

ADULTS COMMITTEE: MINUTES

Date: Thursday 26th March 2015

Time: 2.00 p.m. to 4.13 p.m.

Present: Councillors P Ashcroft, A Bailey (Vice-Chairwoman), K Bourke, D Connor, S Crawford, G Kenney, M Loynes, T Orgee, S Rylance (Chairwoman), J Scutt (Substitute for F Onasanya) M Smith, M Tew, G Wilson and F Yeulett.

Apologies: Councillors D Giles, L Nethsingha, F Onasanya and K Reynolds,

78. DECLARATIONS OF INTEREST

There were no declarations of interest.

79. MINUTES – 6TH JANUARY 2015

The minutes of the meeting held on 6th January 2015 subject to the inclusion of Councillor Orgee in the list of attendees were agreed as a correct record and signed by the Chairwoman.

80. PETITIONS

No petitions were received.

81. RESPONSE TO THE LOCAL GOVERNMENT OMBUDSMAN FINDING OF MALADMINISTRATION

The Committee received details of the operational response to the Local Government Ombudsman's (LGO) finding of maladministration with regard to a complaint concerning Mr N who was moved into a residential care home fourteen miles away from his home against both his, and his families wishes. In introducing the report the Head of Operations – Older People's Services on behalf of the Council sincerely apologised that the Council had failed to meet the required standards in this particular case. The Council very much regretted that the incident had taken place and that despite the Council's attempts to act in Mr N's best interests, it was subsequently recognised that the actions taken were not appropriate with the subsequent investigation having exposed a number of issues which required further action to be taken.

It was highlighted that the LGO report found failures in the following areas:

- Not completing an adequate Mental Capacity Assessment (MCA).
- The Care Home not consulting the Council's Deprivation of Liberty safeguards (DoLs) team (which as a commissioned service is considered by the LGO to be a failure of the Council).
- Not considering whether or not Mr N's placement amounted to a deprivation of liberty.

- Not providing information to the family about the Court of Protection and how to challenge the Council's decision.
- Not providing accurate information about third party top up payments.

Paragraphs 2.3 to 2.10 of the officers' report set out the action that was being taken to address the above failures, which had included a letter of apology being sent to Mrs N.

In discussion Members raised issues including:

- Whether an apology had also been given to Mr N. In response it was explained that the letter had been sent to Mrs N as Mr N did not have capacity, but the officer agreed that the letter should have been addressed to both of them. In discussion later, the Committee unanimously agreed that a further letter should be sent to both Mr and Mrs N from the Committee apologising for the Council's failures and highlighting the action that had been taken to avoid such a recurrence in the future. **Action: Jackie Galway to prepare a draft letter for the Chairwoman to sign.**
- In reply to a question, it was confirmed that Mr N had been moved to a residential home nearer the family home.
- Regarding whether the lessons learnt were to be shared wider, it was explained that not only would it be covered as part of the further staff training, but the knowledge gained and the revised procedures being put in place were being shared with residential homes. Relevant actions were also being taken on board by the Adult Safeguarding Board and the Care Quality Commission.
- A request was made to ensure refresher training was undertaken in relation to care homes the Council purchases placements from. Officers undertook to ensure that this was actioned if it was not already part of the existing care homes contract. Members suggested that the contract should include care homes providing the Council with details of the training they had undertaken, and one Member suggested the training should be carried out on an annual basis. **Action: Claire Bruin to check the position.**

It was resolved:

To consider and agree the proposals to address the issues identified by the Local Government Ombudsman (LGO).

82. PROGRESS IN DELIVERING THE TRANSFORMATION OF OLDER PEOPLE'S SERVICES AND BETTER CARE FUND

The Committee received a report providing an overview on the transformation of older people's services which was being undertaken within a very difficult financial climate. It included details on the progress in planning for the Better Care Fund and a progress update of other developments related to the integration of health and social care in Cambridgeshire. As discussed by the Committee on 9th September 2014, and 4th December 2014, officers were working to deliver the following Committee decisions by 1 April 2015:

- a) The transfer of Occupational Therapy services to Cambridgeshire and Peterborough Foundation Trust overseen by a Section 75 agreement;

- b) The transfer of the Assistive Technology Team to the Council;
- c) The establishment of a contract with Uniting Care Partnership for the Council to deliver Assistive Technology and Telehealth services across Cambridgeshire and Peterborough; and
- d) The transfer of Reablement services to the Council.

