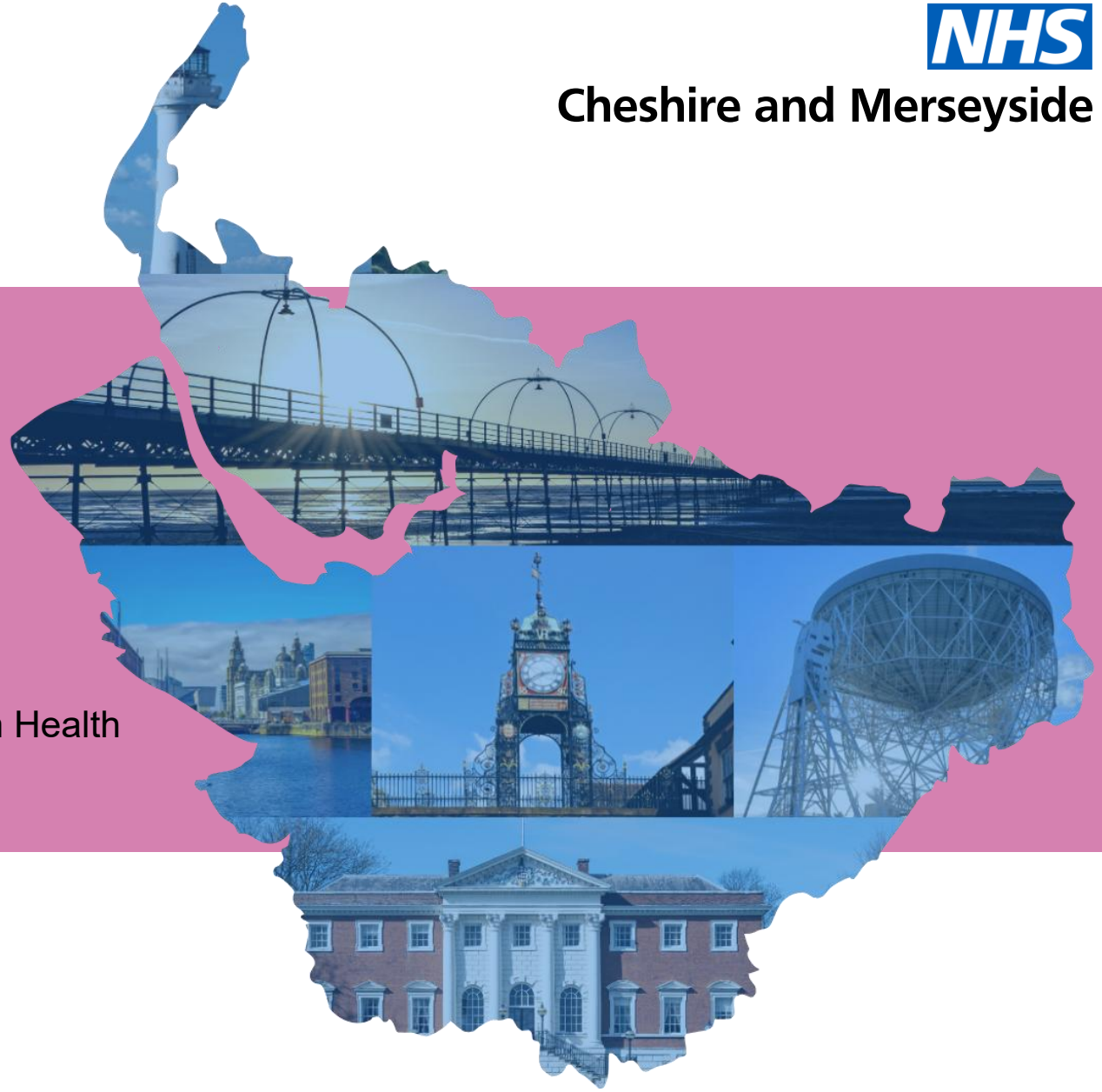
NHS
Cheshire and Merseyside

The Role of the NHS in Preventing Serious Violence



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Why is preventing serious violence a priority for the NHS?

