

00:00:00.000 --> 00:00:30.310

RAE, Carrie (NHS WAKEFIELD CCG)

Just go on actually, 'cause it probably follows to the updates and then we can see if anyone got any AOB after soumm our first update. Yay, recruitment is we've we advertised for adversity into warmer project manager role to support this program and a key part of that role will be to support the training collaborative and the work that's coming out and to support place as well with some work that's needed. So we we interviewed last Friday and we've successfully appointed.

00:00:31.110 --> 00:00:59.720

RAE, Carrie (NHS WAKEFIELD CCG)

Which is great. They're successful. Candidate is fabulous, and so we're just we're just going through the the HR process now and then. We hope to have that person in post and as soon as possible and they will be able to provide some so much needed dedicated UM support to this work and and to the work of this group and the training that we're doing around the system. So we will let you know once it's all done. Who who that person will be and there will be a future meetings with us.

00:01:00.300 --> 00:01:05.280

RAE, Carrie (NHS WAKEFIELD CCG)

So some very good news and it might mean you have minutes going forward as well, which is always helpful.

00:01:06.800 --> 00:01:07.610

RAE, Carrie (NHS WAKEFIELD CCG)

So I am.

00:01:08.320 --> 00:01:29.180

RAE, Carrie (NHS WAKEFIELD CCG)

Just in terms and update, but working with the Matic experts soumm we've got Warren here with us today and Warren as you all know has been supporting our programme and and we've just been having some emails. Haven't we Warren around specific support for this program and for the training and with.

00:01:29.840 --> 00:01:30.850

RAE, Carrie (NHS WAKEFIELD CCG)

Housing please.

00:01:31.630 --> 00:01:43.310

RAE, Carrie (NHS WAKEFIELD CCG)

Primary care as well, so we're in a fabulous fabulous expert that provides us with much needed support and help, so Warren will be taking the lead on that. We've also just go on.

00:01:41.430 --> 00:01:50.200

Warren Larkin

Like I can you can you be my introduction next time 'cause I I always just go like him. Warren M psychologist. But you like make me sound like and I'm on a boat so thank you.

00:01:48.120 --> 00:01:48.400

RAE, Carrie (NHS WAKEFIELD CCG)

You

00:01:51.070 --> 00:02:21.310

RAE, Carrie (NHS WAKEFIELD CCG)

no, it's a problem. We really appreciate you and so yeah, so we'll be leading on that on that work.

And then we've come. We've just also, for those of some of your at the strategy board. Last week we

from Lisa Cherry is also going to be doing some dedicated and work with us as well. Here is Lisa Cherry book that she's kindly sent us. I mean, emm through the post, and so Lisa's trainer and consultant, UM, and she's going to specifically be doing.

00:02:21.610 --> 00:02:39.840

RAE, Carrie (NHS WAKEFIELD CCG)

Some dedicated work with other round and looked after children, children leaving care and and also trauma informed education settings as well. And and so we're really happy and excited to have Lisa on board with our 90 number of you have.

00:02:40.500 --> 00:02:55.850

RAE, Carrie (NHS WAKEFIELD CCG)

No Lisa and have worked with us and before so it will be very much a similar approach as in Warren support and to leases as well like she's here to support the system work as well, and where where people need some support place as well.

00:02:56.610 --> 00:02:57.300

RAE, Carrie (NHS WAKEFIELD CCG)

So I'm.

00:02:58.080 --> 00:03:12.110

RAE, Carrie (NHS WAKEFIELD CCG)

We have a big welcome to Lisa and it's very exciting and we've also got a call with Cath nibs coming up, me and him as well and to look at some support specifically around some of the cyber trauma and digital work as well.

00:03:12.770 --> 00:03:19.840

RAE, Carrie (NHS WAKEFIELD CCG)

So, so we're getting a little little group of fabulous experts together to support the work across the system, which is brilliant. Emm, do you want to come in?

00:03:20.450 --> 00:03:21.770

RAE, Carrie (NHS WAKEFIELD CCG)

Thank you so much for being quiet.

00:03:22.980 --> 00:03:27.790

IRVING, Emmerline (NHS WAKEFIELD CCG)

It's me and I didn't know if you want me to mention the contact I made through LinkedIn.

00:03:28.390 --> 00:03:30.060

RAE, Carrie (NHS WAKEFIELD CCG)

Yes, go ahead please.

00:03:30.740 --> 00:03:33.200

IRVING, Emmerline (NHS WAKEFIELD CCG)

So I'm wondering, you might have heard of I don't know.

00:03:33.750 --> 00:03:35.440

RAE, Carrie (NHS WAKEFIELD CCG)

The quake sites with Allison Williams.

00:03:33.960 --> 00:03:34.480

IRVING, Emmerline (NHS WAKEFIELD CCG)

So.

00:03:35.910 --> 00:03:39.890

IRVING, Emmerline (NHS WAKEFIELD CCG)

She's a doctor in the states, uh, Malicia Moreland, Kapua

00:03:40.840 --> 00:03:42.470

IRVING, Emmerline (NHS WAKEFIELD CCG)

and she specifically.

00:03:41.260 --> 00:03:42.420

RAE, Carrie (NHS WAKEFIELD CCG)

Afrin heard of her.

00:03:43.200 --> 00:03:47.210

IRVING, Emmerline (NHS WAKEFIELD CCG)

There we go. So specifically do some work around the impact of trauma and racism.

00:03:48.470 --> 00:03:49.600

IRVING, Emmerline (NHS WAKEFIELD CCG)

And, UM.

00:03:50.340 --> 00:04:01.800

IRVING, Emmerline (NHS WAKEFIELD CCG)

I I don't. I was Googling some info graphic to post on social media and her book popped up and then so I do gelled hair founder. Anyway, I connected with their end, she she's really interested in what we're doing.

00:04:02.800 --> 00:04:06.310

IRVING, Emmerline (NHS WAKEFIELD CCG)

I might go to arrange a zoom conversation with her in about a weeks time.

00:04:07.160 --> 00:04:15.010

IRVING, Emmerline (NHS WAKEFIELD CCG)

So we will update you on that, but we just thought that would be a really good connection to stay here and learn about the work that she's done in the US.

00:04:16.150 --> 00:04:27.210

Kathryn Hodgson

She's not funny enough. I was talking about this morning with someone 'cause her first book was about is about changing systems and making him trauma informed and they're doing it in another area and they say it's the Bible they follow.

00:04:27.890 --> 00:04:37.870

Kathryn Hodgson

Because it's so good she did a training with their place in Scotland and her energy is amazing. You think I'm chirpy? Worked well, he just like you'll be like but yeah, she's amazing.

00:04:40.480 --> 00:04:42.890

IRVING, Emmerline (NHS WAKEFIELD CCG)

Well, when you look like you, you drinking Prosecco.

00:04:40.630 --> 00:04:41.200

RAE, Carrie (NHS WAKEFIELD CCG)

So yeah.

00:04:47.190 --> 00:04:49.160

IRVING, Emmerline (NHS WAKEFIELD CCG)

If if you are, can you share?

00:04:47.290 --> 00:04:48.080

RAE, Carrie (NHS WAKEFIELD CCG)

Water with this.

00:04:47.400 --> 00:04:50.590

Warren Larkin

If Oh no, is it exoticism?

00:04:51.180 --> 00:04:52.710

Warren Larkin

Coconut water, you know?

00:04:53.580 --> 00:04:54.350

IRVING, Emmerline (NHS WAKEFIELD CCG)

Nice.

00:04:54.830 --> 00:04:58.610

Warren Larkin

That's that's me. I'm living Charlie. I drink coconut water. I'm living the dream at night.

00:04:58.950 --> 00:04:59.290

pete taylor

Yeah.

00:05:00.480 --> 00:05:01.710

pete taylor

I believe you woman.

00:05:01.990 --> 00:05:05.180

Warren Larkin

Yeah, it's only wellspring for Seco, it flat.

00:05:06.940 --> 00:05:14.830

RAE, Carrie (NHS WAKEFIELD CCG)

And IMM fabulous on her LinkedIn and Twitter. So I'm sure we will continue to make connections, UM.

00:05:07.040 --> 00:05:07.530

IRVING, Emmerline (NHS WAKEFIELD CCG)

So.

00:05:15.620 --> 00:05:19.420

RAE, Carrie (NHS WAKEFIELD CCG)

With other kind of system leaders across the across the world.

00:05:19.650 --> 00:05:20.130

Warren Larkin

Really.

00:05:22.710 --> 00:05:53.760

RAE, Carrie (NHS WAKEFIELD CCG)

Say that just leads us on, so the 12 informed education settings. As we said, Lisa is going to be

supporting us with that work and we had quite a good discussion about that at the last network meeting and we're going to be dedicating the December network meeting and just specifically look at how we start to take this work forward, and we're going to ask each place to do a little bit of a presentation about work that's happening already. 'cause there is work out there at least is going to do a bit of a presentation about her experiences.

00:05:53.810 --> 00:06:14.580

RAE, Carrie (NHS WAKEFIELD CCG)

To work with a lot of schools and an education settings already when we're saying education settings were covering further education in and universities as well as well as schools in that. So we're going to use the next meeting is pacifically start that work off and look at how we start to take that forward. And so if anyone we've opened it out wider.

00:06:15.680 --> 00:06:20.090

RAE, Carrie (NHS WAKEFIELD CCG)

And for the network, if people want to invite other other people in their area.

00:06:20.750 --> 00:06:22.900

RAE, Carrie (NHS WAKEFIELD CCG)

And specifically working around education.

00:06:23.580 --> 00:06:32.290

RAE, Carrie (NHS WAKEFIELD CCG)

And to do that as well. So if anybody not got the invite for that meeting and would like to be part of it, then just let us know and we can send it on.

00:06:33.690 --> 00:06:36.400

RAE, Carrie (NHS WAKEFIELD CCG)

And then just put in the chat the VRU.

00:06:37.170 --> 00:06:47.180

RAE, Carrie (NHS WAKEFIELD CCG)

Are also funding some commissioned insight around education across West Yorkshire, and there'll be a tender going out for that as well, so we really making sure we link.

00:06:47.860 --> 00:06:53.570

RAE, Carrie (NHS WAKEFIELD CCG)

These pieces of work together so will let you know and the progress of that, and when the tender goes out as well.

00:06:56.720 --> 00:06:59.210

RAE, Carrie (NHS WAKEFIELD CCG)

Then Community Action collective.

00:07:01.160 --> 00:07:02.530

RAE, Carrie (NHS WAKEFIELD CCG)

We emm

00:07:04.020 --> 00:07:06.430

RAE, Carrie (NHS WAKEFIELD CCG)

had our first meeting, is it last week?

00:07:07.320 --> 00:07:16.910

RAE, Carrie (NHS WAKEFIELD CCG)

Too many meetings. We had our first was it last week, comma. It might be in last week when I first meeting last week and the Community Action Collective and we had a huge amount of attendance.

00:07:14.850 --> 00:07:15.570

IRVING, Emmerline (NHS WAKEFIELD CCG)

It was lovely.

00:07:17.720 --> 00:07:21.330

RAE, Carrie (NHS WAKEFIELD CCG)

And then we had 50 people on the call.

00:07:22.030 --> 00:07:25.280

RAE, Carrie (NHS WAKEFIELD CCG)

And we've puts another date in the diary in in December.

00:07:26.060 --> 00:07:33.490

RAE, Carrie (NHS WAKEFIELD CCG)

And looking at how just for reminder for people that's looking at how we coproduce.

00:07:34.460 --> 00:07:41.930

RAE, Carrie (NHS WAKEFIELD CCG)

Our work and and how we how we do some of that community engagement. It was last week community engagement and.

00:07:42.590 --> 00:07:49.040

RAE, Carrie (NHS WAKEFIELD CCG)

A lot of this stuff that came up around that was dumb that we've talked about previously at meetings the language.

00:07:49.700 --> 00:07:53.820

RAE, Carrie (NHS WAKEFIELD CCG)

That we use and how we get that right and then.

00:07:54.600 --> 00:07:55.400

RAE, Carrie (NHS WAKEFIELD CCG)

How we?

00:07:56.600 --> 00:08:13.010

RAE, Carrie (NHS WAKEFIELD CCG)

Get right what we mean to our communities. Biberstein trauma and do some of those awareness and engagement around that as well. We've also going to be going. We've got West Yorkshire youth Collective Group, which is like a young People's Board for the ICS and and they've.

00:08:13.900 --> 00:08:20.890

RAE, Carrie (NHS WAKEFIELD CCG)

Kind of the stuff that they've been coming up with it. They really want us to focus on and work with us on his emotional well being.

00:08:22.080 --> 00:08:31.010

RAE, Carrie (NHS WAKEFIELD CCG)

They've also come up with things like they really want to know how to talk to friends when they're going through problems and how they couldn't support friends without.

00:08:32.520 --> 00:08:41.660

RAE, Carrie (NHS WAKEFIELD CCG)

Losing those relationships with the language that they use as well. So we're going to be doing a workshop with their myself and emm.

00:08:42.470 --> 00:08:46.760

RAE, Carrie (NHS WAKEFIELD CCG)

It should be before Christmas at some point as well to just absolutely get there.

00:08:47.470 --> 00:08:52.080

RAE, Carrie (NHS WAKEFIELD CCG)

Involvement in coproduction with. With the work that we're doing as well, which will be brilliant.

00:08:52.790 --> 00:08:55.260

RAE, Carrie (NHS WAKEFIELD CCG)

And if I missed anything on the Community Action collective.

00:08:57.630 --> 00:08:58.650

IRVING, Emmerline (NHS WAKEFIELD CCG)

I don't think so.

00:08:57.850 --> 00:09:03.580

RAE, Carrie (NHS WAKEFIELD CCG)

I don't think so. I can't with this being about 50 meetings since then, it's it's struggling to remember them all.

00:09:04.490 --> 00:09:08.220

RAE, Carrie (NHS WAKEFIELD CCG)

Uh, and then the Calderdale navigator pilot.

00:09:08.970 --> 00:09:12.200

RAE, Carrie (NHS WAKEFIELD CCG)

Am I am going to come to you on this one 'cause I couldn't make the meeting yesterday morning.

00:09:13.120 --> 00:09:15.040

RAE, Carrie (NHS WAKEFIELD CCG)

So I wonder whether you build failed to update.

00:09:13.530 --> 00:09:13.900

IRVING, Emmerline (NHS WAKEFIELD CCG)

Yeah.

00:09:15.780 --> 00:09:18.540

IRVING, Emmerline (NHS WAKEFIELD CCG)

So we've got funding, or I've got an echo back.

00:09:16.030 --> 00:09:17.280

RAE, Carrie (NHS WAKEFIELD CCG)

So then.

00:09:19.780 --> 00:09:22.530

IRVING, Emmerline (NHS WAKEFIELD CCG)

Carrie might have to come meet with second can hear myself talking.

00:09:19.970 --> 00:09:20.230

RAE, Carrie (NHS WAKEFIELD CCG)

Carrie.

00:09:23.960 --> 00:09:31.430

IRVING, Emmerline (NHS WAKEFIELD CCG)

And so we've received funding from NHSE England around reducing serious violence, and we decided to use this funding.

00:09:32.120 --> 00:09:40.720

IRVING, Emmerline (NHS WAKEFIELD CCG)

To look at broadening the 80 Navigator project programs that are already in Leeds and Bradford, trust So what we're doing is looking at a trauma in adversity.

00:09:41.770 --> 00:09:43.610

IRVING, Emmerline (NHS WAKEFIELD CCG)

Navigators within Calderdale.

00:09:44.530 --> 00:09:57.400

IRVING, Emmerline (NHS WAKEFIELD CCG)

And Huddersfield Foundation trust that they will respond to the life course so it won't just be up to date of 25. It'll be adults as well as young people and they will respond to probably specific.

00:09:57.980 --> 00:10:21.920

IRVING, Emmerline (NHS WAKEFIELD CCG)

Themes, so probably like the change in future themes, mental health, substance abuse, rough sleeping, etc. Serious violence, so people that are coming in showing signs of experience in or being involved in any of those and thematic areas. What they will do is they will be very much likely adverse teacher at Lely. Navigators in Leeds and Bradford and they'll sit in agony.

00:10:23.010 --> 00:10:28.510

IRVING, Emmerline (NHS WAKEFIELD CCG)

In Leeds and Calderdale and while Leeds and Calderdale and Kirklees have to excuse me Ma.

