



Public Health  
England

Protecting and improving the nation's health

## **Police and Public Health**

### Innovation in practice: an overview of collaboration across England

A paper to support the October 2016  
summit: 'creating a shared purpose  
for policing and health'

# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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## Foreword

Many of the factors that impact health outcomes sit outside the traditional realms of health care, such as being ready to learn when starting school and having good job prospects when you leave – to having a warm home, positive relationships and feeling safe in your community.

In order to address these wider determinants of health, and reach vulnerable people outside of traditional health services, public health professionals must engage with those working in other parts of the community – from schools and fire and rescue services, to employers and the police.

There are already many examples of great partnership working between public health and the police – from suicide prevention, to reducing alcohol-related harm and raising awareness of dementia. This paper highlights some of this excellent work, presenting case studies from across the country that demonstrate a clear commitment to improving outcomes for local people through innovation and collaboration.

It is encouraging to see that public health priorities are so clearly aligned with those of police forces across England, such as tackling mental health issues and substance misuse, and the opportunity to affect real change by working together with children and families at the earliest opportunity and where support is needed most.

Establishing strong relationships is vital for success, and this comes through in the case studies presented. By building trust and sharing knowledge across professional and organisational boundaries, we can make a real difference in enabling individuals and communities to achieve positive health and wellbeing outcomes and reducing health inequalities.

These case studies all support our work towards a consensus agreement between the police and the health and social care sector. I hope they encourage discussion and a sharing of knowledge and experience as part of a joint commitment to embed prevention across the system.

These are the same populations that public health seeks to engage with and support, and this clearly presents an opportunity to further develop and embed an ethos of collaborative working between our organisations, and pursue a shared vision of prevention in relation to crime, health and wellbeing.

*Duncan Selbie, Chief Executive Public Health England*

It is not enough for police to simply lock up criminals. We must find ways to work collaboratively with partners to understand and provide interventions to prevent young people especially from becoming victims and the people who commit crime. The absence of crime was the primary aim of the police on our foundation by Sir Robert Peel in 1829.

The police have seen reductions in some types of crime over the last few years. However crimes involving violence, the exploitation of young people and increasing demands for police intervention with some of the most vulnerable individuals and communities in society are an increasing demand. Police officers are frequently called upon to respond to incidents involving victims of substance or excess alcohol use, or people with mental illness. These challenges require a more sophisticated approach to reducing harm.

The people and communities who drive this demand are the same populations that public health seeks to engage with and support. Critically we have learned that in areas such as violence and vulnerability, Public Health approaches and the evidence based practice in models such as Adverse Childhood experiences provide effective strategies for both police and public health.

As policing moves closer to an ethos of Early Intervention and stronger evidence based practice to tackle the challenges of individuals and communities there is a huge opportunity to further develop and embed an ethos of collaborative working between our organisations. A shared vision of prevention in relation to crime, health and wellbeing.

I am inspired to see practitioners across the country grasping these opportunities and hope we can support work that seems so obvious to the people serving our communities.

*David Thompson, QPM, Chief Constable West Midlands Police*

## Acknowledgement

Thanks go to the many individuals and organisations across the country who contributed to this paper. Colleagues from across the public health and police systems provided suggestions for work to include, contacts to approach and a wealth of information, all of which provides valuable input from different perspectives drawing on personal experiences.

Case study contributors were given the opportunity to review and amend content and cases studies ahead of publication, and thanks goes to everyone for their time and diligence in doing this.

## Introduction

This paper came about through a request to identify examples of good practice in collaborations between police and public health, to support the October 2016 national summit exploring the opportunities for creating a shared purpose for Policing and Public Health.

It is intended to highlight both historic and current initiatives, and present an overview of new work that has only just started or is on the horizon for implementation. Whilst much of the work included has been evaluated, there are examples where the evidence base and/or evaluation data are not yet available. The case studies come from across the country, and are presented with the aim of stimulating discussion and sharing of learning between agencies with a view to developing a consensus statement between police and public health.

It is recognised that this overview is limited in its ability to capture fully the innovative work happening between police and public health across England. Where a case study is presented on a particular topic and within a given local area, it does not imply that exemplary work on that same topic is not also happening elsewhere. Rather, the case studies are intended to give a 'snap shot' of good practice in order to promote discussion and an exchange of knowledge and expertise.

It should also be noted that the paper is intended as a supporting document to the October 2016 summit, and as such may be subject to future amendments and alterations.

Information has been gathered using online searches and approaches to Public Health England centre staff and national leads, public health teams within Local Authorities, service providers, and Police Officers, via email, phone calls and face to face meetings.

There is an array of stories, all depicting a wealth of knowledge and experience, and lessons learned. These have been collated and presented in brief case studies, based on themes and emerging topic areas.

### Core topics and themes

Through conversations with individuals from across both the public health and police workforces, the following topics emerged as core areas of priority work and collaboration:

- violence prevention
- drugs and alcohol



- mental health
- dementia
- health and wellbeing
- hot and cold weather risk
- emerging infectious diseases
- modern slavery/human trafficking

Broader themes were also apparent, notably:

- vulnerable individuals/communities
- early intervention/prevention
- community cohesion
- community assets/asset-based approaches
- collaboration
- intelligence sharing
- addressing health inequalities

# Police forces in England

The 2016 Home Office report shows that there are 39 individual police forces operating across England (43 across England & Wales combined) (1).

## Police Forces in England

[Avon and Somerset Constabulary](#)

[Bedfordshire Police](#)

[Cambridgeshire Constabulary](#)

[Cheshire Constabulary](#)

[City of London Police](#)

[Cleveland Police](#)

[Cumbria Constabulary](#)

[Derbyshire Constabulary](#)

[Devon & Cornwall Police](#)

[Dorset Police](#)

[Durham Constabulary](#)

[Essex Police](#)

[Gloucestershire Constabulary](#)

[Greater Manchester Police](#)

[Hampshire Constabulary](#)

[Hertfordshire Constabulary](#)

[Humberside Police](#)

[Kent Police](#)

[Lancashire Constabulary](#)

[Leicestershire Police](#)

[Lincolnshire Police](#)

[Merseyside Police](#)

[Metropolitan Police Service](#)

[Norfolk Constabulary](#)

[North Yorkshire Police](#)

[Northamptonshire Police](#)

[Northumbria Police](#)

[Nottinghamshire Police](#)

[Staffordshire Police](#)

[South Yorkshire Police](#)

[Suffolk Constabulary](#)

[Surrey Police](#)

[Sussex Police](#)

[Thames Valley Police](#)

[Warwickshire Police](#)

[West Mercia Police](#)

[West Midlands Police](#)

[West Yorkshire Police](#)

[Wiltshire Police](#)



Police forces map England and Wales

The scope of this paper covers police forces within England, however National Statistics illustrate the police workforce as England and Wales combined and so the figures presented below cover all 43 forces across England and Wales.

