



WEST MIDLANDS
VIOLENCE
REDUCTION
PARTNERSHIP

Working in Partnership to Prevent and Reduce Violence

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General Update

- Violence Reduction Partnership currently funded up until end of March 2025
- Strategic Board, chaired by the Police and Crime Commissioner, oversees and holds to account the work of the VRP
- Sub-Groups to co-ordinate activity on data; evaluation; and operational group to lead on communications; sustainability and sharing best practice
- Regional and local commissioning processes
- Serious Violence Duty introduced in January 2023
- Quarter 1 2023-2024 – VRP services and interventions benefited 21,727 young people (under 25) and 1,898 professionals
- VRP provide: data; evaluation; local & thematic navigators; and facilitators who work closely in local areas supporting partnerships and delivering training/awareness raising

The SVD is set out in **The Police, Crime, Sentencing and Courts Act 2022**

- It requires 'specified authorities within a local government area to collaborate & plan to reduce serious violence, including domestic abuse where identified and prioritised in local needs assessments
- It commenced in January 2023 and encourages a public health approach to violence prevention
- It identifies specified authorities who are accountable for their activity and cooperation

Aims of the Duty

The Duty recognises that complex issues like violence require a multi-faceted response with a large range of actors taking responsibility and action.

The aim of the Duty is to ensure that specified authorities collaborate more effectively to understand and address violence in their area.



Specified authorities



- *Education partners and prisons must be consulted by the 'specified authorities' and must collaborate if requested*
- *Integrated Care Boards are the specified authority charged with linking into all health partners*



Key Required Actions & Timeline

- Local areas to set out how they will meet requirements (which partnership structure they will use) by 31/3/2023
- Produce and publish a Strategic Needs Assessments (of violence) by 31/1/2024
- Develop and Publish a Response Strategy (informed by needs assessments) by 31/1/2024
- Review the Response Strategy by 31/1/2025 (and annually thereafter)

Serious Violence Duty

- Serious Violence Duty funding was made available and allocated equally to local areas
- Crest Readiness Review – West Midlands identified as ‘preparing’
- Crest agreed to provide 9 support days
- VRP webinars reached approximately 2,500 professionals raising awareness of Serious Violence Duty
- VRP supported the 7 local violence boards and the development of local needs assessments (differing level of support to each area, offers were bespoke to local needs)
- Agreed with the Strategic Board the development of a regional response strategy drawn from the local response plans

Crest

Key Findings from WM SNA's



Four key risk factors were addressed across all SNAs and referenced in the recommendations:

- ❖ Education
- ❖ Substance Misuse
- ❖ Demography
- ❖ Deprivation

Most SNA's identified:

- ❖ Early identification of ACE's (/trauma) was a priority.
- ❖ Violence was heavily concentrated in a small number of areas.
- ❖ A need for robust commissioning processes and better processes to measure impact of commissioned services.
- ❖ Three key headlines from communities: Feelings of safety (after dark); gaps in responding to vulnerability; and concerns about addressing drivers.
- ❖ The importance of the educational sector in addressing key risk factors effectively and the need to understand what works in education.



Wolverhampton Response

Serious Violence Duty and Response Strategy

- **Existing strong ambition** – Violence and Exploitation Strategy, joint governance, contextual safeguarding review;
- Establishment of **Violence Prevention Group** to oversee local implementation;
- **Needs assessment** to inform strategy refresh and future commissioning;
- **Review of existing violence prevention and reduction activity** in Wolverhampton & incident response;
- Independent **reviews of local practice and themes**;
- **Strong regional relationships** with the Violence Reduction Partnership and Office of the Police and Crime Commissioner ;
- **Strengthened health and education attendance** at the violence prevention meetings and response to the Serious Violence Duty with a focus on aligned commissioning and strategic conversations;
- Development of **workshops** to include engagement with third sector partners and wider communities to inform future strategy and approach.

Wolverhampton Response Reflections

- **Strong strategic commitment** to addressing youth violence across a range of agencies and partnership boards;
- Established structures in place for **operational delivery**;
- **Strong offer for young people and families** across the spectrum of risk;
- **Robust response following a serious incident** involving a range of partners;
- A **wide range of data** has been made available from various different sectors;
- **Community and youth voice** has been central to delivery;
- Strengthened **local and regional relationships**.

Wolverhampton Response Challenges

- Addressing **negative perceptions of safety** amongst young people;
- Robustly **communicating pathways to support** amongst professionals, communities and families;
- Shifting focus to **primary prevention and population level change**;
- **Measuring success** against long term outcomes;
- **Short term funding** threatens the ability to have a sustainable offer and measure the long term effectiveness of intervention;
- **Meaningfully utilising data** to influence strategic and tactical decision making;
- Developing our understanding about **what works in violence prevention**.

Health response to the Serious Violence Duty

The Duty in relation to the healthcare system in England rests with ICBs alone. All parts of the system and the NHS should be thinking about prevention of violence, but the statutory duty only applies to ICBs, and accountability sits with them.’ (NHS England ‘Briefing Note – Serious Violence Duty February 2023’)

Joint Forward Plan:

- Addressing the particular needs of children and young people
- Addressing the needs of victims of abuse
- Includes
 - Domestic Abuse – IRISi , IDVA, MARAC (IVT team), DHR
 - Sexual Violence – NHS Sexual Safety Charter
 - VAWG
 - MAPPA
 - Exploitation – Teachable moments
 - Under 25 Violence
 - SVD - OWHR

Health response to the Serious Violence Duty

- Collaboration – cross borders
- Support development and implementation of a strategy – Partnership Chair (Solihull)
- Commissioning of services – JFP, co-commissioning

Facilitate sharing of relevant anonymous health data

- In order to engage effectively in local and regional partnership working, ICBs need to engage with providers of commissioned NHS services, including acute hospital trusts, ambulance trust, mental health trusts and primary care services.
- The type of engagement work necessary for the three ICBs to meet their combined obligations under the Serious Violence Duty consistently and effectively required additional resources in the form of a dedicated SVD role.
- Funding agreed for a shared post across BSOL, BC and C&W (fixed term 12 months)

Health response to the Serious Violence Duty

SVD funded post to improve data collection:

- Address the local and national concern about the dearth of consistent and reliable health data
- Review what is being submitted now – gaps
- Identify barriers to information sharing
- Focus on emergency data – ED's, WMAS
- 2nd phase – mental health and primary care
- Work nationally on Emergency Care Data Set and coding projects
- Support implementation of violence prevention and reduction interventions in health – 'so what?'