

Public Document Pack



**Assistant Director, Governance and
Monitoring**

Julie Muscroft

Governance and Democratic Services

Civic Centre 3

High Street

Huddersfield

HD1 2TG

Tel: 01484 221000

Please ask for: Helen Kilroy

Email: helen.kilroy@kirklees.gov.uk

Monday 2 January 2017

Notice of Meeting

Dear Member

Overview and Scrutiny Panel for Health and Social Care

The **Overview and Scrutiny Panel for Health and Social Care** will meet in the **Meeting Room 3 - Town Hall, Huddersfield** at **2.30 pm** on **Tuesday 10 January 2017**.

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".

Julie Muscroft

Assistant Director of Legal, Governance and Monitoring

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 Overview and Scrutiny Panel for Health and Social Care members
are:-**

Member

Councillor Elizabeth Smaje (Chair)

Councillor Andrew Marchington

Councillor Sheikh Ullah

Councillor Steve Hall

Councillor Fazila Fadia

Councillor Judith Hughes

Peter Bradshaw (Co-Optee)

David Rigby (Co-Optee)

Sharron Taylor (Co-Optee)

Christopher Horner (Co-Optee)

Agenda

Reports or Explanatory Notes Attached

	Pages
1: Minutes of previous meeting	1 - 8
<p>To approve the Minutes of the meeting of the Panel held on 6 December 2016.</p> <hr/>	
2: Interests	9 - 10
<p>The Councillors will be asked to say if there are any items on the Agenda in which they have been 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 interests.</p> <hr/>	
3: Admission of the public	
<p>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.</p> <hr/>	
4: Update on Early Intervention and Prevention (EIP)	11 - 16
<p>The Panel will consider an overview of the complex work of the on Early Intervention and Prevention and a position statement.</p> <p>Contact Officer: Sue Richards, Assistant Director – Early Intervention and Prevention</p> <hr/>	

5: Kirklees Safeguarding Adults Board 2015/16 Annual Report 17 - 80

The Panel will consider the 2015/16 Kirklees Safeguarding Adult Board Annual Report.

Contact Officer: Mike Houghton-Evans, Independent Chair of Kirklees Safeguarding Adults Board

6: Diabetes in Kirklees 81 - 88

To consider a joint report by Greater Huddersfield and North Kirklees CCG's and Locala on the current position of Diabetes in Kirklees.

Contact Officer: Helen Kilroy, Principal Governance and Democratic Engagement Officer

7: Work Programme 2016/17 89 - 104

The Panel will review its work programme for 2016/17 and consider its forward agenda plan.

Contact Officer: Helen Kilroy, Principal Governance and Democratic Engagement Officer

8: Date of Next Meeting

To confirm the date of the next meeting as 7 February 2017.

Contact Officer: Helen Kilroy

KIRKLEES COUNCIL

OVERVIEW AND SCRUTINY PANEL FOR HEALTH AND SOCIAL CARE

Tuesday 6th December 2016

Present: Councillor Elizabeth Smaje (Chair)
Councillor Andrew Marchington
Councillor Sheikh Ullah
Councillor Fazila Fadia
Councillor Judith Hughes
David Rigby
Sharron Taylor
Christopher Horner
Peter Bradshaw

Apologies: Councillor Steve Hall

In attendance: Richard Parry, Director of Commissioning, Public Health and Adult Social Care
Siobhan Jones – North Kirklees CCG
Vicky Dutchburn – Greater Huddersfield CCG
David Hamilton - Kirklees
Dr Steve Ollerton, Clinical Leader of Greater Huddersfield Clinical Commissioning Group
Helen Kilroy, Principal Government and Democratic Engagement Officer

Observers: Fatima Khan-Shah
Rory Deighton - Healthwatch

1 Minutes of previous meeting

RESOLVED - That the minutes of the meeting of the panel held on 1 November 2016 be approved as the correct record.

2 Interests

The following members of the Panel declared an interest in Agenda Item 4 (Talk Health Kirklees):

Councillor Fadia declared an 'other' interest on the grounds of a close family member owning a pharmacy.

Councillor Smaje on the grounds of being in receipt of free prescriptions for gluten free products.

David Rigby, Co-optee, on the grounds of being a member of the Healthwatch Board.

3 Admission of the public

The Panel considered the question of the admission of the public and agreed that all items be considered in public session.

4 Talk Health Kirklees

The panel considered an update on the Talk Health Kirklees campaign and the current consultation process and welcomed colleagues from Greater Huddersfield and North Kirklees CCGs to the meeting.

Richard Parry from North Kirklees CCG advised the panel that within Kirklees the health economy was particularly challenged. Whilst both NHS North Kirklees and NHS Greater Huddersfield CCGs had received an increase in their budgets for 2016/17 of 2.5% and 3% respectively, cost pressures meant that they may not be able to deliver the 1% financial surplus required by NHS England this year. The panel was informed that the scale of the financial recovery challenge from 2016/17 onwards was significant and required transformational change and potentially controversial efficiencies. Richard Parry explained that the CCGs were looking at prioritising their expenditure and had put forward a number of propositions to the public on the proposed changes.

The panel was advised that North Kirklees CCG had, since July 2015, been having an ongoing conversation with the public about funding priorities. Healthwatch Kirklees had also undertaken a short piece of engagement to gain the views of the public on the prescribing of over the counter medication. The key themes raised from the engagement and activities were outlined within the report.

Siobhan Jones from North Kirklees CCG advised the panel that the CCGs had launched a public campaign on the 12th October called 'Talk Health Kirklees'. The Panel was informed that the CCGs wanted to have an open and honest discussion with local people about the things they could do to get better value from NHS spending. The panel noted that the first phase of the campaign had taken the form of a six week public consultation focussing on the following proposals:

- Stopping the routine prescribing of products that were available in shops and pharmacies e.g. suncream and multivitamins;
- Stopping the routine prescribing of gluten free products;
- Changing the criteria for individual funding requests;
- Prescribing generic (unbranded) medicines rather than the more expensive brand of products.

Siobhan Jones also explained that CCGs were planning to change the way some people ordered repeat prescriptions. On 1st April 2017, pharmacies and other

suppliers will no longer be able to order repeat prescriptions from patients through their own ordering services. The panel noted that instead, patients would have to order their repeat prescriptions directly with their GP practice. The Panel was informed that the CCGs had invited people to let them have their thoughts and suggestions about this change. Siobhan Jones advised the panel that the aim of the consultation had been to reach as wide a population as possible utilising various different mechanisms of communication. The panel noted that CCGs had developed an electronic leaflet, briefing and newsletter/website content, consultation document and online survey and disseminated them as follows:

- To over 250 community, voluntary and third sector organisations;
- To the 66 GP practices across Kirklees for onward cascade to patients and staff;
- To Community Pharmacy West Yorkshire and 105 Community Pharmacies across Kirklees;
- To a range of stakeholder and provider organisations including hospital trusts, local authority and community providers;
- To over 110 Care Homes across Kirklees;
- To members of the North Kirklees CCG, 'Your Health, Your Say' Network;
- To all GP practice patient reference groups to support local conversations and onward cascade to patients using their own mechanisms.

The panel was advised that the CCGs also used a regular health slot on Al Mubarak radio to discuss the consultation and encourage people to have their say. The CCGs Head of Medicines Management and GP Lead took part in the show, where they also answered questions from callers.

Siobhan Jones advised the panel that the CCGs also targeted specific groups/individuals using a range of different mechanisms and a list of the organisations contacted was outlined in Appendix A of the report. The panel agreed to receive details of the full list of organisations who had been contacted by the CCGS.

A question and answer session followed and the key issues raised by the panel were as follows:

- The panel felt that engagement in South Kirklees had been low compared to North Kirklees and asked how the CCGs had engaged with South Asian communities in South Kirklees;
- The panel felt that Mosques in the Kirklees area should have been consulted on the changes;
- The panel agreed that it would have been useful if the CCGs had been able to split the information between North and South Kirklees as GPs often took different approaches in these areas;
- The panel feedback that some respondents had not fully understood the questions, due to the complexity of the information or language issues and did not understand the changes or impact on them;

Overview and Scrutiny Panel for Health and Social Care - 6 December 2016

- The panel asked about exemptions or exceptions to the changes and the impact of the changes on people on low incomes who would no longer be entitled to free prescriptions and how these changes would affect them;
- The panel asked what information had been sent to GP practices and pharmacies and had they been given any guidelines on how to cascade the information to staff and patients;
- The panel expressed concerns that some pharmacies and GPs had already begun to put the changes into practice.

The panel registered concerns around the consultation process and asked that CCGs looked at future processes for consultation, which must be representative of all affected Groups.

Rory Deighton from Healthwatch advised the panel that Healthwatch felt that the report by the CCGs on the consultation exercise was a fair reflection of who had been approached and what people had said.

In response to a question from the panel on how representative the consultation was, Siobhan Jones explained that the CCGs had explored which individuals may be more affected than others and had targeted these. The panel was advised that the CCGs had looked at the makeup of the population in Kirklees and tried to ensure that the survey had reached as many people as possible.

The CCGs advised that the consultation report on the findings had been shared with Kirklees in advance of the meeting, however, the panel had not received this information. The panel agreed to comment on the consultation report on the findings of the Talk Health Kirklees engagement and consultation exercise and feedback to the CCG's.

Steve Ollerton advised the panel that one to one meetings had been held with lead GPs on the Talk Health Kirklees proposals and posters and leaflets had been sent out to GP practices. The panel was advised that some GP practices had put the information regarding the consultation on their website. Steve Ollerton further explained that information was not currently available on how the consultation had been cascaded to patients. The panel was advised that the CCGs agreed that the relationships between the GPs and pharmacies was important and had asked GPs to work with local pharmacies to see how the changes would work for patients.

In response to a question regarding whether there was an exception policy, the CCGs advised that this matter was still being reviewed as to what would be the impact. The panel was informed that there would always be exceptions and that these would be subject to a clinical judgement by the local GP. The CCGs further explained that there were many variables to the levels of vulnerability and where people were taking medication for ongoing treatment, their arrangements for prescriptions would not be changed.

Richard Parry informed the panel that the issues which had been raised by the panel today were similar to the issues that had been raised by GPs and that there was a higher degree of triangulation.

The panel received a copy of the consultation report on findings and agreed to feedback to the CCG's.

RESOLVED -

(1) That officers from Greater Huddersfield and North Kirklees CCG be thanked for attending the meeting and that the report on Talk Health Kirklees be noted.

(2) That the panel's supporting officer be authorised to liaise with attendees to obtain any requested information and address the agreed actions.

(3) The panel agreed to comment on the consultation report of findings and that their response be fed back to the CCGs.

5 Assessing the Robustness of Assessments for Adult Social Care

The Panel considered a report that outlined the approach taken by Adult Social Care to improve the robustness of the Adult Social Care system. The Panel welcomed David Hamilton (Assistant Director for Adult Social Care and Wellbeing) and Richard Parry (Director for Commissioning Public Health and Adult Social Care) to the meeting.

David Hamilton gave a presentation to the Panel which outlined the national picture with regards to Adult Social Care and the pressures on Local Authorities.

The Panel was advised that Adult Social Care was in a period of significant change and transformation and the direction of travel was based on the new council philosophy, principles and expected behaviours. The Panel was informed that across Adult Social Care there were a range of initiatives and approaches already in place assisting to measure and therefore understand the impact on people who use the services. David Hamilton explained that in many areas these have been in place for some considerable time and were well established and imbedded in practice. The Panel was informed however, that it was also the case that these approaches were not used in all service areas and therefore the practice was not consistent or comprehensive. David Hamilton advised that in recognition of the inconsistencies, further work had been undertaken to improve the robustness of the Adult Social Care system.

In response to a question from the Panel with regard to the apprenticeship levy, Richard Parry advised that the Social Work teams would take on graduates who would fall out of the apprenticeship scheme, but that the Council could look at apprenticeships in terms of unqualified staff within Adult Social Care.

David Hamilton advised the Panel that the Council faced a challenge of attracting into home care work within the borough when people were able to earn more elsewhere. The Panel noted that home care had become a more demanding role as people were now in greater need and required a higher level of care, as the Council endeavoured to keep people at home and out of hospital wherever possible.

The Panel noted that people from other districts came to care homes within Kirklees. David Hamilton further explained that people could move across borders for places within care homes and that Kirklees could currently resource this,

however there were challenges relating to lack of nursing care, beds and also dementia care.

David Hamilton advised the Panel that the council has a responsibility to ensure that the quality of care homes within the borough was viable but that some homes were at risk of closing down. There were concerns nationally among Directors of Adult Social Care with regard to the threat of closure on some of the largest care homes within the country.

The Panel was advised that Adult Social Care had developed a Quality Assurance Framework 'Achieving Excellence Quality Assurance Framework' (QAF) which had been launched in April 2016. The Panel was advised that the QAF provided the framework for the Council's approach and signalled a wider perspective beyond that of performance management. The Panel noted that in order to deliver the QAF, a Quality Implementation Group (QIG) had been established involving Service Managers and chaired by the Principal Social Worker.

David Hamilton advised that there was now a concerted shift towards developing a business intelligence approach for Adult Social Care which combined a comprehensive list of performance data, information and feedback from various sources in order to provide a more holistic view and understanding of the impact of what the Council can do to make people's lives better. David Hamilton further explained that this had resulted in the development and implementation of Quality Performance and Resource clinics (QPRs) which were designed to engage front line staff as well as middle and senior managers in understanding and improving the quality of services provided.

The Panel discussed the fact that people lived longer in extra care housing and acknowledged that this type of housing was a half-way house between hospital and the person's own home. The Panel noted that communal facilities within extra care housing helped people to remain more independent and was a better environment within which to live.

In response to a question from the Panel regarding case load for Social Workers, the Panel was advised that the caseload would depend on the seniority of the Social Worker as the more high risk cases would be dealt with by the more senior officers. The Panel was further advised that Team Managers had the responsibility to regularly scrutinise Social Worker case workloads.

In response to a question from the Panel regarding whether Social Worker caseloads within Kirklees were sustainable and how many agency staff were in place, the Panel was advised that two agency Social Workers were currently in post, out of 75 posts. The Panel noted that supervision of social workers was robust and that case file audits were undertaken across all areas on a regular basis.

The Panel was advised that monthly meetings were held with Unison, Managers and staff within Adult Social Care and staff vacancies and recruitment were discussed at these meetings.

Richard Parry advised the Panel that some teams, for example, Learning Disability, did not currently have sufficient staff to deal with the current volume and complexity of cases. Richard Parry further explained that the number of deprivation of liberty safeguarding cases had increased.

Richard Parry advised the Panel that Sue Richards, Assistant Director for Early Intervention and Prevention, was currently looking at a recruitment and retention package for Adult Social Care.

In response to a question with regards to what areas within Adult Social Care were high risk if they were subject to an Ofsted inspection, Richard Parry advised that a sub diagnostic had identified issues around quality assurance, recruitment and retention and prioritisation of Social Worker caseloads.

David Hamilton advised the Panel that work was on going within the Council on the review of direct payments, the aim of which was to increase the take up of the facility. Officers felt confident that the review would improve the process for direct payments and numbers would increase. The Panel noted that an update on the Review of Direct Payments would be considered by the Panel in March 2017.

David Hamilton advised that the Quality Assurance Framework had been launched with staff and they were aware of the standards required of them. David Hamilton further explained that managers selected two cases per month to audit and these were selected on a random basis. The Panel was advised that there had been no incidents of whistleblowing raised by staff within Adult Social Care, but Richard Parry confirmed that a culture was needed which meant staff felt they could raise concerns. The Panel noted that the Audit Clinics would be a good environment for people to discuss areas they were not happy with and have open and frank conversations with the Director regarding any challenges or issues.

Richard Parry advised the Panel that on the Quality Assurance Framework a progress report outlining any significant findings would be available in the near future and the Panel agreed to receive a copy of this for consideration.

The Panel agreed to receive more information with regard to the following areas:

- Staff shortages within Learning Disabilities;
- Milestones on how the new Quality Assurance Framework was working.

The Chair of the Health and Social Care Scrutiny Panel agreed to keep a watching brief on this issue and report back to the Panel as required.

RESOLVED –

(1) That David Hamilton and Richard Parry be thanked for attending the meeting and that the update on assessing the robustness of assessments for Adult Social Care be noted.

(2) That the Panel supporting Officer be authorised to liaise with attendees to obtain requested information on and address the agreed actions.

(3) That the Chair of the Health and Social Care Scrutiny Panel keep a watching brief on this issue and report back to the Panel when appropriate.

6 Work Programme 2016/17

RESOLVED – that progress on the work programme for 2016/17 be noted.

7 Date of Next Meeting

RESOLVED - That the date of the next meeting be confirmed as 10 January 2017.

KIRKLEES COUNCIL

COUNCIL/CABINET/COMMITTEE MEETINGS ETC

DECLARATION OF INTERESTS

Overview & Scrutiny Panel for Health and Social Care

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.

Name of meeting: Health and Social Care Scrutiny Panel
Date: 10th January 2017
Title of report: Update on Early Intervention and Prevention (EIP)

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	n/a
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	n/a
The Decision - Is it eligible for call in by Scrutiny?	n/a
Date signed off by <u>Director</u> & name	Richard Parry, Director for Commissioning, Public Health & Adult Social Care 20 December 2016
Is it also signed off by the Director of Resources?	n/a
Is it also signed off by the Assistant Director (Legal Governance and Monitoring)?	n/a
Cabinet member portfolio	Cllr Viv Kendrick, Portfolio Holder for Adults, Health and Activity to Improve Health

Electoral wards affected: all
Ward councillors consulted: n/a
Public or private: public

1. Purpose of report

1.1 To provide Scrutiny members with an overview of the complex work of the Early Intervention and Prevent (EIP) programme and to provide a current position statement.

2. Summary

2.1 Early Intervention and Prevention continues to be arranged/ further developed around the 3 tiers of intervention;

- Communities 'plus' –provision of information, advice and access to community-led activities that support people to remain independent and do more for themselves and each other.
- Targeted - supporting children, young people, adults and families with multiple needs. Delivered through a single keyworker to help positive outcomes to be achieved.
- Complex - focuses on those children, young people, adults and families, who by virtue of their health, disability, behaviour or family environment, need specialist or statutory assessment and/or intervention.

DRAFT 2017-20 EIP BUDGET					
	2016-17** Net Controllable Budget/ £k	Savings*** £k	Existing 2017-18 Budget £k	EIP Add Back £k	Revised 2017-18 Budget £k
All Age Disabilities*					
EPS 1 Early Years Special Educational Needs	592	-579	13	0	13
EPS 6 Young People's Activity Team	581	-584	-3	0	-3
EPS7 Adults Assessment and Care Management	930	-76	854	0	854
All other All age Disability Activity*	12,649	-163	12,486	0	12,486
	14,752	-1,402	13,350	0	13,350
Central Hub					
Creation of Management Infrastructure <i>(budget pages - show add back in childrens)</i>	501	0	501	700	1,201
	501	0	501	700	1,201
Community Plus				2,500	2,500
EPS 10 Community Partnerships)	1,575	-1,567	8	0	8
EPS 12 Engaging Communities/Capacity Building) <i>(budget pages - show add back in adults)</i>	881	-582	299	0	299
	2,456	-2,149	307	2,500	2,807
Targetted Support)				5,200	5,200
EPS 3 Young People's Service)	4,410	-4,297	113	0	113
EPS 4 Early Intervention * Targetted supp) <i>(budget pages - show add back in childrens)</i>	8,727	-8,510	217	0	217
EPS 9 Supporting People <i>(in adults)</i> Now called supporting vulnerable people	4,005	-1,000	3,005	1,625	4,630
EPS5/8 Gateway to Care <i>(in adults)</i>	1,402	-196	1,206	0	1,206
Other Adults	2,682	-317	2,365	0	2,365
Other Childrens <i>(budget pages - show add back in adults)</i>	834	0	834	0	834
	22,060	-14,320	7,740	6,825	14,565
Total EIP Activity	39,769	-17,871	21,898	10,025	31,923
Theme Add-back	3,025	7,000	10,025	-10,025	0
Total EIP Budget	42,794	-10,871	31,923	0	31,923
* Includes Children's Direct Payments budget but excludes all volume related Adults budgets					
** Is 2016-17 original budget plus virements, inflation etc					
***Now includes new savings for 2017-18 onwards as per AD proposals					

2.2 Theme updates

All Age Disability Service

- A high level review of the Council's short breaks and respite offer has been undertaken. An engagement exercise has concluded. Proposals are being developed for the Young People's Activity Team (YPAT), as whole service savings expected as part of the Medium Term Financial plan. Report expected at Cabinet, 17th January 2017.
- Co-location of teams- a number of teams have been co-located (children's and adults), in order to improve communications and provide an improved, joined up offer for service users. Further work will be undertaken on reviewing pathways, processes, policies and procedures, organisational development and culture change
- Learning Disability Day Opportunities Services - a high level review of the Council's in house day opportunity services has been undertaken. This work aims to address current and future challenges the Council and Kirklees Clinical Commissioning Groups face in meeting the day time support needs of adults with a learning disability and complex needs. This will enable the Council to work towards the development of the future service model.
- Information and advice- a working group has commenced on reviewing the current offer. This review will enable the Council to work towards improving the quality and ease of accessibility of information and advice
- Children's Resource Allocation System (RAS) – work has commenced on implementing a Children's RAS. This will enable a personal budget to be calculated to meet identified needs in the disabled child/young person's integrated support plan
- Accommodation strategy- a refresh of the existing strategy is being undertaken, to look at the specific challenges the Council faces regarding its portfolio of buildings. A full review of the accommodation strategy is to take place in 2018.

