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| **Action Notes****West Yorkshire Health and Care Partnership****WY&H Adversity, Trauma and Resilience Steering Group**Thursday 9th March 2023, 10:00-13:00*Microsoft Teams*  |
| **In Attendance** |
| Carrie Rae (CR) | Children, Young People and Families Senior Programme Manager |
| Emm Irving (EI) | Programme Manager for Improving Population Health WY HCP (last 5 minutes) |
| Caroline Andrews (CA) | Project Manager, Adversity, Trauma & Resilience WY HCP |
| Jess Parker (JP) | WY HCP Suicide prevention project manager |
| Zak Yasin (ZY) | Public Health Specialist Bradford |
| Sarah Linley (SL) | Communications Manager at Horton Housing Association |
| Kelly Connolly (KC) | Liaison and Diversion, Court, Community and Police custody |
| Liz Barnacle(LB) | Specialist Nurse for Safeguarding Spectrum CIC |
| Rebecca Thomas (RT) | Service Improvement Manager Maternal Mental Health Service West Yorkshire |
| Mark Crowe (MC) | Research and Development Co-ordinator at Humankind Charity |
| Stewart Horn (SH) | Head of Children's Commissioning, Kirklees ICB & LA |
| Yasmeen Sharif (YS) | Programme Manager Barnardo's West Yorkshire Keyworker Pilot |
| Steph Selwood (SS) | CYP Training and Development Manager, WY Mental Health, LD and AutismProgramme |
| James Ward (JW) | Rocket Science, the ATR learning and evaluation partne |
| Caroline Robinson (CR2) | Project Manager, Adversity, Trauma & Resilience WY HCP |
| Bethany Kerry (BK) | Advanced Social Work Practitioner,Professional Development Lead Wakefield CYPS |
| Sian Kilcommons (SK) | Childrens Trauma Therapy Service and CALM Manager. Bradford Family Action |
| Faye Ryan (FR) | Wakefield IHBTT, TIPD practitioner |
| Cheryl Beirne (CB) | Family Nurse Partnership Supervisor and Parenting Lead Locala Kirklees |
| Lisa Cherry (LC) | Director, Trauma Consultancy Services Ltd |
| Catherina Westwood (CW) | Senior Advanced Nurse Trauma Informed Pathway - SWYPFT |
| Derek Sankar (DS) | ATR fellow - Inclusion coordinator for Breaking Down Barriers. |
| Susan Francis (SF) | Workforce Development Lead – Trauma Informed Care, BCDT |
| Catherine Knibbs (CK) | Social Media and Cyber Harms Expert |
| Sian Kilcommons (SK) | Family Action UK |
| Emma Pearce (EP) | Public Health Consultant |
| Nicki Batley (NB) | Head of Partnerships and Customer Excellence, Bevan |
| Marvina Newton (MN) | CYP Mental Health inequalities |
| Zaibun Nawaz (ZN) | ATR Fellow |
| Emma Mara (EM) | Public Health Project Coordinator – Resilience, Public Health Wakefield |
| Cadi Thomas (CT) | ATR Fellow |
| Robert Balfour (RB) | CEO, Survivors West Yorkshire |
| Agnieszka Wozna (AW) | Patient Experience Lead, Freedom to Speak Up Guardian, Spectrum CIC |
| Denise Wheatman (DW) | Health Improvement Specialist – Resilience, Public Health Wakefield |
| **Agenda Items** |
| **1.** | **Welcome, Introductions**CR welcomed everyone to the meeting. |
| **2.** | **Any Other Business**There was no other business |
| **3.** | **Action Notes and Actions from previous meeting**The actions notes were agreed as an accurate record and the actions were discussed and updated. |
|  | LC discussed pod cast recorded with EI now available to her website.  |
| **4.** | **ATR Fellows**CA update on fellows.* 23 fellows paired with mentors, huge variety of people.
* Had induction meeting
* Now doing their PH training and following that will begin on their projects.
* Please send in any ideas of fellow projects
* Will be writing to any mentors next week to let know who you are paired with
* We will ask some of the fellows and/or mentors to present their project work at this meeting once completed.
