

16 September 2020		ITEM: 13 Decision: 110530
Cabinet		
Annual Report of the Director of Public Health 2019/20 - Serious Youth Violence and Vulnerability		
Wards and communities affected: All	Key Decision: Key	
Report of: Councillor James Halden, Portfolio Holder for Children and Adult Social Care and Councillor Allen Mayes, Portfolio Holder for Health and Air Quality		
Accountable Assistant Director: N/A		
Accountable Director: Ian Wake, Director for Public Health		
This report is Public		

Executive Summary

It is a statutory duty of the Director of Public Health to prepare an independent report on the health and wellbeing of the local population each year. Annual Public Health Reports (APHRs) can comprise of a high level overview of the health of the population, but more usually considers and discusses a specific health issue or considers the health of a specific population group in greater depth. Last year's APHR focused on improving older people's health through housing. The 2019/20 report considers the issue of Violence and Vulnerability in young people and how a public health approach can be used to improve outcomes for our residents.

- 1. Recommendations:**
 - 1.1 That Cabinet notes and comments on the content and recommendations contained within the report.**
 - 1.2 That Cabinet considers how the findings and recommendations contained within the report can best be implemented and used to influence broader council strategy in this area.**
- 2. Introduction and Background**
 - 2.1 This report introduces the Annual Report of the Director of Public Health 2019/20.

- 2.2 The NHS Act 2006 places a statutory legal duty on the Director of Public Health of each top tier local authority to produce comprise of a high level overview of the health of the population, but more usually considers and discusses a specific health issue or considers the health of a specific population group in greater depth.
- 2.3 An Annual Public Health Report (APHR) can. APHRs have a wide audience including officers, elected members, local NHS partners, the third sector and members of the community, and the chosen topic should therefore be of value to multiple stakeholders.
- 2.4 Following discussion with a wide range stakeholders across and beyond the council, the Director of Public Health selected the topic of ***Violence and Vulnerability*** with a focus on the impact of urban street gangs for 2019/20 report.
- 2.5 Serious youth and gang violence including knife and gun crime and its links to the illegal drugs market and 'county lines' has regularly been featured in the news over the past 12 months. Whilst crime has fallen rapidly over the last 20 years, some types of serious violent crime including homicides, knife and gun crime recorded by the police have shown increases since late 2014 in virtually all police force areas in England. Street robbery has also risen sharply since 2016. These increases have been accompanied by a shift towards younger victims and perpetrators.
- 2.6 Although the consequences of violence have a serious and long-lasting negative impact on health, violence in itself is not inevitable and can be prevented. Interventions can not only prevent individuals from developing a propensity for violence but also can improve educational outcomes, employment prospects and long-term health outcomes.
- 2.7 However, the published evidence base suggests a number of issues are hampering an effective response including silo'd working between agencies, the targeting and exploitation of vulnerable young people by gangs and school exclusion. Conversely evidence also details a range of interventions and approaches that have been shown to be effective in preventing youth violence and addressing youth vulnerability.

3. Issues, Options and Analysis

- 3.1 The *Public Health Approach* to tackling serious violence and gang related activity has been reported in the media as an effective response, with the

intervention in Glasgow often cited as being successful in significantly reducing knife related violence. A public health approach can be characterised as containing the following:

- It adopts a whole population, whole systems approach involving multiple stakeholders and datasets.
- It conceptualises violence as a communicable disease that if not addressed 'infects' and spreads outwards within defined communities, but which also can be 'treated' through prevention, intervention and recovery.
- Through using data and intelligence, it defines and monitors the problem to understand the 'who', 'what', 'where' and 'how' associated with it.
- It identifies the risk and protective factors, seeking to minimise the former and strengthen the latter.
- It develops and tests prevention strategies and then ensures widespread adoption through coordinated multi-agency action.

3.2 The APHR 2019/20 uses this methodology as a framework through which to understand the issue of Violence and Vulnerability in Thurrock and to propose multi-agency action to address it.