- Community Enablement- work continues on improving how we support people with disabilities to live and continue to live as independently as possible in their own homes.
- Transport- work to review the current transport offer is being undertaken
- Policy Framework- work to develop an AAD policy framework has commenced. A review of the Council's policies within the scope of AAD is planned.

Adults Targeted

- Re-ablement- we are reviewing the service criteria and professionals guide; to reduce the flow into re-ablement and ensure that only appropriate referrals are progressed
- Single Point of Access- currently piloting a different way of working (culture change); scrutinising referrals at the front door, analysing demand, triaging cases, monitoring 'hand off's' and outcomes, collecting data and feedback and adopting a key worker approach.
- Designing a digital front door- we are developing a series of adults' online self assessment forms. This will enable the customer to 'self serve' at the front door. Individuals can then easily see what support they may be entitled to, what there is locally/in their community that could also meet their needs without the need for formal assessments and care, and importantly whether they are likely to be able to get help towards costs of care.
- Pathways, processes and policies –we are reviewing the adult social work pathway; using a systems thinking approach.
- Supporting Carers- we will be looking at how we can improve information, advice and partnership approaches to carers to enable them to carry on caring.
- Supporting Vulnerable People; Preventing homelessness- we are engaging and working with providers and the VCSE to develop a new model to support people who are vulnerable for a number of reasons but aren't entitled to formal social care and support or those who we don't have a duty to house but who otherwise are likely to become homeless and have chaotic lifestyles likely to result in hospitalisation or in the judicial system.

Children's Targeted

Early Help offer and Children's Centres:

- engagement and consultation exercises have been undertaken, in line with our statutory responsibilities. Proposals are being developed. A report is expected at Cabinet on 17th January 2017.
- accommodation and assets- plans for buildings to be retained in the new model after Cabinet decisions have been drafted. We are developing plans for the potential future use of the service's portfolio of buildings.
- transition and implementation- proposals have been developed about how we implement the new model and workforce. We will ensure that we meet our statutory duties around children's centres and youth provision. We are reviewing the implications of ceasing existing contracts and overseeing the procurement process for future commissions.
- Children's centre offer- This area of work will plan and agree the Children's Centre offer across the early help areas ensuring the council meets its statutory duties and takes into account Ofsted inspection and Department of Education requirements
- Operational delivery- we need to ensure that in the new model some aspects of the old continue for example 1:1 casework, how we target vulnerable groups more effectively and achieve better sustainable outcomes. There will be some things that the Council will no longer deliver. Appropriate approvals will be sought and plans agreed to implement the new model including enabling partners/communities to deliver where needed.

- Third Sector Commissioning- we are planning to review our current contracts and future commissioning requirements and agreeing the scope of any external commissions with the Third Sector
- Self funding services- we are reviewing how some services could continue by becoming self funding through income generation – chargeable services
- Partnership Working and co production – we will ensure that we align the work with other key internal programmes of work, key partners and the Third Sector to deliver an integrated EIP offer.

Community Plus

- The detailed design of the programme and how it will enable us to assist people to appropriately step away from targeted support and actively prevent people from needing more intensive support has been underway.
- We have put some initial plans in place for how the commissioning approach will work for the overall programme design as well as what needs to take place in the local hubs in terms of delivery
- Researched which approaches have been successful elsewhere and embedded these into the overall programme design
- We now have an overall theory of change or how communities plus will drive an EIP model
- As Community Partnerships grant funding is coming to a planned end, work has been carried to mitigate the impact on small and more local charities and groups
- We have assessed the resource requirements in terms of jobs, grants, 'inkind', volunteer capacity and partners potential contributions
- We have outlined where new Corporate policy is required to facilitate this model e.g. a single corporate grant making strategy
- Significant work is required early in the new year on how to prioritise the cash and job resources
- Work is underway to ensure that the communities plus/EIP agenda is aligned to the economics resilience offer – particularly in relation to Community Learning and a vibrant third sector

EIP and ER continuum

There is a clear join up between the Early Intervention and Prevention and Economic Resilience programmes of work. There is work ongoing to maximise opportunities and reduce duplication. (See EIP and ER continuum diagram- appendix A)

3. Implications for the Council

- 3.1 The programme is designed to deliver the councils vision, significant savings and is the vehicle for reshaping the approach to early intervention and prevention across the council.

4. Consultees and their opinions

- 4.1 A full engagement and consultation exercise has been undertaken on the future Early Help Offer. An engagement exercise has been undertaken on the Council's short breaks and respite offer. Findings and proposals will be included in the report's that are due to be presented at Cabinet in January 2017

5. Next steps

- 5.1 Proposals for the Council's future Early Help Offer and short breaks offer (in particular, YPAT) will go to Cabinet on 17th January 2017.

6. Officer recommendations and reasons

That the contents of this report are noted.

7. Cabinet portfolio holder's recommendations

n/a

8. Contact officer

Sue Richards, Assistant Director for Early Intervention & Prevention.
Tel: 01484 221000 Email: sue.richards@kirklees.gov.uk

9. Background Papers and History of Decisions

Cabinet Report – YPAT Consultation, 23 August 2016 – Agenda Item 14
<http://democracy.kirklees.gov.uk/ieListDocuments.aspx?CId=139&MId=4977&Ver=4>

Cabinet Report – Early Help Consultation, 20 September 2016 – Agenda Item 7
<http://democracy.kirklees.gov.uk/ieListDocuments.aspx?CId=139&MId=4978&Ver=4>

Scrutiny Report – Health & Social Care Scrutiny Panel, 6 September 2016 – Agenda Item 5
<https://democracy.kirklees.gov.uk/ieListDocuments.aspx?CId=517&MId=5129&Ver=4>

10. Assistant Director responsible

Sue Richards, Assistant Director for Early Intervention & Prevention.

This page is intentionally left blank



Name of Meeting: OVERVIEW AND SCRUTINY PANEL FOR HEALTH AND SOCIAL CARE

Date: TUESDAY 10 JANUARY 2017

Title of report: KIRKLEES SAFEGUARDING ADULTS BOARD 2015/16 ANNUAL REPORT

Is it likely to result in spending or a saving of £250k or more, or to have a significant effect on two or more electoral wards?	N/A
Is it in the Council's Forward Plan ?	N/A
Is it eligible for "call in" by Scrutiny ?	N/A
Date signed off by <u>Director</u> and name	Richard Parry – 21 October 2016
Is it signed off by the Assistant Director, Resources?	N/A
Is it signed off by the Assistant Director, Legal, Governance and Monitoring	N/A
Cabinet member portfolio	Adults, Health & Activity to Improve Health

Electoral [wards](#) affected: All

Ward councillors consulted: Consultation with Ward Councillors is not applicable to this report

Public or private: Public

1. **PURPOSE OF REPORT**

This report presents for information the attached 2015/16 Kirklees Safeguarding Adults Board Annual Report.

2. **KEY POINTS**

2.1 **The Kirklees Safeguarding Adults Board**

2.1.1 The Kirklees Safeguarding Adults Board (KSAB) is a statutory strategic partnership which brings together the main organisations working with adults at risk of abuse or neglect. Hence, its membership includes: the Council, West Yorkshire Police, NHS organisations and West Yorkshire Fire and Rescue Service. Its core purpose is to focus on the protection of vulnerable adults within the Kirklees area. The board's work is also strengthened through having two lay members.

2.1.2 In 2015 the board appointed its first Independent Chair and in accordance with Care Act guidance, the Independent Chair of the KSAB reports quarterly to the Council's Chief Executive on the work of the board.

2.1.3 Board members take responsibility for the submission of annual progress reports to their organisation's executive management body/board to ensure that adult safeguarding requirements are integrated into their organisation's overall approach to service provision and service development.

2.2 **Why is the KSAB Annual Report being presented to the Overview and Scrutiny Panel for Health and Social Care?**

2.2.1 The Overview and Scrutiny Panel for Health and Social Care is made up of democratically elected members and members of the public who volunteer to sit with Councillors on the panel. The panel has the powers to:

- Hold decision makers to account
- Challenge and improve performance
- Support improvement that achieves better outcomes and value for money
- Influence decision makers with evidence based recommendations
- Bring in the views and evidence of stakeholders, users and citizens

2.2.2 Panel members have a unique role to act across the whole health and social care economy. They are responsible for holding decision makers (ie the HWB, the Council, Clinical Commissioning Groups, NHS England and providers), to account.

2.2.3 In fulfilling part of their role the panel receives the KSAB Annual Report.

2.3 **Health and Wellbeing Board**

2.3.1 The KSAB Annual Report was submitted to the Health and Wellbeing Board (HWB) on 24 November 2016.

2.3.2 The HWB is the forum where key leaders from the health and social care system in Kirklees work together to improve the health and wellbeing of the local population, reduce health inequalities and tackle variances in the quality of health and social care.

2.3.3 As part of this role the HWB receives the KSAB Annual Report which helps to further develop a shared understanding of the board's responsibilities and priorities and promote a relationship where issues of common interest and concern are shared and challenged, in a constructive and mutually supportive way.

3. **IMPLICATIONS FOR THE COUNCIL**

The KSAB Annual Report is being presented for information.

4. **CONSULTEES AND THEIR OPINIONS**

The KSAB Annual Report was written in consultation with board members.

5. **NEXT STEPS**

Not applicable.

6. **OFFICER RECOMMENDATION AND REASONS**

That the 2015/16 Kirklees Safeguarding Adults Board Annual Report be received.

7. **CABINET PORTFOLIO HOLDER RECOMMENDATION**

Not applicable.

8. **CONTACT OFFICER AND RELEVANT PAPERS**

8.1 Mike Houghton-Evans, Independent Chair, Kirklees Safeguarding Adults Board.

8.2 The 2015/16 Kirklees Safeguarding Adults Board Annual Report.

9. **ASSISTANT DIRECTOR RESPONSIBLE**

Keith Smith, Assistant Director for Commissioning and Health Partnerships, 01484 221000 keith.smith@kirklees.gov.uk



**Partners in
preventing
abuse and
neglect**

Annual Report
2015/16

Contents page

Message from the Chair	1
Kirklees	2
Governance and accountability	3
Membership and attendance	4
Our vision and principles	6
Key priorities	7
Board activity, achievements and progress in 2015/16	9
1 Leadership and collaboration	9
2 Assurance that adults are safeguarded and supported to have choice	14
3 Preventative strategies	17
4 Multi-agency workforce development and specialist training	21
5 Effectiveness of partners safeguarding arrangements	25
Agency achievements	27
Appendix 1 – Safeguarding concerns and Deprivation of Liberty information	31
Appendix 2 – Work programme 2016-17	37
Appendix 3 – Detailed training information	42
Appendix 4 – Board members	58
Appendix 5 – Contacts and useful information	59

Message from the chair

I am delighted to have been appointed as the first independent chair for Kirklees Safeguarding Adults Board and to present my first annual report.

The safeguarding of adults requires organisations to work closely and effectively together. Effective partnerships are those whose work is based on an agreed policy and strategy, with common definitions and a good understanding of each other's roles and responsibilities.

A key part of my role as chair is to enable the continuous development of the board and ensure our local organisations work together closely and effectively. My role is to help the board build on its strong foundations. It is also to provide system leadership, constructive scrutiny and challenge as we focus on our primary aim to keep the people of Kirklees safe. It is vitally important to demonstrate an even handed independence and to be able to challenge poor performance wherever it arises.

Much of our work during the last year has been on repositioning the board and developing our statutory status, including;

- Developing a 3-5 year strategic plan in addition to our annual report. This year we have developed this partnership plan which lays out our shared goals and vision over the next three years
- Beginning to refresh the board's infrastructure to deliver the strategic plan
- Introducing a Safeguarding Adults Review Framework to help us ensure lessons are learned effectively where someone who is experiencing abuse or neglect dies, and if there is concern about how authorities acted together
- Becoming more outward facing – collaborating on joint areas of work across the Kirklees Children Safeguarding Board and Community Safety Partnership
- Undertaking work on hoarding and self-neglect protocols and guidelines
- We have considered how to measure our performance, which remains work in progress

This annual report will be submitted to the Health and Wellbeing Board and Overview and Scrutiny Panel. In addition, as required by the Care Act 2014, it will be shared with the Chief Executive and the leader of the local authority, the local policing body and Healthwatch Kirklees.



Mike Houghton-Evans
Independent Chair

Kirklees

With the two major centres of Huddersfield and Dewsbury, Kirklees also encompasses the smaller towns of Batley, Birstall, Cleckheaton, Denby Dale, Heckmondwike, Holmfirth, Kirkburton, Marsden, Meltham, Mirfield and Slaithwaite. With an estimated population of around 431,020 in mid-2014 it is the eleventh largest local authority in England and Wales. It is a place where:

- The population is predicted to grow to 458,800 by 2024
- There is an ethnically diverse population of which 21% gave their ethnicity as non-white at the last census in 2011
- There is a relatively young population compared to the national average
- There is a growing older population with the current state pension age (males 65 and over and females 60 and over) increasing by 17%, which is much higher than the total population increase of 9%
- Life expectancy is increasing for residents

There are two important strategies, the Joint Health and Wellbeing Strategy (JHWS) and the Kirklees Economic Strategy (KES), developed by Kirklees Council and its partners. Strong connections have been built into developing the two strategies and both share the same aim.

The JHWS sets out the vision for improving the health and wellbeing of local people. It sits alongside the Public Health Annual Report and complements the KES, which aims to drive economic growth, wealth creation and reduce inequalities.

Both strategies seek to improve the health, wellbeing and life chances of local people during times of change, reduced public spending and difficult economic circumstances.

The 2014 Care Act requires Safeguarding Adults Boards to develop a 3-5 year strategic plan. This year the Kirklees board has produced its strategic plan, taking into account this local background and context.

Governance and accountability

The Kirklees Safeguarding Adults Board brings together the main organisations working with adults at risk including the Local Authority, West Yorkshire Police and health agencies. Its core purpose is to help and protect adults at risk in its area.

The board has overall governance of the policy, practice and implementation for safeguarding. It also has a key role in promoting the wider agenda so that safeguarding is seen as a responsibility for everyone.

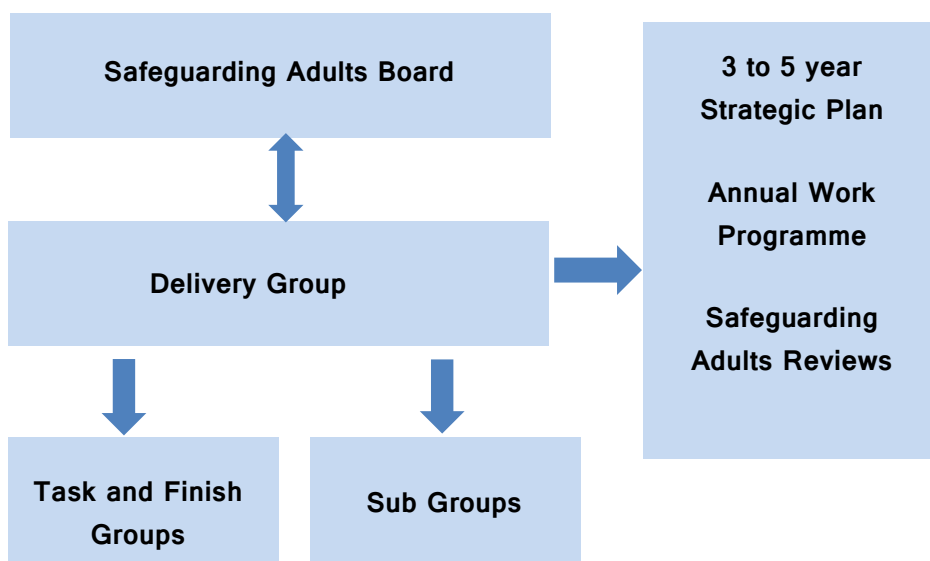
Effective governance and accountability for the work of the board is achieved through its formal relationship with the Health and Wellbeing Board and through individual members reporting through their organisations.

In accordance with Care Act guidance, the Independent Chair of the board reports quarterly to the Local Authority Chief Executive on the work of the Board.

This year the board has held four meetings and two additional development sessions.

Board members take responsibility for the submission of annual progress reports to their organisation's executive management body/board to ensure that adult safeguarding requirements are integrated into their organisation's overall approach to service provision and service development.

The board is supported by an infrastructure that oversees and enables delivery of the work programme, coordinates sub-groups and task-and-finish groups and provides analysis and intelligence for the board.



Work this year has focussed on developing arrangements for our new Delivery Group, which will co-ordinate the development and implementation of priorities outlined in the strategic plan.

As a strategic partnership it is important that the chairing and membership of the delivery group and the sub groups is shared by the partners

Each organisation actively plans and monitors its work around safeguarding, which contributes to evidence for the board's performance framework and the board's annual challenge event. The board calls partners to account for their approach to safeguarding adults through regular reporting and through the challenge event.

Membership and attendance

The board is made up of senior officers nominated by each member organisation. They are required to sign a membership agreement which reflects the board's constitution and information sharing agreement.

Members have sufficient delegated authority to effectively represent their agency and to make decisions on their agency's behalf. They have access to those responsible for making the decision for which they do not have delegated authority. If they are unable to attend board meetings for any reason they send, with the chairs permission, a nominated representative of sufficient seniority.

During 2015-16 the following agencies and organisations were members of the Kirklees Safeguarding Adults Board:

- Kirklees Council Social Care and Wellbeing for Adults
- Kirklees Council Commissioning and Health Partnerships
- Kirklees Council Streetscene and Housing
- West Yorkshire Police
- West Yorkshire Fire and Rescue Service
- NHS North Kirklees Clinical Commissioning Group
- NHS Greater Huddersfield Clinical Commissioning Group
- South West Yorkshire Partnership NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- The Mid Yorkshire Hospitals NHS Trust
- NHS England
- Locala Community Partnerships

In addition there is a lay member on the board whose role is to critically challenge decision making and provide a lay perspective. The lay member is also on the board of Healthwatch and is able to provide useful links to that organisation. This year we have decided to strengthen our arrangements for lay membership, and are in the process of recruiting a second lay member.

The expectation is that members attend all board meetings and despite organisational change in all partner agencies there has been excellent attendance. If for any reason members have been unable to attend their nominated deputy has usually attended.

Agency	Attendance for 2015-2016 (%)
Greater Huddersfield CCG	100
Mid Yorkshire NHS Trust	100
South West Yorkshire NHS Trust	100
Kirklees Adult Social Care	100
Kirklees Legal Services	100
Kirklees Streetscene & Housing	100
West Yorkshire Police	100
Locala	100
West Yorkshire Fire and Rescue	75
North Kirklees CCG	75
Calderdale & Huddersfield NHS Trust	75
NHS England	50
Lay member	75

The following were members in an advisory capacity:

- Kirklees Council Legal Services
- Kirklees Safeguarding Partnership Manager

During 2015-16 sub-groups of the board were:

- Safeguarding Adults Review
- Training and Development
- Quality and Performance

All of these groups have multi-agency membership. The sub-groups have met regularly in between each board meeting.

The Safeguarding Adults Network and the Dignity and Dementia Network are also sub-groups of the board. Their roles are to act as an information exchange and to share learning and good practice for a wider group of agencies across the partnership. This year three network events have been held.

The board also commissions 'task and finish' groups as required. This year there have been groups tasked at looking at self-neglect and safeguarding - as well as groups for Making Safeguarding Personal, and in partnership with other boards, Female Genital Mutilation.

Our Vision

The Care Act 2014 aims to:

- Promote people's wellbeing
- Enable people to prevent and postpone the need for care and support
- Put people in control of their lives so they can pursue opportunities to realise their potential

Our vision is based on these fundamental principles along with the Joint Health and Wellbeing Strategy (JHWS) and the Kirklees Economic Strategy (KES)

The citizens of Kirklees, irrespective of age, race, gender, culture, religion, disability or sexual orientation are able to live with their rights protected, in safety, free from abuse and the fear of abuse.

Our focus is on creating a culture where:

- Abuse is not tolerated
- There is common understanding and belief of what to do when abuse happens embedding the principles of 'Making Safeguarding Personal'

To make this vision a reality it is essential that agencies work together to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Ensure that they safeguard adults in a way that supports them in making choices and having control about how they want to live
- Proactively take steps to stop abuse or neglect
- Ensure they have a competent and able workforce
- Raise public awareness recognising the value local communities can play in prevention and early intervention

We work to the recognised six safeguarding principles:

- **Empowerment:** people being supported and encouraged to make their own decisions and give informed consent
- **Prevention:** it is better to take action before harm occurs
- **Proportionality:** the least intrusive response appropriate to the risk presented
- **Protection:** support and representation for those in greatest need
- **Partnership:** local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability:** and transparency in safeguarding practice

Making Safeguarding Personal

The national programme Making Safeguarding Personal (MSP) has aimed since 2010 to promote a shift in culture and practice around safeguarding. Its key focus is on developing a real understanding of what difference is wanted or desired. This means from the outset, agreeing, negotiating and recording people's desired outcomes; working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then seeing, at the end, if those outcomes have been met.

