London's Violence Reduction Clinical and Professional Network meeting

Tuesday 14 January 2020
Avonmouth House, 6 Avonmouth Street SE1 6NX
9.00am - 11.00am

Draft Minutes

Members	
Idit Albert	Consultant Clinical Psychologist & 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 & Consultant Forensic Psychiatrist, HMP Wandsworth
Tara Weeramanthri	Consultant Child & 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
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
Fenella Wrigley	Medical Director, London Ambulance Service
Trisha Bain	Director of Quality, London Ambulance Service
Dr Emer Sutherland	Clinical Director for Emergency Medicine, King's College
Martin Griffiths (Chair)	Clinical Director for Violence Reduction, NHS London and Trauma Surgeon, Bart's Trust
Gayle Hann	Consultant in Emergency Medicine (Paediatrics), North Middlesex
Michael Carver	Lead Nurse for Violence Reduction, Bart's Trust
Karim Brohi	Clinical Lead, London Major Trauma Network and Trauma Surgeon, Bart's Trust
Fiona Wisniacki	Consultant in Emergency Medicine, Hillingdon
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
Arundeep Hansi	GP Partner, Enfield CCG
Niamh Ni-Longain	Paediatric Emergency Medicine Consultant, Homerton University Hospital NHS Foundation Trust
Geeta Subramaniam	Director of Public Protection and Safety & Chair of CSP Chairs, Lewisham Council
Sinéad Dervin	Head of Health and Justice and Violence Reduction Programme Lead, NHS London
Kirsty Jarvie	Senior Consultant, NEL Consulting
Goran Lukic	Clinical Psychologist, St. Georges

In attendance	
Emily Treder	Senior Programme Manager, NHS London
Nadine Pfeifer	Programme Manager, NHS London
Alex Belsey	Project Manager, NHS London

Apologies	
Ann Graham	Director for Children's Services, Haringey Council
Tricia Fitzgerald	Director of Nursing, King's College
Asif Rahman	Consultant in Adult and Paediatric Emergency Medicine, Imperial Trust

Adam Woodgate	Consultant in Emergency Medicine, Bart's Trust
Victoria Golden	Senior Sister, Emergency Department, Whittington Health
Sherry Peck	Chief Executive, Safer London

	Welcome and introductions
	Martin Griffiths (Clinical Director, NHS London Violence Reduction programme) welcomed members to the second Clinical and Professional Network meeting and introductions took place around the room.
1.	**Data and Intelligence workstream**
	Kirsty Jarvie outlined the purpose of the work stream to ascertain data collected, stored and shared across the health, care and VCS systems. Kirsty reported the conclusions of the work noting the large amount of data collected but much of what is pertinent to violence and vulnerability is captured in free text formats. Kirsty also mentioned there is no single data set that captures everything. There was clear direction from the engagement exercise that adding additional burdens of information gathering (e.g. further drop-down boxes) is not desirable; instead, we need to work better with the available data we have. Kirsty noted the work of the GLA is very impressive, gathering health and police data and analysing it, making it available to relevant colleagues. A key recommendation of the report is to work more closely with the GLA to benefit from this tool but focus on ensuring the data more accurate. Kirsty introduced the wide range of recommendations, emphasising they are as practical as possible but that they are a first draft, with an offer to share more detailed information on request. The group noted that this work confirms what we know in terms of themes and accuracy of data. There was a question asked about whether it is the purpose of data collection to understand population/demographics or to improve referrals and more clarity is needed here. Community Safety Partnerships were mentioned as an existing infrastructure that could be better supported by health to use the data currently available to them. There was also discussion of the importance of establishing a feedback loop of ISTV data back to NHS and embedding this in processes so colleagues don't regard the data collection as extra labour. Network members agreed it would be more useful to see something in return for data submission, such as analysis that produces a heat map / story around the data. Martin reiterated that location data has been poorly collected and understood and ISTV has not been the panacea it could have been. Members noted that it is key to remember why ISTV was created, which was in response to alcohol-related violence and changes to licensing premises. Martin asked network members to reflect as to what health data is used for (this should steer what we define as key data) - if we are using it to power prevention then it needs to be collected in different ways. Key questions were asked about whether we need to collect data separately, bringing existing processes together for more intelligent use, and ensuring we are not asking colleagues to collect more. Niamh Ni-Longain noted the need for peer-mapping of young people affected; having a peer map and a danger-and-safe map requires reaching across primary, secondary, and community services. Martin agreed and noted the need to tap into operational staff on the ground who can more clearly see what is happening. Tara Weeramanthri noted that in Southwark there is a multi-agency approach whereby they map peer connections, currently about 50 young people and Florence Kroll confirmed that Greenwich also has this. Florence raised a long-standing issue with information sharing getting stuck and difficulties sharing information across services to then triangulate but CSPs/Safeguarding boards in all boroughs could help support this. **Action 01:** Network members to feedback on report recommendations and next steps. **Action 02:** Convene sub-group to take forward data workstream and determine what health wants to understand and what data we need to help power interventions in London.
2.	**VR Academy workstream**
	Martin updated network members on the Academy and its workstreams, emphasising this will be a learning process. The idea is to test practice, but also support those smaller groups who haven't been

supported to evaluate and spread their work. Martin noted that in time, a repository of tools and training will be vital to upskilling colleagues and their service.