The above developments were being taken forward as part of the Council's Older People's Programme. In addition to these were the following initiatives to influence the development of adult social care and older people's services:

- The Better Care Fund (BCF) and an associated partnership programme of transformation activity;
- The development of a joint Older People Strategy with partner organisations and proposals for ten features of integrated practice;
- Transforming Lives approach to adult and older people social care;
- The significant savings requirement for Adult Social Care and Older People's and Mental Health Services in 2014/15 and 2015/16
- Partnership work on 'Rewiring' Public Services;
- Council wide work considering how to support the development of community capacity and resilience, including through the county's libraries and other assets; &
- The Clinical Commissioning Group (CCG) awarding of the Older People and Adult Community Services (OPACS) contract to the UnitingCare Partnership (UnitingCare).

Transformation updates were provided in relation to:

- The Older People's Service Development Programme
- The savings requirement for Older People's Services within the 2014/2015 and 2015/16 Business Plan

In terms of developing an integrated system updates were provided in relation to:

- Older People Strategy
- Better Care Plan Approval – The Committee was delighted to be informed that on 6 February 2015, NHS England had notified the Council that the Better Care Fund (BCF) plan, submitted to Government on 9th January, had been approved.

In addition to the above areas of work, the report detailed a range of other initiatives being undertaken across the system in different areas. These included:

- The Transforming Lives new strategic Framework
- The Target Operating Model to inform a financial strategy to 2020
- The appointment of UnitingCare as the CCG's Commissioned organisation to provide services for older people and people with long term conditions.

It was highlighted that all of the initiatives had broadly the same aims – to shift investment across the health and wellbeing system from acute, hospital-based services and long-term social care, towards greater investment in preventative services to support people to stay independent for longer and to receive greater support from within their communities. However, given the fragmented nature of the health and wellbeing

system nationally and locally, there was a danger that the initiatives, if taken forward separately, might not create an integrated system. Therefore a system-based approach was needed to move beyond traditional models of developing integrated services, based on a tiered approach, recognising the diversity of the over 65 population.

It was explained that the County Council's Integration and Transformation Team working with colleagues in the CCG and Peterborough City Council (PCC) had developed a programme of projects that could be overseen by the Cambridgeshire Executive Partnership Board (CEPB) to ensure that each area was developed across the system in an integrated fashion. As a result, five key projects were agreed in November 2014 by CEPB, and formed the basis of the Better Care Fund plans in both Cambridgeshire and Peterborough. The details of the following projects were explained in paragraph 4.8 of the report:

- Project 1: Data Sharing
- Project 2: 7 Day Working
- Project 3: Person Centred System
- Project 4: Information and Communication
- Project 5: Ageing Healthily and Prevention

In relation to Better Care Fund (BCF) arrangements to ensure adequate joint governance of the budgets to be included in the BCF, the BCF allocation was to be placed into a pooled fund operated under section 75 of the NHS Act 2006. A Draft Section 75 Agreement had been developed by colleagues from both organisations based on a template agreement provided by NHS England. The draft was attached at Appendix A to the report with it being explained that it did not change anything reported to earlier meetings. The table detailing how the BCF budget would be used in Cambridgeshire was set out at page 20.

The draft agreement has been discussed with members of the Working Party of the Adults Committee on the Better Care Fund with CCG expected to make their comments that day. Further to that discussion, the Adults Committee was being asked to comment on and endorse the agreement and delegate authority to the Executive Director: Children Families and Adults Services for the sign off of this agreement.

The Committee was also asked to agree that the most effective way to keep the Adults Committee informed about the work of the Cambridgeshire Executive Partnership Board (CEPB) programme. In discussion it was agreed by a majority that this should be via meetings of the Members' working party between committee dates and by providing email updates.

