London's Violence Reduction Clinical and Professional Network meeting

Tuesday 21 July 2020
via Microsoft Teams
9.00am - 11.00am

Draft 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
Arundeep Hansi	GP Partner, Enfield CCG
Emer Sutherland	Clinical Director for Emergency Medicine, King's College
Sherry Peck	Chief Executive, Safer London
Evan Jones	Head of CCE Development, St. Giles Trust
John Poyton	Chief Executive, Redthread
Tara Weeramanthri	Consultant Child & Adolescent Psychiatrist, South London & Maudsley NHS Foundation Trust
Richard Latham	Consultant Forensic Psychiatrist, East London NHS Foundation Trust
Adam Woodgate	Consultant in Emergency Medicine, Barts Health NHS Trust
Michael Carver	Lead Nurse for Violence Reduction, Barts Health NHS Trust Clinical Lead for Hospital-based Violence Reduction Models – NHS London
Florence Kroll	Director for Children's Services, Royal Borough of Greenwich
Natalie Seymour	Clinical Psychologist, MAC-UK
Neera Dholakia	Clinical Lead for Mental Health, West London CCG, & Named GP for Safeguarding Children, West London CCG & Islington CCG.
Sinéad Dervin	Head of Health and Justice and Violence Reduction Programme Lead, NHS London

In attendance	
Emily Treder	Senior Programme Manager, NHS London
Alex Belsey	Project Manager, NHS London
Kirsty Jarvie	Senior Consultant, NEL Consulting

Apologies	
Nigel Blackwood	Reader in Forensic Psychiatry, Kings College & Consultant Forensic Psychiatrist, HMP Wandsworth
Andy Cruickshank	Director of Nursing, East London Foundation Trust
Jo Begent	Clinical Lead, UCLH Charity
Simone Thorn Heathcock	Health and Justice Public Health Specialist, PHE (London Region)
Dean Rex	Paediatric Surgeon, St Georges
Dagmar Zeuner	Director of Public Health, Merton Council
Lucy Gore	Clinical Psychologist, Project Future
Fenella Wrigley	Medical Director, London Ambulance Service
Trisha Bain	Director of Quality, London Ambulance Service
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
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, explained the agenda with clinical leads updating on workstreams, and set out expectation for discussion, debate, and moving the agenda forward.
1.	**Review of activity from the past 6 months**
	Martin described the challenging context of the COVID pandemic and current societal issues including Black Lives Matter; there's been changing demand and the requirement to be flexible and resilient, bringing impressive efforts in remote working, agile thinking, and devolved leadership. At the beginning of lockdown were seeing a decrease in interpersonal violence, but now rising again and seeing increases in interpersonal injury, self-harm, and domestic violence. Martin described how the programme's workstreams have resumed and how the relationship with MOPAC and the VRU has been re-established. Martin noted his appointment to national Clinical Director role and the opportunity to influence the national picture through our work in London. Martin talked through programme architecture and workstreams as per meeting papers, and the appointment of clinical leads who will now talk through their workstreams.
2.	**Workstream updates and discussion**
	Training & Education: Niamh Ni Longain, Clinical Lead for Training and Education, summarised purpose of workstream as enabling all healthcare professionals in London to assess their patients' needs, be aware of interpersonal violence, and know what to do. Niamh outlined workstream priorities to identify training at Royal Colleges, in safeguarding levels 1 and 2, in statutory and mandatory in Trusts, and in schools. Niamh has been liaising with Sanjiv Ahluwalia and is connecting through Gwen Kennedy with named nurses to help with stat-mand in Trusts. Niamh emphasised early intervention with young people, whilst flagging the challenges of teaching empathy and trauma-informed practice, as an issue of lived experience and often requires a leap to meaningfully relate to young people. Niamh is particularly looking at modules with simulated scenarios and at using theatre; she thanked John Poyton for the connection to London Bubble and Sherry Peck shared a link to Seen And Heard who recently received NHSE investment for a theatre project that could be adapted. Sinéad Dervin welcomed the focus on engagement and empathy, noting that the VR programme's user network will help and that Emily Treder can update Niamh on its procurement. Natalie Seymour also supported this focus and noted that ongoing support for frontline health staff helps embed empathy and trauma-informed approaches. Niamh asked network members for support with any contacts, liaison, and advice on module content. Evan Jones noted that St Giles are currently setting up at Northwick Park and will be delivering training to clinical staff using facilitators with lived experience; he invited network members to input and also visit if interested. Florence Kroll noted importance of training on childrens' social care thresholds and how to form a referral to them, particularly for adolescents. Evan flagged that each local authority works differently so to be mindful about local variations in social care; Florence agreed and noted also variations in resources for young people. John raised this year's HIVE (Hospital-based Interrupting Violence Exchange) conference on interrupting violence which is now taking place via webinars during summer; can help link webinars to content Niamh wants. Richard Latham offered

support with getting young people to adapt written content into videos and thereby create engaging and relatable educational resources.