The police workforce comprises the following:

- police officer ranks
- police staff
- police community supporting officers
- designated officers
- traffic wardens
- special constabulary

As of March 31 2016, the police workforce across the 43 forces is given as just under 200,000 (FTE). An additional 3000 officers are noted as working within the British Transport Police (2). A head count of just under 16,000 is given for Special Constabulary.

Police officer ranks:

- chief officers\*
- chief superintendents
- superintendents
- chief inspectors
- sergeants
- constables

\*includes assistant chief constables, deputy chief constables and chief constables, and their equivalents in the Metropolitan Police and City of London police. They form the National Police Chiefs' Council (NPCC).

Information from the College of Policing illustrates the demand on policing on 'any typical day', highlighting the role of prevention and opportunities for contribution to health and wellbeing and reducing health inequalities (3).

# Statutory responsibilities and national approaches

## Community safety partnerships

Community safety partnerships (CSP) were set up as statutory bodies at district and unitary local authority level under **Sections 5 – 7 of the Crime and Disorder Act 1998**. The named responsible authorities under the Act, which form the core membership of CSPs are:

- local authorities
- police
- fire and rescue authorities
- probation
- clinical commissioning groups

The responsible authorities are required to work together to develop and implement strategies to protect their local communities from crime and to help people feel safe. They develop local approaches to deal with issues including anti-social behaviour, drug or alcohol abuse, domestic violence and re-offending. In doing so, they work in partnership with a range of other local public, private, community and voluntary groups and with the wider community. CSPs are required to prepare a partnership plan informed by an annual joint strategic assessment. Administration for the partnerships is a statutory duty of the relevant local authority.

## Directors of public health

Directors of public health (DPH) lead responsibility for the health and wellbeing of their local community and work with local criminal justice partners and police and crime commissioners to promote safer communities (4).

## Police and crime commissioners

Police and crime commissioners (PCCs) are currently elected in 40 force areas across England and Wales. Every force area is represented by a PCC, except Greater Manchester and London, where PCC responsibilities lie with the Mayor. PCCs are responsible for the entirety of policing in their area and their main role is to be the voice of the community and hold the police to account.

PCCs ensure community needs are met as effectively as possible, aiming to reduce crime and deliver an effective police service within their area. Elected by local people, they aim to improve local relationships through building confidence and restoring trust, and work in partnership across a range of agencies at local and national level to ensure there is a unified approach to preventing and reducing crime.

Under the terms of the Police Reform and Social Responsibility Act 2011, PCCs must:

- secure an efficient and effective police for their area
- appoint the Chief Constable, hold them to account for running the force, and if necessary dismiss them
- set the police and crime objectives for their area through a police and crime plan
- set the force budget and determine the precept
- contribute to the national and international policing capabilities set out by the Home Secretary
- bring together community safety and criminal justice partners to make sure local priorities are joined up (5)

## PHE – summary of national work with police

PHE is committed to an ongoing programme of collaborative work with the police, with an intention to develop a national consensus statement on improving health and wellbeing through policing. A summit has been organised for 28 October 2016 to discuss this in more detail with senior leaders from partner organisations with a view to agreeing the need for a consensus statement and its priorities. Partners involved in this work include:

- National Police Chiefs Council
- Association of Directors of Public Health
- Association of Police and Crime Commissioners
- College of Policing
- PHE
- Local Government Association (LGA)
- Directors of Adult Social Services
- Association of Directors of Children's Services
- NHS England
- Royal Society for Public Health

Police colleagues have committed to become the first sector to have Workplace Well-being Charter accreditation. All police forces have signed up to this in principle – the Advisory, Conciliation and Arbitration Service (ACAS) has just agreed to take the role of accrediting body, and Her Majesty's Inspectorate of Constabularies (HMIC) has built

this into their inspection regime. Police colleagues are currently developing a web resource and communications tools to support the launch and the Police Dependents Fund has announced a £3.5million innovation fund to support implementation.

**Drugs and alcohol:** PHE and the Home Office (HO) have a long standing collaboration on the drugs and alcohol agendas. PHE has provided regular reports to PCCs on drugs and alcohol activity in their patches, using both PHE data and the Ministry of Justice's (MoJ) reconviction data. PHE has a particular interest in supporting the links between PCCs and health and wellbeing boards and the local authority commissioning processes.

**Addressing the health needs of people in contact with the criminal justice system and addressing offending and reoffending:** the Health and Justice team and PHE are advocating a place based approach to address the health inequalities experienced by this community and to reduce offending and reoffending. To support this work PHE are coproducing with Revolving Doors Agency and the Home Office a resource – 'Rebalancing Act' with a particular focus to support PCCs and DPHs to develop a strategic response to this agenda. As part of this approach, work is underway to improve commissioning and delivery models through better integrated pathways for addressing substance misuse and mental health, particularly linking custody and community services. Health and Justice team have also produced a health needs assessment toolkit for police healthcare and work with NHSE in the commissioning of the liaison and diversion programme, which aims to divert people into care rather than custody.

**Child sexual exploitation:** PHE has commissioned an evidence report about what the public health approach should be to child sexual exploitation. This is due to be published in November 2016.

**The liaison and diversion programme:** supports people in contact with the criminal justice system to access health services as needed, particularly those experiencing problems with drugs and with mental health conditions. This programme is commissioned by NHS England and has just received additional funding to be rolled out to achieve 75% coverage (50% coverage currently). The aim of this programme is to improve service integration and avoid duplication in provision or gaps in service provision.

