Nottinghamshire County Council

Director of Public Health's

Annual Report 2018

Violence Prevention: a public health approach

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Executive Summary

Wider context

Opening with an assessment of a broad sweep of health indicators, the report finds that many people in Nottinghamshire enjoy good health outcomes. However, there remains significant variation between communities, which largely reflect other measures of disadvantage. The report notes recent trends in life expectancy, and in healthy life expectancy, which is as important as increasing how long people live. Recently published evidence underlines the extent to which smoking and diet contribute to poor health and loss of independence for people in Nottinghamshire, and the focus which Health and Wellbeing Board partners should maintain in addressing factors like these. The opening chapter briefly discusses how a preventative approach works to address these topics.

Against this wider background, the far-reaching impacts of violence and its close association with ill-health and poor wellbeing mean that it is increasingly identified as a problem which requires a public health approach. This report sets out some of the evidence to support this and what more should be done in Nottinghamshire.

Violence as a public health problem

Nottinghamshire enjoys lower rates of serious violence than many places and most people enjoy lives which are generally free from violence. Even so, violence takes a wider range of forms than is sometimes recognised. Some of the impacts are experienced widely and place a heavy burden on individuals and communities. The distribution of this burden follows that of other important outcomes: the scale of the burden in a community is generally associated with the level of wider disadvantage which it experiences. Addressing these impacts is important but doing so represents a drain on personal, communal and public resources which could otherwise be invested elsewhere. How much better if it could be prevented in the first place.

Public health approaches

Elsewhere authorities and communities have focussed on preventing violence by reducing the underlying risk factors which increase the likelihood that an individual will become a victim or perpetrator of violence. Others have managed some specific forms of violence in a similar way to epidemics of infectious disease – for example by trying to prevent the spread of violence, or by making changes at a wider level to reduce people's future susceptibility. Approaches like these have shown that violence is preventable. They are good value for money and can also contribute to improved outcomes in education, health, and prosperity.

The report takes a deliberately broad view of violence, identifying examples of good practice in Nottinghamshire, and recommendations for local authorities, local NHS organisations, and statutory members and partner organisations of the Health and Wellbeing Board and Safer Nottinghamshire Board.

Breadth and focus of the recommendations

Recommendations address various forms of violence including self-harm and suicide, domestic violence and knife crime. One example to reduce the impact of violence which has already occurred is to ensure A&E departments follow best practice in managing people admitted following self-harm. Another is to equip a range of frontline workers for conversations with their service users about the impact of adverse childhood experiences.

The recommendations also look "upstream" to preventive action on the causes of violence, including work with schools and young people to reduce cyber-bullying and increase resilience, promotion of mental wellbeing and self-care for adults, and piloting and evaluation of community-based and public health approaches to knife crime.

The recommendations include action at the level of the individual - not only survivors and those at risk of experiencing violence but also people at risk of perpetrating or repeating violence. They also extend to action at the level of community, for example by increasing access to social prescribing interventions for people living with mental ill-health. Recommendations relating to the wider environment include making better use of anonymised A&E data to inform community safety planning. Another recommendation is to ensure that local licensing policy is properly informed by intelligence about the local impact of alcohol-related harm. The report also seeks to mobilise local system leaders to influence MPs and others about the benefit to people in Nottinghamshire of minimum unit pricing.

Other action in Nottinghamshire

The report makes clear the importance to the violence prevention agenda of many of the existing services commissioned by Nottinghamshire County Council. These include services for drug and alcohol treatment, for survivors of and prevention of domestic and sexual abuse, for promoting resilience amongst young people and for promoting mental and emotional wellbeing for people of all ages. Sustaining investment in cost effective measures like these is critical to the violence prevention agenda and also makes good sense economically.

For a fuller picture of work to make Nottinghamshire a safe place for everyone, this report should be read alongside the violence prevention and community safety plans of other organisations in Nottinghamshire. It should also be read alongside the Nottinghamshire Knife Crime Strategy being published as this report goes to press, as well as national briefings from the Local Government Association[1] and others.

Jonathan Gribbin
Director of Public Health
November 2018

Chapter 1: Introduction

Improvements in health and wellbeing such as the increases in average life expectancy over recent decades are to be celebrated. So are other indicators of the health of the population for which Nottinghamshire as a whole compares favourably with England – as shown by data in the Public Health Outcomes Framework at **https://fingertips.phe.org.uk/profile/public-health-outcomes-framework.**

Nevertheless, delving into the local data on life expectancy shows some changes over recent years. The first of these is that, since 2011, life expectancy – how long we live - has not increased for males or females. The charts at Figure 1 below shows that female life expectancy even appears to have decreased for the most recent time period. This is an unprecedented change which is in contrast to consistent increases in life expectancy over the previous ten years and indeed previous decades. The situation in Nottinghamshire reflects the national picture; life expectancy in England and Wales has increased since the start of the twentieth century until the early part of this decade, when the improvements stalled for men and particularly women.

Figure 1a: Life expectancy and healthy life expectancy in Nottinghamshire

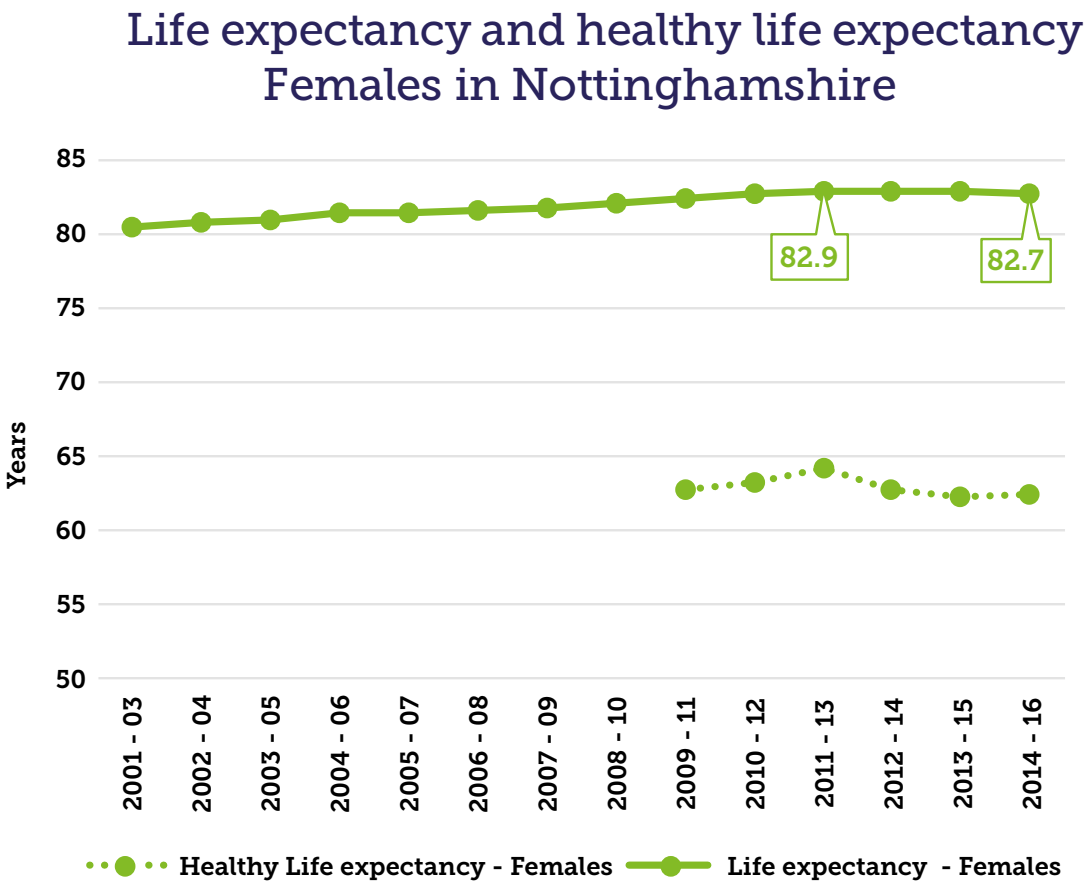
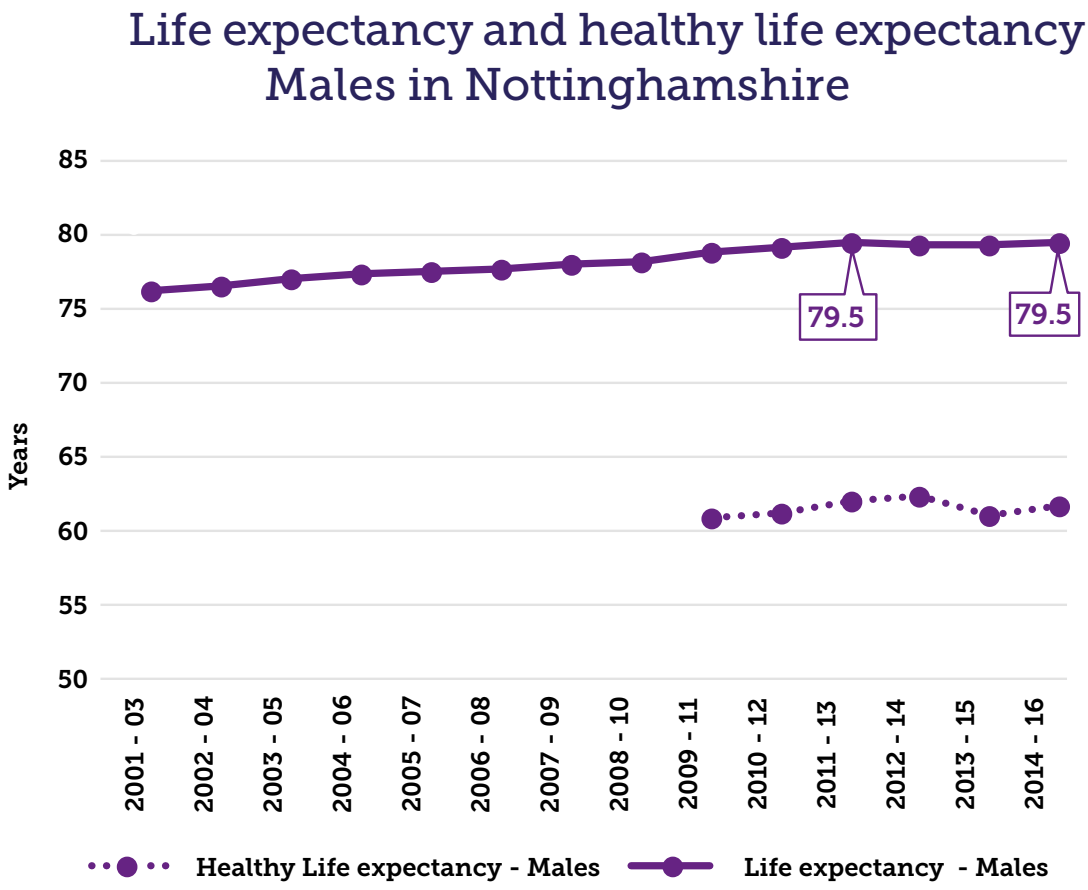


Figure 1b: Life expectancy and healthy life expectancy in Nottinghamshire



Source: Public Health Outcomes Framework, Fingertips tool accessed November 2018

The second change is that healthy life expectancy in Nottinghamshire – how long we can expect to be healthy – has not changed for men since 2011 and may have fallen for women over the same time period. We only have data for healthy life expectancy since 2010, so trends are harder to assess, but recent data show that women in Nottinghamshire can expect to be in poor health for over a quarter of their lifetimes. Men in the County can expect to be in ill health for just over a fifth of their lifetimes. This is significant because increasing healthy life expectancy - the number of years that individuals are healthy – is as important as improving how long people live.

These recent changes to how long Nottinghamshire residents can expect to live and be healthy are in contrast to national and local ambitions. The Secretary of State for Health and Social Care has recently announced a mission to improve national healthy life expectancy by five years by the year 2035.[2] The local health and social care system has an ambition to add three healthy and independent years for Nottinghamshire's population over a five year timescale. Achieving change at this scale will not only mean treating people who are already ill, but also preventing the onset of illness in the first place.

There is evidence about what drives changes in life expectancy and healthy life expectancy, and in particular what can be changed at a local level to try and improve both of these. Improved levels of activity for children and adults, healthy diet, low alcohol consumption and stopping – or not starting – smoking all have a direct positive influence on how the health of our population improves. Along with most other indicators of lifestyle risks to health, Nottinghamshire County as a whole is similar to, or better than, England for these risks. We know, however, that indicators which describe health across the whole of the County often mask wide variation between areas within the County. Different communities have very different risks to health, which contribute to a very different need and demand for health services.

This is why these topics are being addressed as part of prevention work with the local health and care system through the Integrated Care Systems covering Nottinghamshire. In addition, the Nottinghamshire County Public Health team is preparing to change the way in which we work with individuals on these issues across the County. Preparations are well underway to commission and deliver an Integrated Wellbeing Service and a renewed Substance Misuse Service for the County, both of which will start in 2020.

Prevention, of course, isn't only about working with people who already have "risky" behaviours or need treatment. It is almost always more effective to work upstream and aim to prevent issues from occurring in the first place. Analyses show that prevention costs less than dealing with the consequences after they have been allowed to arise. An illustration of how prevention works is given in Box 1 below.

Box 1: Prevention

Prevention involves working in partnership to co-produce the best possible outcomes, using strengths and assets people and places have to contribute. Each level addressed can reduce demand for the next:

- Primary prevention – building resilience – creating conditions in which problems do not arise in the future. A universal approach.
- Secondary prevention – targeting action towards areas where there is a high risk of a problem occurring. A targeted approach, which cements the principles of progressive universalism – providing support for all, giving everyone a voice, but recognising more support will be required by those people or areas with greater needs.
- Tertiary prevention – intervening once there is a problem, to stop it getting worse and prevent it reoccurring in the future. An intervention approach.
- Acute spending – spending, which acts to manage the impact of a strongly negative situation, but which does little or nothing to prevent problems occurring in the future. A remedial approach.

