

Public Document Pack



**Service Director – Legal, Governance and
Commissioning**

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Wednesday 12 January 2022

Notice of Meeting

Dear Member

Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Virtual Meeting - online** at **2.15 pm on Thursday 20 January 2022.**

This meeting will be live webcast. To access the webcast please go to the Council's website at the time of the meeting and follow the instructions on the page.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read 'Julie Muscroft', on a light-colored background.

Julie Muscroft

Service Director – Legal, Governance and Commissioning

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The Health and Wellbeing Board members are:-

Member

Councillor Viv Kendrick (Chair)

Councillor Musarrat Khan

Councillor Carole Pattison

Councillor Mark Thompson

Councillor Kath Pinnock

Mel Meggs

Carol McKenna

Dr Khalid Naeem

Richard Parry

Rachel Spencer-Henshall

Karen Jackson

Beth Hewitt

Stacey Appleyard

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Board/Apologies

This is where members who are attending as substitutes will say for whom they are attending.

2: Minutes of previous meeting

1 - 8

To approve the minutes of the meeting of the Board held on the 2 December 2021.

3: Interests

9 - 10

The Board Members will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interest.

4: Admission of the Public

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

5: Deputations/Petitions

The Board will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10 (2), Members of the Public should provide at least 24 hours' notice of presenting a deputation.

6: Public Question Time

The meeting will hear any questions from the general public. Questions should be emailed to jenny.bryce-chan@kirklees.gov.uk no later than 11.00am Tuesday 18th January 2022.

In accordance with Council Procedure Rule 51(10) each person may submit a maximum of 4 written questions.

In accordance with Council Procedure Rule 11(5), the period allowed for the asking and answering of public questions will not exceed 15 minutes

7: Covid 19 Update

The Board will receive an update on Covid-19 in Kirklees.

Contact: Rachel Spencer-Henshall, Strategic Director, Corporate Strategy, Commissioning and Public Health. Tel: 01484 221000

8: Health and Care Operational Pressures Updates

The Board will receive a verbal update on the current Health and Care Operational Pressures in Kirklees.

Contact: Richard Parry, Strategic Director for Adults and Health and Carol McKenna, Chief Officer NHS Kirklees CCG

9: Trauma Informed Practice in Kirklees

11 - 20

A report to the Board presenting the context and rationale for what being trauma informed would mean and to outline the approach taken to date in partnership with the West Yorkshire trauma informed and responsive programme.

Contact: Rebecca Elliott, Public Health Manager and Stewart Horn, Head of Joint Commissioning, Children and Families

10: Responding to strategic and current tactical workforce issues in Kirklees

To receive an update on the development of a Kirklees health and care system wide response to strategic and current tactical workforce issues.

Contact: Karen Jackson, Chief Executive, Locala

11: Kirklees Place Based Partnership & West Yorkshire Integrated Care System

To receive an update on the work underway in Kirklees to prepare for the changes set out in the Health and Care Bill.

Contact: Carol McKenna, Chief Officer, NHS Kirklees CCG

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Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 2nd December 2021

Present:

Councillor Musarrat Khan
Councillor Mark Thompson
Councillor Kath Pinnock
Carol McKenna
Dr Khalid Naeem
Rachel Spencer-Henshall
Helen Hunter
Karen Jackson
Beth Hewitt

In attendance:

Catherine Riley, Assistant Director of Strategic Planning
Diane McKerracher, Chair, Locala
Phil Longworth, Senior Manager, Integrated Support
Nicola Cochrane, Joint Transformation Programme
Manager
Alex Chaplin, Strategy and Policy Officer, Integration
Patrick Boosey, Wellness Service Lead
Trudie Davies, Mid Yorkshire NHS Trust
Julie Oldroyd, Senior Manager, Transformation,
Community, Kirklees CCG
Debra Tate-Taylor, Locality Lead, Urgent and Emergency
Care
Alexander Jennings, Scissett Mount Care Home Manager
Kyomi Cambell, Kirklees Urgent Community Response
Manager
Sean Rayner, South West Yorkshire Partnership NHS
Foundation Trust
Lisa Waldron, Wellness Service Operations Manager

Apologies:

Councillor Viv Kendrick (Chair)
Councillor Carole Pattison
Mel Meggs
Richard Parry

24 Membership of the Board/Apologies

Apologies were received from Cllr Viv Kendrick, Cllr Carole Pattison, Mel Meggs, Richard Parry and Jacqui Gedman.

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Dr Khalid Naeem, Deputy Chair of the Health and Wellbeing Board, chaired the meeting.

25 Minutes of previous meeting

That the minutes of the meeting held on the 30 September 2021 be approved as a correct record.

26 Interests

No interests were declared.

27 Admission of the Public

All agenda items were considered in public session.

28 Deputations/Petitions

No deputations or petitions were received.

29 Public Question Time

No questions were asked.

30 Covid-19 Update

Rachel Spencer-Henshall, Strategic Director, Corporate Strategy, Commissioning and Public Health provided an update on the current position regarding Covid-19 in Kirklees, highlighting some of the key points from the current data.

Referring to statistical information, the Board was informed that there has been a good uptake across the older age groups of, both vaccine doses, and the booster. While in the age 80 plus uptake has been slightly less, there has been a good uptake of the booster in the 75 to 79 age range. Colleagues in primary care and other partners have been working hard to get into places like care homes and to housebound patients to make sure that they are targeted. There is still some way to go, however there is good coverage in Kirklees.

