# Violence prevention, health promotion:

A public health approach to tackling youth violence

October 2013



mhp health

## SOFIAI DEMANT by turning Chaotic IIVes

## **About us**

#### Catch22 & the Dawes Unit

A forward-looking social business, Catch22 has more than 200 years' experience of providing services that help people turn their lives around. We work with troubled and vulnerable people, helping them to steer clear of crime or substance misuse, do the best they can in education or employment, and play a full part in their family or community.

Our goal is to deliver social benefit by turning chaotic lives around.

Funded by the Dawes Trust, Catch22's Dawes Unit drives forward an understanding of how society can effectively tackle problems caused by gangs. Working with individuals, families, schools and communities, the Unit brings together research, policy and practice in order to fill the gaps in understanding of how society can better reduce the harm caused by gangs and gang-related crime. The Unit consists of two key elements:

- A central team, designed to lead at a strategic level and to be a hub for knowledge collection and transfer, policy, research and dissemination, and becoming the leading voice on working with young people involved in gangs
- A community gangs pilot programme. Located in Wolverhampton, the pilot programme is working with a range of local partners to develop an integrated, 'end to end' approach to tackling the problems caused by gangs, working from early intervention to exit strategy. The project works with young people and in collaboration with local agencies, including the policy and council services... It is reaching out to young people in schools, prisons and in the community

The Unit draws on the skills and contributions of everyone with the power to make a difference, including businesses, politicians, youth offending teams and the police, as well as peers, parents and families.

#### **MHP Health**

MHP Health is a multi-award winning specialist health policy and communications consultancy, advising commercial, NHS and voluntary sector organisations on some of the highest profile health and public health issues of the day. For example MHP Health's report Ready for Health? An analysis of local authorities' readiness for public health (September 2011) provided the first comprehensive audit of local authorities' preparedness for public health responsibilities. The Department of Health, the NHS and local authorities are now using the report's findings to deliver the Government's vision for the new public health landscape.

### **Contents**

Foreword	4
Executive summary	7
Chapter 1: Understanding youth and gang violence as a public health issue	11
Chapter 2: Assessing the consideration and prioritisation of youth and gang violence as a public health issue	19
Chapter 3: Cross-agency approach to tackling youth and gang violence	27
Chapter 4: Commissioning and funding public health services to tackle youth and gang violence	31
Conclusion and summary of recommendations	36
Appendix 1: 33 Ending Gang and Youth Violence areas	38
Appendix 2: Methodology	39
References	40

### **Table and figures**

Table 1: Financial cost of ma
Figures
Figure 1: Accountability fran

**Table** 

Table 1: Financial cost of major public health priorities to the NHS	11
Figures	
Figure 1: Accountability framework for the public health system in England	12
Figure 2: Indicators relevant to youth violence from the Public Health Outcomes Framework mapped against the Government's 33 target areas for tackling serious crime	15
Figure 3: The process of developing JSNAs, JHWSs and commissioning plans	20
Figure 4: Percentage of health and wellbeing boards considering gang and youth violence in JSNAs	21
Figure 5: Percentage of health and wellbeing boards considering and prioritising gang and youth violence in their JHWSs	23
Figure 6: Percentage of health and wellbeing boards that have a representative from the criminal justice community as a member	29
Figure 7: Gang flagged offences hotspots in Haringey (excluding domestic violence)	31

## **Foreword**

Violence pervades the lives of many people throughout the country. particularly young people. Despite an overall fall in crime in England over recent years, gang and youth violence continues to represent a significant problem in many of our cities and communities.

Touth violence can have a devastating impact on the lives of individuals and families. and can tear apart whole communities. The wider socioeconomic effects, while less visible, are far-reaching, and have the potential to cause sustained. long-term damage. From a health perspective, for instance, the peak age for emergency admission to hospital due to violence is 18, and violence is estimated to cost the NHS £2.9 billion every year.

The idea of presenting gang and youth violence as a public health issue is therefore an interesting one and something Catch22's Dawes Unit has committed to explore further. Traditionally considered an issue for law enforcement agencies alone, youth and gang violence is now rightly being considered as a priority for public health and the NHS too, raising the question of how the NHS. local authorities and criminal justice organisations can work together to address these issues.

Recent changes to the health system - introduced in the Health and Social Care Act 2012 - provide a unique opportunity to put the theory into practice.

This report assesses the extent to which new local health and wellbeing boards are recognising gang and youth violence as a public health concern. Specifically focusing on the 33 areas identified within the Ending Gang and Youth Violence initiative, the report highlights the opportunity to address youth and gang violence as a public health issue, as well as setting out how the agenda can be taken forward.

Despite the current health system still being very new (having launched in April 2013), the report finds a number of areas where good practice is already taking place to mitigate the effects of gangs and youth violence within a public health setting. The report also looks at where further opportunities for addressing gang and youth violence could be found, both within a local and national context.

While public health does not offer all the answers to this complex and multi-faceted problem, it does provide an opportunity to use public health funding in a more flexible way. It also offers an ideal platform to pursue a cross-agency approach that not only prioritises gang and youth violence as a public health issue, but also works across the various other sectors that are affected, such as welfare, education or justice.

The Catch22 Dawes Unit is committed to supporting the Government and local agencies to combat gangs and youth violence. We hope this report will provide a useful contribution to this debate, by setting out how we can overcome some of the barriers that may occur along the way.

#### Chris Wright.

Chief Executive. Catch22







## **Executive summary**

The publication of Ending Gang and Youth Violence: A Cross-Government Report in 2011 heralded a change of policy direction. Unlike traditional approaches to tackling gang and youth violence, which placed responsibility within the hands of the Home Office and the criminal justice community, the Government's report recognised gang and youth violence as a public health issue. This report is designed to help us understand emerging practice and to inform the design of future services and public health funding.

public health approach holds a number of benefits. For example, taking a more holistic approach to the planning and delivery of services enables agencies to work together more effectively and improve the quality of support young people receive. Success in reducing the number of incidences of violence can also help to reduce the costs to the NHS, which is currently estimated at £2.9 billion per year.

The Ending Gang and Youth Violence report emphasised the role of the new public health system and local health and wellbeing boards, established under the Coalition Government's Health and Social Care Act 2012, in tackling gang and youth violence. These reforms aim to localise public health and allow communities to use public health funding to tackle the issues that most affect them. The health and wellbeing boards are central to achieving these aims. Having come into effect in April 2013, they provide a local forum where leaders from the health and care system can work together to improve the health and wellbeing of their community – including through crime prevention.

#### Research purpose and approach

Catch22's Dawes Unit welcomes the public health approach to tackling gang and youth violence and the opportunities it presents in developing resilience, reducing risk and supporting exit. Focusing on the 33 areas identified in the Ending Gang and Youth Violence report (see appendix 1), MHP Health was commissioned to conduct research exploring the extent to which health and wellbeing boards are considering gang and youth violence as a public health issue and making it a priority to tackle. These 33 areas were chosen because they have been identified by the Government as requiring support with gangs and youth violence, indicating that they are areas in which a public health approach is likely to have the most significant impact.





#### **Executive summary**

The key questions that informed the research are as follows:

- 1. To what extent are health and wellbeing boards taking account of and prioritising gang and youth violence?
- 2.To what extent are health and wellbeing boards engaging with criminal justice agencies and police and crime commissioners (PCCs)?
- 3. Where health and wellbeing boards are addressing gang and vouth violence, what factors have influenced this decision?
- 4. Where health and wellbeing boards are taking a public health approach to gang and youth violence, to what extent is this reflected in local investment and commissioning decisions?

