Communities Themed Review: Violence Reduction Partnership

Proposed Response

Recommendation	Accept, Amend or Reject the recommendation	Organisation	Comments
Recommendation 1: That the Council continue to work with St Giles Trust and health partners to monitor the effectiveness of the in-hospital urgent response protocol, with particular regard to repeat presentations and female victims of gang violence	Accept	Council	Following a full procurement process we have now commissioned St Giles to provide the Whipps Cross Violence Reduction hospital pathway for the next three years. The Violence Reduction team will lead on the coordination and contract management of this service to ensure the effectiveness of the in-hospital urgent response protocol, with particular regard to repeat presentations and female victims of gang violence.
Recommendation 2: That the Council and its partners use serious case reviews and other available evidence to continue to identify 'reachable, teachable moments'	Accept	Council, NHS partners, Metropolitan Police	Health colleagues are members of the Learning Improvement Forum (LIF) and also co-chair the forum. This forum is looking to embed actions and learning from CSPRs and SARs, such as SAR Harry. There's acknowledgement about the need for LIF/partnership to be more proactive by enabling changes in frontline practice in real time. Some of the proposals are to establish the 14+ forum covering children and young people in transition aged 14 years and over trialing an MDT approach to support children and young people in the presafeguarding space by facilitating complex case discussion. This Proposal is indevelopment with an anticipated launch for October/November 2022.

There's also a suggestion to adopt Rapid implementation of learning in real time by the partnerships through a phased approach (immediate, medium & long-term goals). This approach enables a timely response and the ability to ensure closure ofactions from statutory reviews by the system.

Barts Health have taken system learning from NEL wide statutory and learning reviews and ensure a wider dissemination across Barts sites. These include sharing seven-minute briefings containing key messages. There are also plans for an operational meeting to be established to allow the monitoring of and the embeddingof learning across the organisation. This operationalmeeting would be aligned to the Integrated SafeguardingAssurance Committee (ISAC), which is a strategic meeting already in existence.

Hospital site safeguarding meetings are in place ensuring a targeted approach.

There are opportunities from embedding early learning from Rapid Review's/child & adult deaths when a child or young person unfortunately dies. The new medical examiner role will support shared learning and replicate best practice opportunities from the Child Death Overview Process (CDOP) processes in adult deathprocesses.

LIF are currently looking at serious incidents where relevant.

We also recognise the need to draw on learning from serious incidents with the establishment of new patient safety roles in the ICB which gives an opportunity for jointlearning.

The Met is committed to learning from serious case reviews and will participate in them where requested to do so.

The Met is a learning organisation and continually seeks to better itself through feedback and improving its practice and policy from specific incidents and cases. We will continue to

			work closely with key partners to ensure we embed their learning, and will share our learning with partners where appropriate
Recommendation 3: That the Council and its partners continue to use data collected through the urgent response protocol to identify the communities most likely to be affected by serious youth violence	Accept	Council, Metropolitan Police	A senior Met officer chairs the thrice-weekly Partnership Violence Assessment meeting with representatives from key Met departments and local authority partners. These meetings are used to review incidents of violence, particularly youth violence, and direct a joint partnership response to ensure young people and communities are safeguarded. Outside of these meetings there are established processes in place to undertake fast-time referrals into the Met from partners where there is significant risk and action is needed. Local authority partners now sit on the BCU Tactical Tasking Coordination Group (TTCG), which is a monthly meeting that uses data and intelligence to deploy police asset with a view to driving down violence. It is the vision of the Met that local authority partners will be able to share their own data as part of this meeting to influence taskings.
Recommendation 4: That the Council and its partners use the NHS Vanguard programme to monitor the prevalence of young people affected by youth violence who have Education and Health Care Plans or identified developmental needs; that through this identification, health partners offer appropriate care where necessary	Accept	Council, NHS partners	There's a crossover with the cohort of children in care (CIC) who have Education, Health & Care Plans (EHCPs). The Designated nurse for CIC will be attending the adolescent safeguarding sub- group. New starters in the NEL safeguarding Team at place will be attending the induction with the LBWF Adolescent safeguarding Lead to foster closer working. Designated Nurse for safeguarding children and NamedGP for safeguarding in Primary care, Designated Medical and Clinical Officers (DMO and DCO) as well as children & maternity commissioner are members of the SEND Partnership Board. A key aspect in preparing for adulthood is the work undertaken by the Named GP whoworks closely with the NELFT Community Learning Development Team

(CLDT) in relation to transition.

There is an interface between the SEND Board and VRP /YOS /LeDeR/ Corporate Parenting that potentially supports Care Leavers transition into adult services. TheCLDT Team worked with ICB during Covid to cleanse GP patient lists and to ensure reasonable adjustments were implemented by GP practices which consequentlypromoted the uptake of annual health checks and enabled learning from LeDeR. On occasions where there is an identified need, the involvement with the NELFT CAMHS Team helps to contain and support the young person.