One issue which costs individuals and communities dearly, and is largely preventable, is violent behaviour. Therefore, in the context of this preventable burden for people in Nottinghamshire, and the opportunity to apply a public health approach to tackling it, the following chapters highlight some of what is being done already and what more is required.

Chapter 2: The nature of violence in Nottinghamshire

Violence is a complex social problem. Interpersonal violence covers the full spectrum of use-of-force from the non-injurious (i.e. causing no physical harm) to the fatal. It can occur between intimate partners or complete strangers, and in every other sort of relationship; it can also be directed to self, as with suicide and self-harm. The only common factor is an intent to cause harm on the part of the perpetrator.

We are fortunate to live in a place and time that is almost uniquely safe and peaceful. The intentional homicide rate for England (12.1 deaths per million population)[3] is dwarfed by that of crime and poverty-afflicted countries such as El Salvador (828.4 deaths per million population) or Jamaica (470.1 deaths per million population). Nottinghamshire's intentional homicide rate is slightly below the national average, at 10.1 deaths per million population[4]. Information in the 2018 England and Wales Crime Survey shows that nationally, homicides have increased over the last four years, but this remains a low-volume crime. However, while homicide data may give us a hint of the wider picture, violent death is an extreme fraction of the overall mental, physical and social health burden associated with the problem of violence.[5] There is far less certainty about actual levels of non-fatal violence, because of the number of assaults that are never reported to anyone. [6]

Data recorded by the police gives Nottinghamshire a violent crime rate of 16.1 'violence against the person' offences per 1,000 population, which is lower than the national rate of 20/1,000.[7] However, because of occasional changes in the law (creating new offences that can then be prosecuted, for example) and inconsistent reporting of certain crimes, police data is not always a good indicator of the prevalence or trends in violent crime. In some circumstances, relatively high recorded rates of a particular crime could be a positive sign, indicating that the local police force is successfully overcoming the barriers that victims in other areas may experience to reporting their experiences. The Crime Survey for England and Wales estimates that the number of crimes committed annually (excluding fraud and cybercrime) dropped by approximately a third between 2010 and 2017 (from 9.3 million to 5.8 million), although reporting has increased over the same period.[8] Nottinghamshire Police report that the same trend has been seen locally.[9] Violent crime represents about a third of all reported crime, but is unevenly distributed (being heavily concentrated in urban centres) and has a greater potential to cause lasting physical harm to victims compared to other kinds of crime.

Inpatient and A&E admissions resulting from violence in Nottinghamshire have continued to fall over the last few years,[10] suggesting that the national trend of reducing levels of violent crime is also occurring at a County level. However, there is much more work to be done in order to identify, treat and support survivors of violence in Nottinghamshire, and to prevent future harm and/or trauma.

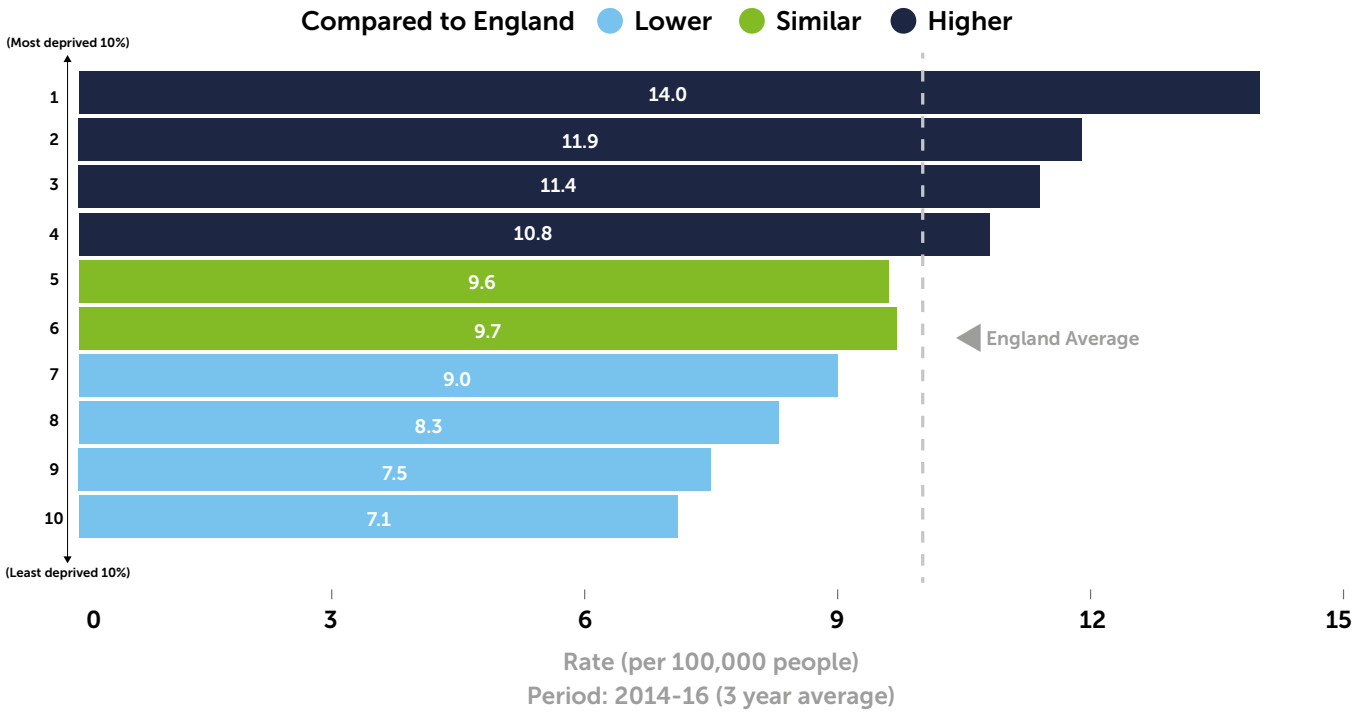
Risk factors for violence in the population are complex and wide ranging, but can include experiences during childhood. Studies to understand the consequences of childhood trauma in the United States developed the concept of Adverse Childhood Experiences (ACEs). These studies showed that experiences like child maltreatment or witnessing domestic violence can lead to higher levels both of interpersonal violence and self-directed violence in adolescence and adulthood, with risk factors being cumulative, so that the risk of all forms of violence increases. Whilst this association sends a strong signal, it is important that we also keep in mind that many people who experience

violence in their childhood do not go on to be violent themselves and there is a body of evidence about the factors which increase the resilience of individuals to the harmful impacts of ACEs. Separate research into the impacts of ACEs by Public Health Wales found that preventing ACEs in future generations could reduce levels of violence perpetration by 60% and violence victimisation by 57%. [11]

Homelessness is one example of how risk factors for experiencing violence can accumulate and be amplified. Negative childhood and teenage life experiences (i.e. ACEs) are known to significantly increase the risk of homelessness.[12] But once an individual becomes homeless, often as a result of having experienced violence, they become more likely to experience further violence. The vulnerability inherent in homelessness, as well as the high levels of substance misuse and mental health problems associated with it (which comprise a complex web of cause-effect relationships), make rough sleepers as much as 13 times more likely to experience violence, including domestic or sexual violence. [13]

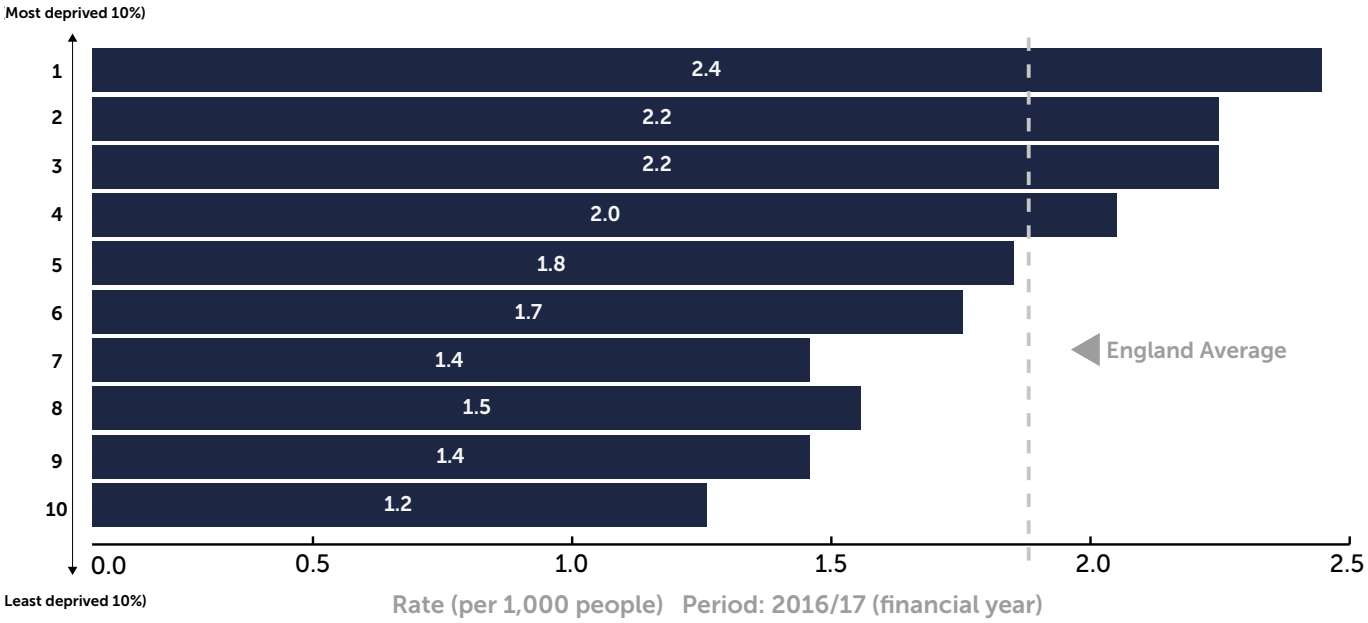
We know that homelessness and childhood trauma, together with other risk factors for various forms of violence, are distributed very unequally across the population. It is therefore no surprise, but remains an additional concern, that the incidence of many forms of violence are also unequally distributed. To be more specific, the scale of the burden on a community and its individuals increases according to the level of deprivation it experiences. The following charts illustrate this for suicide and violent crime. They underpin the need for services which address needs in all communities and in proportion to the level of need.

Figure 2: Suicide rate by deprivation (tenths) – Within England, compared to England average



Source: PHE Public Health Profile, "4.10 - Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population – inequalities by LSOA", (last accessed October 2018)

Figure 3: Sexual offence rate by deprivation (tenths) – Within England, compared to England average



Source: PHE Public Health Profile (based on Home Office and ONS source data), "1.12iii - Crude rate of sexual offences per 1,000 population – inequalities by District", (last accessed October 2018)

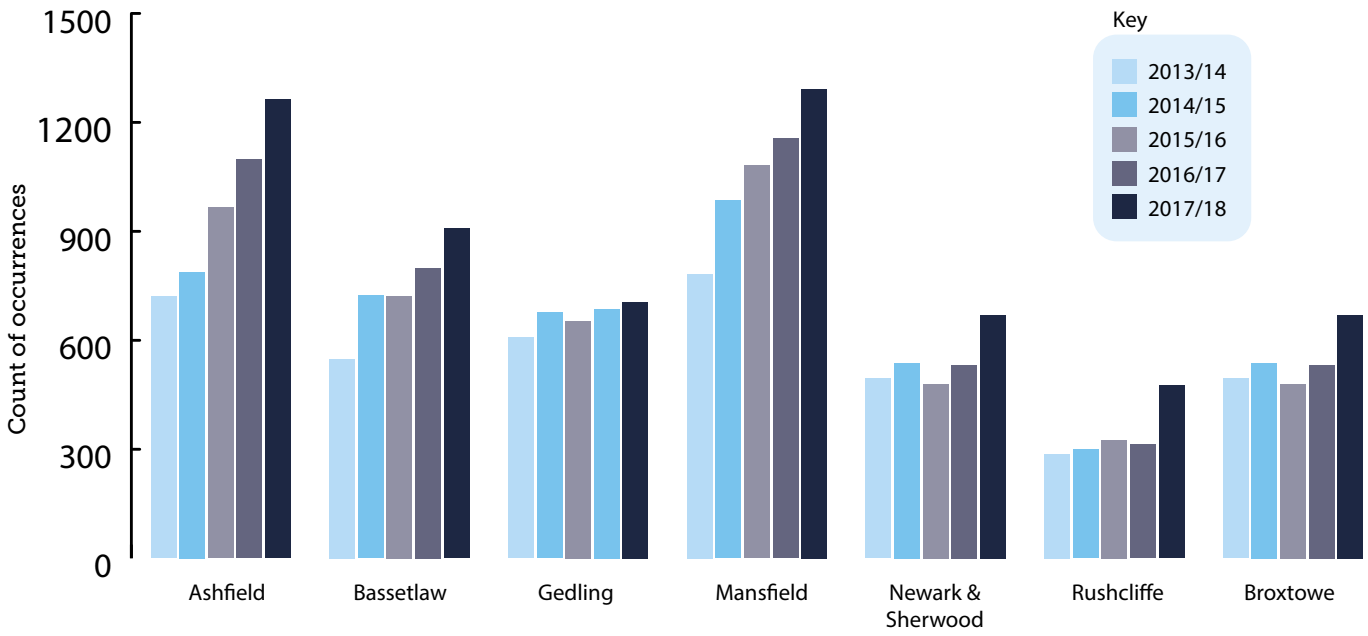
Domestic and sexual violence

Violence through domestic and sexual abuse is experienced by women and children in particular. Domestic abuse is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality. It encompasses but is not limited to psychological, physical, sexual, financial and emotional abuse. The Department of Health defines sexual abuse as abusive acts directed towards an individual's sexuality including sexual assault, rape, sexual coercion, sexual bullying and female genital mutilation. Other types of domestic and sexual abuse include stalking and harassment, honour based abuse and forced marriage.