The methodological approach (appendix 2) involved a combination of both qualitative and quantitative research. Deskbased research and telephone interviews with relevant individuals were conducted to gather data and evidence to answer the above research questions.

#### **Key findings**

The analysis provides some evidence of the positive impact that the Government's national Ending Gang and Youth Violence initiative is having on local decision makers. The consideration of gangs and youth violence as a public health issue appears to be having traction among commissioners. Bearing in mind that health and wellbeing boards were only established in April 2013, the key findings that emerge from the analysis include:

#### Prioritising gang and youth violence

- The majority (70%) of joint strategic needs assessments (JSNAs) reviewed from the 33 target areas reference the issue of gangs and youth violence and just over half (55%) include data about the issue in their community
- Only four boards include data from the five relevant indicators relating to gangs and youth violence in the Public Health Outcomes Framework. However, a number of health and wellbeing boards have expanded the level of data they review on gang and youth violence beyond the indicators within this Outcomes Framework and good practice examples were identified

- Six health and wellbeing boards reference gangs and youth violence in their joint health and wellbeing strategies (JHWSs), while five confirmed it would be a priority going forward. Of those that mention the issue, two - Hammersmith and Fulham and Nottingham City - have higher rates of violence and youth crime in comparison to the national average
- There appears to be considerable variation in the nature and approach taken to the priorities set in JHWSs, for instance some defining strategic objectives with clear priorities and others including more broad, overarching priorities

#### Engagement with criminal iustice agencies

- In six of the 33 areas, there is a representative from the criminal justice community as part of the board membership, indicating a cross-agency approach to improving wellbeing in the community. There are a variety of organisations and individuals invited to sit of the boards
- There appears to be a correlation between having a criminal justice representative and the relevant agenda items being discussed at meetings. Nottingham City, where a criminal justice representative sat on the board, had also decided to prioritise the issue in its strategy

#### Local investment and commissioning decisions

- Many of the strategies analysed were in draft form or due to be finalised. As such, it is expected that boards will be developing more detailed commissioning plans, with specific funding commitments over the coming year
- However, a number of boards, including in Haringey and Hackney, have started looking at the issue and have highlighted some of the data they are collecting to support commissioning of services
- Haringey is also an example of good practice in terms of the high levels of transparency about the funding it has received under the Ending Gang and Youth Violence initiative and how this has been allocated
- Another good practice example is Westminster City, which has demonstrated commitment to the issue. The board has agreed to commission research specifically into the mental health and wellbeing needs of young people involved or affiliated with gang-related violence. It has also committed to commissioning further research and services as additional gaps are identified

#### Conclusion

Despite health and wellbeing boards only coming into effect in April 2013, the research has found evidence that boards are developing a public health approach to tackling gang and youth violence. Throughout, and at the end of this report, a number of recommendations can be found which aim to build upon this good practice and further the debate about how the agenda can be taken forward. These recommendations are broken down into four key areas:

- 1. Understanding youth and gang violence as a public health issue including providing guidance that builds on local best practice, makes the case for a public health approach, and supports how this is delivered
- 2. Assessing the consideration and prioritisation of youth and gang violence as a public health issue encouraging analysis and scrutiny of how priorities are identified and translated into strategies
- **3.** Cross-agency approach to tackling gang and youth violence proposed representation from criminal justice agencies on health and wellbeing boards and engagement between boards and police and crime commissioners

4.Commissioning and funding public health services to tackle youth and gang violence suggests reporting from local gangs teams to health and wellbeing boards and broadening local authority indicators to include more health data

As well as the recommendations described in this report, it may also be worthwhile to undertake a similar exercise with the remaining health and wellbeing boards. The research focused on the 33 areas identified in the *Ending Gang and Youth Violence* report; it would be fruitful to explore whether similar findings emerge in other areas.

The recommendations have been put to a range of organisations and agencies. Over the coming months, we look forward to working with these organisations to help with the implementation of these recommendations.



## understanding Worth and Gang Violence as a public health issue

## Chapter I: Understanding youth and gang violence as a public health issue

Despite a fall in overall crime in England over recent years, gang and youth violence continues to represent a significant problem in many of the cities and communities across England. The disturbances in August 2011 illustrated how serious this issue is and the devastating impact it can have on the lives of young people, their families and their neighbours.

raditionally considered an issue for law enforcement agencies alone, gang and youth violence is now being considered as a priority for public health and the NHS too. In the cross-government report *Ending Gang and Youth Violence*, completed following the August disturbances in 2011, the Secretary of State for Work and Pensions, The Rt Hon lain Duncan-Smith MP identified this shift in approach, saying: "violence is a public health issue, we must start seeing and treating it as such"<sup>2</sup>.

The Government's review of the progress made a year after this report<sup>3</sup>, *Ending Gang and Youth Violence Report: one year on*, showed significant progress in taking this agenda forward, including a formal role announced for NHS England, the national commissioning board for NHS services, in violence reduction. The Catch22 Dawes Unit has welcomed the Government's commitment to this agenda to date, and the decision to publish a first review of progress.

We would encourage the Coalition Government to continue to commit to this agenda and to publish annual reviews of progress. Further steps should also be made to promote cross-departmental working, including appointing ministers responsible for the agenda in each relevant department. Currently, responsibility only sits with the Home Office<sup>4</sup>.

In recognising youth violence as a cross-government priority, it is important to understand the associated personal and economic costs. According to the latest calculations, the cost of violence to the NHS is £2.9 billion a year<sup>5</sup> or 2.8% of the entire NHS budget for 2012/13<sup>6</sup>. This is equivalent to other public health priorities such as alcohol-use disorders, which cost £2.9 billion a year to the NHS<sup>7</sup>, and treating diseases caused by smoking, which is estimated to cost the NHS £2.7 billion a year<sup>8</sup>. It is also worth noting that the total budget for local public health services allocated to councils was £2.7 billion in 2013/14 and will be £2.8 billion in 2014/15<sup>9</sup>.

Table 1: Financial cost of major public health priorities to the NHS

£2.9 billion <sup>10</sup>
£2.9 billion <sup>11</sup>
£2.7 billion <sup>12</sup>
£755 million <sup>13</sup>
£488 million <sup>14</sup>



#### **Understanding youth and gang violence as a public health issue**

Alongside the economic impact, youth and gang violence also has a personal cost for the individual. The North West Public Health Observatory estimates that in 2010/11, 189,672 people were admitted to accident and emergency because of a violence-related incident<sup>15</sup>. In the same period, almost 13,000 young people aged 13 to 24 were admitted to hospital in an emergency for assault, with one in seven of these cases involving a knife or sharp object<sup>16</sup>.

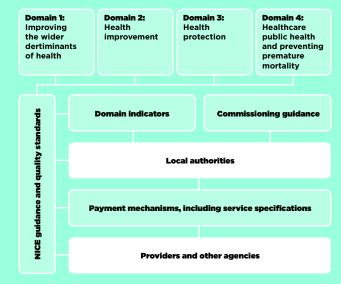
Any admission to hospital, particularly one that has been the result of violence, can be incredibly traumatic and has the potential to lead to time away from school or work, post-traumatic stress disorders and interventions from social services. Taking a holistic, cross-agency and public health approach to tackling the causes of this is, therefore, vital to delivering on the Government's commitment to ending gang and youth violence.

