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WEST MIDLANDS VIOLENCE PREVENTION ALLIANCE

west midlands police and crime commissioner

# West Midlands Violence Prevention Alliance Conference

*'Developing Interventions, Building Momentum – Violence is Preventable'*

Birmingham

14 July 2017

**Twitter @WestMidlandsVPA and #WMVPA2017**

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# Welcome and introduction

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# Setting the scene

*David Jamieson, Police and Crime Commissioner, West Midlands Police*

*Dr Sue Ibbotson, Centre Director, West Midlands, Public Health England*

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# Keynote speech

*Christian Papaleontiou, Head of Public Protection Unit, Crime Policing and Fire Group, Home Office*

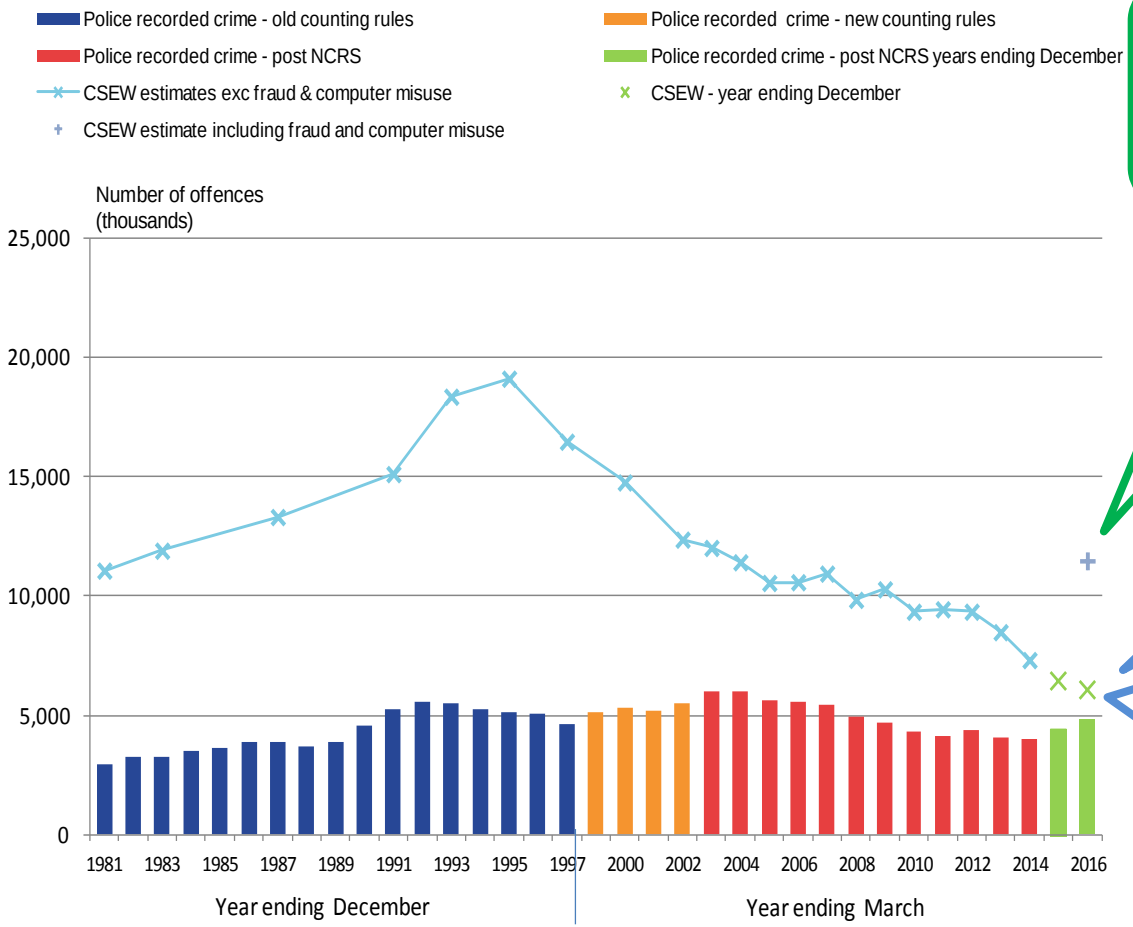
Home Office

# Christian Papaleontiou

## Head of Public Protection
## Crime, Policing and Fire Group

O

# Crime has fallen…




Two measures of crime:

1. Crime Survey of England and Wales – surveys around 35,000 households on their experience of crime. Our best measure of crime as it includes crimes that are not reported to the police and is unaffected by changes in recording practices.
2. Police recorded crime – crime reported to, and recorded by, the police. Used to measure demand on the police.

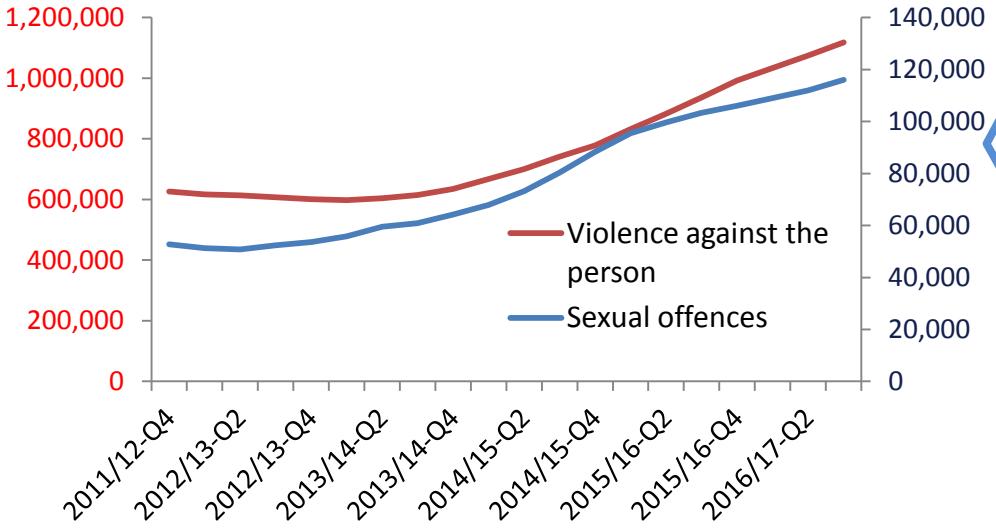
**Crime Survey including fraud and computer misuse estimate 11.5 million crimes year ending December 2016**

**Crimes traditionally measured by the Crime Survey (e.g. theft and street violence) have fallen by 68% since the mid-1990s**

**Factors include:**

- **Fewer heroin and crack users**
- **Car, home, mobile phone security, and Chip and Pin**
- **Partnership working, e.g. IOM**
- **New police tactics, e.g. hotspots, forensics**
- **Young people behaving better**

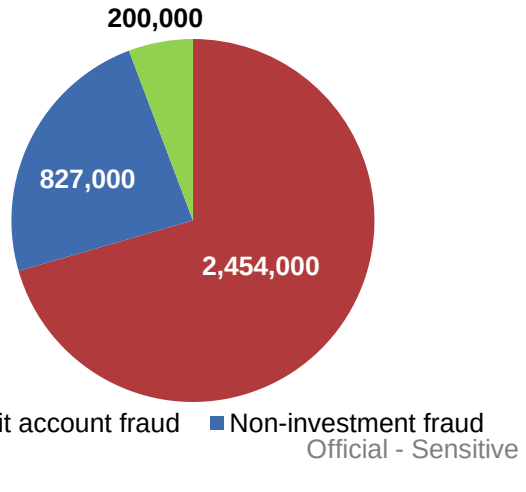
# But it is also changing




**We are seeing rises in the reporting of previously under-reported 'hidden' crimes, such as sexual offences and domestic violence (e.g. police recorded sexual offences increased by 12% in the year ending December 2016), as well as improvements in how the police record these crimes following HMIC audits**

**We are also getting a better picture of the scale of fraud and cyber crime – there were an estimated 3.5 million fraud incidents and 1.9 million computer misuse incidents in the year ending December 2016, making fraud the most prevalent crime type**

**3.5m incidents of fraud in the year ending December 2016, CSEW**



# Responding to the challenge

- Wrapping around high harm individuals and communities

- Systems leadership approach across organisations

- Collaboration across traditional organisational boundaries

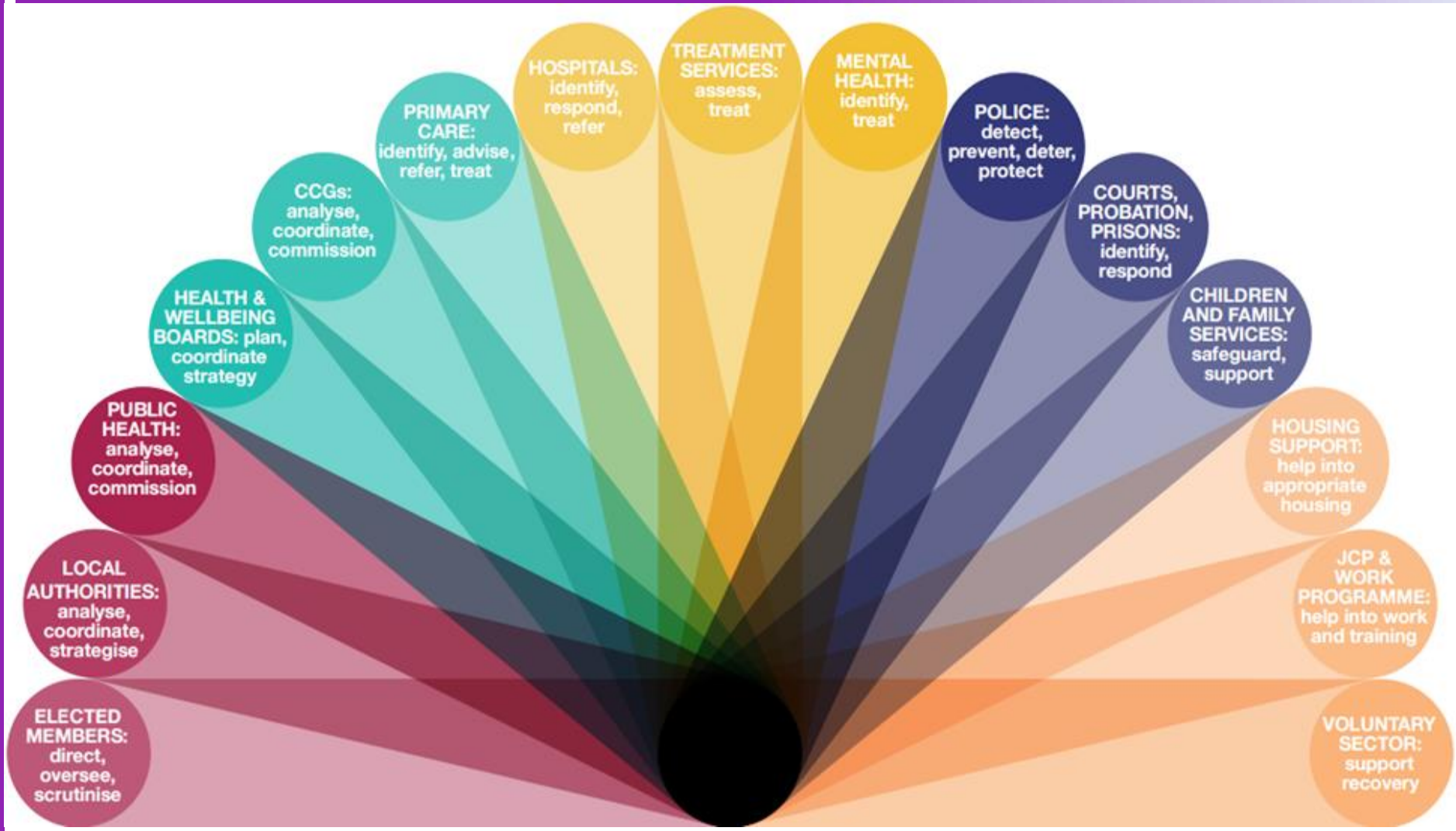
- Upstream - prevention and early intervention

- Innovative approaches to tackling ‘wicked issues’ i.e. information sharing

- Tackling emerging threats i.e. acid attacks, increased knife crime

- Mapping demand – evidence, data and predictive analytics

# Local Responses



# Key Government priorities and initiatives

- Cutting crime and responding to the changing crime mix - Modern Crime Prevention Strategy

- Introducing an ambitious Domestic Violence and Abuse Bill

- Protecting vulnerable people by identifying and tackling hidden crime

- Building the evidence base – ‘what works’

- Countering extremism

- Extending the role of Police and Crime Commissioners

- Reforming Fire and Rescue Services in England

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# Session one: Mentors in Violence Prevention (MVP)

*Bev Mabey, Chief Executive, Washford Health Academy Trust*

*Dan Newbury and Jas Shemar, MVP Implementation Leads*

MVP

BIRMINGHAM

MENTORS IN VIOLENCE PREVENTION

WEST MIDLANDS VIOLENCE PREVENTION ALLIANCE

Washwood Heath Multi Academy Trust

# Why MVP?

BIRMINGHAM
MENTORS IN VIOLENCE PREVENTION

***"No significant learning will take place without a significant relationship“***

***“Connect before we try to correct”.***

- 200 pupils studying and delivering MVP Sessions in years 9,10,11

- Planning and delivering lessons on set topics. 1 lesson a week

- To a specific year 7 and 8 cohort.

