

Appendix 1- NICE 50: Gap Analysis for Kingston

Gap Analyses on how the recommendations set out NICE 50 are being met in Kingston

Completed by RBK, Public Health & Strategic Business, May 2015.

Recommendation	Local Picture	RAG
<p>Recommendation 1 Plan Services based on assessment of need and service mapping</p>	<p>All relevant services were reviewed in November 2013. The review identified that services were developing based on what funding could be identified, rather than planning services based on victim need.</p> <p>This review, following consultation with survivors, recommended a single point of access and triage which led to the establishment of the Kingston DV Hub. The Hub was opened in January 2015.</p> <p>This hub will be reviewed in Q2/Q3 to determine its success.</p>	<p>Amber</p>
<p>Recommendation 2 Participate in local strategic multi-agency partnership to prevent domestic violence</p>	<p>Local multiagency Strategic Board is in operation and meets 3 times a year. Members include the Director of Public Health, CCG Lead, AfC (Children's Services) Assistant Director and the Borough Commander.</p>	<p>Green</p>
<p>Recommendation 3 Develop an Integrated Commissioning Strategy</p>	<p>The Violence against Women and Girls Needs Assessment will highlight the essential need to develop a local integrated commissioning strategy that involves health, social care, third sector organisations and the police, to effectively prevent and respond to domestic violence. Therefore one of the key recommendations of the VAWG needs assessment is the development of an Integrated Commissioning Strategy.</p>	<p>Red</p>
<p>Recommendation 4 Commission integrated care pathways</p>	<p>With the development of the Kingston DV Hub from January 2015, Kingston is laying the foundations towards establishing integrated care pathways. However, current pathways are fragile as they are reliant on fixed term funds such as MOPAC and charitable funds. This indicates a significant lack of local commitment to provide long-term, stable and sustainable services for the prevention and treatment of DV. The Public Health Department of RBK is currently undertaking a JSNA to assess local needs and identify future commissioning needs. The sustainable, long-term funding of key services is included in its Recommendation.</p>	<p>Amber</p>

<p>Recommendation 5 Create an environment for disclosing domestic violence and abuse</p>	<p>An Independent Sexual Violence Advisor (ISVA) works within the Wolverton Centre offering drop-in appointments once a week and advice on specific cases for staff. The local sexual health centre, Wolverton, also routinely screen for sexual violence, as do midwives at Kingston Hospital for DV. However, people falling outside of sexual health and maternity services are currently not being screened for DV.</p> <p>Referrals from GPs and other health care professionals to specialist DV services are very low.</p> <p>Only 7 healthcare professionals accessed the local multi-agency training programme DV training in 2013/14 (and only 11 in 2012/13). In 2013/14 only 38 professionals in total accessed DV training from health, social care, third sector organisations, schools and probation services. Training is available for free of charge.</p> <p>To ensure that victims are enabled to disclose DV and abuse when in contact with health, social care professionals, school workers etc, it is recommended to develop a training strategy and investigate whether an incentive-based programme would prompt more professionals to access DV training. The training strategy must ensure that local health and social care professionals including team managers undertake face-to-face DV training every 3 years, and access e-training every year, ensuring that they are confident to pro-actively speak to patients and clients about DV and make appropriate onward referrals.</p>	<p>Red</p>
<p>Recommendation 6 Ensure trained staff ask people about domestic violence</p>	<p>See Recommendation 9.</p>	<p>Red</p>
<p>Recommendation 7 Adopt clear protocols and methods for information sharing</p>	<p>In 2013/14 only 1 patient from primary, 3 from secondary, and none from mental health were referred to MARAC.</p> <p>This multi-agency risk assessment conference shares information on high risk victims of domestic abuse to ensure adequate risk management from key partners. This lack of referrals indicates a lack of confidence to share informed by Kingston health professionals.</p> <p>It is therefore recommended to develop a training strategy for health care professionals to ensure they access training and are aware of the kind of information they are required to disclose with specialist services and the police when DV and abuse cases come to their attention. In addition Introduced shared data alignment. Ensure timely reporting of primary care, secondary care data to the Domestic and Sexual Violence Strategic Board, and improve the data included in this dataset from health institutions. Where possible, align age ranges, and incident and crime types.</p>	<p>Amber</p>
<p>Recommendation 8 Tailor support to meet people's needs</p>	<p>The Kingston DV Hub came into effect in April 2015 and it will ensure that Victim Support and Hestia services are coordinated, and that where appropriate a victim of DV will have a dedicated case worker and tailored care plan in place.</p>	<p>Green</p>

