

REPORT TO: Health and Wellbeing Board

Date of Meeting: 27th January 2015

Report of: Kate Rose and Judith Gibson, Cheshire East Domestic Abuse Partnership

Subject/Title: Joining strategy and commissioning to reduce the scale and impact of domestic abuse in Cheshire East

1 Report Summary

- 1.1 Domestic abuse is widespread and damaging to individuals, families and communities. Cheshire East Domestic Abuse Partnership is implementing a strategy, following widespread consultation, to prevent as well as to respond which requires the engagement of all related partners and partnerships in promoting its aims and committing to its resourcing. The Health and Wellbeing Board has a significant role to play in this work.

In recognition of the above the Joint Leadership Group requested that this report be brought to the Board.

2 Recommendations

- 2.1 That the Health and Wellbeing Board should promote the priorities of Cheshire East Domestic Abuse Partnership Strategy within its own work.

In practice this means that Board members should be familiar with and incorporate the six priorities of prevention, protection, provision, partnership, participation and performance into related Board work

- 2.2 That the Health and Wellbeing Board should recognise the significance of and respond collaboratively to domestic abuse as a comorbid issue with mental ill health and substance misuse in all work streams

In practice this means that in every discussion or decision where issues or implications for those experiencing mental ill health and/or substance misuse are considered attention should be given to domestic abuse and where possible joint strategy and approaches should be implemented

- 2.3 That the Health and Wellbeing Board should seek assurance that partners are individually committed to CEDAP Strategy and Action Plan

In practice this means holding partners to account for their contribution of resources – financial and otherwise – to meeting local need

Reasons for Recommendations

- 3.1 The costs and consequences of domestic abuse and guidance on how to address it are widely documented and summarised for the health and wellbeing sector in two recent documents:

Violence and health and wellbeing boards: a practical guide for health and wellbeing boards

<http://www.nhsconfed.org/Publications/Pages/Violence-health-wellbeing.aspx>

Domestic Violence and Abuse: how health and social care services and the organisations they work with can respond effectively

<http://www.nice.org.uk/guidance/ph50/resources/guidance-domestic-violence-and-abuse-how-health-services-social-care-and-the-organisations-they-work-with-can-respond-effectively-pdf>

In summary these confirm that:

- People affected by violence and abuse are far more likely to experience poor physical and mental health than the general population.
- Early intervention is the most effective way to tackle the negative health and wellbeing impacts of violence and save local healthcare costs.
- Coordination across local services is necessary to address the complex needs of those at risk of causing violence, at risk of experiencing violence, and victims of violence.
- Effective joint strategic working between health and wellbeing boards and community safety partnerships will support improved local commissioning to achieve better health outcomes for those affected by violence

- 3.2 Cheshire East Domestic Abuse Partnership is the body with responsibility for the development and implementation of our local response. CEDAP is accountable to the Community Safety Partnership and its strategy and a report on its work to March 2014 can be found at

http://www.cheshireeast.gov.uk/social_care_and_health/domestic_abuse/domestic_abuse_partnership.aspx

Key data to note are:

Police domestic abuse incidents Jan to Nov 14	921 <i>In line with 13-14</i>	30% alcohol related 15% repeat victims
Police domestic incidents Jan to Nov 14	1763 <i>Significant reduction over 3 years</i>	
MARAC referrals Jan to Dec 2014	489 + 614 children <i>Significant increase</i>	29% repeats
Specialist service referrals April 2013- March14	1301 <i>Some duplication</i>	
Parental factors at case conference April 14 to Dec 15	Domestic abuse 229	Substance misuse 110 Mental health 115

3.3 Specialist services for victims and children have been established for some time and include:

- Independent Domestic Violence Advocacy and Multi-Agency Risk Assessment Conferencing for high risk victims
- Commissioned (and non-commissioned) provision of refuge and floating support including recovery and peer support
- Co-ordination of children's groupwork programmes

CEDAP Strategy aspires to treatment for the whole family and adequate support from crisis through safety to recovery. We have been able to offer a voluntary treatment programme for those who abuse since August 2013