Domestic abuse accounts for 11% of all crimes recorded by the Police.[14] However estimates from the Crime Survey for England and Wales suggest that 79% of people do not report to the Police. Applying estimates from the Crime Survey for England and Wales, approximately 26,710 persons in Nottinghamshire, **17,022** females and **9,688** males, experienced domestic abuse in the 12 months to March 2017. An estimated 16% of children live in a household where there is domestic abuse, which equates to 26,480 children in Nottinghamshire.[15] 75% of children who live in a household where domestic abuse occurs are exposed to incidents. These children have an increased risk of long term physical and emotional problems.[16]

Figure 4 below shows how recorded domestic abuse crime occurrences in Nottinghamshire have been increasing in recent years. This does not necessarily mean that the actual number of domestic violence incidents is increasing, but is a reflection of work to encourage reporting and accurate recording of domestic abuse, as part of a strategy to increase awareness.

Figure 4: Recorded domestic abuse crime by district shows a general increase over time.



Source: Nottinghamshire Police, 2018.

Sexual abuse is experienced by **20%** of women and 4% of men over the course of their lives. However, estimates from the Crime Survey for England and Wales suggest that 83% of people do not report to the Police.[17] An estimated **13,000** adults in Nottinghamshire are likely to have experienced sexual abuse in the last year, while over **80,000** may have experienced this in their lifetime.[18]

Domestic and sexual abuse can lead to significant increased use of health services, hospital admissions and prescriptions, due to chronic health problems especially mental health, gynaecological problems and other symptoms. Other consequences of domestic violence include homelessness, loss of income or work, isolation from friends and family, poverty and financial hardship - all of which can also increase individual vulnerability to future violence. For the children in families where domestic abuse is present, there are impacts on long term physical, emotional and mental health, as well as a greater risk of violence, including domestic violence, by this group.[19]

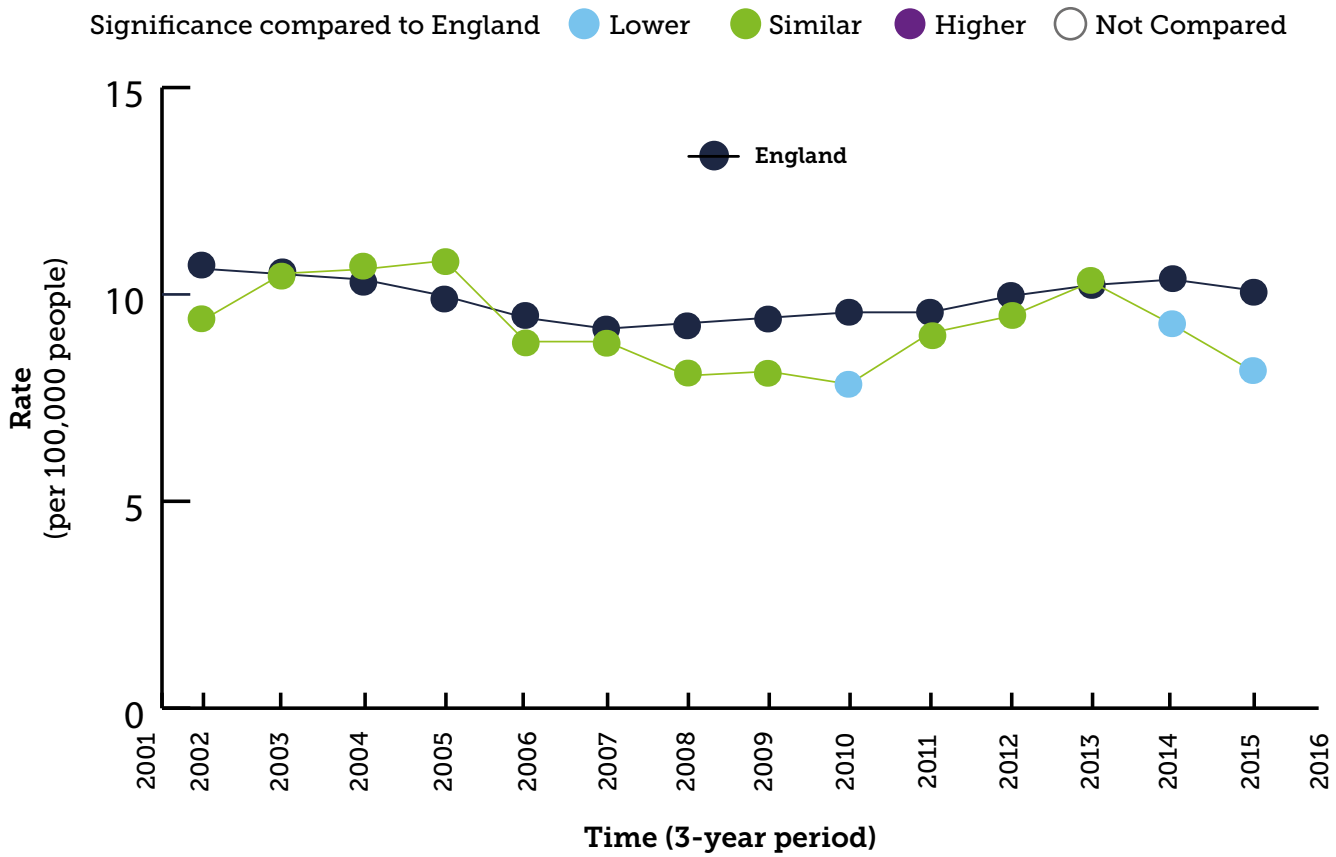
Domestic and sexual violence can ultimately result in the murder of the victim. There are currently 14 Domestic Homicide Reviews taking place in Nottinghamshire, ten of which are from the last three years. Approximately half of the domestic homicide reviews currently ongoing in Nottinghamshire involved the use of a knife.

Self-directed violence

Alongside the interpersonal violence described in the sections above, self-directed violence is also a significant public health issue.

In England, approximately one person dies every two hours as a result of suicide.[20] Suicide is the second leading cause of death for young people aged between 15 and 29 years.[21] The latest data on rates of suicide per 100,000 population in Nottinghamshire is 8.2 suicide deaths (2014-16) which equates to about 59 deaths per year. This is significantly lower than England but follows a longer period when the value has remained similar to England.

Figure 5: Suicide rate in Nottinghamshire - significance compared to England



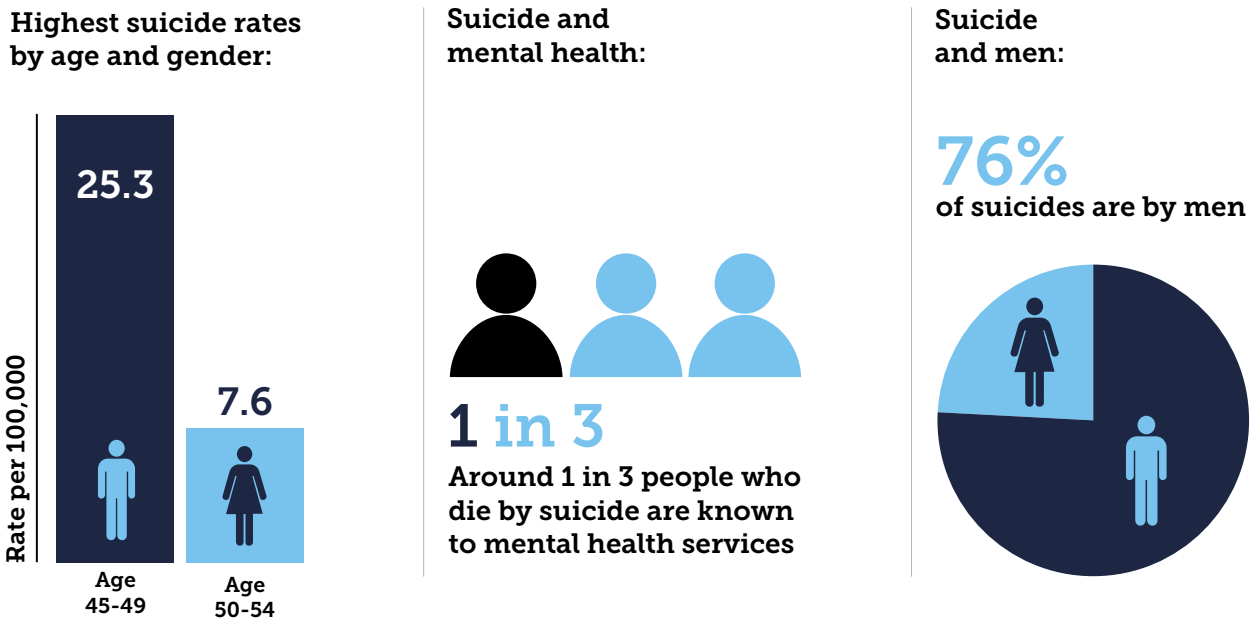
Note: Significance comparison is a statistical method that allows us to judge, with 95% confidence, when values are different to the England value due to more than chance alone.

Source: PHE Suicide Prevention Profile (based on ONS source data) (last accessed October 2018)

The National Suicide Prevention Alliance estimates that at least 10 people are personally affected by each completed suicide, meaning that in Nottinghamshire, at least 590 people are directly impacted each year and would benefit from support.

Nationally, more men die of suicide than women – the ratio of male to female suicide deaths is 3:1, with men aged 45 to 49 at highest risk. In Nottinghamshire, the gender split in the suicide rate is in line with national rates.

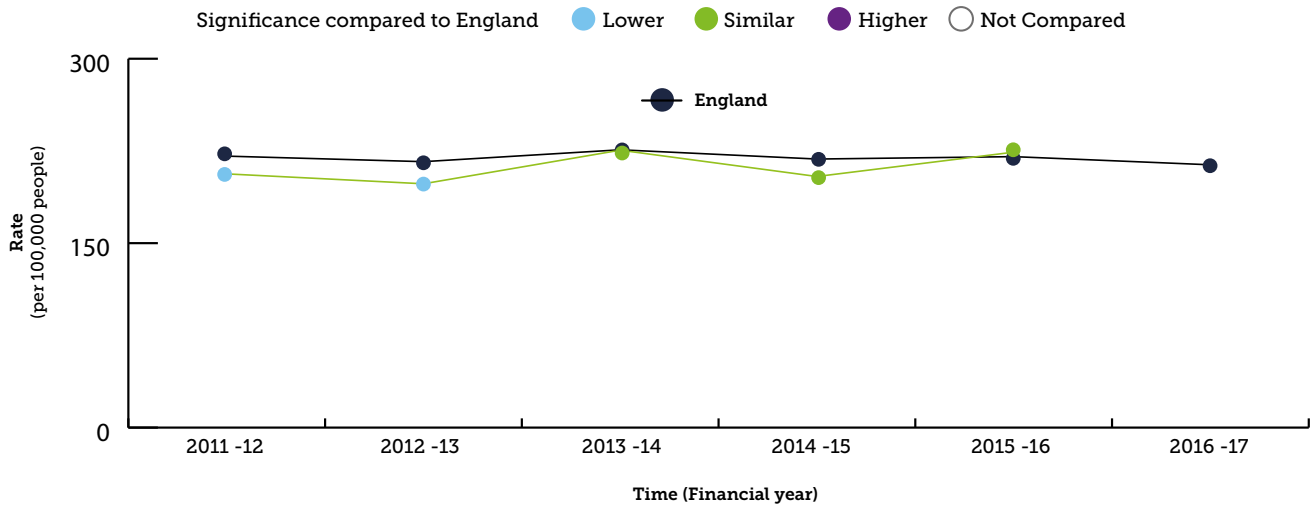
Figure 6: Suicide in the population



People who are at increased risk of suicide include individuals at any stage in the criminal justice system, people with mental health problems, and people who self-harm. One in three people who die by suicide are known to mental health services. UK studies have estimated that in the year after an act of deliberate self-harm the risk of suicide is 30–50 times higher than in the general population. Non-fatal self-harm leading to hospital attendance is the strongest risk factor for completed suicide. [22]

In England, self-harm is one of the most frequent reasons for emergency hospital admissions.[23] During 2015-2016, there were 1,617 emergency hospital admissions for intentional self-harm in Nottinghamshire. The rate of self-harm, for comparison with other areas, was 205.3 per 100,000 population - statistically similar to England (although the value is higher), as shown in the figure below.