**Illicit tobacco trade:** work underway to explore collaborations with a particular relevance and links to health inequalities.

**Intelligence sharing:** the sharing of data and information has been highlighted through work with the HO and discussions are underway to progress this. There has been

considerable work done in this area with fire and rescue services which provide a good template to start from.

## Adverse childhood experiences

Adverse childhood experiences (ACE) are linked to having long-term impacts on an individual's health, wellbeing and life chances. A growing body of research is revealing the extent to which experiences and events during childhood can have an effect. ACE such as abuse, neglect and dysfunctional home environments have been shown to be associated with the development of a wide range of harmful behaviours including smoking, harmful alcohol use, drug use, risky sexual behaviour and violence and crime. They are also linked to diseases such as diabetes, mental illness, cancer and cardiovascular disease and ultimately to premature death (6).

Given the links of ACE to an increased risk of violence and crime and associated high risk health behaviours, there is a clear alignment with policing and public health harm prevention priorities, with potential for early intervention work with the most vulnerable and at risk individuals and families.

### ACE: South Wales Police Force

Following a successful mule agency bid for £300,000 to the Home Office Innovation Fund, Public Health Wales and South Wales Police are driving forward an innovative intervention and crime prevention project centring on a public health approach to policing.

The multi-agency approach aims to tackle the root causes of crime and help break generational cycles of adversity, developing systems over two years to analyse early indicators of harm, which will allow the police and other partners to identify those who may be particularly vulnerable.

The multi-agency partners include:

- Public Health Wales
- South Wales Police
- NSPCC Cymru
- Bridgend County Borough Council

Public Health Wales has undertaken extensive research into the links between ACEs and the risk of developing anti-social and health-harming behaviours in adult life (7).

The new approach follows the signing of Memorandum of Understanding between the PCC for South Wales, South Wales Police and Public Health Wales in 2015, which

committed the three agencies to working more closely together to tackle crime and ill-health and identify and overcome common challenges. The agreement gives a commitment to do more to share analysis and evaluation, and ensure an evidence-based approach to the prevention and reduction of ill-health and crime, and better targeting and evaluation to improve services provided to the public by both South Wales Police and Public Health Wales (8).

## Child sexual exploitation

Child sexual exploitation (CSE) is a national priority with a multi-agency approach. It is identified as a form of child abuse with an agreed definition of:

- sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where the young person (or third person/s) receive ‘something’ (eg food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or others performing on them, sexual activities
- child sexual exploitation can occur through the use of technology without the child’s immediate recognition; for example being persuaded to post images on the internet/mobile phones without immediate payment or gain (9)

Police forces work closely with child protection agencies such as Barnardo’s and the NSPCC to raise awareness of CSE. The National Crime Agency’s Child Exploitation and Online Protection (CEOP) Command works with child protection partners across the UK and overseas to identify the main threats to children, coordinating activity against these threats to bring offenders to account. The CEOP Command aims to keep children from harm online and offline, directly through NCA led operations and in partnership with local and international agencies (10).

Avon and Somerset Police launched a local campaign in September 2016 covering the force area, including adverts at 2 major train stations and in local supermarkets, with the message that ‘child exploitation *is* happening’. The campaign aims to raise awareness of CSE and provide information on how to spot the signs, what to do and where to go for advice and support, using digital channels to reach the public and with a particular focus on giving parents and carers advice about keeping children safe online (11).

## Domestic abuse

The Crime Survey for England and Wales (CSEW) has published statistics for domestic abuse showing that:



- 8.2% of women and 4% of men were estimated to have experienced domestic abuse in 2014/15, equivalent to an estimated 1.3 million female and 600,000 male victims
- 27.1% of women and 13.2% of men had experienced any domestic abuse since the age of 16. These figures were equivalent to an estimated 4.5 million female victims of domestic abuse and 2.2 million male victims between the ages of 16 and 59 (12)

Both criminal and civil measures can be applied in cases of domestic abuse, including section 76 of the Serious Crime Act which came into force in December 2015 and which 'criminalises patterns of coercive or controlling behaviour where they are perpetrated against an intimate partner or family member'.

The report published by Her Majesty's Inspectorate of Constabularies 'Everyone's business: Improving the police response to domestic abuse' (13) set out a series of recommendations to help forces improve their service in responding to and protecting victims of domestic abuse. The 2015 progress report paper (14), found that the police service had acted on the recommendations, seeing tackling domestic abuse as an important priority and resulting in better support for and protection of victims.

The HO published its 2016-20 strategy to end violence against women and girls in March 2016 (15). This includes £80million of dedicated funding to provide core support for refuges and other accommodation-based services, rape support centres and national helplines. From April 2017, a new Violence Against Women and Girls Service Transformation Fund will support local domestic abuse service provision.

The College of Policing is running a new pilot to support police officers to spot the signs of coercive control. This is an innovative approach involving officers across three forces that will focus on identifying dangerous patterns of coercive and abusive behaviour. Research found that officers often didn't recognise the signs of coercive control when attending a domestic abuse incident due to concentrating on the facts of the incident rather than seeing patterns of behaviour, and that the current domestic abuse assessment tool (DASH) (16) is not always being correctly applied and may not be the most appropriate tool to use in a frontline situation. The results of the pilot are expected in 2017 (17).

## British Transport Police suicide prevention and mental health

In 2010 the British Transport Police launched a suicide prevention programme in response to a rising death toll on the rail network. BTP officers received training from the Samaritans on how to approach an individual at risk of suicide and take them to a place of safety. An in house training programme was also started.

In 2013 NHS England (London region), BTP and Transport for London worked in partnership to create the BTP Mental Health Liaison Service. Integral to the new programme was the inclusion of mental health nurses as part of the BTP team, who worked alongside officers on a day to day basis, and were on hand to intervene directly with vulnerable individuals, and contact the appropriate services.

