A Partnership Agreement:

Working Together to Build Resilience Through a Public Health Approach to Policing and Criminal Justice in Wales

THIS PARTNERSHIP AGREEMENT

is made on

_____ of _____ 2018

between

1. The Police & Crime Commissioner and the Chief Constable for Dyfed Powys
2. The Police & Crime Commissioner and the Chief Constable for Gwent
3. The Police & Crime Commissioner and the Chief Constable for North Wales
4. The Police & Crime Commissioner and the Chief Constable for South Wales
5. The Director of Her Majesty's Prison and Probation Service in Wales
6. The Wales Chief Executive of the Community Rehabilitation Company
7. The Director of Her Majesty's Courts and Tribunal Service (Wales)
8. The Director (Wales) of the Youth Justice Board
9. The Chair and Chief Executive of Public Health Wales

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1. VISION STATEMENT

Public Health Wales, Policing and Criminal Justice partners across Wales will work together to drive action and bring about system-wide change to improve the quality of life, wellbeing and safety of people living in Wales.

2. SUPPORT FOR THIS AGREEMENT

Welsh Government, the Home Office and the Future Generations Commissioner for Wales support the principles of this Agreement and the ambition of partners to work together collaboratively to bring about system-wide change and integrated service delivery in order to better serve families and communities across Wales.

2.1. Partners:

- The four Police and Crime Commissioners and the four Chief Constables for South Wales, North Wales, Dyfed-Powys and Gwent
- The Director of Her Majesty's Prison and Probation Service in Wales
- The Chief Executive of the Wales Community Rehabilitation Company
- The Director of Her Majesty's Courts and Tribunals Service, Wales
- The Director for Wales of the Youth Justice Board
- The Chair of Public Health Wales
- The Chief Executive of Public Health Wales

3. GOVERNANCE, OVERSIGHT AND REVIEW PROCESS:

3.1. The All Wales Criminal Justice Board (AWCJB) shall oversee and propose the direction of building resilience through a public health approach to policing and criminal justice in Wales.

3.2. The AWCJB is made up of the signatories to this agreement together with representatives of Welsh Government, Home Office and others with a direct interest in the Criminal Justice System in Wales, including Voluntary Sector representatives.

3.3. A Review of the Partnership Agreement will take place bi-annually by the All-Wales Criminal Justice Board. Additional meetings may be called as and when required.

3.4. On an annual basis, a more detailed review of programme activities will be undertaken by an extended meeting with leads from each work stream area and used as an opportunity for knowledge transfer.

3.5. Minutes and actions will be recorded for each meeting.

3.6. The partnership, shall provide the reports to the All Wales Criminal Justice Board, led by the joint role in Public Health Wales NHS Trust and will include: Progress for the period since the last meeting or periods set by the All Wales Criminal Justice Board; Issues being managed; Issues requiring direction and progress planned for the next period.

3.7. All Wales Criminal Justice Board members shall be responsible for sharing reports into their respective organisation.

3.8. Public Health Wales NHS Trust will work with the administrative function of the AWCJB to administer the element of the Agenda relating to the Partnership Agreement.

4. PURPOSE

4.1. Many of the issues facing policing, criminal justice and health organisations are rooted in inequality, vulnerability and adversity, and to use a health-based analogy, these three issues are infectious. As a result, our services are often focussed on **treating symptoms** rather than preventing the causes, which by the time of their presentation to front line professionals can often be incurable. This repeat presentation of symptoms has created a **common set of challenges** that place a disproportionately high demand on policing, criminal justice and health budgets and resources.

4.2. The policy and legislative context in Wales supports new approaches to addressing these issues which, historically, have often seemed intractable.

4.3. The Wellbeing of Future Generations Act (2015) and the Social Services and Wellbeing Act (2014) both set out a transformative vision to improving the wellbeing of people in Wales through prioritising **collaboration, integration, long term planning, and prevention**.

4.4. Preventing and mitigating the impact of Adverse Childhood Experiences (ACEs)

through taking a **macro approach** to understanding individual vulnerability is a clear priority with which to focus collective action.

4.5. Globally there is an increasing body of evidence which demonstrates that traumatic events experienced during childhood can have long-term negative impacts on health and social outcomes, including involvement in inter-personal violence later in life (as perpetrator and/or victim) and a significantly higher risk of incarceration. The impact of ACEs have been known to social care and health professionals, teachers and youth workers for many years, but without a plan to address the issues in a coordinated way, the benefits in jointly tackling them have been unrealised.

4.6. The Policing Vision 2025, published at the end of 2016, described an increasingly **diverse and complex policing landscape** requiring a more sophisticated approach to tackle new and evolving challenges. Whether it is child sexual exploitation, domestic violence and abuse, cybercrime or new threats from serious and organised crime, human trafficking or terrorism, the service acknowledges that working collaboratively across the system is key to preventing crime and protecting vulnerable people in the modern policing environment.