More recent interventions include:

- Cheshire East Domestic Abuse Hub - one point of contact for professionals and the public for domestic abuse sitting alongside Cheshire East Consultation Service, the Police Referral Hub and other partners seeking greater integration in our response to families in need or at risk. This service is staffed collaboratively by all domestic abuse specialist services
- The placement of Independent Domestic Violence Advocates (domestic abuse professionals) in both hospitals and southern GP practices to increase earlier identification of and support to victims using health services
- The approval of funding to form an integrated team responding to families affected by mental ill health, substance misuse and domestic abuse including those who abuse

3.4 The NICE Guidance above (PH50) recommends a joint commissioning approach to the funding of domestic abuse services. Cheshire East funding has developed historically and takes three main forms (see Appendix 1):

- a. A partnership funding approach – some core commitment and some annual contribution – to high risk services (IDVA and MARAC) and the front door for all specialist services, the Domestic Abuse Hub
- b. A three year commissioning cycle for refuge and floating support – funded through Council Adults and Children's Services
- c. Applications to opportunities for enhancing services

3.5 CEDAP accepts funding approach 'c' will always be a part of its work and is a means by which innovation is driven.

Funding approach 'b' is being progressed through a joint commission of Adult and Children's Services.

This paper is expressly addressing funding approach 'a' in respect of placing core high risk services, the 'front door' for all services (the Domestic Abuse Hub) and partnership functions on a surer footing by agreeing a three year partnership agreement. Commissioning is not possible as these services sit within the Council. Service cost and existing committed funding are summarised below and set out in more detail in the paper to the Joint Leadership Group in November:

COSTS

Function	Cost
Domestic Abuse Family Safety Unit (IDVA, MARAC, Hub functions, training lead)	£325k
CEDAP business support, publicity, target hardening (Partnership manager post funded separately by Council)	£21k
TOTAL	£346k

RECURRENT CONTRIBUTIONS

Agency	Amount
Council – base budget	75,000
Police Strategic	9,750
2 CCGs	26,595
TOTAL	£111,345

OTHER SUBSTANTIAL BUT TIME LIMITED CONTRIBUTIONS

Community Safety Partnership	40,000	<i>Received since 2008 but notice given that not guaranteed for 2015</i>
Home Office	27,500	<i>Ends March 2016</i>
Council Housing and workforce development	13,000	<i>Not guaranteed</i>
Police and Crime Commissioner	35,000	<i>Ends March 2016</i>
Council Children's Services		<i>Significant contribution to sustain whole range of work 2014-15. Discussions re allocation to commissioned and council services ongoing</i>
TOTAL	115,500	

Due to partnership arrangements CEDAP is able to use carry forward to sustain annual provision. This will be in the region of £40k this year.

If all of the above funding is realised for 2015-16 and Children's Services agree a contribution to the Hub function in particular there may be a modest gap next financial year and significant shortfalls thereafter.

4 Impact on Health and Wellbeing Strategy Priorities

Achievement of CEDAP's 6 priorities of Prevention, Protection, Provision, Partnership, Performance and Participation contribute to the following priorities:

1. Children and young people have the best start in life – they and their family or carers are supported to feel health and safe (Children and young people feel and are kept safe, children and young people experience good emotional and mental health and wellbeing)
2. Driving out the causes of poor health – reducing the incidences of alcohol related harm and better meeting the needs of people with mental health difficulties
3. Enabling older people to live active and healthier lives for longer

All CEDAP specialist provision has an agreed set of outcomes and measures and is scrutinised through its 'Board', the Commissioning and Development Group, which is accountable to the Community Safety Partnership.

Outcomes which span all provision are:

- Reduction of risk
- Improvement in health and wellbeing
- Enablement to cope/recover

5 Background and Options

5.1 CEDAP Commissioning Strategy

6 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

Name: Judith Gibson

Designation: Cheshire East Council Development Manager, Domestic Abuse and Sexual Violence and CEDAP Manager

Contact: 07818 002157 Judith.gibson@cheshireeast.gov.uk