The benefits are:

- integrated service with healthcare professionals embedded in BTP teams and supporting officers to manage people at risk of suicide
- outreach interventions and assessments
- shared risk across organisations
- fast access to data and sharing of key information
- improvements in accessing care and transition between Crisis and Care
- assists officers in removing individuals to places of safety
- supporting local and national railway providers and use of technology to identify those individuals on a suicide prevention plan / at high risk of suicide

As part of the BTP suicide prevention programme:

- Vulnerable individuals have a suicide prevention plan which is shared as a record on the National Police database
- Mental Health Nurses are in post to cover railways across England and Wales
- 1% of those on a BTP suicide prevention plan go on to take their own lives compared with nearly 6% of suicidal incidents across the railway network as a whole

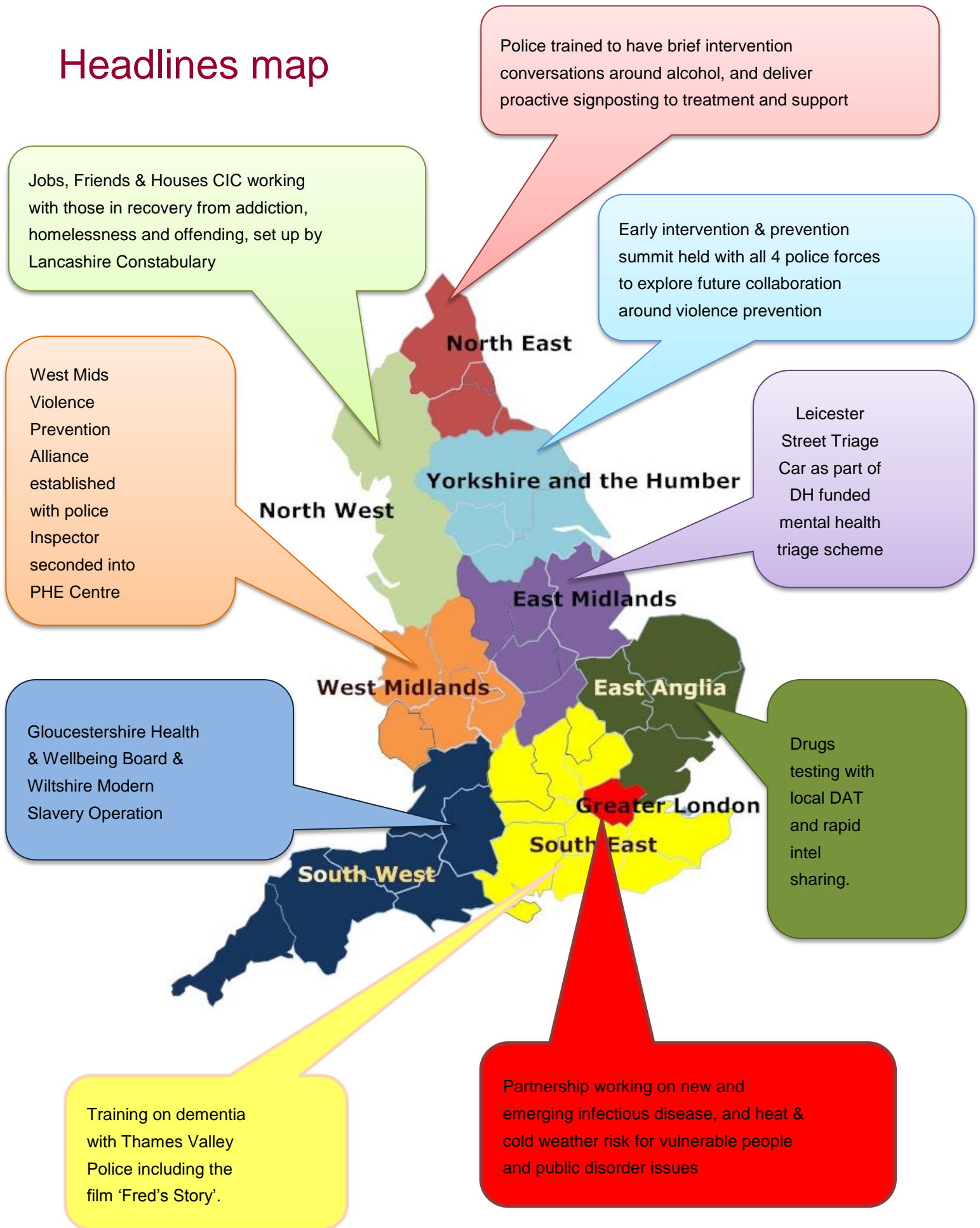
Outcomes:

- in 2014/15 631 people received lifesaving interventions on the railway
- 2,525 individuals identified as being at risk of suicidal behaviour in 2015
- 457 people were put onto suicide prevention plans during 2015(18)

BTP are conducting a study to evaluate the impact of the introduction of mental health professionals to BTP's service.

Despite significant achievements, it is clear that there the number of suicide and mental health incidents on the railway network is still very high, with a reported 9381 suicide and mental health incidents in 2015/16(19)<sup>1</sup>. Of these, 1658 attempted suicide, with 1269 prevented from taking their own life, however, 85% of those completing suicide on the railways are not known to BTP and therefore there is a need for much better surveillance and upstream intelligence to identify individuals at risk before they get to the railways.

# Headlines map



## Case studies

The following case studies are presented according to topics that have been highlighted as current or future shared priorities for policing and public health. They depict effective collaboration between local police forces and public health, and invariably represent a multi-agency approach that brings together a number of agencies and organisations.

The case studies given here aim to illustrate good practice but are not necessarily definitive examples – it is clear that there is a great deal of innovative work happening across the country, and it is to be expected that local areas will have their own examples of collaboration based on the areas of work highlighted here.

The core topics identified are:

- violence prevention
- drugs and alcohol
- mental health
- dementia
- health and wellbeing
- hot and cold weather risk
- emerging infectious disease
- modern slavery/human trafficking

### Violence prevention

#### **Case study: West Midlands, Violence Prevention Alliance**

“Violence is a public health issue. Living without the fear of violence is a fundamental requirement for health and wellbeing” (20).

The West Midlands Violence Prevention Alliance (WMVPA) is an alliance of organisations in the West Midlands sharing the priority of ‘preventing violence’, with the core underpinning principle that violence is ‘preventable and not inevitable’. It was established by Public Health England West Midlands and West Midlands Police, The Alliance was set up to drive forward the focus, across organisations and individuals, on supporting people and families to build safe and healthy lives which are resilient: violence prevention. Violence is a public health issue, and through taking a public health approach to prevention, work is guided by the evidence of what works in tackling root causes.