Members' comments included:

- Asking officers to ensure that the initiatives were co-ordinated with the Localism Project being led by Councillor Criswell and Wendy Lansdown. In response it was indicated that the tiered approach would involve district councils and voluntary organisations. Assurance was provided that Charlotte Black was already working closely with the Programme, with active engagement work taking place in libraries in relation to prevention activity.

- Related to the above, the need to align services with UnitedCare initiatives such as the Rapid Response 'jet team' and the one call service. Assurance was provided that due to the implications for social care, strategic alignment talks were being undertaken with CCP Services in conjunction with Peterborough.
- One Member questioned whether with the continued reduction in funding, whether an eventual solution would be to take social care out of local government and for it to be funded centrally. It was explained that adult social care was already the responsibility of the Department of Health but was not currently funded through the NHS. With the issues around Delayed Transfers of Care there was now greater recognition nationally that a one system approach was required. However, it was noted that while social care and health requirements are closely related, there are also significant differences in culture and expectations. Social care is very firmly rooted in local authority and community focussed work, and has equally strong links to other services such as housing.
- In response to a query on the Partnership Board, it was explained that this was an Officer Board made up of the partners.
- One Member queried the arrangements for dealing with overspends asking whether the Partnership Board could overspend without seeking appropriate authority and who was responsible. It was explained that each budget line had a lead budget holder who was responsible to their specific organisation. Further to this response, the same Member questioned the clarity of the wording in paragraph 12.3 in terms of the lead commissioners responsibilities on avoiding overspends which currently read:

"The Lead commissioner for each individual service shall have responsibility for ensuring that (demand on the pooled budget) is appropriately managed in order to avoid any overspend. In the event of an overspend the Lead Commissioner shall not be in breach of its obligations under this agreement PROVIDED THAT it has notified the Partnership Board of the overspend and taken all reasonable steps to mitigate the impact of the overspend."

The Member suggested that this allowed them to overspend, provided that they notified the Board. The officer undertook to check with the lawyers regarding whether a change was required **Action: Geoff Hinkins**

- A query was raised whether the sharing of records / holding records had any privacy implications regarding breaching confidentiality / data protection rules. The officer undertook to also check with the lawyers regarding whether any further changes were required to the current confidentiality paragraph. **Action: Geoff Hinkins.**
- One Member requested an update on progress on the project to combine access to both social services and NHS clinical records. It was explained that the project was currently in the early scoping stage.

The recommendations as amended to provide the necessary guidance requested, was voted on, with 12 in favour, none against and two abstentions. (Councillors Crawford

and Scutt asked that their abstentions be recorded) On being asked by the Vice Chairwoman what it they objecting to, they explained it was in relation to Schedule 1 on Page 20 Item 5 'Transformation Team and Ideas Bank. The Executive Director provided them with more detail on the proposed use of this funding explaining that this was to support integrated capacity in the CCG and County Council to lead the projects described above; and for the creation of an 'ideas bank' that would allow the piloting of small projects that may have an impact on health and social care outcomes, that could potentially be rolled out in the medium term. '

It was resolved to:

- a) To note the update on the transformation of older people's services and the Better Care Fund and note progress made since October 2013.
- b) To agree that the most effective way to keep the Adults Committee informed about the work of the Cambridgeshire Executive Partnership Board (CEPB) programme as the Council continued to implement an integrated system across Cambridgeshire to improve outcomes for older people was via meetings of the Members' working party between committee dates and providing email updates.
- c) To note the Better Care Fund Section 75 Agreement and to delegate authority for finalisation of the agreement to the Executive Director: Children, Families and Adults Services in consultation with the Chairwoman and Vice Chairwoman of the Committee.

83. SERVICE USER EXPERIENCE SURVEY – KEY FINDINGS AND NEXT STEPS

This report presented the summarised findings of the most recent Adult Social Care Service Users survey highlighting key themes and the proposed next steps within the action plan summarising work already underway and planned, in the areas of concern.