00:10:29.110 --> 00:10:59.150

IRVING, Emmerline (NHS WAKEFIELD CCG)

Tooth is making my brain go funny as well and and they will. They will literally be able to meet people as they're coming in to reception so they can. You know they can really connect with them very, very quickly. They've got the facilities in both trust to be able to do that and then they're going to have a roots of pathways internally that they can refer people on to be that the high intensity user.

00:10:59.530 --> 00:11:13.520

IRVING, Emmerline (NHS WAKEFIELD CCG)

Uhm, service mental health pathways etc that exist in the trust, but then they will also link into pathways in the community and so that will be the Community links which is run by the youth service UM.

00:11:14.100 --> 00:11:24.890

IRVING, Emmerline (NHS WAKEFIELD CCG)

In Kirklees, I think it's a bit of a combination of yacht and their voluntary organization and Calderdale, so they provide the ongoing long term support.

00:11:25.590 --> 00:11:34.490

IRVING, Emmerline (NHS WAKEFIELD CCG)

Back in the community, up to 25 and then for adults it'll be slightly different. We want to refer them directly into like an MDT.

00:11:35.690 --> 00:11:42.430

IRVING, Emmerline (NHS WAKEFIELD CCG)

And scenario where you've got the multiple multi agency response looking at the needs of that particular Adal and how their best.

00:11:43.020 --> 00:11:58.430

IRVING, Emmerline (NHS WAKEFIELD CCG)

And can meet those needs together across the system. 'cause what we know is if we just refer adults down into other services, they tend not to not to go and young people will will turn up, but adults weren't so slightly different approach in the community but.

00:11:59.290 --> 00:12:04.350

IRVING, Emmerline (NHS WAKEFIELD CCG)

The idea is that they get the teachable moment in the trust from the navigator.

00:12:05.020 --> 00:12:11.200

IRVING, Emmerline (NHS WAKEFIELD CCG)

But then they get long term support through some kind of referral pathway, UM?

00:12:11.860 --> 00:12:34.700

IRVING, Emmerline (NHS WAKEFIELD CCG)

We didn't just want to set up the teachable moment element of it, because obviously people then return back to their same context, lives, communities, etc. And if they don't have that ongoing support so the community links are set up in every place already anyway, because they take referrals from the existing daily pilots so the funding is going to be used to look at some project support to get this off the ground.

00:12:35.620 --> 00:12:41.020

IRVING, Emmerline (NHS WAKEFIELD CCG)

In the trust and then to look at how we can try and.

00:12:42.090 --> 00:12:54.430

IRVING, Emmerline (NHS WAKEFIELD CCG)

Do a 24/7 cover of the navigators and will be working with our third sector partners and you service as well to look if we can stick on staff in but there will be directly employed by the trust.

00:12:55.360 --> 00:12:58.920

IRVING, Emmerline (NHS WAKEFIELD CCG)

And then we're doing a business case, Aquelarre Cocker myself from the VRU.

00:12:59.610 --> 00:13:05.340

IRVING, Emmerline (NHS WAKEFIELD CCG)

Uh, my pulling together a business case based on the outcomes of the existing navigators.

00:13:06.190 --> 00:13:18.990

IRVING, Emmerline (NHS WAKEFIELD CCG)

Looking at the learning that we get from established in this post, there's also an external evaluation being funded by the VRU of the existing service and will be pulling the business case together for our structure association of acute trusts to mainstream the services.

00:13:20.010 --> 00:13:22.290

IRVING, Emmerline (NHS WAKEFIELD CCG)

Post VRU funding.

00:13:24.640 --> 00:13:25.550
IRVING, Emmerline (NHS WAKEFIELD CCG)
So that's where we're at.

00:13:27.450 --> 00:13:27.850
RAE, Carrie (NHS WAKEFIELD CCG)
Exam.

00:13:28.170 --> 00:13:30.730
IRVING, Emmerline (NHS WAKEFIELD CCG)
And managed not to bite my tongue once during that.

00:13:31.360 --> 00:13:31.930
IRVING, Emmerline (NHS WAKEFIELD CCG)
That was good.

00:13:33.680 --> 00:13:38.710
RAE, Carrie (NHS WAKEFIELD CCG)
Has anyone got any questions about any of the updates that we've just?

00:13:40.190 --> 00:13:40.620
RAE, Carrie (NHS WAKEFIELD CCG)
Or

00:13:40.260 --> 00:13:57.460
Warren Larkin
Just just a quick one on the navigator is always one. Sorry you don't have to answer and just nod or give me a hand signal is it is one of the it's one of the options from that teachable moment. That engagement in A&E is one of the options mentor in is that part partly offer? I'm just wondering.

00:13:41.090 --> 00:13:41.890
IRVING, Emmerline (NHS WAKEFIELD CCG)
It's always well.

00:13:57.750 --> 00:14:19.720
IRVING, Emmerline (NHS WAKEFIELD CCG)
It said there could be because we have lots of other third sector partners that offer mentoring services that appeared for and funded by the Violence Reduction Unit. So what I'd like there to be is a sweet and menu. We like the word menu at the moment, don't we? And menu of provision that can be responsive to the needs of that person. So it's it's got to be a personalized.

00:14:10.810 --> 00:14:11.210
Warren Larkin
Yes.

00:14:19.700 --> 00:14:20.220
Warren Larkin
Yes.

00:14:20.480 --> 00:14:22.840
IRVING, Emmerline (NHS WAKEFIELD CCG)
Package of care. It's got to be.

00:14:23.560 --> 00:14:25.550
IRVING, Emmerline (NHS WAKEFIELD CCG)
One referral.

00:14:25.680 --> 00:14:27.320
Warren Larkin
Sure, absolutely.

00:14:26.530 --> 00:14:29.880
IRVING, Emmerline (NHS WAKEFIELD CCG)
So that we're not bouncing around telling their story a million times.

00:14:28.500 --> 00:14:29.690
Warren Larkin
From that meeting.

00:14:30.430 --> 00:14:37.710
Warren Larkin
Doesn't notice plenty response. I love it's love. The idea of when you said long term for young people. I just like the idea of.

00:14:38.410 --> 00:14:53.140
Warren Larkin
Mentoring is one of the offers and and I I know somebody is an expert in the area of mentoring, so I'll tell you about that when we meet, but I just think it's it's huge amounts of evidence for it. It's underutilized. It's usually very.

00:14:51.570 --> 00:14:57.060
IRVING, Emmerline (NHS WAKEFIELD CCG)
Yeah, it's not your friend Andrew that delete that presented at our knowledge exchange.

00:14:54.290 --> 00:14:54.740
Warren Larkin
100

00:14:56.700 --> 00:15:03.450
Warren Larkin
I need you have course we've got about that. Yeah yeah, but there's loads of evidence for it, and it it seems in the UK not to be as.

00:14:58.880 --> 00:14:59.260
IRVING, Emmerline (NHS WAKEFIELD CCG)
Yep.

00:15:04.350 --> 00:15:34.750
Warren Larkin
We don't make as much use of it as they do in America, and it seems to be a shame, because actually what a lot of young people need is a trustworthy, reliable role model that is available to him outside that sometimes outside of their sphere of kind of normal life. You know someone that can kind of. Yeah, I think social learning, you know, social learning idea is really powerful, and some young people just lack reliable role models in the life, you know. So I think that's powerful. And yeah, maybe we could talk more about it another time.

00:15:19.430 --> 00:15:19.820

IRVING, Emmerline (NHS WAKEFIELD CCG)

Yeah.

00:15:24.060 --> 00:15:24.370

IRVING, Emmerline (NHS WAKEFIELD CCG)

And.

00:15:30.080 --> 00:15:30.410

IRVING, Emmerline (NHS WAKEFIELD CCG)

Uh.

00:15:35.100 --> 00:15:53.760

IRVING, Emmerline (NHS WAKEFIELD CCG)

Absolutely. And Jess. Yeah, definitely some information and training in there around. So it's I prevention as well and I think what we're trying to do. So obviously this is specific funding that we're we're piloting with Cold Dale but mid Yorks as a trust got an alcohol care team funding.

00:15:41.530 --> 00:15:41.960

Warren Larkin

Yeah.

00:15:54.710 --> 00:16:24.130

IRVING, Emmerline (NHS WAKEFIELD CCG)

And so, so they've got three years with the funding. So did Bradford actually. And what we're going to be doing with mid Yorks is looking at similar models, so how we can use that that funding a bit more creatively so that we can look at a similar model within A&E and just coming from a different funding source. But eventually all funded through WYAAT? Hopefully so for Becky was on the call. Hopefully will have both Jewsbury and Huddersfield covered up fairly soon, which would be fantastic. So then they only one.

00:16:24.710 --> 00:16:27.140

IRVING, Emmerline (NHS WAKEFIELD CCG)

An outstanding will be Airedale.

00:16:28.830 --> 00:16:30.180

IRVING, Emmerline (NHS WAKEFIELD CCG)

All the other choice would be covered.

00:16:31.550 --> 00:16:35.620

IRVING, Emmerline (NHS WAKEFIELD CCG)

Yeah, 'cause it'd be across mid Yorks Denise, so it deep into fields and Jewsbury.

00:16:36.740 --> 00:16:41.180

IRVING, Emmerline (NHS WAKEFIELD CCG)

So where can we Jo Halliwell from mid Yorks. So look at how we put that into place.

00:16:42.360 --> 00:16:54.590

RAE, Carrie (NHS WAKEFIELD CCG)

then we've got Hannah, and when the call is just about to leave, but we had a good catch up other day Hannah, didn't we? Around him? Mid Yorks? UM being trauma informed and that will really support some of that work as well.

00:16:55.320 --> 00:17:06.230

IRVING, Emmerline (NHS WAKEFIELD CCG)

And I just wonder if it's worth providing a very quick update about conversation. Becky would be interested in this one that had yesterday with is it Jewel Richmond? Uhm from Kirklees.

00:17:06.850 --> 00:17:29.020

IRVING, Emmerline (NHS WAKEFIELD CCG)

Around how we can do more with the services that she looks after. So and and and for everybody else. Jill looks after youth event well linked into youth ending but looks after safer communities and and all that kind of services that fall under there. And one of the things that they're doing at the moment is that just about to do a review of antisocial behavior services.

00:17:29.700 --> 00:17:43.370

IRVING, Emmerline (NHS WAKEFIELD CCG)

And we had an inspirational idea last night that we do that review through a trauma informed lens right from the very beginning. So Jules gone away to look at how we can do that, and I think she's going to link in to yourself and sue it. Becky 'cause I sent it in your direction.

00:17:43.120 --> 00:17:45.080

Rebecca Elliott

Yeah, great brilliant.

00:17:47.330 --> 00:17:51.100

IRVING, Emmerline (NHS WAKEFIELD CCG)

And well, then I'll be picking that up with you around how we can support them with that.

00:17:55.040 --> 00:17:55.860

RAE, Carrie (NHS WAKEFIELD CCG)

Great, thank you.

00:17:55.910 --> 00:18:04.820

RAE, Carrie (NHS WAKEFIELD CCG)

They emm, is anybody got any updates that they wanted Tiller may 'cause it wear off 'cause we obviously aware there's a huge amount of work going on across the system.

00:18:05.520 --> 00:18:08.750

RAE, Carrie (NHS WAKEFIELD CCG)

Around this, was anybody got any AOB they would like to?

00:18:09.880 --> 00:18:10.550

RAE, Carrie (NHS WAKEFIELD CCG)

To raise.

00:18:16.030 --> 00:18:16.380

BLAKE, Gary (LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST)

Hub

00:18:16.550 --> 00:18:17.060

RAE, Carrie (NHS WAKEFIELD CCG)

Gary.

00:18:16.810 --> 00:18:18.320

IRVING, Emmerline (NHS WAKEFIELD CCG)

Always got his hand up, yeah?

00:18:17.940 --> 00:18:18.750
RAE, Carrie (NHS WAKEFIELD CCG)
At 16

00:18:18.690 --> 00:18:47.610
BLAKE, Gary (LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST)
yeah, just to quit when I'm sorting. Maybe return at some points about this, but how do you mean last week we've partners across the whole system around West Yorkshire to begin discussions around training, development priorities and and just to say that sort of five priorities that have been identified by the people that they we gave him lots of options around different types of training was and I'll list them in in order that people seeing seeing them in priority was cultural competence training, coproduction training.

00:18:48.360 --> 00:18:57.690
BLAKE, Gary (LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST)
I'm learning about the system, so that's about how the whole system works. That's cross sector system, our health and and for the sector work and trauma informed practice.

00:18:58.190 --> 00:19:13.850
BLAKE, Gary (LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST)
I'm I'm at half awareness, basic mental health awareness for those more sort of program, secondary services. They felt there was more to do round raising awareness, row, mental health. So I'll be following some of it up over the next few months, but just wanted initially share that with you.

00:19:16.930 --> 00:19:22.450
RAE, Carrie (NHS WAKEFIELD CCG)
thanks Gary me upset needs looking at him with the training that we will be looking at as well.

00:19:22.820 --> 00:19:27.790
RAE, Carrie (NHS WAKEFIELD CCG)
And I think that probably Leeds has on someone else got their hand up.

00:19:29.690 --> 00:19:30.220
RAE, Carrie (NHS WAKEFIELD CCG)
Busy.

00:19:32.380 --> 00:19:36.690
Lindsay Oliver (New Beginnings) (Guest)
Hi yeah I just in the last week I've had a man.

00:19:37.320 --> 00:19:56.450
Lindsay Oliver (New Beginnings) (Guest)
A meeting with the lady called Lauren Haythornthwaite, which is a connection that was made through this network and in relation to a research project that she's doing into post traumatic growth for female survivors of domestic abuse.

00:19:57.380 --> 00:19:57.990
Lindsay Oliver (New Beginnings) (Guest)
And.

00:19:58.560 --> 00:20:28.800
Lindsay Oliver (New Beginnings) (Guest)
The results of which that's going to be going through the course of next year and will be published in March 2023. But we're very much looking at that, and they were looking at it from a trauma

informed she's got us involved in how we put the questions together so that that's been thought of right from the very beginning, and but also as far as what comes out of that were certainly within our own organization. Looking at it to see how we train and what we offer and how, and also how we can then offer that out as.

00:20:28.840 --> 00:20:32.890

Lindsay Oliver (New Beginnings) (Guest)

As an option from from what we learn from that research.

00:20:38.020 --> 00:20:39.650

RAE, Carrie (NHS WAKEFIELD CCG)

Thanks Lindsay Warren. Did you have a?

00:20:40.080 --> 00:20:52.330

Warren Larkin

Oh, just like you know, Rob Bell for of survives Russia survivors, West Yorkshire. He teaches at Liverpool University on Post traumatic growth so he Barbie could contact her.

00:20:40.600 --> 00:20:41.040

RAE, Carrie (NHS WAKEFIELD CCG)

So you know.

00:20:49.170 --> 00:20:49.520

Lindsay Oliver (New Beginnings) (Guest)

Yep.

00:20:51.960 --> 00:21:07.430

Lindsay Oliver (New Beginnings) (Guest)

He's he's actually on, so it's rob that's on. He's one of the it's Rob and Michelle Lowe and Gundy are the are the ones on the board, so it's it's a really exciting project.

00:20:56.990 --> 00:20:57.440

Warren Larkin

OK.

00:21:02.450 --> 00:21:02.730

Warren Larkin

Oh

00:21:05.590 --> 00:21:05.840

Warren Larkin

uh.

00:21:07.370 --> 00:21:08.300

Warren Larkin

That sounds brilliant.

00:21:09.070 --> 00:21:12.080

RAE, Carrie (NHS WAKEFIELD CCG)

It sounds great, So what? What was the timescale for the.

00:21:12.690 --> 00:21:36.390

Lindsay Oliver (New Beginnings) (Guest)

So at the moment we're just putting like she's got us involved so that we're looking at it from a man through through everything that suits, she's producing all the paperwork that goes with it. Anything

that's going to be put in front of people and then going to be the subject of the research and we're just putting all of that together. So she's past the first epic stage, and that she's hoping if everything goes to plan and we can both get out.

00:21:12.700 --> 00:21:14.160

RAE, Carrie (NHS WAKEFIELD CCG)

Which was at the next year.

00:21:37.690 --> 00:22:06.170

Lindsay Oliver (New Beginnings) (Guest)

Backsides into gear, then hopefully the rest of the ethics board stuff will go forward just before this Christmas, so I will be looking at the beginning of next year to start it, and then the whole process will be through the course of next the next calendar year with her publishing. I think her like due date. Innocence is March 2023, but she is as well as the you know, full like research documents that are all quite academic in their format.

00:22:06.530 --> 00:22:18.880

Lindsay Oliver (New Beginnings) (Guest)

She's also looking to create a briefing document and poster as well so that there is a little bit more sort of ease of of getting that information out there and and sharing what we learn.

