

Title: Proposals for Governance Structure of Domestic and Sexual Violence and Abuse strategic work stream

Wards Affected: All

To: Health and Wellbeing Board **On:** 24 March 2016

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1. Purpose

- 1.1 Torbay is re-thinking its strategic approach to Domestic and Sexual Violence and Abuse (“D&SVA”), so that it can tackle the problem more effectively. Following a recent Health and Wellbeing Board presentation on D&SVA, there are a variety of additional drivers for this work:
- The SWIFT commissioning initiative in Torbay which requires partners to work together in an integrated way, pooling resources via the Public Services Trust, to commission specialist D&SVA services
 - A recent increase in the D&SVA evidence nationally available, much of which demonstrates a compelling case for prevention, as well as identifying the need for early help identification and services
 - D&SVA services that provide a crisis response to D&SVA are complex and expensive – more complex and expensive than effective prevention efforts
 - In two consecutive inspections, Torbay has been noted as having ‘insufficient services for domestic abuse’ and that, ‘domestic abuse continues to be an area for development in Torbay’ (paragraph 28, Ofsted, 2015)
 - Increasing local/national media coverage around D&SVA.
- 1.2 There is growing appetite among Torbay agencies to address concerns around D&SVA, recognising that people’s experience of D&SVA negatively impinges upon other areas of health and local authority commissioning.
- 1.3 Torbay has many talented, knowledgeable and passionate people involved in D&SVA (both strategically and operationally) across all agencies, as well as the community and voluntary sector.

2. Recommendation

- 2.1 That proposed future direction of travel for addressing Domestic and Sexual Violence and Abuse in Torbay, as described in Appendix 1 to this report, be noted.
- 2.2 That the Health and Wellbeing Board takes the role of lead partnership for strategic work in relation to Domestic and Sexual Violence and Abuse in Torbay.
- 2.3 That the monitoring of work in relation to the Domestic and Sexual Violence and Abuse be undertaken by the Health and Wellbeing Board through its regular Assurance Reports.
- 2.4 That a Health Needs Assessment for Domestic and Sexual Violence and Abuse be undertaken by Public Health with contributions from all partners and that this be presented to the Health and Wellbeing Board following its completion (expected around May 2016).

3. Supporting Information

- 3.1 Governance of this work has formerly been to Community Safety Partnership (CSP). However, CSP governance 'frames' D&SVA as a crime and disorder issue which does not represent the entirety of D&SVA. The newly emerging evidence base 're-frames' D&SVA as a 'vulnerability'. Going forward, the HWBB is proposed as the most appropriate governance structure for D&SVA, given its statutory identity, and its multi-agency, multi-disciplinary membership and its far reaching influence.

4. Relationship to Joint Strategic Needs Assessment

- 4.1 [JSNA](#) recognises that
 - 'In the latest year, domestic abuse was a major factor in terms of the rise in violent crime in Torbay'
 - 'Torbay has one of the highest incidents of reported domestic abuse in Devon and Cornwall, and is estimated to cost Torbay £34m a year'
 - 'Tackling domestic abuse remains a strategic community safety priority for Torbay'.
- 4.2 Rates of reported D&SVA are directly correlated with those communities that experience more deprivation:

Fig 1: Domestic Abuse by Neighbourhood Apr-Dec 2015/16 – above Torbay average

Neighbourhood	DA	Rate/1000
Torre & Upton	292	59.4
Torquay Town Centre	189	55.0
Hele	176	37.8
Ellacombe	255	35.0
Roundham-with-Hyde	247	32.2
Grand Total	2571	19.6

4.3 Numbers of sexual offences in Torbay exceed the Devon & Cornwall Police average. Torbay is a disproportionately high user of the South Devon and Exeter SARC.

5. Relationship to Joint Health and Wellbeing Strategy

5.1 D&SVA has an 'emphasis on integration' (p.3) and success of any D&SVA work will be contingent on integrated working across all partners

5.2 D&SVA will necessitate a move 'away from the medical model' (p.6), and include services taking a more holistic view of the patient/service

5.3 D&SVA has a 'focus on prevention and promoting health, especially for those most at risk' (p.6)

5.4 Proposed D&SVA work is anticipated to facilitate additional improvements to services whose performance is already being addressed (p.8), including

- Demand for, and access to, CAMHS
- Numbers of children who are looked after
- High numbers of A/E attendance and numbers of avoidable emergency admissions.

5.5 D&SVA strategic work complements the HWBB priority area, 'early help for children and young families to tackle inequalities and the emotional health of children' (p.9).

5.6 The JHWB Strategy recognises the 'issue of particular priority was protecting vulnerable people, including those suffering from mental health issues, domestic violence, alcohol and drug misuse issues and homelessness' (p.10).

6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy

6.1 Following SWIFT commissioning work and Public Health Health Needs Assessment re D&SVA, the D&SVA Strategy will be revisited in 2016, and is likely to impact future iterations of both JSNA and JHWS.

Appendices

Appendix 1 – Initial Proposal: Governance Structure of Torbay D&SVA Offer