

## PRIVATE AND CONFIDENTIAL

### POLICE AND CRIME PANEL

Date: 23<sup>rd</sup> September 2019

Subject: Serious violence programme update

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#### PURPOSE OF THE REPORT

##### 1) Background and Context

###### 1.1 The GM Serious Violence Action Plan

On 9<sup>th</sup> April 2018, the Government published its Serious Violence Strategy (SVS), setting out a programme of work to respond to national increases in knife crime, gun crime and homicide. The strategy places an emphasis on early intervention and prevention. It aims to tackle the root causes of violence and prevent young people from getting involved in crime in the first place.

The Greater Manchester (GM) Serious Violence Action Plan, which addresses the Government SVS at the GM level, is currently at a draft stage and is due for publication in September 2019. The plan sets out seven key priorities to reduce serious violence in GM:

1. Support an improved criminal justice response to all forms of serious violence.
2. Collaborate with schools, colleges and alternative provision.
3. Create a dedicated Violence Reduction Unit for Greater Manchester.
4. Support community and voluntary organisations to deliver activities and interventions in areas of highest need.
5. Ensure victims of violent crime receive appropriate and timely support.
6. Work with Community Safety Partnerships and Local Safeguarding Boards to implement a place-based approach to tackling these issues.
7. Ensure that families and communities that are affected by serious violence are effectively supported through our place-based, early help offer.

The plan and its priorities were informed by a collective of partners working together and drawing on a number of sources, which included: a review of UK and international best practice; data and intelligence from across GM; consultation with key community stakeholders; and engagement with a range of professionals from across GM, including partners in the criminal justice system and among health and social care agencies.

Following agreement of these principles and the underlying plan, locality-level Community Safety Partnership action plans have been informed by and aligned to the draft GM Serious Violence Action Plan.

### 1.2 The Serious Violence Fund

On 13<sup>th</sup> March 2019, the Chancellor announced a £100m Serious Violence Fund for use during the 19/20 financial year to tackle serious violence nationally. Greater Manchester was named as a priority area and provisionally allocated £8.17 million on the basis that it:

- **establish a Violence Reduction Unit (VRU)** to strategically engage with the underlying drivers of violent crime - £3.37 million was made available to support this objective; and
- **undertake a 'surge' in local policing** in order to promote an enforcement-based approach to violent crime reduction - £4.8 million was made available to support this objective

Although funding for these two elements was allocated separately, they will be managed as one coherent programme for GM.

In keeping with the Greater Manchester Mayor's approach to the principal of delegating powers to local community agencies wherever possible, £3.1m from the overall Home Office funding has been delegated to Community Safety Partnerships (CSPs) across GM. Each CSP had been allocated £300k (£400k to Manchester CSP), with a requirement that they submit comprehensive action plans to set out spending, activity and outcomes. These local plans have now been signed off by the Deputy Mayor. Therefore, the GM approach includes a third element:

- **CSP action plans** to drive community-led violence reduction, resilience-building and asset-based community development at the level of districts and neighbourhoods, making use of the expertise of partners in the voluntary, community and social enterprise sector wherever possible.

At present, funding has only been committed for the financial year 2019/20. While the current financial landscape of future years remains unclear, the Home Office has issued the following statement in relation to funding in future financial years:

*The availability of VRU funding beyond the 19/20 financial year will be subject to the Spending Review process and any availability of future funding therefore cannot currently be confirmed. The Government does, however, recognise that there is a strong case for VRUs to operate over multiple years in order to best deliver early intervention and prevention activity. Although it is not possible to confirm the availability of any further VRU funding beyond the 19/20 financial year, the Home Office's current intention is to prioritise longer-term investment in VRUs in its engagement with the Spending Review.*

### 1.3 Defining Serious Violence

There is no set definition of “Serious Violent Crime”. For the purpose of the Serious Violence Strategy, the Home Office has chosen to focus on homicide, knife crime and firearms offences. However, the Home Office supports the idea of local areas defining the problem and stated that any manifestation of violence can be included, including sexual and domestic violence.

