

Action Notes				
	West Yorkshire and Harrogate Health and Care Partnership			
	WY Adversity, Trauma and Resilience Strategy Board 31 st August 2021, 11:30-13:30			
	Microsoft Teams			
	-	In Attendance		
Kersten England (Chair)		CEO, Bradford Metropolitan District Council		
Carrie Rae	Х	Programme Manager CYP and Families WY&H HCP		
Emm Irving	Х	Programme Manager for Improving Population Health WY&H HCP		
Alison Lowe		Deputy Mayor		
Chelsey Pattison	Х	Senior Delivery Manager, VRU		
Dannie Harding	Х	Programme Support Officer, WY&H HCP		
Denise Wheatman		Health Improvement Specialist, CYP Resilience – Public Health Wakefield		
Denise Phillip		Designated Nurse for Safeguarding, NHS Kirklees CCG		
Dorothy Frizelle	Х	Consultant Cliical Health Psychologist/ Head of Service Mid Yorks NHS Trust		
Emily Castle				
Jackie Beever Service Manager – Early Support Kirklees				
Jane Mischenko				
lessica Hughes-Nind X Social Finance				
Lee Wilson		Humankind		
La la F landa a		Designated Nurse for Safeguarding Children, Children Looked After and Care Leavers		
Louise Fletcher		Calderdale CCG		
Jenny Lingrell	Х	Service director, children's health and wellbeing Wakefield		
Julia Caldwell		Safeguarding Partnerships Manager, Calderdale		
Keir Shillaker		Programme Director Mental Health WY&H HCP		
Kathryn Ingold		Leeds City Council		
Joanne Sykes	Х	SWY Resettlement Consortium		
Jo Howes	Х	Public Health - Bradford		
Niamh Cullen	Х	Public Health Manager - Calderdale		
Michelle Kane		Leeds City Council		
Mark Crowe	Х	Research Lead - Humankind		
		Head of Mental Health Wellbeing, City of Bradford Metropolitan District Council, NHS		
Sasha Bhat		Bradford district and Craven Clinical Commissioning Group (CCG)		
Stewart Horn	Х	Head of Children's Joint Commissioning, Kirklees Council & CCG		
Sue Northcott	Х	WY-FI Programme Manager (Humankind)		
Sarah Possingham	Х	Senior Public Health Specialist, Bradford Council		
Dr Warren Larkin		Consultant Clinical Psychologist and Director of Warren Larkin Associates Ltd		
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	Agenda Items	Actions
1	Welcome, Apologies and Introductions CR welcomed everyone to the meeting and apologies were noted.	
2	AOB There were no items of AOB	
3	Updates Training Collaborative - An Expression of Interest for membership of the WY ATR Training Collaborative has been circulated and the first meeting will take place on the 16 th September. The WY Training Collaborative will support the delivery of our vision by; developing/delivering bespoke co-produced training where we know we have gaps, coordinating training arcoss the system to ensure a quality and consistent approach, developing a training matrix and a competencies and knowledge framework for the system. There has been a huge amount of interest from colleagues across the system in being part of the training collaborative. Trauma Informed Primary Care Workshop - An invite has been circulated for the WY Trauma Informed Primary Care Workshop which will take place on the evening of the 23 rd September. The workshop will be led by Dr Warren Larkin and is open to all colleagues working in primary care across the Partnership. The workshop will provide an introduction to the WY ATR Programme, provide an overview of the impact of adversity and trauma and the case for change and co-produce the next steps. NHSE/I NEY Safeguarding Strategic Partnership Group - El reported that she presented our WY ATR Programme and ambition at the NHSE/I NEY Safeguarding Strategic Partnership Group and received positive feedback on our approach and the work being undertaken. NHSE/I have been in contact since the presentation to see how they can support us to promote our work nationally.	
4	 NHSE/I Expression of Interest Outcome Letter and Response EI and CR presented the letter in response to the outcome letter received from NHSE/I and asked members for views and any amendments/ additions Rob Webster, Kersten England and Jackie Marsh are in support of us writing to NHSE/I 	