In terms of the high level performance indicators monitored within the ASCOF (Adult Social Care Outcomes Framework) performance remained positive and consistent. The 'related quality of life' indicator, set by the Department of Health was a particularly strong score (where the Council scored 19.2 out of a possible score of 24), and showed improvement in the past three years. In addition, the proportion of people who used services who said those services made them feel safe and secure had seen significant improvement at 76.1% compared to 70.2% in 2012/13 and was above the target set of 72%. (The details of all the measures were set out on page 4 of Appendix 1 to the report)

Following the analysis and discussions with Directors and their management teams, the following four key areas of concern for focus were the most significant or recurrent in the comments received from service users:

- Social Isolation and feelings of loneliness, in particular for users of older peoples services;

- The Communication from and 'branding' of Adult Social Care (including information and advice, as well as not understanding what support was being provided to them);
- Issues with Contracted Services (heating and hot water for example);
- Safeguarding Information (following a small number of safeguarding concerns being raised by respondents which were referred immediately to the relevant team to follow up on).

Paragraph 2.4 set the key activity being undertaken as part of the Action Plan for the four areas.

Comments from the Committee included:

- The Vice-Chairwoman placing on record her congratulations to those people who had responded. She drew attention to paragraph 2.2 indicating that a significant number of respondents reflected negatively on their own life and with several service users citing their loneliness or isolation and difficulties leaving home. She suggested that they could be specifically written to, to advise them about what community transport was available in their area. **Action: Michelle Wright / Simon Willson.**
- One Member highlighted that she believed there were significant equality and diversity implications and implications for the corporate priority of developing the local economy for all as a result of the findings in the report and requested that officers ensure they give due attention to the implications paragraphs when completing reports in the future.
- There was a request to look to improving the integration of service provision with the work undertaken by community navigators.
- In reply to a query about whether the majority of people complaining about loneliness were in rural communities in fact it had been the opposite and had been mostly living in urban areas.

It moved by Cllr Wilson and duly seconded that there should be a report at a future meeting on what was being done to tackle isolation and as this was unanimously agreed, it would be added to the work programme.

It was resolved unanimously:

- a) To note the finding of the annual survey and the key messages arising from the feedback of service users.
- b) To receive a report at a future meeting on tackling isolation.

84. CARE ACT 2014 DRAFT POLICY FRAMEWORK

The Committee received the report setting out the final policy framework for meeting the requirements of the Care Act 2014. Part 1 of the Care Act 2014 (the "Act") represented a fundamental revision of adult social care legislation, and an updating of existing

finance, policy and practice simplifying and improving a confusing and sometimes conflicting legislative framework.

The consultation on the draft regulations and guidance for the Act closed on 15 August 2014 and the final regulations and guidance were published in late October 2014. Although the Act built on existing areas of policy and practice, the work to achieve the necessary compliance by 1st April 2015 had been a major undertaking.

It was explained that to support the delivery of the requirements of the Act, the Council had developed a draft policy framework designed to provide clear direction to staff implementing the provisions of the Act, as well as providing transparency for service users, carers, the general public and partner organisations. This had been presented to Committee on 6th January 2015 where it was agreed that a 30 day consultation should be undertaken to focus on the areas of the Act that gave local authorities the discretion to determine policy locally. These were;

- Provider failure
- Financial assessment and charging
- Deferred payments
- Support planning

The report highlighted that the response rate had been low. In total 27 responses were received, with a high percentage of responses responding with - “don’t know” answers, especially on those questions on “financial assessments and charging” and “deferred payments”. A full list of the changes made to the policy frameworks were is detailed on page 2 of the Policy Framework (appendix 1). The most notable were:

- policy review statements added to all sections to ensure the policy was regularly reviewed, at a minimum on an annual basis
- equalities statements added to all sections committing compliance with the Equality Act 2010
- adding links to all sections of the final national Care Act regulations
- adding to the safeguarding policy an explanation of the Council’s duties to undertake safeguarding enquiries.

