

London Borough of Newham DHR Recommendations Combined Action Plan

Name DHR	Rec No in DHR report	ORIGINAL DHR RECOMMENDATION	REVISED DHR RECOMMENDATION FOR IMPLEMENTATION	ACTION What are we going to do?	BY WHOM Who is going to do it?	OUTCOME What do we intend to achieve?
AB	1	SHARE LEARNING That all agencies report progress on their internal action plans to the relevant task and finish group of Newham CSP	SHARE LEARNING 1. All agencies to report on progress to complete actions identified in individual IMRS and their DHR recommendations	Set up DHR Task and Finish Group	DSV Commissioner	Timely completion of this action plan to implement learning identified Share the lessons learned, and raise awareness from the 6 DHRs across the multi agency partnership
Avani	1	The recommendations below should be acted on, in addition to the actions identified in Individual management Reviews IMRs. Initial reports on progress for IMR and Overview Report recommendations should be made to the Newham Community Safety Partnership within six months of the Review being approved by the Partnership.	2. Widely disseminate the learning from the DHRs	Report on progress on the combined action plan to the August DSV Partnership Board		
Avani	6	The Community Safety Partnership to share with all partner agencies the learning from this review regarding the assumptions made by many professionals in relation to Avani's ethnicity and culture that prevented proper enquiry and follow up, and the need to make appropriate enquiries about relationships and living arrangements and women who travel to Newham for marriage.		Compile a briefing paper and short presentation on the key learning points and lessons learned from the DHRs for the DSV Partnership Board and CSP agencies to utilise in their agencies to share learning with staff		
AA	1	All agencies report progress on their internal action plans generated by this Review to the CSP				
ZA	1	That all agencies report progress on their internal action plans to the relevant task and finish group of Newham CSP				
Avani	5	East London NHS Foundation Trust and Guy's and St Thomas' NHS Trust to share the learning from this review and reflect on responses to transient families and those moving between boroughs. Reflection through existing supervision, training, team meetings and case file reviews as appropriate.				

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Nadira	1	<p>PUBLICITY CAMPAIGN</p> <p>A domestic abuse awareness campaign aimed at increasing the numbers accessing help should be undertaken in the Borough in a format which is accessible to the local community. In consultation with local voluntary sector partners a particular focus should be given to creative ways of accessing BME groups and those known to experience particular barriers to accessing support. The campaign should aim to complete the design stage by April 2015 to begin implementation by May 2015.</p>	<p>PUBLICITY CAMPAIGN</p> <p>3. Review current partnership domestic and sexual violence and abuse awareness campaigns and consider how best to:</p> <ul style="list-style-type: none"> A. Target friends, family, neighbours B. Highlight the 3rd party reporting process C. Focus on isolation and coercive control D. Highlight women's rights in the UK E. Address issues concerning faith, belief, culture and domestic violence and abuse 	<p>Scope an initial budget and proposal to present to the DSV Board for partnership agreement and contribution – to include how to address increase demand for services following campaign work</p> <p>With consent of the DSV Partnership Board set up and convene DSV Communications Working Group – meet with DSV Forum first to discuss initial ideas</p>	<p>DSV Commissioning Officer LBN Communications Publicity and communications Working Group – with support of the DSV Forum and DSV Board</p>	<p>Increased awareness of support and help available for people experiencing DSV</p> <p>Increase in referrals to specialist DSV services</p> <p>Agreed partnership messages and campaign on DSV</p> <p>Continue to deliver awareness campaigns planned and agreed for year (including Mayors Show, International Women's Day, UN day to End Violence Against Women and Girls)</p>
Avani	7	<p>The Domestic and Sexual Violence Strategic Board to develop and implement an awareness raising programme with mosques in the borough, with particular reference to support provided to people when they convert from their religion, if there is a particular risk of isolation from their friends and community, including the learning in this and other relevant Domestic Homicide Reviews.</p>		<p>Continue to coordinate a DSV awareness raising campaign and plan a series of activities to highlight support available to victims throughout the year on key dates</p> <p>DSV services have a presence at relevant community events throughout the year to raise the profile of services available and improve partnership working opportunities</p> <p>Seek feedback and views of service users & the community on how best to raise awareness of DSV issues & how to seek help</p> <p>Agencies and services to be responsible for displaying and maintaining DSV publicity materials and information in their venues</p> <p>Collate agency DSV publicity and comms activities</p> <p>Link with LBN communications team on planning and the LSCB Community safeguarding Forums</p>		<p>DSV services attend relevant community events to help promote their services and develop links with organisations and services in Newham</p> <p>DSV is a visible public priority and message and disclosures/reporting of DSV continues to increase</p>
AA	3	<p>LBN and Newham CCG provide publicity and information leaflets for public facing health services on domestic abuse. This should be targeted at immigrant women to ensure they know their rights and that services believe victims of domestic and sexual violence. This will extend to the Open Doors Service at Homerton Hospital.</p>				<p>Develop a broader programme of communications that is creative and innovative DSV publicity campaign that goes beyond posters and leaflets</p>
ZA	3	<p>LBN, Newham CCG and Education provide publicity and information leaflets for public facing health services on domestic abuse. Priority should be given to encouraging family and friends to make third party referrals and that no religion accepts domestic violence.</p>				
ZA	3	<p>Newham Community Safety Partnership develop a strategy to engage with immigrant women to ensure that they understand legal rights in the UK and understand the law and reporting processes in the area of domestic and sexual violence</p>				

