A Guide to Taking a Public Health Approach for Police & Crime Commissioners – updated June 2026

Last Update: 18/06/2026

This refreshed guide seeks to support PCCs and their offices to take a public health approach by drawing together a range of useful information and case studies in one document, and signposting to existing sources of evidence-based practice.

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Foreword from Association of Police & Crime Commissioners (APCC) Prevention Leads:

As Police and Crime Commissioners (PCCs), we are entrusted with keeping our communities safe today while shaping the conditions for safer, healthier places in the future. Increasingly, that means recognising that policing alone cannot address the complex causes of crime, harm and victimisation.

Across England and Wales, PCCs, in collaboration with the Association of Police and Crime Commissioners (APCC), have and continue to champion a shift towards a public health approach to policing, one that focuses on prevention, early intervention and tackling the root causes of harm. Whether addressing serious violence, violence against women and girls, drug misuse, or the impact of adverse childhood experiences, the evidence is clear: working upstream, in partnership, delivers better outcomes for individuals, communities and public services alike.

This refreshed APCC guidance reflects the growing maturity of that approach. It builds on what PCCs, and partners are already doing, drawing together evidence, learning and practical examples from across local policing areas. Importantly, it recognises the unique role PCCs and their teams play in convening partners, setting priorities, commissioning services and holding agencies to account, using our democratic mandate to drive long-term, whole-system change.

Prevention must not be seen as an optional addition to enforcement, but as a core part of delivering safer streets and stronger communities. By embedding public health principles into police and crime plans, partnership arrangements and

commissioning decisions, PCCs can help reduce demand on policing and the wider criminal justice system, while improving health and wellbeing, and public confidence.

We hope this guide, which has been informed with the valuable support of national public health colleagues, supports PCCs and their offices to continue that journey; strengthening collaboration, making best use of data and evidence, and upholding a clear focus on preventing harm before it occurs. Ultimately, a public health approach reflects ours and colleagues' shared ambition for a future where fewer people become victims, and fewer lives are drawn into cycles of crime and trauma.

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EXECUTIVE SUMMARY

The APCC first launched guidance to support PCCs to deliver public health approaches in 2023. Since the launch, PCCs have continued to embrace and deliver public health approaches to policing. This latest version of the guidance intends to serve both as a helpful introduction for those new to public health approaches to policing, as well as a helpful reminder for those more familiar with the approach. Within this guide, readers can access a list of valuable additional resources, new sources of information, plus recent case studies from PCCs across England and Wales.

Encouragingly, PCCs and forces are delivering problem-solving policing and contextual safeguarding approaches in existing partnerships or have been using elements of the public health approach without categorising it as such. The public health approach should be considered complementary to these ways of working. The discussion paper **evidence based approaches to violence reduction** provides a useful explanation comparing approaches, benefits, challenges, and examples of where the different approaches can be used. The below infographic provides an overview of the three approaches when looking at identifying issues, unit of analysis, partnership working, and where action is focused:

	PUBLIC HEALTH APPROACH	CONTEXTUAL SAFEGUARDING	PROBLEM SOLVING APROACH
 Identifying issues	Broad population-based data is examined to identify issues and understand the causes, risk and protective factors related to the problem. Sources of data include police, health, social care, third-sector, community engagement,schools, local authority.	Child welfare-based assessments are used to identify and understand (extra-familial) contexts and groups where young people have come to harm.	Wide range of data sources, including: police reports on crime, community issues raised with local authorities and other sources like repeat calls from children's homes for example.
 Unit of analysis	A population can be grouped by geography, age, ethnicity, health, social care or criminal justice need, risk or protective factors, deprivation.	A context (location, school) or a peer group (of young people).	A focused approach, handling specific problems through victim, offender, and location perspectives.
 Partnership working	Collaboration with partners and communities is core to a public health approach. It brings people together to address complex problems, including a wide range of professionals, organisations and communities.	Brings together partners around a children's social care plan to increase safety in extra-familial contexts and groups.	Partnerships, then, are an integral part of this approach. Different partners, (including members of the community) are required to holistically understand the problem, develop solutions and assess their impact.
 Focus of action	Has a broad focus. Focusing on issues as they affect populations, considering the causes of the causes and identifying opportunities across the life course to prevent issues in the future.	The welfare of young people in a range of contexts. In any given context, assessments consider guardianship capacity, the needs/ functioning of the young people in the setting, and the environmental factors that inform the setting.	Focuses the scope as specifically as possible to enable identification of amenable underlying causes that can be acted upon in the here and now.

Key points in this guide:

- The public health approach to policing focuses on proactive, preventative activity to address the causes of the causes, as opposed to solely reacting to it once it has occurred.
- The public health approach has been incorporated within national policies around crime and substance abuse. This reflects the growing evidence base of the approach's impact and value in relation to cost effectiveness.
- The approach recognises links between crime and health problems, social exclusion, and inequality. The broad social and economic circumstances which together influence the quality of the health of the population are known as the 'social determinants of health', defined as inequalities that underpin the conditions in which people are born, grow, live, work and age. They align closely with risk factors for offending such as poor housing, education, lack of work and income; and those who are or are at risk of offending are more likely to suffer from multiple complex health and social issues.
- Developing a detailed understanding of the nature, extent, and impact of an issue using shared data and intelligence is a key enabler for the public health approach.
- In a public health approach, the police, their partners and communities work together to coordinate tailored and targeted preventative action. This addresses the causes and impact of an issue by taking a multi-agency, whole-system approach. Intervening early with at-risk groups reduces the harm caused by the issue, by promoting recovery and increasing resilience.
- There is a convincing case for preventing crime by targeting those most at risk of experiencing adversity in childhood and supporting people in the criminal justice system whose lives have been affected by Adverse Childhood Experiences (ACEs) to reduce reoffending and prevent intergenerational crime and victimisation.
- Protective factors against criminality can be supported to mediate the effects of adversity. These factors include addressing causes of poverty and deprivation; developing pro-social behaviour, social skills, positive attitudes and self-esteem; supporting educational attainment; enabling social networks and activities; and supporting effective parenting and strong attachments with an 'always available adult' and positive role models.

- By becoming trauma-informed organisations, police forces and their frontline staff can identify early indicators of adversity. Using their contacts with the public, and local health and social support services, they can help prevent further adversity and trauma amongst those who are most vulnerable.
- The role of PCCs in developing partnerships, providing leadership, setting priorities and commissioning services makes them well placed to influence how their office, police and partner agencies work together to identify local issues and make plans to achieve shared outcomes.

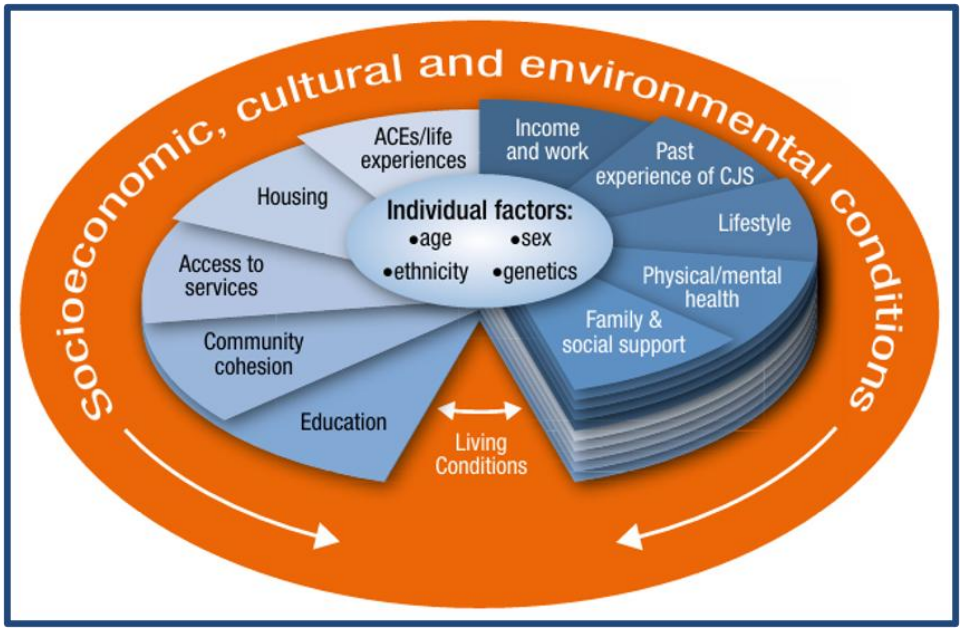
WHAT IS A PUBLIC HEALTH APPROACH TO POLICING?

A public health approach to policing increases the focus on proactive, preventative activity to address underlying risk factors, as opposed to solely reacting to crime once it has occurred.

