Freedom of Information Request

Reference Number: EPUT.FOI.19.1160
Date Received: 17 July 2019

Information Requested:

I’d like to know to what extent mental health services in England meet the four quality statements issued by NICE on the issue of domestic abuse.

I have attached an excel document which includes the four quality statements I referred to above, the questions I’m seeking answers to and a space for your answers and any additional comments. I’m aware that it’s unlikely that data is available for all of the questions listed in the document, however it is still useful for me know which areas you don’t collect data on so please state where that is the case.

Response:

Section 21: Information accessible to applicant by other means.

(1) Information which is reasonably accessible to the applicant otherwise than under section 1 is exempt information.

(2) For the purposes of subsection (1)—

i. information may be reasonably accessible to the applicant even though it is accessible only on payment, and

ii. Information is to be taken to be reasonably accessible to the applicant if it is information which the public authority or any other person is obliged by or under any enactment to communicate (otherwise than by making the information available for inspection) to members of the public on request, whether free of charge or on payment.

(3) For the purposes of subsection (1), information which is held by a public authority and does not fall within subsection (2)(b) is not to be regarded as reasonably accessible to the applicant merely because the information is available from the public authority itself on request, unless the information is made available in accordance with the authority’s publication scheme and any payment required is specified in, or determined in accordance with, the scheme.
Publication Scheme:

As part of the Freedom of Information Act all public organisations are required to proactively publish certain classes of information on a Publication Scheme. A publication scheme is a guide to the information that is held by the organisation. EPUT’s Publication Scheme is located on its Website at the following link https://eput.nhs.uk/
Referring to your mental health services only, please answer the following questions:

<table>
<thead>
<tr>
<th>Quality statement 1: People presenting to frontline staff with indicators of possible domestic violence or abuse are asked about their experiences in a private discussion.</th>
<th>Answer</th>
<th>Any additional information?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your trust have a policy of routine enquiry into patient experiences of domestic violence/abuse?</td>
<td>Yes.</td>
<td>It is policy to ask about any experience of abuse, including domestic abuse</td>
</tr>
<tr>
<td>In the year 2018:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many patients accessed services from your trust?</td>
<td>44628</td>
<td></td>
</tr>
<tr>
<td>How many patients were asked about their experiences of domestic abuse?</td>
<td>Patients would be asked about their experiences of domestic abuse when being assessed and reviewed, however The trust does not record this as a reportable data item.</td>
<td></td>
</tr>
</tbody>
</table>

Quality Statement 2: People experiencing domestic violence and abuse receive a response from level 1 or 2 trained staff. *(Please see below for a description of levels 1 and 2)*

<table>
<thead>
<tr>
<th>How many staff members do you employ?</th>
<th>The Trust is applying Section 21 as the information is available in the public domain: <a href="https://eput.nhs.uk/about-us/">https://eput.nhs.uk/about-us/</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Of those staff members, how many have received training on domestic abuse?</td>
<td>As at 1 August 2019, 94% of staff have received training. This is an average compliance rate for our different levels of Safeguarding training (Level 1 to 4)</td>
</tr>
<tr>
<td>How long is the domestic abuse training that staff receive? (If there is a range of training lengths available please indicate what those are)</td>
<td>Safeguarding Level 1 - e-learning (1 hour) Safeguarding Level 2 - e-learning (1 hour) Safeguarding Adults Level 3 - 1 day classroom Safeguarding Children Level 3 - 1 day classroom</td>
</tr>
<tr>
<td>Who provides the domestic abuse training?</td>
<td>The Trust Safeguarding team</td>
</tr>
<tr>
<td>Is domestic abuse training mandatory?</td>
<td>Yes, as part of Safeguarding training</td>
</tr>
</tbody>
</table>

Quality statement 3: People experiencing domestic violence or abuse are offered referral to specialist support services.

In the year 2018:
How many patients disclosed experiencing domestic abuse? | 150  
---|---
This is the number of Safeguarding Concerns which are categorised as Domestic Abuse (received in 2018). It is likely there were other disclosures which did not result in safeguarding alerts, either because the victim declined (and did not lack capacity for that decision, including because of coercion/intimidation, or was not at threat to life or limb) or because what was put in place was already meeting the victim’s needs. Of the safeguarding alerts, 150 were in relation to domestic abuse. It is likely there were other disclosures which did not result in safeguarding alerts, either because the victim declined (and did not lack capacity for that decision, including because of coercion/intimidation, or was not at threat to life or limb) or because what was put in place was already meeting the victim’s needs.