GM partners have collectively arrived at the view that there is value in broadening out the definition of ‘serious violence’ to include other forms of violent offences. This has already proven to be an effective approach in understanding the extent of violence in our communities, and when looking at the underlying root causes of violent crimes. While serving only as indicative metrics of the broader extent of violence, it is therefore proposed that the following Home Office crime codes – and related information and intelligence from other sources - will be used to define the parameters of exercises informing the effectiveness of our delivery against the Serious Violence Action Plan and the associated elements set out in this document:

- Violence with injury.
- Violence without injury.
- Homicide.
- Stalking and harassment.
- Domestic abuse
- Possession of weapon offences.
- Robbery.
- Rape/Rape Incidents/Other sex offences.

## **2) The GM Approach to Violence Reduction**

### 2.1 The Greater Manchester Violence Reduction Unit (VRU)

The GM VRU will bring together specialists from health, police, local government, probation, community organisations, education and other relevant local agencies into a cohesive, multi-agency team. It will work to identify the drivers and underlying causes of serious violence locally and develop a coordinated response to tackle them. It will be fully operational by October 2019. The GM VRU activities support a multi-agency, community led approach to preventing and tackling serious violence.

The unit will include participation from the following members:

<b>Participant Role</b>	<b>Organisation</b>
Detective Superintendent	Greater Manchester Police
Detective Inspector	Greater Manchester Police
Sergeant x 2	Greater Manchester Police
Public Health Lead	Salford City Council
Partnership Lead	Greater Manchester Combined Authority

Education Lead	The Manchester College
Victim Coordinator	Greater Manchester Combined Authority
Partnership / Project Support	Greater Manchester Combined Authority
Partnership Analyst	Greater Manchester Combined Authority
Academic Lead	Manchester Metropolitan University
Voluntary Sector Coordinator	TBC

The VRU is developing a comprehensive Theory of Change and Logic Model, which will seek to describe the activities and outcomes from this programme of work and the added value that this co-located, multi-agency approach will aim to deliver. This exercise will be led by senior managers in the VRU with the assistance of senior academics from Manchester Metropolitan University. These products will inform the programme's performance framework, which will be reported into the GM Health and Justice Board and GM Police and Crime Panel on a routine basis.

In addition to any performance measures developed by GM to gauge the impact of the work of the VRU, the Home Office has stipulated the following three performance indicators that they will use to assess the response to serious violence in GM and the other 17 VRU priority areas across the UK:

- a. A reduction in hospital admissions for assaults with a knife or sharp object and especially among those victims aged under 25
- b. A reduction in knife-enabled serious violence and especially among those victims aged under 25.
- c. A reduction in all non-domestic homicides and especially among those victims aged under 25 involving knives.

The GM data available in respect of these performance indicators are as follows (YTD is 1<sup>st</sup> April to 30<sup>th</sup> June in those respective years):

	Baseline 2018/19	YTD 2018/19	YTD 2019/20	YTD change (count)	YTD change (%)
Reduction in knife-enabled serious violence - (all victims)	3,543	958	735	-223	-23%
Reduction in knife-enabled serious violence - (aged under 25)	1,324	407	257	-150	-37%
Reduction in all non-domestic homicides (all victims)	61	16	10	-6	-38%
Reduction in all non-domestic homicides (aged under 25)	4	0	5	5	N/A

## 2.2 A 'surge' in local policing

Funding has been allocated to all GMP Districts to commence intelligence-led policing, with an emphasis on communities that experience the greatest proportion of violent crime. This funding will enable an enforcement approach to complement devolved CSP budgets.

Since May 2019, the City of Manchester has provided surge policing to the city centre. The additional funding into Districts has enabled the same tactics to be delivered across GM as a whole, targeting identified hot spots. This suite of tactics is referred to as Operation Sycamore.

Tactics include:

- high visibility targeted patrolling, including use of stop/account and stop/search in hotspot areas;
- identifying and targeting cohorts of young people linked to knife crime;
- pulling together investigations under one investigative officer;
- developing steering groups on districts and identified policing and partnership single points of contact;
- weapon sweeps;
- online awareness messages.