#### **Public health in England today**

The Coalition Government's reforms to the health and care systems in England have resulted in a significant shift in how public health services are to be funded, commissioned and held to account. Published in November 2010, the Department of Health's White Paper Healthy Lives, Healthy People: Our strategy for public health in England outlined proposals to transfer responsibilities for commissioning public health services to local authorities for the first time in a generation and the creation of a new executive agency to oversee the system, Public Health England<sup>17</sup>.

The Government has also introduced a dedicated and ring-fenced budget for public health services to be used by national and local commissioners of services. The budget was introduced to protect public health services from short-term budgetary decisions that would see money transferred to protect more politically sensitive NHS services and instead ensure investment in services that would deliver long-term improvements in outcomes.

#### Figure 1: Accountability framework for the public health system in England







In January 2013, the Secretary of State for Health, The Rt Hon Jeremy Hunt MP, confirmed that councils in England would be allocated just under £2.7 billion to commission public health services in 2013/14, and that this would rise to just under £2.8 billion for 2014/15<sup>18</sup>. However, public health can include anything from targeted screening programmes for prostate cancer to investment in sports facilities. Concerns have been raised, therefore, about how councils will choose to spend this money and the extent that it is spent on genuine public health initiatives.

For instance, in February 2011 an article published in *The Lancet* journal warned that without adequate oversight "local authorities might redesignate many of their existing activities as public health, citing the slogan 'public health is everyone's business'". A report published by MHP Health later that year also found a mixed understanding of public health, with 43% of local authorities having no definition of the term<sup>20</sup>.

The National Institute for Health and Care Excellence (NICE) has also assumed responsibility for developing guidance and standards for local government on the delivery of effective public health interventions. Given that local government will still be contending with its new responsibilities, we would urge the Department of Health to recommend that NICE develop guidance on how to provide high quality intervention to tackle gangs and youth violence.

#### Understanding the role of health and wellbeing boards in driving the public health agenda

As well as the national changes to England's health and social care systems, changes have also occurred at a local level. The Health and Social Care Act 2012 has largely localised how NHS, social care and public health services are commissioned, with a key aspect of this being the development of health and wellbeing boards.

Health and wellbeing boards have been established, in every upper tier local authority to "improve health services, care services, and the health and wellbeing of local people"<sup>21</sup>. Their role is to understand their local community's health needs, agree priorities and encourage commissioners to work in a more joined-up way. The Government has argued that this will result in both patients and the general public experiencing a more integrated service from the NHS and local councils, and will give communities a greater say in understanding and addressing their local health and social care needs<sup>22</sup>.

Furthermore, by taking a holistic approach to improving health outcomes, the Government has identified these boards as playing a crucial role in spearheading efforts to end gang and youth violence<sup>23</sup>. It is for this reason that a core focus of this research and report is on how these boards are looking at improving outcomes in this area.

In its inquiry into the Autumn disturbances of 2011, the Home Affairs Select Committee highlighted examples of local communities, particularly local government, taking a "multi-agency approach to target individuals who are involved, or at risk of becoming involved, in gang culture"<sup>24</sup>.





### Analysing how indicators related to gang and youth violence are performing against the Public Health Outcomes Framework

At a national level, the new system will be held to account through a series of outcomes set out in the Public Health Outcomes Framework. This Framework is broken down across four overarching domains designed to reflect a life-course approach:

- Domain 1: Improving the wider determinants
   of health: This domain covers factors that affect
   health and wellbeing and health inequalities,
   including child poverty, homelessness and re offending rates
- **Domain 2: Health improvement:** Oversees areas of people's lives where they can make healthier choices to reduce health inequalities by, for instance, stopping smoking, eating more healthily or avoiding accidental falls and injuries
- Domain 3: Health protection: Looks at where the population's health can be protected from major incidents and other threats, such as from air pollution
- Domain 4: Healthcare public health and preventing premature mortality: Oversees indicators relating to reducing the number of people living with preventable ill health and dying prematurely from, for example, cancer or heart disease<sup>25</sup>

Each of these domains is populated with supporting indicators that help to set the priorities for the new system and benchmark how it is performing year by year. The current Framework contains a number of indicators relevant to youth and gang violence:

- First time entrants to the youth justice system
- Violent crime (including sexual violence) hospital admissions for violence
- Violent crime (including sexual violence) violence offences
- Re-offending levels percentage of offenders who re-offend
- Re-offending levels average number of re-offences per offender<sup>26</sup>

The inclusion of these indicators is welcomed as being a key tool in measuring the progress made in improving the lives of young people affected by violent crime, and in the success of the Government's wider gang and youth violence agenda.

These indicators also provide a useful tool to understand the scale of the challenge facing the new public health system, specifically in those 33 areas of the country identified by the cross-government initiative as having the most serious youth violence and gang problems.

As part of our research, the 33 areas were measured against the new indicators set out within the Public Health Outcomes Framework. For health and wellbeing boards that are still bedding in locally, this analysis will help them to understand how they are performing locally against other similar areas of the country. Figure 2 sets out the results of this analysis. Key findings include:

- 18 of the 33 areas are performing worse than the national average for first time entrants to the youth justice system, with only three areas recording a lower rate
- 79% of the areas report a higher rate of violent offences compared with the England average
- Six areas, including Hammersmith & Fulham and Manchester, recorded higher than average rates across all of the metrics identified<sup>27</sup>

The table illustrates the different challenges facing these areas of the country, with some areas performing worse than the national average across some or all of the metrics. There are, however, a number of areas performing better than the national average.



Figure 2: Indicators relevant to youth violence from the Public Health Outcomes Framework mapped against the Government's 33 target areas for tackling serious crimes<sup>28</sup>

Local authority area	First time entrants to the youth justice system	Violent crime (including sexual violence) - hospital admissions for violence	Violent crime (including sexual violence) - violence offences	Re-offending levels - percentage of offenders who re-offend	Re-offending levels - average number of re-offences per offender
Barking and Dagenham	491.33	94.78	22.92	27.37	.72
Birmingham	572.52	97.57	15.22	26.64	.72
Bradford	490.74	94.86	10.76	26.55	.75
Brent	722.24	78.13	28.40	27.93	.76
Camden	651.21	54.85	23.56	29.12	.88
Croydon	662.85	70.78	19.33	29.12	.84
Derby	694.05	102.04	19.54	28.57	.85
Ealing	452.87	88.66	22.41	26.14	.74
Enfield	635.57	58.15	14.03	25.33	.65
Greenwich	815.24	63.48	23.23	27.32	.72
Hackney	555.02	96.65	24.63	26.42	.75
Hammersmith and Fulham	792.88	99.90	25.60	30.68	.89
Haringey	689.84	89.19	20.85	28.09	.77
Islington	823.96	88.73	26.15	32.15	.94
Knowsley	606.62	174.44	7.71	28.27	.76
Lambeth	866.10	114.02	25.00	29.24	.79
Leeds	645.82	107.32	12.92	29.59	.84
Lewisham	811.77	82.82	23.47	29.06	.79
Liverpool	727.78	213.50	14.63	32.75	.99
Manchester	740.12	122.50	20.70	29.54	.88
Merton	488.70	57.26	12.14	25.04	.67
Newham	739.92	144.94	26.74	27.31	.78
Nottingham	1107.70	80.84	22.34	31.31	.90
Oldham	492.34	143.28	15.39	26.70	.74
Salford	521.26	137.57	15.27	28.29	.79
Sandwell	422.29	119.95	11.81	24.72	.67
Sheffield	369.50	68.10	9.34	28.19	.75
Southwark	651.51	103.54	23.04	26.41	.68
Tower Hamlets	809.01	76.19	24.46	28.88	.77
Waltham Forest	565.80	127.91	21.69	26.86	.72
Wandsworth	569.51	67.58	14.12	25.91	.72
Westminster	793.25	53.21	32.74	25.84	.83
Wolverhampton	527.54	71.92	15.22	25.83	.73

Figures in blue are higher than the national average, while those in lighter blue are lower  $\,$ 







#### Understanding youth and gang violence as a public health issue

It is important to note that this table provides an initial snapshot of the outcome for these areas and, of course, there will be a number of local factors that contribute to their performance which should be considered. The Government has also identified these areas as having serious youth violence and gang problems, so it is expected that the rates recorded in Figure 2 will be higher than the national average across a number of the areas.