These principles above underpin the delivery of our vision.

Key priorities

This section outlines our key priorities and summarises what we have achieved over the year.

Our priorities are to:

1) Provide strategic leadership across Kirklees ensuring effective collaborative working.

This year we said we would consolidate our arrangements as a statutory Safeguarding Adults Board and take a longer term strategic view. We also said we would work effectively with other strategic partnerships.

Our achievements include:

- ✓ Refining our key priorities and publishing a strategic plan
- ✓ Welcoming the City of York who formally adopted the West and North Yorkshire Policy and Procedures
- ✓ Holding workshops with Kirklees Safeguarding Children Board and Community Safety Partnership to develop joint work

2) Gain assurance that adults are safeguarded; there is a timely and proportionate response when abuse or neglect has occurred and individuals are supported to have choice.

We said we would make sure the board has a strong focus on protection of adults at risk and that safeguarding focusses more on outcomes and experience rather than process.

Our achievements include:

- ✓ Monitoring the uptake of appropriate use of advocacy to support an adult at risk

- ✓ Continuing to promote the key messages of Making Safeguarding Personal across the partnership
- ✓ Auditing safeguarding situations

3) Support the development of and oversee preventative strategies that aim to reduce instances of abuse and neglect.

This year we said we would develop our focus on prevention and early intervention and continue to promote prevention of financial abuse.

Our achievements include:

- ✓ working to support and influence the Council's Early Intervention and Prevention Programme
- ✓ Evaluating the See Me and Care campaign
- ✓ Working with the Kirklees Financial Inclusion Group to promote prevention of financial abuse

4) Promote multi-agency workforce development and consider any specialist training that may be required.

This year we said we would ensure training focussed on desired outcomes for the service user and promote a service user focus.

Our achievements include:

- ✓ Developing and launching new protocols and practice guidelines on self-neglect and hoarding
- ✓ Auditing the effectiveness of our training, whether it is delivering the key messages of MSP
- ✓ Developing the Safeguarding Adults Review framework

5) Provide governance for the evaluation of the effectiveness of partners' safeguarding arrangements and any associated improvement plans

This year we said we would make sure the board's work is evidence based and the board has assurance mechanisms in place that enable it to hold agencies to account.

Our achievements include:

- ✓ Embedding the role of our independent chair and clarifying the role of the vice chair
- ✓ Continuing to hold our annual challenge where organisations are held to account for their performance
- ✓ Commencing on the revision of our performance framework

Board activity, achievements and progress in 2015/16

This section highlights of some of the work that has been completed over the year. It is organised around the key priorities described in the previous section.

1) Leadership and collaboration

Our Independent chair says:

“As a Strategic Partnership the Board is committed to providing system leadership with key partners working collaboratively and with a common purpose.”

This year the board has focussed its work on complying with the statutory requirements for local authorities to establish and run Safeguarding Adults Boards (SABs) to “help and protect” adults at risk in its area. We concentrated on refining our key priorities and developing a longer term Strategic Plan. We have reviewed our arrangements for delivering this plan. We have also focussed our attention on revising our existing Performance Framework.

Independent chair and vice chair

Although it is not a Care Act requirement, last year the local authority took the decision to appoint a chair who was independent of the local authority and partner agencies, and welcomed its first independent chair.

The chair must ensure that the Kirklees Safeguarding Adults Board operates effectively and exercises its functions according to the duties imposed by the Care Act 2014 and other related guidance and good practice, and also provide independent scrutiny, challenge, leadership and strategic vision to the board.

The members of the SAB must include the local authority, the clinical commissioning group(s) and the chief officer of police. The board appointed a member of the Clinical Commissioning Groups as the vice chair. The vice chair is appointed for a period of 3 years, and will act as deputy to the independent chair.

In the absence of the independent chair, the vice chair will chair meetings of the KSAB, make impartial decisions when these are too urgent to wait for the chair to become available, provide impartial support and advice when requested and undertake a leadership role in the continued development of our partnership work. The vice chair will also play a key part in the development of the Delivery Group by leading and chairing it.

Our Strategic Plan

In addition to an Annual Report, the Care Act required Safeguarding Adults Boards to develop a 3-5 year strategic plan. The production of this plan has been a main focus of our work this year.

The KSAB's Strategic Plan 2015-18 sets out our shared vision and goals and a three-year strategic work programme. The focus is on the prevention of abuse and neglect with an emphasis on the protection of individuals with care and support needs whilst applying the underpinning principle of "Making Safeguarding Personal".

The plan will be updated annually to ensure a programme of continuous development and activity, achievements and progress will be provided in the future Annual Reports. It has been shared with the other Kirklees strategic partnerships and Members of the KSAB will also present it to their own governing boards. It is supported by a revised communication plan, where we will seek to promote the work of the board, highlight good practice and explore the effective use of social media.

West and North Yorkshire and York Policy and Procedures

Sometimes we need to work across Local Authority boundaries and by signing up to shared policies and procedures we make it much easier to do that and we are also more likely to have a consistent response to tackling problems of adult abuse.

New procedures developed by five West Yorkshire councils, representing five Safeguarding Adults Boards, were launched to staff and partners across the areas in April 2013. Five local councils, Kirklees, Leeds, Wakefield, Calderdale and Bradford worked hard towards the development of joint adult safeguarding policies. Since then North Yorkshire Safeguarding Adults Board have also signed up to the procedures.

This year the City of York Safeguarding Adults Board also formally adopted the West and North Yorkshire Policy and Procedures. All these Safeguarding Adults Boards are now united in a common policy.

The board has also consolidated its relationship with other strategic bodies and stakeholders as described below.

The Health and Wellbeing Board (HWB)

The HWB is the forum where key leaders from the health and social care system in Kirklees work together to improve the health and wellbeing of the local population and reduce health inequalities. It has strategic influence over commissioning decisions in Kirklees across health, public health and social care.

The HWB is made up of elected members and officers from Kirklees Council, North Kirklees and Greater Huddersfield Clinical Commissioning Groups, NHS England and Healthwatch Kirklees.

As in previous years, the HWB received the Kirklees Safeguarding Adults Board Annual Report this year, and for the first time, the board's Strategic Plan was presented to the HWB. This continues to help develop a shared understanding of each board's responsibilities and priorities. More importantly, the Chair of the HWB has played a key role in meeting regularly with the independent chair to develop shared agendas, and has actively participated in joint workshops with the KSAB, the HWB, the Safeguarding Children Board and the Community Safety Partnership (see below).

Elected members

The board's leadership role involves demonstrating that there is recognised and active leadership by the local authority on adult safeguarding and that elected members and officers are knowledgeable about safeguarding and keep abreast of local and national developments and learning, including enquiries, safeguarding adults reviews (SARs) and reports. The Cabinet Member for Health, Wellbeing and Communities receives regular briefings around safeguarding performance and current safeguarding issues and challenges in health and social care. She also receives a monthly update report on key board activities and local and national developments.

The KSAB Annual Report was submitted to the Health and Wellbeing Board in January 2016, and the board's Strategic Plan was presented in February 2016.

Safeguarding issues have continued to be an important part of development opportunities for councillors. Since the last Safeguarding Annual Report there have been two opportunities for Councillors to attend the core safeguarding training module. Attendance brought the numbers up to approximately 80% of councillors having attended the session in the last two years. There will be a further opportunity to complete the training as part of the new councillor induction programme in June 2016.

Informed by a discussion with leading councillors, the annual refresher training focussed on the issue of human trafficking. Feedback from councillors was that the training was an interesting and informative session and councillors came away with an understanding of the law and the work that was going on in Kirklees, including reporting mechanisms.

The Health and Social Care Scrutiny Panel

This panel is responsible for holding decision makers (i.e. the Health and Wellbeing Board, the Council, Clinical Commissioning Groups, NHS England and providers), to account. It has powers to;

- Challenge and improve performance
- Support improvement that achieve better outcomes and value for money
- Influence decision makers with evidence based recommendations
- Bring in the views and evidence of stakeholders, users and citizens

Panel members are made up of democratically elected members and members of the public who volunteer to sit with councillors on the panel. They have a unique role to act across the whole health and social care economy.

In fulfilling this role the panel received the Kirklees Safeguarding Adults Board Annual Report this year and the chair of Scrutiny Panel has received regular reports on key areas of activity during the year.

Healthwatch Kirklees

Healthwatch Kirklees is the independent consumer champion for the public in Kirklees on matters relating to health and social care. It has a seat on the Health and Wellbeing Board and contributes to feedback as part of commissioning and decision making for local health and social care services.

It is important to us to improve our understanding of community awareness of adult abuse. The Care Act 2014 requires the Safeguarding Adults Board to consult with local Healthwatch when preparing its strategic plan. Our relationship with Healthwatch continues to develop in a dynamic way and this year we broke new ground by asking them to help us evaluate how much learning had taken place in Kirklees following a Safeguarding Adults Review (see page 23). We'll continue to work with them as we fully develop our engagement strategy next year

Strategic Leadership with the Kirklees Community Safety Partnership and the Kirklees Safeguarding Children Board

The Community Safety Partnership brings together the Police, Police Crime Commissioner, Local Authority, Fire and Rescue Authority, Health and Probation to reduce crime and make people feel safer by dealing with issues such as anti-social behaviour, drug and alcohol misuse and re-offending. It has responsibility to deliver its statutory requirements and for domestic homicide reviews.

The Kirklees Safeguarding Children Board (KSCB) has a range of roles and statutory functions for how organisations and individuals work together to safeguard and promote the welfare of children, and ensure that this work is carried out effectively.

We have worked for a number of years with both partnerships but a major piece of work commenced this year on developing the strategic links between this board (KSAB), the Safeguarding Children Board (KSCB) and the Community Safety Partnership across key cross-cutting themes.

These key overlapping areas include Child Sexual Exploitation (CSE), Human Trafficking, Female Genital Mutilation (FGM), Forced Marriage, Domestic Abuse, Gangs and Restorative Justice.

It was agreed that work across these themes would be managed by:

- Identifying a lead board
- Identifying opportunities for collaborative work from both existing and any future work plans
- Ensuring that officers who sit on more than one board share information/ ideas and plans

The chairs of each board have met on a regular basis to drive forward a collaborative approach, and linking in with the Chair of the Health and Wellbeing Board.

Two workshops with representatives from all 3 boards, the Chair of the Health and Wellbeing Board and the Police and Crime Commissioner's Office were held in November 2015 and March 2016 to develop opportunities for future collaborative work:

- Female Genital Mutilation (FGM) was identified as a priority area for collaborative work to begin and a model of effective collaborative working has piloted. A FGM Policy has been produced and is in the process of being implemented
- The existing work stream on Child Sexual Exploitation was asked to widen its scope to include exploitation of adults at risk
- Early Intervention and Prevention work is shared with all 3 partnerships at an early stage, so that the boards can support this important piece of work

It was also agreed to establish an effective governance framework for these areas and that the board chairs would meet regularly.

Links with NHS England

NHS England promotes a comprehensive health service to improve the health outcomes for people in England. It does this by:

- allocating funds to, guiding and supporting Clinical Commissioning Groups (CCGs) and holding them to account
- directly commissioning primary care, specialised health services, health care services for those in secure and detained settings, and for serving personnel and their families, and public health screening and immunisation programmes

NHS England is the policy lead for NHS safeguarding, working across health and social care, including leading and defining improvement in safeguarding practice and outcomes. The Government sets out a number of objectives relating to safeguarding which NHS England is legally obliged to pursue.

These are set out in the revised Safeguarding Vulnerable People Accountability and Assurance Framework published by NHS England in July 2015.

<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

NHS England is a member of the Kirklees Safeguarding Adults Board.

The Police and Crime Commissioner – supporting our approach to joint work

Safeguarding is a theme that runs throughout the West Yorkshire Police and Crime Plan (refreshed 2014). The Police and Crime Commissioner (PCC) has identified that areas of safeguarding have cross overs between adults and children safeguarding boards and although there are distinct differences between adult and children's boards there are also opportunities for improved working together, shared strategies and problem solving. In January 2016 the PCC held a workshop with all the West Yorkshire Safeguarding Adult and Local Safeguarding Children Boards to explore how he could better support the work of the boards and identify opportunities to develop joint working. This was to address safeguarding issues that may cross cut traditional approaches.

The PCC's office has actively supported our work with the other partnerships here in Kirklees.

2) Assurance that adults are safeguarded and supported to have choice

Feedback from adults at risk:

“I did not want anyone to lose their job, what I care about is that lessons are learned and services will be improved for other people”.

“I wanted to continue to attend services, and to do so safely. I received ongoing support to do this”.

We also monitor numbers of concerns, outcomes and themes; ensuring action is taken to address identified practice concerns (more information is found at Appendix 1) and quality assure the response to the Mental Capacity Act (MCA) across the partnership.

The Safeguarding Adults Board has had for a number of years an audit schedule for auditing safeguarding cases. The audit schedule, led by the local authority is undertaken bi-monthly and looks at a random sample of cases from across Adult Social Care and South West Yorkshire Partnership Foundation Trust (SWYPFT) which has this year been updated and incorporated into its ‘Achieving Excellence in Adult Social Care programme.

The audit process is undertaken through a peer arrangement, where relevant team managers audit cases, following a random selection across all services. This brings independence, support and challenge to the process.

The purpose of the audit is to establish oversight of safeguarding practice, increase confidence in the quality of practice and establish a clear mechanism for learning and improvement.

It is clear from the audit that immediate safety of the adult at risk is addressed at the earliest opportunity and in all cases it is recorded that issues of mental capacity of the adult at risk have been considered. There is evidence of good multi agency involvement at both strategy meetings and at case conferences.

This means that relevant organisations are attending and participating in the safeguarding process to support adults at risk.

On most occasions, the views, wishes and involvement of the adult at risk is recorded and has been taken into account throughout the safeguarding process and where the adult at risk was assessed as having capacity, was involved in the safeguarding process and their wishes and views taken into consideration. Some adults at risk chose to be represented at meetings by family members and this was respected.

In addition the board conducts several additional independent reviews and this year has commissioned a review of advocacy uptake. The Care Act 2014 requires the local authority to ensure arrangements are in place for the provision of advocacy. Analysis was undertaken to establish that people were appropriately supported through a safeguarding adult's enquiry.

There is clear recording of advocacy being considered as part of the safeguarding process and rationale for decision making on who should support in all cases. The use of advocacy has increased compared to the previous year, mostly through the use of an Independent Mental Capacity Advocate. However in the main, a family member or friend tends to be the main support for an adult at risk. The decision making for these people being asked to advocate is clearly recorded in all cases.

Another independent audit was undertaken to identify whether case files for Case Conferences demonstrated that the Adult at Risk was included and the outcomes were what they desired. It showed in the main:

- Chairing of case conferences is appropriate
- The Adult at Risk is appropriately supported
- Mental Capacity is being considered
- The views of the Adult at Risk are recorded; however, what they want as an outcome needs further work

We use information from audits and the Safeguarding Adults Collection (a statutory return) to report on areas of good practice, undertake further audits and feed them into topics for network events.

Supporting individuals to have choice - Making Safeguarding Personal in Kirklees

Making Safeguarding Personal (MSP) is about making sure that people being safeguarded are better informed about what safeguarding is. The Care Act reinforced the key principles of MSP, by requiring person centred practice.

The board endorsed the key principles of MSP back in October 2014 and agreed to support the council in leading on this approach. In Kirklees we took this forward by piloting new training arrangements and approaches, ensuring that we asked the right questions at all stages of the safeguarding process and revising policy and procedures to take different approaches into account.

Much of the work this year has focussed on ensuring that the West Yorkshire and North Yorkshire and York Multi Agency Policy and Procedures were refreshed in line with the Care Act, with an increased emphasis on Making Safeguarding Personal.

In Kirklees a task and finish group ensured that guidance and procedures were Care Act compliant. A series of briefings about the key changes took place across the partnership.

Through the year another small task and finish group has focussed on:

- Making sure adults at risk and/or their advocates are asked about what they want to happen
- Promoting multi agency training which emphasises MSP and undertaking a specific piece of work to audit its effectiveness, by asking front line practitioners how they felt their practice had changed
- Promoting the use of advocacy and auditing uptake
- Providing information in easily accessible language
- Developing case conference practice across the partnership

We are confident that practice is changing, but we know we have more work to do in ensuring MSP is understood across the wider partnership and in effectively and sensitively obtaining routine feedback from people who have experienced safeguarding. We will take this work forward next year.

3) Preventative strategies

Feedback from our Network Event, March 2016:

“I found the event extremely useful. I will certainly be researching self-neglect and hoarding, in an attempt to further understand my role and my legal responsibilities”

Early Intervention and Prevention

The board has continued to give high profile to work on preventing abuse and neglect. By developing a series of strategies to prevent abuse or neglect we aim to improve the quality of care and prevent safeguarding issues arising in the first place.

Importantly, this year we have committed, through the work across the 3 boards, to ensure the KSAB supports the work of the council’s Early Intervention and Prevention Programme (EIP).

EIP aims to address problems at the earliest opportunity before they escalate, to work in partnership to improve outcomes for everyone, and help more people in the most appropriate way with the limited amount of money available to public bodies.

Many people get invaluable support from family, friends or neighbours to find their own solutions to meet their needs. Where this is the case agencies do not want to get in the way of these arrangements. However, when additional information or guidance is needed, people need to get in touch with organisations who can help, or support, so that they can remain safe and independent in their own home and community for as long as possible.

The three board work considered how the boards can work together to support and influence this work and do things differently to help focus more on prevention as well ensuring people are kept safe. This involves supporting a redesign of the whole ‘system’ aimed at each part of the child, adult and family journey.

Self-neglect and hoarding

A key area of work linked to prevention has been the development of our approaches to situations of self-neglect and hoarding.

Situations where someone appears to be self-neglecting are complex and challenging but in the past there was no agreement nationally whether to automatically include self-neglect within safeguarding policies and procedures. The board considered this issue in the past in some detail and the introduction of the Care Act required us to look further. This year we approved two key pieces of work-guidance for managing self-neglect and a framework for hoarding. We are in the process of rolling out training to underpin these protocols and we will monitor their use and effectiveness.

Evaluation of the ‘See ME and Care’ campaign

Our key prevention approach - The “See ME and Care” campaign (targeted at health and social care workers) was launched by Kirklees Adult Safeguarding Board in June 2013.

“See ME and Care” is about challenging poor practice in care and promoting a message for staff that is about treating people how you would want your own family and friends to be treated. It is part of the continuing work health and social care organisations are doing to promote dignity in care and to prevent the number of adults at risk being abused.

In 2014 the campaign focused on sharing good practice and was widened to include other partner agencies, re-enforced by training and awareness programmes for staff. This year a specific piece of work has evaluated the success of phase 2 of the “See ME and Care” and recommendations are in the process of being made about how to further embed the campaign.

Support for staff

It is particularly important to make sure staff members are supported when working with complex and risky situations whatever agency they work for. Focussing on this can form an important element to preventing safeguarding situations. Each partner agency has its own supervision policy and procedures, and different models of supervision and support to suit the type of organisation and the size of its workforce. The training sub group of the board, made up of representatives from partner agencies, this year drew up some good practice top tips which were circulated across the partnership.

Safer Recruitment

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The KSAB continues to promote the requirement for safer recruitment, and the work of the DBS, and has been planning some advice and information sessions on safer recruitment which will take place during Safeguarding Week in October 2016.

Preventing financial abuse

The KSAB has been working closely for a number of years with a wide range of partners around poverty and the prevention of financial abuse. The council’s recently refreshed Tackling Poverty Strategy matches very closely the work the board already undertakes. Through our close working relationship with the Kirklees Financial Inclusion Steering Group we have been able to develop a range of programmes that support work to improve the awareness of financial abuse.

Five ways to financial wellbeing – Brass

The Brass framework brings together support and guidance around budgeting, saving, avoiding arrears and safe borrowing, spending money efficiently, keeping money safe from scams and fraud. KSAB helped develop the curriculum around scams and fraud and used the opportunity to engage a wider range of frontline staff in safeguarding procedures and protocols. The programme reached over 450 people from a wide range of organisations.

Loan Shark campaign

Loan sharks are active in Kirklees and cause misery for families and communities. KSAB supported a hugely successful loan shark awareness campaign ran in early 2014, working with colleagues in West Yorkshire Trading Standards and the national loan shark team we were able to put together a range of activities and engage a wide range of people.

SAFER Project

The SAFER project is a West Yorkshire lottery funded project that aims to prevent and reduce scams and fraud activity against older people. The innovative project uses theatre and real life testimonials to explain how simple things can prevent doorstep crime and fraud. The financial and emotional impacts of being a victim has huge impacts, and can leave people open to further abuse and feeling isolated and unsafe in their own homes. KSAB support the project through a variety of means and are proud to see this project working so effectively in Kirklees.