# Mode of delivery

- Core curriculum / timetabled lessons
- Enrichment Days / themed calendared events e.g. LGBT
- Form Time and Assemblies
- New cohort Induction days
- Through values / ethos / RRS
- Policies (SIP)

Washwood Heath
Multi Academy Trust

# Impact. . .

- Questionnaires
- Interviews
- School Data Systems
- MVP Report
- Pilot Report
- **Reduced Internal Exclusions for violent related incidents in the cohort from 18 days to 6 days.**
- The percentage of children who valued the importance of school/education increased by **28%** after the prison visit across WHMAT ( PC Bolwell PC Cooper , 2017).

Keele University

Washwood Heath Multi Academy Trust

One shift pupils have noted has been an increased awareness that a problem actually exists, for example one pupil learned that name calling could be hurtful,

*'We're more relatable'* (Mentor)

*'We've gone through the same things so we'll be able to help them better than maybe a teacher who's more detached from the issue'*(Mentor)

*'It makes you feel more comfortable when you're not talking to a teacher about like situations and stuff and it's more people your age'* (Mentee)

*'The mentors have been able to connect with fellow pupils at a level which I think teaching staff would have great difficulty doing'* (Staff)

| | | |
|---|---|---|
| coercive control | 84% | 96% |

*"MVP has helped me personally as of now because I feel more **approachable** and I have **more confidence** to go up to my peers and talk to them about how violence isn't the answer."*

*"I am able to make **better decisions for myself and my future** and this has improved my academic and social life in and outside of school."*

*"When planning lessons, we have the **freedom to choose different scenarios/case studies** that are important to us and therefore I feel that we have **ownership of MVP**."*

Washwood Heath
Multi Academy Trust

17% less external exclusions

27% less internal exclusions

28% reduction in detentions

24% less on-calls

10% reduction on repeat offenders

Washwood Heath
Multi Academy Trust

# Next Steps . . .

- Primary School MVP Mentors.
- Sixth Form MVP Involvement.
- Pupil Led Restorative Conferences.
- Train our MVP partners in the specific MVP Model.
- Increase number of staff supporting the mentors in the delivery of sessions.

Washwood Heath
Multi Academy Trust

Review Impact

Online blogging

Parental involvement

Primary schools

RRSA Level 2

Community partners to reduce violence in the community

RJ approaches to conflict resolution

Washwood Heath
Multi Academy Trust

Washwood Heath
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14 July 2017

# Session two: Injury Surveillance Project

*Dr Zara Quigg, Public Health Research Manager, Violence, Alcohol and Nightlife, Liverpool John Moores University*

# Injury surveillance project

## Value of health data in violence prevention

Zara Quigg
Reader in Behavioural Epidemiology
Public Health Institute, Liverpool John Moores University
*World Health Organization Collaborating Centre for Violence Prevention*

World Health Organization

GLOBAL CAMPAIGN FOR VIOLENCE PREVENTION
CAMPAGNE MONDIALE POUR LA PREVENTION DE LA VIOLENCE
VIOLENCE PREVENTION ALLIANCE / ALLIANCE POUR LA PREVENTION DE LA VIOLENCE

PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

# Overview

- Why use health data in violence prevention
- What type of information is available
- How can health data inform interventions
- Barriers and solutions to A&E data collection and sharing
- West Midlands Injury Surveillance System

# The importance of health data

- Local violence prevention typically relies on police data
  - Focus on environmental measures to deter violence
- Between 30% and 80% of A&E assault patients do not report their assault to police
- Health data provides greater understanding of:
  - The extent and nature of violence
  - Where and when violence occurs
  - Which population groups are most affected
- Development of targeted interventions
  - Shift attention to **preventing** violence

## Coalition government, 2010

*"We will make hospitals share non-confidential information with the police so they know where gun and knife crime is happening and can target stop-and-search in gun and knife crime hotspots"*

The College of Emergency Medicine

### College of Emergency Medicine Guideline, 2009

- A&Es should routinely collect data about assault victims at registration
- Data should be shared with local community safety partnerships and crime analysts (anonymously)

| Date & time of assault | Location of assault | Weapon used |
|---|---|---|

### Department of Health, Public Health England (PHE), NHS England / Digital

- Increasing the collection of consistent data on assaults in A&E departments
- Information Standard Tackling Violence (ISTV)
- Violence Reduction Nurses funding
- **Data sharing now obligatory/required**
  - ISB 1594 (NHS digital, 2014)
  - National Standard Contract 2016/17 and 2017/18

# Optimising the use of NHS intelligence in local violence prevention (2012-2015)

Department of Health

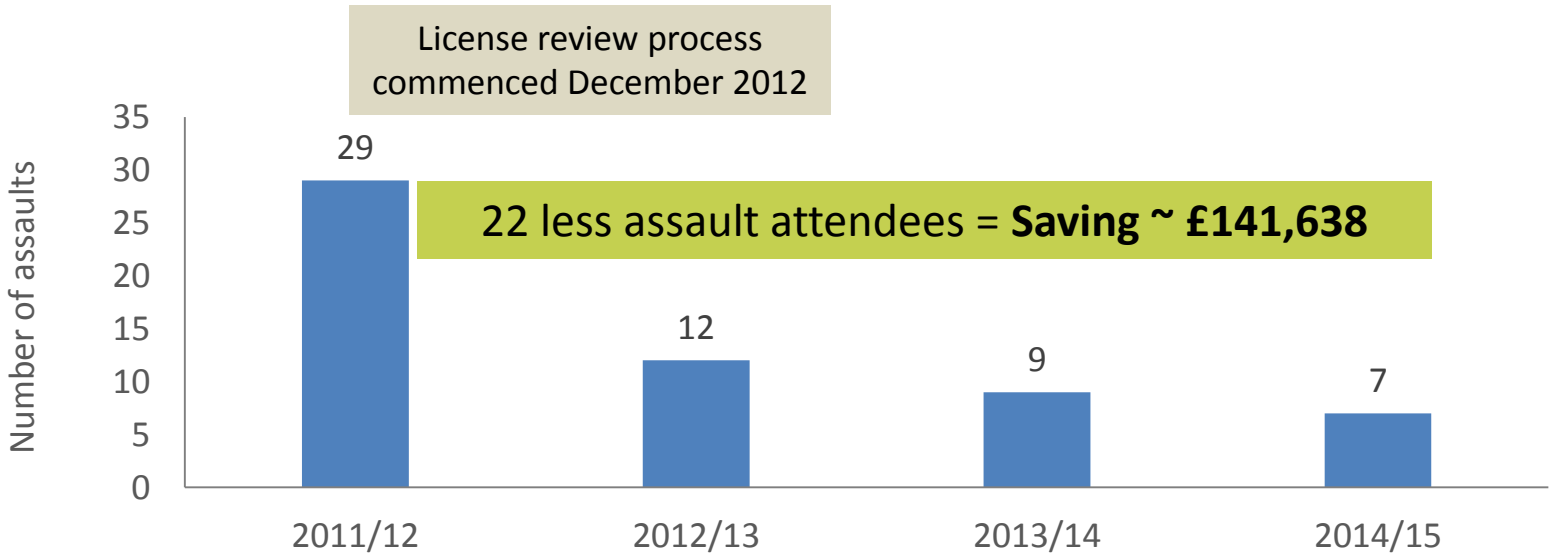
| | Local A&E data | HES A&E data (experimental) | HES Hospital Admissions data | Ambulance call-out data |
|---|---|---|---|---|
| Measuring violence and identifying trends | ✓ | ✓ | ✓ | ✓ |
| Identifying at-risk populations | ✓ | ✓ | ✓ | ✓ |
| Identifying at-risk communities | ✓ | ✓ | ✓ | |
| Identifying peak times for assaults | ✓ | ✓ | ✓ | ✓ |
| Identifying circumstances of assault (e.g. weapon) | ✓ | | | ✓ |
| Identifying hotspots | ✓ | | | ✓ |

*Quigg et al, 2015*

# Hot spots: nightclub licence review (Preston)

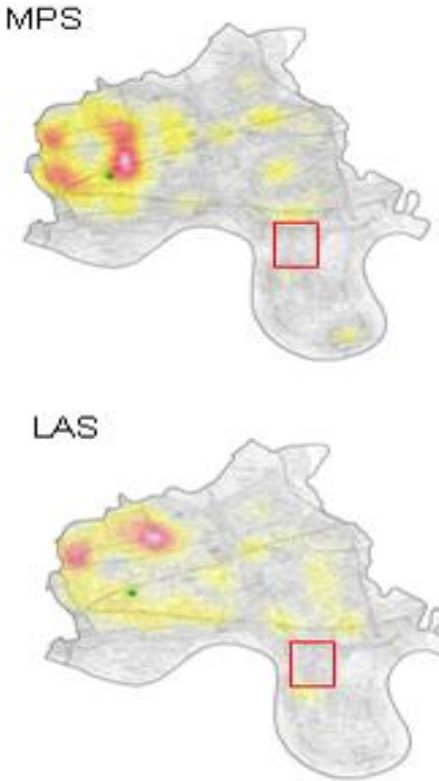
- Police application to review premise licence
- Supporting submission by Public Health using A&E data, e.g.
  - Numbers of attendances identifying X premise as assault location
    - Times/day/demographics/weapons *(student events and glass)*
- 30 conditions attached to licence
  - Linked to data narrative e.g. Polycarbonate glasses, redesign venue, RBS training