Councils have only recently gained statutory responsibility for commissioning public health services and we would envisage that they look at identifying how they can improve wellbeing in their area against these indicators. The *Ending Gang and Youth Violence* initiative is also in its very early stages and the improvements in outcomes we can expect to see from local projects are likely to emerge over time.

Recommendation 1: The Government's one-year on report of its Ending Gang and Youth Violence initiative demonstrated significant progress made by councils and local agencies in taking this agenda forward. It also provided a number of useful recommendations for how further progress could be made. The Government should continue to publish annual progress reports on the implementation of the Ending Gang and Youth Violence initiative. The report should include updates based on local peer reviews, national assessments and recommendations on how this agenda can be taken forward

**Recommendation 2:** Councils have only had responsibility for public health in the current form for a short period of time and will, therefore, need support and guidance for how to commission effective services. To support councils with their new responsibility, the Department of Health should request that the NICE develops public health guidance on tackling youth violence. This guidance should be informed by clinical and best practice examples and used by commissioners to inform local planning decisions

**Recommendation 3:** Public Health England, working with external agencies and third sector partners, should commission further research to explore how an evidence-based public health approach can be used to tackle youth and gang violence



assessing the Gonsideration and prioritisation of youth and gang violence

## Chapter 2: Assessing the consideration and prioritisation of youth and gang violence as a public health issue

As set out earlier, and recognised by the Government, health and wellbeing boards are uniquely placed to oversee cross-agency working aimed at tackling gang and youth violence, based on a public health approach. For instance, this can be achieved through the promotion of pooled budgets and the delivery of commissioning plans that streamline contact with young people. To deliver this, each board has two important tools available to them – a joint strategic needs assessment (JSNA) and a joint health and wellbeing strategy (JHWS).

The purpose of this chapter is to assess the extent to which health and wellbeing boards in the 33 target areas of the *Ending Gang and Youth Violence* initiative have addressed and prioritised the issue within their JSNA and JHWS.

#### **About JSNAs and JHWSs**

All health and wellbeing boards are subject to statutory duties to develop and publish JSNAs and JHWSs. A central function of these tools is to support commissioners to improve the health and wellbeing of their local population and reduce inequalities for all ages, through evidence-based decision-making that is informed by the priorities of the local community<sup>29</sup>.

JSNAs use publically available data to assess the current and future health and social care needs of the local community. This involves reviewing and analysing a range of data on health outcomes from the local area and working with stakeholders to identify areas of priority. The outputs from JSNAs can include reports and analysis of:

- Population-level demography

   including age, gender and ethnicity
- Behavioural determinants of health - including smoking, diet and exercise
- Service access and utilisation

   including hospital admissions

   and usage of mental health
   services
- Community, patient and service user perspectives – including patient experience data and polling data<sup>30</sup>

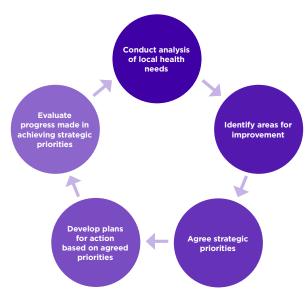
The Department of Health has provided guidance to councils and clinical commissioning groups (CCGs) on the principles of preparing JSNAs, there is no mandated standard format. However, boards are free to reach their own conclusion on the most important needs in their area.

An expected output of JSNAs is that they are used to shape and inform JHWSs. These strategies are designed to set out the priorities and actions that have been agreed by the health and wellbeing board and will inform the commissioning plans of local agencies and provider decisions. Again, while no mandated structure or format has been set by the Government. guidance by the Department of Health states that strategies should be "about setting a small number of key strategic priorities for action that will make a real impact on people's lives"31.



Figure 3 illustrates the process by which JSNAs should be used to inform JHWSs and subsequent commissioning plans. This should take place through thorough consultation with the public, commissioners, providers and relevant agencies in the community.

Figure 3: The process of developing JSNAs, JHWSs and commissioning plans



#### Evaluating the JSNAs and JHWSs of the 33 Ending Gang and Youth Violence areas

The Coalition Government's *Ending Gang and Youth Violence* report explicitly highlighted the role of health and wellbeing boards (through the development of JSNAs and JHWSs) in tackling community violence and crime, saying:

"The new local Health and Wellbeing boards will also have a valuable role to play in bringing together councils, commissioners, clinical leaders and local communities, to agree how they can best work together to join up services and improve the health and wellbeing of local people – including issues like youth violence – based on identified local needs" 32

The Catch22 Dawes Unit has therefore sought to assess the extent to which those health and wellbeing boards located within the 33 Ending Gang and Youth Violence areas identified as having a significant issue related to gang and youth violence, have prioritised the issue within their JSNA and JHWS, and whether they are taking pragmatic and collaborative action to combat its negative effects.

Boards that prioritised the issue were defined as those that included it as a strategic objective or identified the issue as a target for improvement. Within JSNAs, the materials were reviewed to assess the extent to which the issue of gang crime and youth violence was mentioned and addressed. The indicators boards used within the JSNAs was also reviewed to measure how the areas were performing.

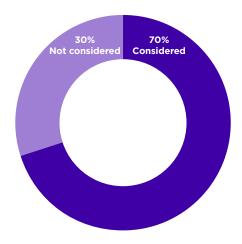
As set out in the methodology, this research and analysis was carried out from June to August 2013, several months after health and wellbeing boards became statutory organisations and over two years since they were first established in shadow form.

#### **Review of JSNAs**

Positively, the majority of JSNAs (70%) reviewed considered the issue of youth violence and gang crime, while 55% included relevant data about the issue in that community. However, there was considerable variation in the format and quality of the JSNAs reviewed.



Figure 4: Percentage of health and wellbeing boards considering gang and youth violence in JSNAs



As set out earlier, the Public Health Outcomes Framework includes a number of indicators relevant to the issue of youth and gang violence covering:

- First-time entrants to the youth justice system
- · Violent crime
- Re-offending levels

These indicators provide an important tool for the Department of Health and Home Office to hold commissioners to account on the progress they are making in helping to tackle youth and gang violence, and for local agencies when carrying out strategic planning. However, the research found that only four boards included data on all of the above indicators in their JSNAs.

