt, except where specifically disapplied by these Terms of Reference, the Council Procedure Rules (as set out in its Constitution) will apply.

##### 2. Purpose

- To work in partnership to make a positive difference to the health and wellbeing of the residents of Cheshire East through an evidence-based focus on improved outcomes and reducing health inequalities.
- To prepare and keep up to date the Joint Strategic Needs Assessments (JSNAs) and Joint Local Health and Wellbeing Strategy (JHWS), which is a duty of local authorities and integrated care boards.
- To lead integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (ie lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.
- To be a forum that enables member organisations of the Board to hold each other to account for their responsibilities for improving the health of the population
- To assist in fostering good working relationships between commissioners of health-related services and the CEHWB itself.
- To assist in fostering good working relationships between commissioners and providers of health-related services (such as housing and many other local government services) and commissioners of health and social care services

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- To undertake any other functions that may be delegated to it by the Council under section 196(2) of the Health and Social Care Act 2012.

Such delegated functions need not be confined to public health and social care.

- To provide advice assistance and support for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

### **3. Roles and Responsibilities**

- 3.1 To work with the Council and NHS Cheshire and Merseyside Integrated Care Board (ICB) effectively to ensure the delivery of the Joint Strategic Needs Assessment and Joint Local Health and Wellbeing Strategy.
- 3.2 To work within the CEHWB to build a collaborative partnership to key decision making that embeds health and wellbeing challenge, issue resolution and provides strategic system leadership.
- 3.3 To participate in CEHWB discussions to reflect the views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery.
- 3.4 To champion the work of the CEHWB in their wider work and networks and in all individual community engagement activities.
- 3.5 To ensure that there are communication mechanisms in place within partner organisations to enable information about the CEHWB's priorities and recommendations to be effectively disseminated.
- 3.6 To share any changes to strategy, policy, and the system consequences of such on budgets and service delivery within their own partner organisations with the CEHWB to consider the wider system implications.

### **4. Accountability**

- 4.1 The CEHWB carries no formal delegated authority from any of the individual statutory bodies.
- 4.2 Members of the CEHWB have responsibility and accountability for their individual duties and their role on the CEHWB.
- 4.3 The CEHWB will discharge its responsibilities by means of recommendations to the relevant partner organisations, which will act in accordance with their respective powers and duties.
- 4.4 The Council's Statutory Members will ensure that they keep Committee Chairs and the wider Council advised of the work of the CEHWB.

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- 4.5 The CEHWB may report and be accountable to Full Council and to the Cheshire and Merseyside Integrated Care Partnership by ensuring access to meeting minutes and presenting papers as required.
- 4.6 The CEHWB will not exercise scrutiny duties around health or adult social care services directly. This will remain the role of the Cheshire East Scrutiny Committee. Decisions taken and work progressed by the CEHWB will be subject to scrutiny by that Scrutiny Committee.
- 4.7 The CEHWB will provide information to the public through publications, local media, and wider public activities by publishing the minutes of its meetings on the Council's website. The CEHWB is supported by an Engagement and Communications Network across HWB organisations to ensure this function can operate successfully.

## 5. Membership

- 5.1 The membership of the CEHWB will comprise the following:

### Members:

- **Three** councillors from Cheshire East Council\* <sup>1</sup> (representing the Administration)
- The Director of Adult Social Services\*
- The Director of Children's and Families\*
- The Director of Public Health\*
- A local Healthwatch representative\*
- Two representatives from NHS Cheshire and Merseyside Integrated Care Board\*
- The Chair of the Cheshire East Place Health and Care Partnership
- The Executive Director of Place
- A Police and Crime Commissioner representative
- A Fire and Rescue Service representative
- A representative of CVS Cheshire East
- An additional representative of Children and Families
- A councillor from Cheshire East Council representing the main opposition group
- A representative of housing providers
- A representative of local businesses

The councillor membership of the CEHWB will be determined by Cheshire East Council.

- 5.2 The Statutory Members will keep under review the Membership of the CEHWB and may appoint such additional persons to be members of the Board as it thinks appropriate (as set out in the Health and Social Care Act 2012 194 (8)). All Members of the Board will be voting members.