Suckers List

National trading standards teams and police raided the premises of a suspected mail fraud operation in southern England. They obtained details of victims of the range of scams the criminal gang was perpetrating. This contained the details of people across the country. KSAB worked closely with colleagues to identify and support those already known in Kirklees and instigate preventative work with trading standards with others who featured on the suckers list.

Promoting safety- expansion of the Safe Places Scheme

The board has supported the 'Safe Places Scheme' for a number of years as part of its prevention agenda. It is a partnership arrangement across various parts of the council, the learning disability partnership board and Metro Travel. It is delivered by Mencap in Kirklees.

'Safe Places' are designated venues in the community where people can go if they are feeling unsafe or are experiencing what might be described as a hate crime.

The Safe Places scheme originally focussed on individuals with learning disabilities but as part of our work to learn from our Safeguarding Adults Review (see page 23) it was re-launched for all adults who might be at risk in the community, including people with dementia.

New partnerships have been encouraged and developed particularly with dementia led services including the Kirklees Dementia Action Alliance, Alzheimer's Society and Making Space.

Membership of the scheme has steadily increased to over 400 members and the number of venues across Kirklees is now over 70. Members continue to report higher feelings of confidence, independent travel and ability to participate in their local community.

The safeguarding board continues to help support and guide the scheme through its membership on the scheme's steering group.

Deprivation of Liberty and understanding mental capacity

Deprivations of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The aim of DoLS is to ensure that if a person's life is being so restricted that their liberty is taken from them there should be an independent assessment and authorisation process for the deprivation. DoLS is a lengthy and complex process which if not followed precisely can lead to individuals, particularly in care home and hospitals, being unlawfully deprived of their liberty. This is a breach of Article 5 of the Human Rights Act.

The board has had an approach for a number of years now where any work around mental capacity has been integrated into the work of its sub-groups, and any activity around Deprivation of Liberty Safeguards (DoLS) has been reported as part of the annual report.

There continues to be a significant national increase as a result of a Supreme Court Judgement which widened the pool of those who might be considered to be deprived of their liberty. The local authority, who leads on this process, has undertaken specific actions to monitor activity and risk assess the demand. The board has ensured it is regularly updated about the impact of the continuing increase in the number of Deprivation of Liberty Safeguards (DoLS) applications being received by the Council and the risks associated with this increase.

4) Multi-agency workforce development and specialist training

Feedback from a session on learning from our Safeguarding Adults Review:

My key learning points include:

- Encourage and support staff to consider someone's future needs more effectively (rather than just the here and now)
- Raise awareness of assistive technology and appropriate times in a client's dementia journey to put this in place
- Managers to explore/assess risks more thoroughly when staff are closing cases – this would identify if someone needs on-going professional support

Training in 2015 – 2016

To date the safeguarding adults board training sub group has been responsible for overseeing the development of the board's training plan, ensuring that all training commissioned or delivered is consistent with safeguarding policy and promotes best practice. It also ensures that Mental Capacity Act (MCA), Deprivation of Liberty safeguards (DoLS) and human rights are integral to the delivery of all safeguarding learning events. It links to other areas of training, for example dignity in care. It also works in partnership with the Kirklees Safeguarding Children Board training work stream on shared agenda/delivery where appropriate.

More specifically it promotes:

- safeguarding individuals in a way that support them in making choices and having control in how they choose to live their lives
- practice that focusses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'
- prevention of harm and reduction in the risk of abuse or neglect to adults with care and support needs

The Kirklees Safeguarding Adults Board training plan is designed to support the Safeguarding Adults West and North Yorkshire and York Multi-Agency Policy and Procedures and the requirements of current legislation.

The training plan focusses on the delivery of high quality learning and development activities, to all levels of staff to enable them to respond to safeguarding concerns with prompt, timely and appropriate action. It emphasises preventative work, includes extensive training on Mental Capacity Act and Deprivation of Liberty and also focuses on learning from our Safeguarding Adults Reviews.

The next section summarises key safeguarding training activity for 2015 – 2016.

Key training achievements 2015 – 2016

Training continues to be developed to shift the focus from purely taught delivery to incorporate an element of reflective practice and continue to support knowledge transfer and practice development needs.

All training was updated to reflect The Care Act, and multi-agency briefings took place to prepare staff for the changes introduced by this legislation.

Last year we made sure all training that the board commissioned incorporated the key messages of Making Safeguarding Personal. This year we wanted to see what that meant in practice. We took an independent look by auditing some of the training courses currently being delivered. The audit evidenced that the delivery of the courses contained the key messages and the principles of MSP. A further audit will establish if staff members who have attended training are transferring the knowledge into everyday work practice and to make recommendations of how we can further embed a service user focus.

See Me and Care – Preventing Abuse: A Framework for Compassionate Care continues to be delivered to underpin the key messages to the See Me and Care campaign and the impact of the training was included as part of the overall evaluation of the campaign.

Developing a Learning Culture from Safeguarding Adults Reviews

Section 44 of the Care Act 2014 requires Safeguarding Adults Boards to conduct Safeguarding Adults Reviews (SARs) in certain circumstances, and to help us do that effectively the board has developed and adopted a Safeguarding Adults Review Framework. The framework sets out the criteria for when Kirklees SAB must or may commission a SAR; a menu of options for conducting SARs, guidance on how adults at risk and their families and staff involved will be supported in SARs; how learning from our SARs and from other SARs nationally will be acted on in Kirklees.

Learning from our Safeguarding Adults Review – MR F

The importance of sharing learning from SARs in order to improve practice continues to be highlighted. The board recognises the need to share learning on a regular basis across all partner agencies.

The KSAB published a report following its serious case review concerning Mr F in 2014. This would now be termed a SAR.

Mr F was diagnosed with dementia. He lived alone in his own home, supported by his family who lived elsewhere in Kirklees and had their own families and work responsibilities. They had repeated contact with the council and some partners to get help and support. Very sadly Mr F was found deceased in February 2013 after going missing from his home at night several weeks earlier.

The SAR focussed on what happened to Mr F from the time of his diagnosis with dementia to his eventual death and highlighted many areas that could be improved for other families. Each agency was responsible for acting on the recommendations in the report. This includes offering people timely information and advice, regardless of their eligibility for services, and identifying one organisation to lead co-ordinated

communications - so that all agencies and the family are kept fully updated. A fundamental review of the Kirklees Dementia Strategy was carried out as a result of this review so that it better reflects the needs of local people.

The KSAB carried out a series of challenge exercises to see what had actually changed as a result of this review.

Importantly, we undertook a significant piece of work by asking Healthwatch Kirklees to review 4 specific recommendations listed under the Mr F Review Action Plan that focused on improving Kirklees wide services so they are safer and more responsive for people with dementia. This is a new way of working with our Healthwatch partners.

To complete this review, Healthwatch actively sought feedback about the experiences of people with dementia and their carers. Their feedback was about the information and advice they had received; support that they were getting from the council and different NHS organisations; advice they had received about housing options, and whether they were involved in care planning. This feedback was gathered in person at activity and support groups and through an online survey. Staff and volunteers from Healthwatch Kirklees also did online research and mystery shopping activities to put themselves in the position of being a carer for someone with dementia, trying to find out answers to common questions.

Most of the feedback that came from carers was provided by people who have been caring for someone with dementia for over 2 years.

The Healthwatch recommendations indicated we still have more work to do in Kirklees. This has been built into the Dementia Challenge in Kirklees, and the Joint Dementia Strategy 2015 – 2020 action plan. The Strategy has been endorsed by the Health and Wellbeing Board and other key partners.

The board also arranged a Dignity in Care network event 'Working together to make a Dementia Friendly community' and over 100 people heard about the SAR and of some major initiatives in Kirklees, such as the Police 'Herbert Protocol', work undertaken by Dementia Action Alliance and snapshots of local practice like the 'Forget Me Not Scheme'.

The board also arranged some briefing sessions for staff on learning from the SAR and then looked in detail at sharing the learning from this review. Feedback was obtained to find out what changes/developments had been made following the sessions. Feedback indicates that most attendees have made positive changes to work practice following the workshops.

Learning from our Safeguarding Adults Review - OG Care Home

The board also undertook an independent review into the circumstances surrounding the sudden closure of a care home. This was published in November 2015. The review looked at the extent to which the agencies involved with the home could have foreseen the development of circumstances which led to the closure and to

consider if any actions could have one taken to reduce its impact and offered an alternative opportunity for the residents, and staff to contribute to the review.

The review found that partners worked well together given the complex set of circumstances, however, there were challenges in ensuring clear, consistent and timely communication. This resulted in people experiencing mixed messages which compromised the ability to plan alternative care home placements effectively. There is a series of recommendations which are contained in the report and the board is currently monitoring the agency responses to those recommendations and sharing the lessons learned. Overall the picture was that the majority of residents had settled well in their new homes.

The Safeguarding and Dignity in Care Networks

The Safeguarding and Dignity in Care Networks are now well established with regular attendees and a wide range of representation from organisations across Kirklees. The events continue to attract over 100 attendees, who enjoy the opportunity of new learning and to reflect upon their own practice.

During 2015 – 2016 two Safeguarding Adults Network events were held.

- In August 2015 the network event focused on Embedding the Mental Capacity into Practice. Speakers included Jill Manthorpe, Professor of Social Work King's College London and Sam Cox, Knowledge Officer Alzheimer's Society. Ninety six people attended the event and feedback was excellent.
- In March 2016. The event was: 'Should all self-neglect be regarded as Safeguarding? – Part two'. Professor Michael Preston-Shoot Executive Dean Faculty of Health and Social Sciences University of Bedfordshire, returned to Kirklees to help us update our thinking following the Care Act 2014 and to launch our self-neglect and hoarding protocols. One hundred and thirty people attended the event and again the feedback was excellent.

One Dignity in Care Network event was held, again with over 100 attendees – this is described on page 23 above.

The board is grateful to all those who give freely of their time to speak and on occasions, travel considerable distance, to ensure the continued success of our network events.

5) Provide governance for the evaluation of the effectiveness of partners safeguarding arrangements and any associated improvement plan

Our Independent Chair says:

“It is vitally important to demonstrate even handed independence and to be able to challenge poor performance wherever it arises”

The Independent Chair

As described on page 10 the local authority took the step to appoint an independent chair. An Independent Chair provides additional reassurance that the Board has some independence from the local authority and other partners.

In accordance with Care Act guidance, the independent chair reports quarterly to the Local Authority Chief Executive and will also report on the work of the Board including through the annual report to the Health and Wellbeing Board and to Scrutiny Panel.

Lay membership

A lay member is a member of the public, resident in Kirklees, with an interest in safeguarding and in constructively participating in and scrutinising decisions and policies that are being made by the board. We have had active lay membership on the board for a number of years and it is fundamental to how the board works effectively. This year’s work plan identified the need to recruit another lay member to provide additional scrutiny and challenge and recruitment arrangements are currently underway.

The Delivery Group

This year we have been developing our infrastructure by planning a Delivery Group, The group will be responsible, among other things for co-ordinating the development and implementation of priorities outlined in the strategic plan, implementing lessons learned from Safeguarding Adults Reviews and driving the development of good practice in safeguarding adults work. It will oversee the monitoring and reviewing of performance in Kirklees.

Performance Framework and Challenge Event

The board has a performance framework which monitors progress across the partnership and the effectiveness of procedures. It continues to form the basis of assurance processes across the partnership and has been in place since 2011.

The performance framework demonstrates how the partnership is contributing to improvements in safeguarding and acts as a means of informing the KSAB work plan. Performance standards are in place covering themes such as leadership, effectiveness of the partnership, workforce development and quality, and partners submit regular information to the board against these standards. The board monitors

this via highlight reports 3 times per year. The 4th quarter is used for feedback and actions have been fed into next year's work plan.

This year, the board's energies have focused on refreshing the performance framework to ensure it underpins the new strategic plan. There have been a number of challenges associated with this and our board, along with others nationally, needs to move to being more outcome focussed and enable better partnership ownership of the delivery of the strategic plan. We have developed a draft framework and are still working on finalising the key areas for measuring outcomes.

The annual challenge event remains a key date in the board's calendar. Our board chair and our lay member lead in constructively challenging agencies about performance and practice. All board members play a full part in this event, where they were required to evidence areas of strong performance, areas for development and progress on themes identified from last year's challenge.

Priorities for improvement are identified from this event and partners report on this during the year and again at the challenge event.

We plan to continue to further develop our challenge event. Healthwatch are to join as panel members to provide an extra degree of external scrutiny.

Annual returns

The Safeguarding Adults Collection (SAC) is a national mandatory data collection which records information about individuals for whom safeguarding enquiries were opened during the reporting period (also referred to as adults at risk). The purpose of the collection is to provide information which can help stakeholders to understand where abuse may occur and improve services for individuals affected by abuse.

The SAC data is recorded by adult safeguarding teams based in the 152 Councils with Adult Social Services responsibilities in England. At the end of the reporting year this data is submitted to the Health and Social Care Information Centre (HSCIC).

In addition, the Deprivation of Liberty Safeguards (DoLS) return gathers information on all DoLS applications in England on an annual basis. Information collected in this return provides an estimate of the number of individuals subject to a DoLS as well as the number of active DoLS cases in England for the 2014-15 reporting year.

The board has a responsibility to ensure these returns are submitted accurately and on time.

Audit Arrangements

The board has a well-established case file audit process. This is described in detail on page 15.

Agency Achievements

Calderdale & Huddersfield NHS Trust	We have developed our safeguarding web pages and published our safeguarding newsletter
	We have reviewed the safeguarding training requirements of all our staff groups and developed new training packages
	We have commenced a supervision audit
	We have completed 2 MCA/ DoLS audits last year
	We have delivered a masterclass to over 350 key staff on Mental Capacity Act and Deprivation Of Liberty
	We have distributed MCA/ DoLS information cards across the Trust
	We have seen a significant rise in the number of DoLS authorisations which reflects increased awareness Trust wide
We have continued to deliver PREVENT WRAP face to face to all staff and distributed information across the Trust	

North Kirklees and Greater Huddersfield Clinical Commissioning Groups	We have delivered bespoke training for GPs on Mental Capacity Act and Deprivation Of Liberty
	We have delivered a Master Class on domestic abuse
	We have agreed Safeguarding Standards for general practice
	We have obtained funding for a named GP for Safeguarding Adults
	We have agreed and are embedding safeguarding standards for our commissioned providers
	We have distributed FGM pocket guides provided by NHS England to all GP Practices along with advertising and ensuring GP Practices are aware of their responsibilities under FGM reporting
	We have distributed PREVENT pocket guides provided by NHS England to all GP Practices
	We have continued to facilitate Health Alliance meetings which now includes time for dedicated peer/group supervision
	We have distributed Safeguarding Booklets provided by NHS England to all GP Practices
	We have funded MCA/DoLS pocket guides – multiple copies of which have been delivered to commissioned providers including GP Practices across Kirklees

**South West
Yorkshire
Partnership
NHS Trust**

We have developed our supervision support to those staff working with complex cases

We have undertaken an annual audit which includes assurance that adults we care for are safeguarded

We have grown our capacity within the safeguarding adults team and in order to strengthen the 'Think Family' model, the Trust wide Safeguarding Children Team and the Trust wide Safeguarding Adults Team have developed close working relationships and offer specialist supervision in complex cases

The safeguarding adult's team have developed a quarterly MARAC representative meeting which has strengthened the trust wide approach and will enhance learning through peer support and case discussions

The Trust has embedded the PREVENT agenda around the safeguarding of those people who are vulnerable to being radicalised. There is a PREVENT Strategy in place that identifies target/focus groups of staff for specialist training. The priority target groups have been Forensic and Children's Mental Health Services. The Trust has a number of staff who deliver robust and comprehensive Prevent training, including the Specialist Safeguarding Adults Adviser and the two named Nurses for Safeguarding Children. There is also a dedicated identified representative for SWYPFT for attendance at the Calderdale Channel Panel and Community Partnership meetings

Locala

Multi agency adult safeguarding procedures are in place and are readily accessible via the intranet

Safeguarding is embedded in corporate and service strategies across the agency

Safeguarding NHS booklets and NHS phone 'apps' have been shared with services

Mandatory read on Intranet for Prevent pocket guide along with distributing pocket guide within services

Named nurses continuously embed safeguarding at every opportunity with colleagues. Technology available within Locala is enhancing this process

Partner agency working with hoarding and Self-Neglect are in place. Panels have been established by partner agency and are attended by Locala safeguarding Named nurses

Safeguarding attendance at Integrated Community Care Team meetings to support and empower Locala staff is well established, using as an opportunity to continuously embed MCA and sharing of pocket guides for MCA and DoLS and safeguarding reflection

Kirklees Streetscene and Housing	We have ensured that safeguarding is widely understood throughout our workforce across Streetscene, housing and Kirklees Neighbourhood Housing (KNH)
	We have held a dedicated session looking at safeguarding with our senior management team across wider Streetscene Services and as a result a member of the team is taking the safeguarding agenda forward on behalf of those services
	Kirklees Neighbourhood Housing has approved and implemented their new Safeguarding Policy and Procedures
	A new Safeguarding Co-ordinator post was approved and appointed to by KNH in April 2016 with a comprehensive work plan to address areas needing further work
	The council's Housing Solutions Service and KNH have jointly developed a bespoke training package in conjunction with Pennine Domestic Violence Group (PDVG) around domestic abuse, for over 250 staff
NHS England	NHS England's overall roles in terms of safeguarding assurance were set out in the revised Safeguarding Vulnerable People Accountability and Assurance Framework July 2015
	Our Chief Nursing Officer is the Lead Board Director for Safeguarding and has a number of forums through which to gain assurance and oversight
	In February 2016 NHS England published Safeguarding Adults: Roles and competencies for healthcare staff - Intercollegiate Document, to be used for the training of healthcare based staff in the safeguarding of adults
	We share learning from Safeguarding Reviews through The NHS England Yorkshire and the Humber Safeguarding Network and newsletters
	We hosted a safeguarding conference on Challenges for Modern Day Safeguarding a national safeguarding leadership role
Adult Social Care	We have implemented changes required by the Care Act and Making Safeguarding Personal and EIP
	We launched our Quality Assurance Framework for Staff Achieving Excellence in Adult Social Care
	We have developed a Domestic Abuse Strategy
	We led on the development of our partnership approach to self- neglect
	We have refreshed our audit arrangements for adult safeguarding

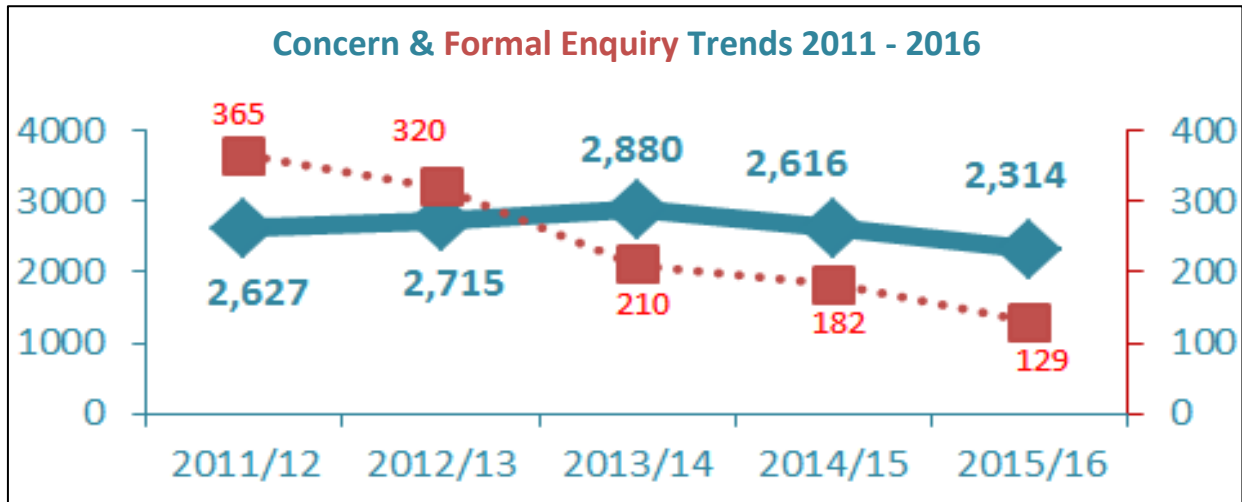
Mid Yorkshire NHS Trust	Our compliance with mandatory Mental Capacity Act training has continued to increase each month with high levels of completion
	Our training for all frontline staff was redesigned to cover the issues that cross-over between safeguarding children and adults, like counter-terrorism awareness, Female Genital Mutilation, Modern Day Slavery, Honour-based violence, and Domestic Abuse
	A newly developed Safeguarding Workbook (combining Children and Adults) has been sent to all Trust staff, which is equivalent to Level 1 training
	We continue to support the Local Authority in safeguarding enquiries as required and participating in Strategy Meetings and Case Conferences when requested
	We benefit from our Non-Executive Director with a special interest in Safeguarding who acts as a “critical friend” at Board level

West Yorkshire Police	We have focussed on training of mental health issues for our staff
	We look at the early identification of people at risk and who are vulnerable
	We look at Domestic abuse, FGM, forced marriage, sexual exploitation and other cross cutting agendas
	We have done a lot of work around becoming a Dementia Friendly organisation and have worked hard to embed the Herbert Protocol
	We have invested in training and resources to support our approach to risk and vulnerability

West Yorkshire Fire & Rescue Service	We have delivered refresher Safeguarding Training
	We have included Care Act requirements in our training
	We led on the development of our partnership approach to hoarding
	We have an internal audit process for safeguarding
	All front line officers have received Dementia Friends’ session and all the red fleet has been marked with dementia friendly stickers

Appendix 1 – Safeguarding and Deprivation of Liberty information

Safeguarding concerns 2015/2016



We have seen some changes nationally in the terms used to describe safeguarding: A concern is a sign of suspected abuse or neglect that is reported to the council or identified by the council

Like last year, we have seen a slight reduction in safeguarding concerns compared with previous years. While continuing to make sure people are safe, we are beginning to move away from encouraging our wider partners 'to refer if in doubt' to thinking more about the reason why they may wish to raise a concern with the local authority and the best way of achieving the desired outcome for the person concerned

We have seen a decline in concerns which required a formal enquiry (previously known as investigated referral) and which concluded with a case conference. This continues a trend seen in previous years.