**Number of patients attending Preston A&E following an assault at Nightclub X**




*Ashcroft, 2014*

# Hotspots: previously unknown (Tower Hamlets)

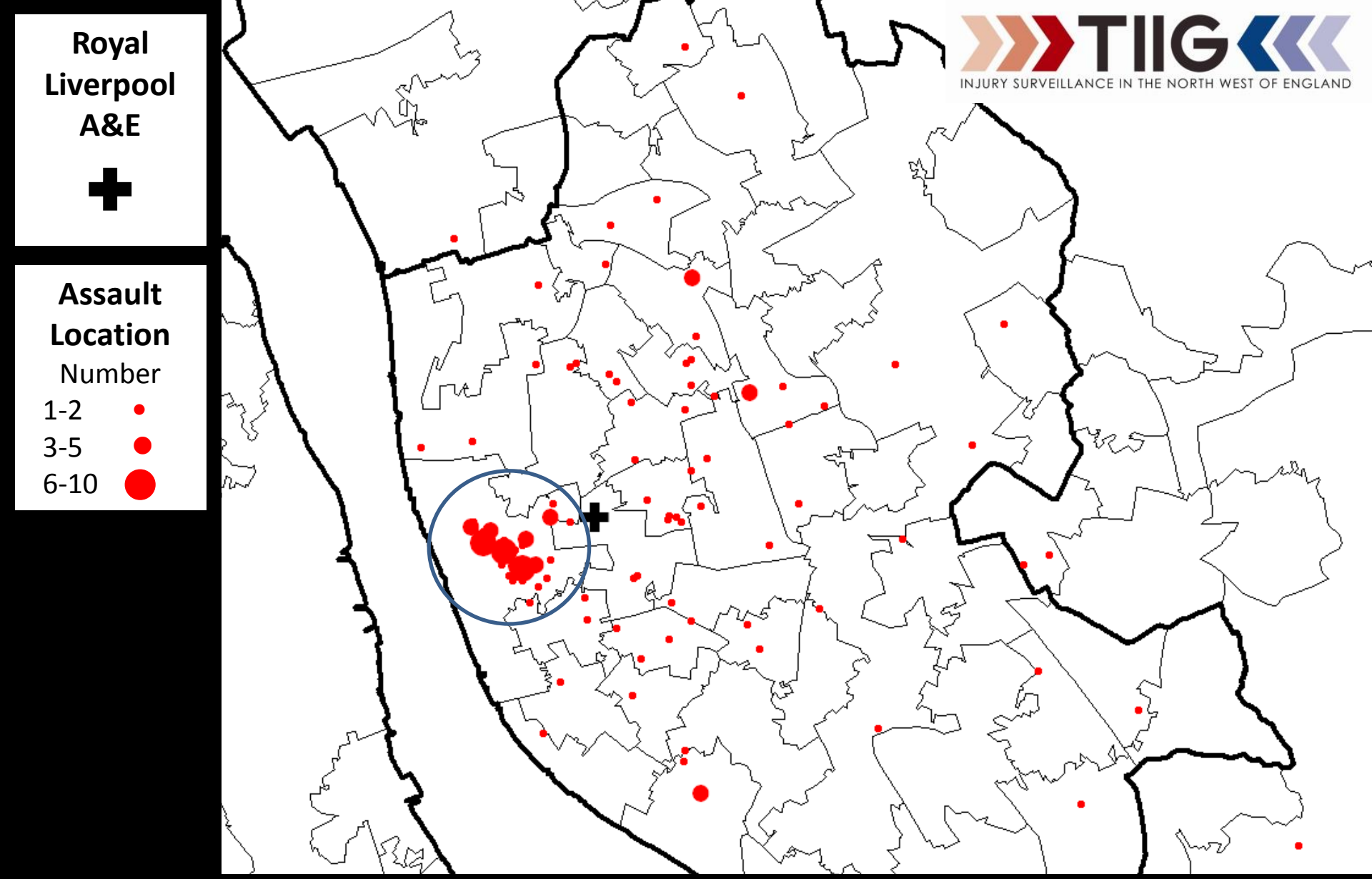




- Links to nightlife environment

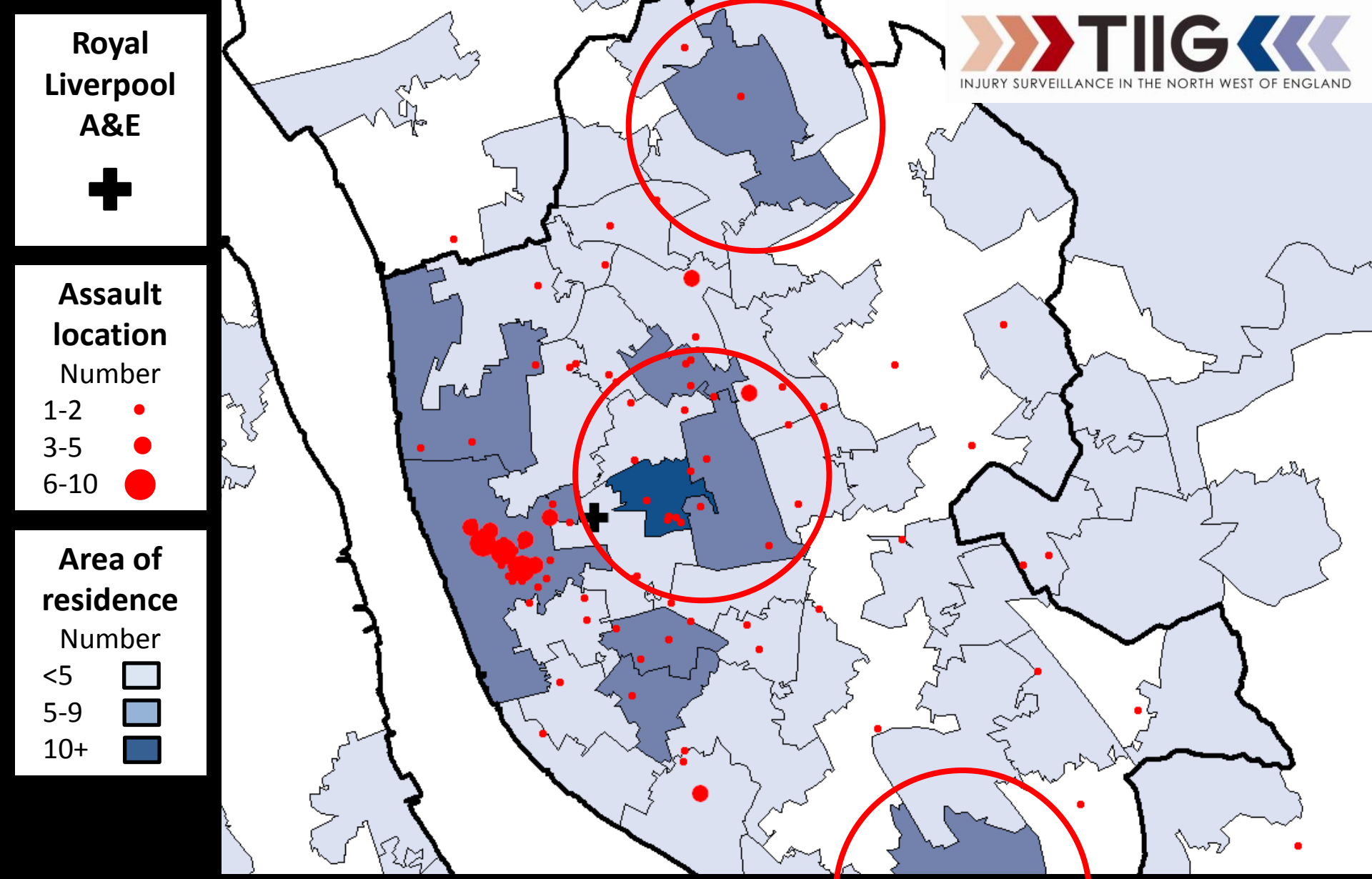
**Recommendations to prevent alcohol-related violence in nightlife settings**

E.g. night watch radio programmes (connecting security staff) / social marketing / voluntary removal of the high strength alcohol or restriction on 'happy-hours' during high-risk periods


*Newton, 2017*



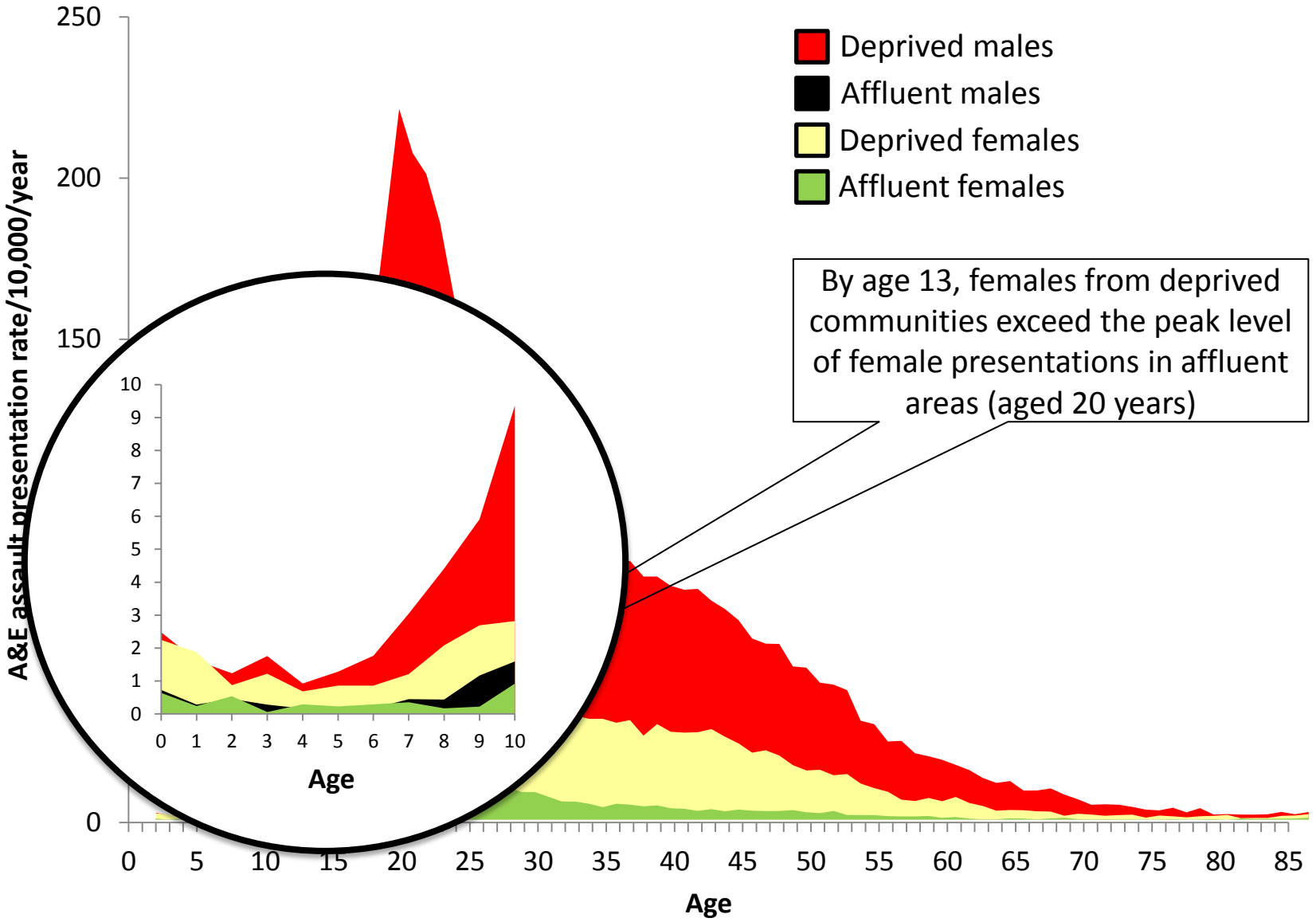

One in five assaults occur in nightlife areas




One in five assaults occur in nightlife areas

Victims and perpetrators live elsewhere

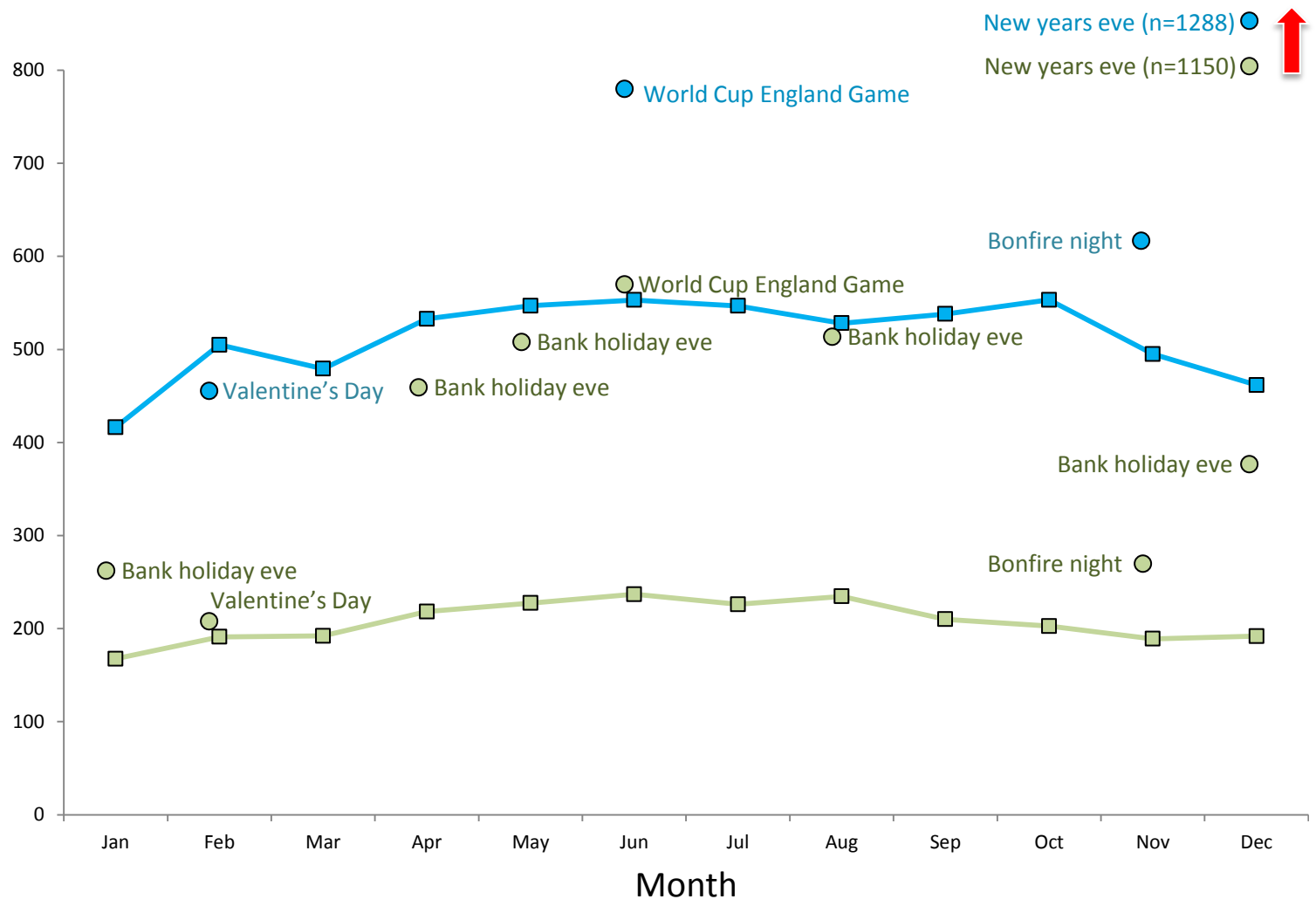
# At risk groups: assault A&E attendances across England 2008-2011 (residence based data)