Of the patients that disclosed experiencing domestic abuse, how many were offered a referral to specialist domestic abuse services? | This data is not collected.
---|---
Of the patients that disclosed an experience of domestic abuse, how many were referred to specialist domestic abuse services? | This data is not collected.
Of the patients that disclosed an experience of domestic abuse, how many were referred to a MARAC (Multi Agency Risk Assessment Conference)? | 5 As reported on SETSAF 4 (closure forms)

**Quality statement 4: People who disclose that they are perpetrating domestic violence or abuse are offered referral to specialist services.**

In the year 2018:

How many patients disclosed perpetrating domestic abuse? | This data is not collected
---|---
Of the patients that disclosed perpetrating domestic abuse, how many were offered a referral to a specialist service? | This data is not collected
Of the patients that disclosed perpetrating domestic abuse, how many were referred specialist domestic abuse services? | This data is not collected
For patients that disclosed perpetrating domestic abuse, how many referrals did the trust make to a MARAC for victims affected by that perpetrator? | This data is not collected

**General questions:**

Does your trust have a stand-alone domestic abuse policy? | No
---|---
The Safeguarding Adults Policy and the Safeguarding Children Policy include sections specifically on Domestic Abuse. There are Operational Procedures specifically for responding to domestic abuse.

Does your trust have a domestic abuse strategy? | EPUT has a number of initiatives under way in relation to domestic abuse, but not a formalised Domestic Abuse Strategy.
<table>
<thead>
<tr>
<th>Has your trust created or taken part in any projects or initiatives aimed at improving the trust response to survivors or perpetrators of domestic abuse?</th>
<th>The Trust held a conference in March this year on two topics – Domestic Abuse and Gangs. This was for staff from the trust and other organisations. There were guest speakers and local and national agencies in attendance. The aim was to increase understanding, develop networks and improve joint working in order to create better outcomes for service users and others. The trust has an arrangement with the Sexual Abuse Resource centre on how to support people with mental health problems. We have a close relationship with MARAC and have agreed collaborative working. We have agreed some initiatives where representatives from the SETDAB (Southend Essex and Thurrock Domestic Abuse Board) and MARAC, delivered training sessions to our staff and we have delivered mental health awareness sessions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you answered yes to the above question, please provide contact details for the best person to speak to for further information about this project/initiative.</td>
<td>TBC</td>
</tr>
</tbody>
</table>

**NICE recommended levels of training:**

**Level 1 training:** staff should be trained to respond to a disclosure of domestic violence or abuse sensitively and in a way that ensures people's safety. They should also be able to direct people to specialist services. This level of training is for physiotherapists, speech therapists, dentists, youth workers, care assistants, receptionists, interpreters and non-specialist voluntary and community sector workers.

**Level 2:** staff should be trained to ask about domestic violence and abuse in a way that makes it easier for people to disclose it. This involves an understanding of the epidemiology of domestic violence and abuse, how it affects people's lives and the role of professionals in intervening safely. Staff should also be able to respond with empathy and understanding, assess someone's immediate safety and offer referral to specialist services. Typically this level of training is for nurses, accident and emergency doctors, adult social care staff, ambulance staff, children's centre staff, children and family social care practitioners, GPs, mental health professionals, midwives, health visitors, paediatricians, health and social care professionals in education (including school nurses), prison staff and alcohol and drug misuse workers. In some cases, this level of training will also be relevant for youth workers.
PARIS - select COUNT(DISTINCT REMEDY_ID)
from TBL_U_NEPL_CONTACTS
WHERE event_date >= '01-APR-18' AND event_date <= '31-MAR-19'

24029 North Patients

MOBIUS - use PatientSummaryData
go
Select Count (Distinct PatientID) as NoAccessServices201819
from [dbo].[PSD_DDS Form_Detail]
where ActivityDate >= '2018/04/01'
and ActivityDate <= '2019/03/31'
and FlagCode = 'flgvld'

20599 South Patients