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AB	2	<p>That the partnership conducts a review of its effectiveness to establish its strengths and weaknesses. This review, which should be completed by a task and finish sub-group of the Newham CSP, to include an examination of:</p> <ul style="list-style-type: none"> a. The effectiveness of support to carers supporting people with mental health concerns b. The consideration of faith based abuse and the challenges presented when managing domestic violence and mental health 	<p><i>Rec 2a: See caring responsibilities on page 6 of this plan below.</i></p> <p>4. Partnership reviews information, support and services available for people experiencing DSV with mental health concerns who may be subject to faith based abuse or seek spiritual guidance and support for resolving/treating their difficulties</p>	<p>Review of borough based provision for those reporting faith based abuse – make recommendations as appropriate to address any issues/gaps identified</p> <p>Contact Afruca and the Victoria Climbié Foundation for any guidance in this area</p>	DSV Commissioner	<p>Ensure that victims experiencing DSV who have mental health concerns who may seek faith based support are supported in a way which is safe and does not collude with the abuse or does not further marginalise the victim</p>

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AB	3	<p>TRAINING</p> <p>That training strategy be reviewed, to ensure the following:</p> <ol style="list-style-type: none"> To allow frontline practitioners to understand the dynamics of domestic violence and good practice To support an increase in questioning about domestic violence and potential risk To support an increase in awareness around the role of carers and links to the risk assessment process. 	<p>TRAINING</p> <p>5. Review current DSV training strategy and provision across the partnership to include a specific focus on:</p> <ol style="list-style-type: none"> What DSV training is currently provided to GPs and other health services How clinicians (specifically GPs can be better engaged to access any DSV training provided – such as exploring LMC support, CPD training, twilight sessions) How any health training which is commissioned or delivered to staff in Newham’s health services addresses the NICE PH50 Guidance recommendations 	<p>Audit DSV training provision available locally</p> <p>Produce a report on findings for the DSV Board and explore the possibility of commissioning a joint/multi agency mandatory DSV training programme, ensuring there is appropriate content in existing training programmes or other development activities - including DSV information covered as part of staff induction across all partner agencies</p>	<p>DSV Commissioner Newham CCG DSV Forum and Partnership Board members</p>	<p>Identify training provision and training needs for the partnership and produce a plan with recommendations to help address gaps with the aim of frontline practitioners and practitioners being skilled in sensitively asking about DSV resulting in those affected having the confidence to disclose their experiences and receive help in accessing support and protection.</p>
Avani	2	<p>Newham CCG to report to the Community Safety Partnership on the roll out of training to GPs in the borough. Report to include number of GPs trained and an assessment of the impact on identification of domestic violence/abuse and referrals to specialist support services.</p>				
Nadira	3	<p>Strategic leaders should ensure that domestic abuse training with reference to NICE Guidance should be delivered to all sectors of Health which is tailored to their practice needs and which is of sufficient depth to develop the skills needed for assessment, and consultations. The training should enable practitioners to:</p> <ul style="list-style-type: none"> • understand relevant research evidence relating to domestic abuse & aspects of physical and mental ill-health • identify signs of domestic abuse • recognise high risk groups • develop ways of asking sensitively about domestic abuse • how to handle a disclosure of domestic abuse • how to risk assess and refer to MARAC when appropriate • know when and where to refer to a specialist agency both statutory and voluntary • understand barriers to disclosure and/or reporting domestic abuse, including additional barriers experienced by those in the BME & LGBT communities and those with insecure immigration status. 				