A number of the JSNAs had expanded the level of data they reviewed on youth and gang violence beyond the indicators within the Public Health Outcomes Framework and good practice examples were identified. Southwark, for example, has recorded and published data on knife crime in the borough, including the number of hospital admissions for knife crime and the recorded time of the incident. The document notes that:

"[NHS] Southwark... has worked with local accident and emergency departments to collect simple anonymised data on victims of violent assaults in the borough. This will improve understanding of patterns of violence and inform interventions such as opening times of licensed premises, targeting street patrols, CCTV locations"<sup>33</sup>

Other JSNAs, such as those from Westminster City<sup>34</sup> and Hackney<sup>35</sup>, also included data on the experience reported by people in their area in response to youth violence. Alongside statistics on crime prevalence, these surveys are likely to uncover useful findings on how youth violence impacts on the lives of people living in communities, which can be used to shape local planning decisions. It is not clear about the extent to which this data has been used to inform service planning and delivery, although this is an area we would like to see explored further.

We welcome innovative measures such as those put in place by Southwark and Westminster to monitor the level of youth violence in their areas and would urge other health organisations to do the same.

However, our research suggests fragmentation between local health assessments and the strategies prepared for improving outcomes. Barking and Dagenham's JSNA made a recommendation to commissioners to put forward initiatives that would prevent "young people from getting involved in crime (particularly gangs and gang-related activities), through targeted anti-gang strategies and the establishment of a gangs unit" However, this recommendation is not reflected in the area's JHWS.

Ealing's JSNA also states that: "There is a need to coordinate action across all forms of violence prevention, particularly the adoption of a life course approach to preventing gang and serious youth violence in Ealing"<sup>37</sup>. Similarly, this is not reflected in the local area's JHWS.







#### **Review of JHWSs**

The next element of the research involved reviewing the JHWSs of the 33 health and wellbeing boards. Despite a national government commitment to approaching and delivering local health issues in an open and transparent manner, a number of boards did not make their JHWSs easily accessible and some had to be contacted for this document. The Department of Health's statutory guidance on JSNAs and JHWSs states that the documents must be published to promote transparency and accountability<sup>38</sup>.

Despite the new health system going live at the beginning of April 2013, just under half of the JHWSs (16) reviewed appear still to be in draft form or going through consultation.

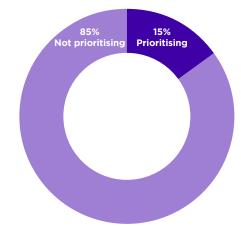
Our analysis also identified variations in the time period that the strategies covered. For example, Barking and Dagenham's JHWS covers 2012 to 2015<sup>39</sup> while Merton's is only for the period 2013/14<sup>40</sup>. We recognise, and welcome, the importance of the format of JHWSs being decided locally. However, those boards with multi-year strategies need to ensure they have processes in place to regularly review how the strategy is being implemented and identify areas for improvement, as appropriate.

Six health and wellbeing boards mentioned youth and gang violence in their JHWSs, while five confirmed it would be a priority for the board. The five councils prioritising youth and gang violence are:

- Hammersmith and Fulham<sup>41</sup>
- Knowslev<sup>42</sup>
- Nottingham City<sup>43</sup>
- Southwark<sup>44</sup>
- Westminster<sup>45</sup>

Notably, two of these areas - Hammersmith & Fulham and Nottingham City - are higher than the national average against all of the indicators presented earlier in this report.

Figure 5: Percentage of health and wellbeing boards considering and prioritising gang and youth violence in their JHWSs



These findings provide evidence of the impact the Government's national *Ending Gang and Youth Violence* initiative is having on local decision-makers. They also highlight that there is further progress to be made on the Government's promotion of gang and youth violence as a public health issue.

The quality and format of JHWSs varies considerably, with boards taking different approaches to the priorities they set. Leeds' Health and Wellbeing Board, for example, has set itself 15 priorities mapped against 22 outcome measures<sup>46</sup>, while Islington has three: first 21 months of a child's life, mental health and long-term conditions<sup>47</sup>.





Of the 6 boards that recognised gang issues, a number set themselves definitive strategic objectives, with clear measures attached, while others included broader, more overarching priorities:

- Derby City's priorities include reducing the harm and injuries suffered by children and young people, and supporting the implementation of the Child and Family Poverty Strategy<sup>48</sup>
- Southwark's prioritisation of youth crime falls under a broader objective of "giving every child and young person the best start in life"<sup>49</sup>
- Under Hammersmith and Fulham's 'supporting young people into a healthy adulthood' priority, the strategy outlines plans to reduce and prevent youth violence<sup>50</sup>

**Recommendation 4:** All health and wellbeing boards should ensure their joint strategic needs assessments and joint health and wellbeing strategies are publically available for analysis and scrutiny. Boards should also set out clear rationales behind the priorities set in their strategies and information on how they intend to review and monitor progress

**Recommendation 5:** Given the social and economic costs associated, and in light of the Government's national policy initiative, health and wellbeing boards in the 33 target areas should consider prioritising youth and gang violence in their joint health and wellbeing strategies and public health commissioning plans

**Recommendation 6:** All health and wellbeing boards in the 33 target areas should assess youth and gang violence as part of their joint strategic needs assessment. This should include an assessment against the relevant indicators within the national Public Health Outcomes Framework

**Recommendation 7:** In line with statutory guidance, health and wellbeing boards should ensure that local joint strategic needs assessments inform the priorities laid out in joint health and wellbeing strategies. This is to guarantee areas having the most detrimental impact on people's health and wellbeing are being appropriately addressed







## GIOSS-AGANGY approach to tackling wouth Wiolence |

## Chapter 3: Cross-agency approach to tackling youth and gang violence

The previous chapters of this report outlined the important role that health and wellbeing boards can play in shaping local strategic approaches to tackling youth and gang violence – particularly from a public health perspective. For this to be achieved, it is vital that boards ensure they have the right people around the table to plan and deliver the strategic priorities for their communities.

The Health and Social Care Act 2012 set out the statutory minimum membership requirement for all health and wellbeing boards, which consists of:

- One local elected representative
- A representative of the/a local Healthwatch organisation
- A representative of each local clinical commissioning group
- The local authority director for adult social services
- The local authority director for children's services
- The director of public health for the local authority<sup>51</sup>

Local boards are free (and indeed encouraged) to expand their membership to include a wide range of perspectives and expertise. The NHS Confederation's (trade body for the NHS) resource paper for health and wellbeing boards and police and crime commissioners on integrated working, commissioned by the Department of Health, notes that boards may wish to consider appointing members from the criminal justice community<sup>51</sup>. Specifically, it states:

"Health and wellbeing boards will be key partners given their responsibility for JSNAs and JHWSs that will inform the commissioning of local health and care services. Since PCCs will be commissioning services to cut crime, they may wish to align the needs and strategic priorities in the Police and Crime Plan with JSNAs and JHWSs in their local area"53

Catch22's Dawes Unit welcomes the NHS Confederation's recommendation, and believes it is important that health and wellbeing boards in areas where crime is having a detrimental impact on health outcomes consider appointing a representative from the criminal justice community.

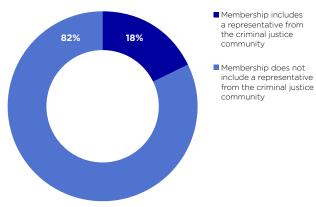
As part of the audit, the membership of health and wellbeing boards in the 33 areas of the Government's *Ending Gang and Youth Violence* initiative were reviewed. Analysis of the board membership showed that 6 out of the 33 area boards (18%) have a representative from the criminal justice community.