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<sup>1</sup> \* Statutory Members of the Board

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5.3 The length of the appointment of additional members will be determined by the Health and Wellbeing Board. They will assist the CEHWB in achieving the priorities agreed within the Joint Health and Wellbeing Strategy.

5.4 Each Member has the power to nominate a single named substitute. If a Substitute Member be required, advance notice of not less than 2 working days should be given to the Council whenever practicable. The Substitute Members shall have the same powers and responsibilities as the Members.

## **6. Frequency of Meetings**

6.1 There will be no fewer than four meetings per year, usually once every three months.

6.2 Additional meetings of the CEHWB may be convened with the agreement of the Chairman.

## **7. Agenda and Notice of Meetings**

7.1 Any agenda items or reports to be tabled at the meeting should be submitted to the Council's Democratic Services no later than seven working days in advance of the next meeting. Generally, no business will be conducted that is not on the agenda.

7.2 Any member of the Board may request the Chairman to deal with an item of business which the member believes is urgent and requires a decision of the Board. The Chairman's ruling of whether the requested item is considered / tabled or not at the meeting will be recorded in the minutes of the meeting.

7.3 Meetings of the Board shall be open to the press and public and the agenda, reports and minutes will be available for inspection at the Council's offices and on its website at least five working days in advance of each meeting. This excludes items of business containing confidential information or information that is exempt from publication in accordance with Part 5A and schedule 12A Local Government Act 1972 (as amended).

## **8. Election of Chairman**

8.1 The CEHWB shall elect the Chairman and Vice Chairman at its first meeting in the Municipal year. The appointment will be a simple majority of those present and voting.

8.2 For the avoidance of doubt, in the event of a tie when a vote is taken, the Chairman will have a casting vote.

## **9. Quorum**

9.1 Any full meeting of the CEHWB shall be quorate if there is representation of any three of the following members: – NHS Cheshire and Merseyside ICB , the Cheshire East Health and Care Partnership, Local Health Watch, a Councillor and a Statutory Officer of Cheshire East Council.

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- 9.2 Failure to achieve a quorum within fifteen minutes of the scheduled start of the meeting, or should the meeting become inquorate after it has started, shall mean that the meeting will proceed as an informal meeting but that any decisions shall require appropriate ratification at the next quorate meeting.

## **10. Procedure at Meetings**

- 10.1 In accordance with the Council's Committee Procedure Rules, meetings will include a Public Question Time Session.
- 10.2 The Council's Committee Procedure Rules will apply in respect of formal meetings.
- 10.3 The CEHWB will also hold development/informal sessions throughout the year where all members are expected to attend and partake as the agenda suggests.
- 10.4 With the agreement of the CEHWB, working groups (non-decision-making) and/or sub-committees (decision-making) can be set up to consider distinct areas of work. These will be responsible for arranging the frequency and venue of their meetings. The CEHWB will approve the membership.
- 10.5 Any working group or sub-committee recommendations will be made to the CEHWB who will consider them in accordance with these terms of reference and their relevance to the priorities within the Joint Local Health and Wellbeing Strategy and its delivery plan.
- 10.6 Whenever possible decisions will be reached by consensus or failing that a simple majority vote by those members entitled to vote.

## **11. Expenses**

- 11.1 The partnership organisations are responsible for meeting the expenses of their own representatives.

## **12. Conflict of Interest**

- 12.1 All members of the Board are required to uphold the Nolan Principles and all other relevant NHS or Council Code of Conduct requirements which are applicable to them. This includes the requirement to register and disclose pecuniary, registerable and other non-registerable interests at meetings where appropriate.

## **13. Conduct of Members at Meetings**

- 13.1 CEHWB members will agree to adhere to principles and behaviours set out in Appendix One when carrying out their duties as a CEHWB member.

## **14. Review**

- 14.1 The above terms of reference will be reviewed every two years at the first meeting of the CEHWB in the Municipal year.

14.2 Any amendments to these terms of reference shall only be made by the Council, on the recommendation of the Corporate Policy Committee and the CEHWB.

