

London's Violence Reduction Clinical and Professional Network meeting

Tuesday 15 October 2019
 Avonmouth House, 6 Avonmouth Street SE1 6NX
 9.00am - 11.00am

Draft Minutes

Members	
Idit Albert	Consultant Clinical Psychologist and PTSD Lead, South London and Maudsley Mental Health Trust / Clinical Lead for pan-London outreach and screen service
Nigel Blackwood	Reader in Forensic Psychiatry, Kings College and Consultant Forensic Psychiatrist, HMP Wandsworth
Tara Weeramanthri	Consultant Child and Adolescent Psychiatrist, South London and Maudsley Mental Health Trust
Richard Latham	Consultant Forensic Psychiatrist, South London and Maudsley Mental Health Trust
Andy Cruickshank	Director of Nursing, East London Foundation Trust
Sherry Peck	Chief Executive, Safer London
Evan Jones	Head of CCE Development, St. Giles Trust
John Poyton	Chief Executive, Redthread
Jo Begent	Clinical Lead, UCLH Charity
Natalie Seymour	Clinical Psychologist, MAC-UK
Lucy Gore	Clinical Psychologist, Project Future
Trisha Bain	Director of Quality, London Ambulance Service
Tricia Fitzgerald	Director of Nursing, King's College
Dr Emer Sutherland	Clinical Director for Emergency Medicine, King's College
Victoria Golden	Senior Sister, Emergency Department, Whittington Health
Martin Griffiths (Chair)	Clinical Director for Violence Reduction, NHS London and Consultant Trauma and Vascular Surgeon, Bart's Health NHS Trust
Gayle Hann	Consultant in Emergency Medicine (Paediatrics), North Middlesex NHS Trust
Adam Woodgate	Consultant in Emergency Medicine, Bart's Health NHS Trust
Michael Carver	Lead Nurse for Violence Reduction, Bart's Health NHS Trust
Karim Brohi	Clinical Lead, London Major Trauma Network and Consultant Trauma and Vascular Surgeon, Bart's Health NHS Trust
Fiona Wisniacki	Consultant in Emergency Medicine, Hillingdon NHS Trust
Asif Rahman	Consultant in Emergency Medicine, Imperial College Healthcare NHS Trust
Florence Kroll	Director for Children's Services, Royal Borough of Greenwich
Dagmar Zeuner	Director of Public Health, Merton Council
Simone Thorn Heathcock	Health and Justice Public Health Specialist, PHE (London Region)
Raj Kumar	GP Principal and Clinical Lead for Mental Health & Dementia, BHR CCGs
Emma Ryan	Clinical Director of Bromley Connect & GP Senior Partner at Southview Partnership
Arundeeep Hansi	GP Partner, Enfield CCG
Sinead Dervin	Head of Health and Justice and Violence Reduction Programme Lead, NHS London

In attendance	
Emily Treder	Senior Programme Manager, NHS London

Apologies	
Ann Graham	Director for Children's Services, Haringey Council

1. Welcome and introductions	
	Martin Griffiths (Clinical Director, NHS London Violence Reduction programme) welcomed members to the first Clinical and Professional Network meeting and introductions took place around the room.