The below tables outlines stop and search activity in Greater Manchester broken down by age, ethnicity and reason for the search (YTD is 1<sup>st</sup> April to 30<sup>th</sup> June for each year):

	Baseline 2018/19	YTD 2018/19	YTD 2019/20	YTD change (count)	YTD change (%)
Total number of stop searches conducted	4,847	790	2,710	1,920	243%

	Baseline 2018/19 (count)	Baseline 2018/19 (%)	YTD 2018/19 (count)	YTD 2018/19 (%)	YTD 2019/20 (count)	YTD 2019/20 (%)	YTD proportional change (%pt)
Ethnicity - White	2,812	58%	489	62%	1,461	54%	-8%
Ethnicity - Non-white	1,414	29%	203	26%	907	33%	7%
Ethnicity - Unknown	621	13%	98	12%	342	13%	1%

	Baseline (count) 2018/19	Baseline (%) 2018/20	YTD (count) 2018/19	YTD (%) 2018/20	YTD (count) 2019/20	YTD (%) 2019/20	YTD change (count)	YTD change (%pt)
9 Years and Under	30	1%	5	1%	12	1%	7	0%
10 to 17 Years	873	18%	161	20%	418	15%	257	-5%
18 Years and Over	2,587	53%	432	55%	1,465	54%	1,033	-1%
DOB Not Provided	1,357	28%	192	24%	815	30%	623	6%

	Baseline 2018/19 (count)	Baseline 2018/19 (%)	YTD 2018/19 (count)	YTD 2018/19 (%)	YTD 2019/20 (count)	YTD 2019/20 (%)	YTD proportional change (%pt)
<b>Offensive weapon</b> (also includes where object related to bladed or sharply pointed article; or where search was to prevent or deal with items used in serious violence)	850	18%	151	19%	505	19%	0%
<b>Anything to threaten or harm anyone</b>	180	4%	60	8%	37	1%	-7%
<b>Stolen goods</b>	629	13%	92	12%	268	10%	-2%
<b>Controlled drugs</b>	2,290	47%	316	40%	1,535	57%	17%
<b>Article for use in theft</b>	721	15%	137	17%	279	10%	-7%

Note: not all objects are shown

GMP will undertake further operations that include:

- **Operation Concept**, tackling the illegal online purchase of weapons. Items will be intercepted and follow up joint agency visits will be made to addresses to identify offences and required safeguarding (the ambition is to cover collaboratively the North West region with GMP as lead).
- **Daily scanning of all GMP knife incidents**, to include schools, crimes, incidents and Op Concept cohort (historical and future).
- Creation of a cohort of young people linked to knife crime for **targeted multi-agency intervention**.
- **Test purchase operations** of premises which sell knives and follow up of earlier test purchase operations.
- **Travel Safe operations**, involving intelligence-led policing and support on tram and bus routes identified and linked to “hot spots” for knife crime
- **Knife crime awareness sessions in schools**, alongside partners.
- **Intelligence led deployment of officers at A&E Departments** to improve intelligence flow, further strengthen links to hospitals and offer support / interventions to victims.

### 2.3 CSP action plans

Comprehensive action plans have been produced by all ten CSPs in conjunction with Directors of Children’s Services, Directors of Public Health and Local Safeguarding Children’s Boards. Each plan includes details of anticipated spending, activity and outcomes. All CSP plans have now been signed off by the Deputy Mayor and the following common themes emerged:

- Universal education / resources for young people, for example film and theatre productions, whole school resources and events;
- Targeted programmes with groups of young people at risk of violence / crime / exclusion, e.g.:
  - Positive diversionary activities and targeted youth work;
  - Mentoring;

- Step out provision and work with schools to avoid exclusions and reduce violence in schools;
- Support around transition points.
- Intensive work with young people in the youth justice system to reduce reoffending or victimisation;
- Recruitment of specialist staff, for example substance misuse and emotional health staff in youth justice teams or additional capacity in multi-agency teams to focus on serious violence;
- Training for existing staff, including trauma informed practice, resilience and preventing violence;
- Research & evaluation, including service users and children and young people;
- Tackling the availability of and access to weapons through targeted enforcement and test purchase activity (Trading Standards led);
- Grant schemes for community providers and local services; and
- Parenting and family support.