Action 01: VR programme team to keep Niamh and other Clinical Leads updated on procurement and establishment of User Network.

Action 02: Evan invited network members' input regarding new service setting up at Northwick Park and offered visits to those interested.

Action 03: John to liaise with Niamh regarding this year's HIVE conference and the content of its webinars.

Action 04: Niamh to follow up Richard's offer of support with young people helping to create educational resources.

Action 05: Network members to support Niamh with any contacts, liaison, and advice on module content.

Social Prescribing:

Arun Hansi, Clinical Lead for Social Prescribing, introduced the wide scope within social prescribing to look at VR in the community. Arun outlined focus on developing, testing, and implementing a pilot in Enfield as high levels of youth crime; then, plan to replicate that model. Currently engaged with PRU in Enfield, some secondary schools (with St Giles), and Oasis Youth Support Service at the North Middlesex University Hospital. The cohort is currently defined as 10–25 years old and have identified that school years 5–9 (up to Key Stage 3) are crucial for engaging young people. Putting working group together with third sector organisations and voluntary action group in Enfield and will be linking in with local VR Board. Arun cited Continuum of Need Indicators as a useful document that outlines 4 levels of need. Arun aware that boxing and the arts engage young people but encouraged further insights from network members.

Florence happy to meet Arun and share the work of London children's services including youth offending services. John suggested linking up Redthread's work with Kings in Lambeth and Southwark to future plans for Lambeth and also mentioned his conversations with StreetGames who are an exemplar of effective engagement. Tara Weeramanthri offered Arun support from a psychiatric trainee who may be interested. Sherry raised that Safer London bidding for a piece with Kings Fund about effective engagement with the third sector; this involves data from Enfield, so Sherry can update Arun offline. Natalie agreed with point around mental health consultation for community organisations who deliver the interventions, as they hold the relationship with a young person and are often more relatable. John queried banding for link workers (AfC Band 5) and asked Arun if there will be a scale with higher pay for those working with highest risk young people; also asked whether a Primary Care Network have to second that staff member, as John has reservations about this. Adam Woodgate agrees with Emer Sutherland on the need for easily accessible and up-to-date borough-based directories of third sector services of all sizes, although Evan cautioned that can be high maintenance and that staff with good community links are just as useful.

Richard noted the lower level psychological needs of young people whose parents/guardians may be involved in substance abuse and Arun can pick this up with him. Emer raised issue with young people referred to CAMHS at primary school age, but who are discharged as not engaged, and asked whether this can be a flag for community support. Tara noted that some young people involved in criminal exploitation do engage with CAMHS and have helpful interventions, but once discharged continue to be vulnerable due to family factors, ACEs, etc. Evan agreed that positive involvement of families is often missing from commissioning models, as the client is often defined as only the young

person whereas an intervention that helps a parent could be just as useful. Martin agrees with the points raised about effective engagement with families.

Action 06: Florence to share with Arun the work of London children's services including youth offending services

Action 07: Tara and Arun to liaise regarding possible support from a psychiatric trainee.

Action 08: Sherry to update Arun regarding Safer London's joint bid for King's Fund project and use of Enfield data.

Action 09: Arun to follow up with Richard regarding the lower level psychological needs of young people whose parents/guardians may be involved in substance abuse.

Action 10: Network members to support Arun with any further insights into activities that effectively engage with young people.

In-hospital VR models:

Michael Carver, Clinical Lead for In-hospital VR models, introduced his role as Lead Nurse for VR at Barts and summarised progress made on the workstream so far. Michael has been looking at hospital-based services currently being delivered and how to effectively undergo Quality Improvement (QI) cycles (e.g. through site visits and collaborative programmes) to ensure services pick up the cohort who need them. Michael now looking to produce a service specification, which should support those making future business cases, and at developing key performance indicators. The ultimate aim is for every hospital to have people embedded to deliver VR interventions. There is a growing evidence base but need to be sharing more data and experiences of what has or hasn't worked.