*January 2017*  
*Revised July 2019*  
*Revised August 2020*  
*Revised April 2021*  
*Revised June 2023*

### **Definition**

#### **Exempt Information**

*Which is information falling within any of the descriptions set out in Part I of Schedule 12A to the Local Government Act 1972 subject to the qualifications set out in Part II and the interpretation provisions set out in Part III of the said Schedule in each case read as if references therein to “the authority” were references to “CEHWB” or any of the partner organisations.*

#### **Confidential Information**

*Information furnished to, partner organisations or the CEHWB by a government department upon terms (however expressed) which forbid the disclosure of the information to the public; and information the disclosure of which to the public is prohibited by or under any enactment or by the order of a court are to be discussed.*

#### **Conflict of Interest**

*You have a Conflict of interest if the issue being discussed in the meeting affects you, your family or your close associates in the following ways;*

- The issue affects their well being more than most other people who live in the area.*
- The issue affect their finances or any regulatory functions and*
- A reasonable member of the public with knowledge of the facts would believe it likely to harm or impair your ability to judge the public interest.*

#### **Associate Members**

*Associate Member status is appropriate for those who are requested to chair sub groups of the CEHWB.*

#### **Health Services**

*Means services that are provided as part of the health service.*

**Health-Related Services** *means services that may have an effect on the health of individuals but are not health services or social care services.*

#### **Social Care Services**

*Means services that are provided in pursuance of the social services functions of local authorities (within the meaning of the Local Authority Social Services Act 1970*

## Health and Wellbeing Board Principles and Behaviours

The Cheshire East Health and Wellbeing Board Partners shall work together to achieve the objectives of the Cheshire East Health and Wellbeing Strategy and The Cheshire East Place Partnership Five Year Plan. The Board shall:

- (a) Collaborate and work together on an inclusive and supportive basis, with optimal use of their individual and collective strengths and capabilities;
- (b) Engage in discussion, direction setting and, where appropriate, collective agreement, on the basis that all the Partners will participate where agreed proposals affect the strategic direction of the Health and Wellbeing Board and/or of Services, and in establishing the direction, culture and tone of the work and meetings of the Board;
- (c) Act in the spirit of partnership in discussion, direction setting and, where appropriate, collective agreement making;
- (d) Always focus upon improvement to provide excellent Services and outcomes for the Cheshire east population;
- (e) Be accountable to each other through the Board by, where appropriate, taking on, managing and accounting to each other in respect of their financial and operational performance;
- (f) Communicate openly about major concerns, issues or opportunities relating to the Board;
- (g) Act in a way that is best for the delivery of activity to drive forward the Five Year Plan, and shall do so in a timely manner and respond accordingly to requests for support promptly;
- (h) Work with stakeholders effectively, following the principles of co- design and co-production;

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## Adults and Health Committee Work Programme - 2023-24

Report Reference	Adults & Health Committee	Report Title	Purpose of Report	Senior Lead Officer	Significant Decision	Corporate Plan Priority	Exempt Item	Consultation and Engagement Process / Timeline (Y/N)	Equality Impact Assessment (Y/N)	Part of Budget and Policy Framework (Y/N)
AH/01/2023-24	26 June 2023	Domestic Homicide Report - PAM	The Domestic Homicide Report has been written by an Independent Author. The Report is about the circumstances leading up to the murder of PAM in 2019, how well agencies worked together, and lessons learned. The Report has been approved by the Home Office and will be published on the SCEP website.	Executive Director Adults, Health and Integration	No	Open	No	No	No	No
AH/02/2023-24	26 June 2023	Appointments to Sub-Committees, Working Groups, Panels, Boards and Joint Committees	To appoint a Member from the Adults & Health Committee to the membership of the Cheshire East Health & Wellbeing Board	Director of Governance and Compliance	No	Open	No	No	No	Yes
AH/16/2023-24	26 June 2023	Service Budgets 2023/24 (Adults & Health Committee)	The purpose of this report is to set out the allocation of approved budgets for 2023/24 for services under the Committee's remit, as determined by Finance Sub Committee	Director of Finance and Customer Services	No	Open	No	No	No	Yes