There is a strong connectivity to, and enhancement of, existing community safety delivery plans funded through the Deputy Mayor's office. In coming weeks, each CSP will be allocated a link officer from within the Police, Crime, Criminal Justice and Fire team at GMCA to support a range of functions within that team. As part of their function, this officer will act as a single point of contact for the CSP and support the establishment of monitoring frameworks and the integration of these into the overarching monitoring and reporting framework being developed by the VRU. Reporting will be on a monthly basis into the VRU, who will report directly into a GM wide violence reduction governance board, as a sub-group to the Health and Justice Board and Police and Crime Panel. Reports as and when required will also be shared with the GMP Gold Command.

### **3) Evidence and Evaluation**

The interventions set out in this document will take an evidence led approach wherever possible, building from expertise from other national comparators and academic partners. Public Health England are due to publish a toolkit for VRUs to supplement the Home Office guidance and the VRU Public Health Lead will provide regular rapid evidence assessments to inform decision making, working with colleagues from GMCA, GM Health and Social Care Partnership, PHE and local partners. The GM VRU will identify opportunities to add to the evidence base from planned activity and has appointed Manchester Metropolitan University as an academic research, implementation and evaluation partner.

#### **3.1 Community consultation**

The Innovation Unit has produced a draft report on the 'Community Views on Violence in Greater Manchester' based on consultations with over 300 people across GM. The participants ranged from young mothers and faith leaders to SEND students, adult offenders, teachers, voluntary and third sector organisations, taxi drivers and other members of the community. The research was conducted at community venues, such as play centres and taxi ranks, and engaged directly with members of the community using those spaces. The Innovation Unit was therefore able to access a range of voices who are not always heard in self-selecting consultations, where individuals are invited to attend arranged events. The research focused on understanding the underlying factors and concerns that may be driving the increase in violent crime, including knife crime, in our communities.

The final report is yet to be published, but the insights and recommendations will focus on the following:

1. Social media is amplifying and exacerbating violent conflict and influencing the market for drugs and weapons.
2. Young people are growing up in environments where violence is often becoming normalised.
3. Changes to neighbourhood policing have affected relationships between communities and GMP.
4. Fearful and vulnerable young people are more likely to carry a knife / weapon.
5. Toxic masculinity is an issue and appears to be fuelling violence.
6. More safe spaces, supported by trusted professionals / mentors, are required in some communities.

#### **3.2 School survey analysis**

The Innovation Unit also conducted a comprehensive survey of senior teachers and distributed to every school in Greater Manchester. The purpose of this survey was to examine teaching professionals' views on the extent to which violent crime was an issue in their school, their community and for young people in general. The survey received 326



responses in total. The full details of this survey will be published within the final report, but the following table represents a summary of their views in respect of changes in violence in the last twelve months:

<b>Issue</b>	<b>% of respondents who agreed the violence had become more frequent in the last 12 months</b>
Fights at school	21%
School exclusions	23%
Violence in the community	19%
Criminal gang exploitation	26%
Physical abuse at teachers	23%
Verbal abuse at teachers	26%
Peer bullying	17%
Violence involving parents or siblings	20%

#### **4) Governance**

The GM Health and Justice Board and the GM Police and Crime Panel will be the two primary accountable Boards for this programme. A GMP Serious Violence Gold meeting will continue to oversee the policing response to violence across GM and a partnership serious violence steering group comprising all relevant stakeholders will be created. The Home Office expects a serious violence governance board to be created to oversee this emerging programme and it suggests the following membership:

- Deputy Mayor
- Senior leader in health
- Assistant Chief Constable or higher
- Local authority Chief Executive
- Director of Children’s Services
- Senior leader in youth justice
- Public Health England
- Senior education lead

Final details of this governance board are being agreed, including membership and terms of reference. These details will be shared with colleagues in due course.