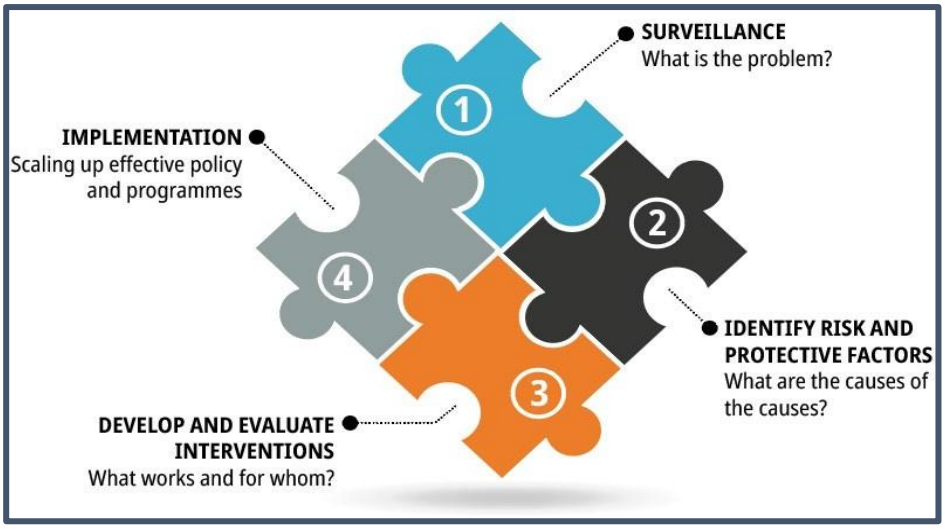
It focuses on the needs of a population or sub-population rather than on individuals, taking a view that prevention is better than cure, and dealing with root causes. It recognises links between crime, policing and health problems, social exclusion, and inequality. A detailed explanation can be found in the discussion paper **public health approaches in policing.**

Social determinants for poor health align closely with risk factors for offending such as poor housing, education, lack of work and income. Those who are at risk of offending are more likely to suffer from multiple and complex health and social issues. These determinants can include mental and physical health problems, learning difficulties, substance misuse, gambling harms and increased risk of premature mortality.

A public health approach focuses on protective factors and builds strengths (such as employability, access to drug/alcohol/gambling treatment, mental wellbeing support, help with accommodation issues, maintaining tenancies, parenting skills, diversionary activities, and positive role models). The diagram neatly shows the various factors in someone's life that can cause the causes of crime.



World Health Organisation (WHO): Four step diagram for public health approach to violence



Above is the WHO four step approach to tackle violence, which many VRUs use.

The approach works on the notion that violent behaviour and its consequences can be prevented. The guide has four steps that provide a framework to understand and take action on prevention at all levels, from the community, society, to regional and global levels.

Some VRUs, such as Thames Valley use a similar model – **The Centre for Disease Control's four step model.** Below outlines a high level view of how each step is actioned to highlight a public health approach in practice.

Step 1: Define and monitor the problem:

The first step in preventing violence is to understand the "who," "what," "when," "where," and "how" associated with it.

Across our partnerships, we have worked to undertake Strategic Needs Assessments which compile data on local populations and from multiple sources. They help to define and enable the monitoring of the prevalence and severity of serious violence, who it effects and where it occurs.

Step 2: Identify Risk and Protective Factors:

It is not enough to know the magnitude of a public health problem. It is important to understand what factors protect people or put them at risk for experiencing or perpetrating violence.

We apply our knowledge of contextual safeguarding and understanding of the risk factors to what is a risk to committing violence or that makes someone vulnerable. Examples of risk factors include:

- Exclusion from school
- Exposure to substance misuse
- Exposure to domestic abuse and other adverse childhood experiences (ACEs)
- Contact with police/justice services

The protective factors can help prevent or mitigate. Examples of protective factors include:

- Engaged in education, training and employment
- Stable housing, positive health and wellbeing
- Strong supportive family, friends and role models trusted to provide advice

Step 3: Develop and Test Prevention Strategies:

Findings from research literature, data from needs assessments, community surveys, key stakeholder interviews, and focus groups are useful for designing prevention strategies.

This informs the way the Violence Prevention Partnerships invest to test intervention approaches and the way our partners develop and evaluate their own local plans and activities.

Step 4: Assure Widespread Adoption:

It is important to promote widespread adoption include training, networking, technical assistance, and evaluation.

Through evaluation and an understanding of what works, we play that evidence back into our local systems. We learn from what has an impact, from what is cost effective, from what is scalable. Through this, we are able to support a more widespread adoption.

WHAT ARE THE KEY PRINCIPLES OF A PUBLIC HEALTH APPROACH TO POLICING?

1. Seeking to prevent an issue for a population as a whole or a sub-population (e.g. women, minority communities, young people) and intervening early with at-risk groups to reduce the harm caused by the issue, including by promoting recovery and increasing community resilience.
2. Developing a detailed understanding of the nature, extent, and impact of an issue using shared data and intelligence. Data and information sharing are key enablers for public health approaches. Examples of shared data being used to inform multi-agency plans can be found below.

The **Cardiff Model** of violence prevention, which involves data from A&E being shared with the police and local authorities to inform violence prevention strategies and tactics. Overlaying crime hotspot data and hospital A&E data, with data showing the concentration of licensed alcohol venues, ambulance pick-up location, time data etc., can help inform targeted actions from partners.

The Lancashire Multi-Agency Data Sharing (MADS) Platform

Previous failures in data sharing have contributed to serious safeguarding cases by preventing timely, informed decision-making. Agencies often react after harm occurs because information was not connected in time.

Lancashire Violence Reduction Unit (VRU, led by the PCC's office, decided to set up a data platform to identify early indicators of violence. The Power Bi platform is still in its infancy; however, it has brought together key data sets (below) to improve awareness of which young people are showing up on more than one database. This provides Lancashire VRU with greater insight into which young people need more support in their local area and opportunity to avoid duplication.

Children's Services data:

Looked after, care leaver, CSC contact, Section 47 enquiry, and child protection.

Education data:

Persistent absence (under 90%), suspension, and permanent exclusion.

Probation data:

Adults with parental responsibilities on probation

Police data:

Arrests, Crime, Vulnerable person referral, and Missing person

Between the data sets, there are 330,000 unique users, and within this, they have identified 500 vulnerable young people on 3 or more separate data sets. Without this approach to data sharing, opportunities to identify risk and target support would have been missed. The platform supports informed frontline decision making that can lead to a reduction in first-time entrants to the criminal justice system and a reduction in child victims, as well as improved outcomes for young people.

Insight Bristol data analytics hub and the Think Family Database

Insight Bristol is an interagency analytics hub between Bristol City Council and Avon and Somerset Police. Its core creation is a database of families' risk and vulnerability indicators, together with targeted risk modelling, which has been embedded into operational practice. This has created a fundamental shift in public sector working by developing a proactive approach to early intervention, saving millions of pounds of public money and improving outcomes for children and families.

Thames Valley Together

Thames Valley Together aims to allow data from different partners – such as police, local authorities, HM Prisons & Probation, health, fire – to be placed into a single shared platform. By bringing together data from different systems and partners, it helps professionals to consider all the information, whether for a particular person or at an aggregated level for a particular geography.

The project is still in a developmental stage, but with the system built and information sharing agreements being finalised, gradually more organisations – such as Thames Valley Police and local authorities – are sharing data through the platform.

3. Considering the evidence of what is likely to cause or prevent an issue in the short, medium, and long term.
4. Understanding that the police, their partners, and communities can work together to address the causes and impact of an issue by taking a multi-agency, whole-system approach.
5. Working with partners to coordinate tailored and targeted preventative action that, together, aims to provide:

Primary Prevention

Preventing an issue emerging in the first place or re-emerging by focusing on social determinants/the causes at a population (or sub-population) level. Examples of primary prevention are:

- Early years family or school-based interventions (E.g. **The good behaviour game**, **VEPP** (page 10) and **TVPP Schools Navigators**)
- Training in social and emotional skills, problem-solving and anger management for at risk children. (E.g. **Becoming a man programme**; **life skills programmes**).
- Increasing alcohol pricing and reducing availability (via policy, licensing, or trading standards action).

Secondary Prevention

Preventing an emerging issue from becoming an established problem. Examples of secondary prevention are:

- Drug diversion schemes that divert people away from criminal justice sanctions and toward psycho- educational programmes and drug treatment (E.g. **Thames Valley drug diversion scheme**; **Checkpoint**; support for gambling harms).
- Diversion from crime (E.g. **Diverting young adults**; Prevention, prosecution, intervention, education and diversion (PPIED) – A trauma-responsive and collaborative intervention to identify and offer support services for young people engaged in repeat offending).
- **Mentoring**.

Tertiary Prevention

Preventing an established problem getting worse and becoming a crisis, and mitigating the immediate impact of the problem:

- Harm reduction - drug & alcohol treatment, (E.g. **West Midlands naloxone provision**; **Cumbria Road Harm Index** to understand collision hot spots and to inform partnership work to prevent and reduce these incidents).
- Mental health support (E.g **Right Care, Right Person**). Right Care, Right Person is an approach designed to ensure that people of all ages, who have health or social care needs, are responded to by the right person, with the right skills, training, and experience to best meet their needs.
- Victim/offender mediation.
- Restorative justice.
- **Opioid treatment delivering positive impacts** extending beyond clinical outcomes to wider social and economic benefits. Long-acting buprenorphine evidences improvements across employment, reductions in crime and incarceration, lower demand on social care and healthcare services, better quality of life, and the prevention of fatalities.

6. Assessing how well interventions are implemented, and how effective they are at preventing the issue for your population and/or reducing the harm to relevant groups.
7. Learning from the implementation and effectiveness of actions and making any changes that are necessary at an individual, organisation or system-wide level.
8. Building leadership across public services and communities to work together to address an issue, its causes, and harms, by aligning strategy, leadership and resources. E.g. Anchor Institutions.

Anchor institution approaches in policing

Police forces are *anchor institutions*—large, place-based organisations with the ability to influence local social, economic and environmental conditions. By intentionally

adopting an anchor approach, forces can strengthen primary prevention, improve community safety, and reduce long-term demand.

Crime and vulnerability closely align with wider social determinants such as deprivation, employment and education. These determinants underpin much of policing demand and mirror public health approaches, which emphasise prevention, partnership working and tackling root causes. Anchor frameworks help policing align with these principles while supporting national priorities, including reducing knife crime and Violence Against Women and Girls.