The reasons for this include the changes brought about by the Care Act 2014 and Making Safeguarding Personal, which require us to ask the person at risk about how they wish the situation they are in resolved. Their concern may not conclude with a case conference and may be resolved in a more proportionate way

These are the outcomes for the 129 concluded Formal Enquiries

A formal enquiry (this used to be known as an investigated referral) is the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. The information below is where a formal safeguarding process has been used to deal with the concern.

Location of where risk was identified

Care home	60%
Own Home	28%
Hospital	5%
Other	5%
Community Services	2%

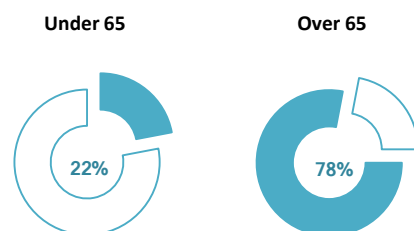
Ethnicity Profile

White	Others
76%	24%

Safeguarding Enquiries - Gender Profile



Age Profile



Type of Risk (Top 3)

Neglect



Physical



Psychological



Risk Outcomes for 129 concluded formal enquiries

We are required to record what we have done about risk

Risk Removed 26%

This refers to cases where, after action has been taken to support management of risk, the circumstances which made the person vulnerable have been fully addressed and the individual is no longer subject to that specific risk

Risk Reduced 32%

This refers to cases where, after action has been taken to support management of risk, the level of risk has reduced or the circumstances which made the individual vulnerable have been mitigated. Again, there may be valid reasons why a risk is reduced rather than removed

Risk Remains 10%

This refers to cases where, after action has been taken to support management of risk, the circumstances causing the risk are unchanged and the same degree of risk remains. There may be valid reasons why a risk remains, one of these being individual choice

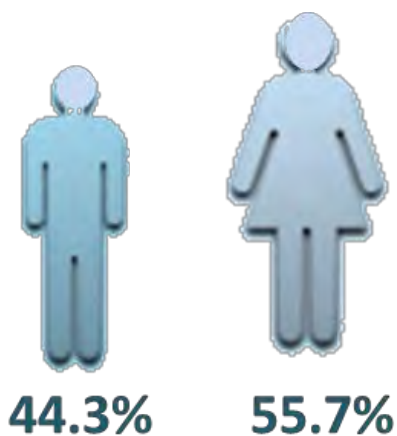
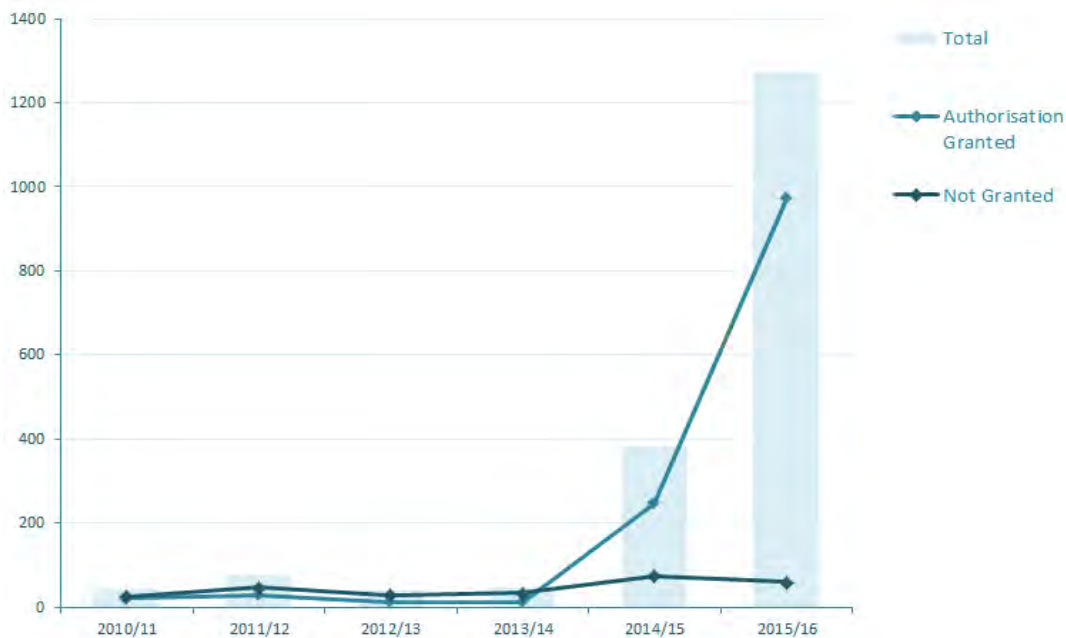
No Further Action Taken under Safeguarding 32%

This will usually refer to those cases where the formal conclusion recorded was unfounded, there insufficient evidence or the enquiry ceased at individuals request.

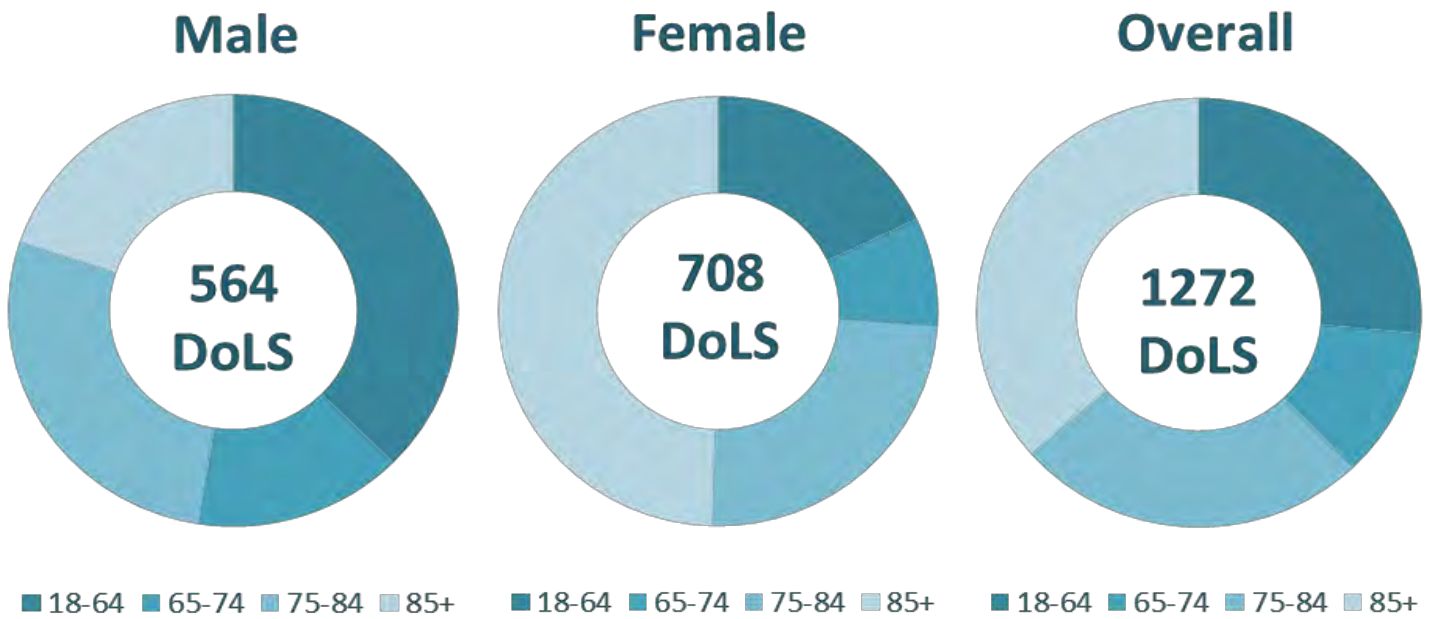
Deprivation of Liberty 2015/2016:

Year	Authorisation Granted	Not Granted	Other	Total
2010/11	20	24	NA	44
2011/12	28	46	NA	74
2012/13	11	27	NA	38
2013/14	13	33	NA	46
2014/15	247	73	62	382
2015/16	973	59	240	1272

NB: 'Other' refers to requests that were either withdrawn due to change of circumstance or where request that were awaiting sign off at the end of the reporting period. (This information was only recorded since 2014)

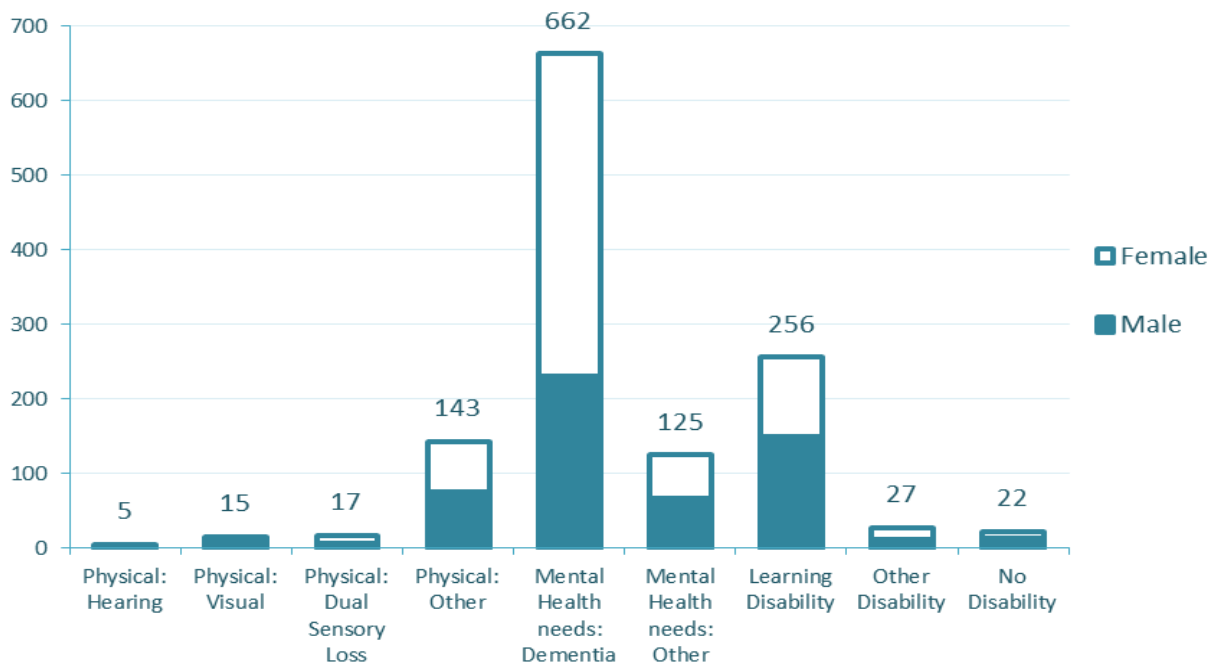


In keeping with the national picture, we continue to see a huge increase in requests for Deprivation of Liberty authorisations received by the Local Authority and significant challenges in meeting that demand.



	Male	Female	All
18-64	211	127	338
65-74	85	58	143
75-84	156	172	328
85+	112	351	463
	564	708	1272
	44.3%	55.7%	

The figures reflect national trends- there are more females who have a Deprivation of Liberty authorised, as well as those people who are older than 85. Generally there tend to be more females than males living in care homes, and most of the requests for deprivations come from care homes



	Male	Female	All
Physical: Hearing	3	2	5
Physical: Visual	8	7	15
Physical: Dual Sensory Loss	7	10	17
Physical: Other	75	68	143
Mental Health needs: Dementia	231	431	662
Mental Health needs: Other	67	58	125
Learning Disability	149	107	256
Other Disability	11	16	27
No Disability	13	9	22
	564	708	1272

These figures follow the same patterns nationally.

Appendix 2 – Work programme for 2016-17

Priority 1	Outcome	Action	Lead	Timescale	Evidence
Provide leadership for an effective partnership across Kirklees ensuring effective collaborative working	The board and its members are accountable, visible and outward facing	<ul style="list-style-type: none"> • Work with the community and Healthwatch to develop an engagement strategy • Continue to engage with Police and Crime Commissioner • Continue to engage with third sector • Proactively report on the work of the Safeguarding Adults Board, highlighting areas of good practice (including use of social media) • Use social media as a way of disseminating information • The Board promotes a learning culture by undertaking Safeguarding Adults Reviews, and sharing the learning from them 	Board chair	March 2017	
	The Board works effectively with other strategic partnerships	<ul style="list-style-type: none"> • Undertake joint partnership work with the West and North Yorkshire and City of York Safeguarding Adults Boards as required • Finalise protocols and continue to develop working relationships with Health and Wellbeing Board and with elected members • Jointly commission work with other strategic partnerships where appropriate • Work with the Domestic Abuse Strategy group to finalise a local approach to adult safeguarding and domestic abuse 	Board chair Joint task and finish group with domestic abuse strategy group	March 2017	

Priority 2	Outcome	Action	Lead	Timescale	Evidence
Gain assurance that adults are safeguarded; there is a timely and proportionate response when abuse or neglect has occurred and individuals are supported to have choice	Safeguarding is focused on outcomes and experience not process	<ul style="list-style-type: none"> The Board continues to promote practices that adheres to the principles of Making Safeguarding Personal Continue to develop training that promotes and embeds Making Safeguarding Personal Undertake file audits and carefully conducted independent post experience interviewing 	<p>Communication work stream</p> <p>Training sub group</p> <p>Q and P sub group</p>	<p>March 2017</p> <p>March 2017</p> <p>March 2017</p>	
	People who have experienced harm are empowered and feel outcomes are improved	<ul style="list-style-type: none"> Undertake file audits and carefully conducted independent post experience interviewing 	Q and P sub group	March 2017	
	Adults at risk and their families will be supported by offering appropriate advocacy	<ul style="list-style-type: none"> Continue to monitor the uptake of appropriate use of advocacy to support an adult at risk (Annual audit) 	Q and P sub group	December 2016	
	People who have experienced harm are enabled to access mainstream community safety measures	<ul style="list-style-type: none"> there is evidence that people are supported by appropriate community safety measures 	Q and P sub group		

Priority 3	Outcome	Action	Lead	Timescale	Evidence
Support the development of and oversee preventative strategies that aim to reduce instances of abuse and neglect.	The Board develops and maintains its focus on early intervention and prevention	<ul style="list-style-type: none"> The Board will actively contribute to the development of Kirklees early intervention and prevention programme The Board works effectively with other strategic partnerships on some areas of prevention Further develop the 'See Me and Care' campaign 	Board chair	March 2017	
	Continue to promote prevention of financial abuse	<ul style="list-style-type: none"> Continue to link pieces of work to the council's anti-poverty strategy and the work of the Financial Inclusion Group Develop closer links with West Yorkshire joint trading standards service 	Board chair	March 2017?	
			Delivery group	By October 2016	
	The Mental Capacity Act (MCA) is further embedded into practice	<ul style="list-style-type: none"> Undertake specific pieces of work using the Local Government Association Improvement Tool 	Training Sub-group and Q and P sub groups	March 2017	

Priority 4	Outcome	Action	Lead	Timescale	Evidence
Promote multi agency workforce development and consider any specialist training that may be required	People who have experienced harm are empowered and feel their outcomes are improved	<ul style="list-style-type: none"> Undertake focus group exercise and implement recommendations from audit of training to ensure that multi-agency training promotes a service user focus in accordance with 'Making Safeguarding Personal' 	Training sub group	By August 2016	
	Learning is widely disseminated across partners in Kirklees and reflective practice is encouraged	<ul style="list-style-type: none"> Develop the partnerships Learning Framework Develop further understanding of Safeguarding Adults Reviews methodology Disseminate findings from Safeguarding Adults Reviews, other reviews and case audits with a focus on reflective practice 	Training sub group SAR sub group SAR sub group Training sub group Q and P	October 2016 March 2017 March 2017	
	The Mental Capacity Act (MCA) is further embedded into practice (file audits will demonstrate understanding of the MCA becomes routine part of practice across the partnership)	<ul style="list-style-type: none"> Ensure that multi-agency training continues to focus on MCA with regular audits 	Training sub group	March 2017	

Priority 5	Outcome	Action	Lead	Timescale	
Provide governance for the evaluation of the effectiveness of partners safeguarding arrangements and any associated improvement plans	The Board has assurance mechanisms in place that enable it to hold agencies to account	<ul style="list-style-type: none"> Revise the Board's Performance Framework with a focus on outcomes Continue to hold regular Challenge events and develop them further 	Q and P Chair	October 2016 September 2016	
	The Board has a strong focus on protection of adults at risk	<ul style="list-style-type: none"> Regular audit activity of Partners adherence to multi agency West Yorks and North Yorks procedures 	Q and P	March 2017	
	The Board's work is evidence based and concerned with outcomes	<ul style="list-style-type: none"> Refine ways of analysing and interrogating data on safeguarding notifications that increase the Boards understanding of prevalence of abuse and neglect Commission independent evaluation of effectiveness of changes introduced following safeguarding adults reviews. 	Q and P Chair	December 2016	

Appendix 3 – Detailed training information to be updated.