### **ANNEX A: PUBLIC HEALTH APPROACHES TO TACKLING VIOLENT CRIME**

The World Health Organisation defines a public health approach to reducing violence as one that: “Seeks to improve the health and safety of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim or a perpetrator of violence. By definition, public health aims to provide the maximum benefit for the largest number of people. Programmes for primary prevention of violence based on the public health approach are designed to expose a broad segment of a population to prevention measures and to reduce and prevent violence at a population-level.”

Public health approaches to tackling violence feature the following characteristics:

- Defining and monitoring the problem
- Identifying causes of the problem, the factors that increase or decrease the risk of violence, and the factors that could be modified through interventions
- Designing, implementing and evaluating interventions to find out what works
- Implementing effective and promising interventions on a wider scale, while continuing to monitor their effects, impact and cost-effectiveness.

This approach to reducing violence, and the literature around it, recognises the necessity of both gaining an understanding of violence through evidence and of responding to the problem through carefully designed interventions. The World Health Organisation (WHO) has summarised this approach in the diagram below.



Source: WHO, 2017

The Home Office has requested that all violence reduction priority areas adopt the World Health Organisation’s definition of a public health approach. This is consistent with the proposed legal duty to support a multi-agency approach to preventing and tackling serious violence, which includes;

- Focused on a defined population;
- With and for communities;
- Not constrained by organisational or professional boundaries;

- Focussed on generating long term as well as short term solutions;
- Based on data and intelligence to identify the burden on the population, including any inequalities;
- Rooted in evidence of effectiveness to tackle the problem.

The College of Policing and Public Health England recognises that this is not a new concept and there are many common aims within Policing and Public Health, and other partners. They describe five elements that make up a 'public health approach to policing' (in the recent paper of the same title):

- Prevention
- Data and Evidence Base
- Partnership
- Population
- Causes of the causes (i.e. social determinants)

These definitions are overlapping and have been developed for different audiences and contexts but emphasise the importance of a broad, system-wide, community-focus, which is driven by understanding needs and trying to implement what works to tackle the causes of violent crime.

## ANNEX B: THE EXTENT AND NATURE OF KNIFE CRIME IN GM

In July 2019, Manchester Metropolitan University Crime & Well-Being Big Data Centre used artificial intelligence and advanced analytical methods to produce potentially the most sophisticated and therefore most accurate analysis of a region's knife crime problem anywhere in the UK.

The report identifies key markers for why GMP's knife crime reporting trends began to diverge from the national trend in 2016 and provides assurance that the changes to knife crime recording made in December 2017 are valid and have led to more accurate and reliable recording.

Since 2012, GMP has seen a growing trend in knife possession, usage and 'threat & use'. Knife crime offences have almost doubled between 2015 and 2018. However, the proportion of violence offences has fallen (from 40% to 30%), with a corresponding increase in the proportion of possession offences (from 33% to 41%).

**Table 1: Proportion of Knife Crime by Local Authority (2012-2018)**

Local Authority	All KC	Possession	Robbery	Violence
Bolton	9.1%	10.9%	7.2%	9.5%
Bury	5.0%	5.2%	4.9%	5.2%
Manchester	33.4%	29.5%	38.7%	29.4%
Oldham	8.4%	8.2%	8.1%	9.6%
Rochdale	7.4%	7.8%	5.7%	8.4%
Salford	10.0%	11.1%	9.1%	9.6%
Stockport	6.4%	5.8%	7.6%	6.7%
Tameside	8.0%	9.7%	6.2%	8.5%
Trafford	4.5%	4.0%	6.2%	4.0%
Wigan	7.5%	7.8%	6.2%	9.2%
<b>Grand Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

- A third of all GM knife crime and almost two fifths of all robberies occurred in Manchester.
- In the 12 months to Nov. 18, 36% of all knife crime and 45% of robbery occurred in Manchester.
- Manchester, Salford and Bolton account for over half of all knife crime across Greater Manchester (52.5%). Trafford has the lowest proportion of GM's knife crime at 4.5%.