Figure 6: Percentage of health and wellbeing boards that have a representative from the criminal justice community as a member



Understandably, there is a variety of organisations and individuals that are invited to sit on these boards, for example:

- Barking and Dagenham's Chief Superintendent is a member of the health and wellbeing board for their area<sup>54</sup>
- Nottingham City Council's Health and Wellbeing Board includes representatives from the Nottinghamshire Police (Nottingham City Division) and Nottingham Crime and Drugs Partnership<sup>55</sup>
- Greater Manchester Police has a representative on Salford City Council's Health and Wellbeing Board<sup>56</sup>

The analysis also showed a correlation between those boards that include a representative from the criminal justice community and relevant agenda items discussed at meetings. For example, Salford City Council's Health and Wellbeing Board discussed its *Protecting People Providing Health (2012) – A multiagency approach to violence prevention* report at its meeting on Thursday 18 April<sup>57</sup>.

Although not all boards include a member from the criminal justice community, Croydon and Enfield health and wellbeing boards invited representatives to attend meetings. On 20 June 2013, for instance, Enfield's Board received a presentation on the local *Gangs and Serious Youth Violence Strategy*<sup>58</sup>. Positively, an agreed action from this meeting was for serious youth violence to "be considered as part of the commissioning processes for Health and Wellbeing partners, including the Clinical Commissioning Group, Police and Local Authority"<sup>59</sup>.

The terms of reference and membership arrangements for Sandwell Metropolitan Borough Council's Health and Wellbeing Board state that:

"Some Health and Wellbeing Boards have included the Police or a representative from the statutory Crime and Reduction Safety Partnership within its membership. Sandwell Metropolitan Borough Council has received a request from the Police for a seat to be allocated to them on the Board" 50

However, at the time this research was carried out, the Board did not include a representative from either of these organisations<sup>61</sup>.

The Catch22 Dawes Unit supports the right of councils to have flexibility in deciding the membership of their health and wellbeing boards and believes that this should be based on local decisions. However, it is important that councils are transparent about these decisions and how they are reached.

Recommendation 8: The analysis identified a correlation between the membership of health and wellbeing boards and their areas of focus, including board priorities or meeting agenda items. To ensure youth and gang violence is appropriately considered in those areas of the country identified with the highest need, the Department of Health and Home Office should urge boards in all 33 target areas to include a representative from the criminal justice community as a sitting board member

Recommendation 9: Police and crime commissioners covering the 33 target areas should proactively engage with local health and wellbeing boards to ensure the issue of youth and gang violence is being adequately prioritised and to promote joint decision-making. Guidance should be published by the Home Office and the Association of Police and Crime Commissioners to support local police commissioners with their engagement on this issue





Commissioning and funding public health Services (o tackle youth and gang violence

## **Chapter 4: Commissioning and funding public health services to tackle youth and gang violence**

This research has sought to establish the extent to which health and wellbeing boards that have prioritised youth and gang violence have developed strategies to tackle this issue, as well as to review the approach taken for the commissioning of services. While a number of boards have prioritised the issue as part of their JSNAs and their JHWSs, it is of note that many of the strategies analysed were still in draft form or due to be finalised over the coming months. As a result, it is expected that boards will be developing more detailed commissioning plans to tackle youth and gang violence, together with specific funding commitments, over the coming year.

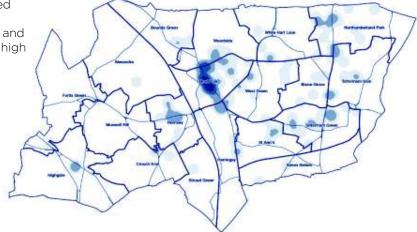
owever, a number of health and wellbeing boards, such as Haringey and Hackney, have already looked at the issue of gang violence in detail as part of their JSNAs and sought to highlight some of the data they already collect to support commissioning.

#### Haringey JSNA: understanding the impact of gang violence on the local community

The Haringey JSNA contains detailed information about the type of offences committed by young people. The JSNA also states that 28% of offenders in Haringey are aged 18 to 24. This age group only represents 9% of Haringey residents, demonstrating that Haringey recognises that young adults are disproportionately involved in crime<sup>62</sup>. Furthermore, the JSNA makes a clear link between public health and crime, and acknowledges that young offenders are at high risk of suffering mental ill health.

Haringey was one of the few local authorities to include a specific section on gang and youth violence as part of their JSNA. The section clearly sets out where the gangs can be found, when gang offending occurs and who the victims of gangs are. Furthermore, the JSNA looks at the ethnic and, as mentioned above, age profile of offenders and those accused of youth and gang violence. This type of detailed information supports commissioners to provide services that meet the needs of the local community.

Figure 7: Gang flagged offences hotspots in Haringey (excluding domestic violence)<sup>63</sup>





A further welcomed finding was that Haringey Council has been very transparent about the funding it has received under the Ending Gang and Youth Violence initiative and has provided a number of helpful documents in the public domain that clearly set out how funding has been allocated<sup>64</sup>. As Haringey Health and Wellbeing Board takes a more active role in tackling youth and gang violence, it is hoped the Board remains committed to transparency in its funding decisions. We would also expect the Board to improve its understanding of the cost of youth and gang violence to the local community.

To support health and wellbeing boards in making this assessment in how funding is spent, the Department for Communities and Local Government should collect and publish information on how much councils spend on community safety, violence prevention and social exclusion from their annual public health allocations. The data should be collected as part of the Department's annual collection of budget estimates from local authorities in England. Given it is a national policy priority, it is disappointing that spending on this area was not disaggregated in the initial spending returns requested by the Department.



#### Hackney Council: assessing the burden of gang related knife crime on A&E attendance

The JSNA for Hackney looked at the issue of gang and youth violence in detail and was one of the few local authorities to have highlighted the impact of knife-related crime<sup>65</sup>. The JSNA notes that 9% of attendances at Homerton A&E are for knife-related injuries consistent with gang related violence, while 2% of attendances are directly attributed to gangs. representing a considerable burden at a local level in terms of healthcare expenditure<sup>66</sup>. Furthermore, gun injuries account for 1% of A&E attendances at Homerton hospital<sup>67</sup>.

The JSNA also recognises that gang related violence has reduced since the initiation of Hackney's Integrated Gang Violence Project, while further work is underway to better understand the role of girls in gangs in Hackney. The Integrated Gang Violence Project has been credited with significant reductions in gang violence and reports of gang-related gun and knife crime<sup>68</sup>, and it will be interesting to see how Hackney's Health and Wellbeing Board contributes to this agenda.

Building on the work that has been done in Hackney to assess the impact of knife crime on A&E attendance, it will be important, at a national level, for Public Health England and the Home Office to consider piloting additional public health indicators for youth and gang violence, such as rates of knife crime in the 33 Ending Gang and Youth Violence areas. Furthermore, as part of its review of the Public Health Outcomes Framework. the Department of Health should consider expanding the indicators for youth and gang violence to include admissions to hospital due to knife and gun crime, and also public perception of crime from the British Crime Survey.

An encouraging finding was that five health and wellbeing boards are currently prioritising youth and gang violence as part of their JHWS. Below we set out the ways in which two of these areas – Nottingham City and Westminster – are addressing the issue as part of their strategy.

#### Nottingham City Health and Wellbeing Board: prioritising the Ending Gang and Youth Violence initiative

Nottingham City was the only health and wellbeing board to specifically reference the *Ending Gang and Youth Violence* initiative, thereby confirming it would be a key issue within one of its four priority areas – "Changing culture and systems: Priority Families"<sup>69</sup>.