In 2015 Public Health England West Midlands and West Midlands Police produced a report, using both health and criminal justice data, which outlined the evidence based public health response to supporting violence prevention across the West Midlands Police Force area(21).<sup>2</sup>

The document lays out the ground breaking approach for using a strong evidence base and shared intelligence to identify where violence is most likely to occur, who the victims and perpetrators are, and the costs and consequences. Importantly, it heralded a new collaborative approach between public health and police in the West Midlands – building a combined understanding and undertaking a coordinated response to prevent and respond to the risk factors associated with violence. There are a number of key resources and interventions underway as part of the WMVPA:

- Influencing the West Midlands Police Force Strategic Assessment 2016 – 17
- Establishing the West Midlands Injury Surveillance System
- Preventative, resilience building programmes delivered in schools
- Advocacy into the range of health partners, encouraging and supporting work which prevents violence and adversity
- Staff posts held between West Midlands Police and Public Health England
- Hosting conferences and seminars to educate others in taking a public health approach to violence prevention, and in the impact which can be made across professions

The 2016-17 Force Strategic Assessment ‘Creating Safe and Healthy Futures’, focuses on the impact of ACE depicted through ‘Craig’s Story’; a hard-hitting and true life account which illustrates the impact of ACE on future life chances and the urgent need for effective and coordinated early intervention(22). The assessment took a significantly different approach to previous years, focusing on the priority of responding to violence and adversity, and embedding a different approach in the force.

The alliance is working with partners to develop ACE-informed work across organisations, and will be working with Public Health Wales to develop a UK approach to ACE-informed schools from an American evidence base, to complement the work already underway in schools.

The alliance has secured use of the MVP (Mentors in Violence Prevention) programme for use in schools in the West Midlands following from the success of the programme in Scotland and abroad (the Scottish Ministry of Justice has funded its roll out across Scottish secondary schools). Through commencing the work, excellent relationships have opened up with schools as key partners in prevention and resilience building work. The alliance has been supporting schools to embed the principles of the work across the whole school. Headteachers give examples of changing behavioural management

approaches, changing the languages used in school letters, timetabling time to focus on MVP work through tutor time and timetabled lessons and using it as the basis for establishing a proactively inclusive and positive school culture.

The WMVPA has also developed an 'injury surveillance system' in order to understand the prevalence, causes and effects of violent injuries, many of which are not reported to the police but detected in health settings and to develop better partnership interventions in response to the intelligence. As the system becomes established, the aim is to draw in further data sources which help show a better picture of violence across the population. A parallel project is underway to test the utility of ambulance data for violence prevention, early findings indicate there is much 'new' data not held within police or hospitals. The data is used to create workbooks and analysis products which are circulated to partners such as community safety and licensing colleagues.

Going forward, the alliance plans to work more with health partners, particularly in increasing the use of health settings as places to identify harm and vulnerability, and to link people into appropriate – often non-medical – pathways. The IRIS scheme is one particular example which the alliance is working with partners to expand coverage across the region. IRIS stands for Identification and Referral to Improve Safety and is an intervention to improve the health care response to domestic violence and abuse, and has a strong evidence base.

As part of the WMVPA, there has been an innovative approach to collaboration between police and public health workforce which has resulted in two posts. Dave Twyford is a chief inspector from west Midlands Police seconded to the PHE Centre, and Rachel de Kam is project manager for the WMVPA, a post funded by the West Midlands PCC.

Key benefits of this collaborative workforce approach are:

- sharing of intelligence and police & public health analysts working together
- greater access for the police to public health specialist expertise and stronger links with health services
- bringing together of organisational cultures and drawing on each other's strengths: the drive and 'reactiveness' of the police, combined with the focus on evidence, planning and sustainability from public health
- police looking at and utilising data differently to drive a prevention approach
- ability to work as a system, rather than separate organisations: 'stronger and better together'

As a member of the World Health Organization (WHO) and its global network of violence prevention alliances, partner organisations sign up the following aims:

- create, implement and monitor a West Midlands regional action plan for violence prevention
- enhance the capability for collecting data on violence
- define priorities for, and support on research on, the causes, consequences, costs and prevention of violence
- promote 'Primary Prevention' responses
- strengthen responses for victims of violence
- integrate violence prevention into social and educational policies, and thereby promote gender and social equality
- increase collaboration and exchange of information on violence prevention

## Drugs and alcohol

### **Case study: Recovery, North West: Jobs, Friends & Houses**

Jobs, Friends & Houses (JFH) is a social enterprise developed by Lancashire police in partnership with a range of local agencies in Blackpool with the aim of building and renovating properties to provide recovery housing in Blackpool. In the process of doing this, the housing stock in the town is rejuvenated and meaningful activities provided for a range of vulnerable and excluded individuals who develop a range of building skills, and related apprenticeships and professions.

"I've always believed in redemption rather than throwing away the key - there has to be a better way than just sending people to prison".

*Steve Hodgkins, police sergeant and CEO of JFH*

JFH empowers and employs people in recovery from addiction, mental health problems, offending, homelessness, long-term unemployment or family breakdown, enabling them to start to positively contribute to the local community. Not only are individuals trained in meaningful and sustainable skills which they use to get employment, they become part of a strong support network, and access high-quality, stable accommodation.

It is a simple model that offers a solution to a complex problem that takes a wealth of expertise and commitment from individuals and agencies to implement and sustain. JFH strives to challenge the stigma attached to addiction, and enable people to see the power and potential of recovery (23).