The Board was informed that the information shows that there is still a difference in uptake in the most deprived areas versus the least deprived areas. This reinforces the need to put up more convenient popups in those areas where there are people working multiple jobs and potentially cannot access that vaccination clinic as easily.

The partnership has provided an excellent response in getting popups established in the right locations along with the Community Champions who fed in the intelligence in terms of how to increase uptake. Again, there is more work to do however, it feels like a positive story.

The data shows that Kirklees has done particularly well in the under 18's, which reflects the work that has happened to get the 12 to 15 campaign into schools. Kirklees has consistently been higher than its neighbours in Yorkshire and the Humber with the school program. This is very much testament to Locala and the school system for the relationship that they have got and Medicare and the pharmacies who have worked alongside them. This is another good news story for Kirklees.

In terms of the infection rate, there has been a significant reduction. Kirklees has the lowest rating in West Yorkshire, well below the England average of 440 and is 145th out of 149, local authorities with a rate of 261.5. This again feels like positive news. It is important to recognise that this is a stressful time and people have been following the guidance, which is hugely positive to try and keep that number down.

The Board was informed that with regard to the new variant the messages coming out of the media is confusing. It is important that if people have symptoms of Covid, getting a PCR test is by far the best way to get the most accurate result possible. PCR tests also enables a lab to genetically sequence and determine very quickly if there are different variants.

In response to the information presented the Board asked about the eligibility for the booster because when people have tried to make an appointment for their booster, they have not been available. In response the Board was advised that the difficulty at the moment is that people are presenting based on the announcement, however that is not how the system is set up because people will be called descending order of age, which she's right because age is the most important factor.

RESOLVED

That Rachel Spencer-Henshall be thanked for providing an update on the current position with regard to Covid-19 in Kirklees

- 31 Showcasing Innovation : Kirklees Urgent Community Response**
Julie Oldroyd, Senior Manager Transformation attended the meeting to provide an update on Kirklees Urgent Care Response Service (UCR). Also in attendance to share their experience of the service were Alexander Jennings Care Home Manager and Kyomi Campbell, Urgent Community Response Manager.

In summary, the Board was advised that part of the NHS long term plan was to introduce an urgent community response service for the local populations by 2024. The aim of the UCR is to get fast access to both health and social care professionals to avoid, admissions to hospital where possible, delivering a crisis response where people are seen within two hours for any urgent needs and receive reablement within two days.

In 2019, Kirklees was picked as one of seven pilot sites across the country for this service and the pilot was launched in November 2020. The pilot is a provider alliance approach working with partners across the system such as the Council, CCG, Locala, Local Care Direct, Primary Care Colleagues and working with South West Yorkshire NHS Foundation Trust and Kirkwood Hospice. Since November 2020, there have been approximately 1200 face visits and have hit the target of nought to two hours 96% of the time on average, which is positive.

Through the pilot period, changes have been made to how the pilot is delivered. The service initially began by being for people with frailty however, it is now available to all adults. There are more referral routes into the service now than there was at the beginning. There is a single pathway for roadside paramedics to

refer in and work is being undertaken to link in with Calderdale who are also looking developing a similar service and taking learning from the experience in Kirklees. The service has progressed from five days a week Monday to Friday to a seven-day service 8am to 8pm which has been positively received.

In addition, all providers of UCR submit data to a central database which captures data from across the countries to compare and contrast robust data. The impact to date is that 81% of people seen by the UCR have not attended A&E or been admitted to hospital within two days of a visit from the UCR teams.

Alex Jennings Care Home Manager, and Kyomi Campbell, Urgent Community Response Manager shared their experience of the service with the Board.

RESOLVED

That Julie Oldroyd, Alex Jennings and Kyomi Cambell be thanked for providing an update on Kirklees Urgent Community Response

32 Kirklees Ageing Well Strategy

Nicola Cochrane, Joint Transformation Programme Manager Kirklees CCG presented the Ageing Well Strategy for discussion with the aim of getting support from the Board to approve the strategy which had already been presented to the local Ageing Well Board and the Integrated Health & Care Leadership Board.

The Board was informed that the purpose of the strategy is to outline how quality of life and outcomes for the Kirklees population will be improved by supporting people to age well and remain independent for longer with focus on

- Early identification, prevention, proactive care
- Supporting people to identify their own needs
- Personalised care approach
- Empowering people to self-care and take control of their own care
- Services working in an integrated way (multi-disciplinary working/provider collaboratives)

There is a specific section within the strategy that focuses on health inequality that draws out the priorities that are within the Health and Wellbeing Plan with the aim of embedding these priorities where possible into the individual work streams. There are domains within the strategy which give more detail of how those priorities will be delivered through the individual work streams.

The strategy supports the key deliverables within the NHS Long Term Plan and the national NHS England Ageing Well Program. There are three main elements of the NHS England Ageing Well Program.

- The Urgent Community Response
- Enhanced Health in care homes
- Anticipatory care

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In Kirklees the definition has been widened within the ageing well program by using the national definition and then added a few other programs that are quite interdependent in terms of success of those three main programs. There are six work streams within the Ageing Well programme.

- Anticipatory care,
- Frailty
- A big piece of work around care homes
- End of life
- Urgent Community Response
- Discharged to assess work stream.

The strategy includes details of each of these programs.