The JHWS for Nottingham City sets out plans to develop a single inter-agency database of families which are involved with a number of community safety programmes and services, to ensure appropriate support is provided. These programmes include ending gang and youth violence, the family intervention project, youth offending team and priority families. While the strategy does not go into detail in setting out the type of support that will be provided, it is encouraging that the Board has considered how the issue of youth and gang violence can be addressed as part of its health and wellbeing strategy.

The JHWS builds on the commitments made in Nottingham City's Ending Gang and Youth Violence strategy, including the key action to improve intelligence and information sharing<sup>70</sup>. Furthermore, it is worth highlighting that the programme board that was set up to deliver the Ending Gang and Youth *Violence* strategy contains public health representatives from the NHS, demonstrating the multiagency approach the council has undertaken to address the gang and associated youth violence issues across the City<sup>71</sup>.

Of note is that gang culture and youth violence in Nottingham City is often not far from the public spotlight, and is seen as an escalating issue. As one senior police officer, Assistant Chief Constable Sue Fish, noted in February 2013, gang culture poses a "significant challenge" for the area, something she is "deeply concerned" about 72. A number of pieces of press coverage from the past two years also suggest that the issue continues to be high on the local media's agenda<sup>73</sup>. At this stage it is too early to quantify the extent to which local media coverage has influenced the development and plans of Nottingham City's Health and Wellbeing Board. However, this is an area that would benefit from further research

#### Westminster City Health and Wellbeing Board: Building the evidence base to identify the unmet needs of individuals and community assets

Westminster's JSNA referenced the issue of youth and gang violence and published a full breakdown of how the Borough performed against the Government's Public Health Outcomes Framework. This included the five relevant indicators for youth and gang violence. Positively, Westminster's JHWS includes a commitment to tackling the issue of youth and gang violence within the community as part of the priority to enable young people to have a healthy adulthood. Their strategy notes:

"There are many risks for young people involved in gang activity, not only physical violence but also risk of sexual exploitation and other criminal activity often linked to substance misuse"

The strategy adds that it is important to target action at young people living in the most deprived wards who currently do not take full advantage of the services available to them. It goes on to set out the steps it will be taking to address this and deliver targeted improvements, including a reduction in youth violence. An initial action agreed by the Board was to commission research into the mental health and wellbeing needs of youth involved or affiliated with gang-related violence which will:

- Identify unmet needs and community / individual assets
- Map the services currently available and their effectiveness against those needs
- Gain feedback from young people on how we can support young people to engage more with services
- Work with schools to identify prevention strategies and school based programmes to reduce violence and maintain behavioural change
- Identify specific actions that the Health and Wellbeing Board could undertake to improve the health and wellbeing of young people







The strategy goes on to say that Westminster "will commission research and services as per the identified gaps, over the summer of 2013." Once the research has been published an updated strategy will be developed outlining the actions that will be taken by the Board.

Also important is how the strategy builds upon the council's existing crime and disorder reduction strategy<sup>79</sup>. The strategy, which was developed with stakeholders including NHS Westminster and Metropolitan Police, includes an objective of "preventing young people getting involved in serious youth violence and supporting them to reduce their offending" and sets out the importance of taking a "multi-agency" and a close partnership approach to tackling the issue.

Despite NHS Westminster being a partner of the strategy, there is no mention of how it will support the council in delivering the strategy.

At a national level, Public Health England should aid the efforts of local authorities to address the issue of gang and youth violence. This should include working with relevant organisations, including the Association of Directors of Public Health and Local Government Association, to support the development of training tools and resources for directors of public health about commissioning effective services aimed at tackling youth and gang violence. This guidance should include:

- A tool to analyse the cost of youth and gang violence on the local areas - including health services
- Details of how local authorities can work across agencies and providers to commission effective services aimed at tackling youth and gang violence
- Best practice examples where local health boards are already taking a public health approach to addressing youth and gang violence

Finally, the Home Office's Ending Gang and Youth Violence team should continue to support the 33 areas with peer-to-peer support, building on the Home Office's ending gang and youth violence peer review process. The team could play a very useful role by, for example, sharing emerging best practice among health and wellbeing boards to support commissioning of services to tackle youth and gang violence.

**Recommendation 10:** The Home Office should require local ending gangs and youth violence teams to annually report to their local health and wellbeing boards about their progress in tackling the issue

**Recommendation 11:** Local authorities in the 33 target areas should extend the indicators they use to measure youth and gang violence to include data such as admissions to hospital because of knife and gun crime, and public perception of crime. This data should be fed into the local joint strategic needs assessment and reported back to the health and wellbeing boards

**Recommendation 12:** Health and wellbeing boards in the 33 target areas should consider how they can use their role to promote multiagency working to address youth and gang violence. This should include the use of pooled budgets and joint commissioning plans with relevant agencies





# **Conclusion and summary of recommendations**

Despite health and wellbeing boards only coming into effect in April 2013, this report has found a number of examples where boards are taking a public health approach to tackling youth and gang violence, whether through prioritising the issue within their health and wellbeing strategy or by inviting a representative from the criminal justice community to be involved in service planning.



The recommendations in this report (which are also listed below) are intended to build on this good practice and inform the debate about how the agenda can be taken forward. These recommendations are also based on the first comprehensive analysis of how the 33 target areas in the *Ending Gang and Youth Violence* initiative are taking this agenda forward.

It may also be worthwhile to undertake a similar exercise with all health and wellbeing boards. The research focused on the 33 areas identified in the *Ending Gang and Youth Violence* report; it would be fruitful to explore whether similar findings emerge in other areas.

Over the coming months we look forward to working with these organisations to help implement these recommendations.