<p>Recommendation 9 Help people who find it difficult to access services</p>	<p>There are printed leaflets available in English. Domestic violence information is available on RBK website in 12 languages, and the “One Stop shop” poster is available in five languages including Urban, Tamil, Korean and Polish in addition to English. “The Hub” literature is not yet available in any other languages. There are currently no targeted communications in place to ensure that older victims and those with a physical, learning disability or with mental health issues are prompted come forward to report DV and access specialist services. Ensure materials are available in the five languages that are mainly represented in Kingston.</p>	<p>Red</p>
<p>Recommendation 10 Identify and, where necessary, refer children and young people affected by domestic violence and abuse</p>	<p>Kingston health providers made 33 referrals re: DV to Kingston children’s services single point of access (SPA) in 2013/14. No routine screening is in place therefore it is likely that only the most severe cases are being referred.</p>	<p>Amber</p>
<p>Recommendation 11 Provide specialist domestic violence and abuse services for children and young people</p>	<p>The Safer Kingston Partnership commissions Victim Support to deliver 1:1 support to child witnesses of domestic violence; however this service is only available for the 60 most severe cases each year. This support aims to ensure that the emotional and psychological impact of domestic violence is minimised.</p> <p>AfC also supports interventions specifically for victims of domestic violence and their children, such as the young person’s IDVA and works with the Safer Kingston Partnership and Victim Support to deliver the BOSS (a young people’s One Stop Shop).</p>	<p>Amber</p>
<p>Recommendation 12 Provide specialist advice, advocacy and support as part of a comprehensive referral pathway</p>	<p>The Kingston DV Hub from April 2015 will ensure that victims can access specialist advice, advocacy and support and that referral pathways are coordinated by a single point of access model.</p>	<p>Green</p>
<p>Recommendation 13 Provide people who experience domestic violence and abuse and have a mental health condition with evidence-based treatment for that condition</p>	<p>The Community Wellbeing Service, launched in April 2013, provides coordinated mental health and substance misuse support for Kingston residents. The service supports adults over 18 years in Kingston with common mental health conditions related to anxiety and depression, and support for individuals with drug and alcohol misuse issues.</p> <p>SW London and St Georges Mental health Trust provided services for adults with serious mental health condition.</p> <p>Review referral and care pathways between DV Services and mental health services to ensure DV victims are able to access appropriate and timely support from mental health services when needed.</p>	<p>Amber</p>

<p>Recommendation 14</p> <p>Commission and evaluate tailored interventions for people who perpetrate domestic violence and abuse</p>	<p>Court mandated perpetrator programmes are available nationwide. In addition, a local programme has been available in Kingston on the voluntary basis until March 2015 but not since then. Re-commissioning options will be explored in Summer 2015.</p>	<p>Amber</p>
<p>Recommendation 15 Provide specific training for health and social care professionals in how to respond to domestic violence and abuse</p>	<p>Local training is available for free of charge for health and social care professional and relevant third sector organisations. However training is not mandatory and is currently not being accessed at a desired level.</p> <p>In 2012/13, 62 individuals accessed training, 11 of them were health care professionals, 7 social care professionals. In 2013/13, only 38 individuals accessed training; 7 health care professionals and 9 social care professionals. With local 27 GP practises, a large team of social care professionals and a local hospital with A&E, maternity and outpatient services with over 500 inpatient beds, the current number of professionals accessing multi-agency DV training is deemed low.</p>	<p>Amber</p>
<p>Recommendation 16 GP practices and other agencies should include training on, and a referral pathway for, domestic violence and abuse</p>	<p>See notes next to Recommendations 5, 7 & 15.</p>	<p>Red</p>
<p>Recommendation 17 Pre-qualifying training and continuing professional development for health and social care professionals should include domestic violence and abuse</p>	<p>See Recommendation 5, 7 & 15.</p>	<p>Red</p>