The Assistant Director for Children's Services in NELFT is a member of the NEL Vanguard group where there has been additional new investment for two posts - Speech and Language Therapy and Clinical Psychology. These posts are being actively recruited to and models of delivery are still in development as the project develops. These new posts will support teams who are doing assessments for YP in Youth Custody suites to ensure YP's health needs are identified. which may indicate previously unidentified special educational needs e.g., language delay disorder/mental health needs/neurodevelopmental needs such as ASD or ADHD. The links between the health teams and SEND teams in the Local Authority are strong and following discussions with the Youth Justice teams there can be referrals made to the SEND team through section 23 alerts by Health teams or by the Youth Justice teams themselves. The Designated Clinical Officer for NELFT is also available to advice any health colleague on how to progress should there be queries related to the impact of a child's heath needs on their likely SEND and the process for referral to the Local Authority and thresholds for assessment for an Education Health and care plan.

			In addition to the above, should a child present at the Emergency Department (ED) subject to youth violence or suspected to be gang affiliated, ED may refer to the MASH team in the local authority. Embedded in this team is an experienced health team from Health Visiting and School Nursing who can access all health records to seeif a child is known to local health services such a CAMHS/Speech and Language Therapy and alert colleagues where necessary. The Designated Clinical Officer (DCO) for NELFT is alsoin the process of contacting the officers from the St Gile'sTrust to ensure that they have all necessary contacts details from NELFT/GP's or Schools Nurses and are familiar with relevant processes should they be working with a young person with health needs that needs further exploration.
Recommendation 5: That the Council and its partners acts swiftly when identifying and carrying out preventative mental health interventions	Accept	Council	The council's Public Health team commission a number of programmes including Kooth and Mental Health Champions to insure early intervention around mental health. Preventative mental health interventions are a priority area within the support domain of the VRP
Recommendation 6: That the Council investigates the feasibility of replicating the successful partnership model implemented at the Outset Centre across other locations in the borough	Accept	Council	The council have initiated a Youth Hubs project group which has begun scoping this area of work

Recommendation 7: That a process is formalised whereby councillors are communicated with when activities linked to the VRP strategy will take place in their wards	Accept	Council	This process has been initiated via the Violence Reduction Neighbourhood Coordinators who work across four geographies in the borough. The coordinators alongside the Cabinet member will be responsible for ensuring ward councillors are aware of VR activities
Recommendation 8:	Accept	Council	
That the Council and its partners consider subsidising travel fares for young people who wish to join activities not in their locality			
Recommendation 9: That, with the understanding that increased public trust in police is vital in reducing the high perception of crime, the Met Police work with partners including the Council to build trust in a meaningful way: By engaging with young people through the Young Advisor and YIAG forums By ensuring young people who apply to join the	Accept	Council, Metropolitan Police	It was disappointing to read that there is a perception among some young people that the Met had not been supportive of them. The Met is committed to engaging with young people at every possible opportunity, including through Young Advisor and YIAG forums. We know that young people are often disproportionately impacted by violence and by the use of police powers, and we also acknowledge that our reach into young people isn't as broad as we would like it to be. We believe it essential to listen to young people to ensure that we maintain the model of policing with consent and support other keys partners in ensuring that Waltham Forest is a safe borough for them to live, work study and visit.

Police are appropriately supported through the application process and receive meaningful feedback if they are not successful

- By ensuring that forums where Police can be held to account are open and accountable
- By engaging with ward councillors

Our priority in working with young people is diversion and engagement, with enforcement only where necessary. To this end we run a Cadets programme in the borough, with over 300 young people participating on a weekly basis – this includes those on the periphery of gang violence and criminality, or who have been excluded from school. We take referrals into Cadets from schools, statutory partners and councillors, and prioritise those most in need. A significant proportion of young people who participate in Cadets then move into further employment with the Met, both as police officers and civilian staff.

We also support a broad range of youth diversion and engagement projects, including Bushcraft Bikers and other programmes. These aim to break down barriers, teach young people life skills and improve police-young people relationships.

In 2021 the Met launched Outreach Teams with the goal of improving recruitment from our communities. They lead on recruitment work and are currently reviewing how they can better engage with local people. Locally in Waltham Forest we are committed to supporting these projects.

The Met attends public forums where requested to do so. These include Independent Advisory Groups meetings, Safer Neighbourhood Boards (when reformed), Stop and Search Community Monitoring groups, Community Safety Cabinet Scrutiny, local ward panels and other forums on an ad hoc basis. We are committed to continuing to attend these meetings and will account to community members for our actions and activities. We ask that if community members wish us to attend any particular forum or event, they make

contact with us at an early stage and we will commit to attending (subject to operational availability).

The Met continues to work closely with local councillors and understand that they have links into their communities that we do not. We are keen to maintain and refresh this relationship in Waltham Forest, both at Cabinet level and with individual ward councillors. This will include closer working after serious incidents, to ensure that information and intelligence is fed into the Met and that we are able to share critical messaging and direct patrols based on community concerns.

The Met agrees that young people who apply to join the Police should be supported through the application process and receive meaningful feedback if unsuccessful, however it is not something that can be influenced locally as it is managed centrally by the recruitment team. The Met cannot accept this part of the recommendation.