At the core of JFH's model is evidence to support reduced chance of re-offending and sustained recovery:

- an ex-offender's chances of re-offending are more than halved if they enter meaningful employment
- access to stable accommodation is known to reduce the risk of re-offending by 20%
- embedding positive social networks and having role models helps sustain recovery
- recovery is intrinsically related to positive wellbeing

The first year evaluation of JFH shows the following outcomes (24):

- reduction by 94% of the annual offending rate of those in the JFH programme, equating to an estimated saving to the public purse of more than £815,000
- clear and strong protective effect against drinking, with a negative association between the number of days drinking alcohol and the number of days worked (with JFH)
- fewer adverse health symptoms
- better Recovery Capital
- better reported quality of life
- stronger sense of social identification with JFH

The conclusions of the evaluation, led by criminologist Professor David Best, found that JFH:

- provides huge savings to the public purse
- leads to massive reductions in criminal justice involvement and acute health problems
- stimulates pro-social networks and a powerful sense of community
- challenges stigma and exclusion and generates powerful social identity
- evidences strong post-acute recovery across a diverse group of excluded individuals with a range of complex life problems

### **Case study: North East, reducing alcohol-related harm**

In February 2016 the North East's three PCCs hosted a Reducing Alcohol Related Harm Conference to highlight the consequences of excessive and harmful alcohol consumption in the area, featuring speakers from across public health, research and alcohol advisory organisations (25).

The North East has the highest figures of alcoholism in the country, and the record highest rate of alcohol related deaths (26). It is shown that 35% attendances at Accident & Emergency departments are alcohol related, and a recent report by Balance states that 57% of people living in the North East report they have suffered as a result of other people's drinking in the past 12 months.



There are a number of police and public health based initiatives in response to this:

- effective alcohol licensing to reduce health harm from drinking. As a responsible authority within licensing regulation, Public Health in the North East are working with other responsible authorities, including the police, to target irresponsible alcohol sales and promotions across Newcastle, Durham, and Middlesbrough
- police are being trained to hold brief intervention conversations around alcohol using the Have a Word (27) training package, and where appropriate they can offer a brief intervention that includes information, advice and signposting
- Alcohol Concern's Blue Light Project for change resistant drinkers offers proactive approaches and care pathways for those individuals with chronic drinking problems and who are 'resistant' to treatment. Research shows that far from being unmotivated to change, around 40% of high risk and dependent drinkers will try and change each year (28). Using the Blue Light Project tools to build on this, police are being trained to consider how they can more effectively intervene and motivate individuals to access treatment
- there is a Drug / Alcohol Arrest Referral scheme operating across many police stations in the North East, with drug and alcohol referral workers working in police stations to offer appropriate treatment support and guidance to those who have been arrested on drug / alcohol related charges (29)

### **Case study: Cambridge, drugs and harm reduction**

Collaborative harm reduction work around drugs and alcohol in the East of England is well established, and relies on effective partnership working across a number of organisations, including local public health, drugs and alcohol teams and police.

Some examples of current initiatives are:

- extension of Liaison and Diversion work in Essex, combining this approach with previous programmes to provide a proactive outreach service to problematic alcohol and drug users known to both the police, criminal justice and treatment services
- the Liaison and Diversion work in Cambridge will be implementing phase 5 in December 2016
- the Integrated Offender Management programme works to provide effective release planning for offenders from prison, liaising with mental health teams in the community
- combined approach in the Norfolk police control room which includes both mental health and substance workers as part of the team to advise/assist officers dealing with incidents, particularly where these issues might be a factor, and in response to changes in S136 regulations
- proactive approach in Cambridge around addressing alcohol related violent crime and with some combined approaches across all emergency services., i.e. using fire

and rescue staff to undertake alcohol brief intervention type approaches when they do their safe and well visits – there are plans to extend this to police / PCSO/neighbourhood teams

The Cambridgeshire Drugs and Alcohol Team (DAT) and Safer Peterborough Partnership have established a strong relationship with the local police with all partners contributing to the countywide harm reduction group.

The local force has two drugs experts with spectrometers who are able to test and analyse drugs, following attendance at an incident or drugs seized by the police. This provides quick and reliable intelligence which is shared with the DAT so that local alerts can be issued as to the type of drugs in circulation, and any concerns over potential toxicity / purity of the substance.

Key factors of success in this relationship are reported as:

- effective sharing of data and intelligence between police, DAT, local treatment services and public health
- focus on harm reduction rather than ‘just enforcement’
- expertise shared between police drugs experts and DAT
- communication and trust – a common sense approach to sharing ‘soft intelligence’ with the aim of prioritising harm reduction for individuals / highlighting potential hot spots
- impact on frontline work - focuses on ‘real time and real communities’

In 2016 the organiser of the Secret Garden Party approached the local DAAT and public health team about introducing drug testing at the festival as an additional harm reduction tool, in order to inform people of the purity of the drugs they were intending to use.

This was a proactive move towards harm prevention by the organiser, with individual drug testing on site and associated advice and information to be delivered by The Loop, an organisation that provides forensic testing of drugs at UK festivals and nightclub (30). Specialist drugs welfare support was provided by Kosmicare UK, located next to The Loop at the festival (31).

Initial discussions with local public health and drug and alcohol teams were positive, however the necessary detail and governance requested to enable a formal endorsement of the approach was not provided. However, it is widely taken that the approach was considered by authorities and services to be a proactive step towards harm reduction.

The Cambridge Constabulary were part of a partnership approach to harm reduction at the festival, with a police focus on confiscating seized drugs and with a priority to target known dealers or gangs. The presence of The Loop at the festival was not without concerns for the police, however relationships were established and an understanding reached that all parties involved were committed to a shared agenda around drugs and harm reduction, and that they were addressing the issue in a different way. The approach was widely reported in the local and national press, and it should be noted that the police tolerated the activities of The Loop but in no way endorsed the taking of illegal substances (32).

## Mental health

### **Case study: Leicestershire, Mental Health Triage**

“In the first three months, our Mental Health Triage Car reduced the section 136 detention rate by 33% on the level prior to the introduction of the car” – Leicestershire Constabulary.

In 2012, relationships between police and mental health services were described as fractious, with little effective collaboration or partnership working. A chief inspector from Leicestershire police and a senior health professional met to discuss a way forward and asked the question: “What would it look like if we put a police officer and a mental health nurse in a car together?”

Funding for a three-month pilot was secured with the simple brief: go out and try it. A police officer and mental health nurse went out on a late shift (3pm-11pm), seven days a week and within that first three months, detention of individuals under section 136 dropped by a third.