00:22:21.290 --> 00:22:22.090

RAE, Carrie (NHS WAKEFIELD CCG)

Sounds great.

00:22:23.930 --> 00:22:36.610

RAE, Carrie (NHS WAKEFIELD CCG)

We really helpful just obviously when to share this with the group when it's finally published and look at how we can take some of the recommendations which are busy and there will be in into into our work as well.

00:22:35.030 --> 00:22:35.350

Lindsay Oliver (New Beginnings) (Guest)

Yeah.

00:22:37.110 --> 00:22:38.550

Lindsay Oliver (New Beginnings) (Guest)

Yeah, certainly that would be great.

00:22:39.430 --> 00:22:40.660

RAE, Carrie (NHS WAKEFIELD CCG)

Thank you, Catherine.

00:22:42.280 --> 00:22:55.710

Kathryn Hodgson

I can't remember whether we've discussed this here. 'cause like you know, there's so many meetings, but I know in the last week I've had a number of conversations with places that are saying they want specific training for leaders of services around trauma informed that are sort of separate.

00:22:56.400 --> 00:23:02.420

Kathryn Hodgson

Because then they've got different issues and different concerns, but also tackling them so that they can pass it down.

00:23:03.870 --> 00:23:08.570

Kathryn Hodgson

And so I can't remember whether we included that in the plans or that's alright, you are.

00:23:07.820 --> 00:23:20.870

RAE, Carrie (NHS WAKEFIELD CCG)

Yeah, we also a bit on the agenda later, just around some of our plans around the programme of training. And it did come out of our system leadership exec group when we first took this.

00:23:11.530 --> 00:23:11.820

Kathryn Hodgson

Yeah.

00:23:14.600 --> 00:23:14.880

Kathryn Hodgson

Yeah.

00:23:21.500 --> 00:23:22.950

RAE, Carrie (NHS WAKEFIELD CCG)

To them and.

00:23:23.690 --> 00:23:25.480

RAE, Carrie (NHS WAKEFIELD CCG)

Around having our system leaders.

00:23:26.120 --> 00:23:30.860

RAE, Carrie (NHS WAKEFIELD CCG)

Some level of trauma informed training so they are aware 'cause I think we all live and breathe it. Sometimes we forget that.

00:23:31.790 --> 00:23:35.020

RAE, Carrie (NHS WAKEFIELD CCG)

Some people aren't quite aware of it myself and emm.

00:23:35.670 --> 00:23:52.450

RAE, Carrie (NHS WAKEFIELD CCG)

I will also doing a little bit of them in in partnership with each place are going round each health and well being board as well and to talk about the work happening in place and how our work supports that and that shared ambition and that that shared.

00:23:54.150 --> 00:24:01.790

RAE, Carrie (NHS WAKEFIELD CCG)

Partnership working and how we support each other with that. So we've have been to Calderdale. We've grown to Leeds in December.

00:24:02.700 --> 00:24:19.850

RAE, Carrie (NHS WAKEFIELD CCG)

And we are going to Kirklees health and well being board in January and we're just getting some dates in for Bradford and Wakefield as well. So that will some really help some of that. And buying in that system approach. And I think one of the asks, we might put to health and well being board is that they.

00:24:20.520 --> 00:24:21.260

RAE, Carrie (NHS WAKEFIELD CCG)

They are part.

00:24:22.060 --> 00:24:29.900

RAE, Carrie (NHS WAKEFIELD CCG)

Of that system leader training to understand that as well, so that's really helpful Catherine, that some of the feedback you're getting is aligning with.

00:24:30.540 --> 00:24:33.260

RAE, Carrie (NHS WAKEFIELD CCG)

With what we've got on our way of thinking as well.

00:24:33.790 --> 00:24:59.160

Kathryn Hodgson

And I think probably what I'll do is 'cause I met with Max Nesmith today. Uh, you know, Max Deer head of adult services in Leeds Council. So we were talking about setting up a steering group for adult services in Leeds. And this was exactly what we're talking about. Is some sort of leadership, so I think we need to connect that rather than do it separately. We need to connect it and sort of use resort whichever resources are there.

00:24:54.700 --> 00:24:55.020

RAE, Carrie (NHS WAKEFIELD CCG)

Yeah.

00:24:59.630 --> 00:25:06.690

RAE, Carrie (NHS WAKEFIELD CCG)

Yeah, and connected into the Leeds that yeah the rest of the Leeds work 'cause well when we're going to present. So yeah if you could do an introduction that would be great.

00:25:00.390 --> 00:25:01.130

Kathryn Hodgson

Yeah, do that.

00:25:03.970 --> 00:25:04.290

Kathryn Hodgson

Yeah.

00:25:07.540 --> 00:25:08.150

RAE, Carrie (NHS WAKEFIELD CCG)

Jill.

00:25:11.070 --> 00:25:41.000

Gill Thornton

Sorry, I left the mute on. I'm just to mention it's it's really. It's really very initial stages, but it's I think it probably is just interesting. We we just started discussions today with the domestic violence, domestic abuse lead and the police about services are our target group is not to three years and pregnant women and we're in a small area of Bradford William. Three wards in Bradford. But looking at piloting something so there's two things that we're exploring with the much I think are interesting.

00:25:41.140 --> 00:26:14.250

Gill Thornton

And both of them were discussing having a trauma informed protsch approach to them. So the first thing is expanding operational, encompass and not sure if people know what that is, but it's basically making sure that the services around children in schools, no, when there's an issue of domestic violence, domestic abuse in their families or or the children are at risk and and how you do that. Inertia is when, especially when their children are very little and not verbal. So so working together

with the police and the services and and one of the things that we're able to do is support some training of practitioners in.

00:26:14.310 --> 00:26:45.320

Gill Thornton

In both the recognition but also in that sort of trauma, informed approach and and the other thing is looking at whole family approaches to domestic abuse and how we can support the whole family to to to basically get services and and once again with the trauma informed approach. Because very often the root of what's going on is is is that and and and how we can support that and one of our sister projects in in Blackpool does something called for the sake of the baby. I don't know if you've come across that is a so it's so looking at something similar to that.

00:26:45.630 --> 00:27:15.510

Gill Thornton

Where you tried to keep the family together and and and and then enable the parents to to see that child as a part of the family that needs to be would be protected and and to be able to. I mean it. It's it's kind of more complex stuff than I'm used, so I'm headed programme. I'm not a specialist but but talking to the specialist, I think there's some potential there for for our programme to support the development of things like that. Essentially as a pilot, but but you know, for the district, so you coming along to the health and well being board will be really helpful.

00:27:15.920 --> 00:27:18.610

Gill Thornton

Talk about how that can help on a wider basis.

00:27:19.310 --> 00:27:46.470

RAE, Carrie (NHS WAKEFIELD CCG)

Yeah, we are doing some work with police in training as well, so I just wonder if we just move the agenda items around a little bit and we go onto the program of training now and so we can kind of make everybody aware of what the plans are an over up till March where we're up to with that and and and going forward over the next year as well. And I'm sorry, but do you want you put so much work into this? I don't want to.

00:27:47.320 --> 00:27:53.080

RAE, Carrie (NHS WAKEFIELD CCG)

To lead it before you said you want to give an update, particularly around the police as well of conversations you've been having.

00:27:53.630 --> 00:28:10.260

IRVING, Emmerline (NHS WAKEFIELD CCG)

Yeah, so uh, we LinkedIn now with the central training department within West Yorkshire Police and I had a meeting with Cheryl this week to look at how best to start the rollout of trauma. Informed training to all officers which they've signed up to do in by 2030.

00:28:11.170 --> 00:28:22.470

IRVING, Emmerline (NHS WAKEFIELD CCG)

And, UM, we're stuck with looking at starting the proposal is. We start with district officers, which are the response officers and probably the ones that are dealing with the master trauma.

00:28:23.030 --> 00:28:25.550

IRVING, Emmerline (NHS WAKEFIELD CCG)

At a penny period in time so.

00:28:26.660 --> 00:28:27.800

IRVING, Emmerline (NHS WAKEFIELD CCG)

The uh.

00:28:28.700 --> 00:28:44.780

IRVING, Emmerline (NHS WAKEFIELD CCG)

Fast numbers there's five teams in five districts are bogged, Warrens, mine mind with the maths around this city of the day. So every district has five teams and and every 10 weeks the same team from each district. So IE team won.

00:28:45.610 --> 00:28:49.150

IRVING, Emmerline (NHS WAKEFIELD CCG)

Attends the training so it would take.

00:28:49.790 --> 00:28:50.570

IRVING, Emmerline (NHS WAKEFIELD CCG)

Ann

00:28:51.380 --> 00:29:03.790

IRVING, Emmerline (NHS WAKEFIELD CCG)

it would take it. Take a good 12 months to roll it out across every district and every officer in those district teams and we'd start with would start with the SIM. Would start with one district at a time.

00:29:04.650 --> 00:29:15.890

IRVING, Emmerline (NHS WAKEFIELD CCG)

So we would do Team won in Leeds and then a fortnight later we do team to a fortnight later. We do team three and then we'd move on to Bradford, Wakefield, et cetera, et cetera.

00:29:16.930 --> 00:29:25.840

IRVING, Emmerline (NHS WAKEFIELD CCG)

And so by the end of that you will have all district response officers with the basic trauma informed training.

00:29:26.490 --> 00:29:57.920

IRVING, Emmerline (NHS WAKEFIELD CCG)

Then we'll roll it out, then to nibble policing teams, it's PCs, or get it on their Prentice ship scheme, etc etc. Once once we've got that basic training out of the way, we're going to be working simultaneously to look at what's the higher level training needed for specific teams that might deal with. So, for example, attached the violence reduction unit you've got Operation Gem, lock up their response officers that respond to serious violence. So if there's a knife attack, if there's a.

00:29:58.000 --> 00:30:08.650

IRVING, Emmerline (NHS WAKEFIELD CCG)

Had a weapon ago next cetera et cetera, and they will respond to that. So it might be that they need a different level of training passport to the needs of that team and will be called producing that with.

00:30:10.080 --> 00:30:10.710

IRVING, Emmerline (NHS WAKEFIELD CCG)

Uh.

00:30:11.870 --> 00:30:29.750

IRVING, Emmerline (NHS WAKEFIELD CCG)

Sorry, I just seen a message in the chat, will be called producing that with West Yorkshire Police. The

training is going to be provided by Warren and his associates and we're going to coproduce it with Cheryl and and make sure it's fit for purpose and for for what they need.

00:30:30.820 --> 00:30:42.950

IRVING, Emmerline (NHS WAKEFIELD CCG)

So the the ambition is that by 2030 all officers will understand what charming adversity is and why they need to respond to it, and then when necessarily they're necessary, they will have had, and where appropriate, some more specialized.

00:30:43.730 --> 00:30:49.780

IRVING, Emmerline (NHS WAKEFIELD CCG)

Training and then will be mirroring that model for housing and all housing staff.

00:30:50.440 --> 00:30:51.640

IRVING, Emmerline (NHS WAKEFIELD CCG)

Moving forward as well.

00:30:56.590 --> 00:30:59.130

RAE, Carrie (NHS WAKEFIELD CCG)

Does that help people digest? Don't commit.

00:30:57.040 --> 00:30:57.420

IRVING, Emmerline (NHS WAKEFIELD CCG)

Jeff

00:31:00.410 --> 00:31:25.620

Parker Jessica

This may be a really stupid question and I'm really sorry if it is. I'm just wondering in terms of the content of that training for police, obviously you've got your core team there when there's any opportunity to feed into that. 'cause I'm just thinking that for me in terms of suicide prevention, this is an ideal opportunity to really talk about some of those risk factors and those key things that officers on the ground needs to needs to look out for and also where it's really, really important for them to.

00:31:26.370 --> 00:31:39.120

Parker Jessica

I spent hours completes an incident monitoring and certain death or ports really fully and how we use them, so I'd really love to have my 2 penny, but if it's a pre design program understand that might not be possible and I suppose it's the same for.

00:31:39.710 --> 00:31:47.450

Parker Jessica

You know housing housing officers form a core. Part of our strategy for next five years and thinking about, you know.

00:31:47.760 --> 00:32:07.470

Parker Jessica

And in terms of isolation, now Eunice the risk factor for suicide and and maintenance people those attending. Had you know those are those those those attending and dealing with housing and housing provision and so if there's sort of any scope for me to be able to feed, and anything. I'd really, really appreciate that I think had to get a lot of got a lot of value from that.

00:32:08.160 --> 00:32:39.070

IRVING, Emmerline (NHS WAKEFIELD CCG)

Brilliant and I think Warren is going to come in and answer that. And just a second, I suppose it's also worth mentioning that and other district teams it's so complicated I've never got my head round the where the police sort of structure themselves. Yeah, but I've been asked and I've presented at Kirklees team not so long ago two weeks ago and they're up for pilot in something. I think that was the neighbourhood policing team that I presented to there, and we've been asked on the Early Action Forum now as well for West Yorkshire Police.

00:32:39.480 --> 00:32:53.210

IRVING, Emmerline (NHS WAKEFIELD CCG)

So we're definitely getting that public health approach as well as that trauma. If I'm so. There's lots of different avenues. Jess is what I'm saying as well as the training there's other avenues so we can have a conversation offline, but that's the beauty of having this collaborative.

00:32:57.420 --> 00:33:06.230

Warren Larkin

So I just check it briefly I. I agree Jess is fundamentally important to understand the risks for suicide and the opportunities for prevention.

00:32:57.440 --> 00:32:58.670

RAE, Carrie (NHS WAKEFIELD CCG)

Warren Jones

00:33:07.360 --> 00:33:16.040

Warren Larkin

I think that's having spent quite a lot of time with different policing teams. I think it's directly relevant to some and less directly relevant to others.

00:33:16.370 --> 00:33:40.200

Warren Larkin

Uh, and I think that'll be part of the core productions. The Co production phase of the once everybody understands the very basics. Then it'll be about OK. What does this team need to know? This team spends all the time looking at child abuse videos you know, is it relevant to them and can they make use of it? Well, maybe not, but what they do need is good trauma, informed supervision 'cause they get offered one counseling session a year.

00:33:41.220 --> 00:33:58.910

Warren Larkin

And they spend 40 hours a week looking at child abuse videos and trying to work out those committing these crimes. So, so it's like I think team by team there's going to be really specific opportunities. You know to leverage what they do and how they do it. So I think they'll definitely opportunities when we look at.

00:33:59.620 --> 00:34:00.680

Warren Larkin

Individual teams

00:34:03.810 --> 00:34:04.560

RAE, Carrie (NHS WAKEFIELD CCG)

so help Jess.

00:34:05.180 --> 00:34:10.750

Warren Larkin

sorry, I just 'cause I also as part of the mental off awareness that was mentioned earlier. I think that's an obvious.

00:34:11.420 --> 00:34:15.550

Warren Larkin

Progression from this conversation, isn't it? So we talk about trauma and vulnerability, but.

00:34:16.500 --> 00:34:31.980

Warren Larkin

That Leeds onto a conversation about mental health, 'cause one of the outcomes of trauma and adversity for a lot people is mental vulnerability, so I guess it's just when we do this training needs analysis. I think that'll be a really important part of that conversation.

00:34:34.610 --> 00:34:40.180

RAE, Carrie (NHS WAKEFIELD CCG)

Thanks, Warren. I think this is the beauty about working as a system, isn't it? Because it also means consistent.

00:34:40.800 --> 00:34:47.500

RAE, Carrie (NHS WAKEFIELD CCG)

Training across West Yorkshire for police as well and that same level of quality or training. Lindsay Jones coming.

00:34:48.660 --> 00:35:15.010

Lindsay Oliver (New Beginnings) (Guest)

I think Warren sort of touched on. It's like there, but it was just to sort of set, you know is that is that the plan with that basic like trauma informed training is that up to show them how they can implement trauma informed in how they approach and any victims they come across within within any crimes and calls that they're having to go to. But is it also looking at how the trauma informed amongst their own peer group and how they can be supporting their work colleagues?

00:35:16.420 --> 00:35:18.150

Warren Larkin

Well, he can answer that.

00:35:18.210 --> 00:35:24.610

Warren Larkin

And I think I think the idea with the idea with the foundation or trying to build it.

00:35:25.250 --> 00:35:30.300

Warren Larkin

Let everybody understand what these ideas are, what the concepts are.

00:35:31.280 --> 00:35:48.500

Warren Larkin

The basics, the information, the research, the case for change, how common it is, how it manifests in peoples lives, how it can be an intergenerational impact, how it can affect communities and so just really bringing people up to speed with the things that we talk about all the time.