3.3 The 2019/20 APHR considers the following issues in the detail in the context of a *public health approach to tackling youth violence and vulnerability*:

- Chapter 2 discusses the nature and trends of youth violence at Thurrock and Greater Essex level.
- Chapter 3 discusses the nature and impact of gangs and gang culture in Thurrock
- Chapter 4 discusses the nature and impact of County Lines activity
- Chapter 5 considers the issue of illicit drugs and their connection to youth and gang violence. It also examines the effectiveness of local addiction treatment services
- Chapter 6 considers the risk factors (or vulnerabilities) linked to youth violence and gang culture, both from the published evidence base and by undertaking analyses of Thurrock datasets
- Chapter 7 considers the factors shown to be protective against serious youth violence and gang membership
- Chapter 8 summarises the published evidence base on what has been shown to work in preventing serious youth violence and gang membership
- Chapter 9 critically analyses current service provision in Thurrock against the published evidence and undertakes a 'gap analysis' to identify areas where current provision could be improved

3.4 Chapter 10 draws conclusions from the findings of chapters 1-9 and makes 33 specific recommendations on strategic action to address the issue of serious youth violence and gang membership in Thurrock including proposing a high level new strategic integrated model.

3.5 The recommendations are grouped into four key areas of focus:

- Surveillance and improve data integration
- Primary prevention: 'inoculating' the population to protect them from violence
- Secondary prevention: intervening earlier to support young people most at risk of involvement in serious youth violence or gangs
- Tertiary prevention: intervention with perpetrators and victims of serious youth violence or gang membership to reduce further harm.

4. Reasons for Recommendation

4.1 The report fulfils a statutory duty of the Director of Public Health. The specific recommendations contained within the report arise from a detailed analysis of local and national data and the published evidence base and seek to improve the lives and outcomes of some of our most vulnerable residents.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 A wide range of stakeholders were consulted and contributed to the report. These are set out in the acknowledgements section of the main report. Additionally the findings of the report were discussed at the Essex Violence and Vulnerability Operations Group and Thurrock Violence and Vulnerability Board before the report was finalised, allowing further input of stakeholders into the recommendations.

5.2 Annual Public Health Reports are presented at a wide range of different stakeholder forums. This report will also be presented at CGS O&S Committee, Health and Wellbeing Overview and Scrutiny Committee, Thurrock Health and Wellbeing Board, NHS Thurrock Clinical Commissioning Group Board, Cabinet and Full Council.

6. Impact on corporate policies, priorities, performance and community impact.

6.1 The report makes clear recommendations on the four areas set out in 3.5. These have implications for services across the council including public health, children's and adults' social care, education and youth services, youth offending, community development, place and community safety. They also have implications for wider stakeholders including the NHS and police.

7. Implications

7.1 Financial

Implications verified by: **Mike Jones**
Strategic Lead, Corporate Finance

Implementing the recommendations contained within the report in full are likely to result in additional costs. The report was written and finalised pre the COVID-19 epidemic and at time of completion, some financial resource had been earmarked to support implementation. Since March 2020, as a result of COVID-19 the council's financial situation has deteriorated and some of the recommendations may not be affordable in the short term.

7.2 Legal

Implications verified by: **Judith Knight**
Interim Deputy Head of Legal (Social Care and Education)

There are no legal implications. The report has been prepared in accordance with the statutory duties of the Director of Public Health although publication has been delayed slightly due to the COVID-19 epidemic.

7.3 Diversity and Equality

Implications verified by: **Natalie Smith**
Strategic Lead: Community Development and Equalities

Violence and vulnerability is not equally distributed across the population of Thurrock and the report highlights a series of inequality faced by some communities and groups of residents due to violence and vulnerabilities. The recommendations set out within the report seek to address these inequalities, providing targeted and increased support to those most impacted. As such, the report seeks to address and narrow health inequalities caused by violence and vulnerability.

8. Background papers used in preparing the report

Detailed references are given in the main report

9. Appendices to this report

- Appendix 1 - Report of the Director of Public Health, 2019/20

Report Author:

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Director of Public Health