* CB identified herself as a fellow and CR talked about how some of the projects from last year now been incorporated into ICB programmes
* MR is a mentor, expressed looking forwards to this
* ZN a fellow stated the other fellows are struggling to access the meeting. CA to resolve this with fellows lead after meeting.
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| **5.** | **System Outcomes and Benefits*** CB basic outcome, education of the workforce, everyone in it understanding what a trauma informed approach is. CR-How would we measure this?
* LC – Key indicator – when language used shifts, from workers problematizing the person to understanding in equity, social structurs and barriers. Key indicator – that there has been a shift/change in services, they are using a TI framework and centralizing lived experience
* SF - I think we need training linked to implementation tools and evaluation tools of the impact so monitoring of learning can be continual. Agree with LC point re:framework. SF has developed a framework for staff to see the link between the framework and meeting their own needs as well as meeting the needs of service users.So thinking about evaluating training differently.
* MC - Not about measuring inputs into the the system but measuring the impact or the outcomes for people, not the outputs. I think you need to think about what the end user experience and has it changed as a result of the trauma informed work. Difficult to do because trauma, adversity and resilience is very individulaized and so is the transformation for the individual. LC point looking at different aspects of persons experience and the framework model of implementation, we need to measure for the how we do things when people are coming along the journey, not the what we've done.
* CR – Its about how the training gets implemented into practise, that personalized experience for people.
* CB – Something to do with engagement of people, and making more of a difference to people quicker? Its about culture change, I am not sure how we can measure that. ? can we count numbers of people attending, whether we can capture patient experiences. When I do my training, its often tweeks, there is a lot of great work going on already.
* CR- EI has ensured that in the new ICB forward plan over the next 5 years it will say each program across WY in each place when developing their plans needs to ensure embedding a TI approach.
* JW – Measuring the outcomes shouldn’t be a barrier to identifying what the outcomes are. There are outcomes that measure culture within domestic abuse services that could be adapted (looking at this for HMP Leeds work). Think need to identify priority outsomes wedidnt exercise at end of last round of learning (slides JW can share from focus groups around this). To big, need to look at outcomes per workstream which there will be similarities accorss and then aggregate at a system level. Going back to what is the theory of change feature, the work change where the outcomes you want to see from those and then we can aggregate them up and then how do we measure them? Less difficult than we think, lots of work in this area. Also think its really important to record inputs and outputs because commissioners have to, have to be accountable to how the money is spent. Also what doesn’t work in effecting change is also important.
* JW – This year had planned to set up an evaluation and learning, do we want it as a separate? Should it be in all worksteams?
* CR – Just thinking now about some overarching outcomes because there will be some over all workstreams.
* JW- Broad outcomes: Policy at place, system and nationally, what are the impacts of that? What are the impacts for people accessing services, ease people movce through system, peoples experience, outcome measures, staff experience.
* DS- I would like to see a shift in working cultures, reducing the us (workforce) and them (client), it becomes a more of we. There are ways to measure this already, belonging and inclusion tools.
* SF – The point of access to services and moving through them. Need to consider for staff and service users. Could we go back to the principles of the BDCFT framework and then have then running through each workstream, this would provide a consistency of approach which would make sense.
* CR- Certain things need to be embedded, we don’t want all the workstreams feeling separate.
* CB – I lead on baby friendly organisation, standards you have to sign up for. ? Could we do something like this, organisations need to sign up to this. People employed to audit this (interview various staff on ground, managers, clients) and then organisation gets an accreditation. Then could say how many organisations are achieving this standard.
* CA – TI organistaions producing a knowledge and skills framework which is going to be launched at the knowledge exchange and that's working with Doctor Warren Larkin. Not kite mark, a standard across WY. Also secured funding TI training across maternity staff across WY.
* CB- Concern around lack of funding and capacity of staff to be able to carry out the TI approach.
* CR-This is why maternity really wanted this work, for staff support and their patients.
* DS- There is likely to be a kitemark being produced soon, the only way to ensure it’s a standard if we are involved in those conversations.