	 Letter includes a formal request for a more detailed level of feedback, in addition to asking for sight of the successful bid and a request for a review of the panel decision Under each point raised within the outcome it has been evidenced how we addressed this in our EOI The group asked CR and EI to consider rewording certain sections of the response letter and being really clear from the beginning what our ask is of NHSE/I. Members in agreement this is a clear concise response with the additions mentioned. CR and EI to share final version with Kersten, Rob and Jackie for sign off 	
	Changing Systems Outputs and Resources	
5	 MC presented where we are up to including the output and resources, with accompanying slides Discussed resources that have arisen from this work which will be available for members to use in addition to the report and recommendations. The first section of the report tackles the more abstract issues, with a focus on how individuals make meaning out of trauma, how they move beyond trauma and what a life after trauma looks like Discussed the importance of commissioning trauma informed services, co-ordinating existing services, and connecting to community-based support Second section looks at identifying and preventing adversity and trauma in children and young people – recommendations around this include - person centred holistic support, open to rapid engagement of flexible duration, outcome and impact focussed, and coproduced and delivered with people who have lived experience. Third section focusses on how we prevent the re-traumatisation of people who are in services, and what are the system changes and drivers we need to stimulate. Recommendations include – centering on the person's whole needs, restoring the individual – opportunities for re-socialising people who have become used to rejection and isolation (considerations of extra help in school and youth services), minimising the number of moves for looked after children by providing leaving care / transition support teams from an earlier age. Final section focus - what different things need to happen at place and at system level. Recommendations include – supporting and growing local ATR partnerships (examples of this already happening), resource the connections between place and system by funding strategic place-based leads for ATR across the life course, building the voice of lived experience as a central tenet by pooling budgets and assets, and creating a culture of communication within organisations / agencies. MC outlined the next steps including t	
6	 Developing our Strategy & Approach El discussed this group identifying how we want to develop the strategy with a focus on co-production. Considered having specific writing groups for each chapter – gave example of women and girls group writing a chapter. Bring these groups together to create the document 	



	 The need to identify themes for the strategy and asked members to agree on these 	
	themes.	
	 We have experts who are keen for involvement 	
	 Needs to be ready to launch on 1st April 2022 	
	 Will use information from CREST, WiFI report etc. 	
	 This strategy will not be duplicating anything being done at place, but rather how we work together as a system 	
	 Consideration of taking this conversation to the WY Multiple Disadvantage Consortium and the ATR network (next network meeting is dedicated to the strategy) 	
	 Will discuss further in the network and consortium and feedback within our next meeting 	
7	Next Steps and Close	
,	 Mayor having a round table meeting which EI and CR will be attending – will be 	
	discussing ATR at that session	
Date and tir	ne of next meeting: 2 nd December, 11am – 1pm	
Future Mee	-	
• 3 rd N	Varch, 2pm – 4pm	

	Action Log			
1.	Identification of themes and chapters for the strategy	All	Open	
2.	EI/CR taking strategy approach to the WY Multiple Disadvantage Consortium and the ATR network - to feedback within our next meeting	CR/EI	Open	
3.	Each place to consider timescales for presenting at local Health and Wellbeing Boards and to contact CR and EI regarding this.	All	Open	
4.	If we are successful with the NHSE/I EOI funding a maturity matrix that considers inequalities and deprivation would be used to allocate funding to place	All	Open	
5.	CR and EI to make the amendments to TOR and bring back to the next meeting for sign off.	EI/CR	Open	
Comple	ted Actions			
1.	Future meetings to be held on a quarterly basis	DH	Complete	
2.	EI and CR requested any additional case studies and pledges from place to be submitted prior to the EOI deadline	All	Complete	
3.	Final draft copy of the EOI will be disseminated for review and comments	All	Complete	
4.	EI and CR to add suggested amendments to the NHSE/I Expression of Interest outcome response letter – Share with KE, RW and JM for sign off	EI/CR	Complete	
5.	KE requested further information be added in the EOI around stigma, discrimination, and social justice	CR/EI	Complete	



Action Log			
6.	EI and CR to update the finance based on feedback and a second meeting would be held to confirm and approve a process for the final bid	CR/EI	Complete
7.	EI and CR to plan the launch of the changing systems report	CR/EI	Complete