967 (919 persons) A&E attendances for violence related injuries* in Merseyside in L12m

- Two thirds were males and aged under the age of 50 years
- 85% White
- 15% BAME
- 59% live in the most deprived
- 37% have a depression diagnosis 6% SMI Flag
- 1 in 10 have hypertension

734 (703 persons) Emergency hospital admissions for violence* in Merseyside L12m

- 72% were males and 71% are under 50 years
- 89% white
- 11% BAME
- 64% live in the most deprived
- 53% depression diagnosis 8% SMI flag
- 1 in 10 have hypertension

Where are the prevention opportunities?

Identification of those at risk of being involved in violence

Onward referral to support services

Gathering data and intelligence

The role of NHS organisations as Anchor Institutes

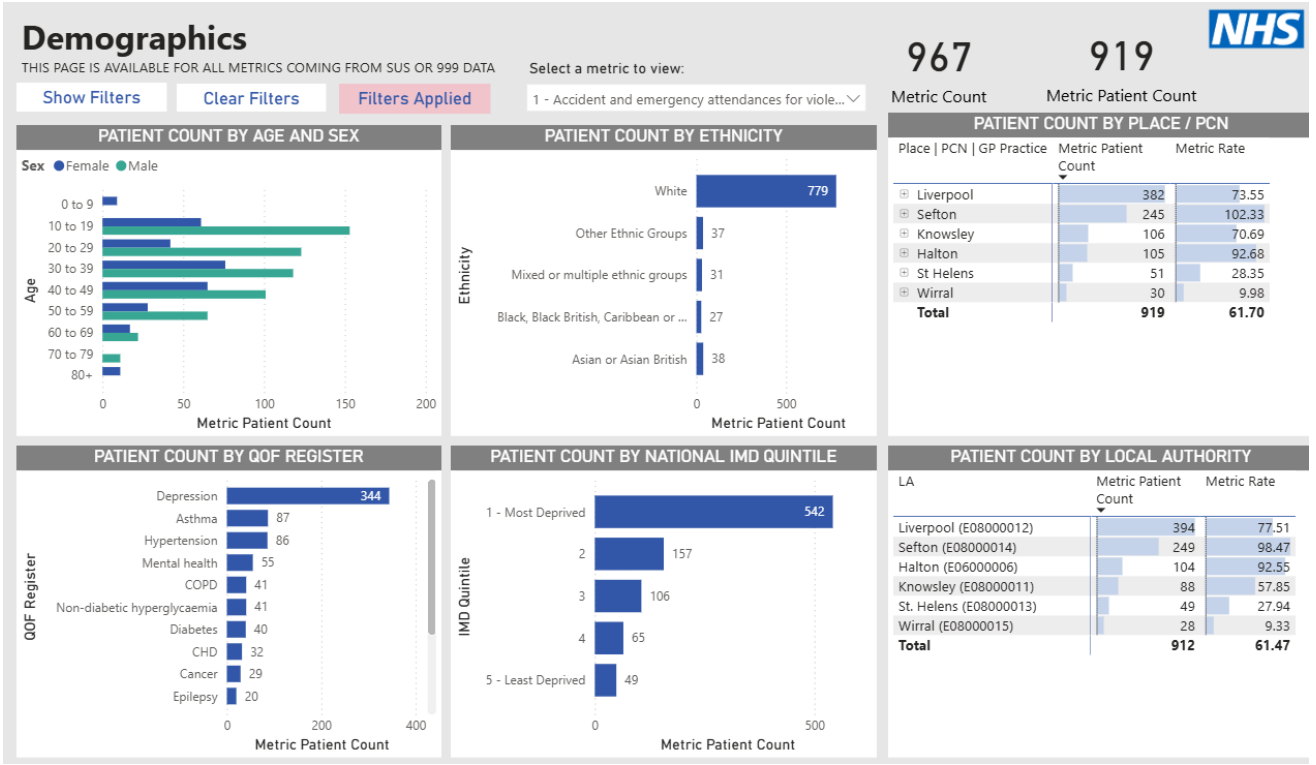
Gathering data and intelligence

Population Health data is real time with the ability to link datasets* together to gather holistic picture with added granular data