In relation to service provider failure, it was explained that where this led to a temporary or permanent service interruption, the Act now required local authorities to minimise the disruption to the people receiving care, regardless of whether the care had been arranged and paid for by the Council, or had been privately funded. No additional central government funding was being provided to meet this additional pressure. In reply to a question raised, it was clarified that if the Council was asked to arrange alternative accommodation by a self funder, following provider failure, as this was a duty rather than a power, this could incur a charge. Given the extent of the budgetary pressures the Council was facing, the Committee was recommended to retain the option to charge an administration fee. The draft policy had been updated to emphasise that the costs would be kept to a minimum, and the Council would not be generating a profit from this service.

The second section of the consultation had focussed on financial assessments. The current legal framework enabled local authorities to financially assess people with

eligible care and support needs, and to request a contribution towards service costs where someone had sufficient financial resource. The principle being that people should pay only what they could reasonably pay towards their care. Building on the Care Act guidance issued in late October 2014, the Financial Assessment policy statement contained two minor amendments to the existing contributions policy. These were;

- i. to apply charges from the start of a service, rather than the date the financial assessment is completed,
- ii. to apply an administration fee when arranging care for self-funders.

It was highlighted that the majority of consultation responses were against the proposal to introduce an administration fee chargeable when arranging care for self-funders, although the comments received, were broadly supportive. However given the low response rate, it was difficult to draw any firm conclusions. Therefore in recognition of the Council's budgetary pressures, and following clarification from Legal Services, the Committee was recommended to retain the option to charge an administration fee when arranging care for people at home who had been financially assessed as able to fund 100% of their care costs. It was noted that Legal Services had confirmed that there was no provision for charging an administration fee if the Council offered to arrange residential or nursing care for people who had been financially assessed as able to fund 100% of the costs. The draft policy had been updated to again emphasise that the costs would be kept to a minimum and the Council would not be generating a profit from this service.

Section 6 set out details of the deferred payments consultation responses. The Committee was recommended to agree the principle set out in the draft policy that the Scheme was cost neutral to the local authority.

Section 7 set out the Support Planning Consultation responses. In light of the feedback received, the policy had been revised to emphasise the use of risk assessments in determining how best a person's needs could be met, whilst stressing the importance of ensuring Council resources were used in the most efficient and effective way possible. It was recommended that the Committee agreed the draft policy statement to enable the Council to develop and review flexible support plans for each person.

Other Issues raised in discussion included:

- Querying whether officers were confident the new proposals were legally robust in terms of the low response rate from the consultation, with the Member seeking assurance that the methodology set out was appropriate. Officers confirmed that legal advice had been sought when redrafting the document as explained in the report.
- In response to the low response rate, an issue for several Members, it was explained that the timeframes had been very tight in order to implement the required 1st April deadline. The intention in 2015/16 was to gather information on the impacts of the Care Act for which some of the guidance had been very opaque. The first year would be a learning exercise, with the expectation that more meaningful analysis and further engagement would be possible over the next two

years. In further discussion it was suggested that Plans for engagement in the Implementation of the Care Act to cover work required to prepare for Care Act Changes in April 2016 and a review of the Implementation of the April 2015 Changes should be added as an additional report to the July Committee meeting. In relation to this discussion, Councillor Wilson moved and Councillor Scutt seconded the following additional recommendation:

“To support the review of the implementation of the Care Act in Quarter 3 / Quarter 4 to include a much longer engagement process”. On being out to the vote it was unanimously agreed. **Action Andy Mailer / Claire Bruin**

- One Member highlighting that some of the responses indicated that they had not understood the survey questions and suggested for the next exercise officers should consider setting up focus groups. The Executive Director in response recognised as a learning point the need to consult at an earlier stage when drafting future policy frameworks, in order to allow feedback to help guide their design, as opposed to consultation taking place when long, complex documents had already been drafted.
- In relation to the issues set out in paragraph 5.1, a Member highlighted the need to ensure that assessments were undertaken as quickly as possible to ensure people were made aware as early as practicable how much they would be expected to pay, as delay could create great anxiety.
- With reference to the text in paragraph 11.1.3 on page 9 indicating that the cost of implementing the Act could be 23% higher than the Department of Health was estimating, one Member asked how serious this could be. As a response it was indicated that this cost, which was an early estimate, was likely to be moderated by the modelling work undertaken. It was estimated that there would be sufficient monetary resourcing capacity in 2015/16 to respond to the needs of self-funders and family carers. The issue going forward was more in terms of staff recruitment.