* SF- Just presented to senior leadership team a case for calling ourselves at BDCFT a TI organisation. Developed a badge, this symbolises what this mean. Video from Education Awareness event which unpacks the badge.
* CR- Outcome could be the number of TI organisations year on year that we want working up to 2030 and how we get there.
* JP- Previous job learned Trading Standards only people who can award kite marks, badge, levels and standards all really good but you cant get kite marks.
* MC- Thinking about Preston model, can we show improving the the quality of the health and social care system a smaller scale in a smaller area helps improve the the general quality of life in that area? Because individuals link to communities. Also as DS said earlier, thinking around co-production, sharing traumas, no me and you, we.
* CR – What are the outcomes being used at place?
* ZY – In bradford at bit of a gap in this area, we are having a reflective day where we will look at this. It would be helpful to get some guidance around this, if it is for place and system level evaluation, we don’t have the expertise in this. Discussion with EI, LC, CR and ZY recently concerning strategic buy in and where the ATR programme sits in Bradford. Lots of changes happening in our place, programmes ending 2025. How do we ensure the continued work and measure the senior buy in?
* CR – I would like to see when new services being developed or transformation, how do you ensure they are TI from the beginning? How do we start to measure whether they have been based on a trauma informed approach?
* ZY – Need to look at our recruitment, commissioning processes, how do we stipulate this needs to happen and how do we measure and monitor it. Probably need a multifaceted approach, a conversation in the steering group and also in the workstreams. Need to look at grass routes level and also at senior buy in and how do we marry the two.
* CR- Also things like when going out to tender etc, are we consistent with the TI language?
* BC – **Kirklees** - Feels bradford really well organised, doesn’t feel Kirklees is co-ordinated like Bradford.
* SH- recognises this and gong to do something to change this.
* KC **Leeds** – from Liaison and Diversion teams, main focus Leeds currently but is WY wide. Echoing what being said already,. Interested in linking in with others in Leeds. CA to link KC to others in Leeds.
* ZY – Still lots of things that we don’t know in Bradford. I have made lots of connections through ATR networks.
* CR- 3rd Knowledge exchange coming up – good for connections.
* LC – Release of the co-production training is immenent. Big challenge – the humanness of the system. Many people do not understand trauma and some might think they do when then don’t. How do we support these people, particularly challenging when these people and in leadership roles because opportunities to mentor these people are not there. Its difficult, how do we do this?
* CR- can be easier to challenge people not in senior roles, how do we do this though?
* DS – When in this place, trying to influence these people out own self care can suffer.
* SF – Reciprocal mentoring program in BDCFT. Participants were learning from each other. Stigma associated with trauma, especially at more senior level. Our focus is on staff understanding the TI principles and applying it to themselves.Senior leaders need to be involved in this, a lot of pressure on senior leaders and they feel they need to be okay.
* CR- Had discussion about what we want to see, now need to work out how we deliver and measure those outcomes.
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| **6.** | **ATR Evaluation - JW*** Done an international literature review of poverty trauma and being presented at knowledge exchange.
* Until March updating process evaluation - to understand how the ATR pogramme is working, strengths and identify opportunities for development. Being done by survey – 12 responses so far. So far the evaluation is positive. There might be something around capacity particularly at place level. Also keen to talk face to face with as many members as possible.
* April to September – Going to do work with fellows and understand how the fellowship is creating capacity and capability across the systems.
* HMP Leeds – looking around TI practise within the women’s estate and high secure estate. Aim to get a baseline and longer term culture, aim to develop a model that can be applied across other services not just prisions.
* April - Establishing a learning and evaluation workstream. ? but as discussed previously should it be separate.
* MN – Keen to see how can incorporate work around Black boy joy in the Knowledge exchange and also incorporate work has done. How do we ensure linking things together?
* JW- We do this by ensuring equity in outcomes, what are the common outcomes.
* SF- Interested in way organisations using TI principles, how they infuse these principles. If organisations saw these as a thing they do on a day to day basis and then we measure those principles to see the change.