The Board was informed that the aim of the strategy is to ensure that the population of the Kirklees receives a more personalised approach that is tailored to support their needs with the focus on prevention and early identification. The approach will embed shared decision making to ensure people feel more empowered to take control of their care and include outcome focused care planning with the strength-based approach.

RESOLVED

That the Board

- Support and sign off the Ageing Well strategy
- Note that the implementation of the Ageing Well Strategy will be enabled by the use of pooled budget arrangements where these can support integration and transformation of services to improve outcomes.

33 Health Check Pilot Update

Patrick Boosey, Wellness Service Lead and Lisa Waldron, Wellness Service Operations Manager provided an update on the Health Check Pilot.

In summary, the Board was informed that the Wellness Service aims to support adults in Kirklees live healthier, happier lives and feeling more able to look after themselves to foster people to look after their own health and well-being and maintain their independence. The service offers support to people who are experiencing low level mental health needs like anxiety and low mood, there is also support for people who want to stop smoking with support given using nicotine replacement therapy or vaping devices. There is support for people who are wanting to get more physically active and programmes and opportunities to support people to get more active in the community and utilise the resources that are already in Kirklees.

The service offers a healthy weight programme, which is one of the big referral areas. This is an example of where the service is using innovative evidence led approaches to tackling health inequalities through a Weight Neutral approach. This is a new approach to issues of weight and health that is driven primarily by

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compassion, takes blames away from individuals and fully acknowledges the mental and financial burden poverty and inequality places on people.

If an individual comes with a range of issues they want to improve or get support with, for example, they may want to stop smoking and want to get more physically active, the benefit of the health coaching approach is that they only have to tell their story once. The health coach can support across all these different areas offering a whole services, person-centred, holistic approach and people can be supported all under one roof by one individual and develop a rapport and relationship with that person.

The health coaching approach focuses on identifying individual strengths and resilience, recognising that everyone who comes has a lot of strengths and assets that they may not have recognised. The aim is to try and support them to use those strengths and assets in making positive changes to their health.

Up until end of November 2021, there have been approximately 1500 referrals to the Wellness service across the different pathways, supporting people with smoking weight and getting more physically active. A key highlight is the smoking quit rate within the Wellness service is at 56%, which is significantly higher than the national average of 40%.

The Board was informed that the rationale and the background around the Health Check Pilot was that there has been a decline for people eligible for health checks in Kirklees taking up that offer in certain communities particularly those that face higher health inequalities. The Wellness Service and asked how uptake could be increased to attract people to have health checks in those that faced the highest health inequalities. The aim was to try to move away from medicalised model to more a more holistic person-centre approach.

There are qualified health coaches trained in health check delivery supervised by a clinical practitioner. The service offers a 45-minute face to face health check that is in a range of different community settings across Kirklees these are one-to one. The service offers health coaching follow ups, signposting and referring into specialist or clinical services.

The pilot started on the 8th November 2021 and is going to last a minimum of six months.

Key highlights to date:

- Since the launch the service has received 178 health check referrals
- 33 health checks in week one, 41 health checks in week two with 37 completed, 38 health checks booked in for week three with 37 completed
- Completed 107 health checks that were fully completed with follow on support provided up until the 26th of November
- 78% of the results obtained have shown abnormal, for example people might be reading as hypertensive and elevated cholesterol levels or might be classified in the obese ranges

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The results highlight that the health checks are reaching the right people as this is a first opportunity of early intervention and prevention with some people.

Tackling health inequality is an ongoing process and one of the issues identified was the need for flexible appointment times. This is being considered offering appointments from 8:00am to 8:00pm Monday to Saturday. The service is being data led, looking at mapping of health inequality data and the Index of Multiple Deprivation, then looking at venues and targeted promotions that are specific to those areas. The materials available are in the five most prominent community languages within the areas and there are interpreters on hand at multiple sites.

In response to the information presented the Board asked the following questions including:

- Is there a difference between the sort of support people were seeking before Covid and what they are seeking support for now?
- Will there be any longer-term evaluation of the impact of people using the service, particularly with enabling them to be independent and being motivated to change their lives?
- Where does the funding come from for the pilot?

RESOLVED

That Lisa Waldron and Patrick Boosey be thanked for providing an update on the Health Check Pilot and the Board support the strategic direction of the service

34 **The Health and Care Bill: Update on preparations in West Yorkshire and Kirklees**

Carol McKenna, and Phil Longworth provided an update on the preparations in West Yorkshire for the introduction of the Health and Care Bill. In summary, the Board was informed that the West Yorkshire Integrated Care System describes the arrangements that partially exist in shadow form, however some elements will become statutory from the 1st of April.

The arrangement encompasses a range of components, for example, a body called the West Yorkshire Integrated Care Partnership that will have a responsibility to agree the overall strategy for West Yorkshire and is built from place health and well-being strategies. It will also encompass a wide range of representatives in a similar way to the current West Yorkshire Health and Care Partnership Board. The enacting of that strategy sits with the Integrated Care Board which is the statutory body that receives the funding from NHS England. It is expected, subject to parliamentary approval, that these changes will come into effect from the 1st April 2022.

The Integrated Care Board (ICB) will be responsible for delivering the strategy, however a significant part of what they are accountable for will be enacted through delegation into place. There will be a sub-committee of the ICB in Kirklees, which is where the partnership will work together to respond to that delegation.