*Bellis et al,* 2012

# Peak times: night-time assault presentations to English A&Es

**Average per night by month and for selected holidays, sporting events, and other celebrations**




Monthly average, weekend nights (Fri & Sat, 6pm to 6am)

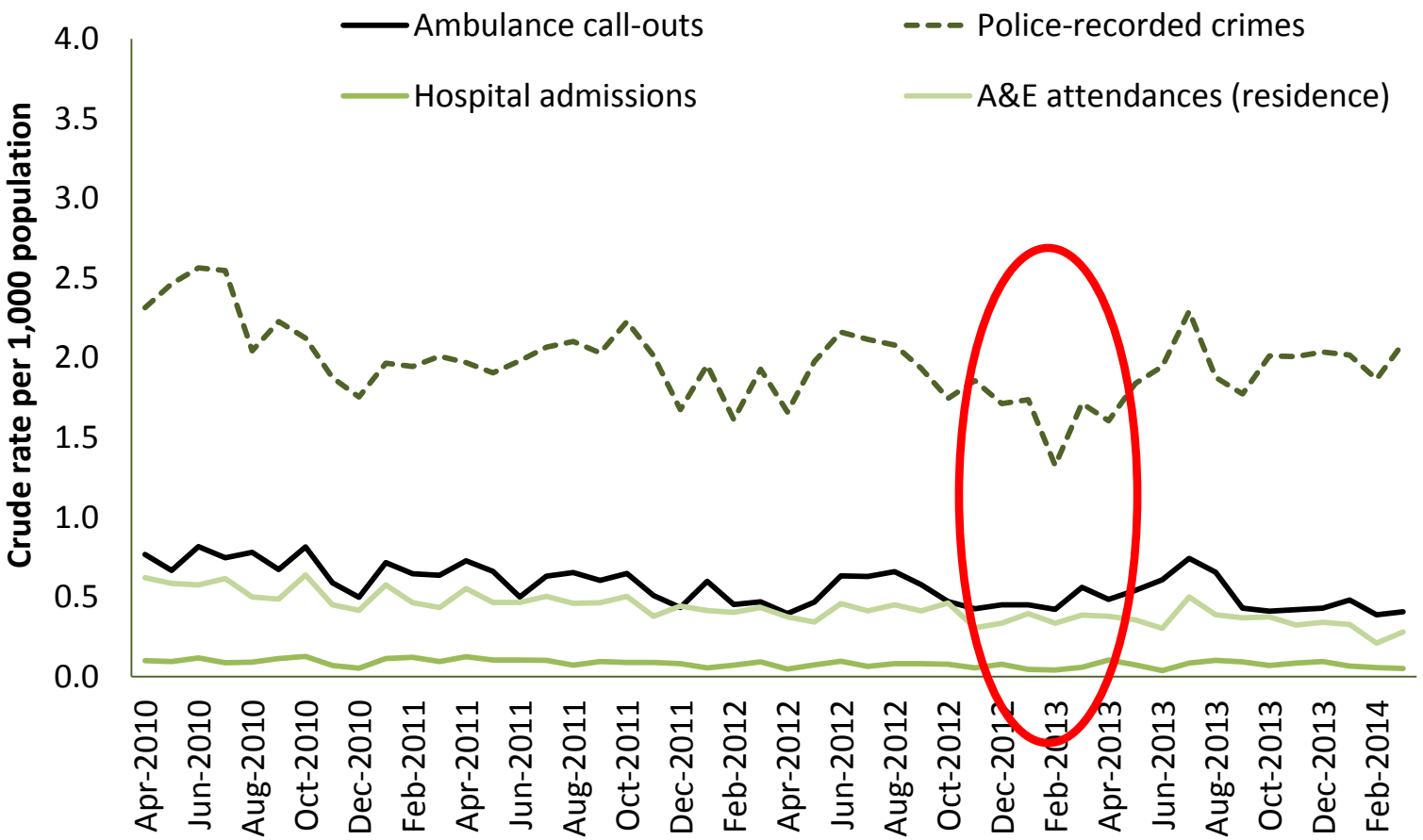
Monthly average, weekday nights (Thurs-Sun, 6pm to 6am)

Average for special event, weekend night

Average for special event, weekday night

# Trends: monitoring and evaluation

**Levels of violence per 1,000 population by month and data source, April 2010 to March 2014, Lambeth Local Authority Area**




*Quigg et al, 2015*

# Barriers and solutions (data collection)

| Barrier | Resolutions |
|---|---|
| **Perceived reluctance of health partners to share data** | • Multi-agency meetings<br>• Ensuring A&E staff recognise the value of their work<br>• Document covering data access & information sharing |
| **Perception that A&E reception staff would not want to collect the data** | • Reception staff training<br>• Guidance to support staff in collecting the data items<br>• Development of a feedback system |
| **Concerns around collecting data from aggressive patients** | • Protocol<br>• Reception staff training |
| **Difficulties in modifying electronic/IT systems** | • Funding<br>• Modify questions &/or add additional questions |
| **Missing data** | • Feedback to reception staff<br>• Adding additional fields<br>• Recording ‘unknown’<br>• Checking the data regularly for inaccuracies |
| **Improving assault location** | • Staff training<br>• Creation of a protocol<br>• Addition of free text fields |

# Barriers and solutions (data sharing/use)

| Barrier | Resolutions |
|---|---|
| **Restricted data access** | • Establishing protocols that ensure full access to the anonymised A&E data |
| **IT-related difficulties in sharing reports & data** | • Engaging with IT companies to ensure systems are running correctly |
| **Issues around data timeliness / no set timescale for data sharing** | • Data sharing agreements |
| **Ensuring data collection remained a priority** | • Providing information on the quality of data sharing within the hospital contracts |

# Features of successful information sharing

- Partnership approach
  - Leads across all relevant partners (including A&E)
  - Strong relationships
- Recognition of health data value and usability
  - Aware of benefits and limitations
  - Training/support in collecting/using A&E assault data
- Communication and feedback
  - Positive (including areas for development)
- Central coordination
  - Multiple data sources and users
- Long-term sustainable approach

Collecting and sharing high quality data is vital, but equally important is ensuring data is translated into a usable manner, used to inform strategies/interventions, and its use (or lack of) is communicated to all partners

# West Midlands Injury Surveillance System

Public Health England

- Established April 2016
- Funded by West Midlands Police
- Housed within PHE (WMVPA)
- Multi-agency steering group
- Focus on violence / ISTV programme
  - **Phase 1**: transfer of existing ISTV A&E data system into PHE
  - **Phase 2**: development of WMISS - additional data sources & outputs

**Phase 1**

- Engagement with all A&Es
- New database established
- Data sharing protocols
- All 10 A&Es signed up to ISS
- Ad hoc training / support
- 9/10 currently sharing data

**Phase 2**

- Multiple data sources
  - A&E attendances: Trust & HES
  - Hospital admissions
  - Police-recorded crime
  - *Ambulance call outs*
- Combined output produced/shared

Public Health England

# West Midlands Police Force area
# Injury Surveillance System

WEST MIDLANDS VIOLENCE PREVENTION ALLIANCE

Burden, age, gender, weapon used, location of assault, alcohol status and relationship to assailant are summarised by upper tier local authority of assault location (ISTV dataset) / patient area of residence (HES dataset).

**Select upper tier local authority:** WM Police Force

Day and time of assault and data completeness are summarised by emergency department.

**Select emergency department:** WM Police Force

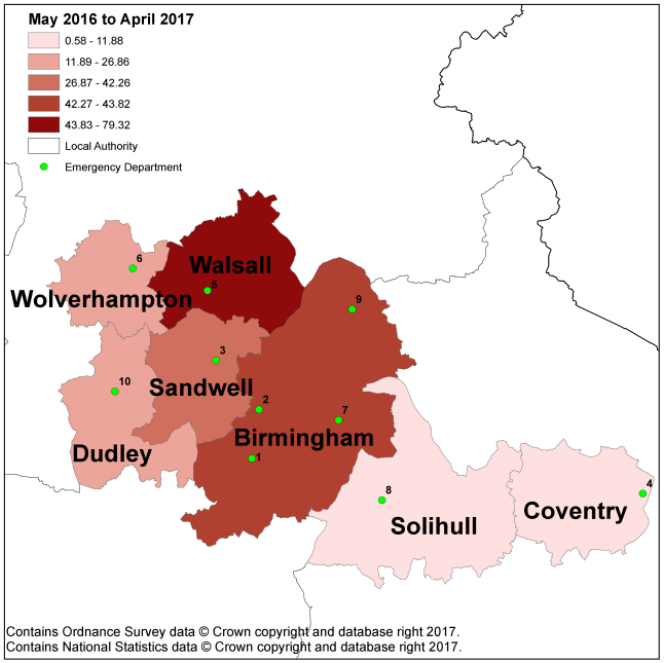
Some indicators use data from multiple data sources, other indicators are available for a single data source.

**Select data source:** HES

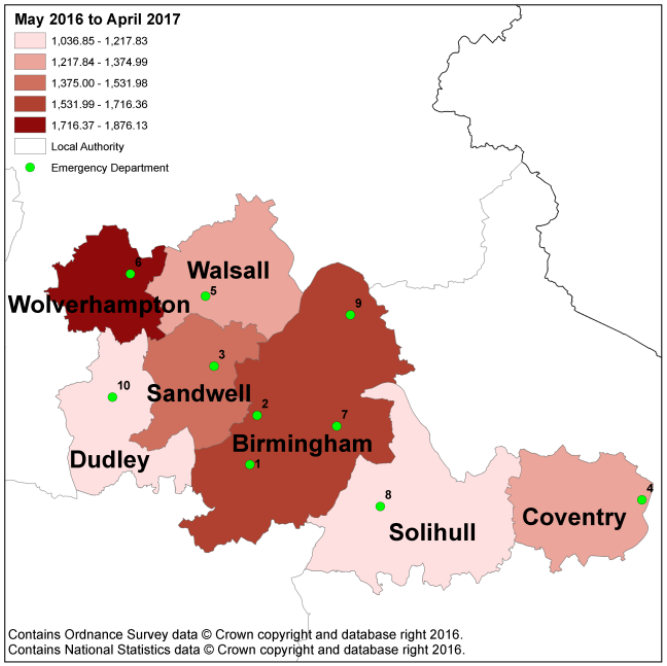
| | | |
|---|---|---|
| **Period covered:** | May 2016 to April 2017 (ISTV data); May 2016 to April 2017 (WM Police Force data); April 2016 to February 2017 (HES) | |
| **Injury group(s):** | Injury - Assaults | |
| **Date sources:** | Information Sharing to Tackle Violence (ISTV) dataset, HES and West Midlands Police Force | |
| **Participating hospitals and last data submission:** | City Hospital | *Data to April 2017* |
| | Good Hope Hospital | *Data to April 2017* |
| | Heartlands Hospital | *Data to April 2017* |
| | New Cross Hospital | *Data to April 2017* |
| | Russells Hall Hospital | *Data to April 2017* |
| | Sandwell Hospital | *Data to April 2017* |
| | Solihull Hospital | *Data to March 2016** |
| | University Hospital Birmingham | *Data to April 2017* |
| | University Hospital Coventry and Warwickshire | *Data to March 2016** |
| | Walsall Manor Hospital | *Data to April 2017* |
| **Data caveats:** | *ISTV dataset.* The ISTV dataset represents records of assault-related injuries reported by clerical/clinical staff at Type 1 emergency departments in the West Midlands Police Force area during the surveillance period. It should not be treated as an accurate measure of the burden of assault-related injuries in either the emergency department or upper-tier local authority area, but rather a subset of injuries that were clinically assessed and/or managed at these hospitals and recorded on the ISTV dataset. | |
| | *HES dataset.* Counts are for all residents in the upper-tier local authority area or West Midlands Police Force area who attended or were admitted to any NHS Acute trust with an assault-related injury; monthly trend data include records with invalid age and undefined gender. Data are provisional 2016-17, and are subject to change. | |
| | *Police dataset. This represents episodes of assault realted injuries reported/handled by the West Midlands police force during the relevant* | |