* JW-Hoping will do this in HMP Leeds. There are reflective tools available already we can use. We can then look at the impact on data (i.e. assaults).
* CR highlighted the value of the the Process evaluation and asked people to participate.
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| **7.** | **Presentation**CA-Update on upcoming knowledge exchange. CA-Update on Education Awareness EventSF- Discussed resilience passport – video on hub.  |
| **8.** | **Programme Updates*** Education Awareness Week
* Trauma Informed Organisations - Knowledge and skills framework to be launched at knowledge exchange.
* Criminal Justice – Will be holding a face to event, working out the themes for this at the workstream. Lacking representation from courts. Going to focus on relationships and communication, peoples understanding of TI, therapeutic and non therapeutic approaches. Contact CA if want to be involved or know of people who might want to be.
* Trauma Informed E – Safety Training – Hosted by KN . It is introduction to trauma informed E safety and online harm prevention reduction and mitigation for frontline practitioner. 29/3/23. Still spaces.
* Coproduction Training – CA showed video of training.
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| **10.** | **Next Steps and Close**Agreed to move from 2 monthly to 3 monthly meetings still 3 hours. ? Consider breaking the agenda up a bit with few 5 minutes break. MW – Was a Adults with multiple disadvantage meeting, seems to have stopped. This meeting squewed to Children and young peoples. But still disconnect between childrens and adults services. Whats plan going forwards? EI – Adults network to be relaunched after Knowledge Exchange, working with Anna from making Every Adult Matter. Going to look and see if can become a MEAM region. |
| **Date of Next Meeting:** Thursday 8/6/23 10.00-13.00 |
| **Future Meetings:**  Thursday 14/9/23 10.00-13.00, Thursday 14/12/23 10.00-13.00 |

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| **Action Log** |
|  | Knowledge & Skills Framework - EI will email the group to request volunteer authors for these documents. LC offered to help with the document.  | EI | Ongoing |
|  | LB agreed to provide information regarding social prescribing for the new website which we could pick up at a future meeting. | LB | Onhold |
|  | CA – To check Fellows correct link to log onto future meetings | CA | Complete |
|  | Meetings to move to 3 hourly every quarter, with consideration of small breaks within meeting | CA | Complete |
|  | Steering group to contact CA if have contacts to increase court representation in justice workstream. | All | Ongoing |
|  | Plan for fellows and mentors to feedback project findings once completed | CA | Ongoing |
|  | CA to link KC to others working in Leeds in TI field.  | CA/KC | Ongoing |
|  | At a future meeting to work out how we deliver and measure the outcomes discussed 9/3/23. | All | Ongoing |
| **Completed Actions** |
|  | Update on the EOI at next meeting | EI | Complete |
|  | Connect with members regarding the strategy group | EI/CR | Complete |
|  | Quote for the ATR Knowledge Exchange event website to be sent out to members for information | EI | Complete |
|  | Send information out regarding strategy and chapter suggestions | EI | Complete |
|  | Establish a working group around community engagement / event (reps needed) | EI/CR | Complete |
|  | Volunteers to be a single point of contact for each place with regards to mapping (two contacts from each place) | All | Complete |
|  | As per the action above, collate a list of members within each place and share this stakeholder list with the group | EI/CR/DH | Complete |
|  | SN & MC to connect with Place Leads | SN/MC | Complete |
|  | Session on the next agenda to discuss chapter groups | EI | Complete |
|  | Connect with Senior Leaders regarding pledges / case studies | EI/CR | Complete |
|  | System mapping template to be re-distributed to members | EI | Complete |
|  | SN to share WIFI paper on co-production, and quality standards produced by Leeds with EI | SN | Complete |
|  | Co-production and information from the Health and Justice Framework to be added to WY mapping document in prep for EOI | EI/CR | Complete |
|  | Circulate draft framework around being trauma informed and responsive | EI/CR | Complete |
|  | Links to the ladder of participation to be sent out with the papers for the meeting | EI/DH | Complete |