**Table 2: Three-year percentage change by Local Authority area**

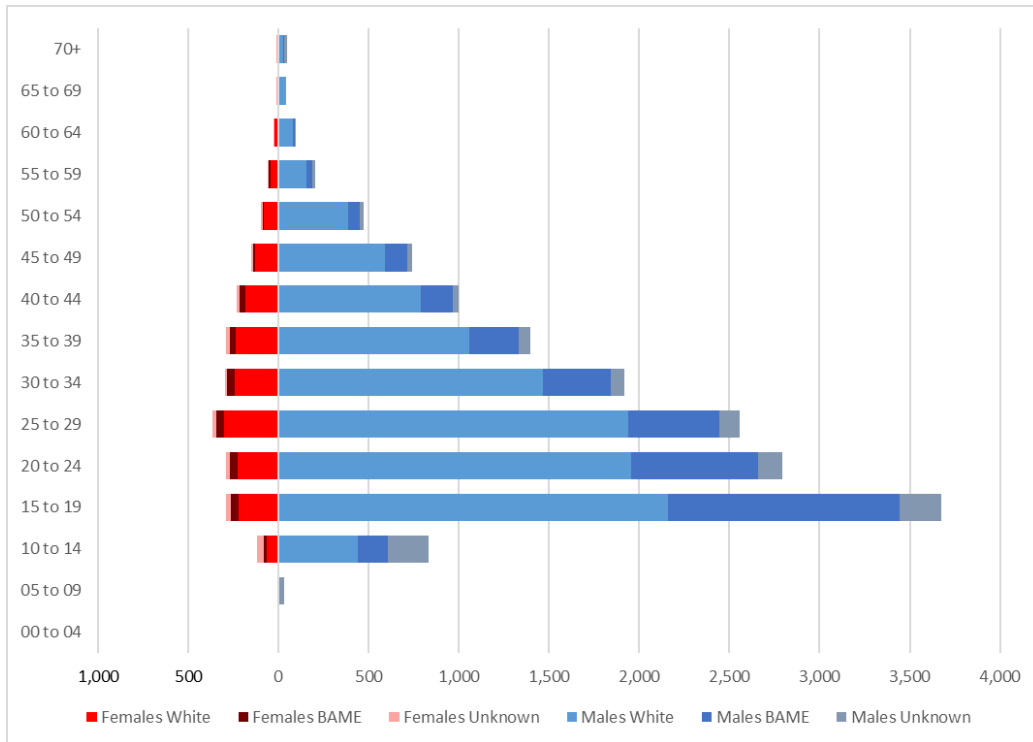
Local Authority	All KC	Possession	Robbery	Violence
Bolton	73.6%	66.4%	126.9%	58.1%
Bury	53.4%	77.0%	73.5%	22.1%
Manchester	119.4%	138.2%	151.3%	65.3%
Oldham	88.8%	103.7%	94.0%	77.8%
Rochdale	48.7%	146.9%	0.0%	8.4%
Salford	79.9%	144.8%	53.6%	47.1%
Stockport	53.1%	127.3%	43.4%	13.8%
Tameside	150.7%	286.8%	143.2%	61.9%
Trafford	86.0%	159.5%	82.9%	43.9%
Wigan	62.1%	62.9%	100.0%	46.1%
<b>Grand Total</b>	<b>90.0%</b>	<b>129.1%</b>	<b>101.0%</b>	<b>49.3%</b>

- Over the last 3 years, the largest increases in knife crime were Tameside (+151%), and Manchester (+119%).
- Possession offences have increased by 287% in Tameside (albeit from a lower base count).
- Robbery offences have increased by 151% in Manchester and 143% in Tameside