4.7. The public health system is also seeking further collaboration with other public services to address the wider determinants of health – the factors that can set people on the path to ill health and premature death.

4.8. **This agreement recognises that Policing and Public Health** are intimately related. The Police are the first responders to a range of complex situations involving criminal, civil or public health related issues. We know that much of what police respond to is directed at preservation of health and wellbeing therefore taking a **public health approach** provides a useful framework to understand the risk factors and building blocks with which to address vulnerability and increase resilience across the **life course**.

4.9. A Public Health approach promotes the use of robust research and evidence to inform and test solutions drawing on the multiagency perspectives and assets of wider partners to most usefully contribute towards shared priorities.

4.10. Collaboration between Public Health and Policing has developed in Wales over the last 18 months as a result of the Memorandum of Understanding (MoU) between the Police & Crime Commissioner and Chief Constable for South Wales with Public Health Wales. The original MoU set out the benefits of working together to tackle many of the issues facing policing, criminal justice and public health and resulted in significant joint work including the pilot in Maesteg of police initiated ACEs work.

4.11. This Partnership Agreement supercedes the Agreement made between Public Health Wales and South Wales Police and seeks to bring about systems-wide change and integrated service delivery across Wales through driving action and a joined-up response to priority issues across policing, criminal justice and partners.

4.12. The Partnership Agreement will help partners to better identify and address system-wide changes in policy and in the design, commissioning and delivery of services to improve the wellbeing and safety of families and communities across Wales.

4.13. This Partnership Agreement sets out the commitment of Public Health Wales, Policing and Criminal Justice partners to jointly develop a programme of work aimed

at building organisational and community resilience through a public health approach, understanding and **identifying the root causes** of common issues that cut across policing, health and criminal justice and designing, testing and implementing long-term sustainable solutions.

4.14. In adopting the principles of this Partnership Agreement, we hope to improve the lives and life chances of the communities in Wales, in line with the Wellbeing of Future Generations (Wales) legislation.

4.15. This Agreement will help us to reduce demand on policing, criminal justice and health services, realised through focussing on early intervention and prevention strategies that reduce escalation of issues (e.g. re-arrests/repeat presentation of vulnerability).

4.16. We will identify and address gaps in service provision, avoiding duplication of resources and energy across services in managing recurring issues, and provide a joined-up service that is better able to respond to the needs of individuals and local communities in Wales, particularly the most vulnerable.

4.17. The work developed through this partnership will be linked to local partnership arrangements particularly Public Services Boards, Community Safety Partnerships/ Boards, local Serious and Organised Crime Partnerships, local Criminal Justice and Integrated Offender Management Boards and equivalent health-led bodies.

5. HOW WE WILL WORK TOGETHER

5.1. We will embed the **sustainable development principle** of the Future Generations Act (2015), and the five ways of working to ensure that our approach is underpinned by:

a) **Prevention** - understanding the root causes of issues and where appropriate, investing in effective upstream interventions

b) **Collaboration** - acting in collaboration with others to identify shared priorities, and opportunities for pooled budgets and joint resources

c) **Involvement** - engaging and involving partners and the diversity of individuals affected by our decision making

d) **Integration** - Considering how decision making may impact upon each of the well-being goals

e) **A long term focus** - balancing short and long term needs, ensuring sustainability and future proofing.

5.2. We will embed a public health approach (see Box 1.) to defining the issues, identifying risks and protective factors, and testing and implementing new interventions/ strategies to ensure police and criminal justice are part of the solution to early intervention and prevention.

5.3. We will take opportunities to align and maximize synergy between Police and Criminal Justice and Health and Wellbeing Policy.

5.4. We will develop a set of work streams reflecting joint priorities from a public health and policing/criminal justice perspective, with an emphasis on **early prevention and intervention, ACEs and vulnerability.**

5.5. We will consider the **life course**, recognising how early life experiences can significantly impact on an individual's neurological and hormonal development, their vulnerability and risk of being involved in crime and impact on health, social and economic prospects in adulthood.

5.6. We will utilise relevant **academic research** and evidence linking health and community safety agendas, such as the Public Health Wales ACE studies to help drive and inform local priorities.

5.7. We will ensure there are clear lines of governance to monitor the delivery of the agreed priorities and to provide overall strategic governance.

5.8. We will identify appropriate resource to progress the delivery of joint work areas, to promote joint working and avoid duplication.

5.9. We will work together to ensure relevant commissioned services (e.g. domestic abuse services, substance misuse services, and mental health services) are aligned in a systems wide way for our shared purpose.

5.10. We will seek to identify named strategic leads for priority work areas.

5.11. We will seek joint analysis in order to build shared understanding of how we can achieve better public health and community safety outcomes.

5.12. We will look at how positive outcomes and project work can be turned into 'business as usual' to ensure **sustainable delivery** and will be committed to communicating our findings to wider partners, to other decision makers and to the public.

5.13. We will take a **strengths-based** approach, identifying the assets that each organisation can bring to work areas.