Figure 7: Emergency hospital admission rate for self-harm over time in Nottinghamshire compared to England

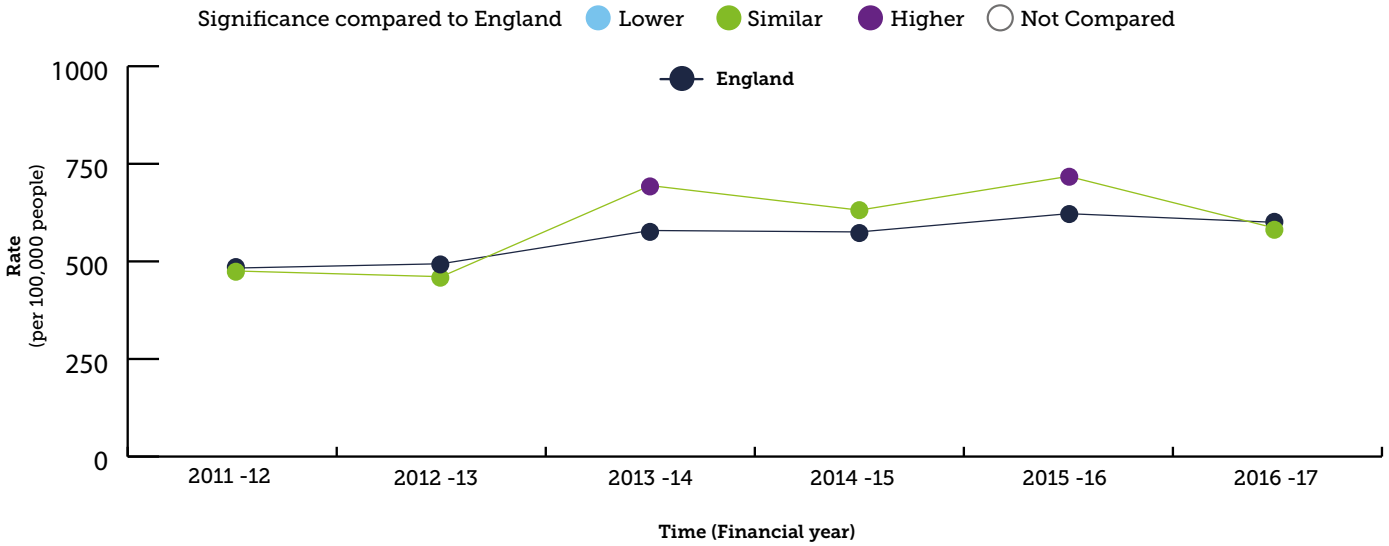


Note: Data for Nottinghamshire for the period 2016/17 is not available. **Note:** Significance comparison is a statistical method that allows us to judge, with 95% confidence, where values are different to the England value due to more than chance alone. **Source:** PHE Suicide Prevention Profile (based on HES and ONS source data) (last accessed October 2018

Estimating the true incidence of self-harm is difficult as only a small proportion of people present to clinical health services. This means that it remains largely hidden within communities.

The incidence of self-harm is increasing amongst young people and includes a 68% rise in reported self-harm among girls age 13-16 since 2011.[24] There has been an increase in hospital admissions for young people as a result of self-harm over time, as shown in Figure 8 below. In 2016/17 this equated to 260 hospital admissions in Nottinghamshire as a result of self-harm for the 15-19 age group.[25]

Figure 8: Hospital admission rate for self-harm among young people over time – Nottinghamshire compared to England



Source: PHE Children and Young People's Mental Health and Wellbeing Profile (based on HES and ONS source data) (last accessed October 2018)

Note: Significance comparison is a statistical method that allows us to judge, with 95% confidence, when values are different to the England value due to more than chance alone.

A recently published survey of 11,000 young people aged 14 found that 15.5% of children (22% of girls and 9% of boys) reported that they had hurt themselves on purpose in the previous year.[26] Young people who self-harm are at higher risk of negative health and wellbeing outcomes in the long term. There are also social and emotional effects for parents, carers and family members.

We have described how violence in Nottinghamshire takes a variety of forms. In the following chapters, we will look at what is being done already to prevent and reduce impacts of different types of violence in Nottinghamshire, and identify what more can be done to address this issue in our communities using public health approaches.

Chapter 3: Identifying survivors of violence

Identifying people who have experienced violent assault in Nottinghamshire is a challenging but important task. It is challenging because many survivors of violence do not report it to anyone, whether out of fear, shame, a wish to protect the perpetrator or mistrust in the authorities. It is important because identifying survivors of violence allows the police, health and social services to:

1. Give those people the treatment, help and support they need to recover from their experiences,
2. Work with them, where necessary, in order to reduce the possibility of future attacks on them by the same person(s),
3. Fully understand the scope and distribution of violent crime within Nottinghamshire so that we can more effectively work to prevent other people from experiencing life-changing or even life-threatening violence in the future.

Police and first responders, ambulance staff, A&E nurses and doctors in Nottinghamshire are extremely experienced in dealing with survivors of violence, and are compassionate and skilful in doing so. Comments like "The policeman was so kind" or "You can hardly see the stitches" remind us of the extraordinary work that frontline staff do in responding to incidents of violence. But how much better it would be for individuals, their community and its cohesion, and to the local economy and public services if we were to prevent the violence from happening in the first place.

This chapter will explore some of the strategies being used in Nottinghamshire to identify survivors and to prevent further violence.

A Public Health approach to violence

When people refer to violence as being a "social disease", they are not always speaking figuratively. Violence has many similarities with biological disease, some of which are listed below:

- Risk factors (such as mental health problems) which can make a person more likely to experience violence.
- Protective factors (such as living in a certain neighbourhood) which can make a person less likely to experience violence.
- Outbreaks. Especially in the case of turf warfare between gangs, violence can spread rapidly through a community with each violent act triggering reprisals.

Public health therefore has some insights to offer in terms of preventing violence on a population level, by using research evidence to identify risk and protective factors, as well as the most effective interventions to interrupt transmission, just as we would do in an outbreak of infectious disease.[27]

Here are some examples of the factors that can make an individual (or a community) more or less likely to suffer from violence:

Risk factors	Protective factors
Individual Access to weapons Drug and/or alcohol misuse Mental health problems and/or disability	**Individual** Good physical and mental health
Interpersonal Family history of violent crime Exposure to violence in childhood Homelessness	**Interpersonal** Problem-solving and conflict resolution skills Stable and nurturing family relationships Reliable housing
Community Unemployment Lack of after-school activities Lack of community integration	**Community** Social and community cohesion Access to effective clinical care for mental, physical, and substance abuse disorders
Societal Poverty Social norms that make violence acceptable Discrimination and social division	**Societal** Public policy to reduce health and economic inequalities Investment in low-income communities Social norms that discourage violence

Adapted from Safe States Alliance [2011] [28]

As this table shows, the individuals and communities most at risk of violence are often those with other health and social care needs, and may already be known to frontline service providers. The causes and effects of violence are so closely inter-linked that it is better to think of them as associations. For example, unstable home environments, social isolation, mental health and/or substance misuse problems can all lead to, and result from, exposure to violence.[29] Interventions to reduce violence often therefore link closely with wider health improvement strategies.[30]

Violence can often be self-perpetuating. This is partly due to the phenomenon of revenge attacks creating a vicious cycle of reprisals, something that is especially the case with gang violence, but also because people who feel unsafe may be more likely to carry weapons or attack potential aggressors pre-emptively.[31] Breaking this destructive cycle depends on early intervention with people who have experienced violence but are not yet committed to responding in kind. A local pilot of this kind of intervention is currently being undertaken at Queen's Medical Centre (see box 2).

Box 2 – The Redthread Youth Violence Intervention Programme

The Youth Work charity Redthread is undertaking a three year pilot study in the Queen's Medical Centre Emergency Department in collaboration with the hospital trust and academic partners who will evaluate its impact. The team makes contact with young people between the ages of 11 and 24 years who have been admitted to the department after experiencing a serious assault (including sexual assaults, stabbings, gun crime and domestic violence).

The model of intervention focuses on using the negative experience of violence, injury and recovery as an opportunity to motivate positive life changes, facilitated by mentors to whom the young people can relate. Youth workers continue to engage with survivors after their discharge from hospital to support them in making beneficial long-term plans and to prevent them from either becoming caught in a cycle of repeat victimisation or looking for revenge.

Partner organisations in this project include Nottingham University Hospitals NHS Trust, Nottinghamshire Police, the Nottinghamshire Office of the Police and Crime Commissioner, Nottingham City Council and Nottinghamshire County Council.[32]

Recommendation: Police, health and voluntary sector stakeholders should incorporate the identification and support of past and potential victims of violence in services for high-risk groups.

Routine Enquiry about Childhood Adversity (REACh)

Box 3: Adverse Childhood Experiences (ACEs)

These are types of trauma experienced in childhood. Types of trauma usually measured include:

- **Physical abuse**
- **Emotional abuse**
- **Sexual abuse**
- **Neglect**
- **Witnessing domestic violence in the home**
- **Substance misuse by adults in the home**
- **Mental illness of adults in the home**
- **Losing a parent through divorce or separation**
- **Losing a parent through imprisonment**
- **Losing a parent through bereavement**

Studies have shown a reliable association between higher numbers of reported ACEs and poor mental and physical health in adulthood.

Adverse Childhood Experiences (ACEs) (see Box 3) are well known to be associated with significant mental and physical health problems, as well as higher likelihood of becoming a victim or a perpetrator of violence.[33] Since ACEs may also include exposure to violence (physical or sexual abuse, the death of a family member), they are a key component for the multi-generational family cycles of deprivation, ill health and violence into which some children in Nottinghamshire are born every year. Growing into adulthood, these people may be at higher than average risk of victimisation, or of victimising others.

Although the evidence base here is still developing, there have been promising studies of an intervention known as "REACh", or Routine Enquiry about Childhood Adversity. This programme recognises that although ACEs are relatively common (and especially common in regular health and social service users), many people may be reluctant to disclose them, or may be unaware that their negative childhood experiences could be impacting on their health as an adult. Training and support is therefore provided for frontline staff to ask service users about their childhoods, and to make appropriate referrals to counselling and support services if ACEs are disclosed.[34] These services are intended to enable and empower people who may well have experienced violence to identify and overcome its long-term effects, and to reduce the likelihood that as a result of those experiences they will become either a victim or a perpetrator of violence in future.[35] The County Council public health team is leading work with partners to launch and evaluate a pilot of a REACh programme in Nottinghamshire.

Recommendation: County Council Public Health team should pilot work to empower service users to exercise increased control by equipping frontline staff to enquire about experience of childhood adversity.

Data sharing for violence prevention

The incomplete reporting of violent assaults to the police means that they do not have a complete picture of when and where violence is occurring in Nottinghamshire.[36] This hampers prevention. One option for overcoming this problem is known as the "Cardiff Model", named after the city that pioneered it.[37] Currently, if a person is brought in to A&E with a knife or bullet wound, they do not have the right to stop this information being shared with the police because, in the case of assault with a deadly weapon, it has been decided that the importance of community safety outweighs an individual's right to privacy.[38] However, in the absence of stab wounds and bullet holes, if an A&E patient does not want his or her details shared with the police then staff have a responsibility to maintain confidentiality. The victims of violence whose personal details are withheld from the police represent a rich source of data about violence "hotspots", which could be used to enhance prevention.

The success of the Cardiff Model is in identifying that important information could be shared while still maintaining confidentiality. A&E departments are now required to ask a few additional questions of assault victims, such as "What time did the assault take place?", "Where did it happen?", "How many assailants were there?", "Were any weapons used?" This data is then anonymised, so that it cannot be traced back to the individual patient, and shared with the police through Community Safety Partnerships (CSPs).[39] [40] This responsibility has been embedded in guidance from the College of Emergency Medicine,[41] public government commitments[42] and NHS contracts.[43] However, historically the implementation of the Cardiff Model (outside Cardiff) has been patchy.[44]

The benefits of good data sharing can be enormous. Improved hotspot mapping by the police and CSPs can be used to target police patrols in high risk areas, to review licensing restrictions on bars or clubs where large numbers of assaults are occurring, or in changing the physical environment to reduce the likelihood of violence (e.g. the location of taxi ranks or CCTV cameras).[45] When this policy was implemented in Cardiff, it was found to have been associated with a 40% reduction in violence-related A&E admissions over four years, and to have saved up to £7million (or £82 for every £1 spent) in health, legal and social costs.[46] Other areas are reporting good outcomes from implementing the Cardiff model and analysing the information it provides.[47]

All Nottinghamshire hospitals have established data sharing arrangements with the police and the Safer Nottinghamshire Board, although there have been difficulties relating to incompatible data systems and ensuring appropriate feedback to the provider organisations.[48]

Recommendation: Community Safety Partnership and A&E departments should ensure data from A&E departments is routinely shared and is used to improve community safety

Knife Crime

There has been considerable media attention recently on the growing problem of knife crime in the UK.[49] Although the rise in crimes of this type has been smaller in Nottinghamshire than nationally, there have been warnings of an increased culture of knife possession among young people in the county.[50] Social media may also play a role in this phenomenon, not only through the glamourisation of knife possession but also in the way that online squabbles can escalate into violent altercations.[51] This emphasises the need to support high risk young people, who may have experienced violence and lack conflict resolution skills, to avoid the risks posed by online interactions. An example of such support is that being carried out by the Tackling Emerging Threats to Children team at Nottinghamshire County Council.[52]

Nottinghamshire Police Force (who cover both the City and County) recorded 822 violent knife crimes in 2017/18, 42% of which occurred outside of the Nottingham city boundaries. More than two-thirds of the identified perpetrators were under the age of 25.[53] The Government's Serious Violence Strategy [54] identifies that public health interventions have been effective in halting this increase. Drug and alcohol use, homelessness, domestic violence and school exclusion are all potential catalysts of knife crime which are addressed by services commissioned by Nottinghamshire County Council. However, as well as tackling the root causes, public health data and expertise can also be a useful component of multiagency responses to knife crime, including identifying communities with the highest prevalence of risk factors.

Examples of some international programmes with relevance to knife crime reduction are explored in Box 4. The public health team is working with partners to explore the feasibility of using elements of these programmes locally.