00:35:49.090 --> 00:35:59.750

Warren Larkin

They're not obvious to people because they've just never had that training. They've never really been given the opportunity to step back and think about that stuff, so I see it as forming the foundation for.

00:36:00.910 --> 00:36:03.450

Warren Larkin

Conversation as part of their culture.

00:36:05.160 --> 00:36:28.050

Warren Larkin

I think definitely will be about the the ideas and how they apply to themselves as workers and as peers and how they look after each other and stay well in the job 'cause they have a really stressful and difficult job and they're exposed to trauma a lot. So I think that that that's a part of it. But obviously it's also about how that shows up in their day-to-day. You know how that experience might be.

00:36:29.090 --> 00:36:32.000

Warren Larkin

You know someone's in front of him in their behaving in a certain way.

00:36:32.690 --> 00:37:02.950

Warren Larkin

What want to do is be able to think about, well, what are the reasons for this rather than just dealing with the behavior you know there's? It's like there's something about that. Some persons brain state in that moment, which might be something to do with what they've been through or their stress response, or they're afraid, or they're scared. Or there they've been triggered, or something like that. Or it might be something about their wider circumstances that they're struggling with, like a mental health problem, or an addiction or an abusive relationship. So I think it's all of those things, but I guess.

00:37:03.060 --> 00:37:11.330

Warren Larkin

But we want to do is get people on the same page first before we start looking at what their individual needs are across different teams because.

00:37:12.310 --> 00:37:30.160

Warren Larkin

Obviously, in the police there are dozens of different teams doing different things, and it's at that point we need to start thinking well what. What specifically does this pilot team need to look at Charles videos? Or what does this team, the people who take the calls in the operations room? That's a really stressful job.

00:37:30.910 --> 00:37:37.610

Warren Larkin

I don't think I could do that for more than about a day and half. I reckon it seems really, really difficult so.

00:37:38.470 --> 00:37:53.450

Warren Larkin

Yeah, anyway, I could talk about this all day, but I hope that helps a little bit. I mean I can also, if you're interested I can. I can give you some headlines about what we plan to cover in terms of never giving everybody you know a basic understanding.

00:37:55.380 --> 00:38:00.130

RAE, Carrie (NHS WAKEFIELD CCG)

It might be helpful to just give a couple of headlines were in, so everybody is kind of understanding.

00:38:00.820 --> 00:38:01.960

Warren Larkin

Yeah no.

00:38:01.440 --> 00:38:05.060

RAE, Carrie (NHS WAKEFIELD CCG)

Which one? I think that's OK. We have got the time. So if you're happy to do that.

00:38:04.150 --> 00:38:06.200

Warren Larkin

Oh yeah, yeah, absolutely absolutely so.

00:38:07.850 --> 00:38:15.800

Warren Larkin

God, I spend my life doing this. I don't even need to look, I'll just remember it. So we start off by talking about how prevalent trauma is.

00:38:16.640 --> 00:38:49.120

Warren Larkin

Globally and locally we talk about the different kinds of trauma. So we talk about single event trauma and how most people recover from that and how 20 to 30% of people will struggle and we talk about the fact that trauma is an emotional reaction to an event, not the event itself and talk a little bit about what are the differences. Well, I just some people react in a way that is debilitating and disabling, and some people seem to bounce back, and that's a really interesting conversation to other police officers, isn't it?

00:38:49.440 --> 00:39:18.650

Warren Larkin

You know why? Why does some of the things they deal with seem to just wash over them and other things take the legs from under you know what's that about and how do we avoid it? How do we sometimes maybe take proactive steps to protect ourselves from some of that? So we talk about trauma, the nature of it. We talk about what are traumatic symptoms, that syndrome of things that happen to people that are really predictable following a traumatic event, and we try and explain how that is an adaptation.

00:39:19.420 --> 00:39:25.420

Warren Larkin

To assess circumstances and that adaptation is actually an evolutionary process to protect us.

00:39:26.320 --> 00:39:32.460

Warren Larkin

But unfortunately that evolutionary process that is just it's kind of evolved protectors isn't a state you can live in.

00:39:33.340 --> 00:39:41.190

Warren Larkin

It's highly unpleasant. It's highly disabling. It can make us very vulnerable, and it's it causes us to disconnect from other people.

00:39:41.950 --> 00:39:53.900

Warren Larkin

And actually, the worst thing you need. The last thing you need when you're affected by trauma to be disconnected from other people. What people really need is social support. The chance to talk about it, chance to process it, the chance to make sense of it.

00:39:54.910 --> 00:40:00.150

Warren Larkin

I would natural reaction is a revolution. Responses to keep her head down to disappear.

00:40:00.750 --> 00:40:13.770

Warren Larkin

To not take any risks to look out for DHANJAL a time and it's at that point our body starts working against us because we're full of stress hormones where highly aroused. We can't sleep with full of inflammation.

00:40:14.510 --> 00:40:32.340

Warren Larkin

And everything starts cobett wrong. You know we start to decompensate so we talk about all of those things we talked about. How common this is, we talk about some of the things that help people recover and that can be your colleagues. It can be self. It can be fun numbers. It can be people you work with. We talk about some of the common.

00:40:32.860 --> 00:40:42.110

Warren Larkin

And adverse consequences of of of what we might call simple trauma when people should get help. They can't help. They should look for.

00:40:42.850 --> 00:40:46.680

Warren Larkin

Uh, we talk about complex trauma, so multiple.

00:40:48.040 --> 00:40:57.840

Warren Larkin

Multiple and long term kinds of trauma like racial trauma. In just so you know, kind of inequality, poverty.

00:40:58.370 --> 00:41:01.660

Warren Larkin

Uh Community trauma historical trauma.

00:41:02.640 --> 00:41:24.200

Warren Larkin

Living with somebody who has got a serious drug addiction or a serious mental problem and how that can affect family. And so we're talking all different kinds. Then we move on to developmental trauma, which is adverse childhood experiences. And they caught we. We talk talk about its developmental trauma because it affects the way children, brains and bodies developer. Now they learn to navigate social world.

00:41:25.300 --> 00:41:28.280

Warren Larkin

So we then move on to talk about the early years.

00:41:29.040 --> 00:41:46.060

Warren Larkin

Then why the early years? It's fundamental in avoiding crime. Avoid interdctions avoiding mental health problems, avoiding social problems, and all of those things that actually if we. If we if we move upstream, if we work on prevention and we talk about huge evidence around prevention that you know actually the phone from the.

00:41:46.690 --> 00:41:53.830

Warren Larkin

Intensive home visits in programme firmness PARTNERSHIP in America. When they did it in New York in God 26 years ago.

00:41:54.500 --> 00:41:59.140

Warren Larkin

They found that by providing intensive on visiting for horrible families, teenage families.

00:41:59.880 --> 00:42:05.680

Warren Larkin

The way they followed him up 22 is looked in in two years later they found that intensive on visiting programme.

00:42:06.290 --> 00:42:16.720

Warren Larkin

The families that had it compared with funds that didn't have it. Their kids will less involved in crime. Their kids were less involved in violence. They did better at college. They graduated. They've got jobs.

00:42:17.530 --> 00:42:29.610

Warren Larkin

They were happier. The adolescence love problems, so we talk about all of that as well, because the big picture, the big picture, is that this is whole of society, problem, not. And he's not a problem, that's that's simply resides in an individual.

00:42:30.230 --> 00:42:41.740

Warren Larkin

You know, so it's not a case of try harder, get a job. Do you? Do more you know. Be tougher, be more resilient because that that whole of society problem means that where you live and where you were brought up.

00:42:42.370 --> 00:42:56.930

Warren Larkin

And and the access to resources and assets and opportunities you've got determined to some extent how well you can cope with the stuff that you've been through in your life. So we also talked about the need for a social justice sort of mentality to all of this.

00:42:58.070 --> 00:43:00.620

Warren Larkin

Uh, and then we talk about what is trauma informed practice.

00:43:01.220 --> 00:43:08.250

Warren Larkin

What are the different views on all of that and what does it look like? What are the key concepts? Then we talk about.

00:43:10.620 --> 00:43:39.230

Warren Larkin

Why it's important to talk to people about adversity and trauma and how to do that. And then we also talk about resilience, because if the balancing act is in, you know, right acknowledging and recognizing this and not making it worse, but also recognizing that everybody wants or needs treatment. How do we offset this stuff? By working on the strength, the assets, the capitals individually and in communities to help people cope in spite of what we've been through?

00:43:39.900 --> 00:43:55.740

Warren Larkin

And helping people build those coping resources and then we finish off that session by talking about relationships. And I we started right. The beginning we relationships and we finished with relationships. And then they're not only our best source of.

00:43:57.150 --> 00:44:06.080

Warren Larkin

Coping in the face of adversity and trauma, but they're also the best predictor of our health, our happiness and our longevity.

00:44:06.850 --> 00:44:25.480

Warren Larkin

And also in a in a kind of working relationship context, the quality of our relationship is the single best predictor of outcomes as Catherine will back me up in a moment. So working alliance it is one of the best predictors of whether people benefit from the care that we offer them.

00:44:26.100 --> 00:44:47.380

Warren Larkin

So my leave everybody with this idea that we talked about this whole thing from the small to the microcosm, to the macrocosm, to the big picture, to the social justice picture. And then finally it all comes down to the same thing. It all comes down to whether we can use our relationships to connect with people and to use those connections as a medium for people recovering and getting better or healing whatever you want to call it.

00:44:48.170 --> 00:45:00.360

Warren Larkin

And I'll leave people on that note because if we don't get that bit right, none of the rest of it is going to make any sense or or make any difference. And I also finished with saying and that means we as workers.

00:45:01.150 --> 00:45:06.060

Warren Larkin

Have to look after ourselves. We have to be restored. We have to have a chance to reflect.

00:45:06.740 --> 00:45:12.590

Warren Larkin

And we also have to look after each other and we also have A and or organizations also have an obligation.

00:45:13.280 --> 00:45:14.320

Warren Larkin

To take care of us.

00:45:15.990 --> 00:45:26.860

Warren Larkin

And that's where we finish with a little bit of a optimism about hope, but also a bit of provocation, you know, let's let's be serious. If we haven't got people caring for us at work.

00:45:27.750 --> 00:45:29.210

Warren Larkin

Let's, let's sort that out, you know?

00:45:32.140 --> 00:45:39.590

RAE, Carrie (NHS WAKEFIELD CCG)

Thanks Warren, it was really helpful. I think we've got a couple of hands up so I Lyndsey. Is that, uh and older hand? Or is it a new hand?

00:45:32.480 --> 00:45:32.830

Warren Larkin

Thanks.

00:45:39.320 --> 00:45:41.120

Lindsay Oliver (New Beginnings) (Guest)

So right now that's an old hand.

00:45:41.520 --> 00:46:02.890

RAE, Carrie (NHS WAKEFIELD CCG)

So and just to say that we are taking the same approach with housing as well as their mentioned earlier. So what will be the introductory session for housing staff? And then we'll be looking at developing some more bespoke training after that and depending on where people work and we're also going to be doing a similar approach.

00:46:02.950 --> 00:46:10.230

RAE, Carrie (NHS WAKEFIELD CCG)

Which I'm primary care as well, which Warren will also be focusing on as well.

00:46:12.250 --> 00:46:14.960

RAE, Carrie (NHS WAKEFIELD CCG)

I can't see he's got their hands, Sarah.

00:46:16.440 --> 00:46:20.050

Sarah Benson

Hi yeah just got a better firm and anecdote to share.

00:46:21.190 --> 00:46:36.520

Sarah Benson

Wait, what might be interested in and then a quick question at so a client of mine who's in his 60s and spent the 1st 20 years of his life going through in the most extreme adverse childhood experiences you can think of.

00:46:37.590 --> 00:46:43.130

Sarah Benson

And he's now an alcoholic. Probably had some drug abuse in his background as well.

00:46:43.420 --> 00:47:08.410

Sarah Benson

EMM and completely isolated his, and he had a complete mental breakdown about two years ago and was at risk of harming himself and his wife called an ambulance, and she thought that was the best thing to do and the paramedics arrived and they felt how he was presenting. It was beyond their skill set, so they called the police.

00:47:09.180 --> 00:47:15.670

Sarah Benson

And what happened next is just devastating. So, uh, please Van arrived outside his house.

00:47:15.730 --> 00:47:21.190

Sarah Benson

Apps 6 UMD police officers and jumped out there fam.

00:47:22.110 --> 00:47:43.410

Sarah Benson

And cornered him in his garage. He lashed out in self defense. He didn't want to be cornered, he didn't want to be red or palm. He lashed out in self defense. They class that as assaulting a police officer. They arrested him and he got two years suspended sentence and that experience led him to have a heart attack.

00:47:44.460 --> 00:47:44.860

Warren Larkin

Please.

00:47:44.470 --> 00:47:52.910

Sarah Benson

And I want a F had the paramedics well apart from the wonderful work that you're doing well, in which I'm hoping is gonna be able to.

00:47:53.730 --> 00:48:23.980

Sarah Benson

And it transformed the way the police would handle situations like that in the future because his wife was constantly trying to tell the police he's covered by the Mental Health Act. So he has severe diet. Clinically diagnosed, complex PTS needs PTSD needs, and they didn't list them, they didn't, they just treated him like he was a criminal. And and I just wonder if the paramedics had had some kind of trauma informed practice. If they might have been able to make more of a difference in the first place.

00:48:24.040 --> 00:48:29.690

Sarah Benson

And is that something we might consider as a group rolling out this training too?

00:48:31.260 --> 00:48:33.520

Warren Larkin

Uh, yeah, yeah, go ahead.

00:48:31.270 --> 00:48:43.330

IRVING, Emmerline (NHS WAKEFIELD CCG)

Well then, just before just before you answer that, can I answer the latter part of that question to say yes, Sarah, we are and we're already working with the well. It's it's a really bizarre title in the as security.

00:48:35.120 --> 00:48:35.440

Warren Larkin

Yeah.

00:48:43.900 --> 00:48:58.890

IRVING, Emmerline (NHS WAKEFIELD CCG)

An workforce Leeds or something like that, and so we're going to be working with them to look at how we roll this out, and we're working with the Tri service as well, so I'll blue light services to see how we can get the trauma informed approach rolled out with you guys too. So yeah, is the answer that part of the question.

00:48:59.510 --> 00:49:00.040

Warren Larkin

Thanks.

00:48:59.600 --> 00:49:27.410

RAE, Carrie (NHS WAKEFIELD CCG)

And can I just add on to that as well? So I think part of this groups role and responsibility is to identify where we think there are gaps across the system and where we could benefit from taking the approach that we're taking with police and housing to do things once across the system as well. Doing timber. I think this is an 8 year plan, so we have prioritized the police and the housing and some primary care and next year for a year. But absolutely I think the scope of this group is also.

00:49:28.430 --> 00:49:35.210

RAE, Carrie (NHS WAKEFIELD CCG)

Thinking about whether whether gaps across the system and where, then in future years and going forward on top of all the work we're currently doing well, we could roll.

00:49:35.840 --> 00:49:36.960

RAE, Carrie (NHS WAKEFIELD CCG)

That training out as well.

00:49:38.620 --> 00:49:39.600

Warren Larkin

Three, I think is a really.

00:49:39.000 --> 00:49:40.590

Kathryn Hodgson

Wasn't this like from?

00:49:40.830 --> 00:49:41.820

Warren Larkin

Catherine so Catherine.

00:49:41.980 --> 00:49:52.710

Kathryn Hodgson

No, it just goes so if you ever watched that ambulance program, you know that's in the West Midlands. They actually have mental health nurses on duty with the paramedics, so if it is a mental health, they go out and sit with them and that's what we need.

00:49:52.770 --> 00:49:55.610

Kathryn Hodgson

Need you know a specific 1 go?

00:49:53.310 --> 00:49:54.950

Warren Larkin

Yeah, that's true.

00:49:56.180 --> 00:50:09.230

Warren Larkin

No, it's really helpful that protsch 'cause they've got people on, you know they deal with a lot of mental health issues. Ambulances get called locked mental health problems and makes a lot of sense that caught. Sometimes they do St Triage. You know the that makes a lot of sense I think.

00:50:10.210 --> 00:50:26.360

Warren Larkin

I work with a lot of paramedics, a lot of police officers over the years and I haven't met one who didn't sign up for really, really good, honorable reasons, but they will. You know, they will admit that they're not equipped to deal with this very often. They don't know what to do, so they revert to what they've been trained to do.