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ZA	2	<p>DV ENQUIRY</p> <p>LBN and Newham CCG should ensure that all Schools, G.P.s, Sexual Health Services, gynaecology services and pregnancy advisory services are routinely enquiring about domestic violence and sexual violence and are aware of clear pathways for referral to domestic abuse support services and MARAC. This should be monitored by regular audit and reporting performance on MARAC and Domestic and Sexual Violence referrals to the Domestic and Sexual Violence Board.</p>	<p>DV ENQUIRY</p> <p>6. Identify what DSV routine enquiry processes are in place across the partnership and the training provided to staff to support this</p> <p>7. Ensure all services are aware of the Newham DSV referral pathway (including MARAC)</p> <p>8. Explore with providers (GPs Pharmacies, Sexual Health Clinics) safe and appropriate mechanisms for asking females seeking contraception as an appropriate opportunity to ask about their relationships, with the aim of increasing opportunities for women to disclose DSV</p> <p>9. Implement routine questioning for DSV by A&E staff as part of their history taking for all self- harm attendances</p>	<p>Audit partner agencies DV enquiry systems and processes</p> <p>Review, update and publicise LBN DSV referral pathway, including information on the MARAC process</p> <p>Seeking to introduce safe DSV enquiry process in key health services providing contraception</p>	<p>DSV Commissioner</p> <p>DSV Commissioning Officer</p>	<p>Increase in number of identifications of DSV victims by health staff trained in DSV and routine enquiry, resulting in timely support and protection</p> <p>Increase in number of identifications of DSV victims by a range of services</p> <p>Victims are able to access safety and support as early s possible</p>
Avani	3	<p>CCG and LBN to raise awareness with providers of patients seeking contraception as an appropriate opportunity to ask women about their relationships, with the aim of increasing opportunities for women to disclose domestic abuse. Awareness to be raised with General Practices (as part of Recommendation 2), Pharmacies, Sexual Health Clinics and other relevant providers.</p>	<p>10. Provide assurances that of all the different health service case management systems, databases and recording sites have appropriate, clear, safe/confidential prompts and fields for asking and recording service users about their experience of DSV</p>	<p>Implement routine questioning for DSV by appropriately trained A&E staff as part of their history taking for all self- harm attendances</p>	<p>Newham CCG</p>	
Nadira	4	<p>(a) Routine questioning for domestic abuse to take place by A&E as part of their history taking for all self- harm attendances</p> <p>(b) All staff involved in routine questioning of patients about domestic abuse to have undergone training as outlined in Recommendation 3 and in line with NICE Guidance Recommendation 6, before embarking on this role.</p> <p>(c) To ensure that all recording sites (file, Rio, Datix) have prompts for asking service user about their experience of domestic abuse or violence</p>	<p>10. Provide assurances that of all the different health service case management systems, databases and recording sites have appropriate, clear, safe/confidential prompts and fields for asking and recording service users about their experience of DSV</p>	<p>Audit and report on DSV prompts and flagging systems on health databases</p>	<p>Barts Health & East London NHS Foundation Trust</p> <p>Newham CCG Barts Health & East London NHS Foundation Trust</p>	<p>DSV accurately and appropriately recorded</p>