Box 1.

DEFINING A PUBLIC HEALTH APPROACH

'The Public Health Approach aims to provide the maximum benefit for the largest number of people. It involves a four-step process that is rooted in scientific method' (Violence Prevention Alliance, World Health Organisation, 2017).

Step 1: Define and Monitor the Problem - Systematically collecting data to determine the "who", "what, "where," "when," and "how."

Step 2: Identify risk and protective factors - using research to determine the causes and correlates of issues, the factors that increase or decrease risk, and the factors that could be modified through interventions.

Step 3: Develop and test prevention strategies - finding out what works by designing, implementing and evaluating interventions.

Step 4: Implementation –monitoring impact on risk factors and target outcomes, and evaluating cost-effectiveness.

6. FOCUS AREAS

The below focus areas will inform the development of an agreed programme of work. Individual sub groups and identified leads will be established from across member organisations to deliver against specific, agreed priorities and identify most effective use of resources.

6.1. Data sharing, analysis and evaluation

6.1.1 We will employ robust research and evidence to inform joint priorities and actions, drawing on learning locally, nationally and internationally.

6.1.2 We will develop an evidence-base to help build an understanding of the cost benefits of system-wide change to organisations and communities, for example as a result of redirecting budgets upstream to provide a focus on prevention activity.

6.1.3 Working with academic partners, we will ensure that we understand the effectiveness of our activities and how we can improve them, identifying opportunities to commission joint research to track and monitor progress within our organisations against recognised measures/tools.

6.1.4 We will promote a culture of sharing information, recognising that by sharing and understanding data we can better target, evaluate and ultimately improve the services we provide to the public.

6.2. Partnership Working

6.2.1 We will work collaboratively with wider public and third sector partners to tackle joint health, wellbeing and criminal justice issues, engaging proactively with Public Services Boards in relation to those areas that would benefit from a wider partnership focus.

6.3. Prevention and Early Intervention

6.3.1 We will identify common problems, focussing particularly on vulnerable communities, addressing the lack of early intervention and preventative activity when ACEs are evident and families are at risk of poor outcomes. We will seek to support this through system change, drawing on the evidence base to help organisations better integrate the commissioning of services and help shift the allocation of budgets to a greater focus on prevention.

6.4. Addressing Vulnerability through an ACE lens

6.4.1 We will develop an ACE-informed workforce across policing and criminal justice as well as health who are able to respond more effectively to vulnerability, though improving awareness, identification and response to children and adults who have experienced trauma/adversity.

6.4.2 We will create systems to address vulnerability, including a single 24/7 integrated 'front door' for vulnerability that signposts, supports and safeguards encompassing 'blue light', welfare and health services.

6.4.3 We will all apply an ACE lens to strategies, business plans and priorities.

6.5. Supporting People and Building Community Resilience

6.5.1 We will develop understanding of how the features of a community can promote cohesion and resilience.

6.5.2 We will better understand communities vulnerable to all forms of violence including violent extremism and serious organised crime or other priority issues to inform joint interventions/strategies aimed at strengthening resilience and reducing risk.

6.6. Staff Wellbeing

6.6.1 We will develop understanding of the extent to which the current workforce model reflects the communities in which they serve in order to build a workforce with the skills, behaviours and culture needed to deliver against joint priorities.

6.6.2 We will help to create a resilient workforce, through increasing staff understanding of the assets, tools and resources within our communities.

6.6.3 We will work together through re-structuring and integrating systems to maximise positive impact on staff wellbeing.

7. LEAD ROLE

7.1. Public Health Wales NHS Trust will appoint and take into its employ an individual to lead on the shared agenda (Head of Public Health and Policing) who will report into the All Wales Criminal Justice Board.

7.2. The post is a pivotal senior leadership position in Public Health Wales with overall responsibility for leading and managing the collaboration between public health, policing and criminal justice in Wales.

7.3. There will be a strong focus on Violence including Domestic Violence and the ACEs agenda.

7.4. Alongside the ACE Hub the post holder will work to enhance the broader partnership work for turning ACE evidence into action.

7.5. The post-holder will assume the role Programme Director for the 'Police ACEs Programme' which is funded by the Police Transformation Fund.

7.6. The post holder will also identify existing and new resources and assets from policing, public health and criminal justice which can be used in addressing a shared agenda, specifically preventing and mitigating ACEs.

7.7. The post-holder will also lead research and development in this sector for Public Health Wales, the Police and Criminal Justice, liaising with Police & Crime Commissioners, the College of Policing, Youth Justice Board in Wales, HM Prison and Probation Service and relevant third sector organisations.

7.8. The post-holder will also be responsible for advocating the programme to executives to secure all programme-related resources, and be the senior point of contact between executive and programme board and project management staff.

7.9. The post-holder will have specific responsibility for the engagement of wider stakeholders in the programme of change and for coordinating significant engagement/consultation exercises across Wales.