It was resolved:

- a) To note the consultation feedback received and revisions made to the draft policy framework.
- b) To agree the policy framework for implementation from the 1st April 2015 as set out in Appendix 1.
- c) To support the review of the implementation of the Care Act in Quarter 3 / Quarter 4 to include a much longer engagement process.

85. CAMBRIDGESHIRE LOCAL ASSISTANCE SCHEME – ARRANGEMENTS FOR 2015/16

This report set out how the Cambridgeshire Local Assistance Scheme (CLAS) would operate from April 2015 following a decision made by the Adults Committee on 4 December. At that meeting officers were asked to pursue an option that would bring greater sustainability to crisis support across the County and to prepare for a scenario

where funding would no longer be available for welfare provision. A new front page with corrected paragraph numbers for the recommendations was tabled at the meeting.

The report provided an update on the Funding for 2015-16 explaining that on 3rd February 2015 the Government had reversed its decision not to fund local welfare provision. Although the report indicated that the County Council's share of the money £513k was for one year only, this was now considered to be an error. An oral update from the Executive Director indicated that the Government announcement in Hansard stated nothing about the funding being only for one year. On that basis it was reasonable to advise that it should be seen as an on-going annual addition to the Revenue Support Grant, subject to any further announcements, as like any central government grant, it was always subject to potential future change.

The Committee was reminded that prior to the Government's announcement the County Council had committed £350k (on a non-recurring basis) to fund local welfare assistance for 2015-16 allocated from the Council's general reserve budget. Discussions had already been undertaken with a range of partners about possible financial contributions to the scheme. There was some hope that a number of public sector partners might provide some funding for the CLAS scheme but this may have receded since the Government's announcement in February. The report proposed that to develop the scheme the funding of £350k currently allocated to CLAS for 2015-16 should be spent in two ways:

- Maintaining a level of direct provision whilst continuing to find ways to reduce costs with an allocation of between £200K - £250K; and
- Investing a minimum of £100K in schemes that will build the capacity and infrastructure of communities and the voluntary sector to prevent people falling into crisis and will help crisis support to become more self-sustaining, integrated and resilient.

The report suggested increasing the allocation of £350K agreed by the General Purposes Committee to a maximum of £513K to allow a greater level of investment in infrastructure and voluntary sector provision to support a sustainable countywide response to people in need of urgent help. Increasing the funding available to support the types of initiatives and activities to be self-sustaining was detailed in paragraphs 2.4 and 2.5. These had the potential to strengthen the arrangements during 2015/16 and increase the ability of local organisations to deliver ongoing support to people in crisis in future years.

The Committee in debate agreed that given the funding announcement, the likelihood of a fully working, funded and sustainable Cambridgeshire wide solution being deliverable was now much reduced, and that the significant reduction in direct provision based on the £350k allocation might lead to people being refused crisis support, as well as receiving a lower level of support. The Committee felt that it would be prudent to plan for this. It was however also recognised that the work to involve partners in a Cambridgeshire wide solution was already reaping rewards (e.g. potential for reduced spend on white goods) and that this work should continue with the £100K allocation already identified for 2015-16 being retained. In line with the Government's suggested

spend for local welfare assistance in Cambridgeshire it was considered appropriate to ask General Purposes Committee for the full allocation of the £513k to be used to fund CLAS, with the additional £163k being used to support direct provision, on the basis that if it was not required, the money should be rolled over to 2016-17 to continue the provision of direct support for as long as possible, particularly given the uncertainty surrounding the permanency of the grant funding.