00:50:26.930 --> 00:50:28.030

Warren Larkin

Uh, and.

00:50:28.770 --> 00:50:41.780

Warren Larkin

My I've spent quite a lot of time with officers recently asking them about what they think about this subject, and pretty much all of them say this is really relevant to our work. This is really important that we know more about this.

00:50:42.800 --> 00:51:12.290

Warren Larkin

And you know, I used to be responsible for comes in Lancaster, and I'll be on the wards sometimes. And people coppers, you know. Transport Police, for example. Come in with young person and go God that was stressful. You know we had to restrain him and this time the other night and think oh but just not trained for this. You know what do we do? We've got no idea. Sometimes it goes really well and we we can have an amicable outcome and other times we end up restrained coughing him. You know, we don't really know what the difference is, so they will openly admit that they need and want more help.

00:51:12.720 --> 00:51:17.420

Warren Larkin

Uh, but that that was, yeah, that's a pretty distressing example, isn't it of.

00:51:18.600 --> 00:51:27.500

Warren Larkin

It's not going very well unfortunately, so I think I think there gonna be a really receptive group and also the other thing to say is police officers and police staff.

00:51:28.340 --> 00:51:31.840

Warren Larkin

Really recognize that they are the frontline public health service.

00:51:32.550 --> 00:51:48.710

Warren Larkin

You know crime fighting is a tiny part of what they do and and you know, I'm sure soluble back me up. It's not a big part of their job these days. Actually, the biggest part, that job is the young people vulnerability families you know, conflict at home.

00:51:49.510 --> 00:52:03.610

Warren Larkin

Mental health issues. You know they're dealing with vulnerable people most of the time, so I think they'll be really receptive, and I think paramedics as well. For two reasons. One there deal with a lot of vulnerability, but the second reason is.

00:52:04.360 --> 00:52:20.040

Warren Larkin

When I did some research for paramedics a couple of years ago, I won't say which ambulance service it was bought. 46% of serving paramedics who were at work doing their job met criteria for PTSD.

00:52:22.500 --> 00:52:23.840

Warren Larkin

And I was like Christ.

00:52:24.460 --> 00:52:26.700

Warren Larkin

How did you even like drive to work and back?

00:52:27.450 --> 00:52:46.990

Warren Larkin

Never mind treat people are in potentially life threatening conditions and also re traumatizing conditions and people giving you abuse. How do you possibly get to work and back you know so their jobs, their jobs affecting them really badly as well. So I think there's a lot of reasons why this will be hugely.

00:52:47.680 --> 00:52:48.780

Warren Larkin

Well received I think.

00:52:51.510 --> 00:52:53.200

RAE, Carrie (NHS WAKEFIELD CCG)

Yeah, Christina, let's come in.

00:52:55.740 --> 00:53:25.510

Christina Collins

And minding Bradford runs the evening crisis service, so that's a diversion from A&E for anyone who's struggling with mental health, we are exploring how to improve access into that service. And one of the avenues we are exploring is how we can better link up with Yas and and I think from linking it with summer she's just identified that the there is definitely a need.

00:53:25.690 --> 00:53:49.300

Christina Collins

And for people who are struggling, the mental health not necessarily to attend day in either don't get the right support that can be waiting there for 5-6 hours. Physical health is prioritized a lot of the time, so we are exploring at how we can intervene at that point and potentially could they come to our and our crisis offer service.

00:53:51.090 --> 00:54:10.120

Christina Collins

Happy Father Dugard tueni. If they meet that threshold so that is something we are currently exploring and looking at. Because we were hearing this across the district from a lot of different partners that we need to think of new ways of working and that is one of the areas we will be picking up over the next few months. Hub for their.

00:54:11.190 --> 00:54:26.090

Warren Larkin

Sounds really good Christina a lot people. I don't know what it's like in in your local areas, but a lot of people have been clubbed problems. Do we relate that they don't always get the best response when they've waited for hours in a any because?

00:54:27.020 --> 00:54:33.440

Warren Larkin

They're just not equipped to meet their needs, so that sounds like a great great contribution.

00:54:28.800 --> 00:54:29.200

Christina Collins

No.

00:54:32.780 --> 00:54:33.040

Christina Collins

Yeah.

00:54:33.860 --> 00:54:51.780

Christina Collins

And I think a lot of the feedback is we receive is that they will sit in A&E based receive an assessment by PLN and then get discharged and they don't have the time or capacity to do that ongoing signposting and that therapeutic interventions so fingers crossed.

00:54:42.770 --> 00:54:43.000

Warren Larkin

Yeah.

00:54:52.990 --> 00:54:56.540

Christina Collins

That'll be, it's been very successful and best for the clients as well.

00:54:56.960 --> 00:55:01.030

Warren Larkin

Cents antastic and just thinking about the police training would be really helpful to get.

00:55:02.010 --> 00:55:27.510

Warren Larkin

At least some resources to be able to show them and say look, these are all the things available in your area. These are things that you can make use off here or people to contact. Here are people to talk to about what's available. You know we've already heard about their diversion scheme. We've heard about suicide prevention work we voted by. You know there's loads of really cool things that maybe they just don't know about it. Maybe they need to build a relationship with you and learn about some of that important work.

00:55:31.730 --> 00:55:59.680

RAE, Carrie (NHS WAKEFIELD CCG)

Thank you and have we got any further questions on the kind of training program? It's a little bit of a brief outline and we're working through the numbers now. I think it's probably really positive to say we really have the police on board with this and we really have housing sign up and agreement to be part of this training as well. We are also going to be going out to start to set up per we had our primary care trauma informed Workshop last month or the month before and following that in the new Year.

00:56:00.400 --> 00:56:31.060

RAE, Carrie (NHS WAKEFIELD CCG)

Are we going out to get a bit of a task? Ask for volunteers to be part of a task and finish group as well and around primary care to start to develop some of that work. And I think the really important bit for us is where we're developing some bespoke training that we're doing that in a Co production WY and with our police with our housing with our primary care colleagues, I wonder Luke, I'm not gonna put you on the spot, but I wonder whether you wanted to say anything. Well, I'm going to put you on the spot whether you wanted to say anything just about the Calderdale work and.

00:56:31.120 --> 00:56:36.400

RAE, Carrie (NHS WAKEFIELD CCG)

And the kind of plans that we've just been having a bit of discussions about regard to primary care.

00:56:37.510 --> 00:56:50.050

TURNBULL, Luke (NHS KIRKLEES CCG)

Yeah, so we've got a plan for a two pronged approach. I suppose in in Calderdale to pilot a trauma enquiry.

00:56:50.480 --> 00:57:20.520

TURNBULL, Luke (NHS KIRKLEES CCG)

Uh, project. Both of these. I think we'll start off small and we'll evaluate them and see how they go. So the first is to try and have this enquiry pilot approach where you might give someone the questionnaire who's coming in. Probably probably we're thinking about targeting out at people who are high users of of primary care where their symptoms are perhaps somewhat vague.

00:57:20.650 --> 00:57:25.450

TURNBULL, Luke (NHS KIRKLEES CCG)

Uh, and on and seemingly unresolvable. Perhaps his.

00:57:25.500 --> 00:57:55.330

TURNBULL, Luke (NHS KIRKLEES CCG)

Uh, might be away putting it and then secondly to roll out trauma informed training across primary care as well. I think one of the things we've realized is the importance of getting GPS on board and that might be a bit of a challenge at the moment given the pressures that they're facing and winter pressures to come as well. So that's the stage we're at, yes? Was there anything else?

00:57:55.830 --> 00:57:58.420

TURNBULL, Luke (NHS KIRKLEES CCG)

Anything I've missed Warren or any more Carrie?

00:58:01.800 --> 00:58:03.250

RAE, Carrie (NHS WAKEFIELD CCG)

I think that that covers it.

00:58:03.700 --> 00:58:09.460

Warren Larkin

So it's like a good summary. I think we just wait for the influencers to tell us if we can do it, aren't we?

00:58:03.980 --> 00:58:04.840

IRVING, Emmerline (NHS WAKEFIELD CCG)

Sounds good to me.

00:58:05.130 --> 00:58:05.570

RAE, Carrie (NHS WAKEFIELD CCG)

Yeah.

00:58:11.950 --> 00:58:18.060

TURNBULL, Luke (NHS KIRKLEES CCG)

Yeah right, yeah, absolutely yes. Yes yes. I mean I, I will be chasing that tub.

00:58:19.070 --> 00:58:28.340

RAE, Carrie (NHS WAKEFIELD CCG)

And we would absolutely share what's come out of that, and the learning and somebody evaluation. And why did to look at how we upscale some of that costs across West Yorkshire as well?

00:58:23.700 --> 00:58:24.130

TURNBULL, Luke (NHS KIRKLEES CCG)

Yeah.

00:58:28.720 --> 00:58:29.020

TURNBULL, Luke (NHS KIRKLEES CCG)

Yeah.

00:58:30.350 --> 00:58:34.970

RAE, Carrie (NHS WAKEFIELD CCG)

Thanks, I was asked your question. The chat Warren about course content length.

00:58:36.930 --> 00:58:41.970

Warren Larkin

Yeah, so typically we've been doing 1/2 day or three hours.

00:58:42.160 --> 00:58:53.890

Warren Larkin

Uh, for multi agency staff and that allows us to have quite a bit of interaction. Quite a bit discussion for people to talk about their ideas concerns.

00:58:54.690 --> 00:59:04.230

Warren Larkin

Resistance and any thoughts they might have about it, and I think I personally that's really important because what we don't want to do is people just to hear stuff and then go away and go well.

00:59:04.900 --> 00:59:24.560

Warren Larkin

They have no idea what it's like for us in our service or they don't know what we have to put up with it and it's really important. I think for people to have a chance to say what their reaction is and to hear other peoples opinions about it as well. So it's been 3 hours it we've tried to limit the groups to around 30 so there's chance for everyone to be heard.

00:59:25.440 --> 00:59:37.540

Warren Larkin

Uh, I think there's a possibility that the police saying they might have some operational restrictions that mean they can't do 3 hours, but I'm. I'm hoping that we. I'm hoping that we can't negotiate because.

00:59:38.560 --> 00:59:47.390

Warren Larkin

I just think if you're in a culture that is longstanding and mature and there's a whole load of culture and practice.

00:59:48.080 --> 01:00:07.170

Warren Larkin

I think you need a bit of time so to explore some of that stuff. I don't want this to be a lecture, I want it to be an interaction and a conversation. So yeah, hub Alps, ideally 3 hours. We have done it in too, but I would push for slightly longer.

01:00:09.920 --> 01:00:10.770
RAE, Carrie (NHS WAKEFIELD CCG)
Thanks, Warren.

01:00:11.080 --> 01:00:17.550
Warren Larkin
I also think for phone for an introduction of days too much is my honest opinion. 'cause this is mind blowing for lot people.

01:00:18.380 --> 01:00:33.440
Warren Larkin
This is a lot to think about, so I honestly think you got chunk this up. You can't just like throw the kitchen sink at people and thinking you're doing more is better. I think we have to give people time to go back to the day job and talk to their colleagues and go buddy. I want to think about that, you know. And.

01:00:33.790 --> 01:01:03.020
Sarah Benson
Way off track. Trauma informed practice training and it's and it's six hours long, delivered in 2/3 hour chunks a week apart for exactly that reason. Just to give people the opportunity to think about how this what this means for their practice for their community. For their organization. Yeah, that breathing space, like you say, it blows your mind this whole concept. This shift in thinking you know? Yeah, it just gives people some down time to digest it all.

01:00:43.160 --> 01:00:43.430
Warren Larkin
Yeah.

01:00:56.320 --> 01:00:56.640
Warren Larkin
Yeah.

01:01:04.610 --> 01:01:11.720
Warren Larkin
Yeah, not a you know. I've done a lot of this work, but I hearing hearing you all talk about set. I'd like to be able to, kind of.

01:01:12.650 --> 01:01:21.630
Warren Larkin
Check things out with you. Ask your opinion, seek your opinions and views and thoughts on how things are and what we're planning to do and how it's going. So if that's alright.

01:01:22.910 --> 01:01:28.530
Warren Larkin
You know, I, I'll use you as a sounding board and get your ideas and thoughts if that's OK.

01:01:30.480 --> 01:01:38.290
RAE, Carrie (NHS WAKEFIELD CCG)
That would be great. Well right, and that's what I see is is really key purpose of this group is helping to shaking with that with the expertise that we have.

01:01:35.150 --> 01:01:36.440
Warren Larkin
Yeah, not really.

01:01:38.940 --> 01:02:13.880

RAE, Carrie (NHS WAKEFIELD CCG)

In the great I'm conscious I'm I want to leave enough time on the agenda for the knowledge and competent team competency framework discussion, and I just really conscious listening to everybody. There's a lot of resources out there. There's there is a lot of training that's being undertaken and already and we really need, I think, to start to in further inform some of this work and to look at doing a bit of a training, needs assessment and a bit of mapping. And so it would be helpful as opposed to really understand from people because we want to do is start to create little.

01:02:13.940 --> 01:02:42.900

RAE, Carrie (NHS WAKEFIELD CCG)

Rates of menus of of training as well and and use what's out there already, so we're not duplicating and what would be really helpful for people on this call to be able to know what's happening in other areas as well. So myself and there will be really happy to send a template out to to ask people to start completing it, and members of the group and other people for their mapping. It would be really helpful to get your views and get your understanding about what you would like to see covered.

01:02:43.720 --> 01:02:54.640

RAE, Carrie (NHS WAKEFIELD CCG)

Covered in the mapping for us, so I'm not I'm suggesting that we go over to Warren and do his presentation on the knowledge and skills framework, but people could put in the chat.

01:02:55.340 --> 01:03:10.160

RAE, Carrie (NHS WAKEFIELD CCG)

What they like 'cause to look at in terms of a bit of a training, needs assessment and mapping. And then we can make sure that we capture that in the template when we send that out. Because this is this is this group is leading this work and so we really need your input into that. So OK with everyone.

01:03:11.200 --> 01:03:15.460

RAE, Carrie (NHS WAKEFIELD CCG)

Perfect so as it comes to just put any thoughts in the chat and we'll make sure we encompass them.

01:03:16.940 --> 01:03:21.160

RAE, Carrie (NHS WAKEFIELD CCG)

So Warren, if I hand over to you then and you got a bit of a presentation first, it's OK.

01:03:21.300 --> 01:03:23.690

Warren Larkin

Wow yeah, promise to Orton do on but I can't help myself.

01:03:23.840 --> 01:03:26.430

RAE, Carrie (NHS WAKEFIELD CCG)

We love we love a presentation. It's no problem at all.

01:03:25.290 --> 01:03:31.970

Warren Larkin

Well, I I've got a point now I just. I think in PowerPoints, right? That's so my brain works now just spit him out.

01:03:32.540 --> 01:03:33.150

Warren Larkin

Uhm?

01:03:35.310 --> 01:03:40.390

Warren Larkin

I'm getting support. I'm completely dependent on slides. I can't. I can't have a conversation anymore.

01:03:41.660 --> 01:03:45.330

Warren Larkin

So this is about knowledge and skills framework and I'm going to do my best to try and make it.

01:03:44.580 --> 01:03:50.070

Kathryn Hodgson

I was just thinking Warren, how lovely or Christmas Day is going to be with your family if you get a PowerPoint presentation out.

01:03:50.750 --> 01:03:55.190

Warren Larkin

Yeah will be. I mean we want everyone to know what's gonna happen that day. We don't need to be random or you know.

01:03:57.300 --> 01:04:02.300

Warren Larkin

I'm not quite that bad, I I I exaggerate for effect quite often as well.

01:04:02.920 --> 01:04:05.280

Warren Larkin

Uh, can you see that?

01:04:06.330 --> 01:04:09.140

Warren Larkin

Can you see my slide? Yeah, OK, cool so.

01:04:06.520 --> 01:04:06.810

RAE, Carrie (NHS WAKEFIELD CCG)

Yes.

01:04:09.930 --> 01:04:14.080

RAE, Carrie (NHS WAKEFIELD CCG)

And I think it's moving, though unless you've moved, yeah, yeah, it's moving now. It's moving now, yeah?

01:04:12.390 --> 01:04:12.960

Warren Larkin

Color.

01:04:14.230 --> 01:04:19.850

Warren Larkin

OK, so we're talking about a knowledge and skills framework as part of becoming a trauma informed system.

01:04:21.110 --> 01:04:50.770

Warren Larkin

First thing to say is this is the first bit of this. Is ideology right? So this is a set of ideas and an ethos that we've signed up to date with things helpful because most of our clients and most of ourselves as workers have been affected by this. So this is most of us. So the idea was Roger ricin, Maxine follow in just after the Millennium their work at Buffalo University they came up with this notion because they worked in social work and mental health.