## Adults and Health Committee Work Programme - 2023-24

AH/08/2023-24	24 July 2023	Falls Prevention Strategy	The purpose of the report is to provide an update on the status of the Cheshire East Falls Prevention Strategy and related work.  1. The adoption of the Cheshire East Falls Prevention Strategy following completion of the consultation process. 2. The Cheshire East Falls Strategy being taken to the Health and Wellbeing Board.	Executive Director Adults, Health and Integration	No	Fair	No	Yes	Yes	No
AH/10/2023-24	24 July 2023	Final Outturn 2022/23 (Adults & Health Committee)	This report outlines how the Council managed its resources to achieve both positive outcomes and value for money in the delivery of services during the 2022/23 Financial Year. The purpose of the report is to note and comment on the final financial and performance outturn positions and (if necessary) to approve Supplementary Estimates and Virements.	Director of Finance and Customer Services	No	Open	No	No	No	Yes
AH/17/2023-24	24 July 2023	COVID-19 Update	To provide an update on recent changes to COVID-19 guidance, epidemiology and vaccination programmes, as well as the UK COVID-19 Inquiry	Executive Director Adults, Health and Integration	No	Open;#Fair	No	No	No	Yes
AH/18/2023-24	25 September 2023	Charging Consultation - Proposal	To be confirmed	Executive Director Adults, Health and Integration	TBC	Fair	TBC	TBC	TBC	TBC
AH/19/2023-24	25 September 2023	Evaluation of the 2022/23 Winter Plan	To be confirmed	Executive Director Adults, Health and Integration	TBC	Fair	TBC	TBC	TBC	TBC
AH/20/2023-24	25 September 2023	One You Recommission	To be confirmed	Executive Director Adults, Health and Integration	TBC	Fair	TBC	TBC	TBC	TBC

## Adults and Health Committee Work Programme - 2023-24

AH/24/2022-23 & CF/41/22-23	25 September 2023	Cheshire East Place - Learning Disability and Mental Health Plans	The recommendations will be to approved the co-production of the Cheshire East Place - Mental Health Plan and Cheshire East Place - Learning Disabilities Plan	Executive Director Adults, Health and Integration	No	Fair	No	Yes	Yes	Yes
AH/06/2022-23	25 September 2023	Universal Information and Advice Service Recommission	The purpose of the report is to provide an update regarding the Universal Information and Advice Service and provide recommendations in respect of the recommissioning of the service .	Executive Director Adults, Health and Integration	No	Fair	No	Yes	Yes	No
AH/41/2022-23 & CF/68/22-23	25 September 2023	Complex Needs Commissioning	This report seeks approval to establish a shared marketplace for the future procurement of care and support services across both health and social care for individuals with complex needs, including those individuals in transition to adulthood who have a learning disability and or mental health support needs.	Executive Director Adults, Health and Integration	Yes	Fair	No	No	Yes	No
AH/04/2023-24	25 September 2023	Building Based Day Services – Proposal to Decommission service provision at the Stanley Centre	The Medium-Term Financial Strategy 2023-2027 included a proposal to decommission the building based day service provision at the Stanley Centre in Knutsford. This report will present a number of options and a recommended option around the future of the Stanley Centre.	Executive Director Adults, Health and Integration	No	Fair	No	Yes	Yes	Yes
AH/07/2023-24	25 September 2023	Emotionally Healthy Children and Young People Recommissioning	To provide information regarding coproduction that already taken place, present suggested model based on engagement findings and obtain approval to recommission service	Executive Director Adults, Health and Integration	No	Open;#Fair	No	Yes	Yes	No
AH/09/2023-24	25 September 2023	Direct Payments	The purpose of the report is to provide an update on the status of the Direct Payment workstream in Cheshire East, including policy development, personal assistant recruitment campaign, and financial transactions.	Executive Director Adults, Health and Integration	No	Fair	No	Yes	Yes	Yes