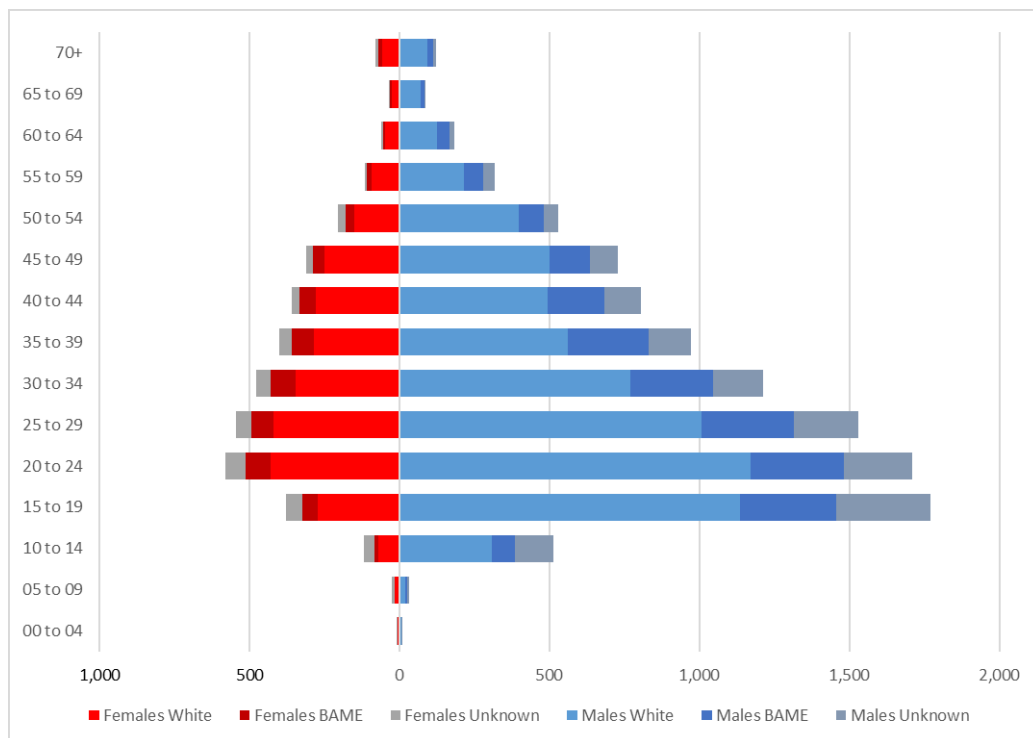
Other key findings from the research as follows:

- Knife crime occurs disproportionately in the most deprived areas
  - 41% of knife crime occurs in the top 10% of deprived areas in GM (these cover 21% of Local Super Output Areas (LSOAs))
  - 60% of knife crime occurs in the top 20% of deprived areas in GM (these cover a third of LSOAs)
- This varies by offence type: Homicide (40%); Robbery (49%); Possession (59%); Violence (63%) and Threat Offences (63%)
- Overall peak times for knife crimes are between 18:00 and 00:59, extending into early hours (01:00 to 03:59) at the weekend.
- However, this varies by offence type:
  - Violent offences (use) exhibit weekend-night-time patterning (i.e. NTE)
  - Possession offences weekday afternoon / evenings and weekend-night-time
  - Robbery / Sexual Offences –predominantly late evening / early night-time
- 10% of knife-crime is flagged as being linked to Organised Crime Groups
- The proportion of 15-19 victims has increased from 20% to 25% over the last three years
- 60% of victims live in the 20% most deprived communities
- Over two thirds (67%) of offenders live in the 20% most deprived communities
- Over a quarter (26%) of offenders committed crimes against their peer age group (i.e. standard five year age groups)

**Table 3: Population pyramid of all knife crime offenders**



**Table 4: Population pyramid of all knife crime victims**



## **RECOMMENDATIONS**

Members of the Board are asked to:

- Note the value of an integrated, multi-agency approach to violence reduction, rooted in the tenets of public health and with clear evidence of a community-led approach to responding to these issues;
- Provide local scrutiny and support in the delivery of the CSP-led serious violence action plans and their spending commitments;
- Confirm support for the Violence Reduction Unit as an important first step in investing in a community-led, public health approach to preventing violence; and
- Agree to receive updates as required at future sessions.

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## **1. Background**