Kirklees Council Multi-Agency Training 1 April 2015 – 31 March 2016

Agency: Kirklees Council

Training activity and level of training	Target staff	Number of staff trained
Safeguarding Adults from Abuse formerly Safeguarding Adults Basic Awareness Refresher – Kirklees Employees (via MiPod Xtra & Workbook)	Staff who need to undertake their basic awareness course (which needs to be refreshed every two years)	72 – e-learning (old package) 181 – e-learning (new package) 120 – workbook
Safeguarding Adults from Abuse formerly Safeguarding Adults Basic Awareness Refresher – Independent Sector (via Learning Pool and Workbook)	Staff who need to undertake their basic awareness course (which needs to be refreshed every two years)	5 – e-learning site closed 40 – workbook (includes 32 Shared Lives carers)
Safeguarding Adults at Risk Basic Awareness	Staff who require a basic awareness for safeguarding adults at risk and children and new starters in Kirklees Council as part of the Common Induction Programme	64
Safeguarding Adults ‘See Me and Care’: Preventing abuse – a framework for compassionate care for managers, care co-ordinators, residential homes and day opportunities	Staff working in residential and nursing care settings providing support for older people	Figure not available
Safeguarding Adults Refresher ‘See Me and Care’: Preventing abuse – a framework for compassionate care – residential and day opportunities staff	Staff working in residential and nursing care settings providing support for older people	147

Training activity and level of training	Target staff	Number of staff trained
Safeguarding Adults Refresher 'See Me and Care': Preventing abuse – a framework for compassionate care – Generic	Staff working in care services for adults from all service user groups	94
Safeguarding Adults at Risk – Policy and Process	Staff with responsibility within the safeguarding process/specified responsibility and operational managers	34
New approach - Safeguarding Adults at Risk – Undertaking Investigations in the Workplace	Practitioners who may be responsible for conducting investigations and investigating officers who wish to develop their knowledge and skills	15
New approach – Mentoring – Safeguarding Adults at Risk – Undertaking investigations in the workplace and role of the Safeguarding Co-ordinator	Team managers, senior practitioners and level 3 social workers in order to develop their practice around undertaking investigations in the workplace and co-ordinating safeguarding investigations	Nil – training under review
New approach – Safeguarding Adults at Risk – Role of the Safeguarding Co-ordinator (previously known as Safeguarding Manager)	Practitioners/managers whose role involves co-ordinating safeguarding	20
Recording Skills for Social Workers: Recording in Safeguarding cases (2 day course)	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators	9
Safeguarding Adults at Risk – Minute taking in safeguarding adults meetings for business support	Business Support staff that may be required to take minutes at Safeguarding Adults at Risk meetings	Nil (training under review)

Training activity and level of training	Target staff	Number of staff trained
Safeguarding Adults – An Introduction to Court Room Skills	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators and Operational managers, head of assessment and care managers, service managers	8
Safeguarding Adults at Risk – Participating in adult safeguarding conference skills	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators and Operational managers, head of assessment and care managers, service managers	Nil – training cancelled
Safeguarding adults at risk – Domestic Abuse – Basic Awareness	All staff who have contact with vulnerable adults e.g. care staff, domestic staff, drivers, volunteers, Elected members, housing staff, Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators, operational managers, head of assessment and care managers, service managers and Head of Support services, heads of directly provided services, heads of assessment and care management services	22

Training activity and level of training	Target staff	Number of staff trained
Safeguarding Adults at Risk and Children – Forced Marriages	All staff who have contact with vulnerable adults e.g. care staff, domestic staff, drivers, volunteers, Elected members, housing staff, Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators, Operational managers, head of assessment and care managers, service managers and Head of Support services, heads of directly provided services, heads of assessment and care management services	13
Safer Recruitment in the Voluntary and Community Sector	Staff in the voluntary and community sector who have responsibility for recruitment of staff and volunteers	Nil
Safeguarding Adults at Risk - Role of the Concerns (formerly Alerting) Manager	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators	35
Safeguarding Adults and Children – Elected members basic awareness	Elected members	6
Safeguarding Adults – Serious Case Reviews and undertaking internal management reviews	Operational managers, head of assessment and care managers, service Managers and Head of Support services, heads of directly provided services, heads of assessment and care management services	30
Mental Capacity – Basic Awareness	Staff who require a basic awareness in Mental Capacity Act and new starters in Kirklees Council as part of the Common Induction Programme	210

Training activity and level of training	Target staff	Number of staff trained
Mental Capacity Act 2005 – Applying in Practice	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators	73
Mental Capacity Act – Assessing capacity and best interests decision making	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators	82
Best Interest Assessor Training	Qualified Social Workers and Health professionals who are required to carry out the role of Best Interest Assessor	This is run at University of Huddersfield and Leeds
Best Interest Assessor Refresher	Qualified Best Interest Assessors	40
Deprivation of Liberty Workbook	All staff who have contact with vulnerable adults e.g. care staff, domestic staff, drivers, volunteers, Elected members, housing staff and Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators	19
DoLS for professionals who work with managing authority and may come across Deprivation of Liberty	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators and Operational managers, head of assessment and care managers, service managers	66
Deprivation of Liberty (DoLS) for managing authorities	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators, operational managers, head of assessment and care managers, service managers and Head of Support services, heads of directly provided services, heads of assessment and care management services	31

Training activity and level of training	Target staff	Number of staff trained
Mental Capacity Act – Working with unwise decisions	All staff who have contact with vulnerable adults e.g. care staff, domestic staff, drivers, volunteers, Elected members, housing staff, Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators and Operational managers, head of assessment and care managers, service managers	59
Mental Capacity Act and Support Planning for Residential Staff	Target Group - Identified Kirklees Council staff only working in Residential Homes	24
Mental Health Act and Mental Capacity Act Interface	All Social Workers and professionals who require an understanding and awareness of the interface between the MCA and MHA - Social Workers, Health Professionals and BIA's	52
Human Rights Act and Adults at Risk – e-learning	All staff who have contact with vulnerable adults e.g. care staff, domestic staff, drivers, volunteers, Elected members, housing staff, Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators, Operational managers, head of assessment and care managers, service managers and Head of Support services, heads of directly provided services, heads of assessment and care management services	10

Training activity and level of training	Target staff	Number of staff trained
Network events (Safeguarding)	Open invitation to all partner organisations and care providers	206
Network events (Dignity in Care)	Open invitation to all partner organisations and care providers	106
Safeguarding Adults - Role of the Safeguarding Enquiry Office	All Safeguarding Enquiry Officers	19
Safeguarding Adults - Undertaking Enquiries in the Workplace (two days)	All Safeguarding Enquiry Officers	13

Name of partner agency

The Mid Yorkshire Hospitals NHS Trust

Training 1st April 2015 – 31st March 2016

Please complete the following pro-forma detailing what training you have had delivered to your staff in the training period stated above.

Training Activity and Level of training	Target Staff	Number of staff trained
Level 1 Safeguarding Adults training- face to face & written materials	Mandatory for all Trust staff To be undertaken every 3 years	Induction – 830 Written – 1,107
Level 2 Safeguarding Adults classroom training	Mandatory for all Trust staff who have contact with adults in the course of their work. To be undertaken every 3 years (see also e-learning)	768
Level 2 Safeguarding Adults e-learning package	E-learning alternative for same staff groups as above	476
Prevent Basic Awareness – written materials	Advised for all clinical staff (not yet mandatory). Yearly refresher required	1,195
Level 3 Safeguarding Adults training	Optional training, for staff likely to be involved in SGA process, delivered by partner agencies or via bespoke tutorial when required	N/A
Prevent Wrap 3 classroom training	Advised for all clinical staff (not yet mandatory). Once in employment only	737
Level 1 Mental Capacity Act training- NHS prompt cards acknowledged and received and delivered at Corporate Induction	Mandatory for all Trust staff. To be undertaken every 3 years	Prompt Cards – 1,366 Induction - 830

Training Activity and Level of training	Target Staff	Number of staff trained
Level 2 Mental Capacity Act/DoLS classroom training	Mandatory for any staff who assess patients or who need consent for any aspect of their role. To be undertaken every 3 years (see also e-learning)	1,355
Level 2 Mental Capacity Act e-learning package	E-learning alternative for same staff groups as above	494
Level 3 Mental Capacity Act/DoLS classroom training	Mandatory for senior staff who are decision-makers. To be undertaken every 3 years.	286

Key Achievements:

First Quarter

The compliance figure for Level 1 Safeguarding Adults training at the beginning of Quarter 1 was 100% which met the Trust target of 100%. This figure continued throughout April, May and June 2015 as 100% and so far exceeds the Trust target for Core Mandatory Training compliance (into which Level 1 Safeguarding Adults falls) which at this time is 95% (reduced for 2015/16 from the previous target of 100%). This figure is achieved through a combination of new staff receiving this training on Corporate Induction or through existing staff receiving written materials. The Trust's Organisational Development Department has made a commitment to resend updated written materials in September 2015 to all Trust staff although the method of recording the compliance figure will change so we envisage a potential drop in compliance. This training requires refreshing every 3 years and the materials were last sent to staff in Sept/Oct 2012.

The compliance figure for Level 2 Safeguarding Adults training at the beginning of Quarter 1 was 83%. Safeguarding Adults Level 2 training falls into Role Specific Mandatory Training compliance targets which was set for 90% for the end of March 2015. This target had not been met at the end of March 2015. For 2015/16 the Trust lowered the compliance target, for role specific mandatory training, to 85%. The compliance figure for end April 2015 was 82%, for end May 81% and for end June 84%. This figure is achieved through either classroom training or e-learning. Staff requiring Level 2 Safeguarding Adults training need to update their training every three years.

Mental Capacity Act training is mandatory for all staff and Level 1 MCA has been placed on the Core Mandatory Training Competencies Target (95%) with Level 2 and Level 3 MCA both on the Role Specific Training Compliance Target (85%). However as these are new mandatory subjects introduced by the Trust, they have their own specific targets

to meet. Level 1 MCA compliance was 86% at the beginning of Quarter 1, and although compliance had not met the 100% target at end March 2015 compliance did meet the target set at 80% for this subject, and compliance was 90% end April 2015, 92% end May and for end June was 93%. This figure is achieved through new staff attending at Corporate Induction or by existing staff acknowledging receipt of MCA prompt cards. Level 2 MCA compliance was 25% at the end of Quarter 1 (target was 19% by end March 2015) and continued to increase through April (38%), May (49%) and June (58%). This figure is achieved through either classroom training or e-learning. Level 3 compliance was 52% at the beginning of Quarter 1, which did not meet the target of 64% for end March 2015, and continued to rise through April (53%) and May (71%) although compliance did fall during June (64%). Level 3 MCA figures are achieved via classroom learning only.

PREVENT, part of the Government's Counter-Terrorism Strategy (CONTEST), is now considered part of the Adult Safeguarding agenda within the NHS. PREVENT training, in the form of Wrap3, has been incorporated into Level 2 Safeguarding Children training although it is not yet mandatory within the Trust. It is advised that this should be undertaken once in employment only. Wrap3 will be incorporated into Level 3 safeguarding Children training from August 2015 and all staff will receive basic awareness in September 2015 which should be refreshed annually. It was decided to incorporate PREVENT into the childrens training rather than the adults training as all staff requiring Level 2 Safeguarding Adults training have to undertake either Level 2 or 3 Safeguarding Children training.

Second Quarter

The compliance figure for Level 1 Safeguarding Adults training was 100% at the end of July, August and September 2015 and is so far on course to exceed the Trust target for Core Mandatory Training compliance (into which Level 1 Safeguarding Adults falls) of 95% This figure is achieved through a combination of new staff receiving this training on Corporate Induction or through existing staff receiving written materials. The Trust's Organisational Development Department has made a commitment to resend updated written materials in September 2015 to all Trust staff although the method of recording the compliance figure will change so we envisage a potential drop in compliance. This training requires refreshing every 3 years and the materials were last sent to staff in Sept/Oct 2012.

Safeguarding Adults Level 2 training falls into Role Specific Mandatory Training Compliance Targets which has been set for 85% for the end of March 2016. The compliance figure for end July 2015 was 83%, for end August 82% and for end September 2015 81%. This figure is achieved through either classroom training or e-learning. Staff requiring Level 2 Safeguarding Adults training need to update their training every three years.

Mental Capacity Act training is mandatory for all staff and Level 1 MCA has been placed on the Core Mandatory Training Competencies Target (95%) with Level 2 and Level 3 MCA both on the Role Specific Training Compliance Target (85%). However as these are new mandatory subjects introduced by the Trust, they have their own specific targets

to meet. Level 1 MCA compliance was 92% end July 2015, 95% end August and for end September was 94%. This figure is achieved through new staff attending at Corporate Induction or by existing staff acknowledging receipt of MCA prompt cards. Level 2 MCA compliance was 65% end July, 69% end August and 71% end September 2015. This figure is achieved through either classroom training or e-learning. Level 3 compliance was 66% at end July 2015, 64% at end August and 74% at end September 2015. Level 3 MCA figures are achieved via classroom learning only. Both Level 1 and 2 MCA are either on, or above, trajectory for their specific compliance figures. Level 3 MCA is currently behind trajectory.

PREVENT, part of the Government's Counter-Terrorism Strategy (CONTEST), is now considered part of the Adult Safeguarding agenda within the NHS. PREVENT training, in the form of Wrap3, has been incorporated into Level 2 Safeguarding Children training although it is not yet mandatory within the Trust. It is advised that this should be undertaken once in employment only. Wrap3 was incorporated into Level 3 safeguarding Children training from August 2015 and all staff will receive basic awareness in September 2015 which should be refreshed annually. It was decided to incorporate PREVENT into the children's training rather than the adults training as all staff requiring Level 2 Safeguarding Adults training have to undertake either Level 2 or 3 Safeguarding Children training.

Third Quarter

The compliance figure for Level 1 Safeguarding Adults training was 67% at the end of October, 79% at the end of November and 82% at the end of December 2015 and is so far not on course to meet the Trust target for Core Mandatory Training compliance (into which Level 1 Safeguarding Adults falls) of 95%. This change in compliance rates is due to the changes made in the way that compliance is now recorded for this training- previously once the written materials were sent out to a staff member they were recorded as compliant. The decision was made to ask staff to return a sign off slip upon receipt and reading, of these materials, and these slips are being returned slowly. This figure is achieved through a combination of new staff receiving this training on Corporate Induction or through existing staff receiving written materials. The Trust's Organisational Development Department sent out the written materials in September 2015 and they will next be due for resending September 2018 as this training requires refreshing every 3 years.

Safeguarding Adults Level 2 training falls into Role Specific Mandatory Training Compliance Targets which has been set for 85% for the end of March 2016. The compliance figure for end October 2015 was 80%, for end November was 77% and for end December 2015 was 74%. This figure is achieved through either classroom training or e-learning. Staff requiring Level 2 Safeguarding Adults training need to update their training every three years. The drop in compliance figures has been acknowledged and there are plans in place in the next quarter to contact those staff who are out of date with their training.

Mental Capacity Act training is mandatory for all staff and Level 1 MCA has been placed on the Core Mandatory Training Competencies Target (95%) with Level 2 and Level 3 MCA both on the Role Specific Training Compliance Target (85%). However as these are new mandatory subjects introduced by the Trust, they have their own specific targets to meet. Level 1 MCA compliance was 94% end October 2015, 94% end November and for end December was 95%. This figure is achieved through new staff attending at

Corporate Induction or by existing staff acknowledging receipt of MCA prompt cards. Level 2 MCA compliance was 74% end October, 75% end November and 76% end December 2015. This figure is achieved through either classroom training or e-learning. Level 3 compliance was 75% at end October 2015, 76% at end November and 77% at end December 2015. Level 3 MCA figures are achieved via classroom learning only.

PREVENT, part of the Government's Counter-Terrorism Strategy (CONTEST), is now considered part of the Adult Safeguarding agenda within the NHS. PREVENT training, in the form of Wrap3, has been incorporated into Level 2 and Level 3 Safeguarding Children training although it is not yet mandatory within the Trust. It is advised that this should be undertaken once in employment only. All staff received PREVENT basic awareness in September 2015 as this was included in the mail out of the Level 1 Safeguarding training written materials. This should be refreshed annually. It was decided to incorporate PREVENT into the childrens training rather than the adults training as all staff requiring Level 2 Safeguarding Adults training have to undertake either Level 2 or 3 Safeguarding Children training.

Fourth Quarter

The compliance figure for Level 1 Safeguarding Adults training was 84% at the end of January, 85% at the end of February and 85% at the end of March 2016 and is so far not on course to meet the Trust target for Core Mandatory Training compliance (into which Level 1 Safeguarding Adults falls) of 95%. This change in compliance rates is due to the changes made in the way that compliance is now recorded for this training- previously once the written materials were sent out to a staff member they were recorded as compliant. The decision was made to ask staff to return a sign off slip upon receipt and reading, of these materials, and these slips are being returned slowly. This figure is achieved through a combination of new staff receiving this training on Corporate Induction or through existing staff receiving written materials. The Trust's Organisational Development Department sent out the written materials in September 2015 and they will next be due for resending September 2018 as this training requires refreshing every 3 years.

Safeguarding Adults Level 2 training falls into Role Specific Mandatory Training Compliance Targets which has been set for 85% for the end of March 2016. The compliance figure for end January 2016 was 75%, for end February was also 75% and for end March 2016 was 74%. This figure is achieved through either classroom training or e-learning. Staff requiring Level 2 Safeguarding Adults training need to update their training every three years. The drop in compliance figures has been acknowledged and there are continuing plans in place to contact those staff who are out of date with their training.

Mental Capacity Act training is mandatory for all staff and Level 1 MCA has been placed on the Core Mandatory Training Competencies Target (95%) with Level 2 and Level 3 MCA both on the Role Specific Training Compliance Target (85%). However as these are new mandatory subjects introduced by the Trust, they have their own specific targets to meet. Level 1 MCA compliance was 95% end January 2016, 95% end February and for end March was 96%. This figure is achieved through new staff attending at Corporate Induction or by existing staff acknowledging receipt of MCA prompt cards. Level 2 MCA compliance was 79% end January, also 79% end February and 80% end March 2016. This figure is achieved through either classroom training or e-learning. Level 3 compliance was 77% at end January 2016, 77% at end February and 80% at end March

2016. Level 3 MCA figures are achieved via classroom learning only. Although neither of these meet the role specific target, MCA level 2 is ahead of its own specific target whilst MCA level 3 is behind target.

PREVENT, part of the Government's Counter-Terrorism Strategy (CONTEST), is now considered part of the Adult Safeguarding agenda within the NHS. PREVENT training, in the form of Wrap3, has been incorporated into Level 2 and Level 3 Safeguarding Children training although it is not yet mandatory within the Trust. It is advised that this should be undertaken once in employment only. All staff received PREVENT basic awareness in September 2015 as this was included in the mail out of the Level 1 Safeguarding training written materials. Basic awareness is also presented to new staff on corporate induction. This should be refreshed annually. It was decided to incorporate Wrap 3 into the childrens training rather than the adults training as all staff requiring Level 2 Safeguarding Adults training have to undertake either Level 2 or 3 Safeguarding Children training.

Additional Training

Other mandatory training within Mid Yorkshire Hospitals NHS Trust, which could be seen to be related to safeguarding, includes:

- Diversity awareness- relates to discriminatory abuse
- Conflict resolution- issues in relation to safeguarding can lead to conflict between patients/carers and staff
- Health and Safety- this covers slips, trips and falls of which falls can sometimes be a safeguarding issue
- Medicines Management- maladministration of medication can be a safeguarding issue
- Patient Safety (Incident reporting and Root Cause Analysis)- all potential and actual safeguarding issues are incident reported and RCA is used during safeguarding inquiries

Some of this training is undertaken once in employment only and the rest have to be repeated within set timescales (1, 2 or 3 years usually).

The Trust's Level 2 Safeguarding Adults training was expanded to a full half-day session from April 2015 and now includes content relating to adult safeguarding, Learning Disability and Reasonable Adjustments and Mental Capacity Act. All staff requiring Level 2 Safeguarding Adults will undertake either Level 2 or Level 3 Safeguarding Children training which covers safeguarding children, domestic abuse, FGM, CSE, Prevent and trafficking. Around 4200 staff are required to undertake safeguarding adults training once every three years.

During this quarter (May 2015) a training session entitled 'Receipt and Scrutiny of Papers' was facilitated by SWYPFT staff in regards to the completion of 'section' papers related to detentions under the Mental Health Act. This training was aimed at certain key staff to assist in the management of people detained under the MHA. There are plans to run this training every six months.

The Trust's Level 2 Safeguarding Adults training was expanded to a half-day session

from April 2015 and now includes content relating to adult safeguarding, Learning Disability and Reasonable Adjustments and Mental Capacity Act. All staff requiring Level 2 Safeguarding Adults will undertake either Level 2 or Level 3 Safeguarding Children training which covers safeguarding children, domestic abuse, FGM, CSE, PREVENT and trafficking. Around 4200 staff are required to undertake safeguarding adults training once every three years.

During this quarter (September 2015) a training session entitled 'Demystifying DoLS' was run in addition to the regular MCA training. This training was aimed at certain key staff to assist in the completion of the paperwork associated with DoLS. It is envisioned that this will run monthly until further notice depending upon numbers booking on.

The Trust's Level 2 Safeguarding Adults training was expanded to a half-day session from April 2015 and now includes content relating to adult safeguarding, Learning Disability and Reasonable Adjustments and Mental Capacity Act. All staff requiring Level 2 Safeguarding Adults will undertake either Level 2 or Level 3 Safeguarding Children training which covers safeguarding children, domestic abuse, FGM, CSE, PREVENT and trafficking. Around 4200 staff are required to undertake safeguarding adults training once every three years.

During this quarter (November and December 2015) two training sessions entitled 'Demystifying DoLS' were run in addition to the regular MCA training. This training was aimed at certain key staff to assist in the completion of the paperwork associated with DoLS. It is envisioned that this will run monthly until further notice depending upon numbers booking on.

Also during this quarter (November 2015) another training session entitled 'Receipt and Scrutiny of Papers' was facilitated by SWYPFT staff in regards to the completion of 'section' papers related to detentions under the Mental Health Act. This training was aimed at certain key staff to assist in the management of people detained under the MHA. There are plans to run this training every six months.

The Trust's Level 2 Safeguarding Adults training was expanded to a full half-day session from April 2015 and now includes content relating to adult safeguarding, Learning Disability and Reasonable Adjustments and Mental Capacity Act. All staff requiring Level 2 Safeguarding Adults will undertake either Level 2 or Level 3 Safeguarding Children training which covers safeguarding children, domestic abuse, FGM, CSE, PREVENT and trafficking. Around 4200 staff are required to undertake safeguarding adults training once every three years.

During this quarter one training session (March 2016) entitled 'Demystifying DoLS' were run in addition to the regular MCA training. This training was aimed at certain key staff to assist in the completion of the paperwork associated with DoLS. There are plans to run this training during April and May 2016.

During this year we have also started to run session every 4 months aimed at providing safeguarding training to the Trust's volunteers. Run in November 2016 for the first time and will next run April 2016. This training is a mixture of power point / written materials.

We are also running a practical session aimed at newly qualified band 5 nurses (or new to the Trust) and is based around admitting an acutely ill patient with a learning disability. This is additional to the mandatory safeguarding adults training they need to attend. This is run monthly and has around twenty people attending each session.

Name of partner agency

Locala

1st April 2015 – 31st March 2016

Please complete the following pro-forma detailing what training you have had delivered to your staff in the training period stated above.

Training Activity and Level of training	Target Staff	Number of staff trained
Safeguarding Adults Level 1	Clinical and non-clinical	1,091
Safeguarding Adults Level 2	Clinical and non-clinical	801
Mental Capacity	Clinical Face to Face	836

Name of partner agency

Greater Huddersfield & North Kirklees CCGs

1st April 2015 – 31st March 2016

Please complete the following pro-forma detailing what training you have had delivered to your staff in the training period stated above.