The Vice Chairwoman moved the above request as a formal resolution to amend recommendation d). She also made the point that in her opinion the administration of the Scheme had been too high in the past, and that initial discussions with East Cambridgeshire District Council suggested that they would be interested in administering the scheme in their area, and proposed as an amendment that the other district councils and other voluntary organisations should continue to be approached to explore similar locally administered arrangements, which could then be their contribution to the wider scheme. This would require additional wording being added to recommendation b). It was also suggested a paper should be presented to Spokes before going on to General Purposes Committee. The proposals were seconded by Councillor Wilson and on being put to the vote were unanimously agreed. **Action: Simon Willson / Claire Bruin**

It was resolved:

- a) To agree to the overall development of CLAS as set out in paragraph 2.1;
- b) To agree the continuation of direct provision for crisis support and resettlement as set out in paragraph 2.2 and to explore options for other local organisations to administer the scheme.
- c) To agree that investment was made available to build greater sustainability into crisis support on the understanding that funding for local welfare provision is to remain uncertain for the foreseeable future (paragraph 2.3-2.8);
- d) To seek agreement from the General Purposes Committee to increase the allocation of £350K to a maximum of £513K (as set out in the recent Government announcement confirming the allocations to Local Authorities for local welfare assistance) with the additional £163K being used to support direct provision;
- e) To agree to the development of a full business case for the use of recycled white goods as part of the CLAS scheme.

86. DOMESTIC ABUSE STRATEGY – MANAGEMENT INFORMATION

The Committee considered the Domestic Abuse Strategy for 2014-2018 at its meeting on 9th September 2014 and had also asked for an update on the performance and other indicators that would be used to monitor the delivery of the Strategy. The Strategy was subsequently signed off by all partners in November 2014. This update report informed the Committee of the measures developed to measure the impact of the Domestic

Abuse Strategy, as well as providing an update on the key activities to be taken over the next few months.

The report explained that there were no national performance indicators for domestic abuse. A number of different methods of collating performance and management information had therefore been discussed by the Governance Board reflecting the variety of locally set performance indicators used by partners. As a result of the difficulty in creating a single set of performance indicators that accurately reflected all activity, each organisation's response to domestic abuse was presented individually. The Governance Board would seek to develop an overview of performance and activity and in doing so, would then find ways of understanding and interpreting the interdependencies and relationships between the data sets. The full set of indicators considered by the Board was attached as Appendix One to the report.

It was explained that the Domestic Abuse Strategy included four key elements; Prevent, Protect, Pursue and Recover. The following indicators had been extracted from the full report to measure progress against the commitments within the strategy at a high level:

We will prevent people from becoming perpetrators or victims of domestic abuse

If successful in this objective, it was expected to see greater reporting of domestic abuse to police.

We will protect victims of domestic abuse and their children, where or not they choose to report crimes to the police

If successful in this objective, it was expected to see:

- More people engaged in protective services such as IDVAs (Independent Domestic Violence Advisors)
- Decreases in 'negative' repeat incident reports to the police (negative repeats mean cases where a woman with a safety plan to protect her from previous abuse re-contacts the Police because of a further incident of domestic abuse)
- Increased 'positive' repeat incident reports to police (positive repeats are when a woman with a safety plan to protect her from previous abuse re-contacts the police in order to enact her safety plan)

We will pursue perpetrators of domestic abuse through the criminal justice system and ensure that they face up to the implications of their actions

If successful in this objective, it was expected to see:

- Increased charges, and convictions for domestic abuse
- Maintaining successful completions of referrals to offender interventions.

We will support victims to recover from the consequences of domestic abuse.

Success in this context would mean that a woman affected by abuse is able to access

alternative accommodation if needed, is able to protect her current home through additional security measures being put into place, is able to access legal injunctions to protect her from a former partner or has a safety plan to protect her agreed and a multi-agency response is coordinated to protect her.