Forces can use their workforce, estate, procurement power and partnerships to positively affect their communities. Many organisations already work in anchor networks, including the Metropolitan Police in London.

A new joint public health and policing resource provides a **briefing document**, **discussion paper**, **self-assessment tool** and **implementation guide**. It outlines the inputs required, expected outcomes, and long-term impacts such as improved legitimacy, reduced inequalities, better population health and reduced police demand. If these factors are not in place, this could lead to social exclusion.

What is social exclusion?

Social exclusion is what can happen when people or areas suffer from a combination of problems such as high unemployment, low skills, low incomes, poor quality housing, poor health, and family breakdown.

It results in adversity and a lack of access to resources and services which in turn, excludes people from participating in their communities in a positive way. Social exclusion affects peoples' health, quality of life, and is also a driver of crime increasing the risk of being involved in or being the victim of crime. It also increases the risk of interaction with (and demands on) police and other public services such as local authorities, health care and criminal justice agencies.

Many local organisations (e.g. local authority, police, health and care services, youth services) are affected by the impact of social exclusion. Complex societal issues like exclusion and inequality cannot be tackled by policing alone, therefore PCCs who wish to prevent crime in the longer term, need to collaborate with partner organisations and engage with communities. This will facilitate a better understanding of the bigger picture, and help to develop and deliver coordinated, holistic and effective interventions locally.

Links between childhood adversity and crime

There is a growing evidence base that points to the links between childhood adversity, victimisation and criminality in adulthood. There is a strong case for preventing crime by increasing protective factors for children and young people who are most at risk of experiencing adversity in childhood. It is important to recognise that the people in contact with the criminal justice system are likely to have been affected by Adverse Childhood Experiences (ACEs) and to intervene to support them requires a coordinated and collaborative effort involving the 'whole-system.'

There is research showing associations between Adverse and positive childhood experiences and children's involvement in violence.

Research carried out by the Youth Endowment Fund examined whether adverse childhood experiences (ACEs), positive childhood experiences (PCEs) and the levels of violent crime in children's neighbourhoods are associated with children's involvement in violence. Previous research suggests that ACEs are associated with involvement in violence, while PCEs are associated with decreased risk of involvement in crime and violence. There is some evidence that the relationship between ACEs, PCEs and involvement in violence is affected by the amount of violent crime in the local area.

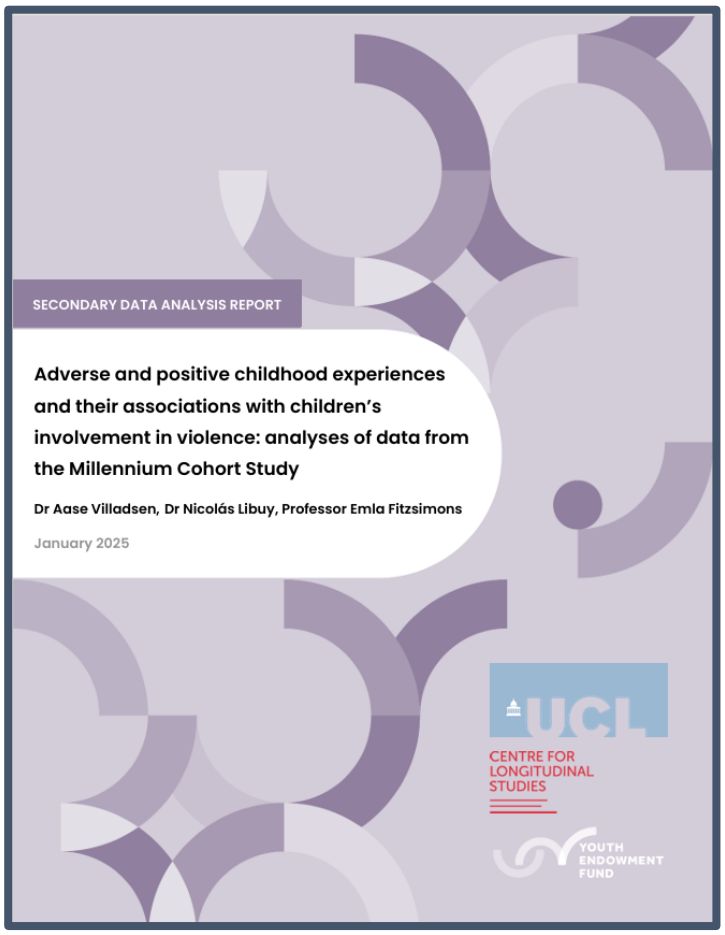
This study explored whether these factors are associated with three violence outcomes, measured at ages 14 and 17: assault perpetration, the carrying or using of a weapon, and gang involvement. It primarily used data on around 14,000 children from the Millennium Cohort Study (MCS), a study that is tracking a cohort of children born around the millennium. It also used police- recorded crime data to understand the amount of violent crime in the local area. The ACEs examined by this study were: having a single parent; experiencing parental breakup; domestic violence; verbal abuse; physical abuse; parental alcohol abuse; parental drug use; parental mental health issues; poor parental relationships; poor parent-child relationship; and, having a parent with a long-term disability/illness.

The list of PCEs included: having low-risk peers; positive peer experiences; good school connectedness; positive teacher-child relationships; participation in activities and hobbies; living in a safe neighbourhood; and feeling safe in the playground.

Key findings

- A higher number of adverse childhood experiences (ACEs) is associated with an increased risk of children engaging in violence.

- A higher number of positive childhood experiences (PCEs) is associated with a decreased risk of children engaging in violence.
- The link between ACEs and violence was reduced when children also had a high number of PCEs.
- ACEs and PCEs better explain violence involvement than neighbourhood crime rates.
- There is some evidence that differences in experiences of violence by ethnicity can be explained by family socioeconomic characteristics and exposure to ACEs and PCEs.



Building resilience makes a difference

Building in protective factors can mediate the effects of childhood adversity and enable individuals, families, neighbourhoods, and communities to become more **resilient**, fulfil their full potential and reduce risks of criminal activity or victimisation.

Protective factors against offending include:

- Adequate income and opportunities = resulting in low levels of poverty and deprivation;
- Pro-social behaviour and good social skills;

- Positive attitudes and self-esteem – hopeful about the future and self-confidence;
- Educational attainment;
- Pro-social networks - friends and family, connections with neighbourhood & activities;
- Trusted adults and effective parenting – strong attachments, 'always available adult,' parental interest in education, positive role models.

Resilience can be built at an individual, family or community level to support people who experience ACEs – the most effective responses target all three. It is never too late to support people who are affected by adversity.

Trauma informed approaches can improve engagement

There is a **growing evidence base** to support 'trauma informed approaches,' which acknowledge and understand the effects of trauma on behaviour and health e.g., substance misuse or physical and mental ill-health, and seek to avoid re-traumatisation.

Individuals who have experienced trauma, especially during key points in their development, may struggle to regulate their emotions and control their behaviours and reactions. This can lead to a range of behaviours that may be interpreted as aggressive, high risk or mistrustful of others – particularly those in authority, leading to further exclusion and potential stigmatisation.

Being trauma informed is about having the understanding that a person's experiences have led them to where they are now, without needing to know what happened.

By becoming trauma-informed, local systems can equip and support frontline staff to identify early indicators of adversity. Staff can use their contacts with the public, local health and social support services to help prevent further adversity and trauma amongst those who are most vulnerable.

Although there may be differences in terms of their application, the principles of trauma informed practice are relevant across the public sector services. The 6 key principles are listed below.

There are 6 principles of trauma-informed practice:

Safety

The physical, psychological and emotional safety of service users and staff is prioritised, by:

- People knowing they are safe or asking what they need to feel safe;
- There being reasonable freedom from threat or harm;
- Attempting to prevent re-traumatisation:
- Putting policies, practices and safeguarding arrangements in place.

Trustworthiness

Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, service users and the wider community, by:

- The organisation and staff explaining what they are doing and why;
- The organisation and staff doing what they say they will do;
- Expectations being made clear and the organisation and staff not overpromising.

Choice

Service users are supported in shared decision- making, choice and goal setting to determine the plan of action they need to heal and move forward, by:

- Ensuring service users and staff have a voice in the decision-making process of the organisation and its services'
- Listening to the needs and wishes of service users and staff;
- Explaining choices clearly and transparently;
- Acknowledging that people who have experienced or are experiencing trauma may feel a lack of safety or control over the course of their life which can cause difficulties in developing trusting relationships.

Collaboration

The value of staff and service user experience is recognised in overcoming challenges and improving the system as a whole, by:

- Using formal and informal peer support and mutual self-help;
- The organisation asking service users and staff what they need and collaboratively considering how these needs can be met;
- Focusing on working alongside and actively involving service users in the delivery of services.

Empowerment

Trauma informed practice will enable positive engagement with the public and consideration of early interventions from a range of partner organisations to safeguard the most vulnerable people in the community, whether that is offenders, victims, or witnesses. Policing can traumatise

and retraumatise the public so ensuring officers, supervisors and senior leaders apply a trauma lens in their encounters with the public will require time, training, and continuous improvement reflection.

Efforts are made to share power and give service users and staff a strong voice in decision-making, at both individual and organisational level, by:

- Validating feelings and concerns of staff and service users;
- Listening to what a person wants and needs;
- Supporting people to make decisions and take action;
- Acknowledging that people who have experienced or are experiencing trauma may feel powerless to control what happens to them, isolated by their experiences and have feelings of low self-worth.