01:04:51.350 --> 01:04:58.440

Warren Larkin

Uh, that you know what most of the people we work with are affected. Why don't we design our offer? Our service offer from that angle?

01:04:59.100 --> 01:05:31.000

Warren Larkin

So this is kind of the basis of what we're talking about, and as you all know, that means looking through the lens of a development or model, seeing how trauma affects people's lives, their bodies, their minds, their relationships, their ability to cope, and then designing a service. With that in mind to make it easier for people to get what they need from services, but also so we don't make it difficult for them, or indeed harm than by what we do. So that's the basic ideas of all of this. And then you've got loads of different people's opinions and what that means.

01:05:31.110 --> 01:05:51.630

Warren Larkin

So you got Sam, so there's the substance abuse and mental Health Services administration in America. Who did some pioneering work on this and actually defined it? And they said it's a programme organizational system that is strumming from realises the widespread impact to trauma understands that there are lots of different ways of people recovering and getting by.

01:05:52.540 --> 01:06:14.830

Warren Larkin

It recognizes signs and symptoms so we can spot it in our clients and our colleagues and in the families we work with and he's able to respond so we could do something with that knowledge and we can integrate that knowledge into our policies or procedures or practices. How we hire people. How we look after people. All of those things and then actually we also.

01:06:16.010 --> 01:06:29.230

Warren Larkin

We try really hard not to re traumatise people and not to disempower people and not to further make people feel like they haven't got any choices, so that's in a nutshell. That's kind of what we're talking about and they then go on to talk about six principles.

01:06:30.420 --> 01:07:02.330

Warren Larkin

And this is I really like this part of their model because it becomes really simple, doesn't it? You know to talk in your team, it becomes really possible for you to go to your team and go. Do you know this thing? Trauma informed practice? Well, actually it's actually quite simple. Why don't we talk to each other about what these things mean? And why don't we talk to our clients and our families about what these things mean? And when they tell us and we work hard? What safety means to them? We can put those actions into place and our service.

01:07:03.270 --> 01:07:20.840

Warren Larkin

And when, when our colleagues tell us what being safe at work means to them, we can maybe make some of those things are reality in our service as well. And then you can next week when we have our team meeting we can talk about trustworthiness and transparency. And then the week after we can talk about peer support. What does that mean and how is it possible to help us?

01:07:21.790 --> 01:07:24.100

Warren Larkin

So the the principles are really simple.

01:07:25.000 --> 01:07:26.320

Warren Larkin

But how, how do they?

01:07:27.270 --> 01:07:34.710

Warren Larkin

Oh, reenacted in your service is what matters and that for me, is that the the essence? The trauma informed practice?

01:07:36.220 --> 01:07:39.630

Warren Larkin

You can say really that the three there are three pillars to it.

01:07:40.600 --> 01:07:52.100

Warren Larkin

How you design your service and embody those values that we just talked about. How you make interventions available to people that are trauma focused and how you talk to people.

01:07:52.780 --> 01:07:58.630

Warren Larkin

And ask them about adversity where it's appropriate as part of your assessment. I know you then respond in a therapeutic way.

01:07:59.760 --> 01:08:13.530

Warren Larkin

Sonya nutshell, that's the ideology that's that. That's the kind of mindset behind it. And then we go. OK, well, what does the knowledge and skills framework fit in all of that? Well, if you look at practice standards, if you look at how we can measure in organization or a team.

01:08:14.770 --> 01:08:38.910

Warren Larkin

Workforce development sucky part of all of that, as is looking over. Deliver our care for trauma informed lens as is looking at our environments in our on our waiting rooms in our there's the places where we deliver care and how that affects our staff and our clients. And thinking about what we measure and why we measure it. You know, do we measure qualitative relationships and compassion? Or do we measure how many times they see somebody?

01:08:39.900 --> 01:08:43.480

Warren Larkin

So what were those things are relevant, but for this conversation we're looking at that.

01:08:44.430 --> 01:08:50.760

Warren Larkin

Workforce layer of an organizational approach, and then if we zoom out a bit further.

01:08:51.820 --> 01:08:55.640

Warren Larkin

We gotta go OK at a system level. Where does this fit?

01:08:56.470 --> 01:08:57.620

Warren Larkin

So at system level.

01:08:58.690 --> 01:08:59.670

Warren Larkin

This fits.

01:09:00.620 --> 01:09:32.630

Warren Larkin

In the middle, when we're talking about what we do for our stuff in terms of personal well being and protection and care and also professional development and skills. So the work we're doing here in West Yorkshire, Harrogate is on an ideological level. It's on a cultural level. It's on a service and organizational level, but then it's also a wider system level so it fits in everything we're doing because ultimately those relationships that we talked about earlier. And what I'm going to make the difference. So we have to make sure people are having those.

01:09:32.910 --> 01:10:04.700

Warren Larkin

Interactions of the right knowledge and attitudes. The right skills or at confidence and the right permission. And we have to make sure we look after them so they they've got someone to give so that in a nutshell, in my head that so it, that's so. It all makes sense. And then this is. This is where you start to worry about me because I've become so grandiose that I'm actually quoting myself in a slide. That's a bit meter, isn't it? A bit weird, but what I do think, and I wrote it down 'cause I can't remember. I'd say it, but I think some of this knowledge and skills framework is a boat.

01:10:05.100 --> 01:10:28.510

Warren Larkin

Democratizing and apply in psychological and social science in our services, so democratizing IE putting it into the hands of as many people as possible, and Apple that apply in it because ideas are worthless unless you do something practical with them. So this is my minor nutshell slide my quote is. It's about the democratization application.

01:10:29.210 --> 01:10:32.890

Warren Larkin

Now that's where I think the knowledge and skills framework sets.

01:10:36.400 --> 01:10:50.360

Warren Larkin

I think there are some assumptions we can make. Everybody needs some basic level of knowledge and awareness of this in their job. If they work with people and I think it's very much like safeguarding. If you work with people, if you're trying to help people.

01:10:50.940 --> 01:10:57.320

Warren Larkin

Then you should know a bit about safeguarding if you work with people, you should probably know a bit about trauma and adversity and resilience.

01:10:58.480 --> 01:11:22.230

Warren Larkin

There's lots of different layers within that, but every should have. Everybody should have access to some of that knowledge and information, and to know what the parameters are in their role, and that will be reflected in their knowledge and skills framework. And it will in turn be reflected in the training plan or strategy based on what we think is necessary, but also what's currently available and where the gaps are. Hence the needs analysis.

01:11:23.500 --> 01:11:37.310

Warren Larkin

And then the other the other crucial bet for me is we have to make sure that our workforce was part of was expecting them to apply that knowledge and skills to the work. We should also acknowledge that this may bring to the fore their own issues.

01:11:38.530 --> 01:11:52.740

Warren Larkin

And lots of us have had trauma and adversity in our lives, and lots of us may feel Greta proximity to that pain if we have to talk more about trauma in our work. So it's really important we make that.

01:11:54.010 --> 01:12:01.530

Warren Larkin

Safe for people and we make sure they've got access and permission to sell. Look I'm happy to do this work, but I'm also struggling with it myself.

01:12:03.370 --> 01:12:13.230

Warren Larkin

So that in turn leads this idea that if we get everybody trauma informed supervision or reflective practice, if we give everybody that opportunity, not only will we.

01:12:13.930 --> 01:12:15.450

Warren Larkin

Protect people from.

01:12:16.070 --> 01:12:21.170

Warren Larkin

The the rigors of the job. The emotional nature of the job, that the risk of vicarious trauma.

01:12:22.190 --> 01:12:49.300

Warren Larkin

But will also get better what we do and we learn from each other and will have their chance through group supervision through reflective practice sessions to not only offload the impact of this work, but also to make sense of it and to feel connected to our peers and our colleagues. So this is the bit where I talk about looking after the people that look after the people. And as was mentioned earlier, that's going to extend from the front line from the front desk.

01:12:50.410 --> 01:12:56.710

Warren Larkin

To the leaders and supervisors and managers who were creating the conditions to make this kind of work possible.

01:12:57.440 --> 01:13:06.020

Warren Larkin

And we can't stop at a certain point, we have to make sure that chain goes all the way up to everybody who's involved in a service organization.

01:13:06.990 --> 01:13:16.160

Warren Larkin

And then finally, I still relentlessly advocate for the fact that if we're if people come in to us for help, and we've got a caseload.

01:13:17.050 --> 01:13:21.530

Warren Larkin

And we're trying to assess somebody in order to be able to know her best to help them.

01:13:22.150 --> 01:13:27.620

Warren Larkin

Then we should be asking them about what's happened to them because the assessment is really in my head anyway.

01:13:28.580 --> 01:13:31.270

Warren Larkin

That's our attempt to understand what caused.

01:13:31.920 --> 01:13:37.760

Warren Larkin

Or contribute to that person problems and what is continuing to maintain that person problems?

01:13:38.700 --> 01:13:50.520

Warren Larkin

So therefore we ask about the things that might be relevant in that person's difficulties, so this isn't contentious or complicated. In my mind, this is a duty of care thing. If people seeking help.

01:13:51.330 --> 01:14:00.060

Warren Larkin

We asked him about things that might be relevant, but we have to acknowledge that people need some training and some support and some supervision to do that kind of work.

01:14:01.170 --> 01:14:05.500

Warren Larkin

Some people are doing it already, but maybe haven't got the right support or the right permissions.

01:14:06.850 --> 01:14:26.470

Warren Larkin

So, Altima Lee in the workplace, it'll show up in a number of different ways. It will be people actively thinking about how we don't re-traumatise people, actively thinking about how we empower and not disempower people. People as a whole team thinking about how we create and promote a sense of safety and trust.

01:14:27.520 --> 01:14:31.490

Warren Larkin

How our service approaches things holistically, not just rubber ticular angle.

01:14:32.630 --> 01:14:44.250

Warren Larkin

And also very much about how we compare the knowledge that we've gained to our clients and to their families so that we can better respond to the needs of people affected by trauma and adversity.

01:14:46.040 --> 01:14:46.530

Warren Larkin

So.

01:14:47.460 --> 01:14:56.800

Warren Larkin

That is the that's the rationale for why we're doing this in my mind, and there are a number of examples that we can draw on the Scottish Government.

01:14:57.380 --> 01:15:11.360

Warren Larkin

Uh, we did this document a couple of years ago, transforming psychological trauma and knowledge

and skills framework for the whole Scottish workforce. It's very detailed and accomplished piece of work.

01:15:11.820 --> 01:15:15.200

Warren Larkin

And I think in some ways it's probably.

01:15:17.040 --> 01:15:34.410

Warren Larkin

I dare I say I'm not being critical, but I think it's it's so detailed and so thorough and complex that I find it hard to imagine how it's possible to implement it. I guess so, and I think I think having spoken to people in Scotland who developed this, they'd probably agree that is probably.

01:15:35.440 --> 01:15:46.500

Warren Larkin

A bit beyond most services, there's there's too much in, though it's too detailed, it's it's highly complex, but if you distill out the key principles, it's a really valuable.

01:15:47.280 --> 01:15:52.400

Warren Larkin

Approach and explains things really well. They start by saying let's have.

01:15:53.010 --> 01:16:11.940

Warren Larkin

A layer where everybody is informed and that's people who work with people. Everybody has a minimum level, but like safeguarding, we just talked about foundation level, they call it a trauma informed practice level. Then they talked about trauma skills level, which is some workers with direct and frequent contact with people who might be affected.

01:16:12.620 --> 01:16:27.790

Warren Larkin

Which is probably most frontline stuff and then he talked about an enhanced practice level, which is people who have intense contact with people affected by trauma and have specific remit to provide support, advocacy or psychological interventions.

01:16:28.870 --> 01:16:42.260

Warren Larkin

Or there might be directly managing care for people and then the final level of specialists. People whose job it is to deliver evidence based therapies for people affected by trauma. So that's so. Scotland, Donnie.

01:16:42.850 --> 01:16:43.480

Warren Larkin

Uhm?

01:16:44.210 --> 01:17:02.790

Warren Larkin

It's brilliant and I think it's set the template for for everybody else in terms of what what's possible. And they've also got a trauma training framework that sits alongside this where they say if you're going to train at the basic level, the training that you Commission should have this, this and this in it.

01:17:03.540 --> 01:17:16.830

Warren Larkin

If you're gonna trend people who've got caseload it a bit more of an enhanced level, the things you

should look for in in good quality training should have this. This and this and that, so if they've kind of set out a set of parameters.

01:17:18.450 --> 01:17:22.490

Warren Larkin

I I had to do a piece of work recently, UM.

01:17:23.290 --> 01:17:28.950

Warren Larkin

With partnership or not? And I simplified that approach and I I basically came up with this.

01:17:29.690 --> 01:17:39.990

Warren Larkin

Version this model, which is a trauma informed, could be everybody who works in the workforce here as a basic level of knowledge and awareness.

01:17:41.020 --> 01:17:52.210

Warren Larkin

Sets the foundation for your culture. Then you've got some people who have to respond to service users they have contact, so it might be receptionist. It might be a support worker, it might be somebody on the end of the phone.

01:17:52.930 --> 01:18:01.750

Warren Larkin

At the police station or social services or a job center. And then you've got people who have trust and skills some specific skills as well as the knowledge.

01:18:02.780 --> 01:18:12.240

Warren Larkin

That might mean you have a caseload, or you've got a therapeutic role of some kind, and for me that's crucial and I would call a lot of those people.

01:18:13.560 --> 01:18:16.060

Warren Larkin

Parapsychological workers

01:18:16.730 --> 01:18:20.850

Warren Larkin

why? Because you're not psychologist. You're not therapist, but you are doing psychological work.

01:18:21.820 --> 01:18:27.450

Warren Larkin

Like before, just before this I was doing, uh, a workshop with victim liaison officers from probation.

01:18:28.560 --> 01:18:35.180

Warren Larkin

Now they their job title says they provide information and support about the process of.

01:18:36.050 --> 01:18:40.250

Warren Larkin

Giving witness statements and taking part in the criminal justice system.

01:18:41.060 --> 01:18:43.680

Warren Larkin

So they support victims who are.

01:18:45.280 --> 01:18:57.680

Warren Larkin

In the middle of this, this process of having been I don't know, assaulted or family member murdered, whatever it is and their victim liaison officers have to support them in understanding the custodial process and the criminal justice process.

01:18:59.260 --> 01:19:07.220

Warren Larkin

Their job description is not in like what they do in reality Dave. Do a huge amount of trauma informed and trauma responsive and trauma skilled work.

01:19:08.120 --> 01:19:15.370

Warren Larkin

They deal with very vulnerable people. They have to make victim impact statements so they have to write an account of what's happened to them.

01:19:16.130 --> 01:19:39.550

Warren Larkin

On how it's how it's affected, their lives and their families, and present that to the parole board. No, that's a really tricky thing to do without re traumatizing somebody, so they're incredibly skilled workers. But if you were to, if you were to look at their job description, you would think that they would be in this second tier. But I would say they're in the third tier. At the very least, they're parapsychological workers.

01:19:41.550 --> 01:19:51.900

Warren Larkin

And there's an issue there about skill sharing about tasks sharing, so they're doing some of the things that a mental health professional will be doing. They're doing some of the things that psychologist will be doing actually.

01:19:52.660 --> 01:19:58.420

Warren Larkin

But he's not acknowledged, so there's something about sometimes it's legitimate to Sir.

01:19:59.260 --> 01:20:00.960

Warren Larkin

There aren't enough of these people here.

01:20:01.610 --> 01:20:15.440

Warren Larkin

Some of the things that they do. There's a big need for them. Maybe we can trend some of these people here to do some of those specific things. If we give them really good training and really good supervision and really good parameters, and we evaluate it.

01:20:16.190 --> 01:20:20.030

Warren Larkin

Maybe that's maybe that's an option, like when my dad was in hospital.

01:20:21.210 --> 01:20:35.320

Warren Larkin

Somebody came along and said, oh, I'm a physician associate. I've come to do your blood pressure and your medication review and your bloods and all of that. And I was going also physician associate. Well we do like the first couple of years in medical training but we don't do everything that they do.

01:20:35.970 --> 01:20:41.610

Warren Larkin

But we do some of the tasks that are really commonly required in hospitals as like wow, what a brilliant idea.

01:20:42.480 --> 01:20:44.480

Warren Larkin

That's task sharing or skill sharing.