This allows partners to develop prevention strategies (further up stream) link in with other services; Youth Navigators, Drug and Alcohol services MH liaison teams

Stratify/segment population into need groups to design and deliver services based on the underlying causes i.e. CMHP, SMI, and other health conditions noted in the patient record

As a contribution to SVD we have an ambition to improve data quality. A DQIP is being developed and will be included in 26/27 info scheduled. This includes an ask to populate the ISTV fields in ECDSv4 this will be a '*stretch target trajectory*' over a period of time to allow Providers to adapt to additional reporting. Progress will be monitored through information sub-groups and a dashboard



Identification of those at risk of being involved in violence

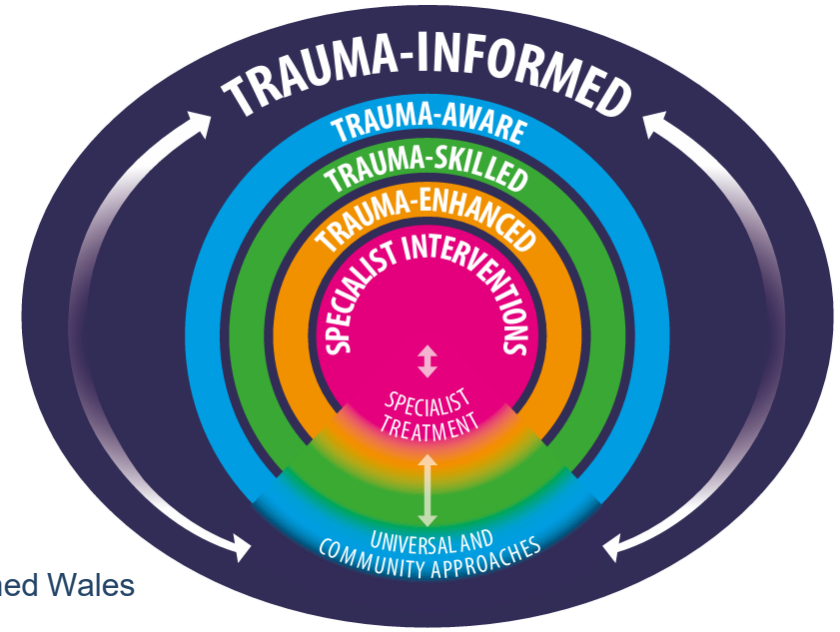
- Need to identify an agreed training programme for NHS staff
- Cohort and prioritise staff for training
- Use data on the current NHS violence presentations to understand who is at risk and which staff groups are working with these patients before they are victims or perpetrators

Trauma informed organisations

Most NHS organisations are trauma aware or trauma skilled, we need to consider how we move organisations to be trauma-informed.

Trauma informed organisations need:

- Good leadership
- Continuous reflection on current culture, practice and process
- Identification of opportunities to develop and implement approaches that reflect being trauma informed



Trauma Informed Wales

The health care system also needs to be trauma-informed, systems that are not trauma informed risk traumatising individuals again through:

- Multiple contacts and requests to tell their story or relive their trauma
- Siloed working that focuses on individual problems based on expertise rather than taking a holistic and often whole family approach to understanding the needs of people who may need support

Systems need to:

- Remove silo working
- Rationalise bureaucratic processes that serve the system not the person
- Promote collaboration and share power with communities
- Value and measure things that make a difference to wellbeing
- Aoid individualising problems that label, stigmatise and restrict access to services
- Ensure when people seek help, they are not stigmatised
- Recognise that not everyone is affected equally by the environment or context of their lives

Onward referral to support services

How do we make this easy for clinical staff who often have limited capacity and whose role is to deal with the immediate clinical need?