## Adults and Health Committee Work Programme - 2023-24

AH/11/2023-24	25 September 2023	First Financial Review of 2023/24 (Adults & Health Committee)	To note and comment on the First Financial Review and Performance position of 2023/24, including progress on policy proposals and material variances from the MTFS and (if necessary) approve Supplementary Estimates and Virements.	Director of Finance and Customer Services	No	Open	No	No	No	Yes
AH/23/2022-23	25 September 2023	Supported Employment Strategy and Implementation Plan	This report sets out the recommendations for a strategic approach to supported employment. This is about adult social care customers with complex needs and support into work	Executive Director Adults, Health and Integration	Yes	Open;Fair;Green	No	Yes	Yes	Yes
AH/21/2023-24	20 November 2023	Domestic Abuse Recommission	To be confirmed	Executive Director Adults, Health and Integration	TBC	Fair	TBC	TBC	TBC	TBC
AH/03/2023-24	20 November 2023	A review of the Learning Disability Conference initiatives	To provide Adults and Health Committee with a progress update on the key priorities that were outlined at the Cheshire East Learning Disabilities Conference in June 2022, that have been taken forward by the Learning Disability Partnership Board	Executive Director Adults, Health and Integration	No	Fair	No	No	No	No
AH/05/2023-24	20 November 2023	Progress Update on the Day Opportunities Flexible Purchasing System	To provide an update on the Day Opportunities Flexible Purchasing System.	Executive Director Adults, Health and Integration	No	Fair	No	No	No	No
AH/12/2023-24	20 November 2023	Second Financial Review of 2023/24 (Adults & Health Committee)	This report outlines how the Council is managing resources to provide value for money services during the 2023/24 financial year. The purpose of the report is to note and comment on the Second Financial Review and Performance position of 2023/24 and approve Supplementary Estimates and Virements.	Director of Finance and Customer Services	No	Open	No	No	No	Yes

## Adults and Health Committee Work Programme - 2023-24

AH/15/2023-24	20 November 2023	Medium Term Financial Strategy Consultation 2024/25 - 2027/28 (Adults & Health Committee)	All Committees were being asked to provide feedback in relation to their financial responsibilities as identified within the Constitution and linked to the budget alignment approved by the Finance Sub-Committee in March 2023. Responses to the consultation would be reported to the Corporate Policy Committee to support that Committee in making recommendations to Council on changes to the current financial strategy.	Director of Finance and Customer Services	No	Open	No	Yes	No	Yes
AH/22/2023-24	22 January 2024	Substance Misuse Re-commission	To be confirmed	Executive Director Adults, Health and Integration	TBC	Fair	TBC	TBC	TBC	TBC
AH/13/2023-24	22 January 2024	Third Financial Review of 2023/24 (Adults & Health Committee)	This report outlines how the Council is managing resources to provide value for money services during the 2023/24 financial year. The purpose of the report is to note and comment on the Third Financial Review and Performance position of 2023/24 and approve Supplementary Estimates and Virements.	Director of Finance and Customer Services	No	Open	No	No	No	Yes
AH/14/2023-24	22 January 2024	Medium Term Financial Strategy Consultation 2024/25 - 2027/28 Provisional Settlement Update (Adults & Health Committee)	All Committees were being asked to provide feedback in relation to their financial responsibilities as identified within the Constitution and linked to the budget alignment approved by the Finance Sub-Committee in March 2023. Responses to the consultation would be reported to the Corporate Policy Committee to support that Committee in making recommendations to Council on changes to the current financial strategy.	Director of Finance and Customer Services	No	Open	No	Yes	No	Yes

## Adults and Health Committee Work Programme - 2023-24

AH/23/2023-24	25 March 2024	Charging Consultation - following consultation	To be confirmed	Executive Director Adults, Health and Integration	TBC	Fair	TBC	TBC	TBC	TBC
TBC	24 June 2024	Service Budgets 2024/25 (Adults & Health Committee)	The purpose of the report is to set out the allocation of budgets for 2024/25, for all Committees, following Council's approval of the Medium Term Financial Strategy in February 2024	Director of Finance and Customer Services	No	Open	No	No	No	Yes