Cultural Consideration

Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity by:

- Offering access to gender responsive services:
- Leveraging the healing value of traditional cultural connections:
- Incorporating policies, protocols and processes that are responsive to the needs of individuals served.

WHY WOULD PCCS WISH TO TAKE A PUBLIC HEALTH APPROACH TO LOCAL ISSUES?

REASON 1. Strategic fit

A public health approach aligns itself to current policing visions, plans and strategies, for example:

The **Policing Vision 2030** is published jointly by PCCs and chief constables, as well as other policing bodies and sets out why and how the police service needs to transform. The Vision places an emphasis on prevention and system improvement, recognising the increasingly complex policing landscape which requires a more sophisticated approach to tackle new and evolving challenges. Whether it is child sexual exploitation, violence against women and girls, drug use or new threats from serious and organised crime such as human trafficking, working collaboratively across the system is key to preventing crime and protecting our communities in the modern policing environment.

Pillar 2 in the vision aligns itself to the principles of a public health approach to prevent crime:

The Policing, Health and Social Care Consensus 2025: 'Working Together to Protect and Prevent Harm to Communities', represents a renewed commitment from the Association of Directors of Public Health, Association of Police and Crime Commissioners, College of Policing, Faculty of Public Health, Home Office, Local Government Association, NHS England, National Police Chiefs' Council, Department of Health and Social Care, and the Royal Society for Public Health to continue working in partnership for the benefit of our communities. It provides a focus for policing and health services to work in collaboration to improve people's health and wellbeing, prevent harm and protect our local communities.

The **Serious Violence Duty** recognises the strong links needed between policing and public health, particularly with regards to mitigating the causes of crime, such as drugs, alcohol harms, serious violence, knife crime and gun crime. It mandates collaboration to share information and develop a comprehensive strategy to prevent and reduce serious violence in their local areas. This includes identifying the types of serious violence prevalent in the community and understanding the underlying causes.

The **Government Drug Strategy 2021** reinforces the need for partnership involvement to address drug misuse and associated crime. For example, Project ADDER (addiction, diversion, disruption, enforcement and recovery) has taken a local partnership approach to addressing drug use in some of the hardest-hit local authorities across England and Wales.

The principles and learning from ADDER have informed the overall approach that is set out in the drug strategy, with a three-pronged approach that brings together enforcement activity to break drug supply chains, investment in world class treatment and recovery services and the need for a generational shift in demand for drugs.

The Strategy also draws on the partnership approaches modelled in Project ADDER, partners designed delivery plans shaped around local needs and circumstances, considering the views of those with lived experience at every stage. Both the police and local authority in those areas are accountable for the shared ADDER outcomes, which include reducing drug use and drug-related deaths, as well as reducing reoffending by improving support to individuals in leading fulfilling lives away from criminal activity. Although central funding has ceased for ADDER, there are various examples highlighting whole-system approaches **Project ADDER evaluation: Report for practitioners - GOV.UK**

This localised approach is reflected in Local Combatting Drugs Partnerships (CDPs) (England only – Area Planning Boards are the equivalent partnerships in Wales) which were set up to implement the Government's drug strategy. All PCCs have been involved in their CDPs, with some PCCs leading them as Senior Responsible Owners. These partnerships bring together a range of partners - including policing, health, local government, the voluntary and community sector and education – to assess local needs and develop and implement local strategies to tackle drug harms, embracing a public health approach.

The Government's **Safer Streets Mission** adopts a public health approach to reduce harm and increase public confidence in policing and the criminal justice system. The missions focus on prevention by addressing the underlying causes of violence, including targeting social norms that enable or promote violence. The mission aims to halve knife crime and VAWG by 2035, with a commitment to prevention through a coordinated whole-system approach that modifies risk factors and amplifies protective factors across the life-course. Further examples of government expectations and support for public health and whole-system approaches can be taken from the Police Reform White Paper **(From local to national: a new model for policing)** and the knife crime strategy - **Protecting Lives, Building Hope A Plan to Halve Knife Crime.**

REASON 2. Evidence base (what works)

The research evidence base for public health approaches to reducing crime is growing. Proactive, population-focused approaches are not new in policing, and research evidence supports the use of proactive prevention.

George Mason University's **evidence-based policing matrix** shows that place-based, proactive and specific approaches demonstrate better results than interventions that are aimed at individuals, are reactive, or are more general in focus.

There are well documented 'real-world' examples of effective public health approaches to violence from the Scottish Violence Reduction Unit and in Cardiff where reductions in violent crime, reduced hospital admissions and savings to the local economy have been demonstrated.

All 20 VRUs are firmly based on a public health approach to reducing violence. Evaluation of these Units identified clear reductions in harm, with an estimated 550 fewer sharp object assault hospital admissions (8.5%) and 3,750 fewer violence related admissions (12%) among under 25s across VRU areas, evidencing population level impact from a public health approach.

The evaluation also shows VRUs strengthened prevention systems by convening partners, improving data sharing and commissioning early, trauma informed interventions, reaching over 300,000 young people and enabling earlier support to reduce escalation into serious violence.

It is believed that around half of all homicides and half of all acquisitive crimes are drug-related, with the total social and economic costs of illegal drugs estimated at around £19 billion annually. Dame Carol Black's review of drugs found that more than a third of people in prison are there due to crimes related to drug use (mostly acquisitive crime). These prisoners tend to serve short sentences, have limited access to prison drug treatment and poor hand-offs back into the community and are likely to re-offend.

The available evidence is complex but indicates that enforcement 'crackdowns' have limited impact on the overall drug supply. Some enforcement can have short-term benefits in reducing harm, but these are often short-lived given the resilience and flexibility of organised crime groups. The evidence is clear that enforcement activity needs to be balanced with investment to cut demand, get people into treatment and address the causes of addiction, and that this requires working with a range of local partners and developing public health responses through Combating Drugs Partnerships (CDPs).

The evidence suggests that enforcement can have a beneficial role as a point at which drug users can be diverted into treatment, such as Drug Testing on Arrest (DToA) and that previous schemes such as the Drug Intervention Programme were associated with reduced offending. Community sentence treatment requirements, issued by courts, can also divert drug or alcohol users away from the criminal justice system and into treatment.

Research using linkage between drug treatment and criminal justice data systems has demonstrated that treatment can reduce drugs user offending (for all crime types) by 23 per cent. A cost benefit analysis of the impact Buvidal – or Long-Acting Buprenorphine – has on opioid dependence, and wider criminal justice, healthcare, social care and unemployment levels is promising, coupled with experiences in Wales as a result of national roll out during Covid.

The Addictions Healthcare Goals (2026) resource was produced by the Office for Life Sciences, which clearly demonstrate the costs of alcohol and drug misuse.

The health and wider societal costs to society in England of illegal drug use is **approximately £20 billion per year**, with the harms from alcohol use estimated to cost **over £27 billion.**

The Early Intervention Foundation (EIF) 2016, although out of date, recognised that focusing on crisis (or 'late intervention – including incarceration) is not cost- effective and does not, on its own reduce demand.

The EIF findings were:

Nearly £17 billion per year is spent in England and Wales by the state on late intervention – this works out at around £287 per person.

- The largest individual costs are:

- £5.3 billion spent on Looked After Children;

- £5.2 billion associated with cases of domestic violence;

- £2.7 billion spent on benefits for young people who are not in education, employment or training (NEET);

The cost of late intervention is spread across different areas of the public sector, with the largest shares borne by local authorities (£6.4 billion), the NHS (£3.7 billion) and DWP (£2.7 billion).

The Welsh Government's evidence assessment of What Works to Prevent Violence against Women Domestic Abuse and Sexual Violence (VAWDASV) showed interventions with the strongest evidence base were early interventions such as:

- Interventions that seek to transform gender norms to prevent VAWDASV;

- Interventions delivered in a school setting to prevent VAWDASV, typically including healthy relationships education and bystander skills.

These early interventions have also formed part of the **UK Government's Freedom From Violence and Abuse Strategy** – one of the main objectives being prevention and early intervention to address the root causes of abuse. The strategy aims to ensure that children and young people are significantly less likely to become involved in VAWG; to build a society where harmful, misogynistic behaviours are challenged; where young people are supported to navigate relationships with kindness and respect; where men and boys are working to end abuse; and where children are protected from harmful and criminal content online.

WHAT CAN PCCS DO WITHIN THEIR SPECIFIC ROLE TO CONTRIBUTE TO A PUBLIC HEALTH APPROACH?

At least four of a PCC's key responsibilities are fundamental to taking a public health approach:

- **Setting priorities and engagement**
- **Leadership and working in partnership**
- **Commissioning**
- **Holding to account**

Setting priorities and engagement

The Police and Crime Plan is a crucial document that outlines the strategic direction for local policing and community safety.

These statutory plans represent a key opportunity for PCCs to embed public health approaches to policing locally with Chief Constables required to have regard to plans.

Additionally, partners named within the Crime and Disorder Act 1998, including local authorities, health, probation and fire and rescue, are expected to co-operate with PCCs, and it is considered good practice to engage these and other partners in the development of police and crime plans.

This engagement can provide PCCs with valuable opportunity to develop detailed understanding of the nature, extent, and impact of local issues, and importantly, further opportunity to understand how the PCC, police, partners and communities can work together to address the causes and impact of these issues by taking a whole-system approach.