# Hot spots

## A&E assault attendances




## Police-recorded crimes (assaults)




## Location types (A&E data)

Street (34%), home (13%), pub/bar/nightclub (12%), work (2%), other/unknown (24%)

**Targeted policing, licensing enforcement, environmental measures, communication campaigns, intervention type, primary prevention**

# Circumstances of violence

**A&E assault attendances across West Midlands Police Force, May 2016-April 2017**

## Alcohol-related

**39%** alcohol-related

## Weapon used

**65%** body part

**14%** knife, blunt object, other sharp object

## Relationship to assailant

| | Stranger | Acquaintance | Partner/ex partner |
|---|---|---|---|
| | 36% | 14% | 10% |
| | 41% | 14% | 2% |
| | 22% | 13% | 29% |

**Intervention design (type and target)**

# At-risk groups and communities

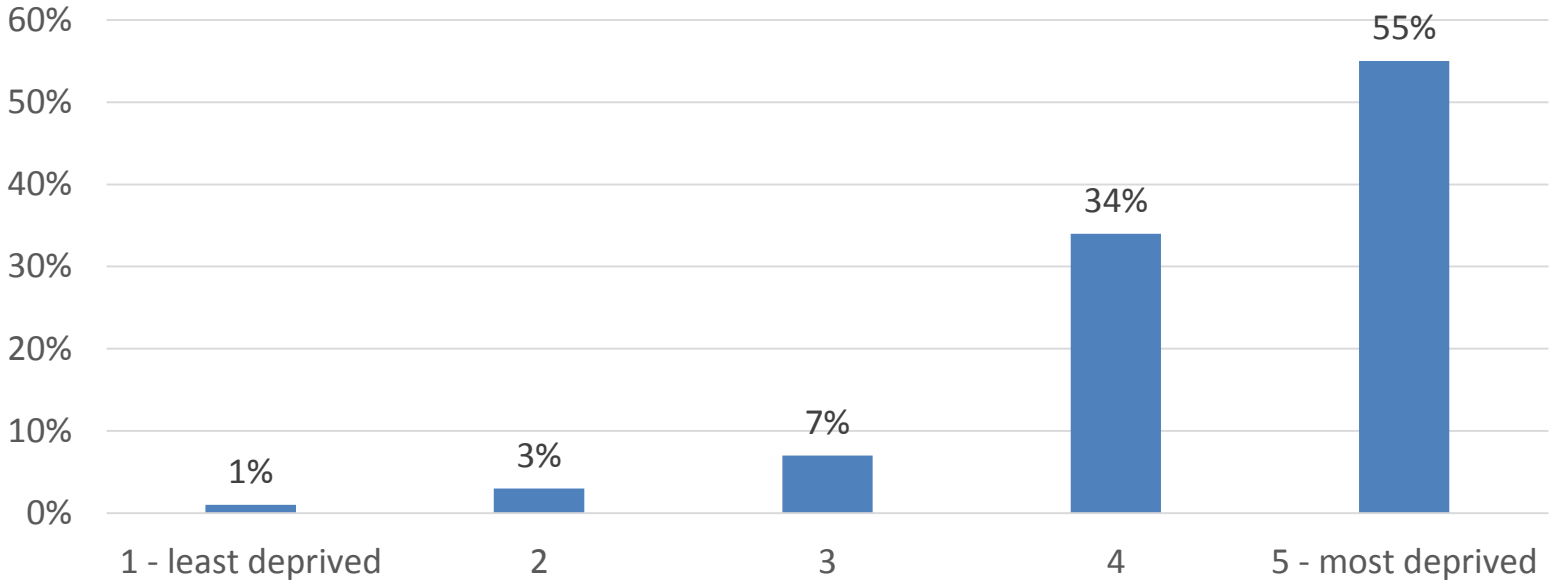
**A&E assault attendances across West Midlands Police Force, May 2016-April 2017**

**72%** male

AGE

**37%** 15-24 years
**43%** 25-44 years

**Assault attendances to A&E by deprivation of residence***

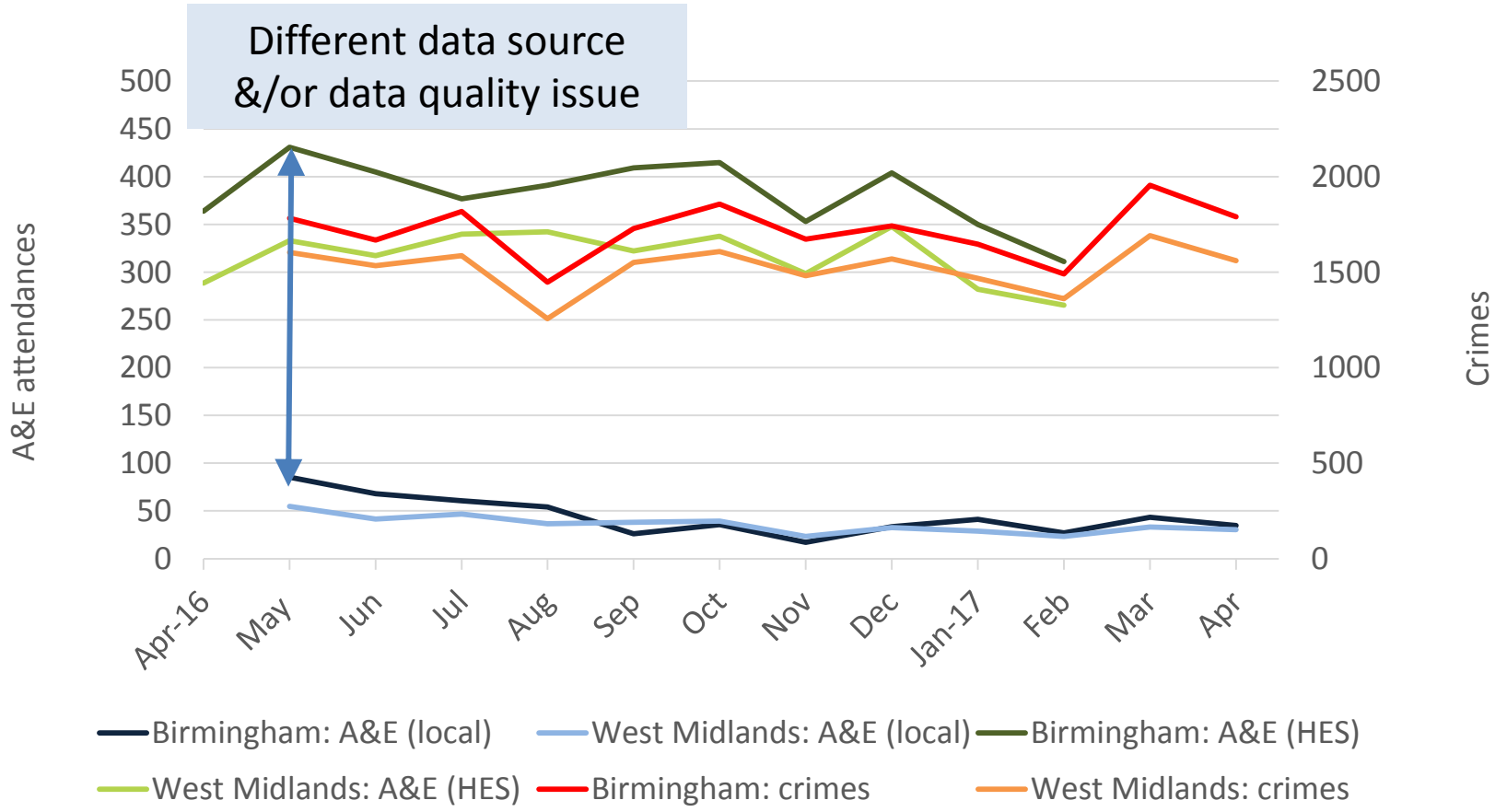



**Intervention design (target), primary prevention**

75% missing data

# Trends: monitoring and evaluation

**Levels of violence per 100,000 population by month and data source, April 2016 to April 2017, Birmingham Local Authority Area**

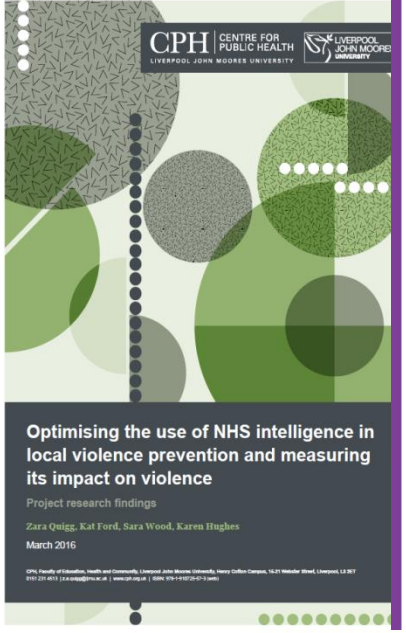


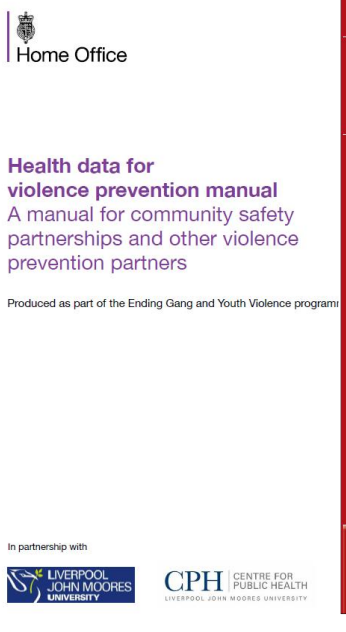

***Data quality,* monitoring and evaluation**

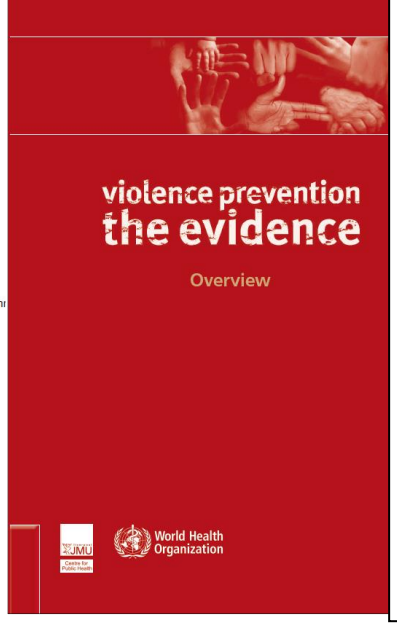
# Summary

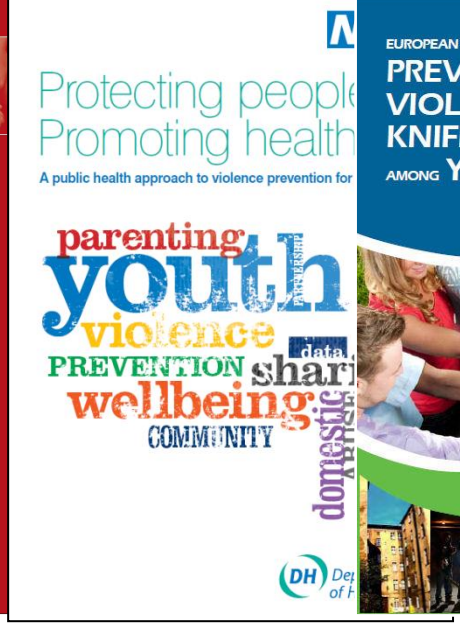
- Health data have great potential to support violence prevention
- Nationally, use of health data for violence prevention is increasing
- WMISS gradually developing
  - Vital stage for refinement and development to meet local needs
- Questions for you to consider
  - Could the WMISS inform your work – how?
    - Strategic and operational
    - Prevention: primary, secondary, tertiary
  - Do you have a role to play – how?
    - Collect and share high quality data (A&Es –with support)
    - Analyse and translate data into usable narrative (e.g. PHE, local analysts)
    - Use data to inform strategies and interventions (e.g. public health, CSPs, NGOs)