Recommendation: Reduce knife crime in Nottinghamshire through the piloting and rigorous evaluation of public health approaches

Whether implementing REACh, sharing data across organisations, or supporting young people to avoid becoming trapped in a vicious spiral of violence, multi-agency partnerships, between education, policing, local authority, health and social services, are key.[55] The importance of engaging with and empowering violence-affected communities to generate local grassroots solutions to these problems should also not be understated. In 2017/18 over £750,000 was given out by the Home Office in small grants ranging from £2,000-20,000 to help communities work with young people and prevent them from being drawn into knife crime.[56] The public health team will be active in leading and contributing to violence prevention work over the coming year.

Box 4 – Public health approaches to preventing violence and knife crime around the world

The Violence Reduction Unit was established in Glasgow in 2005, at a time when the city was known as the "murder capital" of Western Europe. The local police decided to adopt an explicitly public health approach to reducing violence, focusing particularly upon knife crime and weapon possession offences. Through multiagency partnership working across the education, health and voluntary sectors, and by targeting violence-catalysts such as alcohol misuse, the Unit has seen success in targeting hotspots and challenging knife culture. Over the last decade, local numbers for assault-related A&E admissions and homicides have both been cut in half.[57]

The "Comprehensive Gang Model" (CGM), which is used in various parts of the United States, takes a multi-pronged approach to preventing gang violence. Violent gangs usually form in cities and in the absence of supportive social institutions and opportunities. The young people who join them often do so out of a perceived need for protection in a dangerous environment. The CGM approach therefore aims to address the root causes of gang membership among marginalised young people, as well as engaging with existing gang leaders and membership in order to broker peace agreements with rival gangs, and to offer exit opportunities from that lifestyle.[58]

The "Cure Violence" programme, which was founded in Chicago in 1999, used a behaviour change and community engagement model to address inner-city gun crime. Although there were many elements to the model, the most well-known was the employment of violence "interrupters" – often former gang leaders who were well-respected by the young people at greatest risk – to intervene after a shooting in order to de-escalate the situation and prevent reprisal attacks. The organisation also aimed to address root causes of violence, such as unemployment, by providing free training courses and helping young people to find jobs. The programme was sometimes controversial, in that it sought to be independent from the police (to maintain credibility with gang-affiliated young people), but has been positively evaluated in terms of its impact in reducing violence.[59]

Chapter 4: Young people and violence: building resilience

Later chapters look at preventing and reducing the impact of domestic violence and self-harm, both of which are topics with particular relevance for children and young people. This chapter focuses on other aspects of violence prevention amongst young people.

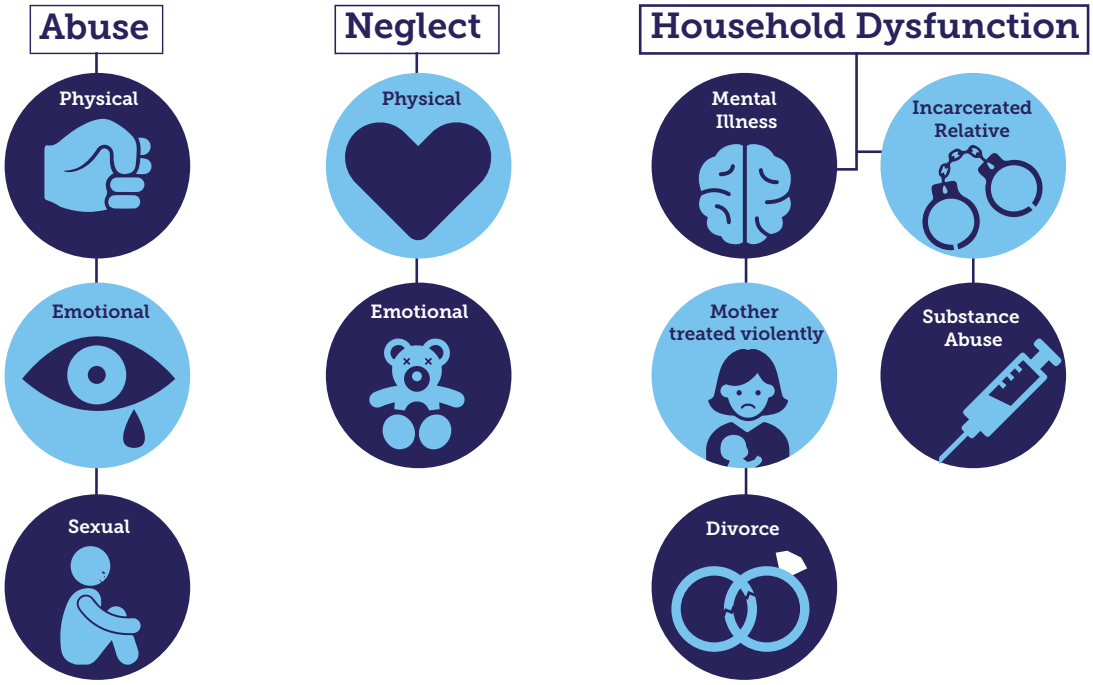
Adverse Childhood Experiences (ACEs) are strongly associated with a young person becoming either a perpetrator or a victim of violence. The table below outlines the risk factors for an individual young person's likelihood of becoming a perpetrator and a victim of violence (or both) and Figure 9 shows the ACEs which are intrinsically linked to these.

Table 1: Risk Factors of becoming a perpetrator and/or victim of violence

Risk factors of becoming a perpetrator/victim
Deprivation and social inequality
Disability
Psychiatric disorder (in particular personality disorder)
Substance misuse (alcohol, drugs)
Violent peers/bullying/gang membership
Exposure to cultural and social norms that support violence

[Adapted from Public Health England/ UCL Institute of Health Inequality, 2014][60]

Figure 9: Adverse Childhood Experiences (ACEs)



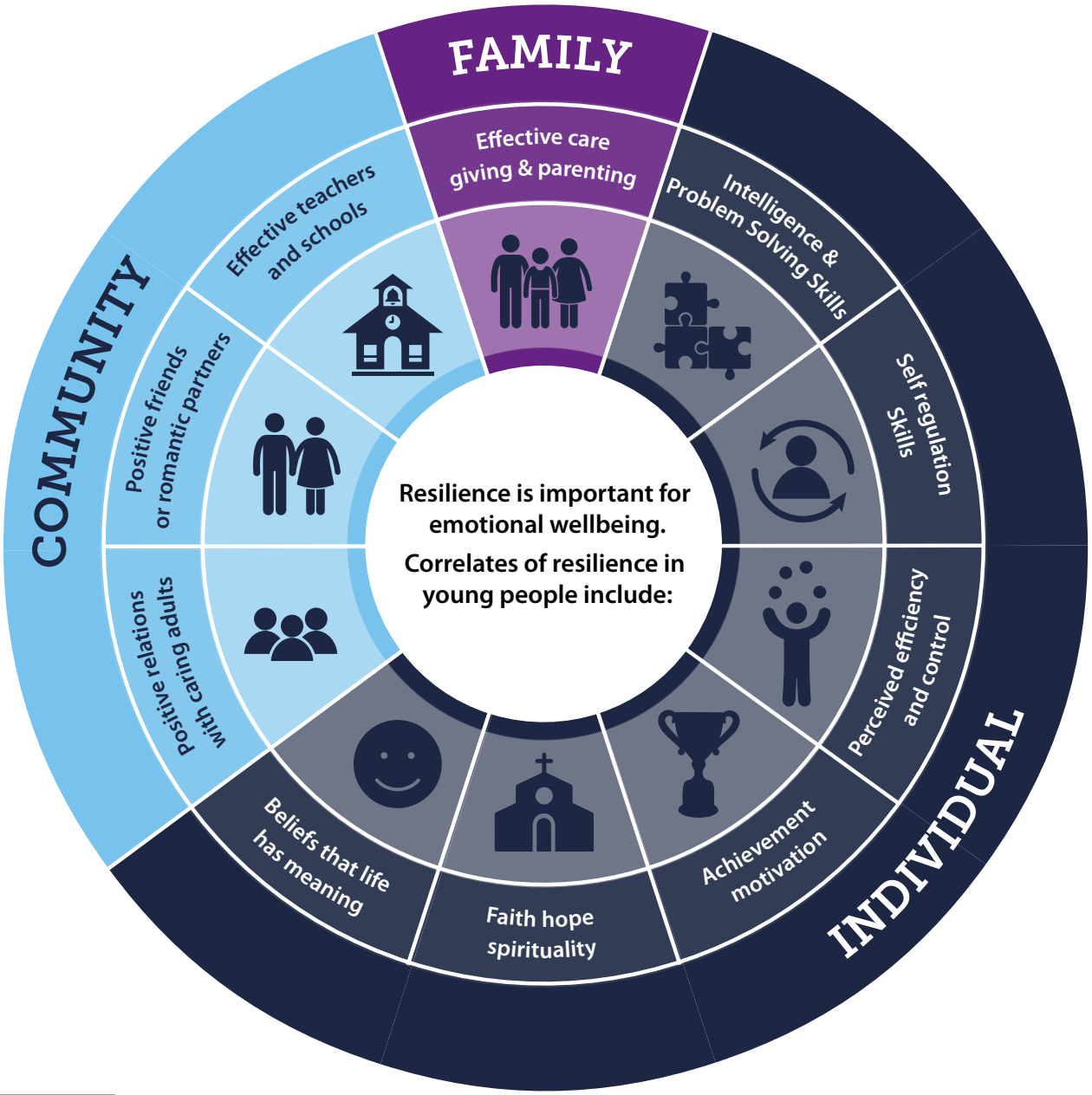
Source: Reproduced with permission of the Robert Wood Johnson Foundation, Princeton, N.J

Recommendation: Ensure all frontline staff working with children, young people and families have the opportunity to access training that will equip them with the skills to recognise and respond appropriately to ACEs in young people

Developing resilience amongst young people

Resilience is defined as the ability to 'bounce back' from adversity.[61] Evidence shows that resilience contributes to healthy behaviours, improved school attendance and attainment leading to higher qualifications and skills, better employment, better mental wellbeing and a quicker and more successful recovery from illness.[62]

Figure 10: What contributes to resilience?



Source: PHE, 2016

There are a variety of programmes being implemented locally to support development of resilience in young people.

- Family Nurse Partnership (FNP)

FNP supports young vulnerable first-time mothers from early pregnancy to child's second birthday. It provides an intensive home-visiting programme for first time young mothers in the County. Evidence shows that the FNP programme leads to reduced violence and related outcomes in the long and short term. These include reduced intimate partner violence in the first two years of the child's life and reduced child abuse, neglect and A & E admissions the child's first year of life.[63]

- Academic Resilience programmes

Each Amazing Breath delivers the resilience programme 'Take Five' in schools across Mansfield/Ashfield, Newark/ Sherwood and Bassetlaw,[64] and Young Minds provides an academic resilience programme across Broxtowe, Rushcliffe and Gedling. Fifteen schools currently engage with each, including primary, secondary and special schools.

Recommendation: Improve the resilience of young people by evaluating and improving schools based resilience programmes in Nottinghamshire

- Kooth Online Counselling Service

The 2014 'What About YOUth' (WAY) England survey of 15 year olds found 63% of girls and 48% of boys said they were bullied in the last couple of months. The Health and Social Care Information Centre (HSCIC) was commissioned by the Department of Health to run the survey in direct response to the Children and Young People's Health Outcomes Forum, in order to find out more about young people's health behaviour. The WAY survey also reported that 10% of boys and 19% of girls reported cyberbullying in the past couple of months in 2014.[65]

Both perpetrators and victims of bullying have increased health risks. Perpetrators are at increased risk of substance misuse in early adulthood. Victims of bullying, including cyber-bullying, are more likely to exhibit challenging behaviour, experience higher rates of depression and internalised mental health problems, increased risk of suicidal ideation and self-harm, more likely to have had psychotic episodes by age 18, showed poor school adjustment and were more likely to be a young parent under the age of 20.[66] Several services currently address some of these issues at a local level; however, there is still more work to be done. Local authorities also have a role in ensuring that schools incorporate cyberbullying awareness in programs through locally commissioned services offering specialist support.

Recommendation: Reduce the incidence and impact of cyberbullying through schools-based work by the Schools Health Hub and the Tacking Emerging Threats to Children team

In Nottinghamshire the KOOTH online counselling service, provided by XenZone, offers a free and confidential service with no referral required. It is accessible via mobile phone, tablet or desktop computer. Between January and December 2017, 1183 Nottinghamshire young people registered with Kooth, of which 305 accessed counselling sessions. 87% of young people returned to Kooth after their initial registration, and 98% of young people would recommend Kooth to a friend.

- What about Me? Service

This service provides 1-1 support to children and young people affected by somebody else's mental health and/or substance misuse. The service is provided in the community so they can see individuals at a place near and convenient to them. There were 71 Nottinghamshire children and young people on the caseload of this service between April and June 2018, who between them received 395 individual support sessions.

- Schools Health Hub (SHH)

The aim of the Schools Health Hub is to support schools to improve health and wellbeing and educational outcomes, resulting in safe, healthy, happy, resilient children and young people who are able to achieve their potential, as well as assisting more schools in achieving an 'outstanding' Ofsted result through broadening of

their curriculum. As well as this the hub focuses on supporting schools with the identification of local health and wellbeing concerns. It provides advice, guidance and information for schools in relation to policy development, Personal, Social, Health and Economic (PSHE) education planning and training - including signposting to existing training and services. To date over 30 schools have been engaged with the Schools Health Hub as well as a range of key partners and stakeholders.