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The current Health and Wellbeing Strategy is being refreshed and will come through to the Kirklees Health and Wellbeing Board in due course for sign off. The Kirklees place-based committee of the ICB will be responsible for delivery against the Health and Wellbeing Strategy and agreeing health and care services in Kirklees.

It is expected that the place-based committee of the ICB in Kirklees will be supported by a range of other components and dialogue is taking place about establishing a clinical and professional forum that would play a key role in informing and supporting the decisions that will be taken. It is also important to retain and build on the many ways of hearing citizens and patient's voice.

The draft West Yorkshire ICB Constitution is currently being engaged on. Locally, work is being undertaken to develop a collaboration agreement to support the Kirklees place-based partnership, this will set out how partners work together taking decisions on a partnership basis.

The Board was informed that a white paper on an adult social care was published on the 1st December 2021 and there a couple of points to note:

- 1) Whilst the white paper sets out future funding commitments that should flow through into the adult social care system there will still be significant pressure on the system. This emphasises the importance of prevention and enabling people to be as independent as possible.
- 2) The statutory social care functions undertaken by local authorities will become subject to inspection by the Care Quality Commission. This will bring an extra level of assurance and is being viewed by most commentators as a positive development.

RESOLVED

That Carol McKenna and Phil Longworth be thanked for providing an update on the preparations in West Yorkshire and Kirklees for the introduction of the Health and Care Bill

35 Date of the next meeting

That the date of the next meeting 20 January 2022, be noted by the Board.

KIRKLEES COUNCIL COUNCIL/CABINET/COMMITTEE MEETINGS ETC DECLARATION OF INTERESTS HEALTH AND WELL BEING BOARD			
Name of Councillor			
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
- (b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

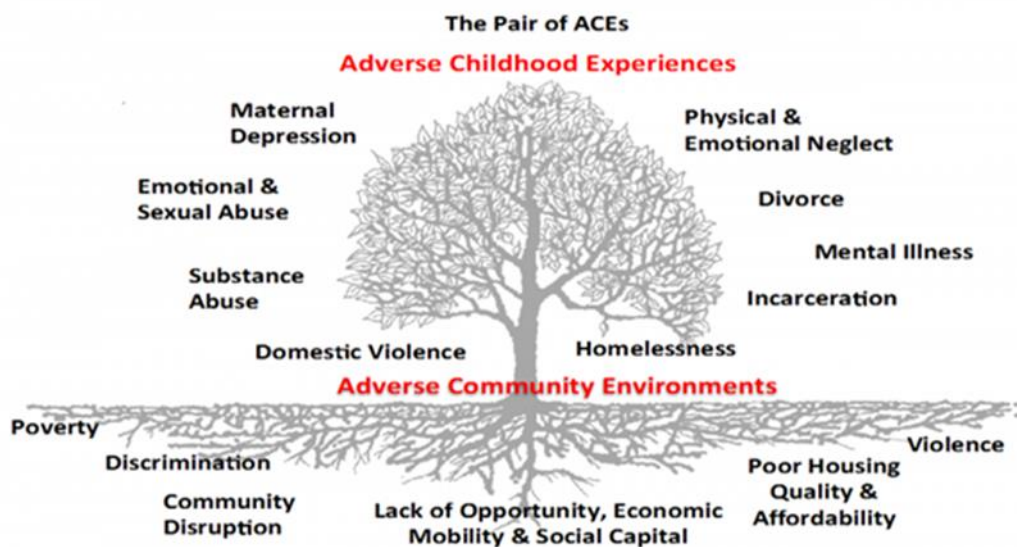
KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	20th January 2022
TITLE OF PAPER:	Trauma Informed Practice in Kirklees
1. Purpose of paper	<p>We would like the Board to help shape how we become a Trauma informed and responsive place; turning an ambition into reality. We would like to present to the Board, the context and rationale for what being trauma informed would mean and outline the approach taken to date in partnership with the West Yorkshire trauma informed and responsive programme. We would like the Board to help shape the partnership response and champion proposals to do this.</p> <p>We believe that this is of strategic importance to all Partners and the debate at the Board will be a significant influence on the future direction of the issue discussed.</p>
2. Background	<p>Trauma informed approaches to care are referenced in:</p> <ol style="list-style-type: none"> 1. NHS Long-Term Plan 2019 in relation to providing Trauma Informed Community for Action for at-risk youth and/or involved with the justice system, as well as being a part of new primary and community care for adults with severe mental illness. Includes ambitious targets for community mental health, a key part of this is transforming care for people with a diagnosis of personality disorder including clear commitments to the use of Trauma Informed approaches to mental health care and support by 2023/24. 2. NHS Mental Health Implementation Plan 2019/20 – 2023/24 in relation to adults with severe mental illness getting more control over their care, and to support measures for rough sleepers. 3. Kirklees Suicide Audit (2016-2018) – Those who have experienced adverse childhood experiences are significantly more likely to attempt suicide than those with no adverse childhood experiences and this was an emerging theme. 4. Key agreed priority for WY Health and Care Partnership and WY Violence Reduction Unit <p>Approach of the West Yorkshire (WY) Health and Care Partnership and Violence Reduction Unit:</p> <p>Preventing and responding to trauma and adversity is a key priority for West Yorkshire through joint working with the WY Children, Young People and Families Programme, the WY Improving Population Health Programme, and the West Yorkshire Violence Reduction Unit. The WY Trauma, Adversity and Resilience Network was established in July 2020 and meets monthly. The group have set out the following aspirations:</p> <ul style="list-style-type: none"> • To reduce trauma, adversity and build resilience for the population across West Yorkshire & Harrogate, people who are vulnerable, facing multiple difficulties, complex needs, adversity, and childhood trauma. • The WY&H population should be able to access and receive integrated support from a range of professionals across health, education, social care, youth justice, the police and the voluntary sector to ensure that their needs are met in a co-ordinated way.