Leicestershire was one of three trailblazer pilot sites and Department of Health have funded a national street triage pilot, covering 9 different police forces working in partnership with local NHS organisations. British Transport Police have also been operating a mental health triage involving psychiatric nurses as part of this DH pilot since February 2013.

There is now some form of mental health street triage across the majority of police forces, with some areas setting up their own triage service.

The Leicestershire Triage Car is now funded by the local CCG and Leicestershire Police, has four full-time officers and their mental health nurse counterparts, working 10am-2am, seven days a week. Figures for 2016 show a reduction in section 136 detentions of 81%, with this success attributed to:

- skilled professionals working together as a response team
- collaboration and flow of vital information in a high risk/life threatening situation
- focus on making collaborative and informed decisions, collaboratively
- a focus on finding solutions that are less restrictive and benefit individuals, families and communities

The mental health triage car is jointly operated by Leicestershire Police and Leicestershire Partnership Trust (LPT), driven by a police officer and contains a mental health nurse from the crisis service operated by LPT (33).

The two professionals have clear defined areas of expertise and responsibility:

- the mental health nurse provides the training, experience and legal powers of a registered nurse, and can conduct a mental health assessment, before the police are required to exercise their police powers of detention. They have experience of working practices and procedures in the NHS and in particular mental health services
- the police officer has the experience and legal powers of a constable, in particular around criminal law and the Mental Health Act and Mental Capacity Act. The officer will also be trained in public order and methods for gaining entry to locked or barricaded premises, and is qualified to higher driving standards, enabling an emergency response if required

This collaborative approach aims to provide a better service to those experiencing difficulties with their mental health or learning disability mental health distress, enabling an early response and the opportunity to direct people to the most appropriate services.

New developments for the service include an upstream prevention approach, with integration into the liaison and diversion, accident and emergency and crisis provision services. There are also plans to include a proactive response service that includes a substance misuse worker alongside a police officer and mental health nurse.

## Dementia

### **Case study: Thames Valley, Dementia ‘Fred’s Story’**

‘Fred’s Story’ is a Tier 2 Dementia training film produced in partnership between Buckinghamshire Healthcare Trust and the Thames Valley Police, to raise awareness about people with dementia who may go missing by walking or wandering. It is part of a proactive multi-agency approach across Thames Valley in tackling improved dementia awareness and training. The project was funded by Health Education England Thames Valley who continue to guide and support the on-going initiative(34).

Linking into the work around dementia is a community engagement scheme between Thames Valley police and PJ Care, a residential care home in the area for individuals experiencing neurological conditions such as early onset dementia, Huntington's Disease and Parkinson's Disease (35).

It is part of the Initial Police Learning and Development Programme which helps trainee police officers to understand the complex needs and concerns of different groups across their local community.

The programme with PJ Care provides police officers with an insight into the behaviours of people with long term neurological conditions, and builds knowledge and skills in policing in a complex society. Officers spend three days in one of the care provider's three units working hands on with staff to care for residents. The training forms part of their induction into the police force and covers one of the two community placements that each police officer must undertake.

## Health and wellbeing

### **Case study: Gloucestershire, health and wellbeing**

The Gloucestershire Constabulary have taken a proactive approach to prevention and their contribution to the health and wellbeing of the local communities they serve, with a commitment to pursuing a blended approach to strategic development of the health and wellbeing agenda.

The chief constable and her team made initial approaches to the local health and wellbeing board, in order to contribute to the health and wellbeing priorities and the with the clear message that the role of the police is 'not just enforcement'. It took a while to find an in road, but the chief constable (or in her absence the deputy chief constable) now sits on the Health and Wellbeing Board for Gloucester and has reported that this contribution to a shared agenda has been very well received.

Three areas were identified for possible collaboration and police input at the inaugural meeting the police attended:

- suicide prevention
- reintroducing police horses into neighbourhoods
- sharing of cyber intelligence and broader organisational ambitions around 'going digital'

Suicide prevention is a key priority for the local area and the police could help develop training for first responders around opening phrases to use with vulnerable people in a position of self-harm. This is based on work with hostage negotiators and teams taking

calls to a phone line for individuals with learning difficulties experiencing sexual and domestic abuse. This 'first words' intervention can have a powerful effect on a vulnerable individual with the potential to immediately create a 'safe space' and enable first responders to intervene to save lives.

The constabulary is reintroducing mounted officers into their local neighbourhoods. A part of the small trial is to explore the therapeutic use of horses, and the effect of the police horse in society rather than an enforcement resource.

The trial aims to show that the use of police horses in neighbourhoods can have the following effects:

- increase in individual and community confidence
- reduction in crime hot spots for particular types of violent crime
- contribute to positive wellbeing

There is a wide body of evidence to support the therapeutic use of horses in reducing crime and criminal and violent behaviour, particularly in young people. Evaluation figures from Dorset based 'The Horse Course' showed that (36).

- 27% point reduction in reoffending in high risk violent young offenders (work in prisons)
- 80% of young people reduced serious behaviour problems
- 85% improved attendance and engagement at school
- overall anxiety reduced on average by 33%
- for those in drug and alcohol services, the majority moved from not making progress in treatment, to engagement with treatment and moving forward

Gloucestershire Constabulary are exploring opportunities for collaboration with local therapy providers who work with troubled families and young people, to provide horses for the purpose of equine assisted therapy.

Sharing digital intelligence is seen as a vital way to further build connections and relationships across police, public health, health and community organisations. This is a developing piece of work between the Constabulary and Health and Wellbeing Board in Gloucestershire.

The constabulary also practices a strength based approach to policing in their local neighbourhoods, using a dedicated budget to pump prime community initiated approaches as part of a commitment to Asset Based Community Development (ABCD), which is well established across Gloucestershire (37).

The constabulary co-ordinate a number of projects working with young people who are recognised as being 'on the edge of crime', and often from troubled families or identified as vulnerable.

The Aston Project is an innovative youth project that uses 'timebanking' to harness young people's likes, skills and interests. Young people are referred into the project and engaged in actions and activities that benefit their community and earn points for the time they put in. These points translate into a 'currency' that can be exchanged for experiences and activities that are provided by businesses or individuals in the area (38).