West Midlands PCC's Police and Crime Plan

West Midlands Police and Crime Plan 2025-29 serves as a helpful example of how significant engagement with communities and partners can help surface issues that require a public health approach. For example, West Midlands OPCC secured nearly 6,000 responses to their Police and Crime Plan consultation, held 29 public events

and facilitated 9 focus groups that deliberately targeted views from victims of crime and those under the age of 25. The Plan, which received support from the Police and Crime Panel, included analysis of feedback which led to the identification of priorities that embrace prevention including preventing violence against women and girls, violence affecting children and young people and a local, 'public health' approach that prevents fraud and online crime. For each of these priorities, the Plan sets out the need for partner collaboration to address "the underlying causes of crime" providing the PCC with a useful mechanism alongside wider co-operation duties to secure and deliver public health approaches.

Lancashire PCC's Police and Crime Plan

Lancashire's Plan for 2024-29 serves as a positive case study of how PCCs can prioritise prevention and public health and set a clear intention for the need for partners to work collaboratively to prevent and reduce crime.

The Plan sets out a clear commitment to the Chief Constable, partners and communities describing the necessity of "addressing the symptoms, but also the root causes of crime and ASB. This includes understanding the factors that contribute to such behaviours and implementing measures to mitigate them."

The Plan goes further and includes a firm commitment from the PCC and his office to work with the Constabulary and to be "a consistent part of a 'whole-system' approach to prevention". To enable this, the PCC's office has committed resources to a range of partnerships to help drive the whole-system approach, alongside the Trauma Informed Lancashire movement, "supporting public, private and third sector organisations and communities in understanding how psychological trauma can impact individuals and considering implications for their services."

Key Points:

From our analysis of how PCCs and their teams use their Police and Crime Plans to set a clear intention on the need to deliver public health approaches and secure partner buy in, we suggest the following:

Useful Methods for Capturing Partner Views

- Targeted Consultation Events: Holding specific forums for statutory partners, such as Community Safety Partnerships (CSPs), criminal justice partners, and local government representatives.

- Multi-Agency Workshops: Facilitating interactive sessions to discuss strategic priorities and gather qualitative feedback on the draft plan.
- Partnership Surveys: Distributing focused surveys to partner organisations to gauge the importance of proposed themes.

Further analysis highlighted the following approaches to embodying a public health approach in engagement on Police and Crime Plans:

Feature	Traditional Approach	Public Health Approach
Primary Goal	Statutory compliance and ranking	Reducing vulnerability and root causes
Key Metric	Number of survey responses	Representativeness of "at-risk" cohorts
Engagement	One-way (Survey)	Two-way (Co-production)
Focus	Reactive (Addressing past crimes)	Preventative (Early intervention)

Leadership and working in partnership

Applying a public health approach to policing does not necessarily mean police or PCCs undertaking extra tasks. It often involves influence and local leadership on an issue. For example, influencing partners to use their time and resources in a collaborative way that improves population health and wellbeing and strengthens communities.

Public health approaches are deliberately located within a nest of public services rather than thought of in isolation. They should be informed by evidence of best practice and learning from what works.

PCCs can and have used their mandates and statutory powers, as well as reciprocal duties, to work closely with a range of local agencies and sit on a number of multi-agency boards alongside local government, criminal justice services (probation, YOT and prisons), the National Health Service (NHS), public health, housing, community and third sector organisations, local businesses and ‘blue light’ and emergency services.

By exploring opportunities to collaborate with partners, PCCs can minimise duplication and share skills, resources, results of consultations, and engagement activities. This can help to deliver efficiencies for all partners and enable sharing of data, intelligence and best practice.

In this way, partnerships coordinate proactive prevention activities (alongside enforcement actions), problem-solve specific issues, address vulnerabilities, and improve cohesion in communities.

An example of how PCCs can work with partners on public health includes additional drug treatment funding through the government Public Health Grant. There is now a ringfence around the total drug and alcohol funding which was announced in February 2026 **Public health grants to local authorities: 2026 to 2027 - GOV.UK** which outlines funding for the next three years made available to support the government drugs strategy which aims to reduce drug related harm and reduce drug-related crime. Additional funding for local authorities to commission drug and alcohol treatment is contingent on evidence of an active local planning partnership, which takes responsibility for local drug strategy outcomes. This local partnership should include PCCs and police.

PCCs often face barriers to engaging effectively with health partners to deliver public health approaches. Below we have set out useful explanations of Integrated Care Systems (ICS) and advice on why and how PCCs can engage with them:

1. Why ICS matter to OPCCs

For policing, ICSs provide a formal route to work with health and local government on prevention, early intervention and vulnerability. Police activity aligns closely with ICS priorities because many drivers of demand- mental ill health, substance misuse, domestic abuse, deprivation and adverse childhood experiences - affect both crime and health outcomes.

2. Where decisions are made: ICBs and ICPs

Integrated Care Boards (ICBs)

ICBs are the statutory NHS bodies responsible for NHS planning, commissioning and spend across each ICS area.

They control significant NHS resources and increasingly act as strategic commissioners, shaping long-term investment in prevention, mental health, substance misuse and community based services.

While ICBs remain accountable for NHS performance and budgets, delivery is being pushed closer to place and neighbourhood level, creating opportunities for alignment with OPCC commissioned services.

Integrated Care Partnerships (ICPs)

Each ICS has one system level Integrated Care Partnership, which is a statutory committee, not a funding body.

ICPs bring together the NHS, local government, public health, social care and the voluntary sector to agree a whole system integrated care strategy.

This strategy shapes priorities for prevention, health inequalities and population wellbeing — areas directly relevant to crime prevention and community safety.

3. Implications for OPCC commissioning and public health approaches

ICS arrangements create opportunities for OPCCs to:

- Align commissioning with NHS and local authority investment in prevention, early intervention and community safety
- Co commission or sequence funding (rather than duplicate) in areas such as substance misuse, mental health crisis support, domestic abuse and violence reduction
- Embed public health approaches—population insight, prevention, tackling inequalities—into policing and crime reduction activity.
- Engagement does not require OPCCs to sit within NHS governance, but to be active partners, particularly where policing outcomes depend on health and social care responses.

4. Ongoing reforms – why this landscape may change

National policy signals ongoing reforms to ICB roles, scale and operating models, including clustering or mergers and a stronger focus on strategic commissioning rather than direct operational oversight. While the ICS / ICB / ICP framework remains in place, OPCCs should expect:

- Continued emphasis on prevention and inequalities.
- Increasing delivery at place and neighbourhood level.

- Evolving governance and engagement arrangements over time.
- Maintaining flexible relationships, particularly at place level, will help OPCCs remain influential as the system continues to evolve.

Areas of potential engagement and collaboration that PCCs can help foster with health partners include:

- Reductions in serious violence and homicide
- VAWG, domestic abuse, women's health strategy
- Victim support
- Tackling child sexual abuse
- Early years development
- Ending rough sleeping

Other Partners

OPCC's work with other local leaders to improve outcomes for communities and make sure that local resources are used efficiently and effectively, an ability recognised by the Home Office in their vision for how PCCs will play a key role in overseeing local delivery of the Serious Violence Duty and Violence Reduction Partnerships (limited to 20 PCC areas).

An example of how PCCs are working effectively with key partners can be taken from their work with Community Safety Partnerships (CSPs).

CSPs consist of five 'responsible authorities' - police, local authority, fire and rescue authority, probation provider and Integrated Care Systems. CSPs are under a duty to assess local community safety issues and draw up a partnership plan setting out their priorities.

In practice, OPCCs will need to work closely with CSPs to deliver their priorities – Merseyside's PCC has established a **Strategic Policing and Partnership Board** that brings all CSPs from the local policing area together with wider partners. Whilst this approach has helped support the delivery of public health approaches in Merseyside, it can be resource intensive and where possible, PCCs may prefer to make use of existing partnerships as opposed to creating new forums that duplicate effort. Joint strategies can also support effective partnership work, as recommended in the

APCC's [Towards better local partnerships systems in England and Wales report](). PCCs will have their own funding and can choose to align and collaborate with CSP resources from their statutory partners. By aligning, a far greater impact on crime and disorder should be possible than if either went alone, and more effective holistic solutions can be delivered. In some areas, PCCs have also chosen to fund CSP staff to help deliver collaboration on shared areas of priority.

Partnership, the key to success

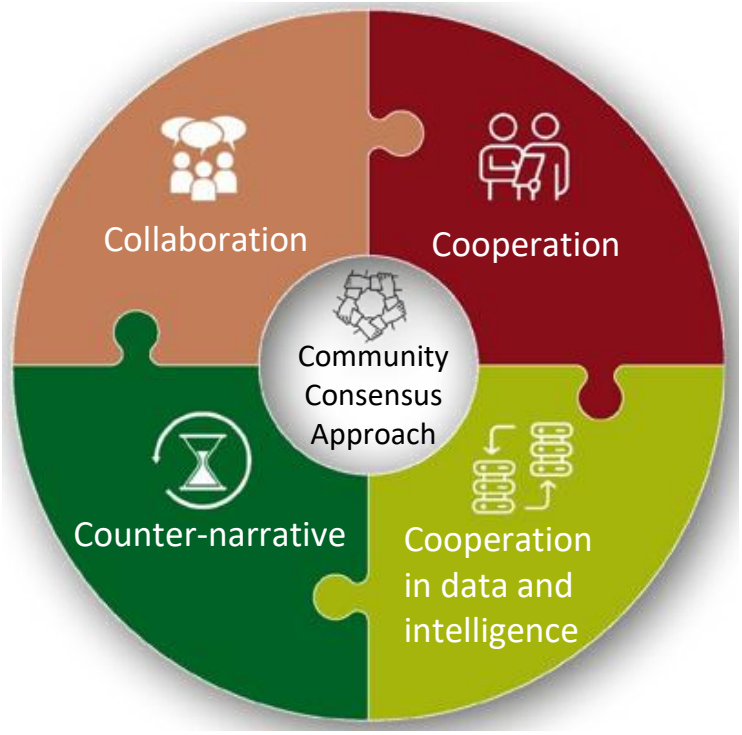
There are many areas which CSPs, OPCCs, health and social care partners may have jointly or separately identified as priorities. These could include:

- Reducing alcohol and drug misuse
- Reducing domestic and sexual violence
- Offender health services (including mental health and learning disability services)
- Improving access to mental health services
- Reducing anti-social behaviour
- Reducing street and youth violence
- Improving environments and housing support
- Strengthening child and vulnerable adult safeguarding services.