In July 2020 the WY&H Health Care Partnership brought together partners to join up action(s) between organisations, understand the current context, provision, gaps in provision and challenges in relation to complex needs, adversity, childhood trauma and resilience from preconception throughout adult life. With an agreed vision of “Working together with people with lived experience and colleagues across all sectors, organisations to ensure WY&H is a trauma informed and responsive system by 2030”. This focusses on:

- Intergenerational and life course approach.
- Focus on early intervention and prevention, resilience, and adversity.
- Sharing best practice, learning from each other and being better together.
- Harnessing good practice to feed into local strategies.
- Ensuring organisations are trauma informed, responsive building on existing strengths and new opportunities.

There is momentum building across West Yorkshire on this approach, but much of what needs to happen to make positive change for communities and individuals, needs to happen at place.

This diagram below illustrates the relationship between Adverse Childhood Experiences and adverse community environments; all these need to be factored into our approach.



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

NHS Scotland has undertaken a significant amount of work in trauma informed approaches and one of the videos we recommend watching to support the understanding of what it means to become trauma informed and responsive: [Opening Doors: Trauma Informed Practice for the Workforce](#)

See Appendix for more detail of the West Yorkshire Adversity Trauma and Resilience Programme.

3. Proposal

To become a trauma informed and responsive place by 2030, we believe the following steps need to happen:

- The development of a Trauma Informed action plan for Kirklees
- Identification of an existing or new role to lead and coordinate the approach for Kirklees
- Development of a steering group and identification of workstreams
- Support our workforce to become trauma informed through developing trauma pathways across the organisation, so that we respond in ways that further prevents harm
- Develop and embed an organisational culture of Trauma with the use of common language
- Senior Leadership level buy in and support to ensure that any proposals and actions are relevant to service area

How do these proposals link to the aims of the Joint Health and Wellbeing Strategy?

Becoming trauma informed and responsive means that we ask more of **‘what has happened to you’** rather than **‘what’s wrong with you?’**, taking a holistic approach. Rather than being a specific service or set of rules, trauma informed approaches are a process of organisational, cultural and system change, aiming to create environments and relationships that promote discovery and prevent re-traumatisation. This is about us valuing diversity and individual’s strengths as well as fostering a sense of resilience and control and self-realisation for people in our communities who have experienced or are at risk of experiencing adversity. It is about us building collective responsibility across Kirklees so that we recognise that we all have a part to play to achieve our vision. Becoming trauma informed and responsive with a consistently trained workforce, means that we would be able to recognise problems earlier, which is one of the key aims of the JHWS.

In the book *What Happened to You? Conversations on Trauma, Resilience and Healing*, Oprah Winfrey and Dr. Bruce D. Perry say “in essence it’s approaching people with the awareness that what happened to you is important. That it influences your behaviour and health. And then using that awareness to act accordingly and respond appropriately whether you’re a parent, a teacher, a friend, therapist, doctor, police officer, judge.”

The organisational benefit of becoming more trauma informed is that it can lead to increased employee engagement and participation while also reducing stress and improving retention and staff resilience. Our workforce can feel safer and more empowered as they do their work to care for and provide for our communities across Kirklees.

4. Financial Implications

We believe that to become trauma informed and responsive we need an identified, strategic lead for Kirklees as well as project officer support.

5. Sign off

Rachel Spencer-Henshall, Strategic Director - Corporate Strategy, Commissioning & Public Health

Mel Meggs, Director for Children’s Services

6. Next Steps

A working steering group (made up of contributors below) will come together to feedback and move forward with actions based on discussions at this Board meeting.

If endorsed, the working steering group will seek funding to recruit capacity to coordinate the ambition.

7. Recommendations

That the Board support

- a) The development of an all age, whole system programme across health, social care, education and communities, informed by a public health approach (prevent adverse childhood experiences support child and family wellbeing; mitigate the impact of adversity and trauma; promote resilience across the life course).
- b) The creation of an integrated team from across Kirklees, working with a coordinator of the work, pooling resource to support the programme; this will enable the development of a workforce that is trauma informed and supports the early identification and support of need.
- c) Development of an Adversity Trauma and Resilience action plan for Kirklees.
- d) Additional new capacity in the form of a coordinator for the work.

8. Contact Officer

Rebecca Elliott

Public Health Manager

Rebecca.elliott@kirklees.gov.uk

07976194127

Stewart Horn

Head of Joint Commissioning, Children and Families

Stewart.horn@kirklees.gov.uk

Contributors:

Jo Richmond

Emma Holroyd

Jill Greenfield

Catherina Westwood

Carrie Rae

Emm Irving

West Yorkshire Adversity Trauma and Resilience Programme

Purpose of the paper

This paper sets out the system case and focus to prevent, or reduce the impact of Adversity, trauma, and multiple disadvantages for the population of West Yorkshire. The aim of the paper is to brief and secure the support of senior leaders across Kirklees and should be read in conjunction with the Kirklees: Trauma Informed Practice in Kirklees.

