

London's Violence Reduction Clinical and Professional Network meeting

Tuesday 13 October 2020
via Microsoft Teams
9.00am - 11.00am

Minutes

Members	
Martin Griffiths (Chair)	Clinical Director for Violence Reduction, NHS London & NHS England, and Trauma Surgeon, Barts Health NHS Trust
Niamh Ni Longain	Paediatric Emergency Medicine Consultant, Homerton University Hospital NHS Foundation Trust
Arundeeep Hansi	GP Partner, Enfield CCG
Sherry Peck	Chief Executive, Safer London
Evan Jones	Head of CCE Development, St. Giles Trust
John Poyton	Chief Executive, Redthread
Richard Latham	Consultant Forensic Psychiatrist, East London NHS Foundation Trust
Adam Woodgate	Consultant in Emergency Medicine, Barts Health NHS Trust
Florence Kroll	Director for Children's Services, Royal Borough of Greenwich
Natalie Seymour	Clinical Psychologist, MAC-UK
Sinéad Dervin	Head of Health and Justice and Violence Reduction Programme Lead, NHS London
Farzana Hussain	GP, Project Surgery, Newham
Andy Cruickshank	Director of Nursing, East London Foundation Trust
Simone Thorn Heathcock	Health and Justice Public Health Specialist, PHE (London Region)
Victoria Golden	Senior Sister, Emergency Department, Whittington Health
Gayle Hann	Consultant in Emergency Medicine (Paediatrics), North Middlesex
Karim Brohi	Clinical Lead, London Major Trauma Network and Trauma Surgeon, Bart's Trust

In attendance	
Parishma Patani	Peer Leader, Peer Power
Anne-Marie Douglas	CEO and Founder, Peer Power
Emily Treder	Senior Programme Manager, NHS London
Alex Belsey	Project Manager, NHS London
Adetola Masha	Project Manager, NHS London
Kirsty Jarvie	Senior Consultant, NEL Consulting
James Thornton	Senior Communications Manager, Healthy London Partnership
Sonia Ettetiani	Strategic Communications Manager, Healthy London Partnership

Apologies	
Michael Carver	Lead Nurse for Violence Reduction, Barts Health NHS Trust Clinical Lead for Hospital-based Violence Reduction Models – NHS London
Neera Dholakia	Clinical Lead for Mental Health, West London CCG, & Named GP for Safeguarding Children, West London CCG & Islington CCG.
Emer Sutherland	Clinical Director for Emergency Medicine, King's College
Nigel Blackwood	Reader in Forensic Psychiatry, Kings College & Consultant Forensic Psychiatrist, HMP Wandsworth
Jo Begent	Clinical Lead, UCLH Charity
Dean Rex	Paediatric Surgeon, St Georges
Dagmar Zeuner	Director of Public Health, Merton Council
Lucy Gore	Clinical Psychologist, Project Future
Trisha Bain	Director of Quality, London Ambulance Service
Fiona Wisniacki	Consultant in Emergency Medicine, Hillingdon
Asif Rahman	Consultant in Adult and Paediatric Emergency Medicine, Imperial Trust

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
Geeta Subramaniam-Mooney	Children and Young People's Commissioner, Newham
Ann Graham	Director for Children's Services, Haringey Council
Tricia Fitzgerald	Director of Nursing, King's College