01:20:45.480 --> 01:21:09.200

Warren Larkin

We can think about that and then the final one is a trauma specialist. Someone who delivers evidence based trauma focused therapies. So that's that's my simplified version. There's a load of definitions behind each of those layers, but that's just another version and tasks sharing is just what I said. Using evidence based techniques in a different contexts with a different worker with some training and some resources.

01:21:10.740 --> 01:21:20.100

Warren Larkin

And I hope you can read this, but this is Bristol Bristol Cities version, so I did some system work with them back in 2017 when I left in a chess.

01:21:20.530 --> 01:21:21.140

Warren Larkin

Uhm?

01:21:22.170 --> 01:21:41.700

Warren Larkin

And they've done. They've done huge amounts of work in different ways, but one of the things they've produced is the workforce knowledge and skills framework, and they they've come at it from a very different angle. I think. So, rather than Stratus fights, try to find things in the way that I've already described. In my version, the Scottish version they've set.

01:21:42.420 --> 01:22:06.070

Warren Larkin

Let's look at it this way. We've got trauma informed support stuff. We've got. Trauma informed practitioners, we've got trauma informed managers and supervisors. And then we've also got trauma informed strategic Leeds. So they've they've separated it out. Not in terms of knowledge and skills per say, but rather in terms of the place of the worker.

01:22:06.750 --> 01:22:10.850

Warren Larkin

In the system and the influence and contact they have in the system.

01:22:12.100 --> 01:22:24.710

Warren Larkin

So it's a little bit different, and I'm not saying anyone anyone method is better than the other, but we do need to find something that's going to work and be useful and practical, actually across services.

01:22:25.360 --> 01:22:26.240

Warren Larkin

And teams.

01:22:27.220 --> 01:22:39.160

Warren Larkin

And across partnership. So not only within an organization, that's consistency, but also there's consistency across a whole system, because we don't want like the police are one version and then.

01:22:39.790 --> 01:23:08.950

Warren Larkin

Uh, you know health visitors have a completely different version and nobody knows what we're talking about, so that that's it. You know, in a nutshell, and then my final slide is the most important one. I've got to show you a picture this little like oh, and for me, the Co represents the coalition of the willing See cousin, an email. We're not going to type out the coalition of the willing. Are we just going to type COW for sure? So we need a coalition and willing to help create this framework. Thank you. That's the end.

01:23:12.590 --> 01:23:13.540

RAE, Carrie (NHS WAKEFIELD CCG)

Thank you, Warren.

01:23:14.730 --> 01:23:16.020

RAE, Carrie (NHS WAKEFIELD CCG)

Does anybody have any?

01:23:17.870 --> 01:23:18.650

RAE, Carrie (NHS WAKEFIELD CCG)

Questions.

01:23:19.310 --> 01:23:20.100

RAE, Carrie (NHS WAKEFIELD CCG)

Comments.

01:23:21.490 --> 01:23:22.890

RAE, Carrie (NHS WAKEFIELD CCG)

Any coalition of the willing.

01:23:23.700 --> 01:23:25.650

RAE, Carrie (NHS WAKEFIELD CCG)

Got cut from Christina, I've lost him.

01:23:27.110 --> 01:23:28.070

RAE, Carrie (NHS WAKEFIELD CCG)

It's quiet.

01:23:30.340 --> 01:23:31.740

RAE, Carrie (NHS WAKEFIELD CCG)

Sorry, we missed you.

01:23:30.590 --> 01:23:30.960

Warren Larkin

So.

01:23:32.170 --> 01:23:35.710

Warren Larkin

No, I look I I exited myself back. So I thought of switching off my presentation.

01:23:34.800 --> 01:23:38.820

RAE, Carrie (NHS WAKEFIELD CCG)

Did you do the picture Matic exit? Thank you and they left.

01:23:37.620 --> 01:23:40.690

Warren Larkin

Your mic drop, like I I'm sorry about that.

01:23:41.230 --> 01:23:44.110

RAE, Carrie (NHS WAKEFIELD CCG)

So thank you, that was that was brilliant. Really, really helpful.

01:23:44.820 --> 01:23:50.660

RAE, Carrie (NHS WAKEFIELD CCG)

So I was just asking whether people had any questions, comments, coalitions of the willing.

01:23:52.100 --> 01:23:53.630

RAE, Carrie (NHS WAKEFIELD CCG)

Uh, Sue, it's coming.

01:23:54.700 --> 01:23:59.060

Susan Francis

Thanks, thanks Carrie, and thanks Warren. That was really good.

01:24:00.110 --> 01:24:08.580

Susan Francis

Presentation and I was just wondering what you thought about the idea that at a trauma informed level.

01:24:09.510 --> 01:24:15.890

Susan Francis

There is a need to respond as well. So for example, when you're thinking about.

01:24:17.310 --> 01:24:36.470

Susan Francis

Receptionist GP receptionists, you know they they don't have a case load, but they have contact and I'm just wondering whether we think about their responses to the behavior expressed by those who have.

01:24:37.690 --> 01:25:02.370

Susan Francis

Of a background or a history of of of adversity. Whether we see that response as trauma informed, a trauma informed response. In the same way that you might see the response of of someone who has that person as a as a patient there patient their client. 'cause I believe that every every.

01:24:42.470 --> 01:24:42.780

Warren Larkin

Here.

01:24:47.610 --> 01:24:47.940

Warren Larkin

Yeah.

01:24:59.930 --> 01:25:00.270

Warren Larkin

So.

01:25:03.080 --> 01:25:06.660

Susan Francis

Interaction with a service user is.

01:25:07.380 --> 01:25:09.200

Susan Francis

You are involved in their care.

01:25:10.270 --> 01:25:21.780

Susan Francis

So I just wondered what you thought about that and the idea that we we say we've got trauma informed for those for everybody and those who don't have so called patient contact. But then.

01:25:17.470 --> 01:25:17.830

Warren Larkin

Yeah.

01:25:19.800 --> 01:25:40.620

Warren Larkin

Well, completely, I'm with you absolutely yeah. So they basically is everybody should know something in having opinion, right? And and understand the impact this has on people's lives and be sensitive to that. Not everybody. But then the next layer was responsive in my version of it and that absolutely includes reception staff and people have have contact with service use on the phone or in person.

01:25:22.530 --> 01:25:22.850

Susan Francis

Wow.

01:25:41.600 --> 01:25:43.850

Warren Larkin

They foundation what we GP's in in.

01:25:44.430 --> 01:25:44.710

Susan Francis

Thanks.

01:25:45.160 --> 01:26:14.510

Warren Larkin

Then we came at the moment and their reception. Staff are a really important part of this and they need. They're the ones who are the face of the practice. They're the ones who are for day-to-day relationships. They're the ones on the phone with dealing with people in distress. They're the ones trying to calm someone down who's losing their cool because they've had to wait forever to get an appointment. So they're absolutely on the front lines and their their realities to model and help people regulate until listen empathically. And to validate.

01:26:00.450 --> 01:26:00.870

Susan Francis

Yeah.

01:26:05.940 --> 01:26:06.300

Susan Francis

Yeah.

01:26:06.970 --> 01:26:07.330

Susan Francis

Yeah.

01:26:08.190 --> 01:26:08.710

Susan Francis

Thank you.

01:26:14.560 --> 01:26:37.430

Warren Larkin

People and to see beyond that aggravated person at front desk. That's huge. That's a huge part. And we're in fact in Birmingham, we've said, do you know what we started off by doing this routine enquiry training further GPS and we included the that the receptionist in the morning session so they've got, you know, got to good strong sense of what this is about. But then afterwards the the part different practice said.

01:26:20.780 --> 01:26:21.220

Susan Francis

Yeah.

01:26:38.480 --> 01:26:44.080

Warren Larkin

How about 'cause we're doing some supervision inflected practice groups for the GPS and for the practice nurses.

01:26:44.690 --> 01:26:54.770

Warren Larkin

For the clinicians, we said you know what there was so engaged, and there was so enthusiastic about their role in this experience. Why don't we give them?

01:26:55.480 --> 01:27:07.940

Warren Larkin

A reflective practice opportunity. Why don't we give them the same support that we have for our clinicians 'cause they have loads of patient facing contact? So we're going to set that up and that might we can we can think about it in.

01:27:04.850 --> 01:27:05.450

Susan Francis

Really.

01:27:09.070 --> 01:27:10.720

Warren Larkin

Luke in the in the product.

01:27:09.770 --> 01:27:10.170

Susan Francis

Yeah.

01:27:11.530 --> 01:27:32.900

Susan Francis

Can I also ask this sneaky little question as well as an add on to that? And that's the the idea that as

as we think about our relationships with colleagues and we think about our responses to colleagues and their distress. And again, I'm thinking about whether we're saying the UM.

01:27:33.530 --> 01:28:03.970

Susan Francis

That response that trauma informed response. So we are we just limiting that to the response to service users? Or is our training competency? And are we saying within the competencies that that understanding and that response has to be seen as well as as applying to colleagues? And do we promote that in the training as a thing or do we? Do we separate the response?

01:28:04.020 --> 01:28:21.680

Susan Francis

To the behavior of patients from the response to the behavior of colleagues and whether that colleague is at the same level as you. Or maybe the colleague is a manager who's clearly going through something and their behavior is of concern.

01:28:22.080 --> 01:28:52.290

Warren Larkin

Yeah, I think it's a really important question and I think the the whole ethos of this trauma informed way of doing things is for that to be absolutely digitama for tab. For that to be absolutely expected and welcomed and for everybody to feel that they've got you know, save, that was your manager and you didn't feel comfortable saying something to your manager or your boss, right? You would expect within a culture where we'd embodied this, that I would feel comfortable talking to somebody else. There might be.

01:28:33.140 --> 01:28:33.490

Susan Francis

Oh

01:28:52.510 --> 01:29:04.860

Warren Larkin

He might be more effective practice facilitator. It might be my supervisor. It might be another peer, but we would find a way of expressing care and concern for that person in a way that was.

01:29:06.330 --> 01:29:08.070

Warren Larkin

Genuine and authentic and and.

01:29:09.190 --> 01:29:27.650

Warren Larkin

We weren't scared of saying look, you're right, you know it's it's that's when I said about it being democratic. I mean, this is everybody. It doesn't matter if you're the boss or you know it should be OK for us to look out for our colleagues. You know, full stop. That should be alright. So I, I agree with you. I think it's really important.

01:29:28.090 --> 01:29:28.790

Susan Francis

thank you.

01:29:30.320 --> 01:29:32.440

RAE, Carrie (NHS WAKEFIELD CCG)

Thanks a Luke, just quit.

01:29:33.320 --> 01:30:02.730

TURNBULL, Luke (NHS KIRKLEES CCG)

Thank you, yeah really, really, really useful. Thank you Warren. And I, as you know, commits cover coming from a, uh, commissioning organization. I'm really interested in training Commissioners strategists around trauma informed as well because I think that the importance of embedding that in our commissioning it can't can't be understated and and and can often.

01:30:03.390 --> 01:30:17.910

TURNBULL, Luke (NHS KIRKLEES CCG)

Drive, you know changes in in, in practice, contact so I was. I was really interested in the in the Bristol model there where it actually had a separate a separate section, and I've I've done some, uh, I suppose.

01:30:19.330 --> 01:30:23.750

TURNBULL, Luke (NHS KIRKLEES CCG)

Training around our bridges report with our contracting staff.

01:30:24.350 --> 01:30:55.570

TURNBULL, Luke (NHS KIRKLEES CCG)

And I'm I'm really minded by our commissioning that is generally, you know we Commission for quantity generally. Don't don't wear and I think one of the big changes that I'd like to see and I'd like to see us include this in our in our kind of in our program is is around training Commissioners to be commissioning for trauma and trauma, informed and then kind of following on from that. It also just made me think about.

01:30:55.740 --> 01:31:27.490

TURNBULL, Luke (NHS KIRKLEES CCG)

And you took it beginning about the importance of the quality of the relationship and that famous Yalem quote. And I was involved in an alcohol treatment trial many, many years ago, the outcome of which, unsurprisingly, was it doesn't really matter which therapy you deal with people. It's the quality of the relationship that make that makes the difference. And I, I, I've just minded that we probably never evaluate that, and we probably never build that into commissioning. And the valuation of of services.

01:31:27.530 --> 01:31:31.320

TURNBULL, Luke (NHS KIRKLEES CCG)

And perhaps that's something I want to. I'd like to take forward as well.

01:31:32.590 --> 01:31:41.290

Warren Larkin

Yeah, thanks Luke. I think commissioning locally can drive culture and practice change quicker than wait for the government tells what to do any day or week.

01:31:42.570 --> 01:32:06.820

Warren Larkin

And also I'm totally with you on the fact that what we measure is what happens. You know what we measure is what's incentivized in services and we can measure therapeutic alliance. We can measure experience of compassion. We can measure burn out in our staff. So this service might be delivering results, but it's burning through its staff at an alarming rate. And there's no no client continuity as a result of it.

01:32:07.860 --> 01:32:38.770

Warren Larkin

And also it's not good for the people working in the services, is it? So? I think we can measure some

of these things. We can also measure readiness for a certain service or treatment or intervention. And we can also match the care that we offer to people to their needs, which is something else we don't do in services. So those are things a lot in lot in what you just said about what we measure, how we work with Commissioners to think about the levers they're pulling in in the services, and the lives that.

01:32:39.070 --> 01:32:52.500

Warren Larkin

They're affecting in their decision making, and yeah, I think it's a really important area of influence and I'm sure colleagues, you know I've I've had quite a bit of time to talk to us, so thank you, but I'm sure colleagues have got all kinds of views on this.

01:32:56.480 --> 01:32:57.890

RAE, Carrie (NHS WAKEFIELD CCG)

Thanks Lake Catherine.

01:32:58.630 --> 01:33:01.600

Kathryn Hodgson

I was just gonna say I mean yeah relationships is and I think.

01:33:02.400 --> 01:33:34.820

Kathryn Hodgson

We need to stop talking about relationship, just mentioning relationships and actually do training on how to build relationships because I mean too many people that think they're safe. But you know, you just wouldn't go to what was going to say just on what Sue was saying about training people in how to treat colleagues. One of the things I say to people is this trauma, informed stuffs, hard practice on your colleagues. Because if you can't show the same, you know compassion and create safety for your colleagues. You're not going to be able to do it for your clients and the other way around. When working with managers is.

01:33:35.220 --> 01:33:57.330

Kathryn Hodgson

Actually, if you've got conflict in a team, you said people will, how do you cope with the client that you've got conflict to it? Because for me, if somebody is treating a colleague badly, how are they treating the clients? So I think you know it's so wrapped up and it has to be everybody or nobody. Basically for me, we either treat everybody that way or you can't switch it on and off. So yes, lets me.

01:34:00.790 --> 01:34:01.720

RAE, Carrie (NHS WAKEFIELD CCG)

Thanks, Catherine.

01:34:02.790 --> 01:34:04.660

RAE, Carrie (NHS WAKEFIELD CCG)

David has got any comments or questions.

01:34:06.990 --> 01:34:08.520

RAE, Carrie (NHS WAKEFIELD CCG)

So, next steps, Warren.

01:34:10.250 --> 01:34:35.640

Warren Larkin

Uh, my well I'm I'm kind of normally the kind of leading on this piece of work with yourselves, and I'd really appreciate import and people coming forward to say, yeah, I'll. I'll contribute to that. I've got

some ideas I think that would be a useful thing to put some time into. So yeah, if people want to express an interest in working on this with me, and on behalf of all of us, that would be fantastic.

01:34:36.120 --> 01:34:54.700

Warren Larkin

Uh, I think we've got a good starting point, but I think there's there's a lot of learning and expertise in this meeting. You know lot potential learning from each of you and expertise to contribute, so I'd love to have as many people as possible chipping into this and making sure that it's representative.

01:34:55.910 --> 01:34:57.360

Warren Larkin

Bless you Christina.

01:34:59.130 --> 01:35:16.040

RAE, Carrie (NHS WAKEFIELD CCG)

That would be great, and I think sometimes you need to do it outside of these meetings, don't you to get that dedicated piece of work done so any any volunteers that would help us with this, we would really appreciate. And then we'll bring some of the drafts or some of the thinking back to to future meetings.

01:35:16.860 --> 01:35:22.930

RAE, Carrie (NHS WAKEFIELD CCG)

To get that wider input, but I agree, I think it needs a bit dedicated time outside this meeting to start to.

01:35:23.540 --> 01:35:30.690

RAE, Carrie (NHS WAKEFIELD CCG)

EMM pull together really, so if anyone people don't have to volunteer now. I mean it be great if they did. Oh really.