Schools, as universal free services that play an important role in the development of children for at least 11 years of their lives, have an opportunity to increase the resilience of the students they teach, their families, and the wider community, particularly in the face of adversity. Studies have shown that where children were exposed to community violence, school support seemed to be a strong predictor of behavioural, academic and emotional resilience.[67]

From September 2020 all schools will have to teach Sex and Relationship Education (SRE) in secondary schools and Relationship Education in primary schools. Both the SHH and Tackling Emerging Threats to Children (TETC) teams have a key role in influencing what is delivered whilst also having the opportunity to integrate an awareness of resilience building into these lessons alongside the existing targeted programmes being delivered.

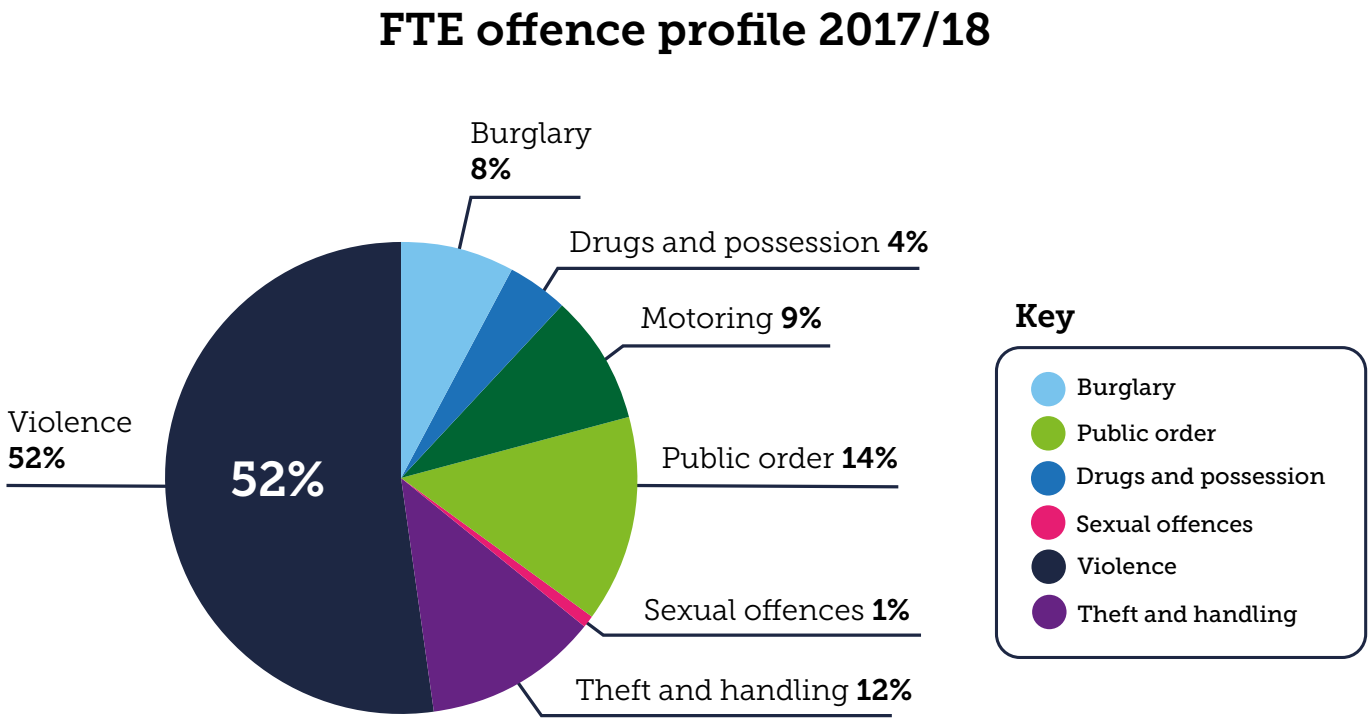
Recommendation: Schools Health Hub (SHH) and Tackling Emerging Threats to Children (TETC) teams should support schools to deliver evidence-based appropriate Personal, Social, Health & Economic education (PSHE)

Early intervention to reduce and prevent further violence amongst perpetrators

There were 74 first time entrants into the youth justice system in 2017/18. Figure 11 below shows the offences committed by First Time Entrants (FTEs). Violence makes up the largest proportion of the FTE offence types and this is consistent with previous quarters and previous years.

Most First Time Entrants are males aged between 14 and 16. This group is particularly important to engage with, since imprisonment is closely associated with other violence risk-multipliers such as homelessness.[68]

Figure 11: First Time Entrants into the Youth Justice System by offence type (October 2017 to March 2018)



Source: Nottinghamshire commissioned services performance report for quarter 3 and 4, Offences committed by First Time Entrants to the youth justice system by offence type (October 2017 to March 2018)

Nottinghamshire benefits from a Youth Offending Team (YOT) nurse specialist for all three locality teams, providing young people with a health needs assessment and a care plan or referrals on to services to meet unmet health needs. In order to keep a focus on reducing the number of young people entering the criminal justice system, the YOTs continue to work with key partners such as the police and community safety teams, to identify appropriate young people for crime prevention activities.

Chapter 5: Preventing self-directed violence

If you become concerned about your own or someone else's suicidal and self-harm thoughts or behaviour, we advise that you speak to a trained health care professional by either:
Making an appointment with your GP
Telephoning the Samaritans on 116 123
Telephoning Cruse Bereavement Care on 0808 808 1677

We have described earlier the severe impact which self-harm and suicide has on people in Nottinghamshire – as a cause of death, as a reason for emergency hospital admission, and as an issue affecting individuals, families and communities. Intangible costs of suicide include the value of lost life, together with grief, pain and suffering for relatives, but there are also economic costs, such as lost productivity (both waged and unwaged), police time and funerals. The average cost of suicide for those of working age in England is estimated to be over £1.6m per case.[69] Applied to Nottinghamshire, the projected cost to the local economy is £94.4 million for the 59 completed suicides each year.

A wide variety of factors contribute to suicide and self-harm including genetic makeup, family history and early trauma, psychiatric disorder and physical illness. Suicide is often precipitated by life events, such as relationship breakdowns, legal problems, financial concerns, bereavement and other traumatic events. Other factors which can increase risk include exposure to suicidal behaviour by other people, reading about it in the media, and availability of suicide methods.

We know that many people who die by suicide have a history of self-harm. Some people who self-harm can feel suicidal and might attempt to take their own life, although not all people who self-harm have suicidal feelings.[70]

Suicide prevention is not the sole responsibility of any one sector of society, or of health services alone. It requires a general population approach rather than service-related initiatives. Such an approach can encompass restricting access to the means for suicide, as well as addressing loneliness and unhappiness in the population through public mental health approaches. It can also include providing opportunities for people to talk to others about their suicidal thoughts – especially those people who do not access clinical mental health services - and improving detection and management of mental illnesses in the health care system.

The 2016-18 Nottinghamshire Suicide Prevention Framework for Action contained a number of proposed actions to help reduce suicide deaths. Implementation of these actions has included:

- Partnership working between British Transport Police, Network Rail and the Samaritans, aimed at restricting access to the means for suicide, and providing support for people contemplating suicide
- Increasing understanding about suicide by providing training on suicide awareness to front-line workers. Mental health first aid and suicide prevention training, delivered by Kaleidoscope, helps to develop a skilled workforce able to promote 'good mental health' and detect those at risk of suicide and/or self-harm. The Criminal Justice System targets specific frontline staff for training to reduce the rate of suicide deaths and self-harm incidents in the prison population, a particular high risk group. Feedback from people who have benefited from the training shows that it is bringing about changes in practice.

- Helping people to help each other by promoting open and free discussion about suicide. A 'Safe to talk about suicide' leaflet has been promoted via the Notts Help Yourself Website **(https://www.nottshelpyourself.org.uk/kb5/nottinghamshire/directory/advice.page?id=QFt948a19N0**) to raise awareness of what individuals can do if they recognise a community member is contemplating suicide.

Recommendation: Reduce the incidence of suicide and self-harm in Nottinghamshire by prioritising the highest impact interventions set out in the Nottinghamshire Suicide Prevention Framework for Action.

Supporting good mental health is an essential part of supporting people to have a healthy lifestyle. Parity of esteem means valuing people's mental health just as much as their physical health. In planning for new healthy lifestyle services, mental health should be considered as part of assessment of an individual's needs.

Public Health England's Every Mind Matters online guide focuses on the most common mental health problems, such as difficulty sleeping, low mood, feelings of anxiety and stress, highlighting the signs to look out for as well as providing practical techniques to help improve mental wellbeing through the promotion of the Five Ways to Wellbeing (5WtW). 5WtW is a self-help approach which focuses on five elements that can help an individual develop a sense of wellbeing:

- **Social connectedness – relationships with others**
- **Physical activity**
- **Taking notice**
- **Keeping learning**
- **Giving or volunteering**

Methods like social prescribing or Making Every Contact Count can be used to promote the 5WtW approach.

Social prescribing is a way for GPs, nurses and other primary care professionals to refer people to local, non-clinical services. These schemes typically involve the voluntary and community sector. Examples include volunteering, arts activities, group learning and physical activity. Social prescribing approaches promote good mental health for individuals, as well as improving the links people have with their local communities, so helping to reduce loneliness and social isolation.

Making Every Contact Count means using the millions of day-to-day contacts that organisations have with other people in order to support them in making positive changes to their health and wellbeing, by offering consistent and concise healthy lifestyle advice and signposting to appropriate local services. You will hear more about this approach in other chapters, as it's not just mental health that can benefit from such an approach – it can also help address other health risk behaviours like harmful levels of drinking.

Recommendations:

- Reduce the incidence and impact of mental health problems through widespread promotion of the Every Mind Matters self-care guide
- Increase the number of people able to access social prescribing interventions to help recover from mental health problems

Given that the risk of suicide is much higher in people who have previously been admitted to hospital for self-harm or for previous suicide attempts, much work has been done to identify best practice in treatment of these patients. NICE - the national organisation for providing guidance to improve health and social care – has developed some specific guidance for management and treatment of those admitted following a self-harm incident. The Suicide Prevention Framework for Action recommended that emergency departments should ensure effective assessment and management of self-harm, particularly to reduce repetition of self-harm and future suicide risk.

Recommendation: Reduce the impact of self-harm by ensuring that every A&E department provides NICE-compliant assessment and interventions for every individual admitted following self-harm

Chapter 6: Preventing and reducing the impact of domestic and sexual violence

If you have been affected by the issues described here, you can get further help or advice by contacting the Nottinghamshire Freephone Helpline 0800 800 0340 (provided by Women's Aid Integrated Services) or the Men's Advice Line on 0808 801 0327.

In Chapter 2 we looked at domestic violence and abuse in Nottinghamshire and its impacts – in terms of effects on health, economic and social consequences. We saw also how domestic violence could affect wider family members as well as the actual victims, with consequences for wider society and costs for the wider health and care system. Based on detailed research undertaken in 2009, the estimated annual cost of domestic abuse in Nottinghamshire based on the 16-59 years old population is £79m. This figure comprises £23.7m spent on physical and mental healthcare, £17.2m on criminal justice, £3.9m on social care, £2.9m on housing, £5.3m on civil legal services and £26.3m in lost economic output.[71]

Organisations in Nottinghamshire work closely together to tackle domestic and sexual abuse through the Domestic and Sexual Abuse Executive. The Safer Nottinghamshire Board, a partnership body which includes County and District Councils, organisations working in the criminal justice system (e.g. Police, Probation Service) together with local community safety partnerships, agreed the Nottinghamshire Framework for Tackling Domestic & Sexual Abuse in Nottinghamshire 2016-2020.[72] This document builds on the Government's national strategy Ending Violence against Women and Girls.[73] The Framework is supported by a detailed Delivery Plan with the objectives of:-

- Preventing abuse and changing attitudes
- Protecting and supporting vulnerable people
- Reducing the risk of offending and re-offending

In Nottinghamshire domestic abuse services and services for survivors of sexual violence are both provided – see details in the boxes below.

Box 5

Domestic abuse services in Nottinghamshire are provided by: Women's Aid Integrated Services (WAIS), covering Ashfield, Gedling, Broxtowe and Rushcliffe, and Nottinghamshire Women's Aid (NWAL) covering Mansfield, Newark & Sherwood and Bassetlaw. WAIS and NWAL sub-contract with Equation to provide the men's service and multi-agency training.

Services are comprehensive and cover all groups (females, males, children and young people). They include:

- A 24/7 helpline for service users and professionals
- Drop-ins for information, advice and support
- One-to-one support, group work, healthy relationships programmes
- Independent Domestic Violence Advocates (IDVAs) support women at high risk (often where children are involved) going through the Multi Agency Risk Assessment Conferences (MARACs) or whose partners are being prosecuted for offences against them and are going through the court process.
- Children and young people's workers based with Nottinghamshire County Council's Family Service
- Multi-agency training
- Early intervention and prevention work in schools

Box 6

Support for survivors of sexual violence and abuse in Nottinghamshire includes

- Adult and Paediatric Sexual Assault Referral Centres (SARC) jointly commissioned by NHS England and the Police and Crime Commissioner. The Paediatric Sexual Abuse Referral Centre (SARC) launched in April 2018 and is based at QMC. The service sees children under 13 who have been sexually assaulted. The Adult Sexual Abuse Referral Centre (SARC) is provided at the Topaz Centre in Nottingham and is managed by Mountain Healthcare.
- Adult and Children's Sexual Violence Advocacy commissioned by the Police and Crime Commissioner
- Therapeutic support for survivors provided by voluntary sector organisations

Both domestic and sexual abuse are under-reported. Raising awareness and improving understanding among individuals, in schools and among young people, in the statutory sector, and in local communities is a key aim of the Nottinghamshire Framework, as it will help to change attitudes and prevent abuse. The aim is to continue to promote a shared message to individuals and communities so that they can better recognise domestic and sexual abuse and know how to respond, for example through the local Help a Friend campaign

The Change that Lasts project aims to shift the focus from identifying risk towards providing resources and support for survivors. The project is based around 3 themes:

- **Ask Me** - which aims to raise awareness in the community about domestic violence and encourage victims to disclose.
- **Trusted Professionals** - training for front-line staff that work in the public and voluntary sectors, and are likely to be in contact with survivors of domestic abuse i.e. those who refer people to specialist services
- **Expert Support** - working with women's aid services across the county

The Change that Lasts pilot will run for 3 years with a further year for evaluation. Nottinghamshire Domestic Abuse Services are one of three pilot sites in the country taking part in this initiative.