Training Activity and Level of training	Target Staff	Number of staff trained
PREVENT WRAP 3	CCG clinical staff	13
PREVENT awareness	CCG non clinical staff	49
MCA/DoLS	Primary Care Clinical staff	68

Appendix 4

KIRKLEES SAFEGUARDING ADULTS BOARD

Board members June 2016

Name	Job title	Service/Organisation
Mike Houghton-Evans	INDEPENDENT CHAIR	
Kim Brear	Assistant Director	Kirklees Council – Streetscene and Housing
Victoria Thersby	Head of Safeguarding	Calderdale and Huddersfield NHS Foundation Trust
Penny Woodhead	Head of Quality	Greater Huddersfield Clinical Commissioning Group
Richard Parry	Director of Commissioning, Public Health and Adult Social Care	North Kirklees CCG
Jane Ford	General Practitioner	Greater Huddersfield CCG
Clive Barrett	Head of Safeguarding	The Mid Yorkshire Hospitals NHS Trust
Julie Warren Sykes	Assistant Director of Nursing, Clinical Governance and Safety	South West Yorkshire Partnership NHS Foundation Trust
Razia Riaz	Senior Legal Officer	Kirklees Legal Services
Hazel Wigmore		Lay Member
Superintendent Khan		West Yorkshire Police
Richard Parry	Director of Commissioning, Public Health and Adult Social Care	Kirklees Council
Mohammed Ali	District Prevention Manager	West Yorkshire Fire Service
Tina Quinn	Director of Quality	Locala
Kerry Warhurst (Yorkshire & Humber)	Senior Nurse – Quality & Safety NHS England – North	NHS England (West Yorkshire)

Kirklees Council

Gateway to care

First point of contact for making an alert:

Tel: 01484 414933

For policy advice and information contact:

Kirklees Safeguarding Adults Partnership Team

4th Floor, Civic Centre 1, High Street, Huddersfield, HD1 4NF

Tel: 01484 221717

Email: protection@kirklees.gov.uk

www.kirklees.gov.uk/safeguarding

Police

Emergencies:

Always dial 999 in an emergency where there is a danger to life, or a crime is in progress.

This number is available 24 hours a day, 7 days a week.

From a mobile phone, please dial 999 or 112.

Non-Emergencies:

Telephone 101 (24 hours a day, 7 days a week) for non-emergencies where:

- Police attendance is required
- to report a crime
- to report other incidents

West Yorkshire Police Safeguarding Unit

The team of specialist police officers have expertise in supporting the vulnerable and in partnership working.

Tel: 01924 335075

Where possible please use the email address below which is checked daily:
ea.safeguarding@westyorkshire.pnn.police.uk

This page is intentionally left blank



Name of meeting: Health and Social Care Scrutiny Panel

Date: 10 January 2017

Title of report: Diabetes in Kirklees

Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Is it in the Council's Forward Plan ?	No
Is it eligible for "call in" by Scrutiny ?	Not Applicable
Date signed off by <u>Director</u> & name Is it signed off by the Director of Resources? Is it signed off by the Acting Assistant Director - Legal & Governance?	No – The report has been produced to provide the context to the Panel discussions.
Cabinet member portfolio	Adults, Health & Activity to Improve Health

Electoral [wards](#) affected: All

Ward councillors consulted: N/A

Public or private: Public

1. Purpose of report

1.1 To provide members of the Health and Social Care Scrutiny Panel with an information report prepared jointly by North Kirklees and Greater Huddersfield CCGs and Locala, on the current position on Diabetes in Kirklees.

2. Key Points

2.1 At the meeting on 1st November 2016, panel members were presented with an update on actions and planned work to support people in Kirklees living with diabetes. The Panel asked for further information covering the following areas:-

- Update on actions to improve diabetic foot health to include timescales.
- An update on the availability of the diabetes app when MyHealthtools module on diabetes was launched.

2.2 The CCGs and Locala have provided the attached report for the Panel's information, giving an update on progress of the actions planned by partners to improve diabetic foot health. The CCGs and Locala meet monthly to progress these areas of work, addressing any differences across the patch and dealing with any issues that arise.

2.3 The report also provides an update on other matters relating to diabetes, namely:-

- MyHealthTools module on diabetes
- National Diabetes Prevention Programme (NDPP)
- Diabetes Treatment and Care Programme Transformation Fund
- Kirklees Wellness Model
- Alignment with the Sustainability and Transformation Plan (STP)

2.4 The figures on performance relating to Diabetic Foot Disease and Diabetic retinopathy, that were included in the report considered by the Panel on the 1st November 2016, are shown in Appendix A of the attached report.

3. Implications for the Council

None at this time.

4. Consultees and their opinions

Not applicable

5. Next steps

That the Panel take account of the information presented and consider the next steps it wishes to take.

6. Officer recommendations and reasons

That the Panel consider the information provided and determine if any further information or action is required.

7. Cabinet portfolio holder recommendation

Not applicable

8. Contact officer and relevant papers

Helen Kilroy, Principal Governance & Democratic Engagement Officer, Tel: 01484 221000 E-mail: helen.kilroy@kirklees.gov.uk

9. Assistant Director responsible

Julie Muscroft Assistant Director: Legal, Governance & Monitoring

Diabetes update to Health and Social Care Scrutiny Panel – 10th January 2017

Kirklees Council, Greater Huddersfield CCG, North Kirklees CCG and Locala

Background

1. A paper was presented to the Scrutiny Panel in November 2016; this paper provides an update on actions and planned work to support people in Kirklees living with diabetes.

Latest Performance

2. In the time between the previous report and this one, there has only been one set of updated figures published – for the General Practice Quality & Outcomes Framework 2015-16. These figures show that the percentage of people on the diabetes register receiving a diabetic foot check in 2015-16 was 84.3% for Greater Huddersfield CCG and 89.2% for North Kirklees CCG. The figure for Greater Huddersfield is lower than the previous year (88.8%) – this is likely to have been caused by a system fault which meant that the recall reminders for some people who received their foot checks from the podiatry service did not transfer across from CHFT to Locala at the start of the Care Closer to Home contract in October 2015. Once the problem was identified Locala worked hard to address the situation. This problem did not affect high risk patients as they were being seen regularly in podiatry clinics. The figure for North Kirklees is the same as the previous year.
3. The figures on performance that appeared in the last report are shown in Appendix A.

Update on actions

4. The paper submitted to the Committee in November 2016 set out a number of actions planned by partners to improve diabetic foot health. The table below sets out progress on these.

Action	Timescale	Update
To develop opportunities for GPs and primary care staff to develop and maintain their knowledge of diabetic foot problems and how to deal with them	October 2016 to March 2017 with possibility of extension	<p>The specialist diabetes team is continuing to provide targeted support to a small number of GP practices to improve their care and support of people with diabetes.</p> <p>Practices in both CCG areas have been provided with a link to a nationally recognised e-learning module on the diabetic foot and are being encouraged to use it to maintain their skills and knowledge.</p>

Action	Timescale	Update
Diabetes foot screening for Health Care Professionals	Training to commence February 2017	Locala has previously delivered training to all primary care staff, and is currently exploring how education for primary care staff can be reinstated to support foot care. Locala is reviewing present training delivered, with a view to refresh and commence re-training in February 2017.
To implement the Quality Assurance Framework developed in 2015 by the Yorkshire and Humber Diabetic Footcare Network ¹	October 2017	Under Care Closer to Home Locala are developing a joint vision and equitable specialist care model for patients identified as being at amber/red risk through foot screening. Currently Greater Huddersfield patients are case managed by the service when they identified at red risk, whilst North Kirklees patients are at amber and red risk.
To embed a single integrated foot care pathway across the whole of Kirklees, redesigning the current pathway to ensure that resources are targeted at those most at risk ¹	October 2017	Currently there is some variation in the footcare pathway between Greater Huddersfield and North Kirklees. Locala have undertaken engagement work with service users of the podiatry service, are currently auditing wound care to inform the design of the new equitable pathway and are developing a consultation document on proposed service changes.
To develop and/or identify alternative solutions for people who do not have a clinical or podiatry need (for example, those needing nail cutting) that manage any risks relating to this group of people.	End October 2016 (mapping) End January 2017 (development of document)	The mapping of alternative solutions is complete, and a document setting these out is currently being prepared.
To implement a formal root cause analysis process for diabetes-related amputations, adopt and embed any learning ¹	Pilot January 2017 with a view to fully implement April 2017	Locala has implemented reflective learning practices under Care Closer to Home and will be implementing a root cause analysis process through the multi-disciplinary team as part of the developing diabetes model.
To use the resources developed by Diabetes UK on diabetic foot care to raise awareness amongst people with diabetes and their families/carers of the risks that diabetes presents around foot health.	Ongoing	The CCGs have shared patient-focused resources on diabetic foot health with their GP practices. Locala utilise resources developed using NICE guidelines, and literature is provided to all diabetic patients seen. The resources are being reviewed to ensure there is a consistent approach across all services. The CCGs will be working with the local Diabetes UK support groups to help spread the message about the importance of looking after feet.

Action	Timescale	Update
To use the resources developed by Diabetes UK on diabetic foot care to raise awareness amongst people with diabetes and their families/carers of the risks that diabetes presents around foot health (continued)	Ongoing	Locals raise awareness of diabetic foot disease in structured patient education sessions and utilise resources developed by Diabetes UK at every appropriate opportunity as supported by the Putting Feet First campaign. Locals are making relevant campaign materials and information available on their internal and external websites.
To participate in the National Diabetes Foot Care Audit and use the results to improve and sustain outcomes ¹	Ongoing	The CCGs and all podiatry services in Kirklees have taken part in the latest National Diabetes Footcare Audit, and the results of this are due early 2017. Locals is undertaking work to establish a similar process for audit completion across Kirklees for the future – currently there are some differences.
To include diabetic foot disease as one of the key areas of focus in the project being undertaken with Diabetes UK on improving access, experience and outcomes for the South Asian population in Kirklees.	Ongoing theme of project. Project itself runs initially from September 2016 to August 2017 with a possible extension for one or two years.	A match funded initiative between Kirklees Council, Diabetes UK and the CCGs has started that will recruit, train and support volunteer peer champions to engage and provide support to communities in the Birkby/Fartown and Batley areas. This will incorporate the development of targeted resources, including a focus on diabetic foot health. Diabetes UK is recruiting a BME champion co-ordinator that will improve links between Locals and Diabetes UK.
Both CCGs are participating in wave 1 of the national RightCare programme. This focuses on improving outcomes, by better understanding and reducing variation. Diabetes is identified as one of the initial areas for focus for both CCGs and this will provide an additional impetus to ensure that there are optimal pathways of care.	Ongoing	Diabetes is one of the continued areas of focus for both CCGs and the data packs have shown scope for improvement in addressing the quality of care. The areas of improvement mirror those identified within the CCG Clinical Baseline Assessment results. Updated data packs have now been published for cardiovascular conditions and for long term conditions, both of which include diabetes, and the CCGs are reviewing their improvement plans to ensure that they reflect the updated analysis.

¹ The two CCGs and Locals meet monthly to progress these areas of work, addressing any differences across the patch and dealing with any issues that arise.

Other relevant information

5. The Committee may also be interested to receive the following updates on matters relating to diabetes:

- **MyHealthTools module on diabetes** – MyHealthTools is being re-launched in early 2017. The new diabetes module, which has been developed with input from people with diabetes and health professionals, will be available from March 2017. The aim is to support people with diabetes to live well with their condition.
- **National Diabetes Prevention Programme (NDPP)** – Kirklees Council with Greater Huddersfield and North Kirklees CCGs in partnership with Calderdale CCG and Local Authority, Wakefield CCG and Local Authority, Airedale Wharfedale and Craven CCG, Harrogate Rural and District CCG, and Bradford and North Yorkshire local authorities were successful in their bid to join Wave 2 of the National Diabetes Prevention Programme. The Programme, which offers evidence-based behaviour interventions, will begin in Kirklees in April 2017. The two CCGs and Kirklees Public Health are working together to ensure the Programme's success for their population.

- **Diabetes Treatment and Care Programme Transformation Fund**

On 12th December, NHS England launched a fund for transformation in Diabetes Treatment and Care. This is focused on four specific areas:

- Increasing the uptake of structured education for people with diabetes
- Improving the achievement of NICE recommended treatment targets
- New or expanded multidisciplinary footcare teams
- New or expanded inpatient diabetes specialist nursing services

As the funding is non-recurrent, the CCGs and partners are looking at how it could best be used to improve outcomes for people with diabetes in Kirklees. Any bids we make will be discussed with and supported by the Diabetes Networks.

- **Kirklees Wellness Model** – Public Health are commissioning a Wellness Model for the delivery of lifestyle interventions that will launch in 2018, and will contribute to the prevention of diabetes and link with the National Diabetes Prevention Programme. The aim is “to support people to live longer, healthier, happier lives through greater integration and by moving resources towards a life-course based approach rooted in prevention and early intervention and away from avoidable treatment and care”. The Wellness Model will empower people to live their lives to the fullest possible potential by enabling people to increase control over their health through making changes to their lives. It will support the NHS 5 Year Forward View and Sustainability and Transformation Plans by diverting people from primary and secondary healthcare services towards prevention pathways, helping to contain rising healthcare costs.

Alignment with Sustainability and Transformation Plan (STP)

6. The draft West Yorkshire and Harrogate Sustainability and Transformation Plan was published on 10th November 2016.

7. The work being undertaken on diabetes aligns with the overall STP priorities of prevention at scale, primary and community care and specialist services and with the following areas of the Kirklees place-based plan:
 - Early intervention and prevention
 - Improving the capacity and quality of primary care (including GP Forward View)
 - Development of an adult wellness model
 - Development of business models to encourage providers to maximise independence

APPENDIX A

Performance figures from report to Kirklees Health and Social Care Scrutiny Committee, 4th October 2016

Diabetic Foot Disease

The latest available data for diabetic foot disease in Kirklees shows that between 2012 and 2015ⁱ there were:

- 1,168 episodes of care for diabetic foot disease, accounting for 8,637 nights in hospital. This is significantly below the national average.
- 503 individual patients admitted for diabetic foot disease. In Greater Huddersfield, just under half of these had more than one episode of care during that period (significantly lower than the national average) and 12% had four or more episodes (similar to the national average). In North Kirklees, two thirds had more than one episode of care during that period and a quarter had four or more episodes (both significantly higher than average)
- 68 major amputations (above the ankle) – 33 from Greater Huddersfield and 35 from North Kirklees
- 125 minor amputations (below the ankle) – 91 from Greater Huddersfield and 34 from North Kirklees

Compared to the 2015 profiles, the above figures show an increase in the number of episodes of care and nights in hospital for diabetic foot disease, but a decrease in the number of amputations. The former may be due to increased awareness of foot problems and increasing numbers of primary and community staff being trained to do a foot check at every opportunity.

Diabetic retinopathy

Uptake of diabetic eye screening and service performance is strong in Kirklees. In 2015/16:

- Uptake of routine diabetic eye screening by those offered it exceeded the acceptable (70%) and achievable (80%) levels
- The issuing of results of routine diabetic eye screening within 3 weeks exceeded the 70% acceptable level, and Calderdale and Greater Huddersfield exceeded the 95% achievable level in all four quarters and Wakefield and North Kirklees in one quarter
- The proportion of those with referred proliferative diabetic retinopathy attending for assessment within 4 weeks of notification of positive test from all screening pathways exceeded the achievable level of 80%.

ⁱ Public Health England Diabetes Footcare Activity profiles, 2016

HEALTH AND SOCIAL CARE SCRUTINY PANEL (V17)

Members: Cllr Liz Smaje (Lead Member), Cllr Fazila Fadia, Cllr Steve Hall, Cllr Judith Hughes, Cllr Andrew Marchington, Cllr Sheikh Ullah, Peter Bradshaw (Co-optee) , Christopher Horner (Co-optee), David Rigby (Co-optee), Sharron Taylor (Co-optee),

Support: Richard Dunne, Principal Governance & Democratic Engagement Officer & Helen Kilroy, Principal Governance & Democratic Engagement Officer.

POTENTIAL ISSUES IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME 2016/17

ISSUE	APPROACH AND AREAS OF FOCUS
FULL PANEL DISCUSSION ISSUES	
<p><u>Early Intervention and Prevention (EIP)</u></p> <p>Investing early in prevention and early intervention of adult social care can reduce or delay the need for costly crisis intervention or care service and improve the outcomes for individuals</p> <p><u>All Age Disability (AAD)</u></p> <p>The All Age Disability offer refers to people with lifelong disabilities and the key aim of the programme was to ensure the best start in life, promoting health and resilience throughout life by implementing a more flexible and personalised approach with few age barriers for people with a disability.</p>	<p>A progress checkpoint on the EIP and AAD was considered by the Panel on the 6th September 2016 which included:</p> <ul style="list-style-type: none"> • Timeline and overview of the EIP programme and the work that has been undertaken • Focus on Learning Disability • An opportunity for scrutiny to have input into the draft strategy • An update on EIP Early Help consultation and engagement • An update on YPAT and what starting to find out from consultation so Panel can have an input into what is being developed • That the report include progress on AAD and a summary of the implementation plan <p>The next update on key developments and progress of EIP and AAD is scheduled to be considered by the Panel on 10th January 2017, to include key milestones.</p> <p>The Panel have agreed to receive periodical updates on the progress of Early Intervention and Prevention for Adults and All Age Disability during the 2016/17 municipal year.</p>

Mental Health Services – Transformation Programme

South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) provides community, mental health and learning disability services to the people of Barnsley, Calderdale, Kirklees and Wakefield.

SWYPFT is currently working through a major service transformation with a focus on : recovery; putting more people in charge of the care they get; provided more support to people when they need it; helping people to leave hospital when they are ready; and ensuring that GP's stay at the heart of care.

Panel to receive an update on the progress of the wider Transformation programme with a focus on specific strands of the programme to include:

- Acute and Community (early in new municipal year to include milestones and timescales for change)
- Rehabilitation and Recovery.
- Specialist Adult Learning Disability Health Services.
- Older People (early in new municipal year as per Acute and Community)

The Panel will also consider the feedback from the recent CQC inspection to include the CQC action plan.

Quality Summit – 14 July 2016

CQC presented key findings from inspection and was followed by the Trust's response. A plan outlining the actions that will be taken to address the issues highlighted by the inspection will be submitted to CQC by 9 August 2016. A copy of the plan will be circulated to panel members and a decision on next steps will be taken at the Panel meeting in September.

23 September 2016 - CQC Action Plan circulated to Panel next steps to be discussed at the October meeting.

Yorkshire Ambulance Service

During 2015/16 the Panel received a presentation from YAS on performance, demand and quality of services. This was followed by a more detailed analysis of performance data in Kirklees which highlighted an issue on the response times in the rural areas of the district.

YAS NHS Trust has been working on a transformation agenda with stakeholders. The negotiations have seen some major changes to the service based on the challenges being faced by YAS.

The Panel will continue to focus on the performance, demand and quality of services with a particular focus on: the red call response times; an evaluation of the impact on any actions taken to address performance; consider the performance of NHS 111 service; and relevant workstreams from the West Yorks Urgent & Emergency Care Vanguard Programme.

Panel meeting 1st November 2016

The panel considered a presentation from YAS regarding their Transformation Programme.

	<p>The Panel agreed to receive a further update from YAS on the 25th April 2017 covering the following areas:-</p> <ul style="list-style-type: none"> • A more detailed analysis of the response times (tail end of performance); and • The outcomes of the YAS Transformation Programme in relation to the whole of Kirklees.
<p><u>Diabetes in Kirklees</u></p> <p>Concerns were raised by the Panel in September 2015 regarding prevalence and impact of diabetes in Kirklees. Key areas of work being undertaken by Public Health, CCGs and Locala include prevention, supported self-care/education, primary care, foot care and specialist diabetes services – and on a shared equality objective on improving access, experience and outcomes for South Asian people with diabetes</p>	<p><u>Panel meeting on 8th March 2016</u></p> <p>The Panel considered an update report on Diabetes work in Kirklees and agreed to receive:-</p> <ul style="list-style-type: none"> • Progress update on the level of amputations in North and South Kirklees, including statistics (NKCCG and GHCCG – Vicky Dutchburn to lead); • Report from Locala on the Gold Standard foot care in Kirklees; • That officers from Greater Huddersfield CCG and North Kirklees CCG investigate the Panel’s suggestion that the Diabetes’s Networks in both North and South Kirklees work together for the benefit of Kirklees, rather than being on Acute Footprints alone, and provide a progress report to a future meeting of the Panel. <p><u>Panel meeting on 12th April 2016</u></p> <p>The Panel considered a briefing note on Diabetes related food disease and Amputations in Kirklees and agreed to consider a future report giving more detail on minor amputations.</p> <p>Panel has agreed to schedule a discussion on the 4th October 2016 to include:</p> <ul style="list-style-type: none"> • More information on minor amputations to include an update on actions being taken to improve outcomes in Kirklees and reduce the incidence of diabetic foot disease and amputations; • The approach and work that is carried out across Kirklees on eye screening; • The role of Locala in developing a care closer to home model for diabetes;

	<ul style="list-style-type: none"> • An update on the diabetes networks with a focus on how the networks in North and South Kirklees are working together. • Incident statistics for Diabetes <p><u>Panel meeting 4 October 2016</u> The Panel presented with an update and information on actions and planned work to support people in Kirklees living with diabetes. Actions agreed at the meeting include:</p> <ul style="list-style-type: none"> • Update on actions to improve diabetic foot health to include timescales to be submitted as soon as possible – this will provide a baseline for progress at next full update. • CGGs to provide a written update for discussion by the Panel. • Public Health to confirm availability of diabetes app when MyHealthtools module on diabetes is launched later in the year. <p>The Panel have agreed to schedule a written report covering the issues referred to above for discussion on the 10th January 2017.</p>
<p><u>Attention Deficit Hyperactive Disorder (ADHD) – Adults</u></p> <p>Attention deficit hyperactivity disorder (ADHD) in Adults is a neurodevelopmental disorder which presents with symptoms of inattentiveness, hyperactivity and impulsiveness</p>	<p>Update reports on this issue to be considered by the Panel (briefing paper saved in Informal Meeting folder for H&SC on 9.2.16) focussing on the re-commissioning of Adult Services.</p> <p>Panel have agreed to schedule a report to be considered on the 4th April 2017.</p>
<p><u>KJSA Development</u></p> <p>KJSA is seen as the local foundation of priority setting, informing commissioning strategies and plans and helping local people to hold providers and commissioners to account. The strategy provides the framework for joint commissioning plans and specific, detailed commissioning plans for the NHS, social care and public health. The JSA was being refreshed during 2015/16.</p>	<p>Panel has agreed to schedule a discussion at the December meeting to include:</p> <ul style="list-style-type: none"> • An overview of the process that is followed in the development of the KJSA • Presenting an example of the work that is carried out on updating a section of the KJSA • Outlining the approach that is taken to implementing actions to address the issue(s) and monitoring progress.