The paper and the recommendations within it are the result the West Yorkshire (WY) Adversity Trauma and Resilience (ATR) Strategy Board, WY ATR Network and WY Consortium for Adults Facing Multiple Disadvantage

The paper describes a coproduced approach to support all five places/districts to be trauma informed and sets out the case for change for a joint ambition to ensure WY is a Trauma Informed and Responsive System by 2030.

The WY Programme is jointly delivered by the West Yorkshire Health & Care Partnership and West Yorkshire Violence Reduction Unit. Sharing a common commitment with Kirklees and all partners across the system to prevent harm and improve the wellbeing of our population, with a particular concern for those who are most vulnerable, facing multiple difficulties, complex needs and childhood trauma. In order to deliver on this commitment a joint West Yorkshire Adversity, Trauma and Resilience programme has been established.

Summary Overview

Children and Young People who experience adversity and trauma are at high risk of; poor physical/mental health and emotional wellbeing, substantive increases in adopting anti-social and health-harming behaviours, including serious violence, poor attendance/exclusion at school and decreased educational attainment.

Adults who face multiple disadvantage as a result of trauma and adversity are 4 times more likely to become an alcoholic, 15 more times likely to take their own life, 3 times more likely to be absent from work and 3 times more likely to experience depression.

To improve outcomes for the physical, mental health and wellbeing of the people that live in West Yorkshire we need to work together to prevent trauma and adversity and mitigate existing harm across the lifecycle and while fully eradicating trauma remains unlikely, actions to strengthen community resilience and assets may partially offset their immediate harms.

There has never been a better time to prioritise the prevention of risk factors on health and increase protective factors as there is now with the ongoing pandemic. People are making the connections between the determinants of health and poor outcomes, including the impact on adversity and trauma, not just for young people, but for our babies who have been born during the pandemic and in lockdown, through to adults and older people that have been experiencing substantial isolation.

To deliver our agreed ambition our approach is for all organisations, sectors and system leaders to work together as trauma and adversity cannot be prevented and responded to by one sector.

We want to:

- Prevent adversity and trauma across the life course.
- Respond to trauma and adversity that already exists, mitigating harm where possible.
- Facilitate an integrated trauma-informed and responsive system that enables all children and young people, including those with complex needs to thrive.
- Build and strengthen resilience assets and protective factors for individuals and communities
- Reduce risks and improve outcomes for those who experience adversity and trauma
- Ensure CYP can develop meaningful relationships with experienced professionals, who will champion on their behalf placing them at the centre of care, coordinating services around the child & family
- Provide senior clinical leadership across the system, strategic oversight, embedded reflective practice, specialist input and psychosocial interventions.
- Reduce inequalities that contribute to adversity and trauma and inequalities caused by adversity and trauma
- Ensure an understanding of adversity and traumatic events and the impact they have on an individual, their life chances and opportunities.
- Develop our response to adversity, trauma, and complex needs in this window of opportunity to build back better and fairer and minimise harm caused by COVID -19 and associated measures.

Underpinning our work is the principle that the voice of our population and communities is at the heart of everything we do, and we have developed a Community Action Collective, to ensure continued engagement and involvement. The Collective will deliver several outputs including co-creation/co-design of the WY programme, curriculum, delivery of training, community events, and development of an Engagement, Involvement and Co-production Plan to inform the implementation of the framework and the WY 2022-2030 Strategy.

To reach our vision we will work towards:

- Reducing trauma, adversity and building resilience for the whole population of WY, particularly children and young people and adults who are vulnerable and experiencing complex needs
- Supporting and strengthening community services for those with complex needs that are currently not being met
- Ensuring all people living and working in WY have access to and receive integrated support from a range of professionals across health, mental health, education, social care, youth justice, the police, and the voluntary sector to ensure that their needs are met in a coordinated way.

The WYATR Programme will:

- Support all place strategies and plans to be trauma informed and responsive by 2030.
- Embed a multi-sector and system trauma-informed approach with a coordinated, cross-system strategy, aligned policies, practices and services for supporting and building resilience.
- Utilise evidence and embed knowledge of trauma and adversity across all sectors
- Ensure all organisations across WY are trauma Informed and responsive
- Recognise / respond to the needs of the workforce (particularly those repeatedly responding to trauma).
- Collaborate across all sectors to ensure services are accessible and appropriate
- Partner, empower, educate and co-produce with our communities

West Yorkshire Adversity, Trauma and Resilience: Meeting our ambition

Responding to the needs of our population: What we already know: Children and Young People

We have a significant number of young people living in West Yorkshire that have experienced varying and increasing adversity and trauma, a snapshot of this can be seen below. We will identify exact numbers for our priority cohorts through our mapping and data work across West Yorkshire. As we are working collaboratively across the system, with all places and sectors, we will achieve and exceed the target set, supporting, working, and improving the outcomes of 6000 young people across West Yorkshire by 2030.