Michael described how COVID meant having to remove case workers from hospital environment and agreeing to standards and principles to still take referrals; a group formed quickly to do that, taking a highly collaborative approach that will now inform future working. Michael has already met with Redthread and St Giles to discuss a provider network. The workstream's next step is to produce a specification for clinical staff in those Trusts setting up programmes. Key aspect that's missing is community and public engagement, as the work needs to be transparent and reflective of the communities served, so planning to involve feedback from young people and grassroots organisations. Michael flagged that he will soon be seeking more detailed input from network members, so expect contact from him.

John noted that COVID context has enabled the type of collaborative working that Michael described and flagged that future working needs to retain what is distinctive about successful services. Michael flagged a key challenge is to not be too prescriptive; ensure a specification and indicators provide a strong standard of what good looks like, rather than transplant a programme from one area to another with no local adaptation. Emer noted importance of effectively articulating the concepts that underpin a service, how to negotiate governance, and what training is required; Michael emphasised the value of upskilling staff as this improves their engagement. Sherry offered to share service standardisation templates developed in a previous role in delivering other UK-based services.

Action 11: Sherry to share with Michael the service standardisation templates developed for previous services.

Action 12: Michael to seek more detailed input from network members as work to develop a specification progresses.

	Data & Intelligence: Adam Woodgate, Clinical Lead for Data & Intelligence, thanked Kirsty Jarvie for her role in data gathering and outlined workstream areas: first area is a health data review of what is currently collected; second area is an information sharing review; third area is a data intelligence network for interested parties in London to develop collection tools; and fourth area focuses on quality improvement, benchmarking and auditing. Adam described some example data sets, albeit some have limited usefulness. Kirsty retrieved primary care data from 360 GP practices (covering approx. quarter of population); contained only 60 records of assault, which raises questions around collection but also patient presentation. John flagged difficulties with finding the correct codes and suggested a channel between ED link worker and local GP could support with getting the necessary info to categorise. Neera Dholakia noted there are a standard set of codes (snowmed) for safeguarding, so having similar for discharge summaries for assaults would make it easier to code for GPs; Arun agreed and suggested accompanying with appropriate education and communications. Niamh flagged that developing coding for cases of exploitation would be useful. Adam explained that second data set was from school nurses and found violence isn't specifically collected, so only recorded within safeguarding concerns. LAS have collected data related to command point (or CAD system) but mostly time, location of event and age and gender, and not further clinical fields; LAS about to transfer to electronic patient records, so may be other areas to interrogate in 6 / 12 months' time. Adam working to get borough breakdown of assaults. Thinking about accessing sexual health and safeguarding teams to find what data they collect. Adam mentioned Home Office and new data sharing policy to improve process. ISTV field of location will be incorporated in emergency care data set; Barts Health will be piloting. Big drop-off in data submission during COVID, however seems EDs and minor injuries are submitting data (albeit not helpful for location) and EDs currently seem the most reliable data source. Adam asked network members whether there were any other potential sources of data to interrogate and whether they wanted to help. Sherry raised that Safer London work in every borough, all of that being evaluated with huge amount of data from last 3 or 4 years, so invited Adam to make contact offline. Michael asked what proportion of EDs use clinical staff to collect ISTV and which use admin/clerical staff to collect; Adam replied mostly latter, with Barts, Homerton and Kings being exceptions where clinical staff collect; no evident advantage of one over other, but Kirsty confirmed this can be explored. Florence can help with link to youth offending data and child safeguarding service data. **Action 13:** Adam and Neera to liaise regarding the a standard set of codes for safeguarding. **Action 14:** Adam to contact Sherry regarding the data from Safer London's evaluation. **Action 15:** Florence to link Adam to youth offending data and child safeguarding service data. **Action 16:** Network members to support Adam by flagging any other potential sources of data to interrogate and capacity to help with this.
	AOB
	Martin outlined the Mental Health workstream to develop a psychological model of care and Sherry came forward as co-chair of the workstream's Expert Advisory Group (EAG) to summarise progress; expect a more detailed update at the next network meeting. Emily updated on the procurement of an organisation to establish the programme's User Network. Martin mentioned the VR Academy

	workspace on the FutureNHS platform and urged network members to join, explore it, and offer any feedback. **Action 17:** Network members to join, explore, and offer any feedback on VR Academy workspace on FutureNHS.

Details of the next Violence Reduction Clinical and Professional Network

Tuesday 13 October 2020, 9.00am – 11.00am