	Recommendation	Responsibility
	Understanding youth and gang violence as a public health issue	
1.	The Government's one-year on report of its <i>Ending Gang and Youth Violence</i> initiative demonstrated significant progress made by councils and local agencies in taking this agenda forward. It also provided a number of useful recommendations for how further progress could be made. The Government should continue to publish annual progress reports on the implementation of the <i>Ending Gang and Youth Violence</i> initiative. The report should include updates based on local peer reviews, national assessments and recommendations on how this agenda can be taken forward	Home Office
2.	Councils have only had responsibility for public health in the current form for a short period of time and will, therefore, need support and guidance for how to commission effective services. To support councils with their new responsibility, the Department of Health should request that the NICE develops public health guidance on tackling youth violence. This guidance should be informed by clinical and best practice examples and used by commissioners to inform local planning decisions	Department of Health
3.	Public Health England, working with external agencies and third sector partners, should commission further research to explore how an evidence-based public health approach can be used to tackle youth and gang violence	Public Health England
	Assessing the consideration and prioritisation of youth and gang violence as a public health issue	
4.	All health and wellbeing boards should ensure their joint strategic needs assessments and joint health and wellbeing strategies are publically available for analysis and scrutiny. Boards should also set out clear rationales behind the priorities set in their strategies and information on how they intend to review and monitor progress	Health and wellbeing boards
5.	Given the social and economic costs associated, and in light of the Government's national policy initiative, health and wellbeing boards in the 33 target areas should consider prioritising youth and gang violence in their joint health and wellbeing strategies and public health commissioning plans	Health and wellbeing boards
6.	All health and wellbeing boards in the 33 target areas should assess youth and gang violence as part of their joint strategic needs assessment. This should include an assessment against the relevant indicators within the national Public Health Outcomes Framework	Health and wellbeing boards
7.	In line with statutory guidance, health and wellbeing boards should ensure that local joint strategic needs assessments inform the priorities laid out in joint health and wellbeing strategies. This is to guarantee areas having the most detrimental impact on people's health and wellbeing are being appropriately addressed	Health and wellbeing boards
	Cross-agency approach to tackling youth and gang violence	
8.	The analysis identified a correlation between the membership of health and wellbeing boards and their areas of focus, including board priorities or meeting agenda items. To ensure youth and gang violence is appropriately considered in those areas of the country identified with the highest need, the Department of Health and Home Office should urge boards in all 33 target areas to include a representative from the criminal justice community as a sitting board member	Department of Health and Home Office
9.	Police and crime commissioners covering the 33 target areas should proactively engage with local health and wellbeing boards to ensure the issue of youth and gang violence is being adequately prioritised and to promote joint decision-making. Guidance should be published by the Home Office and the Association of Police and Crime Commissioners to support local police commissioners with their engagement on this issue	Police and crime commissioners, Home Office and Association of Political and Crime Commissioners
	Commissioning and funding public health services to tackle youth and gang violence	
10.	The Home Office should require local ending gang and youth violence teams to annually report to their local health and wellbeing boards about their progress in tackling the issue	Home Office
11.	Local authorities in the 33 target areas should extend the indicators they use to measure youth and gang violence to include data such as admissions to hospital because of knife and gun crime, and public perception of crime. This data should be fed into the local joint strategic needs assessment and reported back to the health and wellbeing boards	Local authorities
12.	Health and wellbeing boards in the 33 target areas should consider how they can use their role to promote multi-agency working to address youth and gang violence. This should include through the use of pooled budgets and joint commissioning plans with relevant agencies	Health and wellbeing boards





# **Appendix I: 33 Ending Gang and Youth Violence areas**

- Barking and Dagenham
- Birmingham
- Bradford\*
- Brent
- Camden
- Croydon
- Derby
- EalingEnfield
- Greenwich
- BreenwichHackney
- Hammersmith and Fulham\*
- Haringey
- Islington
- Knowsley
- Lambeth
- Leeds\*

- Lewisham
- Liverpool
- Manchester
- Merton\*
- Newham
- Nottingham
- Oldham
- Salford
- Sandwell
- Sheffield
- Southwark
- Tower Hamlets
- Waltham Forest
- Wandsworth
- Westminster
- Wolverhampton



<sup>\*</sup> Announced by the Home Office's *Ending Gang and Youth Violence* team as an additional priority area on 27 December 2012\*0

## **Appendix 2: Methodology**

This research analysed the structure and activity of health and wellbeing boards in the 33 Ending Gang and Youth Violence areas. Catch22's Dawes Unit chose these areas for analysis because they were the areas identified by the Government for support with gangs and youth violence and, therefore, where a public health approach is likely to have the most significant impact.

The methodological approach, which applied inductive reasoning to the research and the findings, looked at how health and wellbeing boards were taking a public health approach to addressing gangs and youth violence.

The report's conclusions, and the applied content and discourse analysis it contains, were compiled through the consideration and assessment of four key research questions:

- To what extent are health and wellbeing boards taking account of and prioritising gang and youth violence?
- 2. To what extent are health and wellbeing boards engaging with criminal justice agencies and police and crime commissioners (PCCs)?
- **3.** Where health and wellbeing boards are addressing gang and youth violence, what factors have influenced this decision?
- **4.** Where health and wellbeing boards are taking a public health approach to gang and youth violence, to what extent is this reflected in local investment decisions and commissioning decisions?

The answers to each question were gathered through both qualitative and quantitative research. A mixture of both primary desk-based research and telephone calls with relevant individuals were conducted to:

- Review the JSNA and JHWS of the 33 councils in areas covered by the Ending Gang and Youth Violence initiative
- Review the membership of all health and wellbeing boards in the 33 areas covered by the Ending Gang and Youth Violence initiative, identifying those boards that have invited representatives from criminal justice agencies and/or local PCCs to attend and contribute to meetings
- Audit the extent to which publically available gang strategies locally reference the role of health, and whether this is reflected in local JHWSs
- Assess the extent to which the 33 local areas carried out a public consultation on their JHWSs
- Establish the extent to which boards that have prioritised youth and gang violence have developed strategies to tackle this issue, and review the approach taken for commissioning of services
- Identify why health and wellbeing boards in gang-affected areas have not prioritised the issue of gang and youth violence

The research was carried out from 1 June 2013 to 19 August 2013. The findings in this report are intended to provide a snapshot of how the 33 target areas of the country are looking to tackle youth and gang violence from a public health perspective, so as to inform local and national decision-makers.

- Office for National Statistics. Statistical Bulletin: Crime in England and Wales, Year Ending March 2013, July 2013
- <sup>2</sup>HM Government, *Ending Gang* and Youth Violence: A Cross-Government Report including further evidence and good practice case studies, November 2011
- <sup>3</sup>HM Government, *Ending Gang* and Youth Violence Report: One vear on. November 2012
- <sup>4</sup>Cabinet Office. List of ministerial responsibilities: including executive agencies and nonministerial departments, November 2012
- <sup>5</sup>Department of Health, *Protecting* People, Promoting Health -A public health approach to violence prevention, October 2012
- <sup>6</sup>HM Treasury, *Budget 2013*, March 2013
- <sup>7</sup>National Institute for Health and Care Excellence, Alcohol-use disorders: preventing harmful drinking: Costing report, 2010
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- <sup>9</sup>Gov.uk, '£5.45 billion budget for local public health services announced'. 10 January 2013. Accessed 9 October 2013. Available here: https://www.gov. uk/government/news/5-45billion-budget-for-local-publichealth-services-announced
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- <sup>13</sup>Bayer HealthCare, Contraception Atlas 2011, September 2011
- <sup>14</sup>NHS National Treatment Agency for Substance Misuse, Why invest? How drug treatment and recovery services work for individuals, communities and society, date unknown
- <sup>15</sup>North West Public Health Observatory, Violence-related Accident & Emergency Attendances by English Local Authority Area, November 2012

- <sup>16</sup>North West Public Health Observatory, Violence-related Accident & Emergency Attendances by English Local Authority Area, November 2012
- <sup>17</sup>Department of Health, *Healthy* Lives, Healthy People: Our strategy for public health in England, November 2010
- <sup>18</sup>Department of Health, *Letter* from Rt Hon Jeremy Hunt MP. Secretary of State for Health, and Duncan Selbie. Chief Executive of Public Health England, to local authorities about ring fenced public health grants to local authorities 2013-14 and 2014-15, January 2013
- <sup>19</sup>McKee M et al, "Public health in England: an option for the way forward?", The Lancet, Vol 378, *Issue 9790, 536-539*, 6 August
- <sup>20</sup>MHP Health, Ready for health? An analysis of local authorities' preparedness for health. November 2011
- <sup>21</sup>Department of Health, JSNAs and joint health and wellbeing strategies - draft guidance, January 2012
- <sup>22</sup>Department of Health, *Equity* and excellence: liberating the NHS, July 2010



- <sup>23</sup>HM Government, Ending Gang and Youth Violence: A Cross-Government Report including further evidence and good practice case studies, November 2011
- <sup>24</sup>House of Commons' Home Affairs Select Committee, Policing Large Scale Disorder: Lessons from the disturbances of August 2011, December 2011
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