Essential components of partnership

The 5 Principles of good practice in partnership working.

Principles which guide good practice in partnership working are often called the 5Cs, which are:



Collaboration

A collaborative whole-systems approach brings partners together from a broad range of functions who have a shared goal. Collaborative working requires partners to commit to and understand the rationale for a multi-agency approach; to be involved in developing and take ownership of the work; work in a way which reflects the needs of the local population and; to jointly identify resources that will enable an effective response.

Co-production

The approach and work undertaken should be informed by the perspectives of all partners and should involve the local community. There should be a range of activities within the response delivered by different partner organisations to achieve the joint aims and goals of the partnership.

Co-operation in data and intelligence sharing

Data and information sharing can require legally robust data sharing agreements. Through a collaborative approach, partners can overcome many of the barriers to appropriate and effective data and information sharing. Key to this approach is data analysis. As captured within the Serious Violence Duty evaluation, many areas have sought to overcome barriers to data sharing by creating a dedicated data analyst post that sits across partners and localities.

Analysis of data from a range of public sector sources can give partnerships:

- A better understanding of the levels and nature of a problem or serve as a needs assessment;
- help to identify groups, services and areas affected;
- inform decision making and targeting;
- and measure the impact of interventions.

Potential data sources include police, local housing association, Department for Work and Pensions, Troubled Families Programmes, education, Community Safety Teams and service providers.

The Thames Valley 'Violence Prevention Partnership' provides a helpful case study for data sharing, aiming to allow users across multi-agency partnerships to share data within a single shared platform, utilising analytics to drive crime reduction. This police hosted system enables the flow of information across children's services, local authorities, policing, health, education and others allows the partners to identify at-

risk individuals, locations, or institutions earlier. This ensures a swift joined-up response for those most at risk while informing service planning and investment - a key component of the government's Young Futures activities.

Counter-narrative development

Partnerships should help to support positive aspirations and promote positive role models. By working with children and young people and adult community members, partnerships can create attractive opportunities for individual personal development and the option to pursue alternatives to criminal activities. The **'Health and justice framework for integration: improving lives and reducing inequalities'** provides a comprehensive overview of actions to prevent youth offending, reoffending and youth violence.

Community consensus, (which is central to the approach)

Community consensus lies at the heart of a place-based multi-agency approach. The approach must be with and for local communities. It should empower them to participate and get involved in tackling issues that affect them. Most communities have several small local organisations working to address the challenges affecting them. Partners must seek to bring them in and use their intelligence and experience.

When applied, the 5Cs help to address the needs of a specific local population, in a way that is relevant to the local setting, environment and network of services, making use of existing partnerships, and resources. The 5Cs approach calls for a whole-system, multi-agency, and place-based response.

Because different areas have different problems, systems and resources, implementation will vary from place to place. Innovation and adaptation are expected. More detailed **guidance**, core actions and case studies are available on how a 5Cs approach can be used specifically in relation to serious violence.

Examples of PCCs Working in Partnership

Bedfordshire Violence Exploitation Prevention Partnership (VEPP) Schools Navigators

The **Schools Navigator Programme** embeds specialist mentors directly within schools to work with young people identified as showing early signs of disengagement from education.

Mentors provide consistent, trusted support on a 1-1 basis both within the school environment, as well as with the wider family. They work to help young people understand, and build upon, their support network as well as address emerging challenges before they escalate into more entrenched issues that can contribute to truancy, persistent absence, exclusion or poor educational outcomes.

The programme also operates in primary schools, providing the same targeted support as well as group work, with a focus on supporting young people during transition from primary to secondary education. This transition is widely recognised as a key point of vulnerability where 'drop off' in engagement, confidence and attainment can occur. Early intervention at this stage helps build resilience, strengthen relationships with school and support a smoother transition into secondary school.

The School Navigator Programme is one of the many ways Beds VEPP aim to take a public health approach to work as a partnership, by focusing on early intervention and prevention, rather than relying on intervention that is reactive. By identifying and supporting pupils at the first signs of disengagement, the programme seeks to reduce the likelihood of longer term negative outcomes that were seen during the initial Absenteeism Pilot, including mental health struggles, behaviour difficulties, exclusion, or disengagement from ETE. This preventative model aligns with VEPP's core public health principles and allows them to focus efforts upstream, supporting wellbeing and reducing future demand on specialist and statutory services.

Dorset PCC, Senior Responsible Officer on the Local Drug Strategy Partnership

"Local Drug Strategy Partnerships need to bring together treatment, prevention and enforcement, as PCCs have a cross-cutting voice they are in an ideal position to take on the role of Senior Responsible Officer (SRO). As SRO, it is my responsibility to ensure that we are meeting both the required national outcomes and local outcomes. I must also make certain that all the correct partners are involved in the

collaboration, it is vital that we have everyone engaged and working together if we are going to really drive change."

The Dorset PCC brings together organisations including both local authorities in Dorset as well as Dorset Police and SW Regional Organised Crime Unit (ROCU), local and regional prisons, probation services, Public Heath Dorset representing Dorset and BCP areas, NHS Dorset, Dorset Healthcare, drugs and alcohol treatment providers, people with lived experience and Dorset Combined Youth Justice Service. Illegal drugs are not just a problem for one single organisation – but needs a whole-system approach to ensure enforcement, treatment and prevention are dealt with robustly and effectively. In Dorset, Operation Scorpion, a regional collaboration between five police forces, the respective PCCs, British Transport Police, SW Regional Organised Crime Unit and Crimestoppers seized 100s of thousands of pounds of illegal drugs since the operation began, with officers arresting many people leading to the closure of several county lines and numerous people safeguarded. In relation to prevention, funding from PCC Sidwick's Office for an education programme provided by Talkabout Trust for students in secondary schools has seen these sessions rolled out to schools across Dorset with really positive feedback.

Tackling drugs goes beyond just tough enforcement; two other vital components, treatment and prevention, are also crucial. That's why the Combating Drugs Partnership exists – to ensure delivery of all these measures is taking place efficiently and appropriately.

Hampshire PCC, Trauma informed partnerships

PCC Donna Jones is the Senior Responsible Executive on the Integrated Care Partnership for the priority of Trauma Informed Practice. This has included 18 senior leaders producing and signing a Trauma Informed Concordat which has a mission to embed trauma–informed and restorative practice that promotes early intervention and prevention across all public services within Hampshire, Isle of Wight, Portsmouth and Southampton. It also seeks to ensure that all agencies work together, alongside vulnerable people, families and communities, with the common aim of preventing adverse childhood experiences and where they have already occurred, to reduce the impact of those experiences.

Across those 18 organisations who signed the Concordat, achievements include:

- Producing a Trauma Informed Self-Assessment tool-kit to support organisations on their journey to becoming trauma informed.

- The ICB co-produced Trauma Informed e-learning which is free for public services to host, including the VCSE. This co-production included criminal justice and health partners.
- The OPCC has delivered training on Trauma Informed Practice to over 500 partners in the last two years.
- Portsmouth and Southampton have established strong local forums to further evolve a trauma informed response.
- The PCC's Commissioning Team encourages providers who place value on working in a trauma informed way as part of any contract or grant opportunity.
- The OPCC coordinated the production of a trauma informed insert which partners can consider including in their tenders.

Governance is through the Trauma Informed Executive Board which is jointly chaired by the Director of Public Health for Hampshire and the Head of Performance and Delivery for the OPCC.

North Wales PCC, Serious Violence Duty Partnership

The North Wales Serious Violence Response Strategy was launched in June 2024 to work with communities to prevent and reduce serious violence across the region. This provided funding for local projects and targeted interventions aimed at reducing serious crime. An evaluation of these funding interventions by independent consultancy firm Wavehill has found strong evidence of the benefit of these projects. The evaluation shows these projects have helped to facilitate partnership working, education, and information sharing that can help create a better response to violence prevention in North Wales.

The strategy brought together the Community Safety Partnerships, which include the police, local authorities, fire, and rescue services, and specified health and criminal justice agencies to tackle serious violence and its root causes. The group was convened by Andy Dunbobbin, PCC for North Wales. His office has overall oversight of funding. The Office of the PCC and Community Safety Partnerships identified that interventions should focus on prevention activities, aimed at identifying and addressing the factors driving risk and contributing to violence. Over 20 projects across North Wales have received a share of £300,000 funding from the Home Office in 25/26. These projects have focused on education, diversion and outreach activities.

Key Points:

Despite uncertainty around the future of health, policing, including governance, models, partnerships remain key to delivering public health approaches. Key points relating to partnerships include:

- There are opportunities to align and co-commission services with NHS and local authorities.
- Aligning PCC and CSP resources can deliver greater impact and more holistic solutions.
- A need for strong data and intelligence sharing, supported by robust agreements and analytics.
- Partnerships should promote positive opportunities and counter-narratives to crime.
- Local organisations and community intelligence should inform responses.