	<p><u>Panel meeting 4 October 2016</u> Panel has agreed to drop the item from the December meeting and reschedule at a later date.</p> <p>Panel have agreed to schedule a report to be considered on the 7th March 2017.</p>
<p><u>Mid Yorkshire NHS Hospitals Trust – Cancer Peer Review (of Unknown Primary)</u></p> <p>The NHS England Cancer Peer review, now known as the Quality Surveillance Team (QST) is a quality assurance programme for NHS Cancer Services. It is aimed at reviewing clinical teams and services to determine their compliance against national measures, as well as the assessment of quality aspects of clinical care and treatment.</p> <p>In March 2016 Mid Yorkshire NHS Hospitals Trust received a letter that formally detailed a number of serious concerns that were identified during a NHS England Cancer Peer review visit.</p>	<p>The Trust has responded to the QST with a plan that includes actions that are designed to address the serious concern. Next steps to be agreed by the Panel but could include reviewing the concerns identified and monitoring progress and delivery of the action plan. Panel has agreed that Lead Member will liaise with the Scrutiny lead at Wakefield Council and report back to the Panel on proposed way forward for monitoring the actions developed by the Trust.</p> <p>The Panel has also agreed to look at the work that is being developed by CCGs across the West Yorkshire to improve cancer services which include improved access to diagnostics and early diagnosis and increased screening.</p> <p>North Kirklees CCG has agreed to submit for the 6 December meeting a written update to cover:</p> <ul style="list-style-type: none"> • Progress on the action plan • Work being developed to improve cancer services
<p><u>Care Closer to Home (CC2H)</u></p> <p>Clinical Commissioning Groups (CCG's) in Kirklees, in line with the national agenda and planning guidance are shaping proposals that will provide integrated care that is delivered at or closer to home.</p>	<p><u>Panel meeting 12th April 2016 –</u> North Kirklees CCG to provide evidence on the activity that has taken place to support the plans to reduce bed capacity by 44 at Mid Yorkshire Hospitals NHS Trust.</p> <p>Panel to maintain an overview of the operational and strategic aspects of the programme across the whole of Kirklees to include:</p> <ul style="list-style-type: none"> • Assessment of capacity • Monitor progress of the implementation of the CC2H programme.

	<p>Panel have agreed to schedule a report to be considered on the 7th February 2017.</p>
<p><u>End of Life Care</u></p> <p>Greater Huddersfield CCG and North Kirklees CCG have set out integrated strategic priorities for end of life care in Kirklees that has included input from Kirklees Council, Kirkwood Hospice and Locala.</p>	<p>Panel to maintain an overview of the work to develop an integrated approach for end of life care in Kirklees to include:</p> <ul style="list-style-type: none"> • Assessing the consistency of standards of care and support across Kirklees. • Monitoring progress of the strategic priorities. <p>The Panel have agreed to schedule a report to be considered on the 7th February 2017.</p>
<p><u>North Kirklees CCG (NKCCG) Key transformation programme</u></p> <p>NKCCG are currently developing a number of initiatives as part of a wider transformation programme that will be designed to help support the delivery of a sustainable health and social care service across the district.</p>	<p>The Panel will focus on a number of elements of the transformation programme to include:</p> <ul style="list-style-type: none"> • Planned care – plans to undertake more planned activity at the Dewsbury & District Hospital • Urgent care – Work being done to manage more effectively referrals into hospital by looking at whole pathway of care and identifying patients that could be supported and seen by primary care. • Specific focus on plans to utilise the capacity of the Walk-in Centre in Dewsbury to help alleviate pressures in A&E. <p>Panel have agreed to schedule a report to be considered on the 7th February 2017.</p>
<p><u>Proposed changes to the Podiatry Service in Kirklees</u></p> <p>Locala Community Partnerships won the contract to provide podiatry services in Greater Huddersfield and are currently developing proposals that will: reduce the service locations; provide daily clinics with longer opening hours in the new locations; and review the pathway of care.</p>	<p>Lead Member will have initial discussions with CCG's and Locala and decide if the issue should be escalated to the wider Panel to consider if the changes are deemed to be a substantial development or variation in health service.</p> <p><u>28 April 2016</u> – Lead Member has met with Locala and CCG's.</p>

	<p><u>Panel meeting 1st November 2016</u></p> <p>The Panel considered an update from Locala and Greater Hudds CCG on the proposed changes to the Podiatry Service. The Panel agreed that the proposed changes posed a significant change to public service and agreed to scrutinise the proposals.</p> <p>In November 2016, the Panel requested that the Public Consultation document be amended to take account of the Panel's comments before it was sent out to the Public, as follows:-</p> <ul style="list-style-type: none"> • The Consultation Document to advise that the CCGs have delegated the responsibility to consult to Locala; • The information included in the consultation document should refer to the 2011 Census; • Proposal 1 should advise that the proposed changes affect the whole of Kirklees; • The proposals do not make any reference to people with mechanical mobility problems and this should be outlined, including information relating to what impact the changes will have on people which needs to be clearly explained within the proposals and consultation document; • The Consultation document refers to making some changes to Podiatry Services, but should 'set the scene' of what the proposed changes are early on in the document. • The proposals should make a connection between the early engagement and the proposed consultation. <p>The Panel agreed to hold an additional meeting of the Panel to scrutinise the proposed consultation on the changes to podiatry services in Kirklees.</p>
<p><u>Pre-Payment Cards and Direct Payments</u></p> <p>The introduction of pre-payment cards is a new initiative being explored by the Council as a potential way to address some of the issues and</p>	<p>A report was considered by the Panel on the 6th September 2016 giving an update following the introduction of pre-paid cards as a</p>

<p>challenges arising from Direct Payments to people who choose to manage their own personal budgets for arranging adult support and care.</p>	<p>method of administering Direct Payments (DP) to Service users.</p> <p>The Panel agreed to receive a further update on the 7th March 2017 on the Review of Direct Payments, to include information regarding the Audit.</p>
<p><u>Quality of Care in Kirklees</u></p> <p>During the 2015/16 municipal year the Panel met with CQC to discuss ways it could strengthen their working relationship and to receive an update on the inspections of health and social care providers that had taken place in Kirklees.</p>	<p>The Panel has agreed to continue to focus on the work and activity of CQC to include:</p> <ul style="list-style-type: none"> • Looking at the quality of provision of Care homes in Kirklees with a focus on those homes that have been rated as 'requires improvement' • To establish if the inspections highlight any common areas for improvement. • To arrange a further update from CQC once all initial inspections in Kirklees have been completed (projected for September 2016) and assess the overall state of care in the district. <p>Panel have agreed to schedule a report to be considered on the 4th April 2017.</p>
<p><u>Primary Care Strategy</u></p> <p>Greater Huddersfield CCG (GHCCG) and North Kirklees CCG (NKCCG) have developed Primary Care Strategies which are seen as being key elements of their respective strategic work programmes.</p>	<p>The Panel will review both strategies to include:</p> <ul style="list-style-type: none"> • Establishing if there any specific elements from the strategies that require a more detailed assessment • Monitoring the implementation of both primary care strategies • Include development of GP Federations (initial discussions to be carried out informally) and performance indicators. <p>Panel have agreed to schedule a report to be considered on the 4th April 2017.</p>

Kirklees Sustainability and Transformation Plan

NHS England is requiring every health and care system to come together, to create its own ambitious local blueprint (Sustainability & Transformation Plan) for accelerating its implementation of the Forward View.

The local NHS planning process will have significant central money attached and Sustainability and Transformation Plans (STPs) will become the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards.

Panel to maintain a close overview of the development of the Kirklees and West Yorkshire STP and provide regular feedback to the wider Panel. Panel to consider a report on the 4th October 2016, to include:-

- An explanation (background and context) of the plan;
- Details of performance indicators and how they will be monitored.
- Context of how fits in with West Yorkshire Transformation Plan

Panel meeting 4 October 2016

The Panel were presented with an update on the process for developing Kirklees and West Yorks STPs which includes the current financial position of CCGs. The update included details of a consultation called 'Talk Health Kirklees' which will outline plans to reduce costs and provide better value for NHS spending. Actions agreed:

- Outcomes of the Talk Health Kirklees consultation to be discussed at the meeting 6 December 2016.
- Panel to receive revised version of electronic copies of the Health and Wellbeing presentation on STP following the presentations at the CCGs Governing Bodies meetings.

Talk Health Kirklees Campaign

Outline plans from Greater Huddersfield and North Kirklees CCGs to reduce costs and provide better value for NHS spending.

Panel meeting 6 December 2016

The Panel considered a report on the 'Talk Health Kirklees' Campaign outlining the current consultation process.

In December 2016, the Panel agreed to comment on the Consultation report on findings and fed back to Greater Huddersfield CCG. The Panel made the following recommendations to be considered by the CCGs:-

- That the CCGs consider the response of the Health and Social Care Scrutiny Panel and that the above issues raised by the Panel are taken into account as part of the CCGs decision making process.
- That the CCGs provide a proposal for the Scrutiny Panel which gives assurance that future consultation will be as robust as possible.

The Healthy Child Programme (0-19 services)

Responsibility for commissioning 0-5 children's public health services transferred to Local Government on 1 October 2015.

The service specification was protected until the end of March 2016 which Public Health (PH) has extended for a further 12 months. As part of a review of the services PH will be developing a new 0-19 services model.

Panel to maintain an overview of on the development of the service.

1 November 2016

Panel has received information that provides an overview of the Healthy Child Programme (HCP) specification; an explanation of the procurement process; and overview of the programme works; and the process that will follow the award of contract.

An update of progress has been scheduled for the 7 March 2017 meeting

Wellness Model for Adults

The wellness approach goes beyond looking at single-issue, healthy lifestyle services with a focus on illness, and instead aims to take a whole-person and community approach to improving health. Based on self-care and intervening as early as possible but as late as necessary, it is clear that individuals who manage their own lifestyles are healthier, more productive, have fewer absences from work, and make fewer demands for medical and social services.

Kirklees currently commissions separate services for smoking, physical activity, obesity, self-care etc. such as PALS, Health Trainers and a variety of third sector/NHS providers. The skills needed to promote behaviour change are broadly similar and some areas (Durham, Leeds, Derby, Halton) are redesigning integrated wellness services that are able to react more flexibly to the problems presented by people and also better react to emergent concerns such as type II diabetes and cancer prevention.

The Wellness Model will support the aims of New Council to empower people to live their lives to the fullest possible potential by enabling people to increase control over their health through making changes to their lives.

The Panel will consider a report on the 7th March 2017 focusing on the following areas:-

- Review of emerging evidence in relation to Wellness models and evidence from the Joint Strategic Assessment about levels of need and community assets that might influence the design of the model.
- Review of design principles for Wellness Model.
- Understanding possible approaches to integration of provision, including strategic and operational delivery structures.
- Review of collaborations and partnerships across public health commissioned services.
- Understanding how services outside public health commissioned services might engage with new models (social care, NHS, community engagement, third sector etc) as they emerge.
- Substance Misuse Services_- Local Authorities are now responsible for commissioning substance misuse services to meet the needs of their communities. Kirklees Council will be re-commissioning these services during 2015/16. Panel to receive updates on the re-commissioning of services; an overview of the work of this service and how this will link to the work being undertaken in developing the Wellness Model.

<p>It will support the NHS 5 Year Forward View and Sustainability and Transformation Plans by diverting people from primary and secondary healthcare services towards prevention pathways, helping to contain rising healthcare costs. Pathways will be streamlined and consideration will be given to self-referral, drop-in and outreach approaches.</p>	
<p><u>Re-Procurement of the Whitehouse Centre</u></p> <p>The Whitehouse Centre is a general practice run by Locala under an Alternative Provider Medical Services (APMS) contract and provides services for vulnerable groups who have difficulty in accessing mainstream health services.</p> <p>The centre is commissioned by Greater Huddersfield CCG who are currently embarking on a tendering process to re-procure the services provided at the centre.</p>	<p>Initial briefing to Panel to outline the process that is being followed.</p>
<p><u>CQC Inspection of Calderdale and Huddersfield NHS Foundation Trust</u></p> <p>CQC carried out an inspection of the Trust in March 2016 as part of CQC's comprehensive inspection programme. In addition to this planned programme the CQC also undertook two unannounced inspections on the 16 and 22 March 2016. The Trust received an overall rating for both hospital sites as 'Requires Improvement'.</p>	<p><u>6 September 2016</u> - Representatives from Greater Huddersfield Clinical Commissioning Group briefed the Panel on the key findings of the inspection and outlined the next steps.</p> <p>A quality summit is likely to be scheduled for October 2016 and an action plan developed by the Trust to address key issues highlighted by the inspection.</p> <p>A copy of the plan will be circulated to panel members to help inform a decision on next steps.</p> <p>20 October 2016 – copy of the action plan circulated to Panel.</p>

LEAD MEMBER BRIEFING ISSUES

Robustness of the Adult Social Care System

The Care Act 2014 sets out local authorities duties to assessing people's needs and their eligibility for publicly funded care and support. The process for assessments can be complex and the speed, efficiency and robustness of the approach will determine the quality of the service and the level of care and support that an individual receives.

The Panel will consider a report on the 6th December 2016 which will focus on a number of areas of the process that is followed in Kirklees to include:

- Timescales from initial request to assessment being carried out to include volumes.
- Looking at the experience and qualifications of staff carrying out the assessments
- the approach/process that is followed in providing the ongoing support including how work is distributed between qualified adult social care workers and non-qualified case workers
- Look at national guidance/examples of good practice.

Panel meeting 6th December 2016

The Panel considered a report on the 6th December 2016 which outlined the approach taken by Adult Social Care to improve the robustness of the Adult Social Care system. The Panel agreed to receive further information on the following areas:-

- Staff shortages within Learning Disabilities;
- Milestones on how the new Quality Assurance Framework was working.

The Chair of the Health and Social Care Scrutiny Panel agreed to keep a watching brief on this issue and report back to the Panel when appropriate.

Integration of Health and Social Care

The integration of Health and Social Care is at the centre of government reforms and there is a greater focus and duty by health and wellbeing boards and clinical commissioning groups to promote integration between health and social care.

Lead Member to keep watching brief on the development of the Integration of Health and Social Care.

<p>The focus on integration is strongly linked to the development and guidance indicates that there is an expectation that the STP must cover better integration with local authority services, including, but not limited to, prevention and social care, reflecting local agreed health and wellbeing strategies.</p>	
<p><u>Changes to the GP Contracts and implications for Kirklees</u></p> <p>GP practices operating in the GHCCG area currently hold different contracts with NHS England and are paid different amounts for providing core GP services. PMS (Personal Medical Services) contract (which is locally agreed) includes a premium for providing additional services (over and above 'core' primary services). As a rule practices who have PMS contracts are better off than those with GMS contracts. Following a review of the PMS contract all practices will be moved onto a core funding contract and to ensure equitable funding the additional funds from the PMS contracts will be more fairly distributed across all practices.</p>	<p><u>8th March 2016</u> – The Panel agreed to receive an update at a future meeting on the Changes to the GPs Contracts to include:</p> <ul style="list-style-type: none"> • The implications for GP Practices in Kirklees • Outlining the practices that will suffer the largest loss of funding • An overview of the overall budget <p><u>5 July 2016</u> – Panel has considered a report from Greater Huddersfield CCG on the changes to GP contracts, funding and implications for practices in Greater Huddersfield. Panel has agreed to schedule an update at a future meeting to include the views of those practices that will be disadvantaged by the changes.</p>
<p><u>The Care Act 2014 (to include Client Financial Affairs)</u></p> <p>The Care Bill received Royal Assent on 14 May 2014 and introduces major reforms to the legal framework for adult social care. There will be major implications for the Council arising from the implementation of the Care Act 2014.</p>	<p>Lead Member to maintain a watching brief on the Care Act to include:</p> <ul style="list-style-type: none"> • Impact of the reforms on the council. • Challenges and barriers to change. • Workforce challenges. • Client Financial Affairs
<p><u>Art Psychotherapy (AP)</u></p> <p>Art Psychotherapy combines psychodynamic theories and techniques with an understanding of the psychological aspects of the creative process.</p>	<p>The AP service is currently not offered in Kirklees and the Panel has received a request to review the service and consider the benefits of establishing the service in Kirklees. Lead Member to receive details from Greater Hudds CCG on what services are commissioned by them instead of AP.</p>

<p><u>NHS Dentistry</u></p> <p>This is an issue referred to the Panel by Healthwatch Kirklees who identified an issue with people in Kirklees struggling to get access to NHS Dental Services.</p>	<p>Lead Member to keep watching brief during 2016/17 municipal year. (Healthwatch Report to Health and Wellbeing Board in October 2015 on the experience of patients using NHS dentist.</p>
<p><u>Deprivation of Liberty Safeguards</u></p> <p>Deprivation of Liberty Safeguards (DoLS) are part of the Mental Health Capacity Act 2005. Last year the Panel noted that the number of DoLS applications being received by the Council was increasing.</p> <p>The increase has been due to the result of a Supreme Court Ruling which has widened the pool of those who might be considered to be deprived of their liberty.</p>	<p>Lead Member to keep watching brief and monitor figures.</p>
<p><u>Developing a working protocol with Healthwatch Kirklees and Kirklees Health and Wellbeing Board</u></p> <p>A working together protocol has been developed in recognition of the importance of the three independent bodies (Kirklees Health & Social Care Scrutiny Panel, Kirklees Health & Wellbeing Board & Healthwatch Kirklees) working together effectively.</p>	<p>Wait until Health & Wellbeing Board has completed its development session with the LGA which will include developing effective working relationships.</p>
<p>SCRUTINY AD-HOC PANELS (being monitoring by the Health and Social Care Panel)</p>	
<p><u>Review of Adult Mental Health Assessments</u></p> <p>To understand the pathway for Adult Mental Health Assessments in Kirklees from the initial need for referral to assessment and onto treatment. In particular, to explore the current approach and effectiveness of Adult Mental Health Assessments in Kirklees.</p>	<p>The Ad-hoc Panel held their first meeting in April 2016 and agreed to focus on the following areas:-</p> <ul style="list-style-type: none"> - Access and service provision, eg Single Point of Access (SPA); - Demands on services and capacity locally to respond; - Waiting times and performance for adults accessing the services including those that are provided at home; - Undertake research as part of the remit and seek feedback from providers of support for adults with mental health issues.

Progress updates have been provided as and when appropriate to the Health and Social Care Scrutiny Panel. A final report is scheduled for consideration by the Panel on the 7th February 2017 and approval by the Overview and Scrutiny Management Committee on the 6th March 2017.

MONITORING ITEMS

Routine follow up to previous recommendations to demonstrate Scrutiny outcomes

ISSUE

FOCUS

Sexual Health – Chlamydia Screening in Kirklees

A report by the Wellbeing and Communities Scrutiny Panel report on Chlamydia Screening in Kirklees was endorsed by Cabinet in April 2014.

The Panel have agreed to consider an update on the monitoring of recommendations on the 25th April 2017.

Tuberculosis (TB) in Kirklees

In October 2014 the Panel completed a review of TB in Kirklees in response to the high rates of TB in the district.

In April 2016 the Panel received an update on TB in Kirklees and progress of the recommendations. The Panel has agreed to continue to monitor the situation in Kirklees to include arranging a further update to cover:

- The work being undertaken to reduce TB rates in Bradford and Leeds and to highlight examples of good practice;
- Clarification on staffing ratios for the current nursing establishment as per the recommendations from the Royal College of Nursing;
- An action plan on the work being undertaken in Kirklees with regard to action being taken to reduce the high levels of TB in the borough.

An update report will be considered by the Panel during the 2016/17 municipal year.

This page is intentionally left blank