Welcome and Introductions	
	Martin Griffiths welcomed network members to the meeting and explained the agenda with the introduction to Peer Power and the updates from clinical leads on their workstreams.
1. Peer Power introduction	
	<p>Martin welcomed Peer Power as the programme's newly appointed partners to establish and run the user network. Peer Power's CEO and founder Anne-Marie Douglas described her background and the establishment of Peer Power, an empathy-led charity, which works in co-production with young people to achieve system change (for more info, see their video on YouTube). Anne-Marie outlined the experiences of the young people that Peer Power work with, which encompasses different types of trauma and contact with various services. She described the peer-to-professional journey that helps young people to grow in confidence and positively shape their future. She explained Peer Power's strength-based focus and the development of their story-telling code of ethics that helps support young people in the emotional work of drawing on their own experiences.</p> <p>Anne Marie handed over to Parishma Patani, Peer Leader, who described their experience joining the Expert Advisory Group (EAG) for the programme's community mental health workstream. Parishma explained how they communicate the needs of young people during group meetings and help provide constructive challenge to all areas of the work.</p> <p>Martin joined Sinéad Dervin and John Poyton in praising Peer Power's approach and reiterated the commitment to ensuring that youth voice is central to the programme. Farzana Hussain noted as a GP the importance of empowering young people rather than imposing upon them; Farzana hopes that young people can be picked up in primary care before contact with youth offending services in order to truly practice primary prevention.</p>
2. NHS and VRU alignment	
	Martin updated on the regional picture and the programme's closer relationship with the Violence Reduction Unit, resulting in a steering group co-chaired by Martin and Lib Peck that will ensure the voice of health is heard in London. This will mean that programme workstreams and the voices of network members will be uplifted and amplified.
3. Workstream updates and discussion	
	<p><u>Data and Intelligence</u></p> <p>Adam Woodgate, Clinical Lead for Data & Intelligence, presented an update on this workstream. Adam explained the process of reviewing available data and that London Ambulance Service (LAS) data is currently the most robust pan-London data set. Adam is currently working with Florence Kroll on securing a summary of safeguarding data across London and he will also be working with Neera Dholakia and Arun Hansi on primary care data.</p> <p>ISTV will be incorporated into the Emergency Care Data Set and this change will be piloted at Barts Health. Adam showed a slide illustrating the submission of ISTV data by emergency departments in London. This information will be taken back to EDs and there will be engagement to learn from those who are exemplars.</p> <p>Adam recently presented to the UEC Board and is looking for a local clinical sponsor from each ED, whilst Niamh Ni Longain presented on Adam's behalf to the Emergency Medicine Consultant Group and put out a call for trainees to conduct quality improvement audits.</p>

Florence updated that a meeting of the London Board of Directors of Children's Services confirmed an agreement to share data; just awaiting formal confirmation in the minutes but letting network members know in the meantime. Farzana asked about joining up data so that GPs could potentially see more than just ED data (e.g. youth offending service data) and Martin updated that a multi-agency data programme is being piloted in Lancashire, so can update on progress. Richard Latham interested in further info on ISTV due to issues in psychiatry with reliability of violence data and Adam replied that he will send to Richard. Gayle Hann asked how data collection can be improved with regards to geolocation and Adam replied that information on improving ISTV data can be sent to each ED lead when ready.

Action 01: Adam asked network members to put him and Kirsty Jarvie in touch with any contacts within local EDs.

Action 02: Martin to update network members on progress of multi-agency data programme in Lancashire.

Social Prescribing

Arun Hansi, Clinical Lead for Social Prescribing, presented an update on this workstream. Arun has been gathering information on current social prescribing work and cited pilot in Enfield and work in Newham with support of Farzana. This workstream has convened a pan-London working group of GPs, plus Gayle and Fatima Bibi from Project Future. Arun talked through a diagram of the pathway with a specialist link worker who works with the young person referred to them and noted the importance of governance structures and the correct coding for referrals. Sherry noted the need to emphasise the role of third sector providers on the pathway, particularly considering work in Enfield on improving links between the NHS and third sector; Martin agreed that this is integral to our practice and Emily Treder confirmed that third sector in Enfield is engaged, including St Giles and Oasis.

Farzana raised the current difficulty with getting safeguarding information for children and young people moving boroughs, which has also been identified as a gap by CQC. Florence agreed that this information is hard to get and noted the London DCS are also looking into this and trying to work with housing; in the meantime, Florence will send Farzana information on ACEs and screening. Evan likes the idea of GPs picking up on re-locations, as most gang or safety related moves are done by parents with no agency involvement. Sherry Peck noted that Safer London have insights here because of their housing work and would be happy to share the learning; they also in the last quarter had to support over 6% of service users to register with a GP (although figure likely to be higher). Evan noted that many of St Giles's clients aren't registered with a GP at the point of referral and it's a common aim on a support plan to get them registered; he will ask if data is available on this.