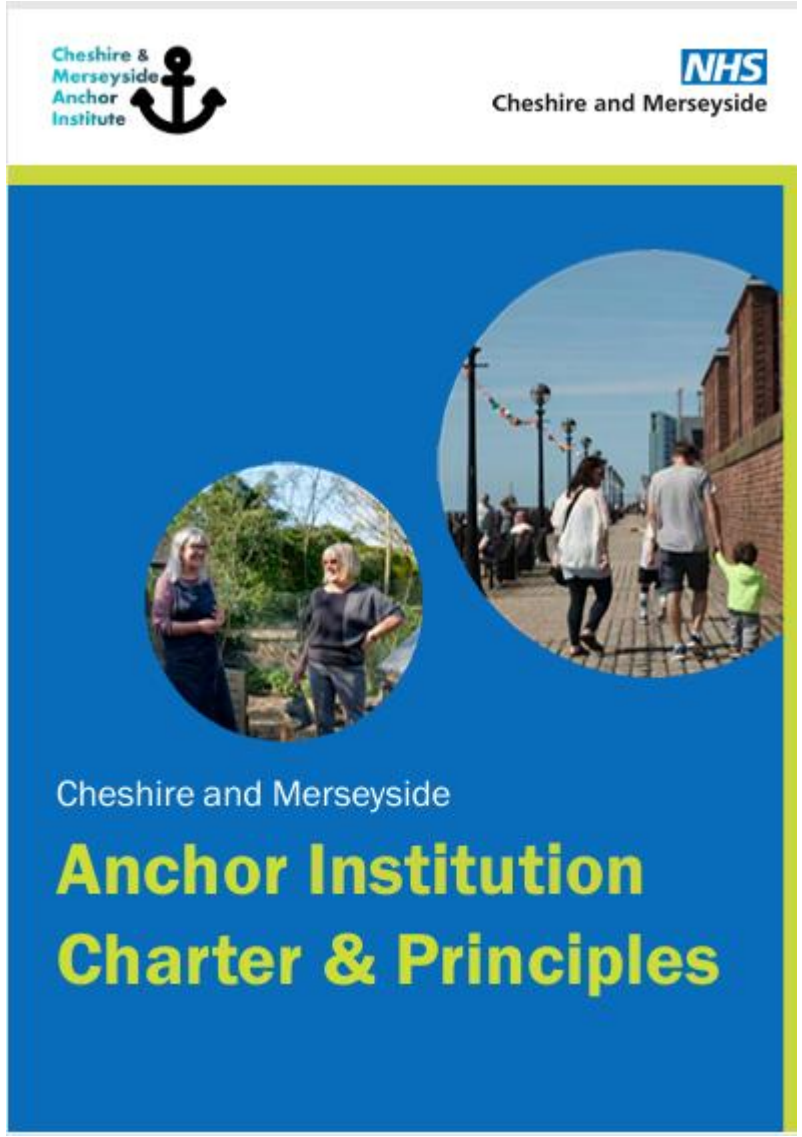
How can we ensure the referral process is integrated into the NHS digital system to reduce the burden on staff?

How do we ensure that we close the feedback loop and update NHS staff on the outcome of their referral?

Cheshire and Merseyside Anchor Charter

Five anchor institution pillars

1. Purchase locally and for social benefit
2. Using buildings and spaces to support communities
3. Widening access to quality work
4. Working more closely with local partners
5. Reducing environmental impact



The role of the NHS as Anchor Institutes

How can NHS organisations prioritise access to high quality work experience opportunities for pupils from schools in our most deprived communities?

How can NHS organisations as large employers create opportunities for entry level roles for those living in our most deprived communities?

How can NHS leaders offer mentoring opportunities to children and young people interested in NHS career pathways?

Thank You

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