Together with the Police and Crime Commissioner, Nottinghamshire County Council commissions comprehensive services to support survivors of domestic and sexual abuse – as set out in Boxes 5 and 6. However, more should be done to enhance support for people with more complex needs, people who need therapeutic support and to improve knowledge and awareness of abuse within and across agencies. There remain significant gaps in specialist counselling and therapeutic support as mainstream NHS services are often unable to meet this need. 'Specialist' in this context means services for depression and post-traumatic stress disorder (PTSD) that understand the specific needs of victims and survivors of sexual assault and abuse, including services in the third sector.[74]

Recommendation: Improve the response to domestic violence and abuse by promoting awareness and training to help communities, professionals and specialist services respond effectively, for example through the Change that Lasts programme

Recommendation: Reduce the incidence of domestic violence by improving early intervention and prevention, for example by working with the Tackling Emerging Threats to Children team to enhance prevention activity in schools and other settings

Recommendation: CCGs should make specialist provision for the therapeutic support of victims and survivors, both children and adults, especially in relation to sexual abuse

Reducing the risk of offending and re-offending

Services and systems are already in place to support survivors. However there is a need to strengthen our approach to tackling perpetrators of abuse, by building on evidence of what works. Nottinghamshire is piloting a small perpetrator programme through the Probation service, aligned with a survivor support service. Many perpetrators are not known to the Police or managed by the Criminal Justice system, therefore it is also important to explore non-criminal justice interventions.

Addressing potentially abusive behaviour in young people is also an important approach, for example, through the CHOICES programme which is a targeted programme for young men at risk of becoming perpetrators of domestic abuse. Offered by Equation in a small number of schools in the County, CHOICES is a positive and creative 8-week project for young men. The project addresses the risk of abusive behaviours and attitudes through empowering the young men to manage their feelings, recognise their responsibilities and choices over their behaviours, and developing their aspirations for healthy relationships. Previous CHOICES participants agree that the project made them think about how they behave in their relationships, by a score of 8/10.

Recommendation: Evaluate the Nottinghamshire Integrated Offender Management pilot and review other national and international evidence to reduce the risk of re-offending by perpetrators

Recommendation: Secure funding to expand programmes for working with young people, including young people that harm, such as the CHOICES programme

Chapter 7: Alcohol and violence

If by reading this chapter, you become concerned about your own or someone else's substance misuse, we advise that you contact a trained health care professional by either

Making an appointment with your GP

Telephoning CGL in Nottinghamshire on 0115 896 0798

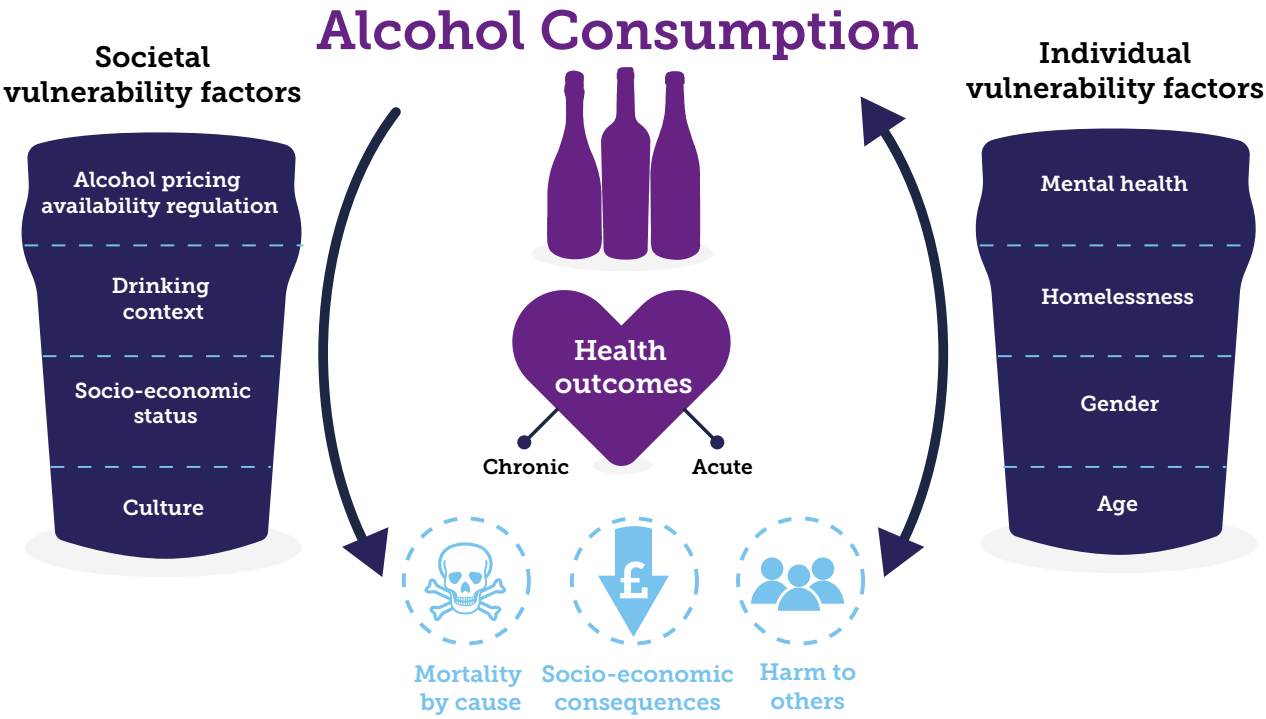
Visiting the CGL website at https://www.changegrowlive.org

Substance misuse – which covers both drugs and alcohol - is associated with a wide range of health and social issues. Dependency is commonly associated with poor outcomes in relation to physical and mental health, training, employment and housing, as well as anti-social and criminal activity that adversely affects individuals, families and communities. Alcohol misuse also has enormous health and social care financial costs, as well as wider financial implications. The Home Office estimated annual costs for England at around £21bn, made up of health care costs at £3.5bn, the costs of alcohol-related crime, and lost productivity due to alcohol at £7.3bn.[75] The proportion of people frequently consuming alcohol and "binge drinking" - consuming a large amount of alcohol in a short amount of time - have been in steady decline in the last decade - a trend which has been attributed to changing attitudes and reductions in the affordability of alcohol between 2007 and 2013, particularly among people age 18-30.

The link between drugs and violence involves broad social and economic forces, including how people obtain and consume the illegal substance, as well as scientific elements such as the physical effects of certain chemicals. Alcohol misuse is a prominent feature of many types of violence, such as violence in public settings. About 70% of violent crime occurring at the weekend or in the evening is alcohol related.[76] Victims believed the offender(s) to be under the influence of alcohol in over half (53%) of all violent offences.[77] Research has found that per capita alcohol consumption is associated with increased homicide rates and this relationship is particularly prevalent in northern Europe where 'drinking to intoxication' is more common than elsewhere in Europe.[78]

Half of all incidents of alcohol-related violence in England and Wales take place in or around pubs and clubs.[79] Amongst 18-24 year olds, twice as many women and nearly three times as many men classified as 'binge-drinkers' have participated in a violent crime or group fight in a public place than those classified as 'regular' drinkers.[80] Such bingeing may be encouraged by time-limited drinks promotions (e.g. happy hours). There is growing evidence linking pre-loading to alcohol-related crime and disorder. Recent small scale studies found that two-thirds of 17-30 year olds arrested in a city in England claimed to have "pre-loaded" prior to a night out, with the majority buying alcohol from a supermarket.[81] A further study found that pre-loaders were two and a half times more likely to be involved in violence than other consumers.[82]

Figure 12: Harmful drinking, alcohol dependence and socio-economic factors



Source: PHE, 2016, Guidance: Health matters: harmful drinking and alcohol dependence

Local Developments to tackle alcohol and violence in the night time economy

Twenty areas across England and Wales are taking part in Local Alcohol Action Areas (LAAAs), an initiative which was set up by the Home Office. In Nottinghamshire, local agencies, including licensing authorities, health organisations and the police, are working together with businesses to address problems caused by alcohol as part of a Local Alcohol Action Area.

The focus of the Local Alcohol Action Area in Nottinghamshire is to

- Prevent alcohol-related crime and disorder;
- Reduce alcohol-related health harms; and,
- Generate economic growth by creating a vibrant and diverse night time economy.

Activities undertaken by the LAAA in Nottinghamshire include:

- training night time economy workers to spot and support vulnerable people
- establishing safe spaces
- awareness campaigns around alcohol misuse and violence
- not tolerating sexual harassment during nights out, along with employing Club Hosts to provide support
- reviewing public transport provision.

Reducing alcohol consumption through availability

National governmental policies including taxation, advertising restrictions and availability are aimed at reducing harmful consumption at a population level. Tackling price as part of a package of measures including education and diversion can help to reduce alcohol consumption and associated harm.[83]

Minimum Unit Pricing (MUP) sets a floor price for a unit of alcohol, meaning it is unlawful to sell it for a price which is lower. The unit price is linked to alcohol content, i.e. the more alcohol a drink contains, the stronger it is and therefore the more expensive it will be. Modelling undertaken by University of Sheffield shows that if MUP is implemented, people who drink at harmful levels, and particularly those living in poverty, will benefit most in terms of health impact.[84] Both Scotland and Wales have recently introduced a MUP on alcohol of 50p. In England, the previous Chief Medical Officer for England, alcohol charities such as Alcohol Concern and health organisations have supported the introduction of MUP at a level that would target harmful "binge drinking". A December 2016 report by Public Health England looked at MUP and said that "empirical evidence and modelling studies have shown that setting a minimum price for alcohol can reduce alcohol-related harm while saving health-care costs."[85]

Recommendation: Health and Wellbeing Board partners should write to Ministers and local MPs to alert them to the cost of harmful drinking to communities in Nottinghamshire and the evidence about the beneficial impact of Minimum Unit Pricing for our residents and communities

Availability is defined as the ease or convenience of obtaining alcohol. Businesses, organisations and individuals who want to sell or supply alcohol in England and Wales must have a licence or other authorisation from a licensing authority - usually a local Council. Licensing covers on-sales (pubs restaurants etc.) and off-sales (shops). Shops and supermarkets add significantly to the problems by encouraging more and cheaper drinking at home or in the street. The law and policy governing this area is overseen by the Home Office.

In line with national requirements, each District Council within Nottinghamshire has its own statement of alcohol licensing policy, based on the four statutory licensing objectives:

- **prevention of crime and disorder**
- **public safety**
- **prevention of public nuisance**
- **protection of children from harm**

These objectives link to public health outcomes, since violent crime and hospital admissions resulting from violent crime are included in the Public Health Outcomes Framework. Alcohol licensing contributes to health by establishing sensible controls to prevent crime and disorder and ensure public safety. Research undertaken by the Institute of Alcohol Studies has also found that local authorities' greater use of licensing powers leads to reductions in alcohol-related hospital admissions in England.[86]

The local Public Health team has analysed local performance related to alcohol-related measures that are considered to have a negative impact on health and wellbeing. Measures were selected for their relevance to licensing and public health and their availability at sub-district level. They include alcohol-related hospital admissions, anti-social behaviour, crimes against the person including domestic violence, rate of persons in treatment for substance misuse, an estimate of the percentage of the population drinking at least once a day and deprivation.

Recommendation: Ensure that local licensing policy is fully informed by public health intelligence about the full extent of the local impact of alcohol

Reducing alcohol consumption through behavioural approaches

In Nottinghamshire it is estimated that 131,011 adults drink at levels that pose a risk to their health with 21,632 dependent on alcohol.[87]

Substance misuse treatment and recovery services in Nottinghamshire are commissioned by Public Health and provided by Change, Grow, Live (CGL). Within this service, successful completion rates for alcohol dependency is 40.2%, in line with national average performance for other substance misuse treatment and recovery services. However, only a small proportion of dependent drinkers seek treatment.[88]

There are low levels of understanding in the population around both national guidance on alcohol consumption and around the wider risks to health (i.e. wider than liver disease). Only an estimated 1 in 10 of the population have a good grasp of current alcohol guidelines, and levels of understanding of the wider harms of alcohol, such as risk of developing some cancers, is low.[89]

Alcohol Identification and Brief Advice (IBA) is a simple and brief intervention that aims to motivate at-risk drinkers to reduce their consumption and so their risk of harm. It works by providing alcohol screening questions as part of routine contact and providing brief advice and/or referral. It is estimated that for every 8 people who receive alcohol IBA, one will reduce their consumption to lower risk levels.[90]

Recommendation: Public Health commissioned services should include the delivery of Alcohol Identification and Brief Advice, targeting individuals who are drinking at levels presenting a risk to health

Chapter 8: Conclusions and recommendations

You have read how - alongside the sustained efforts of communities, individuals, councils, schools, police, courts, health services and a range of other partners - the work commissioned by Nottinghamshire County Council to improve the health of the population also contributes to the prevention of violence in Nottinghamshire.

Some of this work relates to services which address risk factors for public health problems in people and places; other work focuses on developing protective factors; some targets the replication and spread of a hazardous behaviour. These aspects are evidence-led and use evaluation and audit to continually improve performance.