In the next quarter, key activities were to include:

- Working with police to examine MARAC (Multi Agency Risk Assessment Conference) high risk referrals to ensure they were appropriate, in order to focus resource on those at greatest risk of homicide.
- Carrying out research into men who call for police help in relation to domestic abuse.
- Developing the Cambridgeshire “Offer” for families affected by domestic abuse.
- Raising awareness of domestic abuse for those with learning disabilities.
- Working with the Bobby Scheme to seek external funding to enable them to continue to provide additional home security to victims.
- Increasing referrals from the health sector to specialist IDVAs.
- Working with the Ormiston Trust to establish a perpetrator programme in the Huntingdon area.

In Discussion:

- One Member highlighted that Cambridge City Council had appointed a domestic abuse officer and suggested that County Council officers should liaise with her.
- The Vice Chairwoman indicated that the previous Strategy had, included gaps and queried whether the new version had now filled them. **Action: Vickie Crompton to investigate.**
- One Member asked for more information regarding access being available to men who were domestic abuse victims. In response, as well as confirming that the statistics in the report included male victims, it was indicated that any men coming forward would be able to access services, while also putting in context that only 5% of domestic abuse victims were male.

It was resolved:

To note the findings of this paper.

87. FINANCE AND PERFORMANCE REPORT – JANUARY 2015

The Committee received the January 2015 Finance and Performance Report. Attention was drawn to the increased underspend in Physical Disabilities and Older People’s services, as well as the projected underspend in Learning Disability Services resulting from savings in the Service Level Agreement with Cambridgeshire and Peterborough NHS Foundation Trust. Details were also provided. The Learning Disabilities Localities forecast was for an overspend relating to care packages for service users. This pressure was however partially offset by the underspend on the

Head of Service Budget and reviews of commitment records were continuing to ensure the accuracy of the forecast outturn.

Slippage in the CFA Capital Programme was reported to have increased to £22.7m with the detail as set out in paragraph 2.3 of the report.

Of the nine existing CFA Service performance indicators at the end of December, four were applicable to Adults Services, of which two were green, one amber and one red. The red indicator related to the reduced proportion of delayed transfers of care from hospital with the detail set out in paragraph 2.4 of the report which indicated that there had been significant improvement in the last two months although preliminary data in February suggested the numbers were rising again.

Following discussion of the report Members:

- Asked for clarification of the opening statement in paragraph 3.1 reading “CFA is currently developing a range of proposals to use existing CFA reserves to support the achievement of the Business Plan savings in 2015/16”. It was explained that reserves were being used on a one-off basis to achieve the necessary savings. In answer to a supplementary question, it was clarified that as a result of the reduction of £3 million to the Older People’s Budget, the underspends achieved had already been taken.
- Questioned whether providing the average cost of residential care should be included in a public report. In response it was indicated that the resultant figure was too high level to be business sensitive, but was useful for officers to help identify overspends / underspends. However, taking into account the issue raised, the presentation of the information would be reviewed. **Action: Sarah Heywood.**

Having reviewed and commented on the report, it was resolved unanimously:

To note the report.

88. ADULTS COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES

It was resolved:

- a) To note the agenda plan with the additions changes reported orally by Democratic Services at the meeting as follows:

26.05.15

Added

Adult Social Care Transport Policy – D Biggs
Transforming Lives – C Bruin

Removed

Shaping Our Future – Social Care Strategy Revision

07.07.15

Added

Post Cambridgeshire Community Services Transfer – C Black

Additionally as discussed at the current meeting additional reports to be added on both 'Tackling Isolation' and to cover the plans for engagement in the Implementation of the Care Act, to cover work required to prepare for Care Act changes in April 2016 and reviewing the Implementation of the April 2015 changes.

b) To agree to the following new outside body appointments:

- Councillor Connor to the 4 Plus 4 Group
- Councillor Tew and Cllr Wilson to be appointed to two of the three places allocated to Adults Committee on the CFA Management Information Systems Procurement Project Member Reference Group.

c) On the existing appointments to outside bodies, Councillor Kenney to replace Councillor Tew on the Learning Disabilities Partnership Group.

Chairwoman
26th May 2015