Item No. 16.	Classification: Open	Date: 31 January 2017	Meeting Name: Health and Wellbeing Board	
Report title:		SafeLives 'A Cry for Health' published report 2016		
Ward(s) or groups affected:		All wards		
From:		Andrew Bland, Chief Officer, NHS Southwark CCG		

RECOMMENDATIONS

- 1. The board is requested to:
 - Be aware of the SafeLives document 'A Cry for Health why we must invest in domestic abuse services in hospital' that recommends agencies work together to provide people with wraparound tailored domestic violence support
 - Note the current commissioning context to DA services in the borough
 - Note the potential opportunity to bid for additional funding from the Government's Violence Against Women & Girls (VAWG) transformation fund
 - Note that any additional resources will require a partnership commissioning response

EXECUTIVE SUMMARY

- 2. It is well known that domestic abuse has a devastating effect on the health and wellbeing of victims and families. Councillor Rebecca Lury, Chair of the Healthy Communities Scrutiny Sub-Committee has recently highlighted the publication of the SafeLives 'A Cry for Health' report, seeking Health & Wellbeing Board support for the provision of specialist domestic abuse support services onsite at Southwark's local hospital sites.
- 3. The paper by SafeLives 'A Cry for Health' recommends that Independent Domestic Violence Advocates (IDVAs) are located in hospital A&E and other relevant departments. This is because hospital IDVAs are more likely to engage victims who disclosed high levels of complex or multiple needs related to mental health, drugs and alcohol, compared with community domestic abuse services. (SafeLives (2015), Getting it right first time: policy report) www.safelives.org.uk.

BACKGROUND INFORMATION

4. SafeLives recently published 'A Cry for Health' which makes the case for health providers being part of the long-term solution to tackle domestic abuse. SafeLives research found that locating a team of IDVAs within a hospital is a key way to improve access to support from specialist domestic abuse professionals in a timely and effective way.

- 5. The health services and the CCG in Southwark, alongside the council and other partners, recognise DA as a priority. It is one of the council's Fairer Future Promises and in March 2015, following extensive consultation, a Domestic Abuse Strategy (DAS) 2015-2020 was agreed.
- 6. This strategy was developed following extensive consultation with service users and agencies represented in the Health and Wellbeing Board, the Southwark Safeguarding Adults Board and the Southwark Safeguarding Children Board.
- 7. In the context of this strategy, recent years have seen the development and implementation of a collaborative, outcomes based commissioning approach in order to reconfigure and streamline DA services in the borough. This led to a new DA service known as Southwark Advocacy and Support Service (SASS), which is currently delivered by Solace Women's Aid (SWA) and it is instrumental in delivering the DAS. The current commissioned DA support service, SASS, is the most comprehensive and innovative DA service offer that the borough has ever had and a flagship service for our residents which is seen as best practice across London.
- 8. NHS Southwark Clinical Commissioning Group is already working closely with the council to ensure that health services play an active role in preventing and addressing DA. The CCG financially contributes to the existing contract the council has in place for the SASS service. This financial contribution has made it possible for the service to deliver a specialist GP based domestic abuse intervention known as IRIS which has been endorsed by NICE and which is being rolled out to all GP surgeries in the borough. The service also delivers:
 - IDVA service: advocacy, emotional and practical support, risk assessment, safety planning, support plans, advice on benefits, signposting, refuge accommodation searches, tenancy retention, income maximisation
 - sanctuary scheme: safety measures in the home;
 - comprehensive offer of awareness and resilience building programmes for survivors of DA to break the cycle of abuse
 - specialist counselling: 16 one to one counselling session to lift women out of depression and reduce levels of anxiety and recover from the experiences of DA
 - legal surgery: qualified solicitors provide advice and representation on non molestation orders, residency orders, occupation orders, child contact, etc
 - comprehensive training for professionals, community organisations and community volunteers
 - children's therapeutic intervention: one to one play and arts based therapeutic intervention, aims to raise awareness of parents awareness of the effects of DA on children
 - a new perpetrator intervention: 26 week programme aimed at individuals who want to address their behaviour
 - a GP based intervention: a nationally recognised intervention called IRIS.
 - a peer supporters programme
 - women's voices groups to shape service development
 - a DA community champions programme
 - · co-locations with key partners such as housing, MASH and police