Taken together, these are key ingredients of a public health approach to a pressing need. You might identify other challenges which may be amenable to a public health approach – if so, I would be pleased to explore that with you.

What you have read about the human cost associated with violence in its various forms makes prevention a critical priority. The evidence about what works in violence prevention makes it a goal which is achievable. Implementing the recommendations made in the report will help make it a reality.

I invite you to consider the contribution you will make to implement them.

If you would like further information on the wider health and wellbeing of the people of Nottinghamshire, you could look at the following resources:

- The Joint Strategic Needs Assessment for Nottinghamshire, which provides a picture of the current and future health and wellbeing needs of the population. **http://www.nottinghamshireinsight.org.uk/research-areas/jsna/**
- The Public Health Outcomes Framework, which is a set of desired outcomes and the indicators that help us understand how well public health is being improved and protected. Information related to Nottinghamshire is available at **https://fingertips.phe.org.uk/profile/public-health-outcomes-framework**

The table below summarises the recommendations made in this report.

It is also important that the recommendations in a Director of Public Health's Annual Report are followed up to ensure they are being acted on. At Annex 1 of this document, you can find an update on progress against the recommendations in last year's Nottinghamshire DPH Annual Report.

Feedback on this report is very welcome. You can send your comments to **director.publichealth@nottscc.gov.uk.**

Summary of Recommendations

Recommendation
Police, health and voluntary sector stakeholders should incorporate the identification and support of past and potential victims of violence in services for high-risk groups.
County Council Public Health team should pilot work to empower service users to exercise increased control by equipping frontline staff to enquire about experience of childhood adversity.
Community Safety Partnership and A&E departments should ensure data from A&E departments is routinely shared and is used to improve community safety
Reduce knife crime in Nottinghamshire through the piloting and rigorous evaluation of public health approaches.
Ensure all frontline staff working with children, young people and families have the opportunity to access training that will equip them with the skills to recognise and respond appropriately to ACEs in young people
Improve the resilience of young people by evaluating and improving schools based resilience programmes in Nottinghamshire
Reduce the incidence and impact of cyberbullying through schools-based work by the Schools Health Hub and the Tacking Emerging Threats to Children team
Schools Health Hub (SHH) and Tackling Emerging Threats to Children (TETC) teams should support schools to deliver evidence-based appropriate Personal, Social, Health & Economic education (PSHE)
Reduce the incidence of suicide and self-harm in Nottinghamshire by prioritising the highest impact interventions set out in the Nottinghamshire Suicide Prevention Framework for Action
Reduce the incidence and impact of mental health problems through widespread promotion of the Every Mind Matters self-care guide
Increase the number of people able to access social prescribing interventions to help recover from mental health problems
Reduce the impact of self-harm by ensuring that every A&E department provides NICE-compliant assessment and interventions for every individual admitted following self-harm
Improve the response to domestic violence and abuse by promoting awareness and training to help communities, professionals and specialist services respond effectively, for example through the Change that Lasts programme
Reduce the incidence of domestic violence by improving early intervention and prevention, for example by working with the Tackling Emerging Threats to Children team to enhance prevention activity in schools and other settings
CCGs should ensure access to specialist therapeutic support for victims and survivors, both children and adults, especially in relation to sexual abuse
Evaluate the Nottinghamshire Integrated Offender Management pilot and review other national and international evidence to improve understanding of what works with perpetrators
Secure funding to expand programmes for working with young people, including young people that harm, such as the CHOICES programme
Health and Wellbeing Board partners should write to Ministers and local MPs to alert them to the cost of harmful drinking to communities in Nottinghamshire and the evidence about the beneficial impact of Minimum Unit Pricing for our residents and communities
Ensure that local licensing policy is fully informed by public health intelligence about the full extent of the local impact of alcohol
Public Health commissioned services should include the delivery of Alcohol Identification and Brief Advice, targeting individuals who are drinking at levels presenting a risk to health

Annex 1: Update on progress against recommendations from 2017 Annual Report

Recommendation	Update on progress
All local authorities within Nottinghamshire adopt and implement Health in All Policies	Agreement of Health in All Policies approach by Nottinghamshire County Council Policy Committee – approved in March 2018. Exploratory workshop with representatives from all district & borough Councils from Nottinghamshire was held during May 2018 Case studies to be developed from work in progress.
Implement the actions related to smoke free homes, pregnancy and children in the Nottinghamshire Tobacco Declaration Action Plan 2017-18	Tobacco Declaration is now part of the Wellbeing@Work scheme and MECC approach and is being rolled out as part of these programmes. Secondary Care Trusts are being supported to deliver the NICE Smokefree Guidance
Continue to implement Breastfeeding: A Framework for Action, Nottinghamshire County and Nottingham City 2015-2020, including increasing the number of breastfeeding friendly accredited venues in all local communities	Breastfeeding: A Framework for Action continues to be implemented by key partners. Progress re breast feeding friendly places is significant with accredited venues in all districts. Numbers in each district are: Bassetlaw 23; Newark/Sherwood 32; Mansfield 24; Ashfield 24; Gedling 22; Broxtowe 15; Rushcliffe 20. Public Health work in partnership with District Councils and NHT to maintain a focus on accreditation for BFF places.
Conduct an audit to measure the impact of the FNP locally	An audit plan is in development and will be progressed through 2018/19 as part of the review of the Healthy Families Programme
Review the impact of the Healthy Families Programme to ensure it contributes to addressing health inequalities	2017/18 was too soon to review the impact of the HFP as it was only year one of the contract. A review plan is in development. It is anticipated that a report will be available by the end of year 2 of the contract (March 2019)
Review the multi-agency Early Years Improvement Plan for Nottinghamshire to ensure that every child, regardless of where they live, has the opportunity to be ready for school	The Early Years Improvement Plan 2018-19 was informed by progress and impact of actions identified in the previous year and changes to government policy introduced during 2017. The Plan was reviewed and a new set of priority actions developed, which include: • additional analysis, research and work with statistical neighbours to identify possible trends, and understand what practices would be most effective in improving the level of development of children • actions to close the attainment gap for children eligible for Free School Meals and their peers, including improving tracking, engaging with parents and improving aspirations • actions to increase take up of early years places among children from disadvantaged backgrounds and improve quality of early years providers • actions to ensure effective use of the Early Years Pupil Premium for evidence based interventions to improve educational outcomes for disadvantaged children. Nottinghamshire County Council's Children and Young People's Committee approved the 2018-19 priorities and headline actions on 18 December 2017.

Recommendation	Update on progress
All healthcare, education and policing staff in Nottinghamshire should receive regular training in how to recognise and appropriately respond to signs of abuse and other types of trauma in children & young people. The ACE model should be used as a way of thinking about the impact of childhood trauma on psychological, physical and social health for both professional and public audiences	ACE training has been woven into existing Nottinghamshire Safeguarding Children Board (NSCB) multi-agency courses. A 20 minute presentation is now routinely delivered as part of 'what's new in safeguarding' update for all key professionals. An e- learning module for Council staff is in development with the NCC workforce development team The bi-annual NSCB newsletter now includes an update on ACEs Public Health is working with Notts Healthcare Trust to offer a train the trainer programme for frontline practitioners ACE training has been incorporated into the competency framework for Healthy Families Teams across Nottinghamshire. Regarding future workforce training needs – a CYP Emotional Wellbeing and Mental Health training needs survey was circulated to the 'non-CAMHS' workforce across Nottingham and Nottinghamshire. This included social care, family service, youth justice, voluntary sector, schools, health family teams etc. Analysis of the completed surveys will take place during October. The results will help to develop a CYP Emotional Wellbeing and Mental Health Training Matrix which will outline all training available (free, commissioned, charged) to the workforce and will also help to identify any gaps in training provision. The All Age Mental Health Strategy also looks at ACEs and also the workforce and how it will need to be developed. This programme is for a 5-10 year implementation; however working groups are currently being set up to look at how the deliverables are going to be achieved.
All agencies should work together to prevent ACEs in order to reduce health and social inequalities, and to address the root causes of a significant proportion of police call-outs, A&E attendances and benefits dependence in Nottinghamshire	The STP Integrated Mental Health and Social Care Partnership Board - STP for Nottingham City and Nottinghamshire County, has adopted the Nottinghamshire DPH Report ACEs and Trauma Informed recommendations to implement as a 'Pillar' in their Transformation Plans System-wide training is underway to develop an ACEs Trauma Informed workforce. The Nottinghamshire Substance Misuse Framework 2017-2022 is exploring the opportunity to establish Routine Enquiry about Adversity in Childhood (REACh) in key services
Develop trauma informed professional practice in schools, policing and healthcare in Nottinghamshire, in order to begin to break the ACE cycle for affected children	See above
Continue to invest in programmes that a) support at-risk parents and families to reduce the likelihood of ACEs, and b) provide positive mentorship and resilience building for young people in order to mitigate the effects of ACEs that they may have suffered	NCC continues to commission Academic Resilience programmes in 30 schools across Nottinghamshire. NCC has committed to the continued implementation of the Healthy Families programme until 2024. This programme incorporates the Healthy Child Programme 0-19 and additional elements to support at-risk parents and families
Evaluate the outcomes of the fit for work pilot and use the learning from this in the development of future related activity	Public Health is working alongside Growth and Economic Development at Nottinghamshire County Council, and D2N2, to map the range of services which support people with mental or physical health conditions back into employment, and to evaluate the impact and outcomes of these services. We have identified a need for better networking and integration between various service offers in the County, and are exploring together with Public Health England East Midlands, options to achieve a more joined up and strategic approach to health and work.
Work collaboratively with partners to develop a system-wide model to address pathways to work for people with complex needs in Nottinghamshire	Public Health is working alongside Growth and Economic Development at Nottinghamshire County Council, D2N2 and provider partners to develop a strategic model to address pathways to work for those with a range of physical and mental health needs, as well as vulnerable individuals with multiple and complex needs. Public Health has collaborated with Public Health England East Midlands to develop a strategic approach to health, wealth and work, and contributed to an East Midlands Summit in October bringing partners together on this agenda.

Recommendation	Update on progress
All public sector partners should provide Wellbeing@ Work type schemes for their staff	The Wellbeing@Work scheme has been updated and refreshed in consultation with key stakeholders. The scheme is now available online through the NottsHelpyourself Website. It has been launched to existing members and will be rolled out from September 2018.
Continue to increase the proportion of local employers who participate in Wellbeing@Work type schemes	The updated scheme has been launched to existing members. Following the refresh of the scheme, all relevant templates, guidance notes, together with updated links to information and training resources, are available on the NottsHelpyourself website. A launch event is planned for February 2019
Employers should make maximum use of schemes to support the adaptation of workplaces in response to employees' health needs, such as the Access to Work scheme or their own in-house occupational health service	Recommendation was for all employers in Nottinghamshire. Access to Work is a publicly funded employment support programme that aims to help more disabled people start or stay in work. The scheme is promoted through organisations for people with disabilities such as RNIB, Scope UK etc, as well as by organisations supporting employers to recruit and retain people with disabilities as employees.
CCGs should undertake health equity audits to ensure that equity of access and outcomes are addressed in services	Public Health Consultants have initiated discussion with CCGs on this issue. Work is underway to review options for embedding action on equity and health inequalities within CCG policies and strengthen knowledge, skills and leadership as part of their commitment to quality service provision. As a specific example of progress: a Sexual Health Equity Audit was conducted and brought to the Sexual Health Strategic Advisory Group in early 2018. Since then, commissioners have engaged directly with providers about targeting health promotion efforts to those demographic groups who appear to currently be under-represented in terms of accessing sexual health services. CCGs have also committed to some future work, including: Greater Nottingham are developing an approach to population health management for identifying and addressing variation in access and outcomes in primary and secondary care. There will be a focus on respiratory conditions as part of the population health management programme, which will include development and roll out of COPD self-care pathway to professionals and patients. The Greater Nottingham Clinical Commissioning Partnership (CCP) is working to align the four CCGs' existing arrangements for meeting the Public Sector Equality Duty and embedding actions to address health inequalities within CCG policies. This will include plans to strengthen the cultural competence of staff and build knowledge, skills and leadership as part of their commitment to quality service provision. The CCP's contractual monitoring process includes review and discussion of providers' performance against the Equality Delivery System (EDS2), a specific example being the EDS2 deep dive report into "Improving BMS Men's access to mental healthcare service". The development of an aligned Diabetes pathway across Nottinghamshire has specifically identified the need for Health Equity Audits to be embedded in the monitoring and successful delivery of the pathway.
Commissioners of screening programmes should undertake health equity audits and where necessary identify ways to increase uptake	The Health Protection Strategy Group considered this on 20 September 2018. The Strategy Group is attended by Public Health England/NHSE leads for commissioning of local screening programmes. A number of Health Equity Audits have been completed and these will be collated and reviewed by the Strategy Group. A specific example of progress relates to the Abdominal Aortic Aneurysm (AAA) screening programme, which checks whether there is a swelling in the main blood vessel between your heart and your abdomen. Screening is offered to men over 65, since they are most at risk of AAAs. The local AAA screening commissioner is looking at variations in take-up and comparing these with the patterns of the disease in the population, with the aim of introducing a local CQUIN (quality improvement project) to improve take-up of the screening in areas of need.
Use Public Health evidence to support regional work to present the case to national Government for equity in public investment for Nottinghamshire and the East Midlands	The County Council Network is gathering data that relates to the Fair Funding Debate. Finance and Public Health support for this process from the Authority has been offered.

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Nottinghamshire County Council

W nottinghamshire.gov.uk
E director.publichealth@nottscc.gov.uk
T 0115 977 5781

Public Health, County Hall,
Nottinghamshire NG2 7QP

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