

CUMBRIA HEALTH AND WELLBEING BOARD

Meeting date: 7 February 2020

From: Director of Public Health

ADVERSE CHILDHOOD EXPERIENCES ACTION PLAN

1.0 EXECUTIVE SUMMARY

- 1.1 *Tackling Adverse Childhood Experiences (ACEs) in Cumbria has the potential to bring about far reaching, lasting improvements in the health and wellbeing of the whole population. It would not only help to make childhoods happier, it would also make lives healthier.*
- 1.2 *In March 2019 a Trauma Informed Leadership Conference was held and it was agreed ACEs would be more of a focus for public sector agencies in Cumbria to support prevention and also to recognise the signs and better support those who have experienced ACEs.*
- 1.3 *This report sets out progress since the establishment of the ACEs Working Group by the Health and Wellbeing Board in summer 2019.*

2.0 LINKS TO THE HEALTH AND WELLBEING STRATEGY

- 2.1 Work on ACEs cuts across a number of priorities in the Health and Wellbeing Strategy, as follows:
 - **Starting Well:** preventing ACEs from occurring in the first place is crucial to ensuring that children and young people have the best possible start in life.
 - **Early Help and 0-19 services:** these services are central to the early identification of and response to ACEs.
 - **Improving health and wellbeing throughout the lifecourse:** prevention and early intervention around ACEs can impact on people's lifestyle and behaviour throughout life.
 - **Providing high quality, person-centred care:** appropriate identification of the impact of ACEs can have a substantial effect on the care provided to individual patients, particularly (but not only) around their mental health and wellbeing.

3.0 RECOMMENDATION

- 3.1 *For the Health and Wellbeing Board to note and continue to support the Cumbria ACEs Working Group and implementation of the ACEs action plan.*

4.0 BACKGROUND

4.1 Modelled estimates suggest that in England preventing ACEs altogether could lead to significant improvements in a wide range of public health problems such as smoking, binge drinking, drug use, obesity and violence.

4.2 In turn, this would reduce the number of people suffering from conditions such as type 2 diabetes, lung cancer, heart disease and stroke. Furthermore, given the strong relationship between childhood adversity and the development of child, adolescent and adult mental health problems, preventing ACEs and mitigating against their effects could have a significant impact on mental health outcomes throughout the county.

4.3 In March 2019 approximately 100 senior leaders from across all sectors attended an ACEs Leadership Conference to discuss the how to take the Trauma Informed agenda forward in Cumbria.

4.4 Nine overarching themes were identified at the Trauma Informed Leadership Conference to implement a successful and sustainable approach to ACEs in Cumbria:

- Getting the right people on board
- Securing executive buy-in across sectors and organisations
- Education of the of the local workforce and community
- Supporting the local workforce
- A system-wide platform for addressing ACEs
- Appropriate governance
- Commissioning priorities
- Increasing access to evidence-based interventions
- Resources for system change

4.5 This report sets out progress against these key priorities over the last nine months.

Getting the right people on board and securing executive buy-in across sectors and organisations

4.6 The report from the Conference was presented to the Health and Wellbeing Board in July 2019 alongside the Public Health Annual Report, which also focused on ACEs. The Board endorsed the priorities identified by the Conference and the recommendations in the Annual Report, and established a Cumbria ACEs Working Group to drive forward and implement the actions identified at the Trauma Informed Leadership Conference. The group meets regularly and is chaired by the Director of Public Health. The group comprises key stakeholders including:

- Cumbria Public Health
- Cumbria Partnership NHS Foundation Trust
- North Cumbria University Hospitals NHS Trust
- North Cumbria Commissioning Group
- Cumbria Police
- Head Teachers from schools across Cumbria
- Cumbria and Lancashire Community Rehabilitation Company
- National Probation Service (Cumbria)
- Public Health for the Morecambe Bay Health and Care System

Supporting and education of the of the local workforce and community

4.7 Based on the Scottish Model discussed at the Trauma Informed Leadership Conference Cumbria a local training model has been developed. The training model comprises four levels.

Level 1: Trauma Informed Practice Level - universal training aimed at the whole workforce, volunteers and wider community.

Level 2: Trauma Informed Skilled Level – aimed at workers who are likely to be coming into contact with people who may have been affected by trauma.

Level 3: Trauma Enhanced Practice Level – aimed at workers who have a specific remit to respond to people known to be affected by trauma, are required to provide advocacy support or intervention and reduce the risk of re-traumatisation.

Level 4: Specialist Level – aimed at managers/senior workforce individuals to identify training relevant to specialist role including.

4.8 It is envisaged that Level 1 and 2 training will be delivered through the Cumbria Safeguarding Partnership (LSCB) building on and complimenting current training. An ACEs Training Task and Finish Group has been established with key partners to implement the training model.

A system-wide platform for addressing ACEs

4.9 A communication plan has been developed to reduce the impact of ACEs and support those who have personal experiences of ACEs. The communication activity will be delivered in partnership with partners including Cumbria County Council, local NHS partners and the education sector. Communication channels will utilise current boards such as the Cumbria Safeguarding Partnership (formerly the LSCB) and Cumbria Safeguarding Adult Board (CSAB) which have existing, direct and trusted relationships with relevant audiences we wish to reach. These boards have established brands and communication channels. Key actions include:

1. Promoting training uptake (multiple levels)
2. Securing additional endorsement and senior leadership buy-in
3. Surveys/polls to establish baselines of ACEs awareness across key sectors
4. Events
5. Wider awareness raising with the workforce, public, communities and influence

4.10 An ACEs Communications Task and Finish Group has been established and the implementation of the Communication Plan will commence in January 2020.

Appropriate governance

4.11 A multi-agency working group has been established with task and finish groups reporting to the Cumbria Health and Wellbeing Board. It is envisaged through the communications plan further leadership support will be established.

Commissioning priorities

4.12 Commissioning was a focus area for the January ACEs Working Group. Conversations will continue to embed ACEs into commissioning priorities.

Increasing access to evidence-based interventions

4.12 Further work needs to be undertaken with providers and the 3rd sector to increase access to evidence based interventions.

Resources for system change

4.13 From the work undertaken it is clear that there is organisational support for the ACEs agenda at all levels. As the training and communications work progresses it is anticipated that there will be an increase in resources for systems change.

5.0 SUMMARY

5.1 The task of reforming systems to be ACE Aware and Trauma Informed remains an important one in Cumbria. While some progress has been made in gaining support for this work, establishing appropriate governance for it, and identifying appropriate training models, there is still a substantial amount of work to do. The Working Group will continue to take this agenda forward and will report on progress to the Health and Wellbeing Board on a regular basis.

APPENDICES

None

BACKGROUND PAPERS

No background papers.

Contact: Katherine Taylor

Email: katherine.taylor@cumbria.gov.uk

Tel: 07900680567