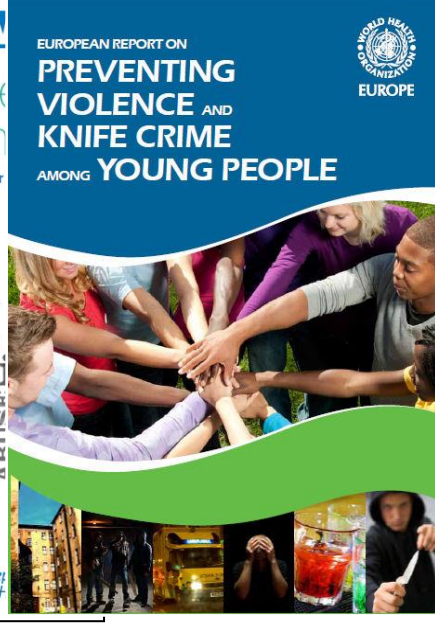
**WMVPA providing support – All have a role to play**




Violence-related ambulance call-outs in the North West of England: a cross-sectional analysis of nature, extent and relationships to temporal, celebratory and sporting events

Zara Quigg,[1] Ciara McGee,[1] Karen Hughes,[2] Simon Russell,[1] Mark A Bellis[2]

Data sharing for prevention: a case study in the development of a comprehensive emergency department injury surveillance system and its use in preventing violence and alcohol-related harms

Zara Quigg, Karen Hughes, Mark A Bellis

Nighttime assaults: using a national emergency department monitoring system to predict occurrence, target prevention and plan services

Mark A Bellis[1*], Nicola Leckenby[1], Karen Hughes[1], Chris Luke[2], Sacha Wyke[1] and Zara Quigg[1]

www.cph.org.uk

www.tiig.info

z.a.quigg@ljmu.ac.uk

With thanks to: Mark Bellis, Diane Newton, WMVPA, WMP, PHE West Midlands, Freepik ( Icons made by <a href=http://www.freepik.com)

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# West Midlands Violence Prevention Alliance Conference

*'Developing Interventions, Building Momentum – Violence is Preventable'*

Birmingham

14 July 2017

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# Interactive plenary session

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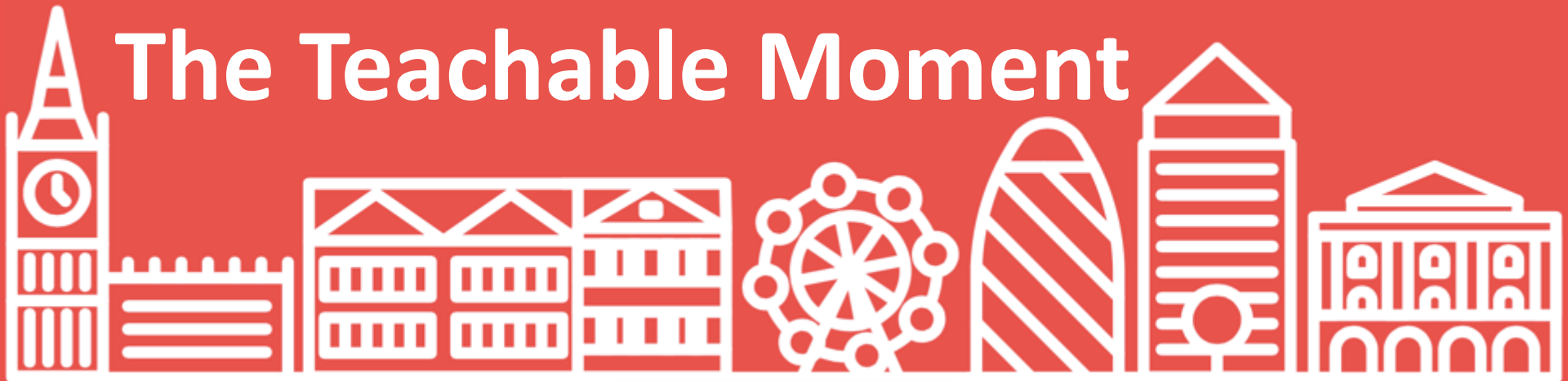
# Session three: Navigator programme in emergency departments

*John Poyton, Chief Executive, Red Thread*

*Hannah Robertson, Business Development Manager, Red Thread*

Redthread

# The Teachable Moment



# A Young Persons journey

# A young person's journey

https://vimeo.com/223971068

# Healthy, Safe and Happy

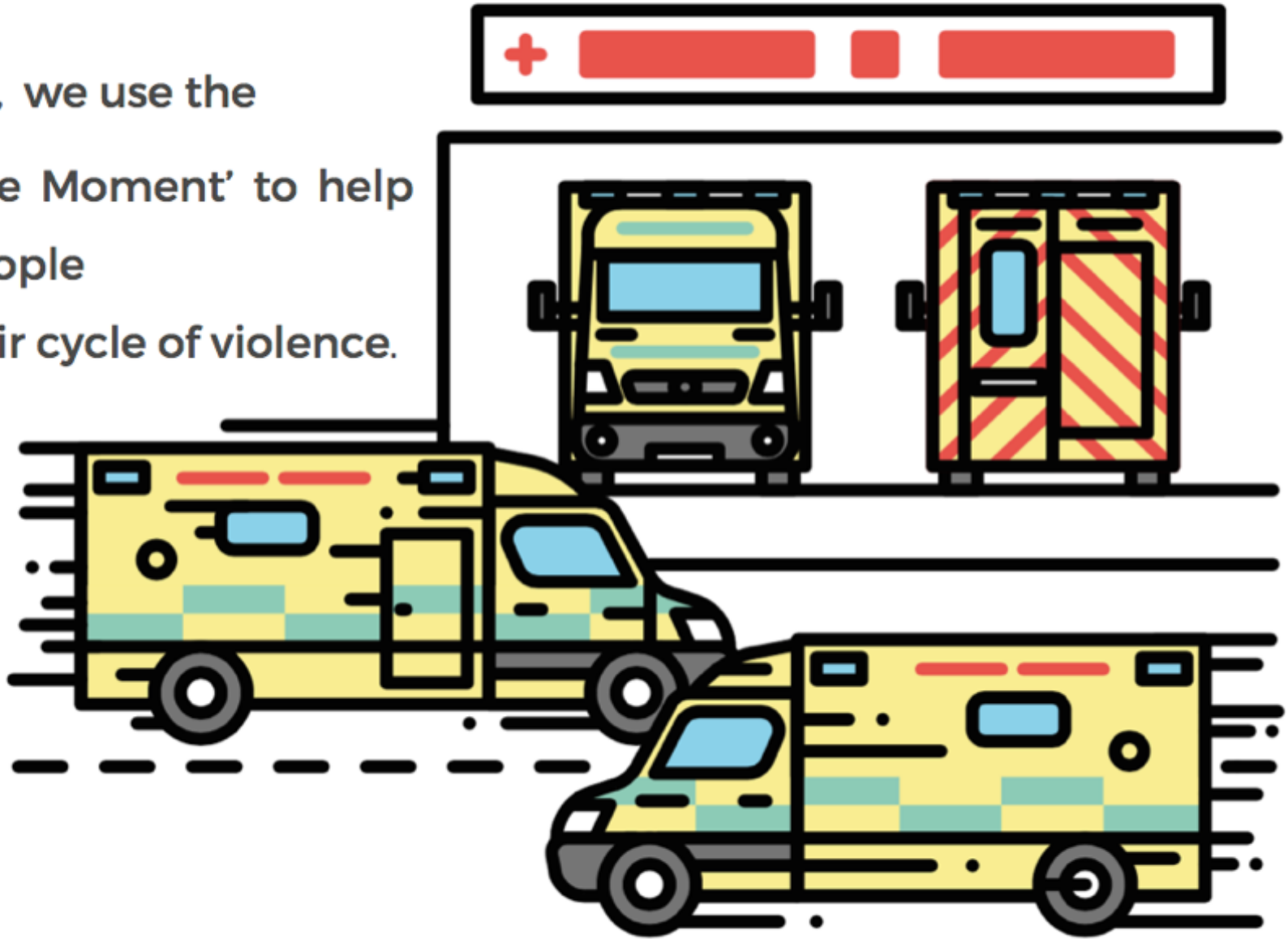
# Our interventions are:


In the **community**, supporting young people to be healthy, safe, and happy

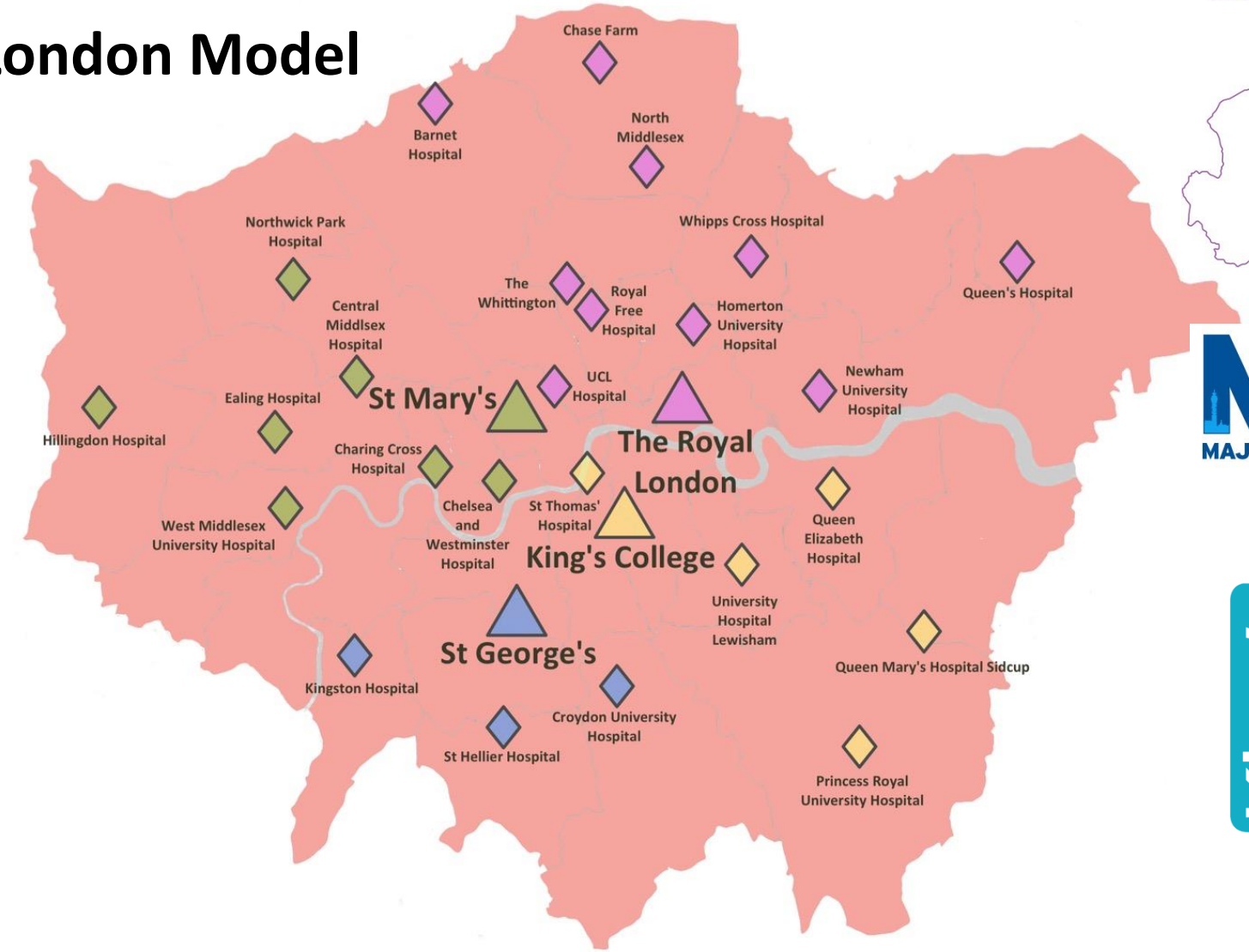
www.thewellcentre.org

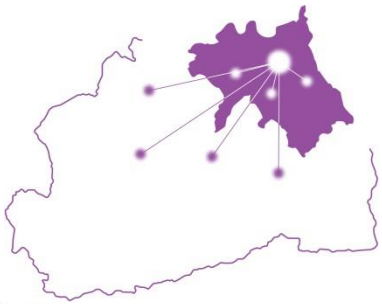
# Youth Violence Intervention Programme

In **A&E**, we use the 'Teachable Moment' to help young people break their cycle of violence.