	<p>Martin provided background as to how this programme originated within NHS London, its drivers and how it links with the Mayors Violence Reduction Unit.</p>
<p>2.</p>	<p>Terms of Reference and Governance</p>
	<p>Martin introduced the draft Terms of Reference for the Network, explaining the network's role and responsibilities, proposed membership and how it is expected to run. Martin clarified that Task and Finish Groups will be established to help lead specific work streams as the programme further develops. Martin pointed out that representatives are in the room for their knowledge, experience and expertise and therefore deputies are discouraged.</p> <p>It was questioned whether we need to show how this programme fits into the wider national picture but it was noted that London is ahead of other areas and national are looking at us as the leading region in the violence reduction space. It was also pointed out the link with other organisations doing work in this space and the need to map all dependencies and ensure we are joined up and not duplicating.</p> <p>The topic of programme scope was then discussed and it was confirmed that the scope of the programme is interpersonal violence. It was questioned whether domestic assault is in scope as the group agreed there were commonalities with the same intertwined issues. The domestic assault agenda is further forward noting the national programme that is established and this is something we can learn from as well as the PREVENT methodology (focussed on safeguarding and supporting those vulnerable to radicalisation).</p> <p>Sinead Dervin went on to explain where the programme sits in terms of wider NHS London governance reporting to the London Region Executive Team through the Steering Group. The governance chart displayed also showed where the network sits as well as the user group that is being established. The importance of the user group as a key part of the programme was exemplified and users are equally important in designing, developing and leading on programme deliverables with members of the network.</p> <p>Emily Treder went on to explain the NHS Large Scale Change Model which this programme will follow. It was noted that this is a long term programme which was considered a helpful point to reiterate as programmes like this requires time to enable change across the system. The importance of sourcing evidence and measuring impact was also regarded as very important and partnering with academic institutions. Martin agreed that this programme will have a strong academic arm tapping into the big university players, particularly to support evaluations and build credibility across the system. It was asked that further detail is circulated in regards to the EAST and 5-step improvement model which are both outlined in meeting material.</p> <p>Action 01: Programme team to map dependencies with other London groups / networks Action 02: Send on links to the EAST and 5-step improvement model</p>
<p>3.</p>	<p>NHS London Violence Reduction Academy work stream</p>
	<p>Martin Griffiths outlined his vision to establish a Violence Reduction Academy which focusses on collating and sharing data and intelligence, sharing knowledge of evidence-based practice and evaluations to develop new pathways and building capability within local systems. Building capability will include embedding best practice and standards into curriculum, developing local champions and eventually looking at training opportunities for front-line staff.</p> <p>It was noted the high level work stream outline is missing advocacy which is a key part of the academy as well as the role of network representatives. It was agreed the role of the network is to support a changing culture within the NHS to view violence through a different lens and ensure all staff feel responsible to act.</p> <p>Sinead Dervin further explained the PREVENT model which as a methodology we should learn from. The PREVENT model is coherent and easy to understand what impact it has on individuals, staff and local communities. Sinead outlined the programme team are meeting with the London PREVENT lead in the coming weeks to understand the model further and apply learnings.</p> <p>The importance of linking up with schools and education was noted and this is where network representatives from social care can help. The link with the new NHS trailblazers was mentioned as a</p>

	<p>lever to filter this work into curriculum. The need to tap into the Royal Colleges was also noted, the power and leverage of the colleges was agreed and that this programme should have a line of sight of their work and vice-versa, however ensuring a London focus remains. The Glasgow model was then discussed and its strengths, however it was noted that the health focus in their model wasn't too strong which somewhat differentiates this work programme.</p> <p>Action 03: To make links with the Colleges using representatives on the network and identify potential opportunities (e.g. safeguarding training modules).</p> <p>Action 04: Network representatives to help to progress the academy and mapping exercise and send information where available regarding current services and pathways</p>
4.	System data and intelligence work stream
	<p>Emily Treder then outlined the system data and intelligence work stream which is looking at data currently collected across the NHS and assessing the quality as well as its completeness and comparability across settings and providers. The work stream will then develop recommendations on the opportunities to strengthen and expand the data collected, ensuring that any additional ask of system partners is proportionate and practical to implement. This will link into the work the VRU are doing in regards to data to ensure alignment with partners.</p> <p>It was noted that we should take learning from safeguarding in terms of good data sharing. The issue of ISTV data quality was discussed amongst members from both an ED and Community Safety Partnership (CSP) perspective. The issues discussed included a lack of feedback loops, uncertainty of who can access the information and how it is used and data inconsistency. It was also noted that any data improvements in this area needs to be practical for the users as well as clinicians and easy for front-line practitioners. There are also learnings from the roll-out of Emergency Care Data Set (ECDS) and 'Getting it Right First Time' (GIRFT) that should be factored in. Members noted that any changes to data collection and processes should focus on whether we are asking the right questions and the user group is pivotal to this.</p>
5.	Wider discussion with network members
	<p>The difficulty of engaging GPs was discussed amongst the group and how this priority is embedded amongst many others. It was mentioned that GPs are essentially screeners and therefore any intervention needs to be quick but give the ability to identify vulnerable individuals and refer, however the services must be there (and must be appropriate) to refer to.</p> <p>A new initiative in South East London in regards to identifying problem gambling was mentioned as a success because it was a simple question for GPs to ask patients, a similar approach could be taken to identify individuals at risk of violence. The opportunity the new Primary Care Networks (PCNs) provide was also agreed amongst members due to the networks broader scope and not just focussing on doctors and medical care. It was also noted the authority and high regards the NHS and clinical staff have above any other profession that must be leveraged within communities.</p>
6.	AOB
	Martin Griffiths announced the meeting dates for the forthcoming meetings will be scheduled shortly.

Details of the next Violence Reduction Clinical and Professional Network

Tuesday 14 January, 2020
Wellington House, SE1 8UG