|  | Request for involvement of people with lived experience at boards and presentations | All | Complete |
|  | To attach a ‘blurb’ to share with others not on the call on system mapping template. | EI | Complete |
|  | System mapping document amendments/suggestions by mid-March 2021 | All | Complete |
|  | Dedicating the next meeting agenda to co-production | EI | Complete |
|  | Request for involvement in planning Knowledge Exchange Virtual Event | All | Complete |
|  | Share Wales VRU Document | EI | Complete |
|  | Emm will share key documents with Warren as part of the knowledge exchange. (financial impact of ACEs) | EI | Complete |
|  | Development of a resource that can be used to gain strategic buy in from senior leaders across WY&H | CR/EI/All | Complete |
|  | Mapping to be sent to EI and CR by the 5th February | All | Complete |
|  | To include a presentation on Changing Futures Funding on a future meeting agenda. | EI/SN | Complete |
|  | Update on Infant Mental Health at Future Meeting | EI | Complete |
|  | JM sharing with members the insight report from the engagement group which enables to see any gaps we have. | JM | Complete |
|  | DT to send resilience framework to JJ | DT | Complete |
|  | JJ to check with EI regarding allocating tasks to individuals | JJ/EI | Complete |
|  | EI/CR to circulate County Lines Presentation with the notes from the meeting | EI/CR | Complete |
|  | DH will to share any other resources. | DH | Complete |
|  | Send information for HEE request to CR/EI | All | Complete |
|  | Update on NHSE Safeguarding link at future Meeting | CR | Complete |
|  | Extend all future meetings top 3 Hours and include T&Gs | EI | Complete |
|  | Send individual invitations for T&FGs | EI | Complete |
|  | Pull Agenda together for T&FGs | EI/CR | Complete |
|  | Disseminate Presentation: ‘No Child Left Behind’ Public Health England | GM/EI | Complete |
|  | Scope potential of a WY&H trauma week | CR/EI | Complete |
|  | Add Trauma Week onto agenda for T&FGs | CR/EI | Complete |
|  | Resend the list of potential ideas from Warren | EI | Complete |
|  | Discuss resource for Strategic Buy in with Warren Larkin | CR/EI | Complete |
|  | Social Finance to send EI/CR details of the research project they are doing around social media and EI/CR will circulate to the group. If anyone is interested in being part of this research please email Jessica from Rocket Science (details in chat) | Rocket Science/ EI/CR | Complete |
|  | EI/CR to distribute the strategy template and request if anyone is interested in being an author on any aspect or whether they would like to contribute anything. | EI/CR | Complete |
|  | EI/CR to create a framework for the knowledge exchange from the discussion today. At the end of April we will be asking for volunteers to help support that work. | EI/CR | Complete |
|  | EI/CR to distribute a highlight report template for place to be completed and returned. These highlight reports will be added as a standard agenda item every 3 months. | EI/CR/All | Complete |
|  | EI to gain permission from Rocket Science to distribute the interim report | EI | Complete |
|  | Agreed structure of future meetings with team meetings as well. |  | Complete |
|  | EI/CR to create a highlight report for the network meetings. |  | Complete |
|  | EI to connect with the frameworks institute and [Nurture Development](https://www.nurturedevelopment.org/)with regards to co-production |  | Complete |
|  | CA to facilitate the ATR Fellowship |  | Complete |
|  | EI/CR/CA to send email to group requesting expressions of interest for a Justice Workstream. |  | Complete |
|  | October meeting – Poverty, November meeting – Resilience and Prevention and December meeting – Language  | EI/CA | Complete |
|  | EI/CA to email the group for volunteers to be mentors. | EI/CA | Complete |
|  | To discuss with illustrator the creation of West Yorker Children | EI/CR | Complete |
|  | Volunteers from each place to present at Health and Wellbeing Boards with CR & EI– email to notify of who will be volunteering | All | Complete |
|  | Social Love Presentation - EI to email the group to request their opinions on the research and agreed to sign the endorsement. | EI | Complete |
|  | EI to make the suggested changes to the website. | EI | Complete |
|  | CA to add BLOSM to the agenda in January and ask colleagues from CHFT to present their work.  | CA | Complete |