# A London Model



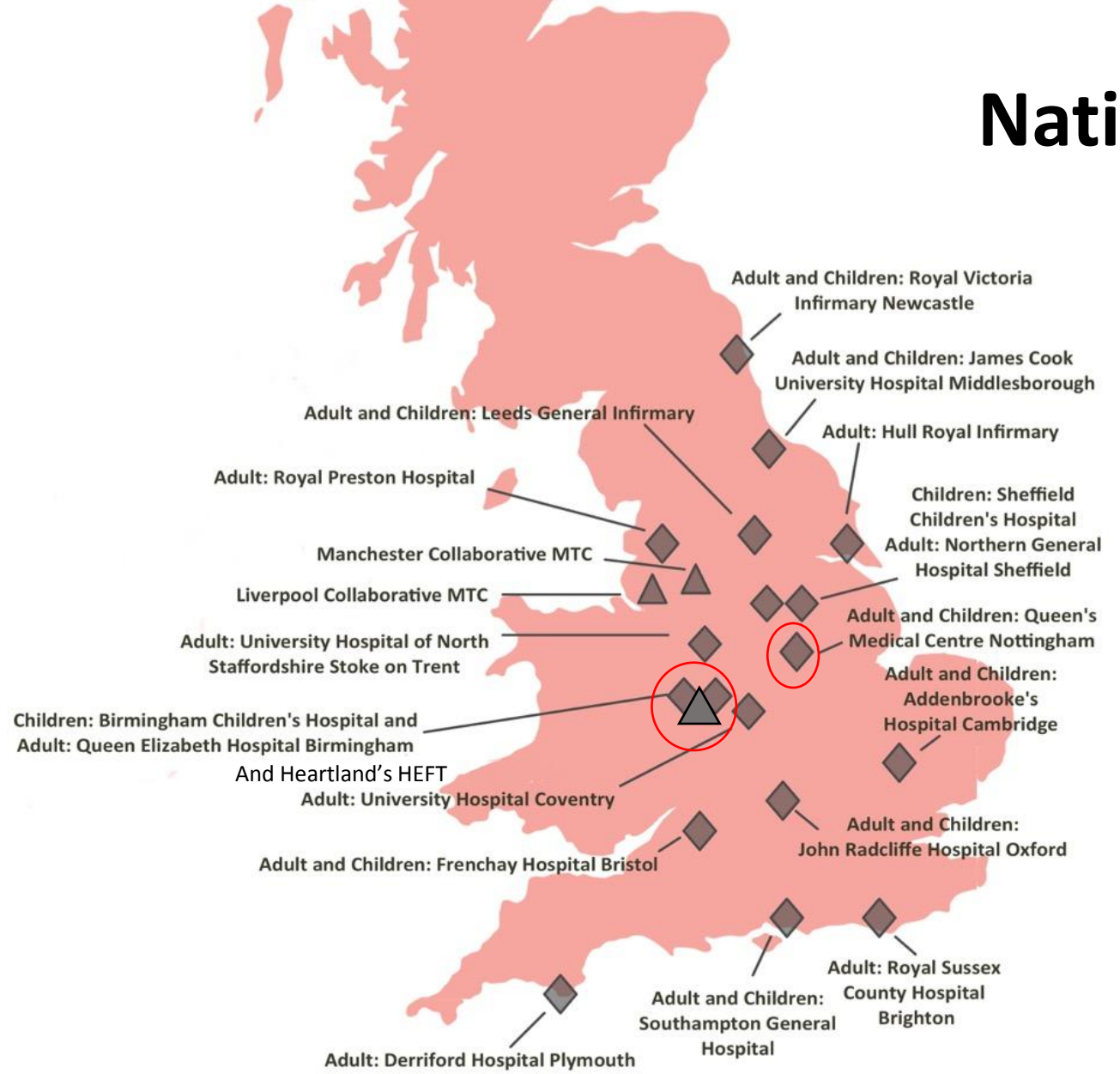
ST GEORGE'S
MAJOR TRAUMA CENTRE

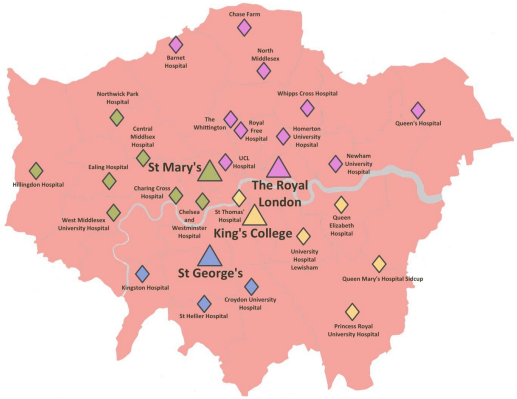
MTC
MAJOR TRAUMA CENTRE
ST MARY'S LONDON

King's

# National Potential

## A Regional Pilot



# Violence is a public health issue

**Prevalent** – with 300,000 ED admissions caused by violence every year.

**Expensive** – costing the NHS £2.9 billion a year in England and Wales, whilst the cost to society is estimated at £29.9 billion per year.

**Contagious** – exposure to violence leads to increased likelihood of further involvement.

**Damaging** – research by the Institute of Psychology shows that "lifetime exposure to two or more types of violence was associated with increased risk for all mental health outcomes."

**Unequal** – violence is another kind of health inequality, disproportionately affecting the UK's most deprived communities.

**Treatable** – evidence shows that violence can be reduced through effective intervention.

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# A Public Health Approach

*This public health approach to violence prevention seeks to improve the health and safety of all individuals by addressing under-lying risk factors that* ***increase the likelihood that an individual will become a victim or a perpetrator of violence.***

*The Violence Prevention Alliance, WHO*

# Victim perpetrator cycle

- 61% of all gang members have been the victim of any crime
- 31% have been the victim of a violent crime
- 15% have been the victim of a stabbing or shooting or a gang flagged crime

*Strategic Ambitions for London: Gangs and Serious Youth Violence, July 2014*

# Case Study: Jason

"In 1988, when he was just **9 years** old, Jason was treated in the Children's Hospital Emergency Department in Milwaukee for an "**accidental**" injury. Two years later, the hospital treated him again for multiple contusions and abrasions resulting from an **assault**. In 1992, at **13 years** of age, he was treated for multiple stab wounds. Then, in early 1994, at **age 15**, the hospital treated him for a **bullet** wound in his leg. By the end of that year, he was dead, shot in the chest and **killed** at the **age of 16**. While medical staff expertly cared for his physical wounds each time, not once was the disease of violence treated, even as it occurred over and over."

***Violence is Preventable:***
***A Best Practices Guide for Launching & Sustaining a Hospital-based Program to Break the Cycle of Violence***
*AUTHORS:*
*Naneen Karraker, M.A. Rebecca M. Cunningham, M.D. Marla G. Becker, MPH, Joel A. Fein, M.D., MPH, Lynder*
*Ph.D.*

# Adversity Related Injury

- Study done in England using large data sets
- Calculated that 1 in 20 10-19 year olds in England had at least 1 emergency admission for adversity related injury (adversity includes violence, alcohol/drug misuse and self-harm)
- Adversity accounted for a third of all emergency admissions in this age group
- Boys over twice as likely to have readmission if original was violence related, girls over 5 times as likely for readmission if original was violence related
- Limitation: uses Hospital Episode Statistics data, which does not include A&E attendances, therefore likely to be a large under estimate of actual figures.

*Herbert et al, BMJ Open 2015*

# St Mary's Hospital Youth Violence Intervention Project

# Year 2 Evaluation Report Summary

Nick Chapman – March 2017

# Of the **213** young people risk assessed…….

**196** attended following an assault

**1:7** reported that they had attended ED on at least one other occasion in the last 5 years as a result of an assault.

**71%** were involved in violence, either personally or by association

**65%** were involved in crime, either personally or by association

**68%** said that they react violently if violence is inflicted on them

**29%** said that they initiate violence on others

**41%** directly witness violence regularly or occasionally in their neighbourhood, **17%** did so in school or college, and **10%** at home.

# Outcome 1. Reducing Risk : YVIP is helping the young people to reduce the risks they face and their involvement with violence and crime in the months after their initial contact.

Follow up risk assessments for 62 young people showed:

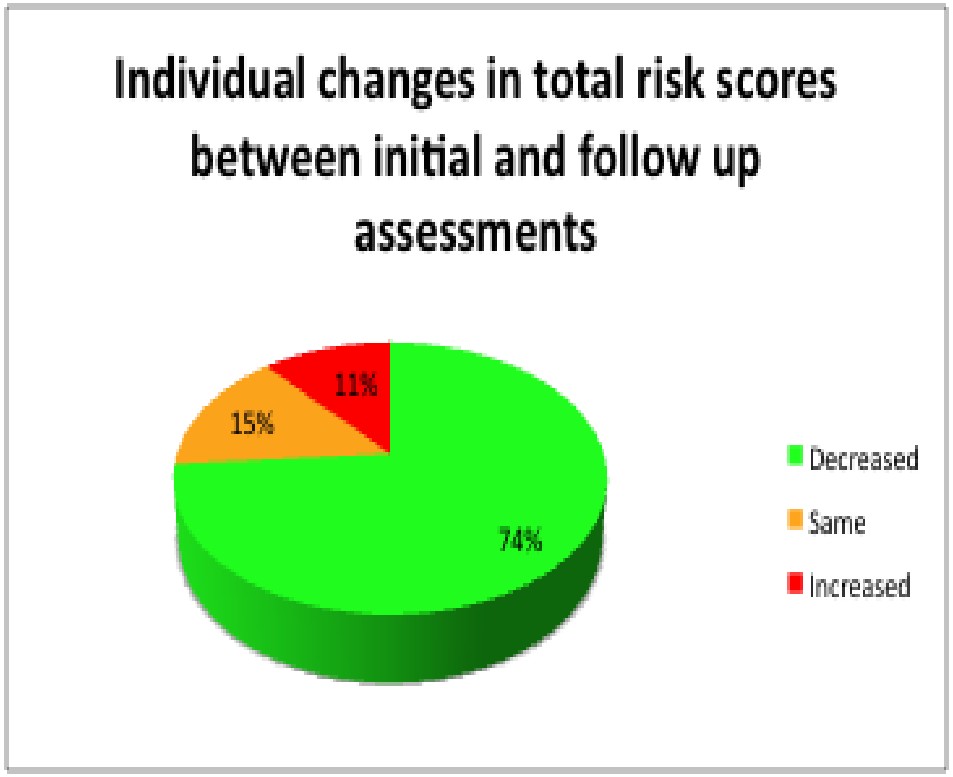
•59% had a reduced involvement with violence, either personally or by association, 28% had remained the same and 13% had increased

•37% had a reduced involvement with crime, either personally or by association, 61% had remained the same and 2% had increased.

•71% had less violent attitudes, 27% had remained the same, and 2% had more violent attitudes

•59% of young people saw a reduction in their risks associated with violence in their neighbourhood, school or college, or home. 28% had unchanged risks and 13% had increased risks.

**•Re-attendance rates at ED as a result of further assaults have reduced to 1 in 35 compared to 1 in 21 in a baseline audit of a similar group of young people who attended St Mary's prior to the introduction of the YVIP.**



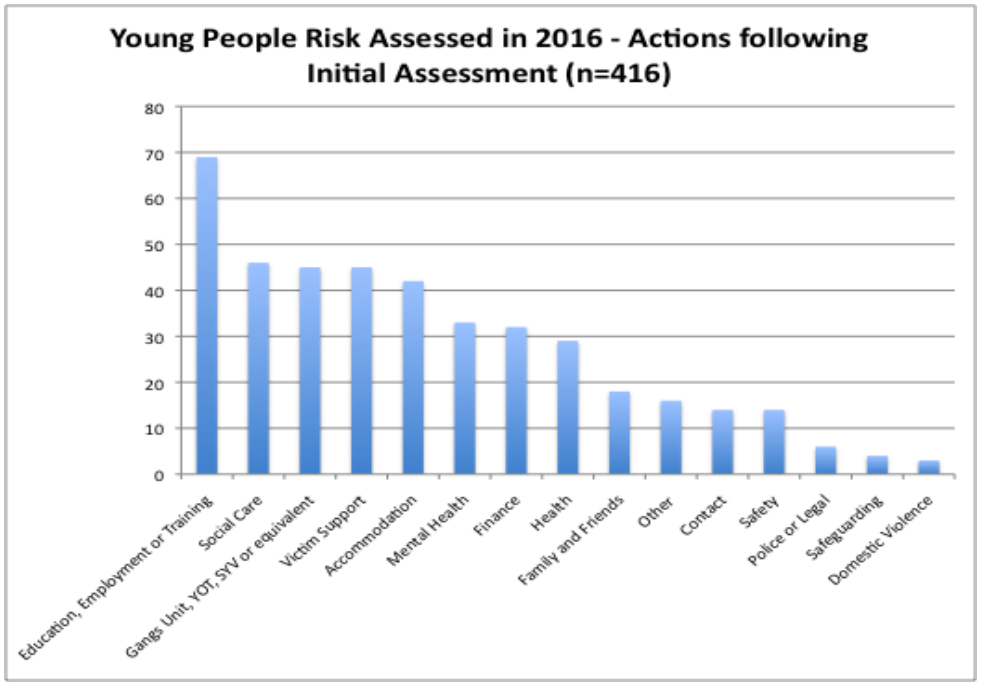
# Outcome 2. Access to services. Redthread youth workers have used the 'teachable moment' to introduce or re-introduce young people at risk to appropriate supporting agencies and/or services where these exist. There are signs of both increased access to planned services and reduced attendance at ED.

