



Report of: Safer Leeds Safeguarding & Domestic Violence Team

Report to: Leeds Health and Wellbeing Board

Date: 16 September 2021

Subject: Leeds routine enquiry: GPs and Health Practitioners in 8 GP Practices in Leeds, Evaluation Report 2019

Strapline: This report explores data on the short term impact for victims where GP's and Health Practitioners, who have access to a specialist worker, have proactively screened female patients over the age of 16 for Domestic Violence and Abuse (DV&A)

Comms & Engagement:

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

- In the year ending March 2019, an estimated 2.4 million adults aged 16 to 74 years experienced domestic abuse in the last year (1.6 million women and 786,000 men) with women much more likely to experience serious harm and homicide.
- Domestic violence has a devastating impact on children and young people that can last into adulthood. One in seven (14.2%) children and young people under the age of 18 will have lived with domestic violence at some point in their childhood which affects them in many ways.

- Since April 2011 there have been 24 domestic violence related deaths in Leeds including five children who were killed alongside their mothers, coercive control has been a key feature in the majority of these cases

Recommendations

The Health and Wellbeing Board is asked to:

- Consider the role Primary Care Networks could play in ensuring all women over the age of 16 have equitable access to specialist support for DV&A

1 Purpose of this report

- 1.1 To inform the board of the ongoing work being done with GP practises across Leeds to increase support for those experiencing DV&A across the city

2 Background information

- 2.1 None

3 Main issues

- 3.1 Detailed in summary earlier in this report

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 This paper was produced by members of the Leeds CCG Safeguarding team and the Safer Leeds Safeguarding & Domestic Violence team using case studies from people with lived experience to support recommendations

4.2 Equality and diversity / cohesion and integration

- 4.2.1 The report provides a data breakdown across multiple ethnicities and communities

4.3 Resources and value for money

- 4.3.1 The benefits of increased funding from Primary Care Networks in an increase of staffing resources have been outlined in the report

4.4 Legal Implications, access to information and call in

- 4.4.2 There are no legal, access to information or call in implications from this report.

4.5 Risk management

- 4.5.3 There are no specific risk implications arising from this report.

5 Conclusions

- 5.1 Identifying DV&A through routine enquiry does allow for support to be offered to patients at an earlier stage
- 5.2 Providing GPs and Health Practitioners with DV&A training does increase awareness of the issue and provides Health Practitioners with a platform in which to begin asking patients about DV&A

6 Recommendations

The Health and Wellbeing Board is asked to:

- To consider the role organisations across Leeds can play in supporting people experiencing DV&A

7 Background documents

7.1 None