01:35:29.920 --> 01:35:33.130

Kathryn Hodgson

So you you basically asking for people to volunteer to be a cow.

01:35:33.710 --> 01:35:36.350

Warren Larkin

Yes, we we want to form a quarter.

01:35:34.910 --> 01:35:35.270

RAE, Carrie (NHS WAKEFIELD CCG)

Yeah.

01:35:35.510 --> 01:35:36.520

Kathryn Hodgson

Can I be a cow?

01:35:37.860 --> 01:35:38.160

Warren Larkin

Yeah.

01:35:39.790 --> 01:35:42.940

Warren Larkin

Excuse me, I'd love to be part of a car with you if that's OK.

01:35:43.270 --> 01:35:47.490

Susan Francis

I'm a I'm a. I'm already a cow, so partly.

01:35:46.510 --> 01:35:47.980

Warren Larkin

So beautiful when you're in.

01:35:47.750 --> 01:35:49.460

RAE, Carrie (NHS WAKEFIELD CCG)

Is he doing?

01:35:50.210 --> 01:35:55.750

RAE, Carrie (NHS WAKEFIELD CCG)

So yeah, I mean I think Sarah said he sees emoji already, so I'm hoping that someone tier server.

Thank you.

01:35:50.230 --> 01:35:50.570

Warren Larkin

We could.

01:35:55.320 --> 01:36:01.720

Warren Larkin

Yeah, we can change the type of people objects here to the coalition of the willing term. We can change it to something else if you prefer.

01:35:55.940 --> 01:35:56.290

Sarah Benson

Yeah.

01:36:05.040 --> 01:36:08.770

RAE, Carrie (NHS WAKEFIELD CCG)

It's COTW isn't if you put there and coalition of the willing.

01:36:08.990 --> 01:36:15.580

Warren Larkin

It's COTW well that's fair do's, but I don't know any animals that are represented, so it's going to all the presentation over mine.

01:36:12.000 --> 01:36:14.110

Kathryn Hodgson

It's not the same, is it?

01:36:16.100 --> 01:36:25.270

RAE, Carrie (NHS WAKEFIELD CCG)

And or if anyone would like to go away and think about it and get back in touch with Warren and more myself and let us know 'cause I think this is a really important piece of work and it.

01:36:24.810 --> 01:36:36.720

Warren Larkin

Just like this for me it's fundamental 'cause it he said cross a whole system. What do we think are the standards of knowledge and awareness and skills that people need? So it's really important.

01:36:27.000 --> 01:36:27.320
RAE, Carrie (NHS WAKEFIELD CCG)
Yeah.

01:36:37.360 --> 01:36:48.960
Warren Larkin
Piece of work and I don't want to come go in and darkened room and caught something on my own and goda 'cause that I'll miss out on all the richness and learning and diversity of all your experience and that's what we need.

01:36:38.320 --> 01:36:38.560
RAE, Carrie (NHS WAKEFIELD CCG)
Yeah.

01:36:49.710 --> 01:37:09.710
RAE, Carrie (NHS WAKEFIELD CCG)
Yeah, and this is absolutely I mean, the way we work across West Yorkshire is absolutely we need to do that in collaboration 'cause it also needs to fit into local place work that's taking place as well. And this, I think Warren absolutely underpins this group and it underpins the strategy in terms of workforce and training needs as well. So it's really really key.

01:36:58.120 --> 01:36:58.460
Warren Larkin
Yeah.

01:37:10.300 --> 01:37:20.400
RAE, Carrie (NHS WAKEFIELD CCG)
And say yes, anyone volunteers and and we can go out Warren and asked the wider group of people who weren't able to join us today will be a few people that would be.

01:37:18.280 --> 01:37:18.490
Warren Larkin
Death.

01:37:21.090 --> 01:37:25.050
RAE, Carrie (NHS WAKEFIELD CCG)
And so we can send your presentation out and ask for some volunteers as well.

01:37:25.220 --> 01:37:30.310
Warren Larkin
Before, yeah, absolutely and feel free to share the recording if you want to as well not be OK.

01:37:27.380 --> 01:37:28.030
RAE, Carrie (NHS WAKEFIELD CCG)
Thank you.

01:37:30.920 --> 01:37:35.650
RAE, Carrie (NHS WAKEFIELD CCG)
Perfect thank you so thanks Warren. So just 10 minutes left.

01:37:36.750 --> 01:37:42.960
RAE, Carrie (NHS WAKEFIELD CCG)
And just on the strategy development, so we learn. I think everything we're talking about in this meeting.

01:37:43.630 --> 01:37:46.580

RAE, Carrie (NHS WAKEFIELD CCG)

We were feeding, you know, to the strategy development.

01:37:47.480 --> 01:37:49.010

RAE, Carrie (NHS WAKEFIELD CCG)

We we we did a specific.

01:37:49.790 --> 01:38:01.620

RAE, Carrie (NHS WAKEFIELD CCG)

Agenda item in it last time and will feed that into the framework itself and images working through that now because we've taken it to lots of different meetings and we're currently just sitting out chapters that we feel.

01:38:02.680 --> 01:38:06.180

RAE, Carrie (NHS WAKEFIELD CCG)

Need to be included in the strategy and we're going to be sending that out.

01:38:07.040 --> 01:38:17.770

RAE, Carrie (NHS WAKEFIELD CCG)

And asking for similarities. 'cause again like we're in so we it's not our strategy, you know it's a whole system kind of strategy, like the knowledge and competence framework is and we need to Co write this.

01:38:18.410 --> 01:38:22.370

RAE, Carrie (NHS WAKEFIELD CCG)

Together across the system to make sure that's right, so we will be sending out.

01:38:23.910 --> 01:38:32.990

RAE, Carrie (NHS WAKEFIELD CCG)

Requests for authors. For some of the chapters and and it may not just be linked to this group, there may be many of you that might be interested in Co authoring.

01:38:33.890 --> 01:38:36.210

RAE, Carrie (NHS WAKEFIELD CCG)

Some other chapters, but they this group really needs.

01:38:36.900 --> 01:39:03.520

RAE, Carrie (NHS WAKEFIELD CCG)

To focus on the workforce element in the training element and linking in specifically with the mental health LD and autism programme about that staff support as well that supervision in that peer support. And I think again it. This meeting probably gets too big to do that we can come up with themes, but I think we need some volunteers that will work with us to absolutely right. That section of the strategy and what that looks like.

01:39:06.370 --> 01:39:15.880

RAE, Carrie (NHS WAKEFIELD CCG)

So just send another note because I don't think we mentioned it last time as well. Just when we talking about the training as well on the strategy. So we are going to have another three day knowledge exchange.

01:39:16.730 --> 01:39:18.630

RAE, Carrie (NHS WAKEFIELD CCG)

And like we did last year.

01:39:19.730 --> 01:39:20.490

RAE, Carrie (NHS WAKEFIELD CCG)

And moving.

01:39:21.650 --> 01:39:26.890

RAE, Carrie (NHS WAKEFIELD CCG)

And wait until I went on holiday before she decided this no, but will be brilliant. We're going to have it in April.

01:39:27.760 --> 01:39:33.130

RAE, Carrie (NHS WAKEFIELD CCG)

This year it's going to be 3 days and we haven't sent anything out yet, but it will be.

01:39:34.400 --> 01:39:38.750

RAE, Carrie (NHS WAKEFIELD CCG)

Well, am I right? Is it the 26th, 27th and 28th we're looking at available?

01:39:37.800 --> 01:39:40.290

IRVING, Emmerline (NHS WAKEFIELD CCG)

Yeah Tuesday Wednesday Thursday.

01:39:40.410 --> 01:39:42.570

RAE, Carrie (NHS WAKEFIELD CCG)

Yeah, to avoid the Easter holidays as well.

01:39:43.330 --> 01:39:58.360

RAE, Carrie (NHS WAKEFIELD CCG)

At the first day is going to be the launch of our strategy that we're going to have written by them, with all the recommendations in it and we will have some guest speakers again and do a little bit of a summary of what we've done over the last year and the progress that we've made.

01:39:59.220 --> 01:40:16.150

RAE, Carrie (NHS WAKEFIELD CCG)

Day 2 we're going to use the opportunity which fits in with some of the discussions we've had previously around doomed training on Day 2 for staff and using that time to do some training, we need to work that out. We'd like the input of this group into what that should look like.

01:40:17.190 --> 01:40:23.830

RAE, Carrie (NHS WAKEFIELD CCG)

And I need input of this group into the whole three day knowledge exchange as well, and then day three again we're gonna be really focused on.

01:40:24.770 --> 01:40:41.400

RAE, Carrie (NHS WAKEFIELD CCG)

Coproduction as well and and our communities and might do some specific work around that so it kind of would really appreciate. Embodies input and support with shaping that for us going forward so we can keep it as a bit of a standing agenda item. Uh, because it was a massive.

01:40:42.100 --> 01:40:55.280

RAE, Carrie (NHS WAKEFIELD CCG)

Excellent event last year we want to keep that momentum up as well and we want to. We want to do a big launch of the strategy given its importance and make people aware of that across the system and you want to come in.

01:40:56.540 --> 01:41:28.250

IRVING, Emmerline (NHS WAKEFIELD CCG)

Yeah, it was completely unrelated to the knowledge exchange, although of course that's important and hot off the press. We've gotten a valuation partner for this programme of work, and so an organization called rocket Science literally. I've just been emailed now from Chloe from the voluntary Dr unit to say that they've been awarded the contract so it will have an initial kickoff meeting with them. And then if people are happy for us to share contact details or share contact details of Members on groups that they can.

01:41:28.670 --> 01:41:30.410

IRVING, Emmerline (NHS WAKEFIELD CCG)

Get in touch and ask.

01:41:31.240 --> 01:41:33.000

IRVING, Emmerline (NHS WAKEFIELD CCG)

How the how? It's all going in?

01:41:33.600 --> 01:41:36.330

IRVING, Emmerline (NHS WAKEFIELD CCG)

So, so that's really good, which means that by.

01:41:37.280 --> 01:41:44.620

IRVING, Emmerline (NHS WAKEFIELD CCG)

Well problem, further knowledge exchange actually will have the evaluation undertaken as of progress today and will be able to share that as well.

01:41:44.920 --> 01:41:54.990

RAE, Carrie (NHS WAKEFIELD CCG)

Right, I was gonna ask that time stay with timescales that works nicely, doesn't it? 'cause we've come put some of that learning as well into the strategy. I presume there will be things like regular updates and.

01:41:55.640 --> 01:41:59.760

RAE, Carrie (NHS WAKEFIELD CCG)

Mid mid point reports where we can look at some of the learning from the evaluation as well.

01:42:01.050 --> 01:42:01.800

RAE, Carrie (NHS WAKEFIELD CCG)

Excellent.

01:42:02.940 --> 01:42:11.180

RAE, Carrie (NHS WAKEFIELD CCG)

So just in terms of next steps there and and what we've agreed, we've got these meetings in, UM, on a four weekly basis.

01:42:11.920 --> 01:42:14.230

RAE, Carrie (NHS WAKEFIELD CCG)

Now the next meeting, I think we're gonna.

01:42:14.910 --> 01:42:33.930

RAE, Carrie (NHS WAKEFIELD CCG)

Well, it's on the 22nd of December myself. Whenever both on leave. Don't know if many other people are on leave as well, so we're absolutely happy to leave the meeting in the diary if people

want to use it as an opportunity to connect with other people but equally happy, given that thinking a lot of people might be on annual leave, and if we want to cancel that as well.

01:42:35.790 --> 01:42:39.680

RAE, Carrie (NHS WAKEFIELD CCG)

There were lots of people be here for that meeting. Do we know where people are going to be on leave?

01:42:43.580 --> 01:42:44.720

RAE, Carrie (NHS WAKEFIELD CCG)

Right before Christmas.

01:42:45.870 --> 01:42:47.380

Kathryn Hodgson

What date was that, again, Carrie, sorry.

01:42:47.980 --> 01:42:49.730

RAE, Carrie (NHS WAKEFIELD CCG)

22nd of December.

01:42:53.140 --> 01:42:56.130

RAE, Carrie (NHS WAKEFIELD CCG)

Honey, I think majority would be on leave so.

01:42:56.330 --> 01:42:57.380

Warren Larkin

Yeah, yeah.

01:42:57.000 --> 01:43:01.070

RAE, Carrie (NHS WAKEFIELD CCG)

Will probably look at canceling that one and giving an opportunity.

01:43:01.520 --> 01:43:12.250

RAE, Carrie (NHS WAKEFIELD CCG)

And to to shape some of the work that we can then bring back in January as well. So we'll send a cancellation out for that. You don't get. We don't get to see EMS Christmas dungarees.

01:43:13.390 --> 01:43:14.580

RAE, Carrie (NHS WAKEFIELD CCG)

OK, shameful.

01:43:16.390 --> 01:43:37.640

RAE, Carrie (NHS WAKEFIELD CCG)

And so we've said the training needs assessment and mapping so people could email us with what they would like us to gather across the system, and that would be really helpful. We can put a template together and send that out to start looking at what trainings already out there. What resource is already exist and pull all that together so people wouldn't mind doing that.

01:43:38.740 --> 01:43:45.180

RAE, Carrie (NHS WAKEFIELD CCG)

If I could give people maybe two weeks to do that would be really helpful and will send that a note out to remind everybody of that.

01:43:47.300 --> 01:43:47.890
RAE, Carrie (NHS WAKEFIELD CCG)
Uh.

01:43:47.440 --> 01:43:53.710
Warren Larkin
Just sorry, just one thought on that training session. It might be useful to also identify through a kind of local.

01:43:49.750 --> 01:43:50.210
RAE, Carrie (NHS WAKEFIELD CCG)
Yeah.

01:43:54.480 --> 01:43:59.490
Warren Larkin
Experts or people have specialisms. You know that are kind of.

01:44:00.610 --> 01:44:02.800
Warren Larkin
Things that we might value and need to know right?

01:44:03.480 --> 01:44:03.710
RAE, Carrie (NHS WAKEFIELD CCG)
Yeah.

01:44:04.090 --> 01:44:04.960
Warren Larkin
I'm quite useful.

01:44:05.500 --> 01:44:18.990
RAE, Carrie (NHS WAKEFIELD CCG)
Migraine this is absolutely way of keeping us all connected as well so we know what what's going on out there and connecting it all up together and so we will do that and send that out. The programme of training will continue to keep you updated on.

01:44:19.700 --> 01:44:29.490
RAE, Carrie (NHS WAKEFIELD CCG)
Progress with that knowledge incompetent he's buying work. Any willing volunteers please put their names forward to us. Otherwise I will come and pick on people.

01:44:30.980 --> 01:44:33.910
RAE, Carrie (NHS WAKEFIELD CCG)
In a very not coproduced manner, no wait really.

01:44:34.050 --> 01:44:36.270
Warren Larkin
It'll be fun. Be lots of fun, honestly.

01:44:36.310 --> 01:44:37.440
RAE, Carrie (NHS WAKEFIELD CCG)
Yeah, it would be fun.

01:44:38.530 --> 01:44:39.460
RAE, Carrie (NHS WAKEFIELD CCG)
And then.

01:44:40.270 --> 01:44:49.110

RAE, Carrie (NHS WAKEFIELD CCG)

Let's strategy development as well. We will send out the chapters and ask for volunteers as well to be part of writing some of those.

01:44:50.110 --> 01:44:53.850

RAE, Carrie (NHS WAKEFIELD CCG)

So I'm not losing my voice after being on meetings and sulfate this morning.

01:44:54.710 --> 01:44:58.120

RAE, Carrie (NHS WAKEFIELD CCG)

It's kind so thank you so much as always.

01:44:58.600 --> 01:45:03.820

RAE, Carrie (NHS WAKEFIELD CCG)

And all your support and work is really really appreciated.

01:45:04.670 --> 01:45:09.720

RAE, Carrie (NHS WAKEFIELD CCG)

And then for those of you that we don't see before, then we will see in the new year.

01:45:12.530 --> 01:45:14.340

Kathryn Hodgson

I bite hope you feel better I am.

01:45:12.970 --> 01:45:13.910

RAE, Carrie (NHS WAKEFIELD CCG)

Thanks everyone.

01:45:14.820 --> 01:45:15.930

RAE, Carrie (NHS WAKEFIELD CCG)

Yeah, take care.

01:45:16.100 --> 01:45:16.400

Warren Larkin

Said

01:45:16.460 --> 01:45:18.260

Warren Larkin

yeah bye bye bye.

01:45:18.710 --> 01:45:19.210

Sarah Benson

Bye.

01:45:19.610 --> 01:45:20.030

Warren Larkin

Hi.