Merseyside Violence Reduction Partnership

First established in 2019, the Merseyside Violence Reduction Partnership (MVRP) is a multi-agency team working together to address the causes of violence and to prevent it. Chaired by the PCC and convened by the OPCC, it includes representatives from police, fire and rescue, local government, probation, youth offending services, health, education, the Voluntary, Community and Social Enterprise (VCSE) sector and community leaders.

The MVRP agreed a single Merseyside Serious Violence Strategy (MSVS), which was developed through a series of workshops facilitated by the OPCC and that ensured all key partners co-produced the strategy, including its objectives, outcomes and deliverables, with scope for CSPs to develop their own local delivery plans. The partners have subsequently worked together on an asset-mapping exercise for VAWG that identified around 800 assets at a strategic and operational level across Merseyside.

The development of a single pan-Merseyside strategy is improving data capture, consistency and sharing, with the OPCC leading work to draw data together for the MVRP. A dedicated data analyst post, paid for with Serious Violence Duty funding, has been critical for progressing this work. Options are being explored for the co-location of analysts from across partnership organisations to drive innovation and a multi-agency approach.

Commissioning and co-commissioning services

PCCs embed public health approaches through commissioning, shifting investment toward prevention, evidence, partnership and population outcomes, and using funding as a lever to align whole-system activity around reducing harm and improving wellbeing.

Ways in which PCCs have delivered public health approaches through commissioning and grant making include:

Championing prevention through their commissioning and grant making - By focusing on preventing crime and addressing its causes, rather focusing solely on enforcement or reactive services, PCCs have adopted a public health approach. Examples of PCCs championing prevention include their commissioning of early intervention, diversion, and upstream services (e.g. youth work linked to the Serious Violence Duty, family support, substance misuse, mental health).

Developing understanding of the nature, extent, and impact of issues – PCCs take time to engage with local communities and populations to better understand their needs, using shared data that is eventually used to inform PCC commissioning of prevention activities. Examples include victim needs assessments to inform PCC commissioned victims' services, and needs assessments linked to the Serious Violence Duty.

Understanding and delivering a whole-system approach – PCCs recognise the value of the police, partners and communities to work together to address the causes and impact of an issue by taking a whole-system approach. Examples include PCCs securing match funding or partner resources to co-ordinate and deliver prevention activities in a joined-up way. PCCs have also secured partner funding and support by promoting the evidence base of what works in terms of public health approaches and the benefits of early intervention, and by measuring and evaluating outcomes. When making grants to CSPs or the third sector, PCCs will often include expectations for delivery partners to take a public health approach, which provides further opportunity to influence.

The **APCC's Victim services commissioning guidance** provides further advice and case studies relating to effective commissioning that include public health approaches.

Examples of PCCs Commissioning and Co-commissioning Services

Hampshire and Isle of Wight PCC

The PCC has piloted a one-year "Drive Project" to tackle domestic abuse through a public health approach focused on the root causes of offending. Supported with Home Office funding, the programme recognises that preventing harm requires sustained intervention with those causing it.

The model centres on intensive, one-to-one case management for high-risk, high-harm perpetrators. This combines robust disruption—led by police and partner agencies—with tailored support to address underlying drivers such as substance misuse and mental health needs. Crucially, victim safety is prioritised throughout, with independent domestic violence advisers working in parallel to support victims and their families.

The approach brings police, probation, health, housing, and children's services together to share information and jointly manage risk, enabling earlier intervention and consistent oversight of those posing the greatest threat. This reflects a whole-system approach recognising domestic abuse as a complex, preventable harm shaped by behavioural, social and health factors.

York and North Yorkshire Deputy Mayor for Policing, Fire and Crime

York and North Yorkshire's Police and Crime Plan includes a priority for the force to "work jointly as a trusted partner to prevent harm and damage, intervene early, and solve problems".

Delivery of this priority is supported by a commitment to the **Clear, Hold, Build framework**. The Build element of the framework revolves around a single, whole-system approach to delivering community-empowered interventions that tackle drivers of crime.

Evidence of how police and partners in York and North Yorkshire have delivered this whole-system approach can be taken from their 2024-25 annual report. The report describes how partners have come together to support prevention and early intervention-oriented projects, through the Serious Violence Duty Prevention and Early Intervention Fund. The Fund has been used to deliver a range of initiatives including Inspire Youth, which across York and Harrogate has engaged with over 2,800 young people.

South Wales PCC

The South Wales PCC has played a central role as a system convener and funder, bringing together policing, health boards, local authorities and community services to deliver specialist violence prevention programmes operating within hospital emergency departments.

The model places specialist teams within hospital emergency departments to identify and respond to people presenting with violence-related injuries. Rather than treating incidents as isolated events, the teams work with patients at a "reachable moment" to:

- understand underlying risk factors (e.g. substance misuse, exploitation, prior victimisation)
- provide immediate safeguarding and referral into support services
- share anonymised data with partners to identify violence hotspots and patterns.

Independent research has shown the programme has significantly reduced harm, cut repeat emergency attendances, lowered costs to the NHS, and improved patient care.

Key Points:

Prioritise prevention over reaction – Use commissioning and grants to shift investment upstream, targeting the root causes of crime (e.g. early intervention, youth services, mental health and substance misuse) rather than focusing solely on enforcement.

- Be evidence and insight-led – Build a strong understanding of local need through data, needs assessments and community engagement, and use this to target resources where they will have the greatest preventative impact.

- Use funding to drive whole-system working – Align partners around shared outcomes by co-commissioning with health, local authorities and others, and by setting expectations that funded services take a public health, prevention-focused approach.

- Balance disruption with behaviour change – Commission services that combine enforcement (where necessary) with tailored support to address underlying drivers of harm and sustain long-term change.

- Embed continuous learning and impact measurement – Invest in evaluation and use evidence of "what works" to improve services, demonstrate value, and attract further partner funding to scale effective prevention activity.

Holding to account

Chief Constables are responsible for operational policing matters and delivering efficient and effective policing in the local policing areas they serve.

Chief Constables retain responsibility for operational policing and for ensuring that services are delivered efficiently and effectively within their force areas.

PCCs, however, play a central role in setting the strategic direction of policing and acting as the critical link between the public and law enforcement. Through consultation with local communities, PCCs develop Police and Crime Plans that establish clear priorities, often including a strong emphasis on prevention, which Chief Constables are required to take into account.

PCCs are also responsible for overseeing the performance of Chief Constables to ensure that these priorities are delivered. This scrutiny is underpinned by a statutory duty on police forces to provide PCCs with the information necessary to enable effective oversight.

By incorporating public health-focused priorities into Police and Crime Plans, and by maintaining robust scrutiny of police performance, PCCs can drive the integration of preventative, public health approaches within local policing practice.

Effective scrutiny serves not only to provide transparency and public assurance, but also to identify barriers that police forces may face in working with partners or delivering preventative interventions. PCCs are well placed to address these challenges, whether by convening strategic partners, influencing local priorities, allocating targeted funding, or escalating systemic issues to national government where appropriate.

In addition, PCCs' statutory roles provide further levers to embed public health approaches across the wider system. Community safety partners are required to have regard to PCC plans, while PCCs themselves have a duty to promote an efficient and effective criminal justice system – many PCCs chair their local criminal justice board. Together, these mechanisms enable PCCs to reinforce prevention-focused, multi-agency working and to align partners around shared public health objectives.

Examples of PCCs Holding to Account

The **APCC's PCC Accountability Framework** captures a range of helpful examples and practices to demonstrate how PCCs hold chief constables account.

Further examples of PCCs holding chief constables to account and involving communities in their oversight and scrutiny functions include:

South Wales Police Accountability and Legitimacy Group

The PCC holds a Police Accountability and Legitimacy Group to enable external organisations and independent advisers to act as critical friends to South Wales Police, supporting the PCC in her scrutiny role, and ensuring that South Wales Police is accountable and transparent.

By involving community members in the scrutiny process, the PCC has helped to build trust and confidence in policing and ensure opportunity to embed learning and make changes that are necessary at an individual, organisation or system wide level. Working with communities is a key part of the public health approach and can support PCCs with communication around the importance and effectiveness of early intervention, as well as building legitimacy.

Thames Valley Independent Scrutiny

Thames Valley PCC and the force have implemented a network of panels across the force area to scrutinise, challenge, and improve the service Thames Valley Police provides to its communities. The implementation follows a Governance Review that

took place last year that recommended a more robust, consistent approach with increased community involvement.

Derbyshire PCC scrutinises progress to tackle serious violence on behalf of the public

The PCC has used her Public Assurance Meetings to scrutinise force performance on serious violence and VAWG.

In these meetings, the PCC has explicitly framed serious violence as a whole-system issue requiring collective action. Critically, the scrutiny goes beyond enforcement outcomes to assess progress in reducing risk and harm at population level. This example demonstrates how PCC scrutiny can shift the focus from reactive policing to prevention, vulnerability, and partnership responses, while maintaining accountability for delivery.

MOPAC and VRU Commissioning

Looking beyond examples of holding chief constables to account, the London Assembly Police and Crime Committee has investigated how the Mayor's Office for Policing and Crime (MOPAC) ensures its commissioned services are delivering for London. This approach considered what services have been commissioned over the last three years, the aims and priorities of these services, and how the services meet local needs.

The Committee also considered how MOPAC and the VRU evaluate commissioned programmes to support the delivery of the Mayor's Police and Crime Plan and ensure the needs of Londoners are met.