- 9. As a result of the GP based scheme, there has been a 261% increase (from 13 to 47) in the number of GP referrals into the service in the last 12 months compared to the previous 12 months.
- 10. In addition a DA needs assessment focusing on the health impacts of this type of abuse and referral pathways is currently being undertaken by colleagues in the public health team. The aims of the HNA is to identify the wider health needs of victims/survivors of domestic abuse, to assess the current level of awareness of domestic abuse, and support available within community health and healthy lifestyle services and to identify opportunities to further enhance the role of community health and healthy lifestyle services in prevention and early identification of domestic abuse. The findings of this needs assessment will inform future partnership and commissioning activity.
- 11. Officers have been working closely with the Mayor's Office for Policing and Crime (MOPAC) to ensure that some of Southwark's allocation from their pan London IDVA service is located at Kings College Hospital where there is currently already an IDVA.
- 12. Hospital access points for IDVA services are KCH A&E and include support to under 25 year olds, and at GSTT A&E and maternity services. Currently the existing services are not directly commissioned by Southwark Council or Southwark CCG. Current provision across the two hospital sites equates to approx five to six full time equivalent staff. There is potential to enhance services through partnership commissioning responses. The SASS service has links into the hospital IDVAs and takes referrals for follow through community support.
- 13. Increasing the currently IDVA provision located in hospitals and A&E department would require additional resources and this would need to be considered as part of partnership commissioning arrangements.
- 14. From April 2017 the Government will launch a £15m 3 year service transformation fund to aid, promote and embed best local practice in relation to Violence Against Women and Girls (VAWG). Bids are being invited from local health commissioners who can demonstrate a joined up approach between local authorities and voluntary services.
- 15. Officers in the CCG and the council are liaising in order to develop bids to this fund. Some of the areas currently being explored are additional resources to strengthen the way perpetrators are held to account and supported to change across the system, targeted work for repeat high risk victims who fail to engage with the current service provision and to aid, promote and embed best local practice linked to the local Sustainability & Transformation Plans (STP) footprint

KEY ISSUES FOR CONSIDERATION

Policy implications

16. NHS Southwark Clinical Commissioning Group and the council will continue to work closely to deliver the Domestic Abuse Strategy, which is part of the council's fairer future promises, as set out in the 2 July 2014 Cabinet report- Delivering a Fairer Future for all in Southwark. More specifically they will help to support fairer future promise 7- Safer Communities. It will also contribute to the fair future

- promise of making the borough a place to be proud of.
- 17. Joint bids to the Home Office VAWG transformation fund will be explored and endorsed by the Southwark Safeguarding Adults Board which has strategic oversight of this area of work.

Community and equalities impact statement

- 18. An equalities analysis was carried out on the DAS. No negative potential impacts were identified.
- 19. Due to the nature of the DAS, the extensive consultation and the involvement of partners in this process, the proposals set out in this report are likely to create only positive impacts in relation to protected characteristics.
- 20. The equality analysis demonstrated that the current approach shows no potential for discrimination.

Legal implications

21. None at this stage

Financial implications

22. There is the potential for on-going joint commissioning costs.

BACKGROUND PAPERS

Background Papers	Held At	Contact
SafeLives A Cry for Health – Why we must invest in domestic abuse services in hospital 2016	safelives.org.uk	Kieran Swann Head of Planning & CCG Assurance 020 7525 0466
Southwark's Domestic Violence Strategy 2015 - 2020	Southwark Council	Eva Gomez Safer Communities Team Manager 020 7525 7246

APPENDICES

No.	Title		
Appendix 1	Letter from Chair of Healthy Communities Scrutiny Sub-Committee		
Appendix 2	SafeLives report 'A Cry for Health' (circulated separately)		

AUDIT TRAIL

Lead Officer	Andrew Bland, Chief Officer, NHS Southwark CCG					
Report Author	Kieran Swann, Head of Planning & CCG Assurance					
Version	Final					
Dated	19 January 2017					
Key Decision?	No					
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER						
Officer Title		Comments Sought	Comments Included			
Director of Law and Democracy		No	No			
Strategic Director Governance	of Finance and	No	No			
Strategic Director of Children's and Adults' Services		No	No			
Date final report sent to Constitutional Team			19 January 2017			