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AB	4	<p>CARING RESPONSIBILITIES</p> <p>That ELFT examine its processes for information sharing with carers and families and effectively involve them in risk assessment. This should include provision of carers' packs and clear written guidelines for carers on the availability of a crisis line. Consideration should also be given to the potential risks to the wider family and community.</p>	<p>CARING RESPONSIBILITIES</p> <p>11. ELFT examine processes for appropriate information sharing with carers and families and effectively involving them in risk assessment. This should include provision of carers' packs and clear written guidelines for carers on the availability of a carers assessment and support available.</p> <p>12. Examine what support is provided to carers supporting people with mental health concerns</p>	<p>Review what information is provided concerning caring roles and responsibilities to patients (their friends and family) and how caring roles and responsibilities are incorporated into risk assessments</p> <p>Provide a briefing to GPs and relevant health services on carers roles, assessments and support available</p> <p>Review and report on the specific support provided to carers supporting those with mental health concerns</p>	<p>East London NHS Foundation Trust NHS Newham CCG LBN Adult Social Care</p>	<p>Carers are identified and provided/offered information and support</p> <p>Holistic risk assessments conducted that consider family/relationship and caring responsibilities</p>
AB	2	<p>That the partnership conducts a review of its effectiveness to establish its strengths and weaknesses. This review, which should be completed by a task and finish sub-group of the Newham CSP, to include an examination of the effectiveness of support to carers supporting people with mental health concerns</p>			<p>LBN Adult Social Care NHS Newham CCG</p>	<p>Mental health and DSV concerns are identified when there is a caring responsibility so that individuals and their carers are identified and supported</p>

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Nadira	5	CASE ALLOCATION USE OF INTERPRETERS To review the allocation of cases process to prompt the consideration as to whether circumstances in the service user's background require a particular gender of practitioner and whether an interpreter needs to be arranged. The process to be reviewed and amended as necessary by March 2015 and outcome reported to the Community Safety Partnership by June 2015.	CASE ALLOCATION USE OF INTERPRETERS 13. All agencies and services in the partnership to review the allocation of cases and provide assurance concerning the provision of a worker appropriate to the service user's background and circumstances – such as gender of worker and arrangements for securing an interpreter 14. Advise GP practices about the need to use official interpreters, the provision on their contracts, and availability of Language Line, rather than relying on family members, when there has not been the opportunity to pre-book an interpreter	Advise the DHR Task and Finish Group of the policy concerning allocation of workers and provision of interpreters and arrangements of communicating this to staff Advise and ensure GP practices are aware of the policy concerning use of interpreters and use the appropriate EMIS Read code when deciding on the use of an interpreter	All agencies as part of the DSV Forum and Partnership Board	Service users have optimum opportunities to discuss sensitive issues and/or disclose DSV to their worker
Nadira	2	Agencies to ensure the implementation and publicising of existing guidance and best practice in the use of interpreters, and to ensure that service users/patients are seen for assessments, and sensitive interviews with an interpreter when necessary, and not with a family member as interpreter			NHS Newham CCG	Patients are appropriately supported and have correct access to official interpreters to help facilitate discussions and disclosure of DSV Staff clear and supported in the use of interpreters
Nadira	6	HEALTH PATHWAYS General Practitioners should have a clear care pathway for supporting patients who are identified as victims of domestic abuse. The pathway should be agreed with local partners to ensure safe and clear lines of communication and information sharing to enable victims to access support as soon as possible. The pathway should be developed and agreed by May 2015.	HEALTH PATHWAYS 15. GPs, Sexual Health and Gynaecology Services to have a DSV pathway in place for identification, enquiry and referral of patients experiencing DSV – including the MARAC	Consider viability of commissioning Project IRIS for Newham GPs Research other best practice examples Develop, agree and implement care pathway with local partners Promote awareness of the DSV pathway and arrangement to primary care, sexual health and gynaecology services	NHS Newham CCG	Increased identification and referrals to specialist services of DSV within GP, sexual health and gynaecology services Development of a culture where DSV is more visible within health services Patients affected by DSV receive faster access to specialist services for risk assessment and safety planning
AA	2	Newham CCG and Barts Health should ensure that all GPs, Sexual Health Services and gynaecology services are routinely enquiring about domestic and sexual violence. This is of particular importance when registering new patients. There should be clear pathways for referral to domestic abuse services and MARAC. This should be monitored by regular audit and reporting performance on MARAC and Domestic and Sexual Violence referrals to the Newham Domestic and Sexual Violence Board.				