Training and Education

Niamh Ni Longain, Clinical Lead for Training & Education, presented an update on this workstream. Niamh summarised the intention to embed violence reduction into staff training to ensure they are aware of things including psychosocial assessments and use of empathetic approaches. Niamh described engagement with Health Education England (HEE) and current discussions on having a section with children and adult safeguarding modules similar to those existing for modern slavery, which explain the human and financial costs of these issues and how staff can understand risk and offer support. Second offer from HEE is a whole section within E-learning for Healthcare which could include case studies, animations, and simulations. Next steps are formal agreement from HEE and working to develop content; Niamh has also spoken to London Bubble about development of simulations. Meanwhile, Niamh has been engaging with Royal Colleges and Named GPs and has also been discussing the development of training content with Redthread, St Giles and Safer London.

Niamh asked network members to contact her with any input for the development of training content. Martin emphasised the importance of this work and how the engagement that Niamh describes, including with Royal Colleges, will be vital. Richard noted the understandable emphasis on youth violence but raised the wider picture including domestic violence and vulnerable adults (particularly in care homes or supported accommodation) and asked whether these groups will be covered in the training. Niamh confirmed domestic violence will be considered, but on the matter of vulnerable adults this should be covered in existing safeguarding training and that we should avoid duplication here; however, this existing content provides useful steers for development of our VR content, for example around county lines.

	<p>Action 03: Network members to contact Niamh with any input and ideas for the development of training content.</p> <p><u>Mental Health (community work stream)</u></p> <p>Sherry Peck, co-chair of the Expert Advisory Group (EAG) for this workstream (with Prof Peter Fonagy), presented an update on the work so far. Sherry explained the formation of the EAG to develop a psychological model of care and how the group has balanced membership who have academic expertise with frontline colleagues and practitioners. Sherry summarised the group’s approach to synthesising available evidence and the production (and ongoing review, with the support of Peer Power) of principles that will underpin the model of care. Now in design phase the approach is based on the i-THRIVE framework which takes a needs-based view of different cohorts on one axis and levels of need on the other. The most recent EAG meeting was conducted as four working groups each developing the model for the cohort corresponding to their expertise. Sherry and Peter will soon be meeting Carolyn Regan who has now been appointed as the SRO for this workstream.</p> <p>Martin thanked Sherry for her presentation and the work of the EAG so far. Anne-Marie noted that Parishma and Ria have been leading on Peer Power’s contribution to the EAG and that they have so far been pleased with how their views and input have been integrated. Martin cited a recent meeting with Ben Lindsay, who has worked on the recently published Power the Fight report, and the potential to further link in Ben as Sherry has already been making those links.</p> <p><u>In-Hospital Violence Reduction Models</u></p> <p>Alex Belsey – on behalf of the Clinical Lead, Michael Carver – presented an update on this workstream. Michael has been convening a provider group to work on drafting the specification for in-hospital services. Each fortnightly provider meeting takes a Q&A approach around a themed module of the spec and so far we have covered ‘Design & Set Up’, ‘Growing the Network’, and ‘Establishing the Evidence Base’; the next session will cover ‘Measuring Impact’ and the final session will be on ‘Quality Improvement (QI)’, as the specification must also support the improvement and uplift of existing services. Meanwhile, Michael has been engaging clinicians in individual conversations to seek their input, with a view to convening them in a group setting later and also sourcing colleagues who wish to provide detailed feedback or peer review once the specification is drafted. MOPAC are also engaged in this workstream, particularly around questions of evaluation and measuring impact as they have flagged these as the most complex issues they encounter.</p> <p>Alex emphasised that this workstream needs input from all network members who are encouraged to contact Michael and Alex; the intention is to flag examples of good practice or lessons learned and also source brief case studies for inclusion in the specification.</p> <p>Evan noted the emerging trend for boroughs to start funding in-hospital projects, often based on Serious Case Review recommendations, and suggested the possibility of match-funding for those boroughs who do come forward to fund projects. Martin supported this point and emphasised that this workstream aims to give colleagues a template for practice, to enable the move away from reactive funding, and to facilitate learning; John supported these points, particularly around mitigating against small-scale and non-sustainable funding.</p> <p>Action 04: Network members to contact Michael and Alex with any input, ideas, or examples of good practice or lessons learned to help inform development of the in-hospital specification.</p>
	<p>AOB</p>
	<p>Martin thanked network members for their time and contributions and encouraged continuing conversation offline to help push forward the work summarised by clinical leads today.</p>