There was agreement on the need to support online and e-learning modules and it was mentioned that ideally these would be 'bite-sized' so staff could learn for an hour, rather than take a full or half day. The communications approach was also discussed and how word will get out to the wider NHS; Sinéad Dervin noted that this will be covered in the programme's communications plan. Gayle Hann raised the Royal College of Paediatrics and Child Health (RCPCH) mandatory safeguarding training and how a new module on youth violence will be brought back into the network for review / comment (once funding has been approved to progress).

There were questions regarding a repository vs a directory and the need to know what works as well as what services are out there. It was noted that the establishment of both things should be done together. The sharing of good practice and scaling models was discussed further, it was noted that evidence-based interventions are important, but we also need to ensure we are connecting with communities who are already doing a lot of the service development and engagement. It was also noted that if we are sharing learning and practice a quality assurance process and guidance is required to translate practice safely. Project Future has those safeguards, but others need to be aware before replicating parts of their model. John Poyton mentioned the 'Hive' symposium and how this is another mechanism to share good practice focussed on hospital-based violence prevention programmes and workshops that have been run with practitioners and commissioners.

Nadine Pfeifer and Alex Belsey presented the proposed approach to building the VR Academy as a virtual space and what that could look like following research into different online platforms. Evan Jones raised concern that this could duplicate some platforms already in existence such as the Basecamp platform. Sinéad noted that whilst this is a NHS programme, we are working with partners to ascertain what exists and not duplicate. Evan suggested the VR Academy could stand out by drawing on the brand of the NHS and promising longevity. Michael Carver had two suggestions: firstly to look at journal access which can be challenging due to the need for multiple login credentials; secondly, users could have their CPD linked to platform use, for example time spent on Academy contributes to their credit (people in adolescent medicine will particularly want this).

Emily Treder detailed the programme's process for mapping different interventions for the repository and the next steps which includes bringing smaller groups together to develop London models / standards and sharing and piloting these across London. Emily summarised the mapping that has taken place of in-hospital youth violence models. John Poyton noted the issue of sustainability as they have largely been funded through Mayoral and charitable investment but the need for the NHS to play a greater role. Martin agreed more robust funding mechanisms are required but to do this we need to show clearer benefits of these effective models. Sinéad agreed there needs to be a conversation about longevity, but this relies on the evidence. Karim Brohi noted that it usually takes 4-5 years to collect the evidence and there should be "a middle ground" in which we act on the advice of professionals whilst continuing to gather evidence. Emer Sutherland echoed the point raised about lag time and why partnership working is key. Dagmar Zeuner noted the importance to link up with academics and how academic partners can help find new methodologies for evaluation.

Nadine then summarised intervention mapping for health-led school training programmes. Nadine remarked on the abundance of school training programmes, how many overlap content and geography and how there are opportunities to tie into national initiatives such as mental health teams in schools. Gayle acknowledged that these offers can be overwhelming for schools and emphasised the importance of making a clear offer and making the messaging positive to help empower young people around what they can do. Gayle noted the 'Kids Save Lives' festival she worked on and the idea that young people who learn can then go back to their school and disseminate information in an assembly. It's also positive to show young people a range of potential health careers they could train in. Evan noted that the Department for Education is looking into effectiveness of school initiatives and there is a working group addressing how staff in schools' access what's appropriate.

Action 03: Once the budget for new RCPCH safeguarding modules is signed off the first draft will be bought back to the VR network for members to review.
Action 04: Programme team to approach network members in the coming weeks to inform and test an initial version of the Academy's virtual space.

3.	Integrated mental and physical health trauma model workstream
	Sinéad updated on the integrated mental and physical health trauma model workstream which is looking at a more integrated trauma model in London's Major Trauma Centres that can be stepped up in a major incident. Sinead explained that a working group has been established and the team are scoping the different physiological service models in each MTC as well as trauma mental health services at London Trusts. Goran Lukic from St. Georges described the wide variation across the four MTCs as to how much input clinical psychologists have with patients. Goran explained where gaps are apparent including low capacity for outpatient work. He also noted the issues of particular patients including those impacted by violence and their difficulties navigating services. Idit Albert supported Goran's themes from a mental health service perspective, noting there is a growing approach of outreach in the wake of incidents, but issues include the significant delays in mobilising. Nevertheless, there is evidence of effectiveness of screening people, linking them to local services, and repeat screenings. There is no current model of proactive outreach; if there is a major incident, there isn't embedded approach in the system to reach out and get people into those services that they will have to wait for. Sinéad invited further feedback on the emerging work stream, stressed this work is in its early stages but progress will be fed back at the next meeting.
4.	**User engagement – establishing the user network**
	Alex updated on progress with establishing the programme's user network. Members asked about ensuring the safety of patients, which will be addressed by appointing an independent organisation that will ensure robust safeguarding. Sinéad noted the programme will approach grassroots organisations that will have that experience. There was agreement about the importance of the wide definition for participants (beyond simply patients/victims/perpetrators) as will help invite parent involvement.
	AOB
	Final comments mentioned whether the programme needs to stress a more cost benefit argument as well as how the programme can help equip future leaders to manage services. Martin thanked network members, reminded them of calls to action and closed the meeting.

Details of the next Violence Reduction Clinical and Professional Network

Tuesday 28 April 2020
(Venue to be confirmed)