Great Expectations is a project to reduce crime and anti-social behaviour, supporting young people on the periphery of crime. It takes a multi-agency approach involving the constabulary's youth engagement officers, Gloucester City Homes, HM Prison Service, the probation service, the county council's Families First programme and social care. Together they provide a programme of education, prevention and diversion to assist young people in making the right choices in life and so avoid a potential life of crime (39).

The project is under the umbrella of the Avenger Task Force, which is a new police led initiative to tackle and reduce gang crime, with a focus on prevention and early intervention to ensure that young people who are vulnerable or at risk of being vulnerable to gang activity, receive an effective intervention.

Great Expectations provides:

- six week course covering topics such as crime and its consequences, drugs, weapons and joint enterprise
- young people are mentored by rehabilitated prison inmates who are still serving time at HMP Leyhill
- a day spent at the old Gloucester Prison, to gain understanding into the reality of incarceration
- time spent at the crown court being taken through the court processes of a trial and potential prosecution
- an accredited qualification at the end of the course, and ex-offenders continue to mentor them and help them stay in school or go into work, and offer them ongoing support

*"I thought I would end up with a criminal record, whatever happened, but Great Expectations has shown me I can make changes and stop my behaviour. Talking to the prisoners inspired me to change."* (40)

*15-year-old male on completion of the Great Expectations course*

## Hot and cold weather risk

### **Case study: Greater London, health and weather**

The Metropolitan Police are working closely with the Emergency Preparedness Team at the London PHE Centre on a number of innovative approaches to keeping people safe and well. Relationships are well established with excellent communication and sharing of intelligence. There are a number of new initiatives being developed including those outlined below:

Plans are being developed to link frontline police into the 'Stay Well This Winter' campaign which is based on the safe and well checks undertaken by the fire service. The key principles of the approach are:

- training rolled out to community police teams as a ward based approach
- brief intervention with simple key messages (MECC approach)
- officers equipped with knowledge of how to refer vulnerable people into the local system, ie local food banks (MECC approach)
- officers able to identify people who are potentially vulnerable to cold weather risk including the elderly, lone parents and those experiencing mental health issues
- collaboration with London Resilience Board to support the seasonal flu vaccination programme

The health and social risks of exceptionally hot weather are also an area for partnership working, especially in sharing intelligence between public health and local police. Extreme heat events are known to trigger 'hot spots' of behaviour, typically an increase in alcohol consumption and public disorder issues. The sharing of intelligence will support workforce planning around heat risk, and enable a promoting of potential hot spots of health risk and anti-social behaviour.

Linked to this are collaborative work on severe weather preparedness for London and the potential impact on the city infrastructure, service disruption and business continuity, with a focus on population impact and workforce planning.

## Emerging infectious disease

### **Case study: Greater London, lessons from Ebola**

As part of the global action on Ebola in 2014/15, the Metropolitan Police and London PHE Centre produced a co-branded document on Ebola outbreak guidance for Greater London. The work done between the two organisations on surveillance, monitoring and treatment in relation to Ebola led to the establishing of trusted relationships and a deep



understanding of the power of collaboration in both prevention, and the protection of the public and police officers from the threat of new and emerging diseases.

As a result the Met Police maintain close relationships with the London EPRR team and actively seek advice and guidance on potential outbreak incidents such as avian flu, using intelligence for workforce planning and developing strategies for protecting their officers and minimising public panic in the event of an outbreak incident.

## Modern slavery

### **Case study: Wiltshire, modern slavery operation**

In April 2015 the council was contacted by Wiltshire Police and advised of an ongoing investigation into a potential situation related to modern human slavery and/or human trafficking taking place in Wiltshire.

In response to this investigation the police, in consultation with the UK Human Trafficking Centre and the National Crime Agency, planned an operation with the aim of providing immediate extraction and welfare support to the potential victims, and to cease the activities and bring to justice those responsible for any related criminal activity.

In accordance with the national referral procedures for potential victims of modern slavery/human trafficking, the local Police required the urgent assistance of public health and the local authority in setting up a reception centre where the safety, welfare, medical and social needs of the victims could be met alongside, and in support, of the police investigation and interview process.

The public health consultant lead for health protection and the emergency planning team identified a suitable site for this centre and put in place arrangements to ensure all required services and provisions were in place within a very short time frame.

The police retained overall authority and management responsibility for the centre, which was open for five days, and public health worked closely with colleagues from NHS England and the British Red Cross to ensure all welfare needs of the victims were met. At the end of the five-day period, in accordance with the national referral mechanism, the responsibility for the victims was passed to the Salvation Army who has been commissioned under a national contract to provide care, and re-home victims of modern slavery/human trafficking.

After the operation a multi-agency debrief was held and the following points of good practice and lessons for the future were identified:

- a gold group was set up to set the strategic direction for the operation. This proved beneficial as they were able to make early high level decisions in relation to staffing and funding and set out the Gold Strategic Objectives. The Gold Group included the assistant chief constable and local director of public health on behalf of the council
- a joint police and public health visit to the centre before it was opened was beneficial and it gave both organisations a clear understanding of how the process would work and how the teams would support each other
- the victims at the reception centre were kept informed on a regular basis of what was happening. They were briefed in the morning as to what to expect, then at lunchtime with any developments, and then again in the evening before handing over to the Red Cross. This seemed to give confidence to the victims in the whole process
- the police reception centre manager and the public health consultant lead for the council had offices opposite one another in the reception centre. This proved invaluable for communication and a practice that is recommended for future operations
- the reception centre plan produced by public health was very professional and it was agreed it would be useful as an 'off the shelf' toolkit for future reception centres
- it was noted that confusion was caused in relation to the Human Trafficking Act and the Care Act, since 'vulnerable people' are defined differently and the benefits they are entitled to. Initially therefore some conversations between organisations were difficult and the local authority felt uncomfortable regarding the speed of they were able to respond and what they were able to provide, however throughout the operation the frustrations were overcome and greater inter-agency knowledge was gained

Overall this operation was deemed successful and has gone a long way towards improving and embedding the working relationship between Public Health and the Police in Wiltshire. These relationships have continued in a number of different areas including counter terrorism PREVENT work streams, community resilience projects and special event management.

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