Introduced previously unknown young people to Borough's statutory services and improved existing relationships with statutory services where previously the young person refused to work with them.

- Feedback from other agencies strongly suggests that Redthread strengthen the willingness of the young people to engage constructively with other agencies.

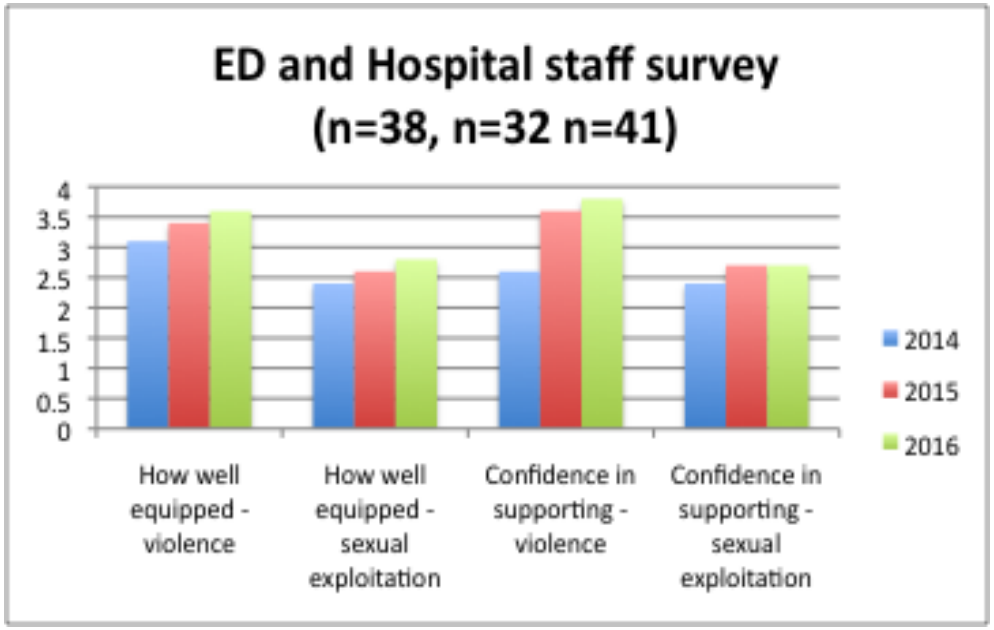
- Take up of both health services (for 31%) and other agencies (for 46%) improved amongst the 39 and 48 young people (respectively) who had follow up risk assessments.

- **The rate of re-attendance at ED for reasons other than further violent incidents of young people risk assessed in 2015 was 1 in 8, compared to a rate of 1 in 5 in the basel of 2012/13.**



# Outcome 3: ED Staff. ED staff are extremely positive about the youth violence project, readily refer young people to it, and have increasingly said that they feel better equipped and more confident in dealing with young people who have experienced violence since the Redthread youth workers have become part of the ED team.

*'Feels secure that the people we are discharging are not just discharged straight back into the big bad world that brought them in here. There is only so much we can do regarding their social circumstances, before Redthread we would have discharged to GP or Children's Social Services, not that secure, now we know someone keeping an eye on them.' ED Consultant 2016*



NNHVIP

THE NATIONAL NETWORK OF HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAMS

**MISSION: Strengthen existing hospital-based violence intervention programs and help develop similar programs in communities across the country.**

Marla Becker Scholarship

HIVE

**Hospital-based Interrupting Violence Exchange.**

A UK network, set up by Redthread, for **existing** and **emerging** hospital-based violence intervention programmes to support, advise and share ideas and insights.

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# Session four: Identification and Referral to Improve Safety (IRIS)

*Dr Diane Reeves, Chief Accountable Officer, Birmingham South Central CCG*

*Carole Collins, Lead Nurse for Domestic Abuse and Domestic Homicide Review, Birmingham's CCGs*

NHS

Birmingham South Central
Clinical Commissioning Group

# IRIS (Identification & Referral to Improve Safety)

Carole Collins

Lead Nurse DA & DHR

Dr Diane Reeves

Chief Accountable Officer
BSC CCG

Best care, Best place, Best time.

NHS
Birmingham South Central
Clinical Commissioning Group

# IRIS What is it?

- Targeted general practice-based domestic violence training, support and referral programme.
- Pathways for all victims
- Costs
- Model
- Partnership work, primary care and third sector agencies

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# IRIS Why implement it?

- Recommendations from DHRs
- GP is a trusted professional
- Adverse Childhood Experience's
- Cost effectiveness
- Clear pathways to 3rd sector specialist services
- Better outcome for patients
- Support for GPs
- Responding to domestic abuse

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# IRIS General Practices

- In house DVA training
- HARKS – electronic system
- The service of an advocate educator

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# IRIS Birmingham (April 2015)

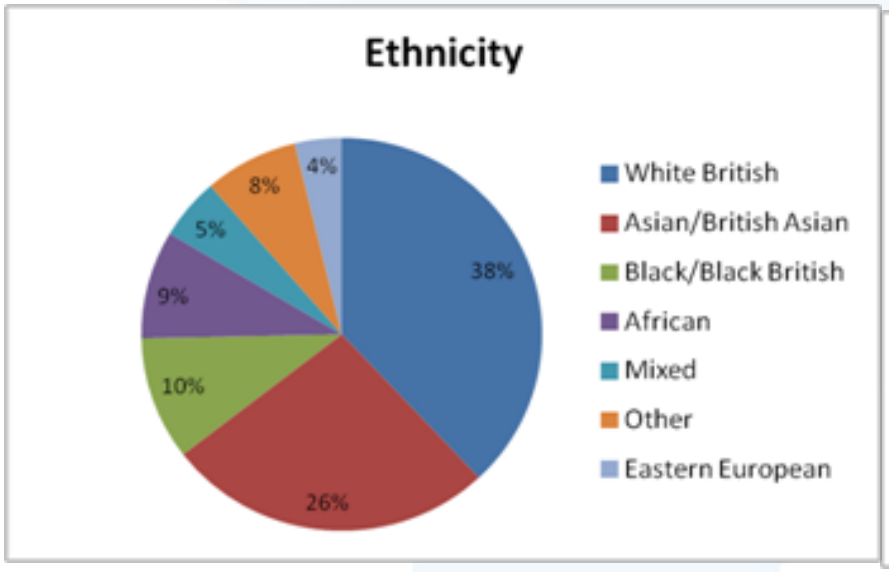
- Supported by Dr Diane Reeves, Dr Andrew Coward, Jenny Belza Chief Nurse BCC CCG, Dr Bob Morley secretary of the LMC, BCC Public Health Dept., Birmingham Joint CCG Safeguarding Board & BCSP.
- 25 practices covered by 1wte Advocate Educator
- 12 practices in BSC CCG
- 13 practices in BCC CCG
- Positive evaluation by the University of Birmingham.

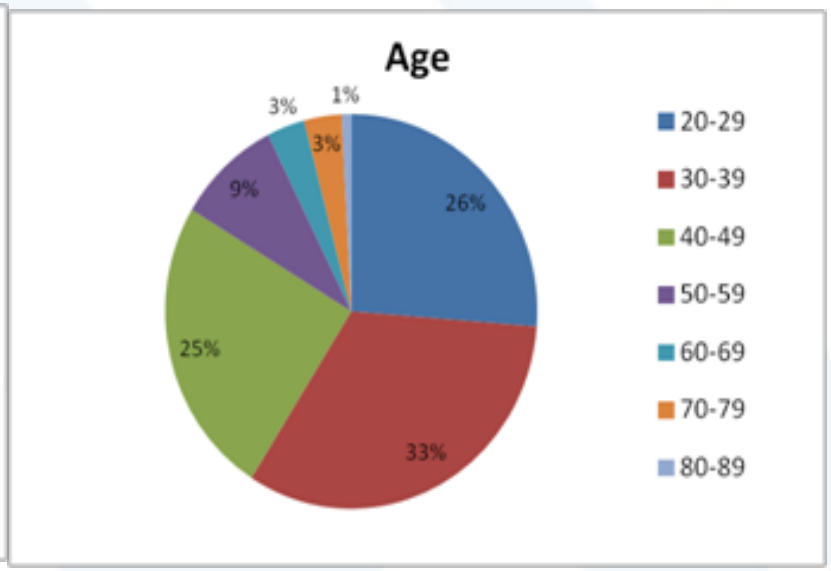
# IRIS Evaluation Dec 16

Birmingham South Central Clinical Commissioning Group

April 2016 funding for a further Advocate Educator & 25 more practices via CCGs.

262 Referrals between Oct 2015 – Dec 2016

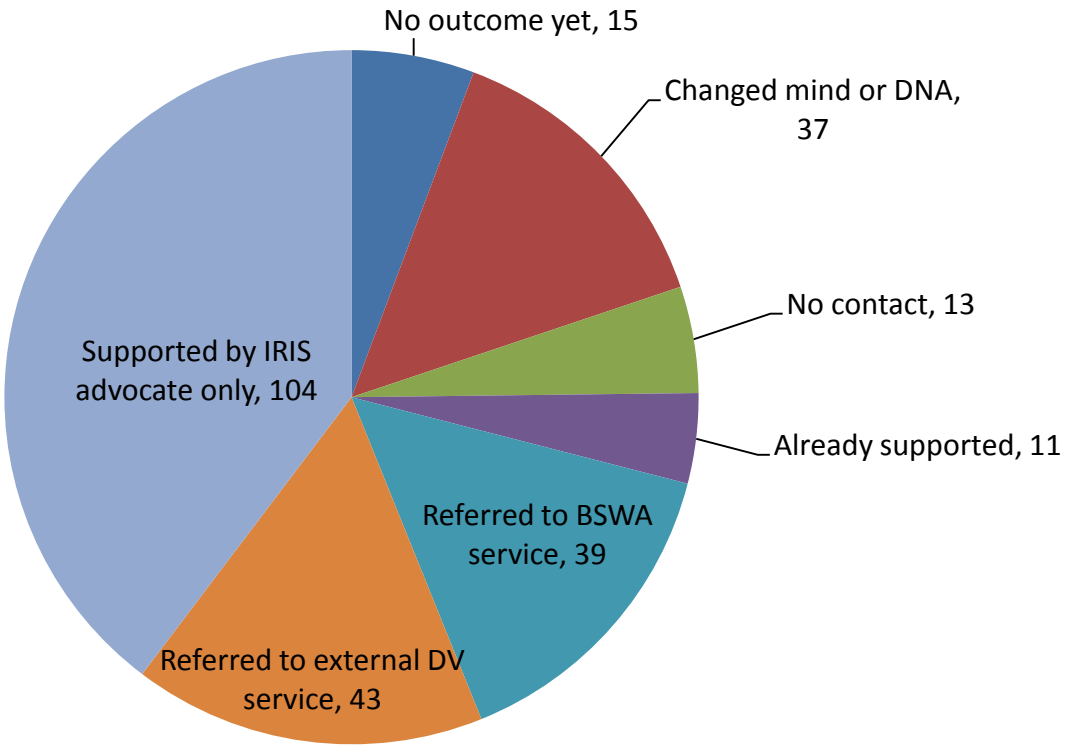



Best care, Best place, Best time.

# IRIS

**Referral Outcomes**



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# IRIS

Patient Experience - Catherine

Best care, Best place, Best time.

NHS

Birmingham South Central
Clinical Commissioning Group

# IRIS GP Feedback


Best care, Best place, Best time.

# IRIS Now

- 3rd year of funding
- Established in 50 practices
- Continues to identify victims
- Funding until March 2018 via CCGs
- Bid sitting with the HO to enable roll out of IRIS to ALL Birmingham & Solihull practices by 2020
- IRIS development across West Midlands continues.

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# Interactive plenary session

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## Group Questions

1. There were 4 interventions presented today, as a group can you agree on any that you want to see developed or further developed in your area.

2. How can you progress this collectively and what support, if any, would you like / need from the VPA?

3. There were a number of challenges identified in preventing violence how do you think they can be overcome?

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# Closing remarks and next steps

*Eamonn O'Moore, National Lead Health and Justice Team, Public Health England*

*Jayne Meir, Chief Superintendent, Wolverhampton Neighbourhood Policing Unit, West Midlands Police*

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