- West Yorkshire has seen a fall in the number of children entering the criminal justice system, but the offences committed are becoming more serious and more violent¹
- Knife crime, crimes of violence against the person and gun crime have all been identified as a serious issue across WY, 42% of knife crime offenders are males aged 15-24, most knife crime offences take place in our poorest communities²
- The rate of children living in absolute low-income families per 1,000 children (0-15 years) is between 200 to 400 in WY³
- Much of the trauma experienced by young people in WY was found to be passed down through families, potentially exacerbated by gaps in service provision and unmet need including, dealing with intergenerational health inequalities⁴
- Children were present at 34% of domestic abuse incidents in Kirklees and Calderdale⁵
- 50% increase in the number of children and young people demonstrating abusive behaviour towards their parents in Kirklees⁶

Responding to the needs of our population: What we already know: Adults Facing Multiple Disadvantage

(West Yorkshire Finding Independence: evidence and data 2020)

It's estimated that almost 44,000 people across West Yorkshire are currently accessing homelessness, addiction, re-offending and mental health services. Nearly 7,000 access three or four services, equating to an average of 1,400 people in each LA area. WY-FI was only able to support 823 people over the life of the programme leaving a cohort of over 6000 still experiencing multiple disadvantages.

According to peer research and service use data; at least 20% of people experienced exclusion when trying to access services. Between 60% and 80% of WY-FI beneficiaries said they had a bad or very bad experience before accessing WY-FI Navigator support. In contrast, over 95% said they had good or very good experiences with navigator support.

People experiencing multiple disadvantages are likely to have lived or live in a deprived area and experienced poverty, poor education, unemployment, ill-health, unhealthy family situations, adverse childhood experiences, complex trauma and/or loneliness and isolation.

Through our system partnership, over the next 8 years we will continue to develop the evidence base, undertake needs assessments and inequality impact assessments to continue to understand the needs of specific cohorts of our population with complexities and embed a culture change prioritising prevention

¹ CREST Report 2021

² VRU Needs Assessment January 2021

³ 2019/20 Deprivation and Poverty CREST 202.

⁴ Trauma and Unmet Mental Health Need CREST 2021

⁵ Kirklees JSNA

⁶ Kirklees JSNA

and early intervention. To achieve this all partners, sectors and organisations must work collaboratively to support our most vulnerable people.

Partnership working

To achieve system, change we have to ensure that we are working at the right level within the system, building strong relationships with partners as the foundation, driven by local, national, and international evidence, and policy. Building on the current practice already developed across all the places in West Yorkshire through the West Yorkshire Adversity Trauma and Resilience Network, the WY Consortium for Adults Facing Multiple Disadvantage and the WY Community Action Collective.

Our ethos is to connect organisations and individuals in ways that make better care easier and use opportunities to make better connections and use our unique partnership assets to improve health and wellbeing. Working together we have the chance to create the conditions so that children get the best start in life and improve our population's chances of living a long and healthy life.

Key to our system approach and delivering our ambition by 2030 is the engagement of stakeholders, partnership working and building networks. Through the partnership the system wide trauma informed programme of work has been jointly led since June 2020.

We have an established WY Adversity, Trauma and Resilience Network with currently 150 members including people with lived experience. The network has a focus on adversity, trauma, and resilience from preconception to 25 years.

The System Programme has also brought the West Yorkshire Consortium for Adults Facing Multiple Disadvantage into the governance Structure support out population from 18 onwards. Both groups have wide representation across sectors including but not limited to, early years and early help, commissioners, primary care, Acute Trusts, Mental Health Trusts, local authorities, education, educational psychologists, safeguarding, police, youth justice, housing, voluntary and community organisations. The role of the Network is to steer the programme of work, test concepts and pilots, share practice and develop opportunities for system wide approaches and working.

Our five places across WY are represented on the network and within each place integrated care partnerships are in place.

Partnerships have been established with colleagues with subject matter expertise and system leaders in adversity and Trauma, including Dr Warren Larkin, Consultant Psychologist, Lisa Cherry, Author, Speaker and Trainer and Catherine Knibbs, Online Harms & Cybertrauma Advisor, to support this work and we are working with a number of national and international networks to share practice and learning including

- Office of Health Improvement and Disparities
- International Trauma Informed Care Network
- NHSE/I Trauma Informed Community of Practice

The commitment to partnership working across the system and support to deliver the ambition is demonstrated through the pledges of commitment from system leaders and staff across WY of which we have over 100.

In March 2021 a WY&H 3-day ATR Knowledge Exchange was held across the system with over 1,500 attendees. The event workshops, led by specialists in the field including those with experience of trauma, highlighted how when organisations come together to support people at the right time in their life, they