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Avani	4	Audit current procedures to ensure existing transfer in/out policies and procedures are adequately followed	16. Audit current procedures to ensure existing transfer in/out policies and procedures are adequately followed	Conduct an audit of transfer arrangements	East London NHS Foundation Trust and Guy's and St Thomas' NHS Trust	Transfer cases are managed appropriately Individuals and families get the information and support they need in a timely fashion
ZA	4	LBN and the MPS conduct a review of the MPS Sapphire Team involvement in the MARAC process	17. Review of the MPS Sapphire Team involvement in the MARAC process	Review and agree arrangements Incorporate in MARAC Operating Protocol Deliver MARAC briefing/training to sapphire team Induct Sapphire MARAC representative and deputy	MARAC Coordinator MARAC Steering Group	Improved links between MARAC and Sapphire Increase in referrals from Sapphire to MARAC
AA	6	LBN and Newham CCG to review how the issue of domestic abuse and relationships can be incorporated into the process of registration and review with GPs, Sexual Health and Genitourinary Services	18. Review how the DSV and relationships can be safely and appropriately incorporated into the process of registration and review of new female patients with GPs, Sexual Health and Genitourinary Services	Review current systems for registration of new patients in Ps, Sexual Health and Genitourinary Services Agree pilot site arrangements and review Devise an action plan for implementation including training for services and provision of information for patients	Newham CCG	Routine systems in place for DSV enquiry within health settings DSV remains visible and is specifically discussed with all patients
Avani	8	The Domestic and Sexual Violence Strategic Board to develop and implement a domestic abuse awareness raising programme with employers in the borough, including the need for employer's domestic abuse policies for staff.				

Regional and National Recommendations

The 5 DHRs generated a number of national and regional recommendations. These are included in the reports so that they can be noted by the Home Office so that any emerging national issues can be identified and progressed. Regional recommendations are also included so that pan London Services such as the Metropolitan Police can gather relevant recommendations and progress these internally. Due to the nature of these recommendations it is agreed that they are beyond the scope of the local CSP to monitor and implement. They are therefore included for reference/information only.

DHR	No	RECOMMENDATION
AB (Chair Mark Yexley)	5	That there should be early joint consultation between Community Safety Partnerships and NHS England to discuss primacy for investigation between DHR and Mental Health Homicide Investigation.
AA (Chair Mark Yexley)	4	The Metropolitan Police Service review protocols and training for visits to licenced premises where sex workers are present. They should ensure that all staff are appropriately trained to deliver information and support on sexual and domestic violence. This training should ensure an awareness of sexual and domestic violence protocols and the provision of Health Services.
AA (Chair Mark Yexley)	5	The Ugly Mugs website is seen as a valuable service that has the confidence of sex workers in reporting attacks by strangers and clients. National Ugly Mugs Scheme should be asked to review how links can be made to domestic abuse services and encourage reporting on the national website. This could provide a pathway to local domestic and sexual violence services for this hard to reach group.
AA (Chair Mark Yexley)	7	The Home Office and NHS England can jointly consider how good practice developed at Open Doors can be implemented in other areas. This would include the development of ISVA services specifically for sex workers and reporting protocols with police services.
AA (Chair Mark Yexley)	9	The Home Office consider advising that each Community Safety Partnership consider inviting the Immigration Service as associate members to local boards. <i>Note: Newham CSP does have a representative member from the Immigration Service.</i>
Adult ZA (Chair Mark Yexley)	5	MPS Sapphire Team considers processes that will actively involve Borough Community Safety Teams in the investigation of serious sexual violence between intimate partners.
Adult ZA (Chair Mark Yexley)	6	The MPS implement processes that will monitor, supervise and audit ? of the quality of serious sexual violence offences between intimate partners. That process should include a level of independence from the police service and a link to community based domestic abuse services.
Adult ZA (Chair Mark Yexley)	7	The MPS implement training for all staff to ensure and awareness and understanding of civil orders in domestic abuse cases and the police service role. When police become aware of a civil order a system should be developed to allow process of receipt, generation of a new specified investigation (treated like a new allegation/ incident), instigation of contact with a victim, and trigger a referral to IDVA services locally and consideration for a MARAC referral.
Adult ZA (Chair Mark Yexley)	8	That the Home Office work with the Ministry of Justice to implement a system whereby Non-Molestation Orders and Non-Occupancy Orders can be input directly to the Police National Computer.