Key Points:

Key points from this section on holding to account include:

- Set prevention priorities: PCCs embed public health approaches by prioritising prevention in Police and Crime Plans.
- Scrutinise delivery: PCCs hold Chief Constables to account for delivering these priorities, including prevention and partnership working.
- Focus on outcomes: Scrutiny tests progress on harm reduction, vulnerability, and population-level outcomes—not just enforcement.
- Use data and evidence: Accountability is driven by performance data, needs assessments and evaluation.

- Hold systems, not just police, to account: PCCs challenge how policing contributes to wider partnership and public health goals.
- Leverage partnerships: PCCs can use governance forums to challenge partners, align priorities and resolve barriers.
- Strengthen transparency: Scrutiny provides public assurance and demonstrates impact.
- Enable whole-system change: PCCs can align policing, health and local partners around shared prevention objectives.

TOOLS, RESOURCES AND FURTHER READING ON THE PUBLIC HEALTH APPROACH

Websites focused on public health, policing and crime reduction

RSPH - A spotlight on: a public health approach to policing, crime and violence: This page compiles the latest resources, professional opinions and guidance on a public health approach to policing, crime and violence.

Public Health Approaches in Policing Knowledge Hub, which provides an accessible online community for educational material, information sharing, and details of interventions. Includes series of webinars on the public health approach.

Principles of public health approaches

What exactly is a public health approach to crime and disorder reduction? By Jim McManus. This article includes some 'Guiding Principles for a Public Health Mindset in Crime and Disorder'.

Public health approaches in policing - A discussion paper. Published by the College of Policing and Public Health England in 2019.

The purpose of this resource is to explore what is meant by "a public health approach" in the context of policing. It has been developed by an expert reference group of police, public health and voluntary sector professionals based on the existing evidence base and their expertise and experiences. It is part of a programme of work to implement the Policing, Health and Social Care Consensus (2018).

A communications guide to support framing a public health approach for policing written by a team that included Dr Liz Such (University of Nottingham) and Ruth-Louise Bailey (Devon & Cornwall Police), supported by an Advisory Group and the Police and Public Health Consensus Collaborative.

Adverse Childhood Experiences

Action on ACEs Gloucestershire – resource bank. A comprehensive list of resources to help get to know the science of ACEs and resilience. It provides podcasts, briefings, short films, training, ACEs research from the US and UK and more.

ACE Aware Wales – the website includes a knowledge base with comprehensive slides, posters, skills & knowledge framework for workforce, E-learning and resources on ACE's and trauma informed approaches.

Alcohol and drugs

APCC tackling Addictions In Focus - Examples of how PCCs are contributing to the Government's drugs plan.

From harm to hope: A 10-year drugs plan to cut crime and save lives - Government 10-year strategy to tackle drugs, includes reference to PCCs and accompanying guidance.

Prevention and diversion schemes

College of Policing Practice Bank made up of shared interventions that have been implemented by crime reduction and community safety organisations, including policing. These have been used to address specific crime problems or organisational change.

Evidence review: diverting young adults away from the cycle of crisis and crime. What works in diversion schemes.

Centre for Justice Innovation website – amongst other things CJI provide information on evidence led diversion schemes across the UK, to promote and share best practice;

NHSE funded, Liaison and Diversion services are aimed at screening, assessing and referring those who enter the criminal justice system for all vulnerabilities including mental ill health, drug and alcohol and learning disabilities.

Partnership and collaboration

The effectiveness of partnership working in a crime and disorder context. A rapid evidence assessment. This paper looks at the evidence of effectiveness of

partnership working and identifies factors (mechanisms) that make partnerships work effectively and efficiently in delivering crime-related outcomes.

Rebalancing Act: A resource for Directors of Public Health, Police and Crime Commissioners, the police service and other health and justice commissioners, service providers and users. This document recognises PCCs, police forces and other criminal justice agencies as key partners in addressing health inequalities as well as the role of health agencies in reducing reoffending by addressing health related drivers of criminal behaviour. It is therefore intended to support a broad range of stakeholders to understand and meet the health and social care needs of people in contact with the CJS and through this engagement reduce offending and improve community safety. It encourages effective collaboration to deliver services that are not only more efficient and effective, but more cost effective.

APCC Findings Report: Towards better local partnerships systems in England and Wales – This report examines the views and experiences of PCCs and their offices regarding local partnership systems in England and Wales. It explores their effectiveness, challenges, and opportunities for improvement.

Socioeconomic disadvantage

Socioeconomic duty toolkit. Using a socioeconomic duty to challenge poverty in policing. Revolving Doors and New Generation Policing published this toolkit which is a practical guide for Police and Crime Commissioners, designed to help them embed socioeconomic duty in their strategic decision- making. A socioeconomic duty aims to deliver better outcomes for people who experience socioeconomic disadvantage. It requires public bodies, whenever they are making decisions, to consider the inequality of outcome that comes from socioeconomic disadvantage.

Violence against women and girls

The APCC supports PCCs to deliver quality victims' services, placing PCCs at the heart of decision making for victims, and driving the agenda on **violence against women and girls** (VAWG).

Freedom from violence and abuse: a cross-government strategy - This strategy sets out the government's vision and actions for meeting its ambition to halve violence against women and girls in a decade.

What Works to Prevent Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV)? Systematic Evidence Assessment. This recent evidence review published by the Welsh Government identifies a range of effective practice to prevent VAWDASV that can be considered for implementation, including bystander interventions and education programmes.

Operation Encompass - Operation Encompass is a police and education early information safeguarding partnership enabling schools to offer immediate support to children experiencing domestic abuse. The website contains access to free 'key adult' training, resources and further reading.

Violence reduction

Serious Violence Duty evaluation – This Home Office commissioned report presents the findings of a process evaluation of the Serious Violence Duty.

Serious Violence Duty Guidance – Home Office, 2022. The Serious Violence Duty came into effect in January 2023, placing a legal requirement on public sector organisations to share information locally to reduce violence and prevent loss of life. This guidance supports police, health, fire and rescue services, local government and criminal justice partners in meeting their responsibilities under the duty, outlining how they must collaborate to address the causes of serious violence in their area.

APCC PCCs making a difference violence reduction units (VRUs) in focus. A multi-agency and public health approach to support young people and divert them away from serious violent crime. This document provides case studies and contacts from around England and Wales.

Public health approaches to reducing violence - LGA, 2018. This report is aimed at local councils but is relevant to PCCs too. It provides an introduction to the subject, and asks three key questions: What is a public health approach to reducing violence? What does a public health approach tell us about violence? Which public health interventions are promising in reducing violence?

LGA 2020 Taking a public health approach to tackling serious violent crime (Case studies). This paper is intended for local government however the advice and case studies are relevant to a range of partners. Case studies include:

- Commissioning positive diversionary activities for young people.
- Embedding psychologists into the complex safeguarding workforce.

- Testing different 'trusted relationship' models.
- Harnessing community assets to help reduce violence.
- Family therapy for young people at risk of gang involvement and exploitation.
- Targeted intervention in anti-social behaviour hotspots.
- Information-sharing to identify and engage with young people at risk.
- A data-led approach to gang and county lines exploitation.
- A youth coaching programme to divert young people away from crime.
- Involving young people in designing actions and solutions.

Youth Endowment Fund (YEF) Toolkit: An overview of existing research on approaches to preventing serious youth violence. The Home Office now require 20% (rising to 30% by April 2023) of VRU spending to be on interventions that the YEF toolkit have deemed to be 'high-impact'.

Multi-agency approach to serious violence prevention. A resource for local system leaders in England. This document provides guidance on addressing violence using public health principles.

Lancashire violence reduction network (LVRN) resources.

LVRN **Trauma-Informed Organisational Development Framework** - A Self and Peer Evaluation Toolkit.

LRVN Little Book of Violence Reduction.

Wales Violence Prevention Unit evaluation toolkit & resources. In collaboration with Liverpool John Moores University (LJMU) Public Health Institute (PHI), Wales VPU have developed an evaluation toolkit which includes information and resources for service providers to evaluate programmes and interventions that are targeted at preventing violence. The toolkit is for intervention service providers in Wales and wider, to support partners in properly evaluating their services to ensure they are having the greatest impact possible.

Violence reduction and schools

Thames Valley VRU and others **Lesson Plans and other resources** to promote primary prevention activities in the classroom.

Thames Valley VRU Guide to creating a Violence Reduction Network with Schools and other partners.

Kent & Medway VRU Schools toolkit

Preventing Violence Involving Children & Young People - Leicestershire VRN

Violence and young people

Youth endowment fund (YEF) website. The YEF mission is to prevent children and young people becoming involved in violence. They do this by finding out what works and building a movement to put this knowledge into practice. The website includes:

- Youth Endowment Fund's Toolkit, a free online resource to help you put evidence of what works to prevent serious violence into action.
- Funding opportunities.
- Information on projects and evaluations.
- Evidence and insight into what works.

Youth knife crime - what does "taking a public health approach" mean? Briefing paper for Coram, September 2019. This short report includes a section on 'How do you take a public health approach to knife crime?' with examples of what prevention at primary, secondary and tertiary levels might look like.

Youth Endowment Fund (YEF) practice guidance setting out eight evidence-based recommendations for preventing children and young people aged 10-17 from becoming involved in violence.

Young People

The Commission on Young Lives is a major independent commission to evidence and design a new national system to prevent crisis in vulnerable young people and support them to succeed in life. The reports are substantial, but are useful when looking at prevention, children and young people, and the Criminal Justice System.

Broke, but not broken - What the academic literature and young adults tell us about the interplay between poverty, inequality and repeat contact with policing. This report considers what young adults say about the interplay between poverty, inequality and repeat contact with policing.

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POLICE & HEALTH