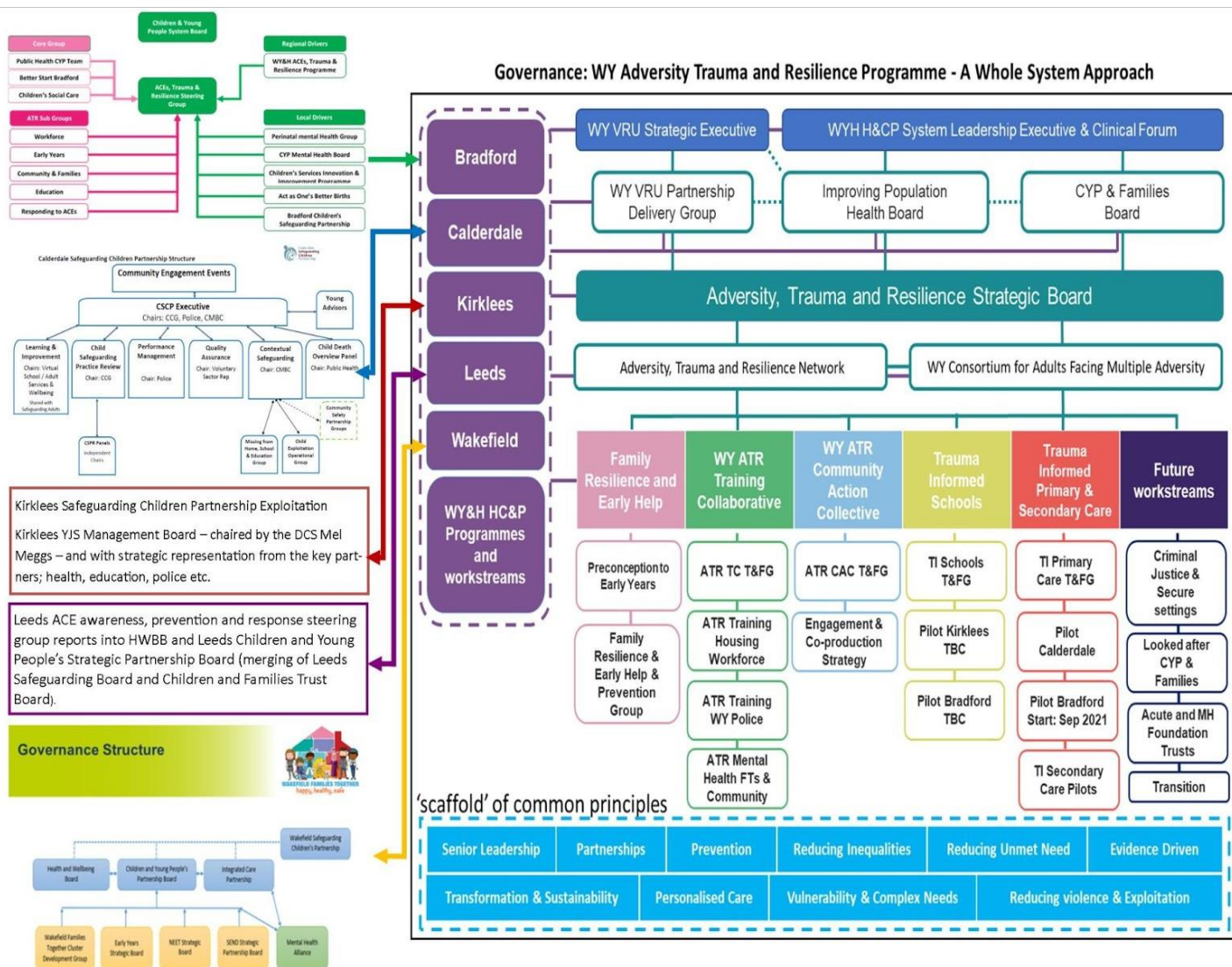
can support them better to lead a long, healthy life where possible free from the impact of trauma. There was an emphasis on how grassroots expertise can underpin the shifts in culture and practice needed to achieve our vision of an area which is trauma informed and responsive to people's needs.

Adversity, Trauma and Resilience (ATR) Programme Structure and Governance

The Programme is led by the senior managers from the WYHCP Improving population Health Programme, CYP and family's programmes and the WYVRU. Kersten England CBE (Chief Executive of Bradford Council) is our System Executive lead and chairs the Adversity, Trauma and Resilience Strategy Board.

Overall responsibility for the success (monitoring, progress, performance against system agreed KPIs and evaluation) of the WYATR Programme sits with the WYHCP and WYVRU as the lead organisations.

WYATR Strategy Board, formal decision-making group, will; manage any third-party providers, monitor, and mitigate slippage identified in the timeline and milestones, report and escalate risk through the governance structures of the WYHCP System Leadership Executive, WYVRU Strategic Executive Group and via governance structures in each 5 places. The Strategy Board will delegate responsibilities and delivery to the WYATR Network and day to day decision making via the Senior Programme Managers.



Demonstrating impact and effectiveness

WY will embed a sustainable programme of collaborative working and culture change, prevent and respond early to adversity and trauma, ensuring:

- all organisations across WY are trauma informed and responsive
- a workforce that is therapeutic, skilled, confident, trauma informed and responsive, where every interaction matters
- staff are trained to ask in a routine or targeted way about adverse and traumatic experiences as part of an appropriate assessment process
- support for CYP who experienced adversity/trauma may/may not yet have, however, their environment (social and economic) increases their level of vulnerability and risk; CYP who:
- live in the most deprived areas,
- live in areas with high prevalence of serious violence and crime,
- are experiencing inequalities,
- have learning disabilities /ADHD/ Autism/ SEND,
- are adversely affected by covid-19 and measures
- are vulnerable/at risk but don't meet thresholds for specialist support

Fundamentally our approach is relationship-driven and based on the assumption that with appropriate training, supervision and crucially, permission - all our staff can make a therapeutic impact. We recognise the strength of the working alliance, the compassion expressed and the trust that is cultivated between our staff and the young people being fundamental to the success of our approach.

Examples of Progress to date includes, but not limited to:

Trauma Informed Training: WY Police, WY Housing Providers, Primary Care

Trauma Informed Organisations: South and West Yorkshire Mental Health Foundation Trust, Bradford University,

Trauma Informed Education Setting Workstream

Adversity Trauma and Resilience Navigators: Calderdale and Huddersfield Foundation Trust